

Children, Youth and Families Department

Review of Juvenile Justice Services

June 11, 2004

Report to
The LEGISLATIVE FINANCE COMMITTEE

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June 11, 2004

Mary Dale-Bolson, Secretary
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, New Mexico 87502-5160

Dear Secretary Dale-Bolson:

On behalf of the Legislative Finance Committee (Committee), we are pleased to transmit our review of Juvenile Justice Services move to "front-end" services.

The audit team interviewed key personnel, examined documents, analyzed data provided by CYFD, and visited the Youth Diagnostic and Development Center. The contents of the report were discussed with you and your staff at the exit conference held on May 27, 2004. The report will be presented to Committee on June 11, 2004.

We believe that this report addresses issues the Committee asked us to review and hope the Juvenile Justice Services will benefit from our efforts. We appreciate the Children, Youth and Family Department's cooperation and assistance.

Sincerely,

A handwritten signature in cursive script that reads "David Abbey".

David Abbey
Director

RP/lg

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EXECUTIVE SUMMARY

Executive Summary

This report is a review of the Children, Youth and Families Department's (CYFD) decision to move to "front-end" services for Juvenile Justice Services. It is important to note that Juvenile Justice Services is still in the planning development stage for "front-end" services and full implementation is not expected until the end of 2005. The objectives of the review were to determine whether:

- Infrastructure exists to provide adequate community programs to juvenile offenders at all risk levels;
- Department's move to community services is cost effective;
- Placement of juvenile offenders in facilities or community programs is appropriate and equitable; and
- Juvenile offenders are receiving adequate and equitable services in juvenile facilities and community programs.

Juvenile Justice Services Moving Towards "Front-End" Community Services And Away From Incarceration

The infrastructure does not exist at this time to provide adequate community programs to juvenile offenders at all risk levels. The only community service program utilized by Juvenile Justice Services is Juvenile Community Corrections. The program provides structured and enhanced supervision in an environment that would allow the juvenile to remain at home while ensuring public safety. Juvenile Community Corrections core services are:

- Intensive Supervision,
- Community Service Management,
- Job/Education Development,
- Substance Abuse Monitoring,
- Comprehensive Family Services,
- Life Skills Development, and
- Comprehensive Client Support Services.

Juveniles considered appropriate for the program usually experienced academic failure and may have been suspended and/or expelled from current educational settings due to truancy, academic or behavioral problems.

Implementation of Multi- Systemic Therapy And Family Functional Therapy Addresses Lack Of Behavioral Mental Health Services

To address the lack of behavioral mental health services in Juvenile Community Corrections, Juvenile Justice Services is planning to build additional infrastructure for "front-end" services by initiating a statewide referral process for Multi-Systemic Therapy and Family Functional Therapy. Multi-Systemic Therapy is a family treatment program that attempts to change the real-world functioning of the juvenile by changing the natural setting of home, school and neighborhood. Multi-Systemic Therapy emphasizes the need to develop community-based mental health services for serious juvenile offenders. A juvenile would

***50 Percent Of
Participants In The
Multi-Systemic Therapy
Program Had No New
Offenses Since Admission***

receive Multi-Systemic Therapy treatment for the average of around 60 hours of contact over four months.

Currently there are Multi-Systemic Therapy programs operating in the following counties: Santa Fe, Bernalillo and Dona Ana. The Su Vida and University of New Mexico (UNM) Multi--Systemic Therapy programs started on July 1, 2002. After one year of providing the Multi-Systemic Therapy program, data provided by CYFD showed that 50 percent of currently admitted juveniles had no new offenses since admission, and 56.5 percent of juveniles discharged had no new offenses since discharge. The average length of time since discharge is six months. Juvenile Justice Services reports they will be offering Multi-Systemic Therapy in areas the program is not available through private providers.

Family Functional Therapy is a short-term intervention that includes three phases of intervention:

- Engagement and Motivation – Goal is to establish a family-focused perception of the presenting problem that serves to increase families’ hope and expectation of change, decrease resistance, improve alliance and trust between family and therapist, reduce oppressive negativity and help build respect for individual difference and values.
- Behavior Change – Family Functional Therapy clinicians develop and implement intermediate and long-term behavior change plans that are culturally appropriate, context sensitive and tailored to each family member.
- Generalization – Family Functional Therapy clinicians help families maintain change and prevent relapses. To ensure long-term support of changes, Family Functional Therapy links families with available community resources.

Family Functional Therapy provides on average, 8-12 sessions for mild cases and up to 30 hours of direct services for more difficult cases spread over three months.

***Average Cost Per Day
For Juvenile Offender:
Incarceration \$147.16
Multi-Systemic Therapy-
Treatment Only \$37.50
Family Functional
Therapy-Treatment Only
\$39.29***

Juvenile Justice Services has not conducted any cost-effectiveness analysis of the move from incarceration towards “front-end” services. The cost benefit analysis of the Office of Juvenile Justice and Delinquency Prevention Blueprint Program (July 2001) estimates the average cost per participant for Multi-Systemic Therapy is \$4,540 with a taxpayer cost savings per participant of \$38,047, and average cost per participant for Family Functional Therapy is \$2,068 with a taxpayer cost savings per participant of \$14,167. It appears that Multi-Systemic Therapy and Family Functional Therapy costs significantly less than

incarceration of juvenile offenders. However, there are additional costs beyond the program of Multi-Systemic Therapy and Family Functional Therapy, such as surveillance, case workers, administrative, etc. The following table shows the differences of cost per day among Juvenile Justice Services facilities, Multi-Systemic Therapy and Family Functional Therapy.

Cost Per Day for Juvenile Justice Services' Facilities, Multi-Systemic Therapy and Family Functional Therapy

FACILITIES	Cost Per Day
J. Paul Taylor Center	\$164.49
Youth Diagnostic and Development Center	\$161.24
Camp Sierra Blanca	\$157.35
New Mexico Boys' School	\$136.22
Juvenile Reintegration Centers	\$116.52
Family Functional Therapy (Treatment Only)	\$39.29
Multi-Systemic Therapy (Treatment Only)	\$37.50

Source: Juvenile Justice Services FY04 Operating Budget
Mid-Atlantic Juvenile Defender Center 2004

In order to accomplish the move to “front-end” services Juvenile Justice Services is closing Camino Nuevo Youth Center, set for July 2004, and reducing the number of beds at the New Mexico Boys’ School. Savings on FTE from both facilities and the utilities at New Mexico Boys’ School is calculated by CYFD to be \$4.9 million.

Structured Decision Making Assessment Of Risk And The Juvenile’s Offense Determines Placement In Juvenile Justice Services Facility Or Community Service/Community Monitoring

Juvenile Justice Services does have a process for appropriate and equitable placement of juvenile offenders in facilities or community services. Juvenile Justice Services uses the Structured Decision Making system to determine whether an adjudicated youth will be recommended for commitment or community supervision. Structured Decision Making gives an appraisal of the likelihood a juvenile will re-offend in the next 18 to 24 months. Juveniles who have committed the most serious offenses and pose the greatest danger to public safety are committed to secure facilities, while juveniles who are less likely to re-offend and have committed less serious offenses are to be monitored in the community.

The Structured Decision Making also has a needs assessment tool that evaluates the presenting strengths and problems of each juvenile and their families to identify critical problems in order to plan effective interventions. The risk and need information is combined to guide the level of service appropriate for the youth. Periodic reassessment ensures that the case decisions are made based on current risk and need.

***Juvenile Justice Services
Facilities Are Improving
Behavioral Mental
Health Services***

Under the move to “front-end” services, the Juvenile Probation and Parole Officers will be in charge of ensuring adequate and equitable services are given to juvenile offenders who are in community supervision. Juvenile Probation and Parole Officers will act as case managers for the high to moderate risk juveniles. As case managers, the Juvenile Probation and Parole Officers will assure that services are provided to the client and family based on identified supervision and treatment needs. The Juvenile Probation and Parole Officers will be assisted by Community Safety Officers that will monitor juveniles in the community and Regional Coordinators that will work with the communities to identify gaps in services. Juvenile Probation and Parole Officers will work with Multi-Systemic Therapy therapists, Family Functional Therapy therapists, community corrections providers and clinical assessment social workers in developing a plan of care.

Currently, Juvenile Justice Services is making changes to upgrade behavior mental health services in the facilities to ensure adequate and equitable services for incarcerated juvenile offenders. Juveniles being committed to Juvenile Justice Services facilities will go through Central Intake to have an intake assessment to determine the risk-levels for juveniles pertaining to incarceration. The assessment helps to determine facility placement of the juvenile. Central Intake is developing a universal approach to services that engages the juvenile to work collaboratively with a Juvenile Probation and Parole Officer and a facility Classification Officer to determine a blend of facility services and programs that will promote his or her rehabilitation process.

All Juvenile Justice Services facilities are incorporating an “academy model” for programming domains. The domains consist of vocational, substance abuse, family therapy, etc. The domains offered by the facilities will be based on the strength of the individual facilities. Also, CYFD is upgrading behavioral mental health in Juvenile Justice Services facilities based on the recommendations of the Professor and Vice-Chair of Department of Psychiatry and Behavior Sciences – University of Washington School of Medicine. A study of New Mexico’s juvenile correctional facilities behavioral health services was conducted.

***Move to “Front-End”
Services Has Juvenile
Justice Services Facilities
Seeing Juveniles With
Higher Need Levels***

There are definite effects to moving juveniles away from incarceration and towards community services. Juvenile Justice Services reports the change to “front-end” services will have facilities mainly serving juvenile offenders with high needs, especially in behavioral mental health. Classification Officers in the facilities are being trained in case management. The Classification Officers, along with the local Juvenile and Probation Officer, will be responsible for linking juveniles to

The Number of Juveniles In Juvenile Justice Services Facilities Has Decreased In Recent Years Leaving Many Facilities At Half Or Less Capacity

services in their communities once they are paroled to insure continued treatment. “Front-end” services such as Juvenile Community Corrections, Multi-Systemic Therapy and Family Functional Therapy programs will be available to juveniles paroled from Juvenile Justice Services facilities.

Another effect of “front-end” services could be a continued decline in the number of juveniles in the Juvenile Justice Services facilities. Juvenile Justice Services stated that the timing for “front-end” services was right due to the decreasing population in juvenile correctional facilities. This decrease was viewed as an opportunity to restructure and move resources towards community services. The city of Santa Cruz, California implemented detention reform by reducing the number of youth in detention and reassigning staff to community programs that cost one-third as much per day as juvenile confinement. The average daily population of Juvenile Justice Services facilities in March 2004 was 328. The following table summarizes the design capacity of facilities and the average daily population for December 2003.

Juvenile Justice Services Facilities Design Capacity and Occupancy:
December 2003

	Design Capacity	Population December-03
Camp Sierra Blanca	50	28
Juvenile Reintegration Center	89	37
New Mexico Boys' School	211	99
Youth Diagnostic and Development Center	152	67
Camino Nuevo	96	85
J. Paul Taylor	48	30
Totals	646	346

Source: Juvenile Justice Services

The population decline in Juvenile Justice Services facilities is likely to continue with the implementation of Multi-Systemic Therapy. Multi-Systemic Therapy emphasizes the need to develop community-based mental health services for serious juvenile offenders. Key agency stakeholders include juvenile justice, social welfare, mental health, schools and family court. Multi-Systemic Therapy views failure to attain the support of any stakeholder as limiting the viability of treatment. Multi-Systemic Therapy supports the development of more effective mental health and Juvenile Justice Services by shifting the emphasis of funding from incarceration and other out-of-home placements to community-based programs.

Conclusion

Due to Juvenile Justice Services being in the process of planning the deployment of Multi-Systemic Therapy and Family Functional Therapy it is too early to determine cost savings or effectiveness of “front-end” community services on rehabilitating juvenile offenders. It is clear that there are:

- Start-up costs associated with implementing the referral process for Multi-Systemic Therapy and Family Functional Therapy statewide. Savings in FTE from the closing from Camino Nuevo and reduction of beds at the New Mexico Boys’ School are estimated at \$4.9 million. Frozen positions will be reclassified and redeployed mainly for Community Safety Officers, Multi-Systemic Therapy therapist and Family Functional Therapy therapists.
- Savings from placing juvenile offenders in Multi-Systemic Therapy and Family Functional Therapy programs versus commitment to Juvenile Justice Services facilities. The average cost per day to incarcerate a juvenile in New Mexico is \$147.16, while the average per day cost of treatment for Multi-Systemic Therapy is \$37.50 and for Family Functional Therapy is \$39.29. However, the cost of Multi-Systemic Therapy and Family Functional Therapy does not account for other costs, such as administrative, surveillance, case management, travel, etc. By providing Multi-Systemic Therapy and Family Functional Therapy, Juvenile Justice Services will receive Medicaid funds at 75 percent federal to 25 percent general fund match for juvenile clients that are eligible.
- Studies that reflect Multi-Systemic Therapy and Family Functional Therapy do reduce recidivism when implementation adheres to original program design. A study by the state of Washington showed incompetent Family Functional Therapy therapists contributed to an increase in recidivism.

“Front-end” services should help reduce the cost of the juvenile justice system. Eventually there should be a reduction in the crime activity among juvenile offenders and the rate at which they are incarcerated. This kind of cost savings will take years to be fully realized.

Recommendation

- Develop a cost benefit analysis regarding the move from incarceration towards “front-end” services. Include in the cost benefit analysis the treatment costs of Multi-Systemic Therapy and Family Functional Therapy; administration of “front-end” services; case management; surveillance and community

monitoring; and miscellaneous, such as computer, rental of facilities and travel.

- Collaborate with juvenile detention reform to pull together resources regarding behavioral mental health and avoid duplication of services.
- Implement data system to track the number of adjudicated juvenile offenders that as adults end up in the New Mexico Correction Department system.
- Adopt regulations for Juvenile Community Corrections that provide standards for qualifications for grants and priorities for awarding grants that support the “front-end” service initiative.
- Monitor the number of beds vacant in Juvenile Justice Services facilities to determine need of further reduction or addition of beds.
- Review the cost-effectiveness of continued funding for Camp Sierra Blanca; there may be duplication with “front-end” services and the facility is operating at half the facility capacity of 50.
- Complete a plan of deployment for Multi-Systemic Therapy and Family Functional Therapy by the FY06 budget cycle. The plan should include estimated revenues from Medicaid and information pertaining to how money from Medicaid and/or savings is being redirected towards “front-end” services.
- Adhere to the original program design in implementing the Multi-Systemic Therapy and Family Functional Therapy programs. Evaluate challenges to program adherence and create a plan of action to address those challenges.
- Establish criteria based on outcomes and performance measures to determine continued funding of program providers under “front-end” services.
- Collaborate with the Public Education Department in the move to “front-end” services, such as educational alternatives for juveniles suspended or expelled from school.

REVIEW INFORMATION

Background. Section 32A-2-2 NMSA 1978 is the “Delinquency Act.” The purpose of the act was updated in 2003. The purpose of the Delinquency Act is:

- to remove from children committing delinquent acts the adult consequences of criminal behavior, but to still hold children committing delinquent acts accountable for their actions to the extent of the child’s age, education, mental and physical condition, background and all other relevant factors, and to provide a program of supervision, care and rehabilitation, including rehabilitative restitution by the child to the victims of the child’s delinquent act to the extent that the child is reasonably able to do so;
- to provide effective deterrents to acts of juvenile delinquency, including an emphasis on community-based alternatives; and
- to strengthen families and to successfully reintegrate children into homes and communities.

Section 33-9A-3 NMSA 1978 is the “Juvenile Community Corrections Act.” Section 3 states the creation, purpose, administration and reporting in regards to Juvenile Community Corrections.

- There is created in the state treasury the “juvenile community corrections grant fund” to be administered by the Children, Youth and Families Department (department). All balances in the fund are appropriated to the department to carry out the purpose of the fund, and no money shall be transferred to another fund or be encumbered or disbursed in any manner except as provided in the Juvenile Community Corrections Act. Disbursements from the fund shall be made only upon warrant drawn by the secretary of finance and administration pursuant to vouchers signed by the secretary of children, youth and families.
- Money in the fund shall be used by the department to make grants to counties, municipalities or private organizations, individually or jointly, to provide community corrections programs and services for the diversion of adjudicated delinquents to community-based settings. No grant shall be made to a private organization that is not a nonprofit organization without the approval of the secretary. The department may also use money in the fund to contract directly to operate juvenile community corrections programs.
- No more than ten percent of the money in the fund shall be used by the department for administration and program monitoring by the department. No more than ten percent of any grant from the fund shall be used for administrative costs incurred by the grantee.
- After notice and public hearing as required by law, the secretary shall adopt regulations that provide standards for qualifications for grants, priorities for awarding of grants and other standards regarding juvenile community corrections programs deemed necessary. The department shall review and approve or disapprove all applications submitted pursuant to the Juvenile Community Corrections Act for a grant of funds from the fund.
- The department shall submit an annual report to the governor and legislature no later than December 15 providing information on grant awards, program effectiveness and monitoring efforts and making recommendations as necessary to carry out the purpose of the fund.
- The department may accept donations, payments, contributions, gifts or grants from whatever source for the benefit of the fund.

Authority for Review. The Legislative Finance Committee (LFC) has the statutory authority under Section 2-5-3 NMSA 1978 to examine laws governing the finances and operations of departments, agencies and institutions of New Mexico and all of its political subdivisions, the effects of laws on the proper functioning of these governmental units and the policies and costs of governmental units as related to the laws, and to make recommendations for change to the Legislature. In the furtherance of its statutory responsibility, the LFC may conduct inquiries into specific transactions affecting the operating policies and cost of governmental units and their compliance with state law.

Objectives: To determine:

- Infrastructure exists to provide adequate community programs to juvenile offenders at all risk levels;
- Cost-effectiveness of department's move to community services;
- Placement of juvenile offenders in facilities or community programs is appropriate and equitable; and
- Juvenile offenders are receiving adequate and equitable services in juvenile facilities and community programs.

Procedures.

Review laws and regulations.

Review reports issued by other agencies.

Review the new intake process.

Review documentation pertaining to move towards community services.

Interview department Juvenile Justice Services staff.

Review funding of Juvenile Justice Services program.

Review best practices of other states in regards to community service programs.

Scope. The following data and documentation were reviewed:

- Program funding for FY01 through FY03;
- Cost of commitment of Juvenile Justice Services facilities FY03;
- Assessment of Bernalillo County Detention reform FY99 through FY03;
- Review of Structured Decision Making system used by Juvenile Probation and Parole Officers FY04;
- Research of studies regarding Multi-Systemic Therapy and Family Functional Therapy;
- Juvenile Justice Services treatment services FY03 and FY04;
- Internal controls and procedures for contracting out services by Juvenile Community Corrections FY03;
- Budget breakdown between Juvenile Justice Services facilities and Juvenile Community Corrections FY03;
- Program performance measures for Juvenile Community Corrections FY03; and

- Juvenile Justice Service's data pertaining to supervision levels of juvenile offender, technical violators, and referrals to Juvenile Probation and Parole Officers and commitment information for FY99 through FY03.

Audit Team Members.

Manu Patel, Deputy Director of Audit

G. Christine Chavez, Performance Audit Manager

Renada Peery, Performance Auditor

Exit Conference. An exit conference was held on May 27, 2004. The following were in attendance: Mary Dale-Bolson, Secretary CYFD; Art Murphy, Director Juvenile Justice Services (JJS); Donna Elliot, Deputy Director of Administration JJS; Rebecca Ballantine, Deputy Director of Field Services JJS; Danny Sandoval, Director Administrative Services Division CYFD; Bruce Langston, Director of Facilities JJS; Dianne Rivera-Valencia, Deputy Secretary CYFD; Renada Peery, LFC Analyst; Bill Dunbar, Principal Analyst; Manu Patel, Deputy Director Audit; and David Abbey, Director of LFC.

Report Distribution. This report is intended for the information of the Children, Youth and Families Department, Office of the Governor, Office of the State Auditor, Department of Finance and Administration, and the Legislative Finance Committee. This restriction is not intended to limit the distribution of this report, which is a matter of public record.



Manu Patel

Deputy for Performance Audit

**FINDINGS, RECOMMENDATIONS AND
DEPARTMENT RESPONSES**

DECISION TO MOVE TO FRONT-END SERVICES

In July 2003, Children, Youth and Families Department (CYFD) decided to move towards “front-end” services for Juvenile Justice Services. Exhibit 1 shows CYFD’s plan for “front-end” services redeployment. The “front-end” initiative follows the national trend towards balanced and restorative justice models centered on community-oriented responses to crime. Communities share a common commitment to restructuring juvenile justice on the basis of a new mission (balanced approach) and a new value framework (restorative justice). Restorative justice answers three primary questions: “What is the harm?” – “What needs to be done to make it right?” – and “Who is responsible?” The balanced approach supports a community’s need to sanction crime, rehabilitate offenders and ensure public safety. The agenda for balanced and restorative justice demands new values, clients, performance objectives, decision-making processes, program priorities, staff roll and patterns of resource allocation.

Bernalillo County Juvenile Detention has used the balanced and restorative justice model in their detention reform efforts. CYFD states that the decision to move to “front-end” services stems from the success of Bernalillo County Juvenile Detention Reform, the grant awarded to CYFD from the Annie E. Casey Foundation and the declining number of juveniles committed to Juvenile Justice Services facilities in the past five years.

Bernalillo County Juvenile Detention Reform

In 1999, Bernalillo County Juvenile Detention started the process of reform. According to Bernalillo County Juvenile Detention they had around 140 juveniles in an 80 bed facility. Of the 140 juveniles detained Bernalillo County Juvenile Detention calculates 62 percent were on probation violations. The reform stemmed from the Annie E. Casey Foundation designed and funded national multi-site demonstration project called the Juvenile Detention Alternatives Initiative. The Casey Foundation adopted five states and six localities as official Juvenile Detention Alternatives Initiative replication sites. The Casey Foundation has not financed new programming at these sites, but is providing grants to support project coordination and to finance travel for local teams to visit pilot sites and learn about detention reform.

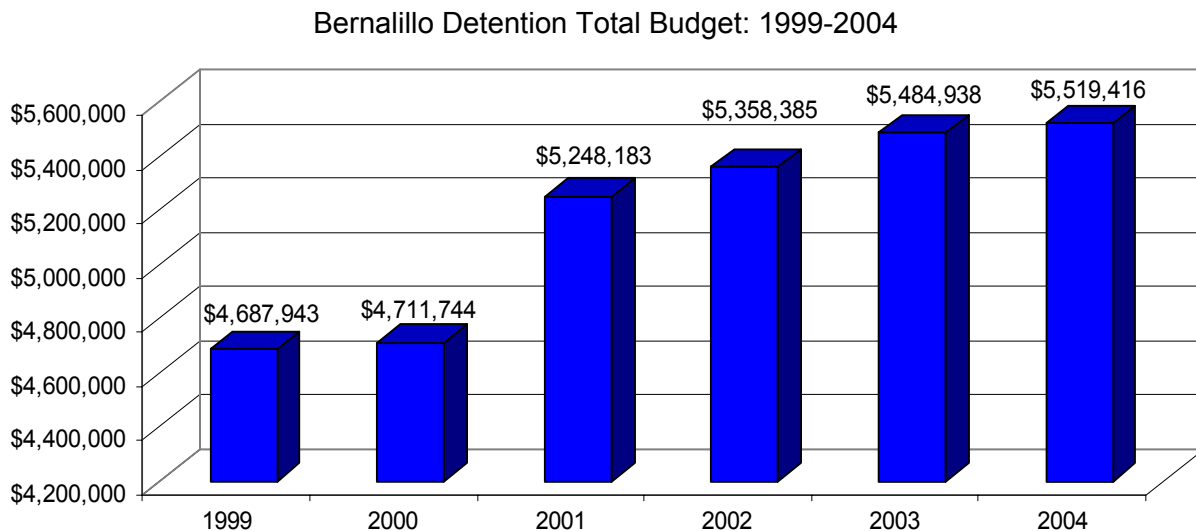
In 1998, the Detention Director and two Juvenile Court Judges attended a workshop by the Casey Foundation coordinating the Juvenile Detention Alternatives Initiative demonstration. The Casey Foundation agreed to provide funding for the county to study pilot sites in order to plan a detention reform campaign. Bernalillo County Juvenile Detention established a steering committee of top officials from the juvenile court, probation, district attorney and public defender’s office. The committee created a new screening criteria to limit the number of accused youth placed in locked detention. Also, a new sanctions grid prescribing the steps to be taken before revoking probation and requiring probation officers bring any request to revoke probation to the deputy probation officer was implemented.

Bernalillo County Juvenile Detention reform implemented a day reporting center where juveniles attend school during the day and/or extracurricular activities in the afternoon and early evening. The center operates at the juvenile detention center grounds from 8:30 a.m. to 8:30 p.m. each weekday, offering academic learning, recreation and group workshops. Also, a community custody program reassigned juvenile detention center staff to supervise youth in their home or in unlocked half-way

houses. The officers that supervise the youth are guided by a 22 page program manual that identifies four levels of supervision.

Detention staff has also been reassigned to work in the mental health clinic that provides counseling and therapy for court-involved youth with mental health problems. The juvenile detention center drug and alcohol abuse counselor came up with the ideal of the mental health clinic. He knew a need existed based on their calculations that 63 percent of juveniles referred to the detention center having emotional or behavioral health problems. Negotiated agreements with SALUD, Lovelace, Presbyterian and Cimarron insure Medicaid providers reimburse the detention center for mental health services provided to troubled juveniles. According to Bernalillo County Juvenile Detention they perform the billing and contracts with University of New Mexico (UNM) and independent social workers. Bernalillo County Juvenile Detention calculates twenty percent of juveniles in their facility have no funding source for behavioral mental health. The providers that contract with the medical health clinic offer services to these juveniles free of charge.

According to Bernalillo County Juvenile Detention savings incurred from closing units at the detention center were redirected into the day reporting center, increasing salaries for detention staff and the community custody program. Bernalillo County Juvenile Detention provided data for FY03 showing secure detention cost per bed day was \$96.37 and community custody/youth reporting center average cost per day was \$19.59. The following graph summarizes the budgets provided by Bernalillo County Juvenile Detention for FY99 through FY04.



Source: Bernalillo County Detention

According to Bernalillo County Juvenile Detention the biggest challenge of detention reform is retraining staff mentality towards case management, such as community custody, day reporting and truancy. Focusing on community corrections is a shift towards therapy and counseling. Bernalillo County Juvenile Detention officers for community monitoring are not called surveillance officer, but are called case managers. Case managers perform the duty of surveillance and receive 176 hours of training on case management.

An article published by the Annie E. Casey Foundation *And The Walls Keep Tumbling Down* (2002) reported since the inception of juvenile detention reform five percent of participants had committed new misdemeanors, and another 17 percent had returned to detention after breaking program rules. The majority, 76 percent completed the programs successfully and returned to court as scheduled without committing any new offenses. Currently, Bernalillo County Juvenile Detention calculates the average daily population to be around 65 and an average of 70 juveniles are under community supervision.

By December of 2002, five counties (Valencia, Santa Fe, Sandoval, Dona Ana and Lea) had agreed to implement new detention screening procedures, the first step of the Juvenile Detention Alternatives Initiative process. Task forces have been formed to oversee the comprehensive detention reform initiatives statewide.

Annie E. Casey Foundation Grant

In July 2003, the Annie E. Casey Foundation awarded CYFD a \$300,000 grant for the period of July 1, 2003 to December 31, 2004. The grant is to support the design and implementation of juvenile detention reform as part of the Juvenile Detention Alternatives Initiative.

CYFD is responsible for coordinating the following in regards to detention reform:

- Establish staff and maintain a state-level, steering committee composed of policy-level stakeholders from juvenile justice, human services agencies, and community organizations to plan and implement juvenile detention reform strategies.
- Establish local steering committees and hire four local coordinators to plan and implement juvenile detention reform strategies dealing with local site participation in the statewide initiative.
- Implement the core Juvenile Detention Alternatives Initiative strategies:
 - a collaborative approach to problem identification and development of solutions;
 - reliance on data to make policy and program decisions;
 - use of objective instruments for detention admissions decisions;
 - expanded or enhanced community-based alternatives to detention;
 - expedited case processing;
 - new practices and policies for probation violation, warrants and cases awaiting placement;
 - best practices for reducing racial disparities; and
 - enhanced monitoring to ensure good conditions of confinement.
- Upgrade the state information system consistent with implementation of a new risk assessment instrument and track outcomes related to implementation of the new instrument.
- Conduct two in-state conferences on juvenile detention reform for stakeholders and staff of relevant agencies.
- Participate in Juvenile Detention Alternatives Initiative inter-site meetings and related conferences as requested by the Annie E. Casey Foundation.
- Organize and dispatch delegations of state and county representatives to visit other Juvenile Detention Alternatives Initiative sites.

- Submit timely reports to the Annie E. Casey Foundation for inclusion in the Juvenile Detention Alternatives Initiative newsletter.

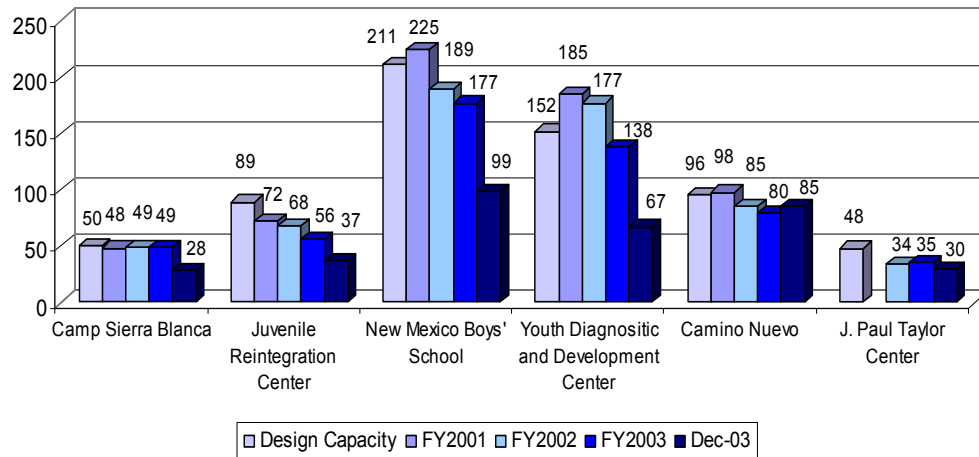
CYFD has accomplished a number of objectives regarding detention reform. Statewide coordinators have been hired through a contract with Bernalillo County. The statewide coordinators have worked with key stakeholders in Santa Fe, Dona Ana, McKinley, Sandoval, Valencia, Lea and San Juan Counties. They have established local steering committees, coordinated Juvenile Detention Alternatives Initiative model site visits, facilitated recruitment of local site coordinators and developed coordination between local site coordinators. Contracts have been put in place with local site coordinators in Santa Fe, Dona Ana, McKinley and Lea Counties. A new Risk Assessment Instrument has been implemented at pilot sites and is set for statewide expansion. CYFD has worked with Annie E. Casey Foundation consultants to develop and implement the Risk Assessment Instrument data collection and analysis process. CYFD has implemented an interim data collection process. CYFD still needs to develop a separate detention tracking information system and develop detention case management in FACTS. Also, a conference was conducted in conjunction with Children's Law Institute that included a detention reform track for stakeholders and juvenile justice professionals.

Detention reform will be fully implemented by June 2005. CYFD goals and objectives to complete detention reform are statewide implementation of the Risk Assessment Instrument; improved coordination in and between pilot sites; implementation of action plans by local steering committees; development of community resources for detention and system reform; and establishment of a permanent evaluation function for detention reform.

Reduced Number of Juveniles in Facilities

Juvenile Justice Services stated that the timing for "front-end" services was right due to the decreasing population in juvenile correctional facilities. This decrease was viewed as an opportunity to restructure and move resources towards community services. Other state and local governments have reduced the number of beds in facilities to redirect savings to treatment. Santa Cruz, California implemented Juvenile Detention Alternatives Initiative by reducing the number of youth in detention. The city reassigned staff to community programs that cost one-third as much per day as juvenile confinement. Also, a report *Juvenile Bed Tracking System Improves; Bed Vacancy Rates High for Some Program* by the Office of Program Policy Analysis and Government Accountability – Office of the Florida Legislature (December 2003) recommended the Florida Department of Juvenile Justice give priority to closing low risk beds that are not funded to provide treatment services. The following graph displays data provided by Juvenile Justice Services showing the decrease of juveniles being committed to facilities in New Mexico.

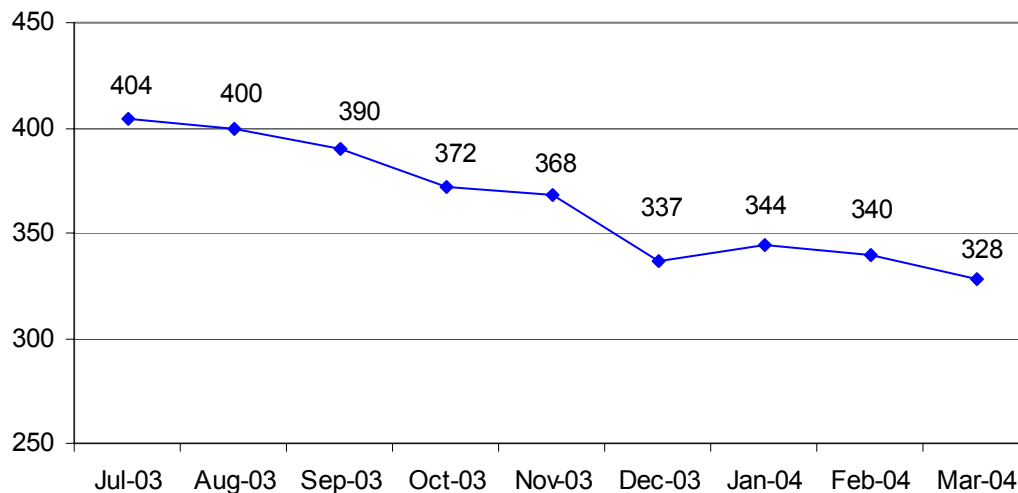
Capacity and Average Daily Population for Juvenile Justice Services Facilities: FY01, FY02 and FY03



Source: Juvenile Justice Services

The following graph displays Juvenile Justice Services data showing the average daily population of juveniles in facilities from July 2003 to March 2004. In eight months the number of juveniles in Juvenile Justice Services facilities has decreased by 76.

Average Daily Population of Juvenile Justice Services Facilities from July 2003 to March 2004



Source: Juvenile Justice Services

There are a number of factors that could be contributing to the reduction of juveniles in Juvenile Justice Services facilities. Bernalillo County Juvenile Detention reform, reduction in juvenile referrals to Juvenile Probation and Parole Officers, utilization of blended sentencing and implementation of Juvenile Drug Courts in 2000 may all be influencing the recent reduction of juveniles being incarcerated in New Mexico.

Data was analyzed to verify what, if any, affect Bernalillo County Juvenile Detention reform had on the number of juveniles being committed to Juvenile Justice Services facilities. CYFD provided data shows the number of juveniles by county committed to Juvenile Justice Services facilities for FY99 and FY03. The following table illustrates that Bernalillo County did have a decrease of 32.3 percent (60) juveniles between FY99 and FY03; however, 22 other counties also reported a decrease in the number of juveniles committed to Juvenile Justice Services facilities. The following Table 1 demonstrates between FY99 and FY03, the state had a reduction of 47.5 percent (329) of juveniles being sent to Juvenile Justice Services facilities as a result of county changes, such as Bernalillo County Juvenile Detention reform and the establishment of Juvenile Drug Courts.

Table 1: Number of Juveniles and Percentage Change
by County committed to Juvenile Justice Services Facilities: FY99 and FY03

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

Referrals of juvenile offenders to Juvenile Probation and Parole Officers have also been on the decrease in recent years. The following Table 2 displays data provided by CYFD showing the majority of counties had a reduction in juvenile referrals and statewide referrals has also decreased 7.4 percent (2,215) between FY01 and FY03.

**Table 2: Number and Percentage Change of
Juvenile Referrals to Juvenile Probation and Parole Officers: FY01 and FY03**

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%

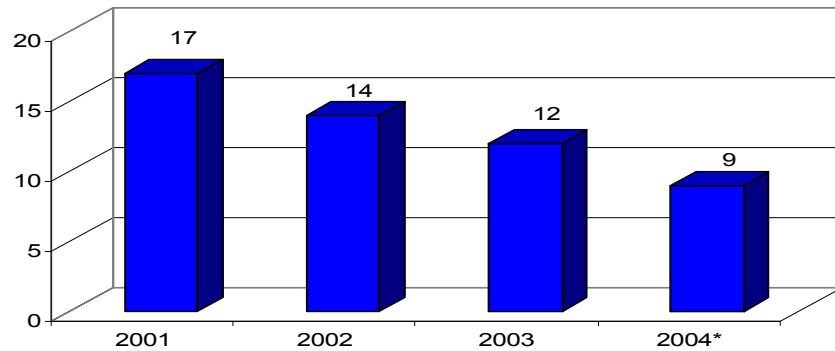
*Counties that implemented Juvenile Drug Courts in 2000.

Source: CYFD FACTS Database

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

On July 1, 1993, the Children's Code (NMSA 32A) was revised to deal with serious, violent crime by juveniles. The passage of the blended sentencing provision allowed juvenile court judges to impose either a juvenile or a criminal justice sanction for a new category of youthful offender. Also, the revisions to the Children's Code eliminated the juvenile courts' jurisdiction over a new category of serious youthful offender favoring those cases be filed directly in criminal court. In the past four years, 2001-2004, 52 juveniles have been diverted to adult sanctions, such as a New Mexico Corrections Department facility and probation.

Number of Juveniles Receiving Adult Sanctions: Incarceration in Corrections Department Facility and Probation for FY01 through FY04

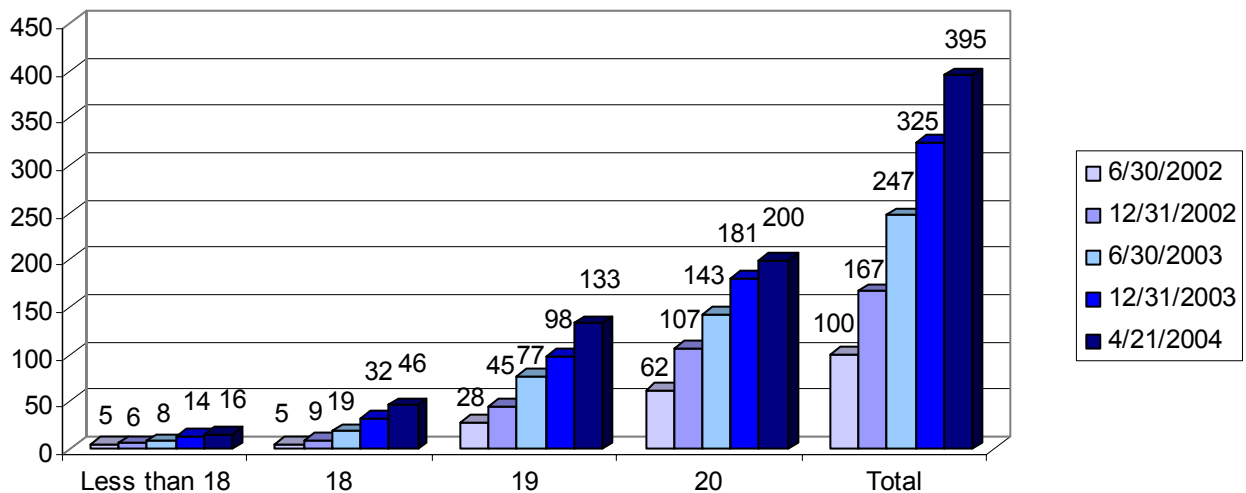


* Year-To-Date information for FY04.

Source: CYFD FACTS Database

In New Mexico a person 18 years old or older is adjudicated as an adult. Juvenile offenders served by Juvenile Justice Services are 17 years old or younger. However, an adjudicated juvenile can be in the custody of Juvenile Justice Services up to age 21. The following graph displays data provided by the New Mexico Corrections Department showing that between June 30, 2002 and April 21, 2004 the number of inmates in New Mexico's adult correctional facilities ages 20 and under had increased by 295.

Number of Inmates in Adult Corrections Age 20 and Under



Source: New Mexico Corrections Department's Criminal Management Information System

The increase does pertaining mainly to 18 year olds being tried and sentenced as adults; however it is unknown how many of the inmates had prior juvenile offenses.

INFRASTRUCTURE FOR FRONT-END SERVICES

Existing Infrastructure

To assess the risk and need level of adjudicated juveniles, Juvenile Justice Services uses the Structured Decision Making system. The risk assessment identifies juveniles who are categorized with low, medium or high probabilities of re-offending. The risk assessment gives an objective appraisal of the likelihood a youth will re-offend in the next 18 to 24 months. By defining and objectively quantifying risk, decisions are simplified. Juveniles who have committed the most serious offenses and pose the greatest danger to public safety are recommended for commitment to secure facilities, while youth who are less likely to re-offend and have committed minor offenses are recommended for monitoring in the community. Juveniles are recommended for commitment or community supervision by the Juvenile Probation and Parole Officers; however, the judges make the final decision on placement. Currently, the only option provided by the Juvenile Justice Services for community supervision is Juvenile Community Corrections. Juveniles on probation or parole receive levels of supervision that correspond to their risk level for re-offending. Table 3 displays how Juvenile Probation and Parole Officers prior to disposition can determine whether a juvenile should be placed in a Juvenile Justice Services facility or community supervision based on risk and criminal violation.

Table 3: Juvenile Justice Services Dispositional Recommendation Matrix

Offense Class Code	Offense Severity Class	High-Risk	Medium-Risk	Low-Risk
A	Class A (1 st Degree Felonies)	Juvenile Justice Services Commitment	Juvenile Justice Services Commitment	Juvenile Justice Services Commitment
B	Class B (2nd Degree Felonies)	Juvenile Justice Services Commitment	Juvenile Justice Services Commitment /Community Supervision	Community Supervision
C	Class C (3 rd Degree Felonies)	Juvenile Justice Services Commitment /Community Supervision	Community Supervision	Community Supervision
D	Class D (4 th Degree Felonies)	Community Supervision	Community Supervision	Community Supervision
E	Class E (High Misdemeanors)	Community Supervision	Community Supervision	Community Supervision
F	Class F (Petty Misdemeanors)	Community Supervision	Community Supervision	Community Supervision

Source: Juvenile Justice Services Structured Decision Making Manual

The needs assessment tool is the companion to the risk assessment. It is used to evaluate the presenting strengths and problems of each juvenile and their families, and to systematically identify critical problems in order to plan effective interventions. The needs assessment tool serves the following purposes:

- Ensure that all workers consistently consider each juvenile's strengths and weaknesses in an objective format when assessing need for services.

- Provide an important case planning reference for workers and first line supervisors which eliminates long case narratives and reduces paperwork.
- Permit Juvenile Probation and Parole Officers and supervisors to easily assess change in the juvenile's functioning and therefore judge the impact of services on the case.
- Develop resources to address the problems of delinquent youth with aggregate needs assessment data.

Needs assessments evaluate: family relationships, emotional stability, education, substance abuse, medical issues, life skills, victimization, social relations, employment and/or vocational, sexuality, criminal/delinquent history of parents/siblings and community resources.

Risk and need information is combined to guide the level of service appropriate for the youth. Periodic reassessment ensures that the risk and needs are regularly evaluated throughout the course of the court order and that the case decisions are made based on current risk and need.

The community facility options matrix combines a youth's risk level with other established criteria to guide the selection of an appropriate commitment facility for the juvenile. Table 4 displays that there are currently 557 total beds to accommodate incarcerated juveniles in New Mexico.

Table 4: Juvenile Justice Services Commitment Facility Options Matrix

Risk Level	Gender	Other Criteria	Beds	Facility
Low/Medium	Male	No violent or sex offense or mental health. Ages 14-18*	50	Camp Sierra Blanca (CSB)
Low/Medium/High	Male		211	New Mexico's Boy's School (NMBS)***
Low/Medium/High	Male		88	Youth Diagnostic Development Center (YDDC)***
Low/Medium/High	Female		64	Youth Diagnostic Development Center/New Mexico's Girl's School (YDDC/NMGS)
Low/Medium/High	Male	High psycho-social needs	96**	Camino Nuevo Youth Center
Medium/Low	Male		48	J. Paul Taylor Center
			557	

*Current offense cannot be for violent or sex offense. If youth requires psychotropic medication, staffing is required to consider admission.

**48 of these placements are dedicated to Central Intake.

***High risk juveniles committed by a judge, when the disposition matrix would have recommended community supervision, may be placed in these facilities.

Source: Juvenile Justice Services SDM Manual

Juveniles who are to be paroled from a commitment facility will receive at least maximum supervision until the first reassessment following parole. Newly paroled juveniles will receive intensive supervision if indicated according to the community supervision level matrix completed at the time of parole. All youth in community residential placements receive minimum supervision. CYFD defines the following supervision levels:

- Intensive – Face-to-face contact with client occurs multiple times each day.
- Maximum – Face-to-face contact with client occurs at least once a week.
- Medium – Face-to-face contact with client occurs at least once every two weeks.
- Minimum – Face-to-face contact with client occurs at least once each month.

Table 5 summarizes Juvenile Justice Services Community Supervision Level Matrix and Minimum Service Contact Standards.

Table 5: Community Supervision Level Matrix and Minimum Service Contact Standards

	Community Supervision Level Matrix		
	Final Risk Level		
Needs Level	High	Medium	Low
High	Intensive	Maximum	Medium
Moderate	Maximum	Medium	Minimum
Low	Maximum	Medium	Minimum
	Minimum Service Contact Standards		
Community Supervision Level	Youth (Face-to-Face)	Family	Treatment Team/Provider
Intensive	Multiple Daily	Weekly	Bi-weekly
Maximum	Weekly	Weekly	Bi-weekly
Medium	Bi-weekly	Bi-weekly	Monthly
Minimum	Monthly	Monthly	Monthly

Source: Juvenile Justice Services SDM Manual

On March 21, 2004, statewide there were 167 intensive supervised juveniles and 411 maximum supervised juveniles on probation, parole, conditional release from detention and informal supervision/conditions. CYFD, through its Non-Secure Alternative to Detention dollars, provides funding to counties to contract enhanced supervision for juveniles through electronic bracelets and/or community monitors. Over twenty counties currently receive funding to provide electronic monitoring, shelter beds and community monitoring services. Some counties may provide these services through other funding such as Juvenile Community Corrections.

The plan of care records services provided to the client necessary to address the primary needs identified in the needs assessment. All plan-related services provided by the Juvenile Justice Services staff or community service agencies should be recorded. The form records initial service referrals at the first reassessment and then updates service progress at subsequent reassessment intervals until supervision is terminated. Currently, Juvenile Justice Services and the Protective Services Department are participating in joint meetings. These meetings are focused on case reviews of juveniles that require services from both Juvenile Justice Services and Protective Services Department. The joint meetings are assisting in the development of a joint plan of care to be used by both Juvenile Justice Services and Protective Services Department. As of March 14, 2004, 69 percent of the 330 juveniles committed to Juvenile Justice Services facilities had at some point received services through Protective Services Department. It is questionable as to why juveniles receiving services from Protective Services Department were not deterred from ending up in Juvenile Justice Services.

Juvenile Justice Services has received funding for three computer programmer positions assigned to upgrade the Family Automated Client Tracking System for Juvenile Justice Services. Family Automated Client Tracking System is a database system that tracks all clients of CYFD. The programmers will work on automating Structured Decision Making assessment and to adjust Protective Service Department's common plan of care that is already automated to address juvenile justice needs.

The first priority is to program the Family Automated Client Tracking System to capture information on risk and need levels.

Risk and need levels assessed by Structured Decision Making assessment will help determine the services a juvenile receives under “front-end” services. Under “front-end” services the CYFD plans to split Juvenile Probation and Parole Officers between high/moderate risk juveniles and low risk juveniles. The Juvenile Probation and Parole Officers with high/moderate risk juveniles will become case managers. They will be responsible for examining the factors contributing to a client’s delinquent behavior and identify available services to address these issues. As a case manager, Juvenile Probation and Parole Officers will work closely with the juvenile’s family and provide resource information on the availability of local, state and federal programs. Juvenile Probation and Parole Officers that are case managers will have around 15 clients. Juveniles under case management will have face-to-face contact with their Juvenile Probation and Parole Officers two to four times a month. Juvenile Probation and Parole Officers will work with Multi-Systemic Therapy therapists, Family Functional Therapy therapists, community correction providers and clinical assessment social workers in developing a plan of care.

An existing “front-end” service available to Juvenile Probation and Parole Officers is Juvenile Community Corrections. In 1989, Juvenile Community Corrections Act was established to create a grant fund to be administered by CYFD. Money in the fund is used by CYFD to make grants to counties, municipalities or private organizations to provide community correction programs to divert adjudicated juveniles to community services. Juvenile Community Corrections had a budget of \$3,874,000 in FY03 for program administration and funding of 20 providers in 25 counties that served 1,132 clients.

Section 33-9A-3 NMSA 1978, states after notice and public hearing as required by law, the Secretary adopts regulations that provide standards for qualifications for grants, priorities for awarding of grants and other standards regarding juvenile community correction programs deemed necessary. Juvenile Community Corrections was not able to locate current regulations. CYFD is required to submit an annual report to the governor and legislature providing information on grant awards, program effectiveness, monitoring efforts and making recommendations as necessary to carry out the purpose of the Act. The grant recipients by law have the authority to accept or reject the placement of any delinquent in a program.

The goals of Juvenile Community Corrections programs include:

- To divert adjudicated juveniles from further involvement within the system where a less restrictive program is not feasible.
- To transition incarcerated offenders into the community.
- To conduct a comprehensive assessment to identify the needs of the client and develop a plan of care for those areas that have been identified.
- To provide appropriate supervision and interventions for offenders including community service and/or reasonable restitution to society and victims to provide an opportunity by which offenders may become productive, law-abiding citizens.
- To place the offender in the most appropriate and least restrictive setting while assuring public safety.

- To provide individualized treatment services for the client and family and supervision within a consistent framework.
- To provide timely, relevant and accurate information to the client and his/her family, agency staff, the Juvenile Probation and Parole Officers, appropriate government agencies, the State Legislature and general public.
- To utilize an integrated data system and an evaluation mechanism that measures program utilization and effectiveness.

By law the CYFD is required to establish a state panel whose duties is to immediately screen and identify delinquents adjudicated to a juvenile correctional facility of Juvenile Justice Services and transferred to the legal custody of CYFD. The exception is juveniles sentenced or transferred from a judicial district that has established a local panel to exercise these duties. If the state or local panel determines that a juvenile is suitable for placement, a recommendation for the modification of disposition shall be presented to the sentencing judge or the juvenile parole board. Table 6 summarizes the programs and services juveniles receive in Juvenile Community Corrections.

Table 6: Juvenile Community Corrections Program Services

Juvenile Community Corrections Cluster - Required Services	Juvenile Community Corrections Supplemental Cluster - Optional Services
Intensive Supervision Community Service Management Job/Education Development Substance Abuse Monitoring Comprehensive Family Services Life Skills Development Comprehensive Client Support Services	Electronic Monitoring Mediation Tutoring Mentoring First Offender Programs Community Restitution Management Counseling Clinical Counseling Client/Family Transitional Services Medicaid Eligibility

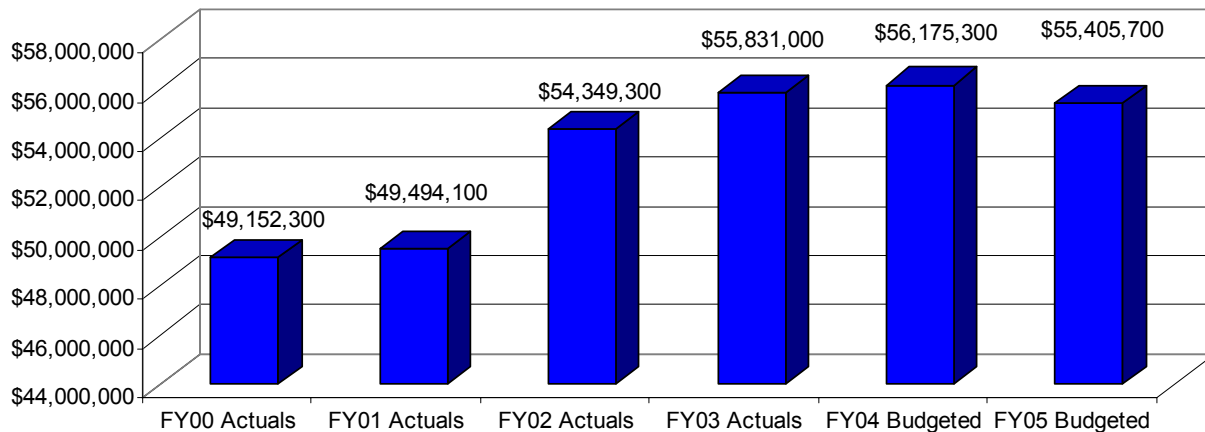
Source: Juvenile Community Corrections Annual Report FY03

In cases where commitment of a juvenile is contemplated by a judge, a predisposition report is prepared containing the recommendation of the juvenile probation officer regarding a community corrections placement. Also, a diagnostic evaluation can be completed by the authority containing the recommendation of the authority regarding placement in community correction. At the sentencing hearing the judge can determine placement in community corrections. The judge will defer or suspend the sentence, as a condition of probation, requiring the juvenile serve a period of time in a community corrections program.

Reclassification and Redeployment of Personnel

The “front-end” redeployment strategy at the department emphasizes an increase in local community services including prevention, intervention and surveillance services for juvenile offenders. CYFD is in the process of redirecting their resources towards “front-end” services. The following Table shows the budget for Juvenile Justice Services from FY00 to FY05.

Juvenile Justice Services Actual and Budgeted Expenditures: FY00 through FY05



Source: Legislative Finance Committee Reports and General Appropriations Act

In order to accomplish the move to “front-end” services Juvenile Justice Services is closing Camino Nuevo Youth Center, set for July 2004, and reducing the number of beds at the New Mexico Boys’ School. Savings on FTE from both facilities and the utilities at New Mexico Boys’ School is estimated to be \$4.9 million excluding other costs associated with operation. Frozen vacant positions in Juvenile Justice Services are being reclassified and redeployed under “front-end” services. The positions established under “front-end” services will be funded primarily from salary savings from the closing of Camino Nuevo and the reduction of beds at the New Mexico Boys’ School. Table 7 displays Juvenile Justice Services provided data showing reduction in the number of commitment beds from 646 to 487.

Table 7: Juvenile Justice Services Redeployment of \$4.9 million from Secure Facilities to “Front-End” Services

Facility	Design Capacity	Staffing Capacity	Staffing Reduction	Budget Reduction
New Mexico Boys' School	211	143	(30.00)	\$1,185.9
Youth Diagnostic and Development Center	152	157		
Camino Nuevo	96	0	(78.50)	\$3,701.7*
Camp Sierra Blanca	50	50		
Juvenile Reintegration Centers/CRF	89	89		
J. Paul Taylor Center	48	48		
Totals	646	487	(108.50)	\$4,887.6

*Number reflects savings from FTE only.

Source: Juvenile Justice Services

Rent was not factored in as a savings regarding the closing of Camino Nuevo. General Services Department owns the building and did not charge Juvenile Justice Services rent for the facility. Currently, the Camino Nuevo facility is being assessed for possible use by the New Mexico Corrections Department.

Exhibits 2 and 3 show the data Juvenile Justice Services analyzed pertaining to number of surveillance officers, number of Juvenile Probation and Parole Officers and supervision levels of juveniles by

county in order to determine what counties would need additional Community Safety Officers, the new title for surveillance officers under “front-end” services. More Community Safety Officers will be utilized to assist Juvenile Probation and Parole Officers with monitoring juveniles in their communities. They will have an average caseload of 15. However, the number may vary between 10-20 due to factors such as serving clients in rural areas and level of risk of the juvenile offenders. Table 8 displays the majority of the first stage of redeployment is to increase the number of Community Safety Officers in order to achieve community monitoring.

Table 8: First Stage of Juvenile Justice Services Reclassification and Redeployment of FTEs for “Front-End” Services

Redeployment set for first stage of front-end services:	
Trainers - Administrative Services Division	2
Nurses for Juvenile Justice Services Facilities (24/7 Coverage)	9
Call Center – Detention Reform	5
Girls' Reintegration Center	1
Mental Health Director – Field	1
Office of the Secretary - Mental Health Director	1
Family Functional Therapy Therapists	32
Family Functional Therapy Supervisors	9
Compliance Monitoring for Facilities	2
Regional Coordinators	6
Community Safety Officers (Surveillance Officers)	19
Juvenile Probation and Parole Officers	2
Juvenile Probation And Parole Officer Supervisors	2
Secretaries	2
Total	93

Source: Juvenile Justice Services

Juvenile Justice Services will be hiring Regional Coordinators to oversee community services in regards to contracts, delivery, monitoring and eligibility for Medicaid. The Regional Coordinators will also work with the communities to identify gaps in services for juvenile offenders.

Training regarding the move to “front-end” services is being conducted by CYFD. The following two training sessions were modified for the Juvenile Probation And Parole Officer and Community Safety Officer training:

- Team Case Management – Purpose is to educate the officers on the team case management process in which the officers, parents and community come together to determine methods to wrap services around a juvenile and provide a system of care. (Taken in the first 45 days of hire).
- Crisis Recognition and Safety – Purpose is to identify signs of a crisis in a juvenile that can potentially lead to safety issues. Determine the best and safest method to assist the juvenile and remain safe. (Taken in the first 45 days of hire).

As well as being part of the core curriculum for Juvenile Probation and Parole Officers and Community Safety Officers, the training will be offered as a refresher course for those currently in the field. In addition, approximately 120 field officers and facility staff of Juvenile Justice Services will

attend a two-day overview of “wrap-around” services. CYFD plans to provide regionalized training to Juvenile Justice Services field staff regarding the philosophies and principles of systems of care, which supports the change to more emphasis on community-based services.

The second stage of redeployment for “front-end” services will focus on implementing a referral process for Multi-Systemic Therapy and Family Functional Therapy. Multi-Systemic Therapy and Family Functional Therapy offer behavioral mental health services that are limited in Juvenile Community Corrections. Until the implementation of the referral process for Multi-Systemic Therapy and Family Functional Therapy, structure does not exist for all risk and need levels under the “front-end” community service initiative. Multi-Systemic Therapy is a home-based, family treatment program that focuses on reducing antisocial behavior in children, reducing the number of out-of-home placements of children in juvenile facilities and empowering families to resolve their own conflict. Family Functional Therapy is a family-based approach that has been proven to be effective in addressing juvenile delinquency.

Multi-Systemic Therapy interventions focus on the juvenile and his or her family, peer context, school or vocational performance and community supports. Multi-Systemic Therapy attempts to change the real-world functioning of juveniles by changing their natural settings – home, school and neighborhood. Table 9 summarizes the nine principles of Multi-Systemic Therapy.

Table 9: Nine Principles of Multi-Systemic Therapy

Principle 1: The primary purpose of assessment is to understand the fit between the identified problems and their broader systemic context.
Principle 2: Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
Principle 3: Interventions should be designed to promote responsible behavior and decrease irresponsible behavior among family members.
Principle 4: Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
Principle 5: Interventions should target sequences of behavior within and between multiple systems that maintain identified problems.
Principle 6: Interventions should be developmentally appropriate and fit the developmental needs of youth.
Principle 7: Interventions should be designed to require daily or weekly effort by family members.
Principle 8: Intervention effectiveness is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.
Principle 9: Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.

Source: Multi-Systemic Therapy Provider

Multi-Systemic Therapy emphasizes the need to develop community-based mental health services for serious juvenile offenders. Key agency stakeholders include juvenile justice, social welfare, mental health, schools and family court. Multi-Systemic Therapy views the failure to attain the support of any one of these stakeholders as severely limiting the viability of treatment. Collaboration with schools is imperative due to teachers being the first to observe delinquent behaviors in youth. Multi-Systemic

Therapy supports the development of more effective mental health and Juvenile Justice Services by shifting the emphasis of funding from incarceration and other out-of-home placements to community-based programs.

A typical staffing pattern to provide intensive home-based Multi-Systemic Therapy is a treatment team consisting of one doctoral-level supervisor and three to four master-level therapists, with each therapist carrying a caseload of four to six families. Each juvenile assigned to the program is assigned a therapist who designs individualized interventions that address specific needs for the juvenile and family. Staff is available 24 hours per day, 7 days per week, and can usually meet at the families' convenience, meaning weekend and evening appointments. Use of services at unusual times, 10 p.m. to 8 a.m., is discouraged except in case of emergency. A juvenile would receive Multi-Systemic Therapy treatment from three to five months, with the average duration of treatment being around 60 hours of contact over 4 months, with the final two to three weeks involving less intensive contact.

Multi-Systemic Therapy defines success in terms of reduced recidivism rates among participating youth, improved family and peer relations, decreased behavioral problems, and decreased rates of out-of-home placements. The following are studies regarding Multi-Systemic Therapy:

- Columbia, Missouri (1995) – The study examined the long-term effects of Multi-Systemic Therapy versus individual therapy on the prevention of criminal behavior and violent offending among 176 juvenile offenders at high risk for committing additional serious crimes. A four year follow-up of rearrest data showed that Multi-Systemic Therapy was more effective than individual therapy in preventing future criminal behavior. Four-year recidivism was 22 percent for youth who received Multi-Systemic Therapy compared with 72 percent for youth who received individual counseling.
- Charleston, South Carolina (1992-1997) – This study, funded by the National Institute on Drug Abuse, has evaluated the effectiveness of Multi-Systemic Therapy with substance abusing delinquents and their families in comparison with usual community services. The study randomly assigned 118 substance abusing youth to treatment conditions. The youth in the Multi-Systemic Therapy treatment showed a decrease in substance use at post treatment and had 26 percent fewer arrests and a 40 percent reduction in days incarcerated at the one year follow-up.

New Mexico currently has five Multi-Systemic Therapy programs through collaboration and funding from Lovelace, Cimarron and Presbyterian Managed Care Organizations. The following Table 10 displays the provider, location, number of teams and start date for the Multi-Systemic Therapy Programs.

Table 10: Multi-Systemic Therapy Programs in New Mexico

Provider	County	Number of Teams	Start Date
Su Vida	Santa Fe	2	July 1, 2002
University of New Mexico	Bernalillo	1	July 1, 2002
Insights	Bernalillo	1	July 1, 2003
Professional Assessment	Dona Ana	1	July 1, 2003

Source: Family Services Department - CYFD

Preliminary data has been collected by CYFD regarding the Su Vida and University of New Mexico (UNM) programs on Multi-Systemic Therapy. The data collected reflects the first year of the Multi-Systemic Therapy programs, July 1, 2002 through June 30, 2003. The data was collected separately on admitted and discharged Multi-Systemic Therapy participants. The average length of time since discharge is six months. Table 11 reports 50 percent of participants in Multi-Systemic Therapy had no new offenses since admission and 56.5 percent of participants in Multi-Systemic Therapy had no new offenses since discharge from the program.

Table 11: Data on Multi-Systemic Therapy Programs
in New Mexico: July 1, 2002 through June 30, 2003

	Number Currently Admitted	No new Offenses Since Admission	Technical Administrative Violations Since Admission	New Referral/Offense or Commitment Since Admission
Su Vida	18	50%	27%	22%
UNM	12	50%	16%	33%
	Number Currently Discharged	No new Offenses Since Discharge	Technical Administrative Violations Since Discharge	New Referral/Offense or Commitment Since Discharge
Su Vida	24	58%	12%	29%
UNM	18	55%	11%	33%

Source: Family Service Department - CYFD

The initial data reflects favorable results in reducing recidivism among participants. This information will be used as baseline data. The results should be treated tentatively due to the small sample size and the programs being operational only for one year. As the programs mature in New Mexico the data will give a more accurate reflection of the affect Multi-Systemic Therapy has on rehabilitating juveniles.

Family Functional Therapy targets youth between the ages of 11 and 18 from a variety of ethnic and cultural groups. It also provides treatment to the younger siblings of referred adolescents. Family Functional Therapy is a short-term intervention that includes the following three specific intervention phases:

- Engagement and Motivation – This phase places primary emphasis on maximizing factors that enhance intervention credibility and minimizing factors likely to decrease that perception. Goals are to establish a family-focused perception of the presenting problem that serves to increase families' hope and expectation of change, decrease resistance, improve alliance and trust between family and therapist, reduce oppressive negativity within families and between families and the community, and help build respect for individual differences and values.
- Behavior Change – During this phase, Family Functional Therapy clinicians develop and implement intermediate and long-term behavior change plans that are culturally appropriate, context sensitive, and tailored to the unique characteristics of each family member.
- Generalization – This phase is guided by the need to apply positive family change to other problem areas and/or situations. Family Functional Therapy clinicians help families maintain change and prevent relapses. To ensure long-term support of changes, Family Functional Therapy links families with available community resources.

Clinicians who have successfully implemented Family Functional Therapy include trained professionals with master's degrees and, on occasion, staff with bachelor's degrees from fields such as public health nursing, social work, marriage and family therapy, clinical psychology, licensed mental health counseling, probation services, criminology, psychiatry and recreation therapy. Family Functional Therapy includes on average, 8-12 sessions for mild cases and up to 30 hours of direct service for more difficult cases. Sessions are generally spread over a three month period.

The State of Washington conducted a study of 14 juvenile courts that had implemented Family Functional Therapy. The preliminary findings demonstrated that the group of Family Functional Therapy therapists rated as competent had reduced the 12-month felony recidivism rates of youth; however, the group of Family Functional Therapy therapists who were not competent may have increased the felony recidivism. The study reports when Family Functional Therapy is delivered by competent therapists it generated \$10.69 in benefits, avoided crime costs, for each dollar spent on the program. When not delivered competently, Family Functional Therapy costs the taxpayer \$4.18 for each dollar spent on the program.

Currently Juvenile Justice Services does not have a complete cost breakdown for "front-end" services in regards to administrative, treatment, surveillance, etc. Juvenile Justice Services is in the process of developing the deployment plan for Multi-Systemic Therapy and Family Functional Therapy by county. Juvenile Justice Services will be the provider of the Multi-Systemic Therapy and Family Functional Therapy programs, and will receive Medicaid money for the juveniles serviced under those programs that are eligible. The Medicaid money from Multi-Systemic Therapy and Family Functional Therapy will be 75 percent federal funding and 25 percent state funding match. The state funding will come out of the general fund. Juvenile Justice Services plans to utilize the savings from the move to "front-end" services to provide for the salaries of the Multi-Systemic Therapy and Family Functional Therapy therapists.

The national average cost for Multi-Systemic Therapy is \$4,500 per juvenile for approximately 60 hours of contact over four months. The national average cost for Family Functional Therapy is \$2,200 per juvenile for approximately eight weeks of in-home therapy. In New Mexico, comparable costs for Multi-systemic Therapy and Family Functional Therapy treatment can not be determined due to programs not yet being implemented by CYFD. The cost benefit analysis conducted by the Office of Juvenile Justice and Delinquency Prevention Blueprint Program, from July 2001, estimates the average cost per participant for Multi-Systemic Therapy is \$4,540 with a taxpayer cost savings per participant of \$38,047, and average cost per participant for Family Functional Therapy is \$2,068 with a taxpayer cost savings per participant of \$14,167. It appears that Multi-Systemic Therapy and Family Functional Therapy costs significantly less than incarceration of juvenile offenders. However, there are additional costs beyond program expenses of Multi-Systemic Therapy and Family Functional Therapy, such as surveillance, case workers, administrative, etc. Table 12 summarizes the difference in cost between facilities, Juvenile Community Corrections, Multi-Systemic Therapy and Family Functional Therapy.

Table 12: Cost Breakdown of Facilities Versus “Front-End” Community Services

FACILITIES	Budget FY03	Cost Per Day
J. Paul Taylor Center	\$2,881,791	\$164.49
Youth Diagnostic and Development Center	\$14,595,589	\$161.24
Camp Sierra Blanca	\$2,871,634	\$157.35
New Mexico Boys' School	\$10,491,366	\$136.22
Juvenile Reintegration Centers	\$3,785,104	\$116.52
FRONT-END SERVICES	Budget	Average Cost Per Day/Per Program
Family Functional Therapy (Treatment Only)	NA	\$39.29*
Multiple Systemic Therapy (Treatment Only)	NA	\$37.50**
Juvenile Community Corrections	\$3,874,000	Varies by Program***

*Calculation: \$2,200 divided by 56 days, the equivalent of 8 weeks.

** Calculation: \$4,500 divided by 120 days, the equivalent of 4 months.

***Average Cost Per Program \$2,791 – FY03.

Source: Juvenile Justice Services FY04 Operating Budget and Mid-Atlantic Juvenile Defender Center - 2004

Camp Sierra Blanca and the “front-end” initiative both service low-risk and low-need juveniles. In FY03, Camp Sierra Blanca was budgeted for \$2.8 million and at the end of the year had 28 juveniles in a 50 bed capacity facility.

EFFECT OF FRONT-END SERVICES ON FACILITIES

Juvenile Justice Services Leading up to “Front-End” Services

New Mexico Criminal and Juvenile Justice Coordinating Council released a report *The Analysis of Juvenile Justice Process and Treatment Providers* in November of 2002. The following is a summary of the findings:

- Eight out of 14 judicial districts report insufficient mental health services. Out of those eight judicial districts, four report they have no inpatient mental health services available.
- Twelve of the 14 judicial districts report insufficient sexual offender treatment. The main sexual offender inpatient programs are Desert Hills (Albuquerque) and Las Vegas Medical Center. Placements at these facilities are difficult due to long waiting lists. Also, outpatient sex offender programs are primarily in the Albuquerque area. The report states judges often commit juveniles to CYFD in the hopes they will be placed at Sandia Cottage – Youth Diagnostic and Development Center’s sex offender program.
- Five of the 14 judicial districts report lack of educational alternatives for juveniles suspended or expelled from school.
- Four of the 14 judicial districts report lack of collaboration between Protective Service Department and Juvenile Justice Services.

Overall, the report contends juvenile offenders stay in detention longer than necessary and are placed in CYFD custody due to lack of treatment options throughout the state. Also, the report states there is a lack of programs in the receiving communities to reintegrate juvenile offenders.

CYFD has conducted town hall meetings in Rio Rancho, Santa Fe, Farmington, Las Cruces and Roswell to receive community input on the move to “front-end” services. The following are common areas of concern expressed at these town hall meetings:

- Lack of educational alternatives for juveniles expelled or suspended from school.
- Collaboration with schools regarding prevention of juvenile delinquency.
- Lack of sex offender inpatient treatment.
- Lack of mental health inpatient treatment.
- Need for collaboration with Native American tribes.
- Need for parental involvement in dealing with juvenile delinquency.

CYFD addressed community concerns and explained the plan to move to community-based “front-end” alternatives at these meetings.

Closing Camino Nuevo and Reducing Beds at the New Mexico Boys’ School

As stated previously in this report, Juvenile Justice Services is closing Camino Nuevo Youth Center and reducing the number of beds at the New Mexico Boys’ School to redirect the savings from FTEs towards “front-end” services. The juveniles that are currently housed in Camino Nuevo will be transferred to the Youth Diagnostic and Development Center in July of 2004. Juvenile Justice Services’s objective with “front-end” services is to keep low-risk offenders out of facilities. Juveniles committed to Juvenile Justice Service facilities are often there due to a violation of the parole agreement, also known as a technical violation. One of the objectives of “front-end” services is for these technical violators to be in treatment programs in their communities instead of being committed to Juvenile Justice Service facilities. Table 13 displays data provided by CYFD showing the number of technical violators by County for FY03.

Table 13: Number of Technical Violators Committed to Juvenile Justice Services Facilities: FY03

County	Number Technical Violators	County	Number Technical Violators
Bernalillo	46	McKinley	4
Chaves	1	Otero	8
Cibola	3	Quay	2
Colfax	2	Roosevelt	4
Curry	4	San Juan	19
Dona Ana	12	San Miguel	8
Eddy	3	Sandoval	6
Grant	1	Santa Fe	1
Hidalgo	2	Sierra	1
Lea	2	Torrance	1
Lincoln	3	Valencia	1
Los Alamos	1	Total	136
Luna	1		

Source: CYFD FACTS Database

Currently, Youth Diagnostic and Development Center is under renovation to accommodate placing juveniles of serious offenses into the facility. To allow for the renovation of the Youth Diagnostic and Development Center juveniles are being temporary housed at Camino Nuevo. The labor in regards to the renovations is being done in-house by Juvenile Justice Services. The renovations are being funded

from vacancy savings of frozen positions awaiting reclassification and savings from operating costs in the FY04 budget. A third fence called First DeFence Security Barrier is being installed around Youth Diagnostic and Development Center. The top of this fence arches and is made of a fine mesh that does not allow hand or foot holds. Manzano and Loma Cottages are to hold the most serious juvenile offenders. These cottages have been upgraded with metal doors with magnetic locks, unbreakable plastic Laxan windows, expanded metal installed in the ceilings and the walls around the laundry rooms were removed making them open to the main area. Table 14 reports data provided by Juvenile Justice Services regarding the renovations of the Youth Diagnostic and Development Center facility to be complete by early July 2004.

Table 14: Timeline for Renovations to Youth Diagnostic Development Center Facility

Facility	Number of Beds	Completion Date	Projected Cost
Ivy Cottage - Central Intake	22	End of May 2004	\$28,440*
Zia Cottage - 15-Day Diagnostic Evaluations	16	Beginning of March 2004	\$18,225
Mesa Cottage - 15-Day Diagnostic Evaluation, Central Intake and Low-risk Long-term (Female)	16	Beginning of March 2004	\$18,225
Sierra Cottage - Long-term (Female)	22	End of March 2004	\$25,000
Jemez Cottage - High Intensity Mental Health Program (Male)	22 (maximum)	End of May 2004	\$101,080
Manzano Cottage - High Intensity Program for Aggressive Disorder (Male)	26 (maximum)	Beginning of July 2004	\$170,500
Enhanced Fencing		End of April 2004	\$380,000
Total Cost of Renovations			\$713,030

*Cost of materials only.

Source: Juvenile Justice Services

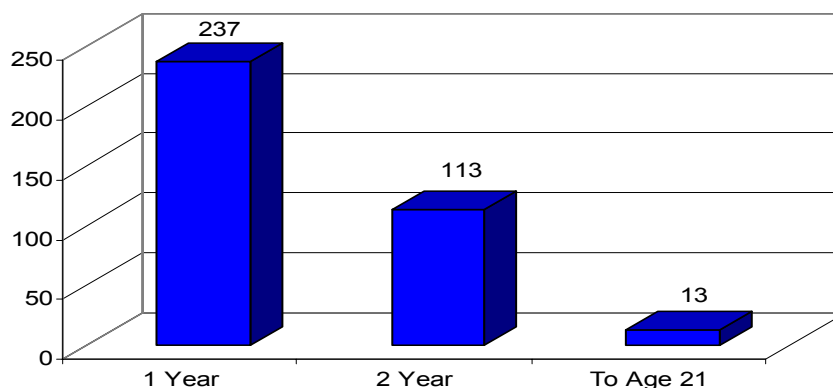
Juvenile Justice Services plans to convert the La Placita and Eagle Nest Reintegration Centers to semi-independent living centers for older juveniles that can not be placed back in their homes. Also, the Albuquerque Girls' Reintegration Center will be converted into a home for teen mothers. Completion on the renovations to the reintegration centers is set for May 2004.

Central intake performs intake risk assessments to determine the risk-levels for a juvenile that is incarcerated. This assessment determines the facility placement of the juvenile and at Youth Diagnostic and Development Center assists in determining what cottage a juvenile will be placed in. The intake center is developing a universal approach to services that engages the juvenile to work collaboratively with Juvenile Probation and Parole Officer and a facility classification specialist to determine a blend of facility services and programs that will promote his or her rehabilitative process. Juvenile Justice Services will also be adding other assessments for incarcerated juveniles dealing with diagnosis and suicide risk.

Juvenile offenders that are incarcerated generally serve a one to two year sentence. Juvenile offenders that are sentenced to serve until they reach the age of 21 make up only four percent of the Juvenile Justice Services facility population. Juveniles sentenced to one year are usually paroled in eight

months and those sentenced to two years are usually paroled in 18 months. CYFD calculates the average length of parole for a juvenile offender is three to six months.

Length of Sentence for Juveniles Committed to Juvenile Justice Services Facilities: FY03



Source: Central Intake Unit Database

Realigning Facilities Based on Areas of Strength and Upgrading Mental Health Services

In 2003, the Juvenile Justice Services examined the strengths of each facility through an assessment of facility designs, programs and services and community resources. All juvenile correctional facilities are incorporating an “academy model” of programming modules. The modules consist of components such as vocational, substance abuse, family therapy, etc. Not all facilities will offer the same modules due to modules being based on the strengths of the individual facilities.

CYFD reports the change to “front-end” services will have Juvenile Justice Services facilities seeing an increase in juvenile offenders with high-need, especially in mental health. The report *Juvenile Justice Treatment Programs: A Review of the National Landscape and Local Programs in New Mexico* by the New Mexico Criminal and Juvenile Justice Coordinating Council (September 2002) states a study by the Congressional Special Investigations Division for the Committee on Government Reform found that nearly one in seven youth in New Mexico’s juvenile detention centers is incarcerated because mental health care is not available.

In 2003, the CYFD hired the Professor and Vice-Chair of the Department of Psychiatry and Behavioral Sciences – University of Washington School of Medicine, to analyze New Mexico’s juvenile correctional facilities behavioral health services. The study involved interviews with staff and review of records. The six facilities visited were Youth Diagnostic and Development Center, the New Mexico Girls’ School, New Mexico Boys’ School, Camino Nuevo Youth Center, J. Paul Taylor Youth Center and Alamogordo Reintegration Center. The study documented many deficiencies regarding behavioral health needs in the facilities.

Juvenile Justice Services is currently working on incorporating the recommendations made regarding behavioral health services in the facilities. The following is a summary of the recommendations:

- Screening/Initial Assessment and Specialized Mental Health – Revise screening and assessment procedures; ensure all youth are comprehensively screened and assessed by qualified mental health professionals; implement reliable and valid measures and tools for screening and assessment; and institute and document a comprehensive and coordinated case management system.
- Treatment Planning and Mental Health/Substance Abuse Counseling – Improve specificity of treatment plans and goals of intervention; develop a treatment planning process; incorporate relapse prevention strategies; and require mental health and substance abuse staff to utilize evidence based treatments.
- Management of Psychotropic Medications – Require psychiatrists to conduct formal initial evaluations of youth placed on medications; require that all youth are provided with information related to the risks and benefits of psychotropic medications; and provide regular training to all health and mental health staff on current issues in psychopharmacological treatment.
- Crisis Management – Revise and implement a comprehensive suicide prevention plan and level system; insure that qualified mental health professionals are available for consultations related to admission and crisis; and reduce the use of isolation and seclusion by developing behavioral management program that creates incentives for youth participation in pro-social behavior.
- Institutional Practices – Develop a quality assurance plan that monitors all aspects of mental health treatment; develop a program description and policies which guide all aspects of the mental health programming; insure mental health staff participates in all Individualized Education Program (IEP) conferences; insure that communication concerning mental health issues are noted in mental health charts; have mental health staff provide regular consultation to school and custody staff on behavior management strategies; and develop a community transition program for all youth meeting criteria of mental illness and/or substance abuse disorders.
- Training – Institute on-going training on the management of youth with co-occurring disorders; train custody staff in effective contingency management and de-escalation strategies in order to reduce the incidence of youth conflicts/violence; and increase opportunities for continuing education for mental health and substance abuse staff.

Juvenile Justice Services is training Classification Officers in the facilities on case management. Classification Officers along with Juvenile Probation and Parole Officers will link juveniles to services in their community as they prepare for parole to ensure that treatment continues.

FEDERAL INITIATIVES AND FUNDING

The Federal Office of Juvenile Justice and Delinquency Prevention endorses the use of immediate interventions and graduated sanctions. Immediate intervention and graduated sanctions puts a strong emphasis on the importance of assessments of juvenile offenders. The primary task of an assessment is to protect the public by considering the seriousness of the offense and the risk for re-offending. Assessments are key in providing sanctions that hold the juvenile accountable and address factors and needs that contribute to delinquency. Assessments in placing juvenile offenders reserves incarceration for the most serious offenders in the system. Prompt assessment of juveniles in the system for mental disorders, conduct disorders and alcohol and substance abuse can contribute to determining appropriate

placement and service needs. Most juvenile offenders are never arrested more than once, and the most serious crimes are committed by a small number of repeat offenders. An analysis by the National Center for Juvenile Justice found that more than half of juvenile crimes nationally occur in just the five following states: California, Florida, Illinois, Michigan, New York and Texas.

Comprehensive juvenile justice strives for a continuum of sanctions, moving from least to most restrictive, along with mechanisms for determining the appropriate placement for different offenders. The following are the levels of graduated sanctions:

- Immediate Intervention – First time delinquent offenders who have committed misdemeanors and nonviolent crimes.
- Intermediate Sanctions – For first time serious or violent offenders.
- Residential or Secure Corrections – For serious, violent and chronic offenders.

Policy for graduated sanctions has been accompanied by funding to help provide for development and implementation of the infrastructure of the community programs that are needed to eventually reduce reliance on state-financed juvenile corrections facilities. Using risk and needs assessment in conjunction with graduated sanctions combines public safety with cost efficiency. It increases the likelihood that the most serious offenders will be incarcerated, while those who present a lesser danger are placed in less expensive community programs.

The Juvenile Justice and Delinquency Prevention Act of 1974 was the first federally supported comprehensive approach to juvenile justice and delinquency prevention. The Act provided for discretionary and block grants, formula grants to states based on population under 18 and discretionary funds to support youth programs. Also, the Act created a National Advisory Committee, a Federal Coordinating Council and a National Institute for Juvenile Justice and Delinquency Prevention.

Section 9-2A-16 NMSA 1978 states the functions of the juvenile justice advisory committee and the department is to ensure the Juvenile Justice Services are compliant with the federal Juvenile Justice and Delinquency Prevention Act of 1974. The statute states the juvenile justice advisory committee shall have policymaking, planning and review powers over the following functions pursuant to the Act:

- “in conjunction with the department (CYFD), approval of a comprehensive state plan and modifications reflecting statewide goals, objectives and priorities for the expenditure of federal funds received under the act;
- approval or disapproval of applications or amendments submitted by eligible entities pursuant to that act;
- in conjunction with the department, assurance that fund accounting, auditing and evaluation of programs and projects funded pursuant to that act comply with federal requirements and state law;
- assistance to the governor, the legislature and entities created or funded pursuant to that act in developing new or improved approaches, policies or legislation designed to improve juvenile justice in New Mexico; and
- provision of technical assistance by the department to eligible entities pursuant to that act.”

The statute also states all budgetary, evaluation, monitoring and grants administration functions required pursuant to the federal Juvenile Justice and Delinquency Prevention Act of 1974 shall be carried out by CYFD.

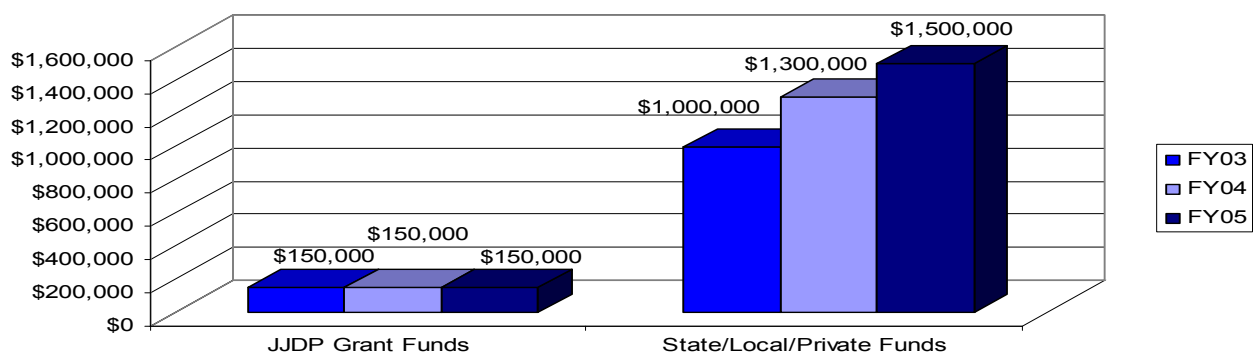
New Mexico's performance report, for the period of October 1, 2001 to September 30, 2002, regarding the Juvenile Justice and Delinquency Prevention Act reports one of their goals is supporting juvenile detention reform. The goal states "to improve the juvenile justice system performance through local collaborative efforts, training, technical assistance, research, evaluation and information systems development." Achievements noted in the report to obtaining this goal are:

- The Bernalillo County Juvenile Detention Center supervisor ran a detention alternatives and case expediting program that succeeded in reducing the average daily capacity.
- The City of Hobbs implemented a continuum project providing a misdemeanor citation program and truancy prevention activities.
- The City of Santa Fe began the Comprehensive Strategy/Targeted Community Action Planning initiative, and developed a comprehensive three-year plan.

The Juvenile Justice Advisory Committee Three Year Program Plan and Program Description report includes local juvenile justice reform and improvement. The title of the program is Juvenile Justice Continuum. The program goal is to improve the fair and effective response to all youth who come in contact with the juvenile justice system. The following are objectives of the program:

- To provide support of judicial districts and units of local government that wish to address specific juvenile justice issues and develop appropriate responses.
- To support models of collaboration and consensus-building among all key leaders.
- To encourage the appropriate use of secure detention and the development of adequate non-secure alternatives, and to support statewide implementation of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative.
- To foster objective decision-making about youth at each step in pre-disposition process.
- To encourage alternative solutions to the present pre-disposition workloads and caseloads.
- To ensure improvement in the conditions of secure confinement.
- To promote public safety, offender accountability and rehabilitation, and to restore the community, through implementation of restorative justice principles.

Juvenile Justice and Delinquency Prevention Grant and State/Local/Private Budgeted Funding for Juvenile Justice Continuum Program: FY03, FY04 and FY05



Source: Children, Youth and Families Department

Between FY03 and FY05, the state of New Mexico is expected to receive \$450,000 in federal funding to support the Juvenile Justice Continuum program. Also, juvenile community services and detention reform received funding in FY04 from the Juvenile Accountability Block Grant for the implementation of a continuum of graduated sanctions and accountability programs (projected amount \$220,000) and programs for juvenile courts/probation services and training for detention and corrections personnel (projected amount \$65,000).

Recently, the Office of Justice Programs of the U.S. Department of Justice, in conjunction with other federal partners, has instituted the Serious and Violent Offender Re-entry Initiative. This comprehensive effort for both adult and juvenile offenders provides grant money to fill gaps in state programs and identifies best practices. In addition, federal partners representing labor, health and human services, education, housing, and corrections are helping states and localities to leverage existing state and formula block grants. Juvenile Justice Services plans to create a grant writing position in order to seek out federal funding to support the move to “front-end” services.

BEST PRACTICES OF OTHER STATES, COUNTIES AND CITIES

The Move Towards “Front-End” Services

Many other states, counties and municipalities are moving towards community-based programs for juvenile offenders. The community programs range from instituting day-reporting centers, Multi-Systemic Therapy and/or Family Functional Therapy programs and innovative approaches to reduce juvenile delinquency and recidivism. The following are examples of community programs being implemented by state, county and local governments:

- State of Louisiana – A little over a year ago, the Louisiana legislature passed the Juvenile Justice Reform Act of 2003. The legislature felt that in order to improve the state’s juvenile justice system it was necessary that every juvenile in custody of the Department of Safety and Corrections be reviewed periodically in order to determine whether the juvenile was placed in the least restrictive placement most appropriate to their needs and the safety of the public. The legislature supported interagency efforts to gather comprehensive data and actively share and disseminate data to those agencies responsible for making informed decisions regarding treatment, care and security, and rehabilitation of juveniles in the state. To address the lack of available alternatives to the incarceration of juveniles, the legislature declared it a policy of the state of Louisiana to assist in the development and establishment of a community-based, school-based, and regionally based system of progressive intensive sanctions and treatment programs.
- State of Massachusetts – The state of Massachusetts uses day-reporting centers to provide an intensive level of supervision to juveniles that reside at home. Juveniles enrolled in day-reporting centers have their entire day routine directed by the staff at the center. For the most part, juveniles spend their day either at school or at the day-reporting center. Based on their behavior, juveniles are allowed to function at several different supervision levels. When they first enter the program, they are placed under a relatively confined status that requires them to wear an electronic monitoring device and make frequent calls to the center. The center relies on a point system to determine whether a juvenile will be allowed greater freedoms or whether

he or she will receive a more intensive level of supervision. Each juvenile is given a handbook which spells out the rules of the day-reporting center, the consequences of poor conduct and the benefits of following the rules.

- San Diego County, California – San Diego County identified both duplicate services and gaps in the system. Their objective was to create a seamless web of integrated supervision and services for youth. Programs and strategies being put into action include a “Breaking Cycles” effort in the probation department. This program provides intensive assessment and individual and family services seeking to interrupt the potential slide of adjudicated youths into drugs, gangs and violence. Another family-focused intervention program sets up neighborhood-based community assessment teams and centers.
- City of Jacksonville, Florida – The City of Jacksonville’s comprehensive strategy task force is focused on reducing delinquency by 40 percent by the 2015, through policy and strategic programming for prevention and graduated sanctions. Data collection and risk factors like economic deprivation, academic failure and availability and use of drugs is being used to expand existing programs and design other strategies. The effort is building on promising programs that address key protective and risk factors, and is examining ideas like establishment of a truancy center. Data collection is aided in Jacksonville by the Serious Habitual Offender Comprehensive Action Program, which identifies and tracks multiple-arrest juveniles. Services are being targeted to the relatively few young offenders who are responsible for the bulk of juvenile arrests.

Challenges to Implementing “Front-End” Services

Review of the best practices from other states, counties and local governments implementing community services for juvenile offenders reveals challenges in regards to success being tied to adhering to the original program design, performance measures and monitoring of community programs.

Since the late 1990s, the state of Washington has been recognized as a leader in implementing research-based juvenile justice programs. Washington’s analysis of their various community services showed the programs do work, but the success of the programs are tied to adherence to the original program design. Studies revealed the programs can increase recidivism rates of participants when they are poorly delivered. The following are recommended quality control standards utilized by Washington State Juvenile Justice Programs:

- Standards for treatment services – Selecting, training, and retaining qualified providers; and managing and overseeing program delivery.
- Standards for measuring outcomes – Recidivism is the ultimate outcome measure for juvenile offender programs. The completion rate of youth assigned to the program is a key measure. Interim outcomes focusing on improving specific risk and protective factors associated with particular outcomes.

A significant challenge to Juvenile Justice Services in adhering to original program design of the Multi-Systemic Therapy and Family Functional Therapy programs is the need for qualified therapists. The report *An Analysis of Juvenile Justice Process and Treatment Providers in New Mexico* by the Criminal and Juvenile Justice Coordinating Council in 2002, reports nearly all judicial districts have

problems in recruiting and retaining professional staff in rural areas. The report notes Juvenile Probation and Parole Officers and Clinical Social Workers are difficult positions to keep staffed in rural areas.

Juvenile Justice Services is working with the State Personnel Office on developing competitive salaries for the Multi-Systemic Therapy and Family Functional Therapy positions. Juvenile Justice Services plans to recruit on a continuous basis and on the national-level to fill the therapist positions. The Department of Labor, State Personnel Office and CYFD have linked their websites for recruitment purposes. Also, Juvenile Justice Services is taking into consideration the placement of the Multi-Systemic Therapy and Family Functional Therapy therapists as a factor to successful recruitment.

Contract monitoring and performance measures are important to determine the success or failure of community service programs. Many government entities implementing community services have faced challenges in developing and monitoring performance measures for their programs. The state of Kansas conducted a performance audit on juvenile justice in January 2003, a finding from that audit states “at the state level, the Authority’s staff are allowing some programs that don’t have clear and measurable outcomes and appropriate baseline data to be approved and funded.” A report *Most Delinquents Sent to Community Supervision; Program Could Improve* conducted by the Florida’s Office of Program Policy Analysis and Government Accountability (March of 2002) stated the juvenile justice department failed to capture information about youth in community programs reducing program accountability. The report goes on to say that performance measures could have been used to identify best practices and the revision of renewal contracts under community services to include these practices. In December 2003, Florida’s Office of Program Policy Analysis and Government Accountability released a follow-up report *Juvenile Justice Can Improve Its Quality Assurance and Program Monitoring Process*. The report stated the juvenile justice department had taken the following steps to improve oversight of contracted services:

- Incorporating outcomes into the contract selection process.
- Combining the program monitoring and contract management processes.
- Developing a guide for program monitoring staff to use when visiting programs.
- Providing monthly video-conference calls to better train program monitors.
- Withholding payment when providers do not deliver all required services or requiring them to pay for services provided by the department.

On December 1, 2003, CYFD issued a “Super – Request for Proposal (RFP)” allowing service providers in local communities to provide a greater array of services. The philosophy behind the “Super – RFP” is to allow providers to identify the needs of families in their own communities and to tailor services to address those needs. The long-term goal of the “Super – RFP” is to develop local provider networks in communities statewide.

Contract monitoring is conducted by Family Services Division of CYFD. They run a network of provider services for Juvenile Justice Services and Protective Services Department in regards to children’s behavioral health. Contract monitoring has developed a rating system in order to evaluate providers consistently. The following rating system has been included in the contract evaluation guide: unacceptable, conditionally acceptable, meets requirements and exceeded requirements. Monitoring worksheets are also utilized in contract monitoring. The worksheet has a section on Client

Record Review that specifically addresses performance outcomes and outcomes from the Children's Functional Assessment Rating Scale and the North Carolina Family Assessment Scale. The Children's Functional Assessment Rating Scale assesses a juvenile in the following areas: depression, anxiety, hyperactivity, thought process, cognitive performance, medical/physical, traumatic stress, substance abuse, interpersonal relationships, behavior in home setting, Activities of Daily Life functioning, socio-legal, danger to self, danger to others and security management needs. The following Table 15 summarizes the areas a family is assessed under the North Carolina Family Assessment Scale.

Table 15: North Carolina Family Assessment Scale–Family Issues/Areas Assessed

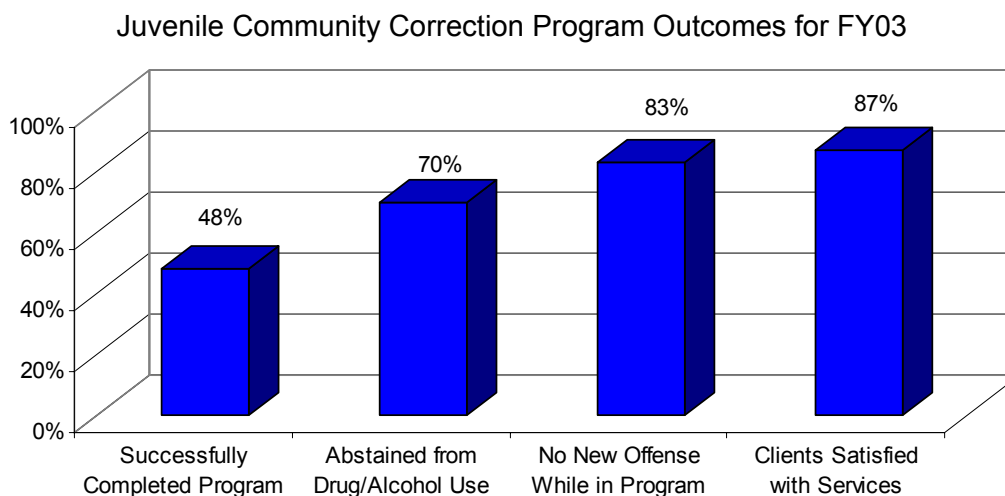
Environment	Parental Capabilities	Family Interaction	Family Safety	Child Well-being
Overall Environment	Overall Parental Capabilities	Overall Family Interactions	Overall Family Safety	Overall Child Well-being
Housing Stability	Supervision of Children	Bonding with Child	Absence/ Presence of Physical Abuse of Children	Child(ren's) Mental Health
Safety in Community	Disciplinary Practices	Expectations of the Child	Absence/ Presence of Sexual Abuse of Children	Child(ren's) Behavior
Habitability of Housing	Provisions of Developmental/ Enrichment Opportunities	Mutual Support within the Family	Absence/ Presence of Emotional Abuse of Children	School Performance
Income/ Employment	Parent(s')/Caregiver(s') Mental Health	Relationship between Parents/Caregivers	Absence/ Presence of Neglect of Children	Relationship with Caregivers
Financial Management	Parent(s')/Caregiver(s') Physical Health		Absence/ Presence of Domestic Violence between Parents/Caregivers	Relationship with Siblings
Food/Nutrition	Parent(s')/Caregiver(s') Use of Drugs/Alcohol			Relationship with Peers
Personal Hygiene				Motivation/ Cooperation to Maintain the Family
Transportation				
Learning Environment				

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

The Family Services Division collects data on Children's Functional Assessment Rating Scale and North Carolina Family Assessment Scale, but does not have a set standard based on those assessments to determine the success of programs.

Juvenile Justice Services oversees the contracts pertaining to Juvenile Community Corrections. Children's Functional Assessment Rating Scale, North Carolina Family Assessment Scale and a Client or Family Survey is required to measure the State Status Indicators during the contract period. State Status Indicators consist of performance measures and outcomes required of service providers. In the first contract year, the contractor selects the performance outcomes and their related performance measures most appropriate to work towards. The plan of care documents the level of success in achieving the performance outcomes and performance measures. Juvenile Community Corrections Program Audit does not check on performance outcomes and/or performance measures in the plan of care, and does not mention review of Children's Functional Assessment Rating Scale and North Carolina Family. Children's Functional Assessment Rating Scale and North Carolina Family Assessment Scale are mandatory assessment tools for contractors providing services for Juvenile Community Corrections.

Four Juvenile Community Corrections contracts for FY03 were reviewed to determine if performance measures and outcomes were addressed in the contracts. The contracts do state the contractors are to submit monthly demographic reports that are to include outcome information. However, the contracts do not explicitly ask for performance and outcome measures. The monthly demographic reports required in the contracts were reviewed for outcome information. The outcomes covered in the monthly demographic report dealt with program completion, drug/alcohol use, recidivism and client satisfaction. There was no information pertaining to Children's Functional Assessment Rating Scale and North Carolina Family Assessment Scale. The following graph displays data provided by Juvenile Justice Services showing the outcomes for Juvenile Community Corrections in FY03.



Source: Juvenile Justice Services

Juvenile Justice Services plans to drill down performance measures to specific program effectiveness as part of the move to "front-end" services. Programs that will be part of this process are Juvenile

Community Corrections, Multi-Systemic Therapy and Family Functional Therapy. Juvenile Justice Services plans to use the Family Service Division's methodology as a model and existing baselines for tracking in-house program effectiveness. Family Services Division uses Management Information System to track Children's Functional Assessment Rating Scale and North Carolina Family Assessment Scale data. Juvenile Community Corrections contractors also report Children's Functional Assessment Rating Scale and North Carolina Family Assessment Scale data to Management Information System. Juvenile Justice Services plans to publish provider comparisons as a way of rating acceptable levels of client improvements. Providers with below minimum scores would be subject to special performance improvement planning.

RECOMMENDATIONS

1. Develop a cost benefit analysis regarding the move from incarceration towards "front-end" services. Include in the cost benefit analysis the treatment costs of Multi-Systemic Therapy and Family Functional Therapy; administration of "front-end" services; case management; surveillance and community monitoring; development of new policies/procedures; new training; and miscellaneous, such as computer, rental of facilities and travel.
2. Collaborate with the juvenile detention reform initiative to pull together resources regarding behavioral mental health and avoid duplication of services.
3. Analyze juvenile detention reform data in regards to how it affects Juvenile Justice Services. For example, referrals to Juvenile Justice Services facilities by counties under detention reform, violations of offenders moving from detention to Juvenile Justice Services facilities, information regarding treatment juveniles received while in detention custody, etc.
4. Develop a database to track the number of juvenile offenders that as adults end up in a New Mexico Correction Department's facility. The data would determine the long-term affects of Multi-Systemic Therapy and Family Functional Therapy programs.
5. Consider adopting regulations for Juvenile Community Corrections that provide standards for qualifications for grants and priorities for awarding grants that support Juvenile Justice Services's move to "front-end" services.
6. Review the cost-effectiveness of continued funding of Camp Sierra Blanca. Also, the department should monitor the capacity level and population of Juvenile Justice Services facilities to determine the need to reduce or add beds.
7. Develop a plan of deployment for Multi-Systemic Therapy and Family Functional Therapy programs statewide by the FY06 budget cycle. The plan should include estimated revenues from the Multi-Systemic Therapy and Family Functional Therapy programs along with information pertaining to redirections of money from the Multi-Systemic Therapy and Family Functional Therapy programs back into "front-end" services.
8. Collaborate with the Public Education Department in the move to "front-end" services, such as educational alternatives for juveniles suspended or expelled from school.

9. Adhere to the original program design of Multi-Systemic Therapy and Family Functional Therapy programs. Evaluate challenges to program adherence and develop a plan of action to address those challenges.
10. Ensure that only competent therapists are hired for the Multi-Systemic Therapy and Family Functional Therapy programs.
11. Require Regional Coordinators to prioritize addressing the lack of sex offender treatment statewide.
12. Development of procedures to insure limited contact between serious juvenile offenders and other juvenile offenders placed at Youth Diagnostic and Development Center.
13. Hire a grant writer to seek federal funding to support the “front-end” services initiative, and collaborate with detention reform and the New Mexico Corrections Department when appropriate to seek federal funds.
14. Include in the Juvenile Community Correction Audit Plan review of Children’s Functional Assessment Rating Scale and the North Carolina Family Assessment Scale data on clients. Also, criteria should be set by the department to determine continued funding or termination of a program based on outcomes and performance measures tied to the Children’s Functional Assessment Rating Scale and the North Carolina Family Assessment Scale.
15. Establish a goal for reduction in juvenile delinquency by a set time frame.
16. Submit quarterly reports to the Legislature regarding the status of the move to “front-end” services in Juvenile Justice Services.
17. Conduct a follow-up review of the Multi-Systemic Therapy and Family Functional Therapy programs two to three year after implementation in order to evaluate the effectiveness of the move to “front-end” services.
18. Evaluate why juveniles receiving services from Protective Services Department end up in the custody of Juvenile Justice Services. Collaborate with Protective Services Department to offer “front-end” services to deter delinquency in juveniles receiving Protective Services Department services.

DEPARTMENT RESPONSES

1. Develop a cost benefit analysis

Because the cost benefit of moving resources from incarceration to front-end services was clear, CYFD did not do a cost benefit analysis. Instead, CYFD researched the effectiveness of various therapy models for our Juvenile Justice clients and selected FFT and MST as the most effective service models in reducing recidivism. As provided in Dr. Eric Trupin’s report to CYFD, *Review of Mental Health and Substance Abuse Services*, we used a comparison from the State of Washington of the

efficacy (as measured by recidivism) of FFT and MST as compared to commitment in a juvenile facility. Clearly, to improve our HB2 performance measure regarding recidivism, FFT and MST are better options than facility commitment to be used whenever possible. Our benefit analysis consisted of reviewing for efficacy: facility commitment vs. front-end services. There is an additional benefit to communities where staff and other resources are relocated to build on the strengths of each community to support families.

For these reasons CYFD does not agree with the recommendation that a cost benefit analysis should be done.

2. Juvenile Detention Reform – collaboration

Juvenile Detention Reform services and programs are developed and guided at a local community level. CYFD strongly supports county Detention Reform efforts, but the decisions are made by the counties. Counties will benefit financially from Detention Reform; for diversion of pre-adjudicated clients from detention, county savings from Detention Reform could be used to support the cost of alternative programs. For diversion of adjudicated clients from detention, CYFD front-end services could be used as part of our partnership with counties undertaking Detention Reform. As part of our commitment to County Detention Reform, CYFD will continue to foster collaborative efforts with Counties. Key partners in this are Bernalillo County and the Annie E. Casey Foundation. We will continue diligent efforts to work with local committees to meet a spectrum of needs and to capture the impact of these services. As detention reform data grows, we will evaluate the impact on all of CYFD, but particularly JJS.

3. Juvenile Detention Reform – analyze data

For CYFD to analyze data to determine the effect of detention reform on JJS, we will need a statewide detention client tracking system requiring a significant investment of resources from funding sources such as the Annie E. Casey Foundation or the NM Legislature. The new screening tool data, collected by the new CYFD Call Center, is now being summarized quarterly, but this data is not sufficient for the analysis recommended by LFC.

In the process of Detention Reform, CYFD recognizes the benefits of developing a statewide tracking system to track juveniles detained in local detention centers. However, there are jurisdictional issues. Individual counties run the juvenile detention centers; each county tracks its own detention data. Currently there is no common tracking system or common guidelines for tracking individual records of juveniles detained in county detention centers. Currently we have not defined common data elements tracked by all county detention centers across the state and the CYFD FACTS system sufficient to build a tracking system by which we may measure the effect of Detention Reform on JJS. Bernalillo County does have a county level tracking system for its detainees that our FACTS Unit has been able to use to match up with client records in FACTS. However, Bernalillo County is the only county with such a client tracking system for detention.

4. Tracking Juvenile Offenders in Adult Corrections

We agree that it is important to track juvenile offenders that move on to the adult corrections system for the purpose of measuring recidivism. We believe that a more developed tracking *process* is needed rather than a data system. In fact, we have sent JJS facility exit cohorts to the NM Corrections Department on two occasions to satisfy our recommitment performance measure in HB2. They have

responded with lists of those who appear in their population. This is point in time data, not longitudinal. Although it is more desirable, longitudinal follow up is only possible for 24-36 months due to Children's Code requirements to expunge juvenile records. Manual and electronic CYFD records are archived/expunged for clients at age 22. Because this type of data in both point in time and longitudinal form is so important, JJS will establish an initiative in FY05 to develop data processes that track clients who have contact with both juvenile and adult systems. This initiative will include collaboration and data exchange with the Corrections Department, the Department of Public Safety, the Administrative Office of the Courts, and the NM Sentencing Commission. We will also consider proposing a Children's Code revision to allow CYFD to retain client data after age 22 for research and analysis only.

Regarding the Corrections Department Chart on page 18, it is important to avoid confusing Corrections Department data on inmates age 20 and under, with persons under age 18 at the time of the offense who were given adult sanctions. The Corrections Department data does not reveal the age of the inmate at time of offense. Persons who are 18 years of age or older who commit crimes are automatically prosecuted as adults. Persons who are under the age of 18 at the time the offense is committed, may be prosecuted as an adult or may receive Juvenile sanctions as a Youthful Offender. If the youth is prosecuted as an adult, the youth may be housed in an adult facility. If the youth is adjudicated as a youthful offender, the youth is committed to a CYFD facility – potentially up to age 21. CYFD has researched in FACTS the number of unique dispositions that resulted in adult sanctions from FY01 through April 2004, totaling 42. (Some of these could be probation clients.) The difference between 395 and 42 probably represents persons who were 18 or over at the time of the offense and were not under the jurisdiction of the Children's Code or CYFD.

5. JCC Regulations

We concur with the recommendation.

6. Camp Sierra Blanca Funding

We concur with the recommendations.

7. Revenues from MST and FFT

Since the close of LFC's fieldwork, CYFD is working with Medicaid Managed Care Organizations (MCOs) to expand MST with the private provider network and not implement MST in house. Instead CYFD will develop Family Functional Therapy in house. CYFD is also working with the MCOs to seek reimbursement for FFT services to Medicaid eligible clients. Full recurring costs associated with FFT will be included in the FY06 budget request. If CYFD has an assured Medicaid funding stream associated with FFT, then we will include revenues from Medicaid MCOs to support the additional salary and benefit cost of FFT therapists compared to the salary and benefit cost of Juvenile Correctional Officer positions currently in the base budget. When the FY06 budget request is submitted, CYFD will have collected no Medicaid revenues; for this reason CYFD must be conservative in inclusion of Medicaid revenues. If we have not reached agreement with Medicaid MCOs on reimbursement, then we will include a larger vacancy factor and only fill positions to the level of available General Fund.

8. Education Department collaboration

We concur with this recommendation.

9. MST Program Design

We concur with this recommendation. See response to #7 regarding MST.

10. MST Therapists

We concur with the intent of this recommendation; however, therapist competency sometimes is only determined after the fact. CYFD will have a 1-year probation period in which to determine competency.

11. Sex Offender Treatment Priority

The need for Outpatient Sex Offender Treatment is one of many competing priorities for contracted community based services under the Super RFP. We do concur with prioritizing these services in the next Super RFP.

12. Limiting Client Contact at YDDC

We concur with this recommendation to a point. We are addressing this issue through limited separate housing, scheduling, and controlled movement of serious offender groups separate from other clients. As behavior modifications normalize the populations, our goal is to blend the populations in the facilities to reflect “outside life”. Our overarching goal is rehabilitation/habilitation.

13. Hire a Grant Writer

We concur with this recommendation. Currently a 90-day temp is developing this role.

14. Juvenile Community Corrections Audit Plan

We concur with this recommendation. The current JCC audit process includes one annual onsite audit of client and program files for each provider. Beginning in FY05, in addition to the onsite audits, we will begin capturing the data from the CFARS and NCFAS instruments in our MIS system. This dual process will provide a cross check of client and program information. Baseline data captured from CFARS and NCFAS will be used to establish FY06 criteria to set client outcome targets and other performance measures for program effectiveness.

15. Goal For Reducing Juvenile Delinquency

We concur with this recommendation as a broad overarching goal, but not as a quantified objective to be attained by a set time frame. We do agree that we need to track juvenile crime to make sure that moving services and fiscal assets to communities results in a decrease in crime – not an increase. There are many factors such as population increases that are outside the scope of CYFD that influence the incidence of juvenile delinquency. This goal requires a longitudinal study, which we agree needs to be done. We will look at examples from other states. For example, Maine has showed significant improvement over an eight-year period.

16. Quarterly Reports to Legislature

CYFD will report quarterly on the progress on the Front-End Services Initiative. The move to front end services is a CYFD Initiative that is reported to the Legislature in the CYFD Strategic Plan Updates.

17. Follow-up Review of MST and FFT

CYFD will monitor the implementation of FFT regularly to evaluate effectiveness through the use of specific performance measures and other quality assurance processes that we will develop and implement.

18. PS/JJS collaboration

We concur with this recommendation. Collaboration between Protective Services and Juvenile Justice Services is in progress. Joint Case Review meetings on a county or district level are underway. They include in depth presentations of common cases and development of recommendations. This area is extremely complex; efforts are just beginning. CYFD has found that many of the JJS clients who had some previous involvement with Protective Services were family members in cases that were screened out before investigation. PS is developing a new initiative to provide some intervention services to families that have previously been screened out.

The LFC Review does not discuss our front-end services redeployment of 10 positions to Child Protective Services: 6 positions for the Joseph A. target population and 4 positions for Protective Services Statewide Central Intake (SCI). We believe that important prevention strategies to avoid future involvement of PS clients in JJS include expanded services targeted to older children who are not being adopted or stabilized in our system (the Joseph A. target population), and voluntary services for family members involved in screened out cases (multiple referrals to SCI).

These older children are the same clients that end up in trouble with the law more often than the general teen population. Our hope is to intervene earlier, to stabilize the lives of these young people so they don't act out their frustrations with a fluid living situation and no adult long-term connections.

Many reports of abuse and neglect are screened out and therefore not investigated or substantiated because there was no IMMEDIATE risk, but there was long-term risk that we did not address, by policy. We are changing this and actually providing voluntary services to families who will participate – again to impact family stability, to grow healthier children for communities, and to prevent future involvement in the juvenile justice system. Data shows that PS clients who end up in JJS (approximately 80% of the cases) were victims of violence in their homes.

The LFC Review also does not discuss our redeployment of 3 positions to Information Technology to focus on enhancements to the JJS FACTS system to establish a common Plan of Care for use by both PS and JJS and to automate the JJS SDM tool in FACTS. The JJS FACTS system requires regular updating to reflect changes in business practice.

EXHIBITS

Juvenile Justice Services – Diagram of Redeployment Strategy to “Front-End” Services

Juvenile Justice Redeployment

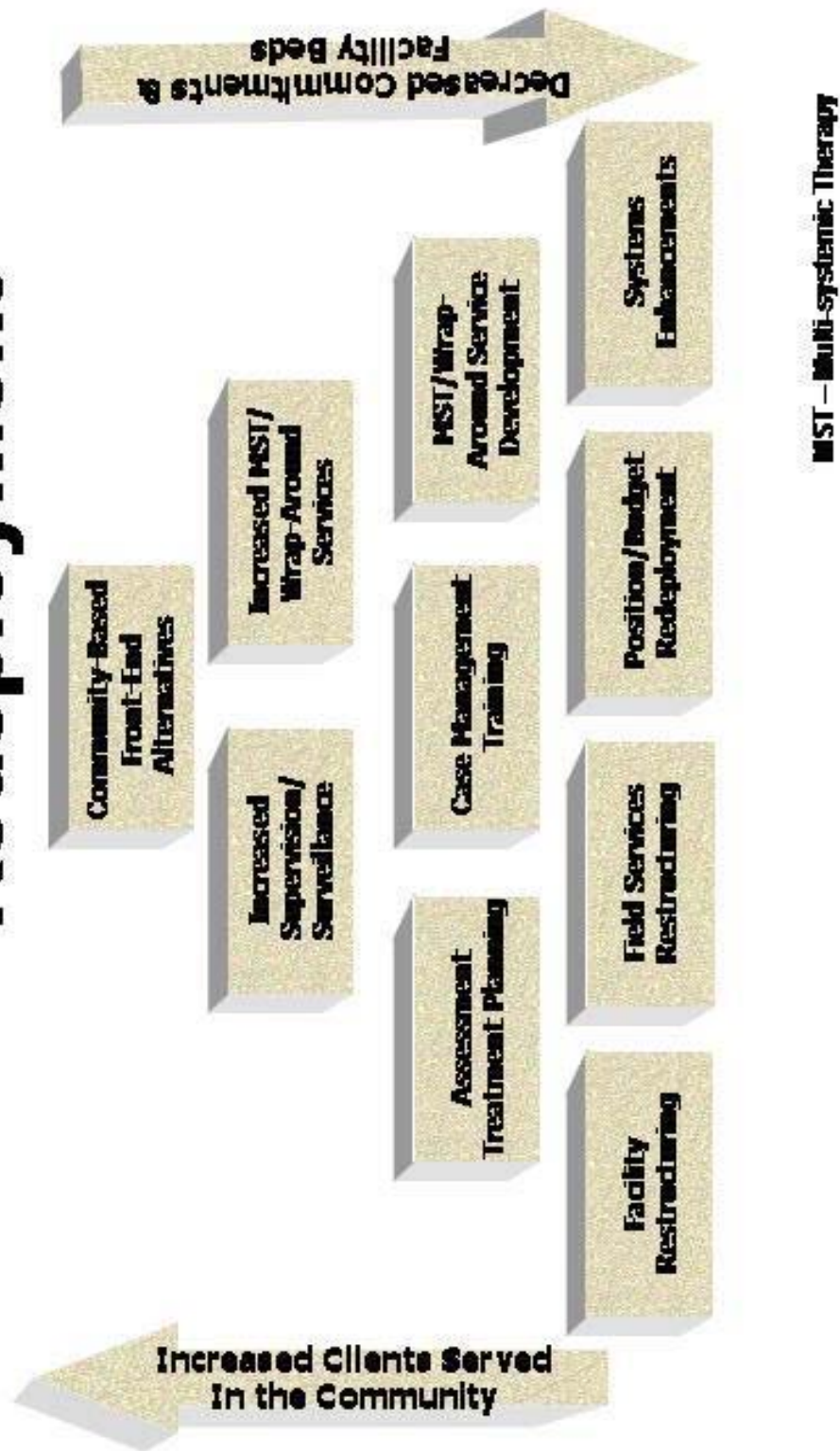


EXHIBIT 2

**Juvenile Justice Services –Analysis by County of Need for Additional Community Safety Officers
and Juvenile Probation and Parole Officers under “Front-End” Services**

District/County	Current Number Surveillance Officers	Current Number Juvenile Probation and Parole Officers	New FTEs
District 1			
Santa Fe/Los Alamos	2	8	1 Juvenile Probation And Parole Officer
Rio Arriba	1	4	1 Surveillance Officer
District 2			
Bernalillo	8	42	6 Surveillance Officers 2 Juvenile Probation/Parole Officer Supervisors
District 3			
Dona Ana	2	15	2 Surveillance Officers
District 4			
San Miguel/Mora	0	5	2 Surveillance Officers
Guadalupe	0	2	(-1 Juvenile Probation And Parole Officer)
District 5			
Lea	2	7	.5 Secretary
District 6			
Grant	1	3	1 Surveillance Officer
Luna	0	3	
Hidalgo	0	1	
District 7			
Catron/Socorro	0	3	.25 Secretary 1 Surveillance Officer
Sierra	0	1	
Torrance	0	1	.25 Secretary 1 Juvenile Probation And Parole Officer
District 8			
Taos	0	4	1 Secretary 1 Surveillance Officer
Colfax/Union	0	2	
District 9/10			
Curry	0	8	1 Surveillance Officer
Roosevelt	0	1	(+1 Juvenile Probation And Parole Officer)
Quay/Harding/Debaca	0	2	
District 11			
San Juan	1	8	1 Surveillance Officer
McKinley	1	5	
District 12			
Otero	1	5	1 Surveillance Officer
Lincoln	0	2	
District 13			
Cibola	0	2	
Sandoval	1	8	1 Surveillance Officer
Valencia	0	4	
District 14			
Chaves	1	6	
Eddy	0	4	1 Surveillance Officer
Total	21	156	25

Source: Juvenile Justice Services - CYFD

Juvenile Justice Services – Number of Juveniles by Supervision Levels: March 21, 2004

County	Intensive	Maximum	Medium	Minimum
Bernalillo	55	78	245	594
Chaves	3	22	17	94
Cibola	0	15	26	18
Colfax	0	11	9	18
Curry	13	25	47	197
Dona Ana	29	69	136	240
Eddy	2	16	31	69
Grant	1	5	15	33
Guadalupe	0	3	7	5
Hidalgo	0	9	4	6
Lea	2	14	24	75
Lincoln	2	13	13	24
Luna	0	2	20	40
McKinley	0	7	20	18
Mora	0	0	0	0
Otero	5	28	55	81
Quay	1	0	16	21
Rio Arriba	2	6	17	117
Roosevelt	7	6	11	39
San Juan	24	12	54	193
San Miguel	2	17	55	59
Sandoval	3	3	24	57
Santa Fe	11	29	44	116
Sierra	0	1	1	13
Socorro	0	6	10	34
Taos	4	6	16	37
Torrance	0	2	19	41
Valencia	1	6	21	68
Statewide Total	167	411	957	2307

Source: Juvenile Justice Services/CYFD - March 21, 2004

Note: Data includes juveniles on probation, parole, conditional release from detention
And informal supervision/conditions.