



**The New York City Council,
Committee on Juvenile Justice, Committee on General Welfare, and Committee on Mental
Health, Disability, Alcoholism, Drug Abuse, and Disability Services
February 28, 2014**

“Oversight – Pre- and Post- Release Mental Health Services for Detained and Placed Youth”
Testimony by
New York City Administration for Children's Services
Charles Barrios, Senior Advisor for Juvenile Justice Clinical Services,
Division of Youth and Family Justice

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Good morning Chairs Cabrera, Levin and Cohen and members of the Committees on Juvenile Justice, General Welfare, and Mental Health, Disability, Alcoholism, Drug Abuse, and Disability Services. I am Charles Barrios, Senior Advisor for Juvenile Justice Clinical Services with the Division of Youth and Family Justice at the New York City Administration for Children's Services (ACS). With me is Jennifer Romelien, Executive Director for Detention Programs. Thank you for providing us with the opportunity to share our work related to the mental health services provided to youth in ACS' juvenile justice programs.

Overview of Juvenile Justice Programs

The Administration for Children's Services oversees an array of services and programs for youth at every stage of the juvenile justice process. The agency's Division of Youth and Family Justice (DYFJ) works to promote public safety and improve the lives of youth, families, and communities by providing services that are child-centered and family-focused, including therapeutic treatment, safe and secure custodial care, responsive health care, effective re-entry services, and promotion of educational achievement. We, and our contracted partners, provide these services to youth in secure and non-secure detention facilities, non-secure placement residences, and community-based alternative programs.

Each year, the Division provides secure and non-secure detention services to juvenile delinquents and juvenile offenders whose cases are pending adjudication. While in detention,

residents receive a number of services, such as education, health services including mental health services, recreation, and case management. In 2013, DYFJ served approximately 3,300 youth in our 13 non-secure and two secure detention facilities. As of December 2013, 128 youth were in secure detention: 60 youth in Crossroads Juvenile Center and 68 in Horizon Juvenile Center. A total of 92 youth were in the 13 non-secure detention residences.

On September 1, 2012, New York City launched Close to Home, a juvenile justice reform initiative that allows New York City youth who are found by a Family Court Judge to have committed a delinquent act to receive services in or close to the communities where they live, rather than hundreds of miles upstate. Under Close to Home, young people who are adjudicated as juvenile delinquents in New York City Family Court are placed into the custody of ACS and receive rehabilitative and therapeutic services at one of 31 small, resource-rich residential programs in or near the five boroughs. ACS, in partnership with the New York State Office of Children and Family Services (OCFS), has collaborated with nine local non-profit agencies to implement Non-Secure Placement (NSP), Phase I of Close to Home. Since September 2012, ACS has provided NSP services to approximately 750 young people. Of this total, nearly 270 youth have successfully completed their court order, which ACS divides into two components: residential care and aftercare.

ACS also oversees two community-based alternative programs that offer juvenile justice-involved youth the opportunity to receive services while remaining at home with their families. The Juvenile Justice Initiative (JJI) links juvenile justice-involved young people and families with intensive, evidence-based therapeutic interventions aimed at diverting youth from residential placement. The goals of JJI are to reduce recidivism, improve youth and family functioning and reduce the number of delinquent youth in residential facilities. Treatment is provided as a

preventive service and youth must comply with the program as a condition of probation. JJI is currently serving approximately 180 youth.

The Family Assessment Program (FAP) serves families seeking to file PINS (Person In Need of Supervision) petitions in the New York City Family Courts. PINS youth are those under the age of 18 who are charged with offenses unique to their status as juveniles, including truancy, ungovernability and running away from home. FAP is a court-based effort in which ACS works closely with PINS adolescents and their families to provide a continuum of services within their community. In 2013, FAP served more than 6,700 youth.

Mental Health Service Needs in Detention

Young people in detention facilities receive preliminary mental health intake and screenings upon admission. Around-the-clock mental health services are provided to young people in both secure and non-secure detention and all youth receive an initial health screening, which includes a brief mental health screening, within 24 hours of admission. A comprehensive health assessment, including a complete health history, physical examination, and laboratory tests, is conducted within 72 hours after a youth arrives. Young people in non-secure detention receive mental health and health services at the secure detention center closest to their group home residence.

The mental health and psychiatric services available to youth in detention are delivered by ACS-contracted providers Addiction Research Treatment Corporation (ARTC), which was renamed START and Charles Jin Medical Service PC, respectively. Mental health services are therapeutic in nature and are provided in both group and individual modalities. Psychiatric services include assessment, evaluation and medication management.

Over the past three years, approximately 40% of the youth population screened by ACS' mental health clinicians in detention were identified as needing additional mental health evaluation

and mental health services onsite. The number of youth referred to psychiatric services increased from an average of 35 per month in 2012 to 48 per month in 2013. Currently, 25% of youth who receive psychiatric services at Crossroads Juvenile Center and 36% of youth who receive psychiatric services at Horizon Juvenile Center are prescribed psychotropic medications to address mental health conditions.

In 2012, ACS set out to explore ways to leverage additional services, components, assessment tools, elements, and staffing that would better inform our intake process, create options for deeper and more clinical assessments of youth when needed, and further and better identify mental health needs while still in detention and in anticipation of placement. That same year, Bellevue Hospital Center and the NYU Langone Medical Center, in partnership with ACS, was awarded a four-year grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of its National Traumatic Stress Initiative to create and conduct trauma-informed screening and care in secure detention. Developed to train frontline residential staff in dealing with the various types of trauma that up to 90% of our young people in the juvenile justice system have experienced, the Trauma Informed Care Project strives to: establish evidence-based, trauma-informed mental health screening in ACS' two secure detention facilities; develop evidence-based skills groups to reduce trauma-related problems among youth in detention; train staff about the effects of trauma and how to mitigate them in a juvenile justice population; and build collaborative partnerships in the child-serving systems associated with juvenile detention to increase trauma responsiveness in those systems. ACS, in conjunction with our partners at Bellevue and NYU, is the first secure detention system in the country to implement trauma-informed practices and training, which is complimentary to the work that we are doing to create an integrated intake process for detention and placement and establish a therapeutic milieu to provide targeted re-entry and treatment recommendations for youth as they transition into placement, alternative to placement

programs or back into the community. We are proud to say that our excellent staff in DYFJ is at the forefront of this groundbreaking work.

Beginning last winter, Bellevue's team held a series of trainings with staff at Crossroads Juvenile Center to increase the staff's ability to identify trauma exposure and work effectively with traumatized youth as well as reduce secondary trauma issues among staff. By the end of the four week curriculum, the trauma-informed training was provided to all 200 Crossroads Juvenile Center staff (including housekeeping and kitchen staff). During August 2013, 126 Crossroads residents were screened for trauma history, Post Traumatic Stress Disorder (PTSD), depression, and problematic substance abuse. Of those screened, 107 (85.2%) reported experiencing at least one potentially traumatic event such as sexual abuse, physical abuse, and domestic violence. Overall, residents reported experiencing an average of 3.2 potentially traumatic events and 43 of the 126 screened positive for PTSD and/or depression. According to a sampling conducted by Bellevue in 2013, the predominant psychiatric diagnoses of youth screened in our secure and non-secure detention facilities included Attention Deficit Hyperactive Disorder (ADHD) and impulse control (36%) followed by mood disorders (32%).

ACS is committed to ensuring continuity of care for all young people in our detention settings. Our continuity of care policy reinforces this expectation with respect to a youth's previously provided mental health and psychiatric care, including medications prescribed to a youth prior to their entering detention. In the event that a medication is cost prohibitive, ACS may prescribe a comparable, generic equivalent as is widely practiced in the community.

Mental Health Service Needs in Placement

Non-secure placement providers are responsible for delivering care that meets the full range of mental health needs of youth, either by offering a comprehensive array of mental and behavioral

health services onsite or establishing referral and treatment arrangements with community-based mental health providers. NSP providers that link to community-based mental and behavioral health providers must ensure that services are readily available. All NSP mental health services are delivered by qualified mental health providers who develop and update consistent diagnoses of the young people they treat.

The majority of the NSP providers use the Missouri Approach, a highly regarded therapeutic approach for juvenile justice-involved youth. This unique multi-layered treatment is designed to help young people make lasting behavioral changes that will prepare them for successful transitions back into their home communities. The approach stresses close supervision and features a group treatment process in which each young person is held accountable for his or her actions by the other young people in the group.

New York City's NSP services are divided into general and specialized residential programs. The majority of non-secure placement residences have service-rich programs that are considered appropriate for a "general" population of youth. The non-secure placement system also includes programs designed to serve youth with specific high-level needs (e.g. mental health diagnoses, intellectual and developmental disabilities, fire-setting behaviors, problematic sexual behaviors, history of commercial sexual exploitation, and substance abuse treatment). Of the 31 NSP sites, ten are dedicated to serving youth with specialized needs.

Youth who are placed in Close to Home follow a placement matching process that relies on a careful, synthesized review of their clinical and behavioral needs. Our placement staff incorporate information about the young person from the Department of Probation's Investigation and Report assessment tool, educational records, and Family Court Mental Health Services. ACS Intake and Assessment Specialists update these records by obtaining information about youth from the ACS-contracted medical and mental health staff at our secure detention facilities.

Within 14 days of a young person's arrival at the NSP residence, providers conduct a mental health screening. At minimum, the screening ascertains: the youth's current mental status; history of present illness; current medications and response to them; history of treatment with medications and responses; social history; substance abuse history; interviews of parents or guardians; a review of prior records; and an explanation of how the youth's symptoms meet diagnostic criteria for the proffered diagnosis or diagnoses.

Where the initial screening or history indicates a need for mental health services, the NSP provider ensures that qualified staff or a qualified contracted mental health professional performs a full assessment. Youth who have severe developmental and/or mental health needs may be referred to appropriate New York State Office of Mental Health services or to the Bridges to Health program. The Bridges to Health Program is a home and community-based services Medicaid Waiver program that provides support and health care services for young people with disabilities while they are in and once they are discharged from NSP residences. When assessments indicate a need for mental health services, the staff arranges for the prescribed services. If a psychiatric referral is needed, it is made promptly upon indication.

Similar to youth in detention, young people served in our non-secure placement system have been diagnosed with a host of mental health conditions including conduct disorder, antisocial personality traits, bipolar disorder, depression, and post-traumatic stress disorder. There are currently 140 youth in the entire NSP system who have been prescribed medication for their mental health conditions.

Following six to seven months of residential placement, youth are discharged to their families in the community on aftercare status, the next step in the continuum of care for adjudicated juvenile delinquents, which is a critical component to the successful re-entry of youth. Prior to leaving residential placement, each youth has a structured aftercare service plan in place, which

may include mental health services. Approximately 85 young people are currently on aftercare status. It is Children's Services' expectation that the majority of youth transitioning out of residential placement will be served by ACS-contracted NSP aftercare services providers through the provision of Functional Family Therapy (FFT), the Boys Town Model, or the Family Connections Model, as well as linkages to local community-based organizations.

Mental Health Service Needs in Community-Based Alternative Programs

The Juvenile Justice Initiative's Alternative to Placement program provides home-based services for youth prosecuted on juvenile delinquency charges in Family Court, and to their families. This program is a condition of probation for youth who would otherwise be placed in residential settings. Through JJI, therapists provide comprehensive services to all family members in the home to address a range of issues including mental health, substance abuse, peer difficulties, school-related challenges and family troubles. These intensive services usually take place in the home when it is most convenient for the family. Therapists see families many times a week and remain on call 24 hours a day.

Following a court ordered exploration of alternatives, court intake staff assess youth and their families by using the Department of Probation's Investigation and Report assessment tool or a Mental Health Study. Young people determined to be eligible JJI and their families are directed to one of three evidence-based therapeutic modalities: Blue Sky, a continuum of Functional Family Therapy, Multi-systemic Therapy, and Multidimensional Treatment Foster Care that serves Bronx and Manhattan; Multi-systemic Therapy which serves Brooklyn, Queens, and Staten Island; and Multi-systemic Therapy Psychiatric services which serves Brooklyn and Queens.

In 2012, ACS partnered with the Medical University of South Carolina and New York Foundling to evaluate the Blue Sky modality and compare it to other juvenile justice programs,

including placement and community-based alternatives to placement. The researchers will collect data on the 211 youth participating in the project's randomized clinical trial, and compare recidivism outcomes one year post-treatment between youth who received Blue Sky services and those who participated in other juvenile justice programs. This project marks the first randomized clinical trial conducted in New York City of any evidence-based treatment modality that targets delinquency behavior and prevention.

The Family Assessment Program, ACS' PINS diversion program, is completely voluntary, however a family must participate in FAP before a PINS petition can be filed. In the fall of 2010, FAP launched a new continuum of five service interventions targeted and prioritized for families that access services from FAP. Services range in intensity from in-home therapy to the placement of youth with a specially trained foster family who becomes, alongside a family therapist, part of the youth's therapeutic team. Additionally, ACS has a memorandum of understanding with the New York City Department of Health and Mental Hygiene (DOHMH) which provides funding for two clinical consultants to assess youth in FAP who have serious mental health needs. Last year, the consultants accepted 152 referrals to work with these types of young people.

In 2010, FAP redesigned its approach in order to ensure that staff had the ability to identify and differentiate between low- and high- needs families. With the aid of a new screening instrument, staff are able to direct families and young people who score in the "low" range, to FAP counseling services or neighborhood-based preventive services and to offer those who score in the "high" range a more comprehensive assessment and a referral to partner agencies, many of which specialize in intensive therapeutic approaches to stabilize families in crisis. Although the options vary in scope, duration, and technique, all of these programs are proven to work specifically with young people to promote family cohesion over the long-term.

Closing

Thank you for the opportunity to share with you the important work we are doing to address the mental health needs of youth in our juvenile justice programs. We are grateful for all of the support of the Council as we continue to strive to improve services for the City's most vulnerable young people. I am happy to take any questions you may have.