



New York City

Department of

Juvenile Justice

**Testimony of Judith Pincus
1st Deputy Commissioner
New York City Department of Juvenile Justice**

before the

**New York City Council's
Juvenile Justice Committee**

**Monday, April 16, 2007
10 AM**

**Committee Room
City Hall**

New York, NY

Oversight Hearing on the Collaborative Family Initiative

TESTIMONY OF THE NEW YORK CITY DEPARTMENT OF JUVENILE JUSTICE
BEFORE THE NEW YORK CITY COUNCIL'S COMMITTEE ON JUVENILE JUSTICE
OVERSIGHT HEARING ON THE COLLABORATIVE FAMILY INITIATIVE

Good afternoon Chair Gonzalez and members of the Juvenile Justice Committee. My name is Judith Pincus, and I am the First Deputy Commissioner at the Department of Juvenile Justice. Joining me today is Herman Dawson, Deputy Commissioner for Legal Affairs and General Counsel, Nina Aledort, Assistant Commissioner for Program Services and Marilyn Farmer, Director of Discharge Planning. We appreciate the opportunity to discuss the Department's new Collaborative Family Initiative (CFI).

❖ **Background**

In fiscal year 2006, 68% of youth admitted to the Department's care were identified as having a mental health need. During the same period, youth referred to the Department's discharge planning unit with an identified mental health need had an average length of stay of 68 days, more than twice that of other youth in detention, which is 27 days. Similarly, youth with mental health needs had a placement rate to State-run facilities twice that of other youth in detention.

Many national stakeholders in the juvenile justice field acknowledge that addressing a youngster's mental health issues is essential to reducing and/or preventing juvenile delinquency. Nationally, over 600,000 youth are processed through juvenile detention centers each year, 70% of which have mental health disorders.¹

The critical importance of meeting the mental health needs in the lives of youth involved in the juvenile justice system has been a focus of the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), which has been working for several years on a number of projects to increase knowledge and improve available services to this population.² The former

¹ NCMHJJ (June 2006), *Research and Program Brief-Juvenile Diversion: Programs for Justice Involved Youth with Mental Health Disorders*

² OJJDP Fact Sheet. (August 2001) #30

Administrator of OJJDP stated “it is crucial that we deal not only with the specific behavior or circumstances that bring them [youth] to our attention, but also with their underlying, often long-term mental health and substance abuse problems.”³

Both OJJDP and the National Center for Mental Health and Juvenile Justice (NCMHJJ) have published reports stating that the increasing reliance on the juvenile justice system to care for youth with mental illness, has caused a system where jails have become surrogate psychiatric hospitals.⁴

To address these issues within our own system, and to bolster the Department’s medical and mental health services, in July 2006, the Department hosted a forum, to discuss the health and mental health needs of youth in detention. At this meeting, DJJ, along with leading experts and stakeholders in juvenile justice, shared views and presented opportunities to address the health needs of the transient youth that enter and leave the juvenile justice system. One theme discussed at the forum was the contribution of untreated mental health issues to readmission and recidivism for youth, and both the relative scarcity of adolescent psychiatry and mental health services available in the community and the often months-long waits for those services that do exist.

As a result, in order to address the evolving service needs of youth within DJJ, and as part of the Department’s detention population management strategy, the Department teamed with The Prisoner Reentry Institute at John Jay College’s Research and Evaluation Center and community-based organizations throughout the City to form the Collaborative Family Initiative.

Using funds allocated by the City Council’s Juvenile Justice Committee, CFI is a discharge planning and reentry initiative that seeks to provide immediate mental health treatment, psychiatry, and family-focused supports to youngsters with mental health needs returning to the community from secure and non-secure detention group homes.

³ Bilchik, 1998

⁴ OJJDP (April 2000) , *Juvenile Justice* Volume VII, Number 1
NCMHJJ, Youth With Mental Health Disorders: Issues and Emerging Responses

This collaboration provides the Court with a much-needed option for release consideration, while potentially reducing the length-of-stay and readmissions for youngsters with mental health needs. It provides a bridge to services that otherwise may be difficult for families to access on their own.

❖ **Enrollment Process**

CFI was created with an understanding that best-practice reentry planning begins while the youth is in custody, and that families are the primary support and access point for youth to receive services. The stakeholders also recognized that families of youth in DJJ are often stressed and under-resourced, and that the project must address the needs of the family system in order to succeed.

CFI begins when a youth with mental health needs is referred to the Department's Discharge Planning Unit to plan for appropriate follow-up services once they leave DJJ custody. DJJ's Discharge Planning staff reach out to parents and guardians of youth identified with mental health needs to explain the program and to begin enrollment. Once a parent has consented to participate, DJJ staff refer the family to the community-based organization best-suited to their needs, generally a geographic decision. The CBO then reaches out to the family to begin engagement, and assess the needs of the family and youth by conducting home visits, or meeting the family members in the community, the office, or a convenient location for the family.

During family engagement, DJJ staff continue to work with the resident to ascertain interests, and appropriate activities. Once the family agrees to participation, DJJ and the CBO then facilitate a meeting with the resident in detention.

Once enrolled, the family and CBO work together until the youth is released from custody. DJJ, the CBO and the parents work with the Court and legal representation to inform them of CFI services and the family's enrollment. Upon release, services begin in the community and continue for 90 days.

Since December 2006, as a way of facilitating the release of youth with mental health issues, key agency staff have briefed juvenile justice stakeholders in all five New York City Family Courts on the CFI program. The Department's outreach has also included meeting and sending correspondence to Family Court and Supreme Court judges, briefing various delinquency panel attorneys, the Legal Aid Society and City agencies involved in juvenile justice. Most recently, Mr. Dawson has appeared in Court at the proceedings of several CFI youngsters and families. Community-based organizations also regularly appear in Court to notify the judiciary of a youth's acceptance into the program.

To further these efforts, the Department has recently implemented a CFI Court Report, which notifies the Court that a youngster has been accepted into the program. The report also includes the community organization that will provide services and their contact information, as well as the number of days the youth has been in detention.

The community-based organizations that participate in CFI and the geographic locations they cover are as follows:

- Coalition for Hispanic Family Services, serving Queens & North Brooklyn
- Friends of Island Academy, serving Manhattan
- Full Circle Health, serving The Bronx & Citywide
- Good Shepherd Services, serving South Brooklyn
- Staten Island Mental Health Association, serving Staten Island
- Steinway Mental Health, serving Queens
- and, Project Stay, providing mobile health education services Citywide

Since the enrollment process occurs in detention, youth that are released from custody are able to receive immediate psychiatry and/or mental health services by community providers. The immediacy of these services circumvents the long waiting time for psychiatric treatment more traditionally experienced in the community, due to the relative scarcity of resources. This is a crucial part of the CFI design and implementation.

Not only does CFI provide crucial mental health services for youth, this initiative also builds capacity in New York City's mental health infrastructure. By doing so, we, as a City, are better equipped to serve court-involved youth and families.

❖ **Profile of Active Youth Enrolled**

To date, over 50 families have consented to work with CFI and 13 youngsters have been released from custody. Currently these youth and their families are receiving the mental health and supportive services appropriate to each family and youth. Additionally, 10 youth and families are enrolled in CFI and are awaiting their next Court date for possible release.

A quick snapshot of the participants in the community reflect:

- Almost half of all releases to the program occurred last week as a result of a greater volume of enrolled families, and the Department's increased presence at residents' scheduled Court appearances.
- 1/4th of CFI youth are female, which is consistent with juvenile justice involved girls having a higher concentration of mental health needs.
- 40% of youth in CFI were previously housed in Non-Secure Detention.
- The average length-of-stay in detention for youth enrolled is 94 days.
- Youth released have a prior length-of-stay ranging from 20 to 355 days in detention.
- In the case of at least 2 residents, there was a clear sense that without the intervention of CFI, these youngsters would have been placed out-of-home in State operated facilities.
- CFI youth's current time in the community range from 2 months to a few days.
- Youth involved in CFI are facing arrest charges ranging from petit larceny and criminal mischief, to assault and robbery.

❖ **Program Evaluation**

While the Department is optimistic that CFI will yield positive results in terms of reducing the average length of stay, the readmission rate and costly placements in State facilities, it is also important to study the successes and challenges of developing a program such as this. Through our relationship with John Jay College, the Department will be evaluating the impact of family engagement and support throughout the Court process, in relation to CFI. We are striving to

gain a greater understanding of what works, to effectively serve youth and families reentering the community from the juvenile justice system.

❖ **Next Steps**

Consistent with the Mayor's vision of restructuring the City's juvenile justice system, as noted in the 2007 State of the City Address, the Department is committed to making every effort to facilitate the release of youth with mental health needs and providing alternatives to detention through enhancing and promoting CFI. In addition, the Department seeks the support of the City Council's Juvenile Justice Committee for a State legislative proposal to amend New York State Executive Law section 530 to enable localities to receive State reimbursement for services that reduce detention usage. The passing of this bill could potentially double the funding available for CFI and other preventive efforts.

Finally, the Department would like to thank the Juvenile Justice Committee, through the leadership of Chair Gonzalez, for supporting the development and evaluation of this innovative and groundbreaking program. Moving forward, the Department looks forward to continuing a dialogue on ways to better serve court involved youth, as well as updating the Committee on the progress of CFI.

My colleagues and I would be pleased to take your questions at this time.