

## NM Behavioral Health Services Subcommittee of the Legislative Health and Human Services Committee: 10/18/2012

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## Preliminary Research Findings on Risk Factors for Juvenile Incarceration in NM

*Youth committed to a secure facility are different from youth in the general population.*

**Seventy seven percent** of committed adolescents have a mental health diagnosis.

About **65%** of the youth committed to a facility were involved with **gangs** and **13%** had family gang involvement.




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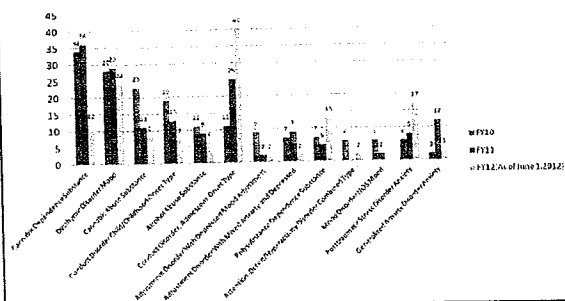
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## A Mental Health, and Substance Abuse Snapshot of our Youth

Most Frequent Facility DSM Axis 1 Diagnoses by  
Fiscal Year (Specific Diagnosis)




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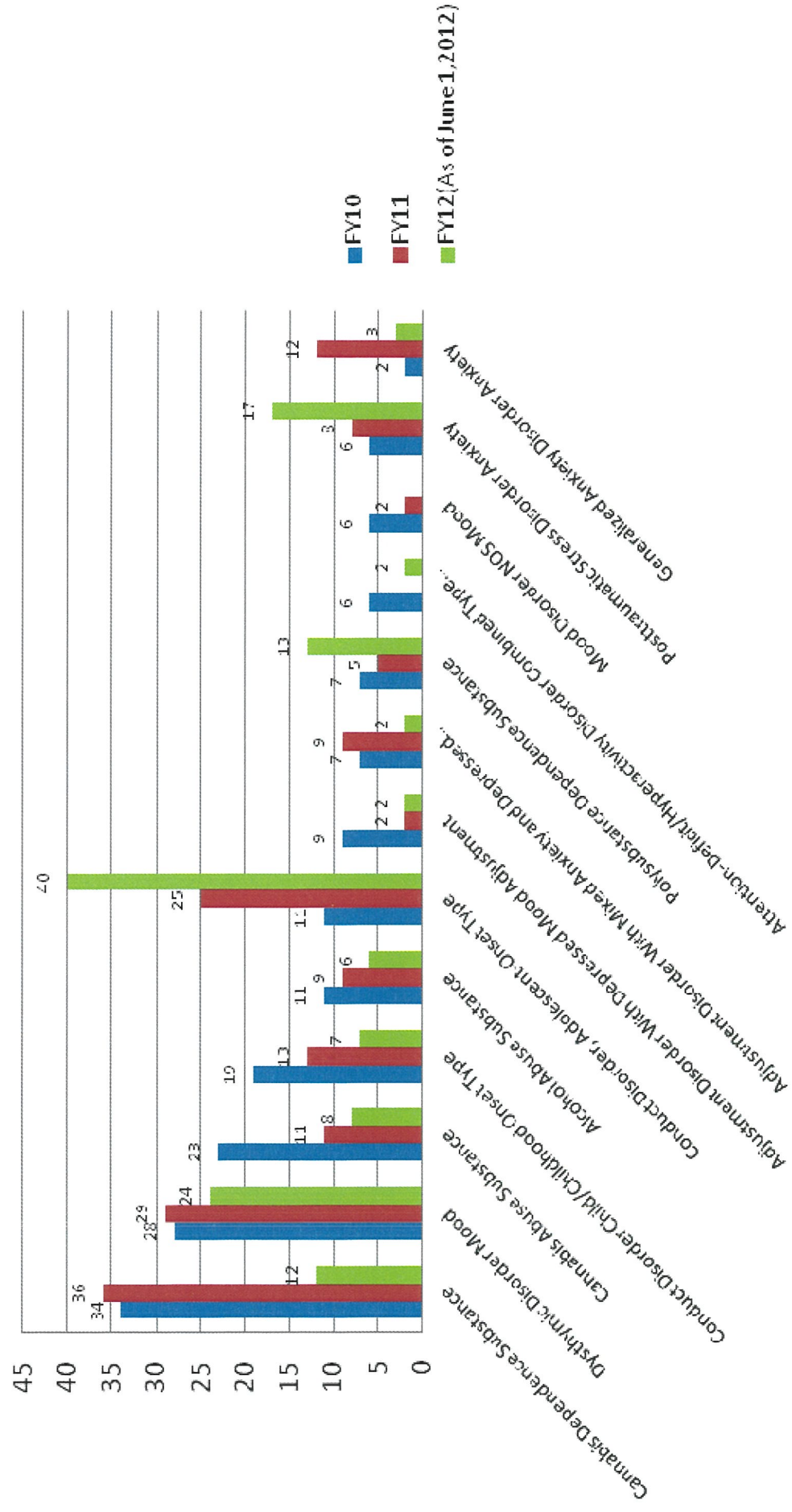
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# A Mental Health, Education, and Substance Abuse snapshot of our youth

## Most Frequent Facility DSM Axis 1 Diagnoses by Fiscal Year (Specific Diagnosis)



### Risk Factors

- About *half* of the youth committed to a facility have a history of:
- *One or more recent deaths of a close friend or family member - 56%*
- *Parents with drug/alcohol problems 59% - Youth have drug/alcohol problems 56%*
- *History of Parental Incarceration 47%*
- *Protective Services involvement 51% (31% Substantiated)*




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### Substance Abuse

- New structure for treatment
- 76% report using marijuana daily
- 29% use alcohol daily
- 24% use alcohol 1-2 times per week
- 60% have a mental health diagnosis
- **95% of our youth report developmental trauma of some kind**




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**About one third of the NM youth committed to a facility have a history of:**

- Physical Abuse 38%
- Victim of Bullying 38%
- Bullying Aggressor 28%
- Raised by Grandparents 36%
- Witness to Domestic Violence 28%
- History of Self-Injury 28%




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### Protective Service Involvement

- All youth in facilities have a higher percentage of involvement with PS than the general population of youth.
- 51% of committed youth have a PS record (general population 4.6%), and 31% (general population 1%) with a substantiated allegation.




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### Other Significant Risk Factors

- A family member or friend committed suicide 25%
- Youth suicide attempts 23% (Last year NM had 20 more adolescent suicides than the previous year)
- Traumatic head injury 27%
- Victim of sexual abuse 22%
- Witness to death 22%
- Witness to murder 19%




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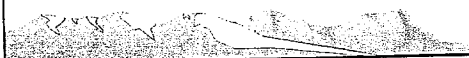
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**Additional services that are needed  
for our youth and how we are  
accommodating for that**




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## Enhanced Programming

- Native American MOU for treatment and culture specific programming
- Cambiar and Phoenix
- Increased Staff Training on Mental Illness
- AA and NA
- Substance Abuse Community Reintegration Protocol
- GED testing – 32 Graduates
- One therapist per 12 youths
- Special Education and Vocational Training
- Increased family involvement
- Proposed Equine Program




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## Transitional Services

- Both inside and outside of facilities
  - Transition Services begin within the first 30 days of a committed youths arrival
  - Transitional Services can be provided up to age 21, although a youth may no longer be involved with juvenile justice services
- Contact: Robert Gerlock, 505-841-6650




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## Transitional Services

- Transition Clients
- 2011 – 169
- 2012 to date -173
- Transitional Services Manager
- 10 Transition Services Coordinators
- Raton, Clovis, and Hobbs are Vacant
- Albuquerque has 4 positions - one is vacant
- Santa Fe, Las Cruces and Farmington - Filled
- 1 Community Services Reviewer - Vacant




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**Concerns – Thoughts from the Trenches**

Research on Bullying

Magic Wands and Miracles

If a youth shows change, any change in his or her goals to be a contributing member of society, staff have done amazing things in a very short amount of time



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**Thank You for Your Time,  
Your Work and Your  
Dedication...**

- In making a better world for our youth, our staff and our future.



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