

NEW MEXICO SENTENCING COMMISSION

JUVENILE COMMITTEE

11:00 a.m.
September 14, 2017

John E. Brown Juvenile Justice Center, Chama Conference Room
5100 Second St. NW, Albuquerque, NM

Committee Members Present	Committee Members Absent	Others Attending	NMSC Staff
Bob Cleavall (NMSC), Chair	Marron Lee (NMSC)	Brian Hoffmeister (LFC)	Linda Freeman
Cindy Aragon (State Bar)	Mark Donatelli, (Speaker)	Maria Griego (LFC)	Douglas Carver
Nick Costales (for CYFD)	Sheriff Manuel Gonzales III (NMAC)	Dr. Wayne Lindstrom (BHSD/HSD)	Conner Tuttle
April Land (UNMSOL)	Angela "Spence" Pacheco (Speaker)	Bryce Pittenger (CYFD)	
Traci Neff (NMAC)	Hon. John Romero	Christine Jablonsky (UNMSOL)	
Jason Rael (for LOPD)	Raúl Torrez (NMDAA)	Skylar Hindi Hubbard (UNMSOL)	
David Schmidt (Pro Tem)			

Welcome. Bob Cleavall, Chair, called the meeting to order at 11:09 a.m. Committee members, guests and staff introduced themselves.

Approval of minutes for the July 13, 2017 meeting. The minutes for the previous committee meeting were approved by consensus.

Staff Report. There was no staff report given at the meeting.

Recent Legislative Finance Committee (LFC) Evaluation Work. There were two presentations given by LFC evaluators, one on the effectiveness of juvenile justice facilities and community-based services, and one on evidence-based programs and behavioral health outcomes.

LFC Program Evaluation: Effectiveness of Juvenile Justice Facilities and Community-Based Services

Brian Hoffmeister of the LFC discussed this 2016 evaluation. The full details can be found in the LFC report *Program Evaluation: Effectiveness of Juvenile Justice Facilities and Community-Based Services*, published August 24, 2016. The evaluation examined the cost, capacity, and effectiveness of the Juvenile Justice Services Division (JJS) of the Children, Youth and Families Department (CYFD), including the three secure facilities and the ten beds contracted at the San Juan County Juvenile Detention Center, the three reintegration centers, and the 14 juvenile probation districts.

Mr. Hoffmeister noted that the Cambiar initiative, adapted from the Missouri Model to New Mexico's juvenile justice facilities from FY08, had resulted in positive outcomes for the state, principally that juvenile recidivism rates have fallen slightly from pre-Cambiar levels (from 79% with no JJS or New Mexico Corrections Department involvement, to 82%). Mr. Hoffmeister also noted that the costs of juvenile commitment continue to rise even though fewer youth are entering secure CYFD facilities. As the facilities are operating with excess capacity there are now higher costs per client. JJS facilities operated at an average of 67% capacity in FY15, while the average annual cost to house a youth increased 58% from FY08 to FY15. Reintegration centers operated at 56% of capacity in FY15, with an average annual cost of \$153,000 per client. In addition, while the Lincoln Pines Youth Center closed in 2015, costs are still incurred there for required maintenance. Mr. Hoffmeister indicated that CYFD uses a performance-based standards system to track facility outcomes, and by these measures New Mexico's juvenile facilities are showing improvement relative to national averages. There are concerns, however, as there are growing number of safety incidents despite the decline in overall population.

Mr. Hoffmeister then discussed the oversight and accountability of community-based programs. Grant resources for juvenile continuum sites are distributed unevenly, with large variations in cost per client. Additionally, there are significant issues with data reliability, as the data are not reported with enough specificity to gauge effectiveness. Juvenile community corrections have successfully discharged just 46% of clients between FY13 and FY15, which might be an undercount as, for example, certain clients receive an administrative discharge if their term of probation ends before their program finishes.

Mr. Hoffmeister moved on to a discussion of Multisystemic Therapy (MST), an evidence-based treatment with a proven track record in reducing juvenile recidivism, primarily funded through Medicaid. While MST seems to be a program worth pursuing, there are provider availability issues in New Mexico that have resulted in fewer clients being served. Many counties in the west and east of the state have no MST providers, including Otero, Eddy, Chaves, and Lincoln Counties, the counties which had the highest rates of juvenile probation judgements in FY15.

Mr. Hoffmeister then discussed the drivers of juvenile justice involvement. The largest source of juvenile term commitments are probation violations, accounting for 61% of commitments in FY15. He further noted that there appears to be a connection between commitments and the availability of community-based interventions. The five counties with the highest rates of juvenile commitment due to probation violations all lack one or more of MST providers, a continuum site, or juvenile drug court. Another driver of juvenile justice involvement is crossover youth, children who are involved in both the juvenile justice system and the child welfare system. According to CYFD, 46% of youth who recidivate within 12 months had a history of substantiated involvement with Child Protective Services.

Mr. Hoffmeister concluded with the following key recommendations for CYFD:

- To continue to perform cohort-specific recidivism analysis, including what offenses are most closely linked to recidivism;
- To evaluate the JJS budget and identify opportunities to achieve efficiencies and cost reductions by reallocating resources and optimizing unused space;
- To re-evaluate criteria for reintegration center admission to ensure they are operating at capacity, or consider consolidation of these facilities;
- To work with LFC and the Department of Finance and Administration to create a common set of Accountability in Government Act performance measures for continuum sites and juvenile community corrections to allow for tracking youth success;
- To work with the Human Services Department (HSD) to identify MSD providers and build teams in high-risk areas, and collaborate on tracking referrals, utilization, and spending;
- To further study the causes for high commitment rates for juvenile probation violations; and
- To formalize policy coordination between Child Protective Services (CPS) and JJS for dually-involved youth.

Members of the committee discussed staffing levels; definitions used for, and the scope of, juvenile community corrections, the elements of MST; recidivism measures and the framing of recidivism; recidivism and involvement with CPS; the consolidation of reintegration centers; and the effect of different attitudes towards commitment of juveniles in different parts of the state.

Leveraging Evidence-Based Programs to Improve Behavioral Health Outcomes for Children

Maria Griego of the LFC presented on this topic, with additional input from Dr. Wayne Lindstrom, Director of the Behavioral Health Services Division of HSD and CEO of the Behavioral Health Collaborative; and Bryce Pittenger, Director of the Behavioral Health Services Division of CYFD. The work presented was a collaboration between LFC, HSD, and CYFD. Full details can be found in the report *Results First: Children's Behavioral Health*, dated June 7, 2017.

Ms. Griego introduced her presentation by noting the goals for children's behavioral health: to increase the percentage of children who are healthy and able to succeed; to decrease the percentage of children with behavioral health problems; to treat with effective, evidence-based interventions in the community; and to focus out of home treatment on the highest acuity cases. Ms. Griego noted that New Mexico has high rates of trauma, poverty, and substance use, with adverse childhood experiences (ACE) scores higher than the national average; 29% of children in poverty, which is linked to poor healthcare access; and earlier exposure to illicit substances than nationally. The three most expensive child behavioral health disorders in New Mexico – post-traumatic stress disorder, adjustment disorder, and oppositional defiant disorder – all reflect the influence of trauma in a child's life. Of the \$196 million that New Mexico spends on children's behavioral health care (31% of the total behavioral health dollars spent by the state), 46% goes to acute intervention, including residential treatment; 39% to intervention, including various psychotherapies; and 15% to promotion and prevention, including home visiting. The overall effect is that almost half of the monies go to putting out fires, when, ideally, focusing resources on the other two general areas of spending would have broader effect.

Ms. Griego then turned to a discussion of efforts to meet the outlined goals. The principal means would be to increase effective prevention and community-based programs such as the Good Behavior Game, home visiting, cognitive behavioral therapy, MST and functional family therapy, juvenile drug courts, and high fidelity wraparound services. It is also important to recognize that out-of-home treatment plays an important role in the behavioral health system, but there should be a focus on targeting this type of care to the most acute cases. Dr. Lindstrom explained the theory and practice of the Good Behavior Game and its use in New Mexico. Nationally, the Good Behavior Game has the highest return of investment – \$60 for every dollar spent; in New Mexico, the return is \$40 for every dollar. Ms. Griego discussed how the LFC wants to expand Medicaid to cover home visiting services, which is part of the Centennial Care 2.0 application. She also discussed the challenges of linking health care claims and services with community-based interventions. She and Ms. Pittenger discussed issues surrounding cognitive behavioral therapy, which is the most prevalent community-based intervention, noting, however, that the therapy is not always used in the correct manner. Ms. Griego then discussed acute intervention, including treatment foster care, where no evidence-based models have been implemented in New Mexico; and residential treatment centers, which are the highest cost service for children.

Ms. Griego then moved to a discussion of the obstacles being faced in improving behavioral health outcomes for children in New Mexico. These include the composition of the workforce, though addressing that issue has the additional challenge that we are lacking data on diagnoses, appropriate caseloads and the like; data collection, as there is still a lack of understanding of many pieces of the provider network; access to services; and evaluation of programs, especially home-grown programs.

Members of the committee discussed issues surrounding juvenile drug courts and the dedicated tax monies for behavioral health services in Bernalillo County. As there were more areas the committee wished to discuss with the presenters, it was decided to bring the presenters back for further discussion at the next committee meeting.

Next meeting. The next committee meeting will be held on November 30, 2017, at 11.00 a.m.

Adjourn. The meeting adjourned at 1:15 p.m.