



Getting Health Care to Abused, Neglected & Troubled Kids Prevents Crime

New Mexico law enforcement leaders call on Congress to adopt improvements to the State Children's Health Insurance Program

A Research Brief by FIGHT CRIME: INVEST IN KIDS

FIGHT CRIME: INVEST IN KIDS is an anti-crime organization of more than 3,000 police chiefs, sheriffs, prosecutors, state attorneys general, other law enforcement leaders and violence survivors nationwide, including 31 in New Mexico. Our members believe that the best way to prevent crime is to give kids the right start in life.

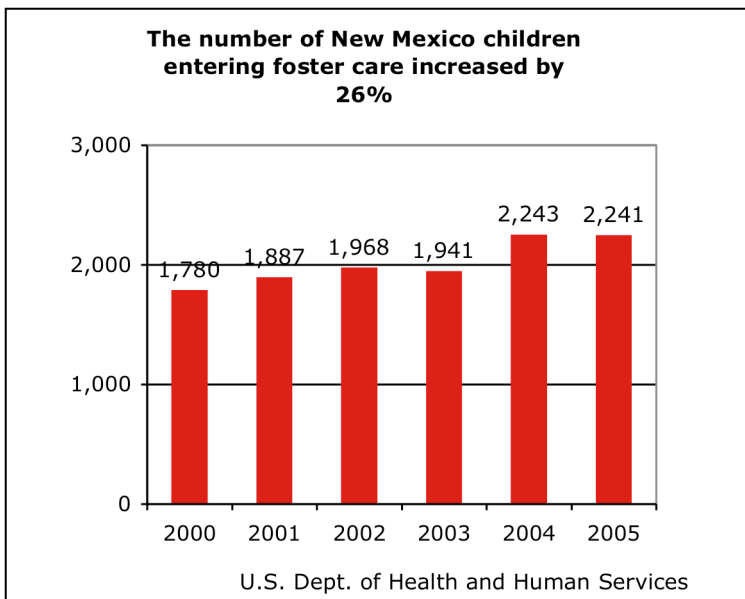
Summary

Children's serious emotional and behavioral problems need to be diagnosed and treated as soon as possible to avoid problems that can place the child on a path leading to future criminal behavior. Without health coverage – and coverage that includes treatment for mental health problems – these kids cannot get back on the right track.

In New Mexico, admissions to foster care have increased 26 percent from 2000 to 2005. The spread of

methamphetamine abuse to New Mexico may be one of the reasons for this increase. Without additional help from the federal- and state-funded State Children's Health Insurance Program (SCHIP) some of New Mexico's abused and neglected children will grow up to become troubled adults and career criminals instead of productive adults. SCHIP currently pays for treating the physical injuries of many abused children from homes where methamphetamine is abused or other unsafe environments. But too many of New Mexico's eligible children from low-income working families who need health care are still not served, and SCHIP's mental health coverage is often less than its physical health coverage. When kids' physical and mental health problems are neglected, many will overcome their difficulties, but some will turn from sad, hurt children into angry, dangerous criminals.

Law enforcement leaders in New Mexico do not need the Virginia Tech tragedy to remind them it's best to prevent violent crimes before anyone is hurt. Research shows that effective mental health interventions can successfully turn troubled kids away from crime and save money. Without health coverage, these children are unlikely to get treatment. That is why New Mexico's law enforcement leaders are calling on Congress to support legislation with improved SCHIP coverage for more of the eligible children not yet served as a wise investment in New



Mexico's public safety.

Children in New Mexico need help coping with abuse and neglect

Methamphetamine and other illegal drugs have taken a big toll on the people of New Mexico, especially its children. Important progress is being made: local production of meth is coming under control according to the Drug Enforcement Administration (DEA).¹ Nonetheless, according to the DEA's 2007 fact sheet, "Methamphetamine poses a multi-pronged threat in this region...referral seizures, involving Mexican produced methamphetamine have risen dramatically at Border Patrol Checkpoints and highway interdiction stops."²

Many who have experimented with the drug, especially the more addictive "ice" version of the drug, are now heavily addicted. Though New Mexico is not yet experiencing the levels of meth abuse taking place in other western states, that could change. The number of females being sent to prison has grown 25 percent from 2000 to 2004,³ while male and female admissions for treatment of methamphetamine or amphetamine abuse have tripled from 2000 to 2004 in New Mexico.⁴

The impact of meth or other substance abuse on a state's children can be severe. Meth abuse may already be one of the contributing factors in the increased need for foster care, with admissions to foster care going up 26 percent in New Mexico from 2000 to 2005.⁵ Children placed in foster care do not need SCHIP because they qualify for Medicaid during their stay in foster care. But many children whose lives have been torn apart by abuse or neglect are not currently in foster care and need services paid for by SCHIP.

SCHIP

SCHIP provides health coverage to over six million low-income children nationally and 10,000 children in New Mexico whose families have incomes just above the eligibility threshold for Medicaid enrollment. But federal funding for SCHIP is limited. Nine million children nationwide and at least 18,000 children in New Mexico have no health coverage.⁶ Due to funding shortfalls and increasing costs, many currently enrolled kids may lose their coverage without increased federal funding for this program. And without new legislation to ensure that states cover mental health needs as adequately as they cover physical health needs, many

children who currently receive SCHIP for mental health problems will not get enough help, or the right help.

Screening to help identify who needs SCHIP mental health services

Not all children who have suffered from abuse or neglect are in need of mental health services – children can be incredibly resilient. On the other hand, children from caring families with few if any problems can suffer from mental health problems that will need care the same as if they had juvenile diabetes. The only way to determine which children need mental health care is to screen children who show signs of problems and all abused or neglected children (because they have been exposed to conditions that often produce problems).

Studies show seven percent or more of preschool and early school-age children have levels of disruptive, aggressive behaviors severe enough to qualify for a mental health diagnosis.⁷ This is not about a child grabbing a toy from another child. These are children who are throwing chairs and injuring others in kindergarten. Data show that approximately 60 percent of these children will later manifest high levels of antisocial and delinquent behavior.⁸ SCHIP coverage can help ensure that behavioral and emotional problems and mental illnesses are identified and treated as early as possible, preventing more serious problems and the risk of ongoing involvement in the juvenile and adult criminal justice systems.

What works

Research shows that the most effective programs dealing with aggression in children and youth are intensive family therapies that work with both the children and their parents/guardians, even if the child's guardians are now their grandparents, adoptive parents, or foster parents:

The Incredible Years

The Incredible Years program was originally designed by Carolyn Webster-Stratton for children aged 2 to 8 with high levels of aggressive behavior. It trains parents and children in problem-solving skills and non-aggressive social skills. Research shows that this program has "been able to stop the [multi-generational] cycle of aggression for approximately two-thirds" of the families receiving help.⁹

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is for moderate- to high-risk teens with delinquency, aggression and/or substance abuse problems. It is widely used throughout the country, and was developed by James Alexander of the University of Utah. It is delivered over a period of eight to 30 hours by trained mental health providers to youths and their families. It teaches the parents to keep better track of their child’s behavior, to set clear limits, and to reinforce positive behaviors.¹⁰

Randomized control studies of FFT showed it cut re-arrests by participants in half, compared to those in a control group in one study (26 percent for FFT participants vs. 50 percent for control group youths), and reduced out-of-home placements by three quarters in another study (18 percent vs. 72 percent).¹¹

Multisystemic Therapy (MST)

Similar to FFT, Multisystemic Therapy (MST) serves moderate- to high-risk teens, though MST can also serve teens who are more seriously troubled or violent than those served by FFT. MST typically involves 60 hours of professional interventions over four months. The staff members are on call, if need be, around the clock.¹² One MST study followed juvenile offenders and a randomized control group until they were, on average, 29 years old. Individuals who had *not* received MST were 62 percent more likely to have been arrested for any offense (81 percent vs. 50 percent), and more than twice as likely to have been arrested for a violent offense (30 percent vs. 14 percent).¹³ MST services are provided by seven agencies throughout New Mexico.¹⁴

Multidimensional Treatment Foster Care (MTFC)

While FFT and MST are for troubled youths or juvenile offenders who can remain at home, another intensive family therapy that involves foster care is proven to reduce future crime for very troubled youths where home placement is not a viable option. This is

not typical foster care. These youths are placed with specially trained foster parents who establish strict rules and expectations. Meanwhile, a professional works with the teens to train them in the social skills they will need to avoid fights or situations that can lead to involvement in crime. While the children are living in

Mental Health Interventions that Reduce Crime and Save Money			
Proven Interventions	Program costs	Savings to taxpayers and victims	Net savings to taxpayers and victims (subtracting the cost of the program)
Functional Family Therapy (FFT)	\$2,325	\$34,146	\$31,821
Multisystemic Therapy (MST)	\$4,264	\$22,477	\$18,213
Multidimensional Treatment Foster Care (MTFC) (v. regular group care)	\$6,945	\$84,743	\$77,798

this very controlled environment for six months to a year, their parents are being trained to take over and establish and enforce the same rules and expectations when their child returns home.¹⁵

Research shows that the MTFC approach successfully cuts the average number of re-arrests for seriously troubled juveniles in half (2.6 arrests per teen vs. 5.4 arrests), and six times as many of the boys in MTFC as boys in a group home successfully avoided any new arrest (41 percent vs. 7 percent).¹⁶ There are currently no MTFC programs for children in New Mexico.¹⁷

Savings

New Mexico is paying dearly because of crime. There are more than 6,200 prisoners in the New Mexico Corrections Department’s facilities.¹⁸ A 1998 study by Professor Mark Cohen of Vanderbilt University estimated that each high-risk juvenile prevented from adopting a life of crime could save the country between \$1.7 million and \$2.3 million.¹⁹

The intensive family therapies for troubled teens reduce repeat crimes so much that they produce average net savings (after subtracting the cost of the therapy) of

\$18,000 to over \$75,000 for each juvenile served.²⁰

SCHIP could substantially reduce future crimes - and the costs of crime - by providing effective mental health treatment. Covering more of the kids eligible for SCHIP, ensuring it properly covers mental health services, and drawing on it more often to support interventions such as the above will help New Mexico cut costs by cutting crime.²¹

Conclusion

FIGHT CRIME: INVEST IN KIDS urges the New Mexico members of Congress to support the SCHIP legislation covering more eligible children and improvements in SCHIP that will bring mental health coverage in line with physical health coverage.²² With the increasing number of children needing foster care, New Mexico must do all it can to ensure that its abused, neglected or troubled children with physical and mental health problems grow up to be productive, law-abiding adults. SCHIP should play a central role in ensuring that happens.

Endnotes:

¹ United States Drug Enforcement Administration, (2007). *New Mexico 2007 fact sheet*. Retrieved from the internet on July 23, 2007 at <http://www.usdoj.gov/dea/pubs/states/newmexico.html>

² United States Drug Enforcement Administration, (2007). *New Mexico 2007 fact sheet*. Retrieved from the internet on July 23, 2007 at <http://www.usdoj.gov/dea/pubs/states/newmexico.html>

³ There were 459 female offenders in 2000, and a 25 percent increase in female offenders by 2004, at 576 offenders. The corrections Department projected a further increase in female offenders, to 618 offenders in 2006, which would yield a 35 percent increase in female offenders since 2000. New Mexico Corrections Department. (2007). *Offender Statistics*. Retrieved from the internet July 23 2007 at <http://corrections.state.nm.us/statistics/totalpopulation.html>

⁴ U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (2007). *Quick Statistics*. Retrieved from the internet at <http://www.dasis.samhsa.gov/webt/NewMapv1.htm>

⁵ Administration for Children and Families, United States Department of Health and Human Services, (2007). *Foster care FY2005 entries, exits, and numbers of children in care on the last day of each federal fiscal year*. Retrieved from the internet on July 18, 2007 at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars

⁶ For the figures on SCHIP coverage and uninsured children in the United States, see: Kaiser Commission. (2007). *State children's health insurance (SCHIP) program at a glance*. Retrieved on June 29, 2007 from <http://www.kff.org/medicaid/upload/2177-05.pdf> For figures on New Mexico, see: The Henry J. Kaiser Family Foundation, (2007). *Children's Health Fact Sheets*. Retrieved from the internet on July 23, 2007 at <http://www.statehealthfacts.org/chfs.jsp?rgn=33&rgn=1&x=15&y=14>

⁷ Webster-Stratton, C., Mihalic, S., Fagan, A., Arnold, D., Taylor, T., & Tingley, C. (2001). *The Incredible Years: Parent Teacher and Child Training Series*. In D. S. Elliott (Series Ed.). *Blueprints for violence prevention: Book eleven*. Boulder, CO: Center for the Study and Prevention of Violence.

⁸ Campbell, S. B., Shaw, D. S., & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology*, 12(3), 467-488.

⁹ Webster-Stratton, C., Mihalic, S., Fagan, A., Arnold, D., Taylor, T., & Tingley, C. (2001). *The Incredible Years: Parent Teacher and Child Training Series*. In D. S. Elliott (Series Ed.). *Blueprints for violence*

prevention: Book eleven. Boulder, CO: Center for the Study and Prevention of Violence. For more information on the program, see <http://www.incredibleyears.com/>

¹⁰ Alexander, J., Pugh, C., Parsons, B. & Sexton, T. (2000). "Functional family therapy." In D.S. Elliott (Series Ed.). *Blueprints for Violence Prevention: Book Three*. Boulder, CO: Center for the Study and Prevention of Violence. The website for Functional Family Therapy is: <http://www.fftinc.com/>

¹¹ Alexander, J., Pugh, C., Parsons, B. & Sexton, T. (2000). "Functional family therapy." In D.S. Elliott (Series Ed.). *Blueprints for Violence Prevention: Book Three*. Boulder, CO: Center for the Study and Prevention of Violence. For more information on FFT see <http://www.fftinc.com/>

¹² Schaeffer, C.M. & Borduin, C.M. (2005). "Long-term follow-up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders." *Journal of Consulting and Clinical Psychology*, 73(3), 445-453. The website for MST is: <http://www.msts-services.com/>

¹³ Schaeffer, C.M. & Borduin, C.M. (2005). "Long-term follow-up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders." *Journal of Consulting and Clinical Psychology*, 73(3), 445-453.

¹⁴ For information on MST, see <http://www.msts-services.com/>

¹⁵ Chamberlain, P., (1998). Multidimensional Treatment Foster Care. In D.S. Elliott (Series Ed.), *Blueprints for violence prevention: Book three*. Boulder, CO: Center for the Study and Prevention of Violence.

¹⁶ Chamberlain, P., (1998). Multidimensional Treatment Foster Care. In D.S. Elliott (Series Ed.), *Blueprints for violence prevention: Book three*. Boulder, CO: Center for the Study and Prevention of Violence.

¹⁷ For more information on MTFC, see <http://www.mtfc.com/>

¹⁸ There were 6242 offenders in New Mexico's prisons in 2004, and the Corrections Department projects 6621 offenders for 2006. New Mexico Corrections Department. (2007). *Offender Statistics*. Retrieved from the internet July 23 2007 at

<http://corrections.state.nm.us/statistics/totalpopulation.html>

¹⁹ Cohen, M.A. (1998). The monetary value of savings a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.

²⁰ Aos, S., Miller, M. & Drake, E. (2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia, WA: Washington State Institute for Public Policy. Retrieved on June 29, 2007 from <http://www.wsipp.wa.gov/>

²¹ For more information on these programs, see: <http://www.mtfc.com/>; <http://www.fftinc.com/>; and <http://www.incredibleyears.com>

²² A proposed expansion of coverage over 5 years would total \$50 billion in new federal funding for five years. SCHIP expansion could also help increase access to home visiting programs like the Nurse Family Partnership - a program that cuts kids' later arrests by 60 percent. The improvement of mental health coverage would deal with the current SCHIP problem that a number of states limit the amount or duration of mental health services coverage such that some effective delinquency intervention treatments cannot be covered.