

H O G G F O U N D A T I O N F O R M E N T A L H E A L T H  
T H E U N I V E R S I T Y O F T E X A S A T A U S T I N

# Juvenile Justice *and* Mental Health

*Appropriate Assistance • Breaking Barriers • Collaborating Communities*



Proceedings of the  
Robert Lee Sutherland Seminar XII  
September 2002

## About the Hogg Foundation for Mental Health

Since 1940, the Hogg Foundation for Mental Health has pursued its mandate “to develop and conduct. . . a broad mental health program of great benefit to the people of Texas” (Miss Ima Hogg, 1939). For six decades the Foundation has funded mental health service projects and research efforts across the state, with priority given to its three primary program areas: Children and Their Families, Youth Development, and Minority Mental Health.

For more information about the Hogg Foundation or its grants program, call (512) 471-5041; visit the Foundation’s web site at [hogg.utexas.edu](http://hogg.utexas.edu); or write us at: Hogg Foundation for Mental Health, The University of Texas at Austin, P.O. Box 7998, Austin, Texas 78713-7998.

## About the Robert Lee Sutherland Seminars

The Robert Lee Sutherland Seminars began in 1978 as a living tribute to the academic, philanthropic, and mental health contributions of Dr. Robert Lee Sutherland, the Hogg Foundation for Mental Health’s director from 1940 to 1970. During his tenure, Dr. Sutherland brought together people and ideas in the pursuit of innovation and cooperation for mental health initiatives in Texas. With a small staff and an annual budget of \$20,000, the Hogg Foundation set out to educate the people of Texas about the then little-known concept of “mental hygiene”—primarily through two activities which remain at the Foundation’s core today: communication and convening. Together with other experts, Dr. Sutherland traveled the state, promoting the positive, preventive, and therapeutic aspects of mental hygiene. In addition, the Foundation worked with the Mental Hygiene Committee of the Texas Medical Society, the Texas Society for Mental Health, the Texas Council on Mental Health, and others to “develop more effective and adequate citizens” (Sutherland, 1950).



Dr. Robert L. Sutherland

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# Juvenile Justice and Mental Health

*Appropriate Assistance • Breaking Barriers • Collaborating Communities*

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# Introduction

The growing mental health crisis in the juvenile justice system has recently received the attention of state and federal officials who have begun to recognize the critical importance of mental health problems in the lives of youth involved with the juvenile justice system.

The system that was initially designed to protect and rehabilitate children is now a national mental health system. The Surgeon General's Report on Mental Health states that children and adolescents with mental health problems are most often handled by the school or juvenile justice systems, which are generally ill equipped to recognize and address mental disorders. To address the complex issues that bring youth to the attention of the juvenile justice system, it is necessary to look at the underlying issues associated with the youth's reasons for involvement with the criminal justice system.

On any given day, over 100,000 youth are in the custody in juvenile justice facilities across the country, either awaiting trial in detention centers or in residential facilities after being convicted for delinquencies (Snyder and Sickmund, 1999). Recently completed research suggests that many of these kids meet the criteria for at least one form of a mental health problem, and an even higher number could be considered to have a severe emotional disturbance. We know that there is a great need for mental health services for youth in the juvenile justice system. Robert Pence, chairman of the Coalition for Juvenile Justice, states that there are few existing programs within the juvenile justice system to help mentally ill youth. One-third of the parents of juvenile offenders who were surveyed by the coalition said that their children committed crimes because they didn't get the mental treatment that they needed outside the system.

Without necessary treatment children with mental health needs who are treated in the criminal justice system, once released, are most likely to reoffend or recidivate back to the juvenile justice system. The children are caught in a vicious circle of needing mental health services, entering the juvenile justice system, receiving assistance, being released, and in some cases, being faced with the lack of treatment in the community, and they reoffend. According to a 1999 study by the Bureau of Justice Statistics of the U.S. Department of Justice, which most likely mirrors the juvenile justice system, we can assume that 79.0 percent of mentally ill offenders sentenced to jail had priors, compared to 71.6 percent of non-mentally ill offenders; and 56.6 percent of mentally ill offenders on probation had priors, compared to 45.9 percent of non-mentally ill offenders.

In the fall of 2001, the Hogg Foundation for Mental Health began a series of meetings with state and county juvenile correction administrators from around the state. In discussions with the group three major concerns were identified: treating juvenile offenders with severe emotional disturbances; "aftercare;" and, homelessness for recently released offenders.

These administrators asked the Hogg Foundation to assist in promoting policy discussions with state and local law enforcement, judges, county officials, and the mental health community leaders concerning how to best serve the needs of juvenile offenders, given limited resources and conflicting missions.

From that meeting the topic for the next Robert Lee Sutherland Seminar grew. Representatives from philanthropic foundations in Texas, state officials, the medical community, and juvenile justice began developing the seminar.

The concept of teams was suggested to promote the necessary collaboration that would be needed to meet the multifaceted needs of the youth involved in the juvenile justice system. Teams were invited from across the state and consisted of representatives from counties, law enforcement, local education agencies, social services, and state agencies. The goal of the seminar was to promote coordination and collaboration of juvenile justice agencies (both probation and corrections), local and state law enforcement, mental health officials, and community members in effectively identifying, treating, and supervising juvenile offenders with severe emotional disturbances in a manner that promotes public safety, public health, institutional order, and maximization of available resources.

The day-and-a-half seminar provided up-to-date information on assessments, mental health services, aftercare programs, and best practices in the area of juvenile justice. This document contains the information from many of the sessions that were offered.

The Hogg Foundation for Mental Health would like to thank everyone who participated in the development and implementation of the Robert Lee Sutherland Seminar. We hope that the information presented both here and at the seminar will be of benefit to those who are involved with our children in the juvenile justice system. As Carl Jung, a noted Swiss psychologist and psychiatrist, once said, "If there is anything we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves." Hopefully the Robert Lee Sutherland Seminar was the beginning of the long road to changing how we improve treatment and care for those with mental illness.

Carolyn Young  
Program Officer  
Hogg Foundation for Mental Health



# Youth with Mental Health Disorders in the Juvenile Justice System: Texas State Legislative Concerns, National Trends, Critical Issues, and Emerging Responses

The Honorable Sylvester Turner, B.A., J.D.  
Texas House of Representatives

Thank you very, very much. And let me thank Carolyn for a very gracious, gracious introduction and her comments, and certainly let me acknowledge the Hogg Foundation for putting on this conference. There is no question that the importance of it speaks for itself and is quite timely. We are now a few months from the start of another legislative session, and so it is very timely. And then to look out and see the faces, and many of the faces in this room I know. There are people here who interface with this whole arena—juveniles, juvenile justice, from top to bottom. And then I have the honor of sharing this program, or at least this segment of it, with Dr. Coccozza. Dr. Coccozza, who I've read about and his work and it's my fortune to be able to stay around to listen to his comments. And then over the last several sessions I've had the privilege of working with Vicki Spriggs, with the juvenile probation commission, and I applaud her for her tenacity and for her dedication and commitment to our kids in this state of Texas. Dee Kifowit with TCOMI, I applaud her, not only for her tenacity and commitment, but for her wit. For anybody who has heard Dee speak, I can just bring her up right now, and she'll be ready to turn this place out. Steve Robertson, who I've worked with, with the Texas Youth Commission, and many, many, many others.

Let me start off by saying, and I think I've got about 20 or 25 minutes. Let me start off by saying that I heard Vicki Spriggs say on a television program—I was at home flipping through the stations and just got caught up on a municipal channel, and I just stayed on the channel and I saw these people talking about the juvenile justice system. Now, it would seem as though I would get enough of it from the legislative session, but I kind of just tuned in, and she was speaking and she was reciting a quote in reference to our children that just made an impression on me. And in her presentation she was saying that children are messengers that we send to the future to a world that we ourselves may never see. It left a tremendous impression on me. And in actuality, that is so true. We may not enter into the next decade or into the next century, but our children will, and in large part they will represent the message that we send into tomorrow and into our future. And what sort of message is it that we would want to send?

And then, in thinking about this whole arena, our children are our treasures. They are the essence of our whole lives, and yet the question is “are we doing everything that we can to address them?” It's so easy when a kid does something wrong, something that is not acceptable, something that is legally impermissible, to say that the kid should be held accountable, and then to engage in tough measures for those kids. There are some kids, no problem at all. They know the difference between right and wrong. They mess up, and we should hold them accountable. I don't have any problems with that. There must be barriers, there must be lines, and there must be an understanding that what you do, you will be held accountable for. Because you have to raise up a kid because later on that kid will become an adult.

And then there are also kids out there who are suffering from many, many, many problems, many ailments, and some are suf-

fering from mental illnesses that we simply do not understand. For some of us it is totally foreign, and so when we see a kid acting up, a kid does something that is not permissible, instinctively, we want to punish that kid. In my district I've been working with a family, primarily a single mom. She has two kids that have just been acting up—two teenagers. When they were young—and I've known them for many, many years—they were just two handsome boys. What they said, what they did, everyone found cute. They were attractive, they were adorable, they were just great. The older the kids got, they became more mischievous and their actions were no longer funny and no one was smiling at what they were doing or saying anymore. They were being disobedient. In fact, as the Mom was saying, they were just downright hellions. And irrespective of what she did, nothing seemed to work. She sent them to school; they acted up. They'd go to time out. They were taken out of school. They were expelled. They were suspended. She was a single mom. She was trying to work, trying to attend to them. She would call me. She just couldn't understand.

And then she brought her son, the youngest one, brought him by the law firm and said, “Why don't you take him around. Maybe he needs a male figure in his life.” And I tried to do that, but Adam just kept acting up. She would take him out of school; she put him in private school. She spent a whole lot of money on him. Still... And then all of a sudden he committed a crime. I went down to the juvenile justice center and talked to him. On that one he was placed on deferred adjudication. He acted up again. Just kept acting up. Acting up in school. And when you tried to get some help for him, seemed like there was no help available. No one, in a sense, understood Adam. He appeared to be bright, but he just seemed like he was just going to be a misbehaving young man.

And then, come to find out, he was suffering from a mental illness. But most of the people that he was interfacing with did not understand his problem. And now Adam is a young man, 18 years old, and what got him into the system even more so, is that at the house when the mom was not there, she had gotten somebody to come by the house to do some repair work on the house. Well, while he was there, Adam was there, and he and Adam literally got into it. Adam cursed him out. Adam just went wild on this man and got a bat and threatened to just bang this man's head in. The man got scared; the man left. He called the mother on the cell phone and said what had happened. The mother leaves her job, she goes back to the house. Adam had put holes in the wall at the house. She got fed up. She called law enforcement and had Adam picked up and had him arrested, and then called the county judge—I think Dr. Hicks is still here—called the county judge whom she knew, and he was put in jail, but then he was transferred to get some psychiatric help. Okay?

And then subsequently to that, the man who he had threatened to hit with the bat had also gone down and filed charges. But when he discovered that the mom had turned the son in, and that he was getting some help, and he wanted to drop the

charges against Adam because now he just wanted to get the young man some help, the prosecutors didn't want to drop the charges. And so the prosecutor said, "That has nothing to do with us. Just because he wants to drop the charges doesn't mean we have to drop the charges." And just because he's getting some help—I mean, that's fine and dandy, but we still have a charge here and what he did was serious and we think it's serious." And now on the 18th of September they've got to go back to the criminal justice system and deal on this particular problem when the mom is doing everything she can to get some help, and everyone recognizes that this young man needs help.

There comes a point in time that if we're going to address an area that is so cloudy, so misunderstood, a lot of folks don't want to deal with it. Unless we collaborate and move in a more effective fashion, we're going to miss the boat, and we're going to lose a lot of kids who are so misunderstood, so troubled, suffering from a mental illness, and the problem simply needs to be addressed from a preventive end, and not necessarily from a criminal justice end. We shouldn't have to jail them in order for them to get some help. We ought to be able to deal with it at the front. You heard earlier, someone was citing one out of five. One out of five in our criminal justice system may be suffering from some form of emotional disturbance or mental illness. I think it was one of the studies that was done in 2000 where they projected, I think, as many as 50 to 60 percent of our kids may have a problem. I do know that with respect to the Texas Youth Commission, as many as 42 to 45 percent of our kids who are at TYC are suffering from some form of mental illness or emotional disturbance. That's now in 2001. In 1995 it was 27 percent, and the number continues to rise.

Parents and legal guardians should not have to withdraw themselves from their children in order for the children to get the help that they need. But if you are poor, or if you're working and you're using every one of your dollars to pay your bills, you shouldn't have to say, "I'm going to turn my child over to the Texas Department of Protective and Regulatory Services," in order for that child to be helped. Or you shouldn't have to hope that your child is going to commit some sort of crime in order for that child to get the help that he or she deserves. At some point in time we ought to be able to deal with this problem in a holistic fashion, open our eyes, and recognize that it's not going to go away. A poet once wrote, "If you prick them, will not they bleed? If you poison them, will not they die? If you kick them, will not they feel the pain? If you hurt them, will not they cry? But if you ignore them, do they go away or do they just multiply?"

For a long time in the state of Texas we have ignored the problems that our kids are facing, and we wanted to look at it simply in the sense that you've got some kids who are committing crimes, they are not responsible, now we need to hold them accountable, and this is how you deal with it. So if you commit a crime, we can certify you as an adult at an early age. We've got space for you in TYC, and we're going to put you away. I wish it was that easy. I wish it was that easy. But it's not that easy. And many of these kids are suffering from co-occurring problems. Because they are emotionally disturbed or have some form of mental illness, they will find their own form of escape if society will not help them. They will address their own problems in their own way, and we've got to deal with it.

And I speak to you not just as a legislator. I come out of a family of nine. One of my brothers is mentally ill. Another one

went to the service and came back with schizophrenia. And now the third one, who served in the military for 22 years, has come back, and over the last three months we have tried to get him help in Harris County. He went to the VA hospital; they let him go. The Harris County Psychiatric Hospital had him, trying to help him. He says to them, "I'm a vet. I need to be treated at the VA hospital." They transport him. The VA hospital the next day let him out. And so we're still trying to deal with a problem with him. Because we don't understand, because we want to put blinders on our face and not deal with it. Now, what do we do?

These are our kids, and many of them are suffering from problems that we need to address. They need prevention, not necessarily punishment. They need proper attention, not be ignored or misunderstood. They need help. They are crying out for it. And it's not just the children, the kids, the families are informed, because if you're dealing with a mental illness or an emotionally disturbed person, it's not just an individualistic problem, it is a family problem, and families need the attention and the help, and therefore, in the last legislative session, we were fortunate, blessed, in order that the legislature stopped, as a whole, and decided "why don't we fund a pilot program?" "Why don't we put about \$35 million, set it aside, and let's try to provide a continuing form of care for adults and primarily for our juveniles?"

When you leave TYC there's no aftercare, and so whatever they receive at TYC, when they leave, it stops. Maybe we need to make sure we give them a continuing form of care so that they don't come back into our criminal justice system. We're trying to do that. We're trying to provide them with that sort of care. And what about at the very beginning, "why don't we try to give them some prevention?" Diagnose or assess their problems early on, so that when they're dealing with probation officers, we're more attuned, more sensitive to what their problems may be. And so we're working with the Texas Department of Probation, we're working with TCOMI and others to try to make sure that we coordinate and collaborate our efforts, that we are communicating more so with one another, because what ultimately ends up happening, criminal justice does its thing, prosecutors do their job, probation will do their job, everybody will do their job, and no one is talking or communicating about the child. And we all need to be talking about the child. It should not be about how many convictions I can get on any one day. It should be about how can we make this society a healthier society? How can we improve it? And how can we improve the lives of the people that we have a duty to serve? That's what we need to be talking about.

And so we were able to provide additional funding, some \$35 million. What about this session? You've heard the talk. If you listen to the Comptroller, we'll be five billion dollars down. If you listen to Senator Harris, we'll be \$12 billion down. I've sat on the Appropriations Committee since 1995. The number will probably be somewhere in between, so we'll probably be about \$8 billion down. The number of those incarcerated in our criminal justice system has gone down. On the adult side we now have fewer people locked up than we've had in recent years. That's good news. We're not sending as many as those are leaving. Good news. The number is going down.

But let me tell you the bad side of that. When you're facing a budgetary deficit, the individuals or the agencies or the people that get the state's money are those who are able to afford a lobbyist and those who are able to catch the ear of legislators in a real way. It will not be our children. It will not be those who are

suffering from some form of mental illness or emotional disturbance. And we're still dealing with an area that for many lawmakers is so misunderstood it simply does not register. And if you have more space in the end as we do now, if there are more beds in the criminal justice system, there's a tendency to want to fill them. And so my fear, if you do not become vocal, is we will revert to the mindset of years ago and we will criminalize the mentally ill, even our children, because we have beds that are vacant and you have people who want to fill them. And so if you have to decide between sending somebody to a bed that's available and providing additional funding for a mental illness that you cannot see by radar screen, you choose what is easy to do. You lock them up if they commit the crime, and you say to our children, "Don't care whether you are 14, 15, 16-and don't come talking to me about you being emotionally disturbed. You will pay the time; we've got room for you." That's my fear: that we will move away from the progress we have made in this state. That would be a very serious, serious mistake.

Hopefully, in this session we will fight to maintain what we did in the last session, the 35 million. Hopefully, the report will say that we are reaping returns, results—the results are positive, and hopefully I would like to see even more added. Now, that's going to be a tough sell in this legislative session, but we can do it because every dollar given, we can reap a return on the investment that we've made.

Last, and I'm going to take my seat, on House Bill 1901. That bill we've given the responsibility to Dee Kifowit, TCOMI, Vicki Spriggs, the Texas Youth Commission, and others, to coordinate what we are doing. There have been four public hearings already. A report will be made to give to this upcoming legislative session on what else we need to do to address this problem? Certainly, we need more collaboration, certainly we need to communicate more with one another, and certainly we need more funding when it comes to substance abuse. We're fatally, flawlessly inadequate when it comes to that, and we need more of that. So the needs are immense, and what I would say to you as we deal with this upcoming legislative session, if law enforcement, prosecutors, people from probation, people in our educational system, the Hogg Foundation, and others, if we can come to a mutual understanding and be able to say to those of us in Austin that we need to address these issues and not run away from them, I believe we can make significant progress in this upcoming legislative session.

Our children represent not only our present, they represent

also our future. I am fortunate. I am fortunate that I come out of household of nine with a mom and a dad who fought for all nine of their children—all nine of them. For those who did not suffer from a mental illness, they provided us with the love and care that we needed, and for those who did suffer from a mental illness, they provided the love and care that they needed. And what they said to those who were not experiencing the problems of the others, "We are all a part of this family, and but for the grace of God, you would be walking in their shoes." And so the reason why I fight for this issue, and the reason why I feel very strongly about this issue, is that had it not been for a good Lord that had mercy on me, I could very well be in that category.

We are as strong as those who represent our weakest link, and really, I still believe that for those people who have not experienced this problem in their own families, and for those who pretty much life has been fairly good, it's still not a real issue. It's more of an academic sort of professional issue. But until it reaches your doorstep, I don't think you realize just how much it can affect a family in a very real way. And if it affects a family, it will affect a community, a city, a state, and a country. And at a time when the focus is on 9/11, I think many of us need to understand that this country will not be destroyed from without. No terrorist coming from Iraq or Saudi Arabia, I firmly believe, has the power to destroy this country. They may commit some act, but the country will not be destroyed. But what will have an impact on this country and on this state is when we do not take care of our own, and when we treat our own as if they are not a part of our house, the house itself is weakened by our lack of caring and our lack of treatment to one another. A house is destroyed from within, and when the family starts fighting amongst itself, the house becomes weakened. This issue is not about just mental illness, but it is about the society that we are trying to build and how strong it ultimately will become.

And so I look forward to addressing this issue down the road. I look forward to returning to the legislature in 2003, and I do believe that with your help and the help of many others in this room and outside, that the state of Texas will prove again that we are second to none and we will do always the right thing. God bless the state of Texas.



# Youth with Mental Health Disorders in the Juvenile Justice System: National Trends, Critical Issues and Emerging Responses

Joseph J. Coccozza, Ph.D.

Director of the National Center for Mental Health and Juvenile Justice

When you are involved in all of that work that Carolyn just described, one of the things that you learn is that if anything is going to be accomplished, you need a number of different people attacking the problem from a number of different directions. In your materials, you have a copy of our report, *The Courage to Change*, in which we describe some of our experiences in bringing about comprehensive changes. One of the things that we have learned over and over again across the country is the importance of a strong leader. You really need a champion, somebody who can get up and eloquently make the case for why you need to move forward and do the right thing.

I heard a lot yesterday about Representative Turner from Dee Kifowit. Dee and I were at a meeting yesterday, and she spent 20 minutes telling me about how wonderful the representative was. If you want an example, a model of what a leader should be, you just need to look at the person on my left, Representative Turner. I want to thank you again for your comments and your leadership in this area.

The other thing I want to do before I start is to thank the Hogg Foundation. Their reputation in the area of mental health is well known, and when Carolyn Young first contacted me I was absolutely thrilled. For two reasons—one, because of the opportunity to come down and talk to you, but, more importantly, it indicated the Hogg Foundation was interested in extending their work to the juvenile justice system. I could not be more pleased to have them working in this area. They have, as I've said and as you know, a tremendous reputation for dealing with people with mental health disorders. As most of you know, and we'll talk a little bit more about this as I go through my presentation, in most parts of this country today the justice system serves more people with serious mental health disorders than the mental health system does. And so if, in fact, the foundation is committed to working in the area of mental health, there's no better place, from my perspective, and I suspect from what Representative Turner said, from his perspective, that the foundation could be focusing on than these youth.

What I want to do today is focus on the large number of youth with mental health disorders who are in the juvenile justice system. I want to spend a little bit of time talking about the changes over the last several decades in terms of the focus on this group of youth. Then I want to summarize what we know about prevalence rates, and why today we're so much more concerned than we have been about this population. Thirdly, I want to focus on how we're beginning to respond and the policies and practices that are becoming available.

I first got involved in this issue in 1975. I was with the NYS Office of Mental Health. Reports were appearing on the front page of all the local newspapers about some of these kids and some of the horrible things that they were doing. In response, the politicians in the state decided that we needed a new approach, and put together for the first time in the state, a program oriented specifically at those youth in the state who were the most violent,

and who were the most seriously mentally ill. It was also the first time that the two agencies responsible for these youth, The Office of Mental Health and the Division for Youth, had worked together.

I'm going to review three comments that have appeared since then to highlight the trends over the past several decades. The first quote is from one of the best known studies that has been done in this area. It was done by Jane Knitzer in 1982 and is called "Unclaimed Children." She took a look at the mental health needs of youth served in public facilities and state run agencies. In one of the chapters she addressed the juvenile justice population. She described them as the forgotten kids, the neglected kids, the ones that no one was paying attention to. Her findings are reflected in her words:

"Children who are charged with status offenses or delinquent acts and show a range of emotional or behavioral disorders pose a complex and unsolved challenge for the juvenile justice and mental health systems."

Ten years later in 1992, I had the privilege of editing a monograph that reviewed all of the available research and information on the issue of mental health disorders of youth in the juvenile justice system. I pulled together some of the best people in the country who comprehensively summarized all that we knew. One of the general findings of this effort is summarized in the following words by Randy Otto from the University of South Florida.

"A review of the literature addressing the issue of youth with mental disorders in the juvenile justice system suggests that little more attention has been paid to this population in the past 15 years than was paid in the 15 years prior to that." Whether you look at research, whether you look at policy, whether you look at programs, no matter where you look, what we found was that nobody was paying attention to these kids.

In 2000, my colleague Kathy Skowrya and I conducted an update of the situation for the Office of Juvenile Justice and Delinquency Prevention. As you can see from the following conclusion, the situation has changed.

"The mental health needs of youth in the juvenile justice system have received more attention... in the past two years than in the past three decades combined."

In the last couple of years, starting about 1995 - 1997, we're now beginning to pay a tremendous amount of attention to these youth. So much so that almost any place you look you'll find people talking about the issue. If you take a look at the newspapers, the media, you'll find stories in *The New York Times* talking about the large number of juvenile prisons that are warehousing youth, and serving as dumping grounds for youth with mental health disorders. Major newspapers across the country run articles on the problem. Here in Texas, the *San Antonio Express News* in June of last year ran a very important series on this issue.

Many of the major national mental health and juvenile justice associations are also becoming concerned including the National Association of State Mental Health Program Directors, (NASHPD) which involves the commissioners of mental health across the

country and their counterpart in the juvenile justice system, the Council of Juvenile Correctional Administrators (CJCA), an organization of the state juvenile justice commissioners. Let me give you an example of the level of concern. About a year ago, the Executive Director of CJCA asked the juvenile justice commissioners from across the country to identify the top three problems they were facing in their work. For those of us in the field, you might guess things like overcrowding, disproportionate minority representation or funding. Ned Loughran, CJCA's Executive Director, reported their answers. The number one problem according to the juvenile justice administrators across the country is mental health. The number two problem—mental health. The number three problem—mental health. Certainly security is an issue, having enough funds is an issue. It's not that they're not problems. But the primary problem, the thing that they are confronting on a daily basis, the thing that is causing their staff a tremendous amount of concern are the large numbers of youth coming into justice programs who have serious mental health disorders.

A number of legal organizations and advocacy groups have also gotten involved including the National Association for the Mentally Ill, the National Mental Health Association, the Federation of Families for Children and the Youth Law Center. Federal agencies, such as Substance Abuse Mental Health Services Administration (SAMHSA), are also becoming increasingly concerned. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is currently supporting the largest piece of work that they have ever funded on this issue in the history of OJJDP on improving our responses to the mental health needs of justice-involved youth.

The last group I want to mention is the private foundations. A major portion of the funding for the National Center for Mental Health and Juvenile Justice is from a private foundation, the John D. and Catherine T. MacArthur Foundation. We're working with a number of states and large jurisdictions across the country, and increasingly the private foundation sector is providing a supportive role. Again, I'm very happy to see the involvement of the Hogg Foundation here in Texas. The ability of foundations to take a leadership role and to provide some flexibility is absolutely critical if we are to move forward.

Let me talk for a couple of minutes about why the change has occurred. The problem has been around for decades. Why all of a sudden interest in the last couple of years? I want to highlight a couple of factors. One of them is that we're beginning to change our understanding about mental health disorders among children. There's a very different perspective today than has existed in the past. In the past, the view was often that if a child has a mental health problem, leave the child alone and he or she will probably grow out of it. One of the things that we're beginning to understand in the field is that that view is not accurate.

As many of you are aware, the Surgeon General's report that came out this year focused specifically on children. His conclusion is that a public health crisis exists around children's mental health. According to the report, 10 percent of all the kids in this country have a severe mental health disorder, and that most of those kids—and the estimates range from 20 to 50 percent—are not receiving the services they need. So before you even begin talking about the juvenile justice population, the Surgeon General is telling us that there's a crisis in terms of the provision of mental health services to youth in general.

Let me talk about the rates of mental health disorders among youth in the justice system. One of the things that we know is that on the basis of every study that has been done is that when you take a look at the kids in the juvenile justice system, the rates of mental health disorders are significantly higher. In almost all cases, it ends up being two to three times higher than in the general population of youth. That is very consistent with what we know about our adult population. The studies, and they're much better, that have been done for adults in jails and prisons, have ended up with the same conclusion—rates two to three times higher than the general population.

Second, we also know that most kids, in fact almost all kids, entering the juvenile justice system have a diagnosable mental health disorder. Why? Most of these youth meet the criteria for conduct disorder. I'll make a comment on that in a second. So most of the kids, in fact, have some sort of mental health disorder.

Third, and very importantly, while almost all justice involved youth have a mental health disorder, about 20 percent, or one out of every five, have a serious mental health disorder. That gets defined differently in different studies, but when you take a look across the studies, what you consistently find is at least one out of every five of these youth have a serious mental health disorder.

There's a lot more research currently underway including a major study in Cook County, Chicago area, by Dr. Linda Teplin. One of the things that she's done is taken a look at not only the percentage of kids with mental health disorders, but also at the number of youth with disorders other than conduct disorders. She found that even if you remove conduct disorder, 58 percent of the boys and 66 percent of the girls still have a diagnosable mental health disorder.

The last numbers I want to mention relate to the issue of co-occurring disorders. One of the other things that we're learning is that large numbers of individuals who have a mental health disorder also have a co-occurring substance abuse disorder. We have good data on the general population and for adults in jails and prisons. Research done on kids in the juvenile justice system is inadequate. But the general sense is that somewhere between 50 percent to 75 percent of the youth in the juvenile justice system who have a serious mental health disorder also have a co-occurring substance abuse disorder. That says a number of things, but one of the very important points is that it's not enough to just have the mental health and the juvenile justice systems at the table. You also clearly need to have the substance abuse professionals at the table at the same time.

Numbers are nice. But, honestly, it isn't the numbers that have been driving the new attention. A lot of this has been driven by people going into facilities and doing investigations, and lawyers going in and poking around, and lawsuits. And one of the things that has happened over the past several years is that there have been a number of groups, most importantly the Civil Rights Division of the Department of Justice, that have gone into states and jurisdictions and taken a look at what's going on in juvenile justice facilities.

My first exposure to the findings of these investigations came after a meeting in Washington, D.C. Someone who I was meeting with handed me a copy of the report of the investigation in one of the states. It was thick, and I didn't want to carry it back to Albany. But I took it with the thought of maybe glancing at it on

the plane. It was one of those experiences where you open it up and you turn to the first page and you say, "This can't be real." And then you turn to the second page and you say, "This must be describing the situation 40 years ago." And you turn to the third page and you say, "We can't be doing this to the kids in care today in the year 2000 - 2001." I ended up going through that whole report and was just absolutely astonished by the findings. What has consistently been found in these investigations is that when you go in and you take a serious look, you find that we are simply not paying attention to these kids. We're not screening, we're not treating, we're not addressing the problems that exist there.

One of the other things that has been driving the growing awareness is the concern over the criminalization of the mentally ill. At the beginning of this year there were a group of people who were convened to take a look at all of the major reports that were done by state mental health agencies across the country over the past three years. National experts were asked to review the reports and identify themes and major issues. One of the major themes in these reports was the increasing concern around the criminalization of the mentally ill—the placement of individuals with mental health disorders into the juvenile justice and criminal justice systems as a last resort because of the lack of community based services.

This trend is reflected in the findings of a study that was done by the National Association of Mentally Ill, an advocacy organization involving families. They interviewed a national group of family members. Thirty-six percent of those families said that their kids were in the juvenile justice system because it was the only way they could get help and services to address their needs. I just want to give you one quote from those commission reports, so that you get a sense of their feelings. One of the commission reports summed up by saying, "Incarcerating individuals with mental and addiction disorders for minor offenses as a substitute for adequate care is neither sensible nor morally defensible."

Let me talk a little bit about the good news. What we're beginning to see across this country is that, in fact, people are becoming concerned and beginning to focus on this issue and now actually beginning to do something. We now have a good screening instrument for identifying youth with mental health needs. All of Texas is now using the MAYSI-2. We now have much better assessment instruments. At least in some portions of Texas, the Voice DISC, a diagnostic instrument, is being employed.

One of the major trends going on across the country right now is the growing emphasis on funding and supporting what are being called evidence-based practices. These are treatment approaches that have been rigorously tested and found across multiple studies to demonstrate positive, measurable outcomes. Probably the best known one is something called MST, Multi-Systemic Therapy. One of the major changes that has occurred over the last couple of years in several states is that administrators and policy-makers are redirecting resources to programs with proven outcomes such as these.

There are a number of other things. There are some really good curricula. I know you have a copy of the brochure on our National Center for Mental Health and Juvenile Justice. Through our web site ([www.ncmhjj.com](http://www.ncmhjj.com)) you can access various curricula for cross training. Other positive movements include the involvement of family groups, a much stronger research base, and better collaborative models.

Our brochure describes what we do. I do want to emphasize that while a lot of our work involves pulling together the best information available within the country and making sure we understand what works, our primary orientation is towards bringing about change. And so everything we do is oriented towards empowering communities and states to sit down and work together in terms of really trying to bring about change. An excellent example of that is our meeting next week in Tampa. We are pulling together teams involving the commissioners of mental health, juvenile justice, some of the leading judges, family members, and others from three jurisdictions we are working with, the state of Georgia, the state of Connecticut, and Pima County in the Tucson, Arizona area. We are convening these teams not only to talk a little bit about what we know, but more importantly to get them to begin to work together and to collaborate.

Let me talk a little bit about collaboration. While we are beginning to see some very positive accomplishments in terms of specific things, such as screening instruments, we are still struggling with the bigger question of how to get the systems to respond in an integrated way. Who is responsible for the youth with mental health disorders in the juvenile justice system? Who should provide them services? Who should pay for them?

Across the country we're seeing three models developing that I want to talk briefly about. The first one is probably the one we're seeing least often. This model says if these kids are seriously mentally ill, and the state agency or county mental health agency has primary responsibility to provide mental health services, then the mental health system should be responsible for their care. In fact, this is hardly ever happening. In a couple of states, the state mental health agency may establish a small secure unit to house some youth transferred from juvenile justice. In most of the places across the country, what ends up happening is people go and they approach mental health and say, "Hi, I have a whole bunch of kids here who are status offenders and delinquents, and it's very clear that many of them have serious mental health disorders, so we're going to bring them over to you, local and state mental health, because you have all the expertise."

The response is often similar to one described to me by a juvenile justice commissioner. He said, "I knocked on the door and I knocked on the door and I knocked on the door of mental health," and they said, "I'd love to, but you know, our budget got cut," and "I'd love to, but they're not our priority population," or "I'd love to but..." He said, "You know, I didn't have any choice. These are my kids. They are the number one, number two, and number three problems facing me. I need to do something. I've tried mental health. I don't have a choice, I'm going to do it myself." And so more and more, juvenile justice administrators are going to their governor or their legislature and saying, "Give us money to do a better job." And some of them are succeeding.

Some of these juvenile justice state agencies are developing comprehensive services. Every youth that comes in gets a full screening and assessment. Every youth, based on their evaluation, then gets assigned either to the specialized mental health unit, or if they're not as needy, they will then go to some other special unit with a heavy infusion of clinical services. Or if they don't need that, they'll go to the regular units, but even the regular units often have mental health clinical services available to them. And the minute that the assessment is done, they send the information to their aftercare workers out in the community so

they can start planning and reintegrating them. Where's mental health? In the state I'm describing, they're not there at all. It's all being done by the justice system.

That's not the model I like the best. It's not the one I think in the long run is the right one to do. The model that I like the best is the collaborative model involving justice and mental health sitting down and working out something jointly.

Is the collaborative model easy to implement? No. Let me tell you about another comment by a juvenile justice commissioner. I was doing a presentation for a small group of them, and spending a lot of time talking about interagency collaboration and why they ought to work with their mental health counterparts. And you know how you look out across the audience and sometimes see people nodding and just really agreeing with you? Well, it was clear. There was this one commissioner who absolutely agreed with everything I said and was nodding his head, indicating "Yes, absolutely, you're right." After the meeting I went up to him and I said "Okay, so now what can I do for you? How can the Center help you?" He said, "The single most important thing you could do for me is to give me a list of good private providers of mental health services so I can go out and purchase services." And I said, "Wait a second. I was looking at you. You agreed with everything I said about the importance of collaboration, why it was important, how you had to work together, everything." He said, "You're absolutely right, Joe. I agreed with everything you said." I said, "What are you doing then? Why aren't you going out and working with your public mental health system? Why are you asking me to give you the name of a good private provider so you can go out and buy services and keep them within your juvenile justice system under the model I told you I didn't like?" And he said, "Joe, I'm 47." He added, "I can't wait until I'm 67 to do this."

It's not true. Things can happen, and they can be done in a timely fashion. There are a lot of examples of effective collaboration across the country. It's not easy, but you can begin by just doing something more than what you're currently doing, which is often just talking or sharing information. You can then move to doing some cross training and joint meetings. If you can get past that, you can begin collaborating and maybe submit a joint budget for a new interagency program. And if you ever get to the point where you really wanted to integrate or merge responsibilities you can do that, too.

I could make a strong argument for the justice model with the juvenile justice system taking the lead and providing mental health services for the youth that are in residential facilities. But to me, the important issue is if you only have justice involved, how do you prevent yourself from simply building a large mental health system within juvenile justice? It's not that I don't think justice can do a good job. My big fear is that they will do too good a job and we will send more and more youth there because it is the only place to get needed services. And I'm afraid that we won't then place enough emphasis on the front end - keeping youth out who don't belong there. Youth ought not to be going into the juvenile justice system solely because they require mental health services.

There are some people that we work with who argue that we ought not to put any mental health services in juvenile justice because we will only succeed in widening the net. We don't agree with that. There are a small group of kids that need to be in a secure facility for the safety of the community. And so for those kids we need to do something to meet their mental health needs. But that's not most of the kids we're talking about. Most of the kids we're talking about could remain in the community if we were doing the right thing. We could keep them out there if we put some money into expanding alternative community-based services for them.

Similarly, we are doing a terrible job on the back end for those youth being released from a facility back into the community. We think because we have done discharge planning and given released youth a list of available community services, and tell them to call for an appointment next week at three o'clock that we have done our work for reintegration. You know these kids; you know these kids' families. That's not enough.

There are a lot of good examples of effective, comprehensive and integrated programs going on across the country. There's a model diversion program in New York. There's a great reintegration program in Washington state. You can get more information about these programs by contacting us at the Center. It's not easy, but it is possible. It is particularly possible in states like Texas where you have both a history of focusing on these youth and the enthusiasm and commitment of the people in this room. Thank you very much. I appreciate the opportunity to be with you here today.

# Show Me the Money!

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## Ron Ayer

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Good afternoon. I'm really happy to be here. We've worked with the Hogg Foundation lots of different ways over the last decade or so doing seminars and stuff, and it's really truly fun to be here in this setting.

My topic is to talk about state grants. You can hardly do that without talking about federal grants, so we're going to talk broadly about both. First of all, I just wanted to give you a sense—and on the bottom here, I hope, is going to be the URL for all these things, and you'll have that on your handout. There's the URL for our site on the governor's site. We're the state grants team. Briefly, what we do in terms of how we can assist you, we answer the question every day, "Where can I get money for this?" and you fill in the blank. We'll help you with that. Hopefully we'll teach you a little bit about fishing for money and doing some of that research here today, so your questions will be a little more targeted, a little more well-defined, I think, when you call us, and you'll know a lot more about what you're doing.

We also do training around the state. We have two- and three-day formats of proposal writing, funding research, a lot more in-depth than we'll get here today. If you'd like to attend one of our trainings, please visit our web site. We book a year in advance. We're booked until next August, so there are a lot of trainings around the state that you can avail yourself of if you're interested in that. We also provide lots of information resources including a grant alert, grant finding resources, resources by issue area. You're invited to go by our web site, and check that out if you will.

Since the main focus of my talk here today is state grants, I just wanted to run by you real quickly the two primary areas where RFPs or notices of intent to procure, procurement notices, bid notices, appear for the state of Texas agencies. There are laws that go along with agencies that pertain to where an agency must post an RFP. Number one, check our grant alert. We do that twice a week. It's very up-to-date. The Texas Register here comes out every Friday. If you want to go to the Register site you can do that.

The second place is going to be the Texas Marketplace. You will find lots of stuff on here. It's a very nice site. It's primarily for businesses wishing to do business with the state of Texas, with agencies. However, there are lots of state agencies that what you and I would readily think of as grant-funded programs, they call them procurements, they call them bids, they call them different things. You've got to check for both. So this is the other place. This has a really nice search mechanism. You can go by state agency, by closing date, by issue, by keyword, and it's a really, really good site. So this is the other place to go.

I just wanted to do an overview of state money here real

quick. Let me just tell you, I am not here to tell you every last source of funding that may be available to you because I just don't know it. We can sit down and we can work together and we can find it out if you call me. If you give me a program description, we see where we're at, we know how much money you need, what your timeline is, who your clients are, your services, and everything like that, and then we can find out what's going on. But we have enough, I think, diversification in terms of programs here that the range of funding opportunities are all over the place.

TCADA will definitely have a border substance abuse one coming up, and they have two RFPs coming up. MHMR and TCADA, they have lots of formula monies out there. They have lots of programs that are directed towards specific populations with specific issues, and they fund based on lots of different formulas. We're talking priority geographic areas, equity of funding issues, poverty issues, age issues, lots of different things, but it's much formula-based, and as the money is appropriated statewide, and when we're talking about state general revenue, we're talking about federal money, we're talking about state money as well, but as it comes out of the state coffers, it's all together. And with MHMR the vast majority is formula funded. There are not a lot of discretionary opportunities out of MHMR.

The Governor's Office Criminal Justice Division will present tomorrow. If you look in your handout, there's Glen Brooks with the Criminal Justice Division juvenile justice programs. He'll talk about discretionary money, and money that goes to your communities on a formula basis, which if you don't know about, you need to know about because you need to be involved in that money because it can be spent for lots of different things. But that'll be a good one to go to tomorrow.

What I really want to talk about today is the different ways you might try and identify money besides just thinking about, okay, we've got a dual-diagnosed kid, there's a mental health issue, there's a substance abuse issue. We'll go to MHMR and TCADA and see what they've got. If you do that, you're not going to find anything. Okay? So we need to broaden our horizons a little bit when we're thinking about this. Number one, and I'm probably preaching to the choir here; forgive me if I am. We need to make sure that we have Medicaid waiver programs. We need to make sure that the people we're serving are accessing everything they possibly can on an individual basis. I work in disabilities. You can't believe how many people I talk to—parents of severely disabled little kids—who have never heard of the Medicaid Waiver Program. They make probably \$30,000 or \$40,000 a year; they've got this severely disabled kid. Maybe they don't have insurance. Maybe they've availed themselves of CHIP, but there are Medicaid waiver programs out there for little kids. I mean, there's lots of stuff out there available for individuals, and we need to help our clients get what they can get indi-

vidually so they can pay us to deliver a service to them.

I'm not sure if you're familiar with STARS here. It's a program that helps determine eligibility online. If you haven't visited that, it's a good start in terms of identifying state programs for individuals. This is a DHS site. It says "elderly" here. What it is actually is Medicaid and Medicaid waiver programs for disabled and elderly people. It's a very good site. It'll help you get started. Obviously, lots of these programs are administered through county MHMR centers and different local centers. But if your folks don't know about them, if you don't, here's a good primer on this stuff.

Other strategies to identify alternative sources of funding—everybody know about the CFDA? The Catalog of Federal Domestic Assistance? Anybody not heard of it? Okay, everybody knows about it. Good. You've got to make sure that we have a clear understanding of where all this blocked and formula federal money goes. I mean, it's coming to the state; where does it go? Yeah, it goes through MHMR and TCADA and CJD, and a lot of it goes formula all the way down to the local communities. But a lot of it doesn't do that, and we've got to make sure we have a clear understanding. Okay, here's a big block of federal funding. It's coming to the state in a formula fashion. Where exactly does it go, and does it become discretionary at any point? You know, we need to have a clear understanding of that. That's something that we're happy to help you on. If you find a chunk of federal dough and you're not quite sure what happens to it when it comes to the state, where it winds up, then we're happy to help you figure that out.

This one, for me, is a really important one and one that helps us identify other sources of funding that maybe we haven't thought about, and that is labeling and categorizing clients and services. So I'm talking about going through a little bitty process here where you look at your clients, and you start slapping labels on them. As you know, money is given out by and large to specific populations, be it age-based or education-based or income-based or whatever. My favorite example to demonstrate this is a group in San Antonio that provides refurbished medical equipment to people with disabilities. So what they did, and what we always suggest you do is look at your issues, because money is given out by issue area. So we had this group in San Antonio. Their service area happened to be Bexar County and the surrounding ten counties, all of which are rural. What issues do they touch? Well, they touch disabilities, absolutely. They touch all diseases. You go to the Hogg Foundation library—it's the greatest one in the state; it really is. You can see that money is given out by disease. So they were looking at all their clients and saying, "Okay, what do our clients look like?" Well, they have all diseases. So that opens you up, particularly with foundation stuff, to lots of different sources of money. Again, we're still looking at our clients and trying to describe them. These people happened to go from zero to death. That was their client base. So that opened them up to all the aging money, all the ECI money, all the in-between youth money. Finally, they got around to, "Well, where are we located here?" Let's really look at what they're doing. And they had been operating for about five years before they got around to doing this. They'd been just tearing up Bexar County. Bexar County was the residence of most of their clients. But when they did this, and they really looked at the different elements, the characteristics of their clients, they realized that 10 percent of their clients were actually rural. Within the next couple

of years they ended up getting a couple of really nice rural grants from foundations, again, to serve this 10 percent of their clients. They didn't have a clue they did rural stuff. "Wait a minute; yeah, we do. Ten percent of our people are rural." They looked at their program services and how they operate, and they finally came up also with this environmental thing. Because what they do is they keep, literally, at this point, ten years later, tons of medical equipment from going into landfills. They also keep tons of expensive stuff from going across the border as contraband. So there's this nice international thing; there's this really big environmental thing. They get a nice little Texas Natural Resources Conservation Commission grant that had to do with landfills and recycling. They used that to put that into their refurbishing operation.

So there's lots of different ways to think about this. So we need to figure out exactly who it is we're serving, and what are all their characteristics, and what are all the agencies, funders, foundations, federal, state, that fund those different aspects because there are lots of foundations out there that have only one priority. And this one right here, rural Texas—I don't care what you're doing in rural Texas. If you're doing anything in rural Texas, we'll think about funding it. And lots of other programs are the same, so think about that.

Partnerships—I know this is what this whole deal was about... well, we're partners; it'll help us get more money. When you're out there doing your research on the federal, state, foundation level, don't let that eligibility thing nix you because that's what it's going to do. The geographic eligibility is the first thing that's going to X you out from being eligible for a particular foundation. Lots of federal and state grants, you have to be this or that. Don't always let that be the, "Okay, I'm going to put that in the trash kind of moment for you." If the program is looking really good all except for that eligibility piece, put it in a special pile and see if maybe if you can't go for it this year maybe you can get a partner next year that can comply with that eligibility requirements and help you access those funds next year, or this year, or whatever. So there are lots of different things as you are reading for CFDA site patience or foundation application requirements. Don't be so quick to discard them. Think about how you can comply with it, and creating partnerships in order to meet those eligibility criteria is one of the ways we can do that.

Once you do all this stuff, I'm hoping that you'll see that some of these agencies that you never thought of, you know, maybe they've got some money for you. They're not going to fund your whole particular program as you want to do it, but maybe they can fund a little piece of it for you. The feds are just nuts about blended funding and different funding programs. You talked about Safe Schools, Healthy Students. I actually helped write four of those grants—and I can never get this name right—Safe Schools, Healthy Students. As Pat mentioned, it's blended funding with the U.S. Department of Education, SAMHSA, and OJJDP, the Department of Justice. That was a great opportunity, I'm thinking, for a lot of your organizations here. The lead applicant was an LEA, a local education agency, but there are lots of LEAs that didn't know about that just because they don't keep up on the funding, they don't keep up on the federal funding, they didn't get a grant alert, whatever. And we have lots of opportunities to inform eligible clients—back to that thing—about opportunities that can help us then get funding, because there is a ton of money out there for mental health services and everything else, probably a lot of what you deal with.

The Texas Department of Housing and Community Affairs—do you think you can get any money there? The U.S. Department of Agriculture? What are you talking about? Give me a break. The Department of Education, Texas Office of Rural Community Affairs—there are opportunities. Just to give you an example, once you do this thing, see what different issues you touch, see what different issues are going to be appealing to different agencies, then yeah, there is a possibility for grants from all of these agencies. For example, I don't know if you deal with homeless kids. I'm thinking that's an issue occasionally for some of you or some of your clients. The Emergency Shelter grant, and here, if you had just been listing all of the characteristics of your clients, maybe small percentages of them are homeless kids. Then maybe some of those services up there can be of use to you or maybe that could fund part of your programs as you create partnerships and work together in the community.

Talking about big federal grants that float on down through the state government and on out to counties and cities. Community services block grant is a good example. You need to know that your county gets that money. It's typically to contracted organizations. We need to know who gets the CSBG money. This is a community development program, but I was going to say CDBG money—we need to have an understanding where the CDBG money goes in our town. A lot of that becomes discretionary at the local level, because that's a block grant that has some strings attached but not a ton of strings attached. It can be spent with lots of discretion by cities and counties.

The U.S. Department of Agriculture, again, just to make an example here, they have a program called Community Facilities Program. It can be used, as is mentioned up here, to acquire land, develop facilities, for community facilities including clinics, rehab centers, lots of different things. You can go to them with lots of ideas. They have an office in Temple, right here in Texas, and there are people you can talk to about Community Facilities Program and see what's out there. But that's another example of this. When we talk about the U.S. Department of Education we mentioned Safe Schools, Healthy Students, and, really, all their programs when you get into talking about taking a more holistic approach to mentoring, to dropout prevention, mental health is always an issue there. And even if they don't require, Safe Schools, Healthy Students absolutely requires that there be the community mental health organization, there be local police department, and there be local education agency. Those were absolute requirements of that program that they be partnered up.

These two, as I recall, didn't have that absolute requirement there. But if you bring in the local mental health authority or non-profits that deliver those kinds of services, it can do nothing but help that kind of application. So we all need to know about these and make sure that our schools are going after them and that we get some of that action if we want it, and that we were able to contribute to that effort.

Maybe some of you in the rural communities are familiar with the new agency, a year old or so, Texas Office of Rural Community Affairs. Big, big, important agency for us because it has, number one, all the rural health money that used to be at the Center for Rural Health Initiatives—all that stuff went into ORCA here. And then the CDBG money for small cities, which is called the Texas Community Development Program—a lot of this is infrastructure stuff mainly, but it can also be used for community centers there and the activities that they place in community cen-

ters. And then the ORCA Rural Health Unit programs, which is all the rural health initiative programs.

So my goal here is just to open your eyes a bit. While there may not be a ton of money there, RFPs coming out of MHMR and TCADA and everything right and left that you can go for—I mean, you probably already know that already, there are other opportunities that while they may not fund you a hundred percent exactly what you want, they may be able to help you piece together funding as you go along for this and that. I think that's all I have. I had a question for you. If I could, could I ask a question? Okay. I'm always curious about federal grants, what the competitiveness level is. Like you're going to give 24 grants out, right? How many grants do you expect, and if we have an opportunity to go in either Group 1 or 2, which is least competitive?

## Pat Shea

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I'm on the hot seat now. This program, every year we've gotten in more applications, so I would guess that for 2003 I would anticipate we would probably get at least 150 applications, ball park. I would guesstimate we'd probably get about 150 applications for 24 slots. In terms of which of the three funding categories—the general program, the program for females, or the juvenile justice program—would be the most competitive, I have absolutely no way of knowing. The application looks completely different every year. So we do a different target population every year, so it's hard to know. Because the target population always changes, it's hard to guesstimate how many would come in in a given category. And sometimes we're surprised. Sometimes we'll come up with a new target population that we thought, "Oh, nobody's going to be interested in this," and we have a ton of interest, and so it's very hard for us to predict.

One piece of general advice I would give people though. I brought with me a copy of our solicitation. They are usually just these revoltingly long documents, and just as a piece of advice for somebody who has not done a federal grant application before, is follow them exactly. And so when you're doing the narrative section and you might have five parts and then eight bullets under each part, the bullets aren't like suggestions. Do them in the exact order and identify everything, because we don't do the reviews ourselves. The government has no part in that. We have individuals who are outside of the federal government who have expertise in the target area, and they review these applications. And all that they are going on is this solicitation, and they're comparing the application to the solicitation. So the closer that you put together your application to identify everything that is asked for in the solicitation, the easier it is for the reviewers to understand what you are getting at and where you're going because the reviewers aren't going to play the guessing game of, "Oh, I'm sure they meant this." They just don't do that. So just a sort of a caveat.

And I was very glad that you mentioned the point of collaboration and partners and how much that's appreciated, because definitely within the federal system, more and more that's something that folks are looking for, just because dollars are so scarce. It's always nice if at the local level, different players within the community are working together. So for something like this, where you're asking, you know, do you have a coalition already, if you do have a coalition already or if you think you have people who might be willing to come to the table and work with you, things like letters of intent or a memorandum of understanding—

I mean, a memorandum of understanding might be harder to do, but a letter of intent—if you're juvenile justice and you've talked to the Public Defender's Office, and you've talked to the Juvenile Masters, or you've talked to the Federation of Families or whoever, and you know that they want to work with you, get in that letter of intent, because then that's a way of knowing that these people know who other stakeholders are in their community and they have the collaborative skills to be able to pull in other stakeholders, and that's definitely looked favorably upon.

*Audience Member:* We would be able to get a copy of your RFP guidelines, etc. calling you or—

*Pat Shea:* Yes. Actually, if you go online to [www.samhsa.gov](http://www.samhsa.gov). We have a distribution warehouse, and they can mail you hard copies as well, but it's not going to be publicly available until like another five weeks.

*Audience Member:* I've got a question. Ron, are you going to have a list available as to where you're going to conduct training that would be open for anyone to come and learn what grants are available?

*Ron Ayer:* Yeah. Our training schedule is on our web site, and it's updated all the time.

*Pat Shea:* Will you be doing a listserv of available funding?

*Ron Ayer:* I wish we could do a listserv. It's posted on our web site every two or three days—grant alert. Is that what you're talking about?

*Pat Shea:* No, I was talking about where you would send out—

*Ron Ayer:* Yeah, right. No, we've been really advocating for that, but no, not in the near future. Sorry. You've got to come to us. We can't come to you on that particular issue. I just wanted to mention one other thing. Another service we provide, which I think is one of the things we do very well, is we'll read over a grant proposal for you before you send it off to a funder. So if you give us a couple of days, if you're mapping out what you're going to do in order to get that proposal out the door by the deadline, if you could just write us in for a couple of days. You can e-mail that to us. We can download the application off the Internet so you don't have to send us the application. But yeah, send us a good final draft and we'll give you a little tough love on what we think might perk it up a bit.

*Audience Member:* Can you tell us a little bit more about what actually occurs in the training? Do you go step-by-step through grant writing? Just what happens when you all go through training? I mean, different agencies do different things in their training.

*Ron Ayer:* Our training is offered in two or three-day formats. In either case the morning of day one goes through research and funding, and we talk about federal, state, and foundation monies. We spend about four or five hours on that. And then we take you through typical proposal components: organization description, problem statement, goals, objectives, methodology, budget, evaluation, etc. In the three-day formats we actually set you loose in a five- or six-person group to sit down and write in a 24-hour period a 10-page proposal, and we give you guidelines on that. So that's a lovely group experience with a bunch of strangers. It's really good because it gives you a sense of—if you've never sat down and written a grant proposal with a few people—it shows you what you're getting into, but it allows you to learn about that in a setting that doesn't mean anything. In the two-day format we move along a little bit more quickly and we don't have the oppor-

tunity to do that whole writing experience.

*Audience Member:* Is there a cost?

*Ron Ayer:* Yes, nominal. We have local hosts who handle all of the logistics, the registration, and everything else. They have to pay for our travel, duplication of materials, so they're into it for about 500 or 600 bucks, depending on what the length of the training is, so they are then able to charge a fee that helps them recoup that. The bottom line is the two- or three-day training is never above \$80, and a lot of times it's free, but it will vary by locale. Yes?

*Audience Member:* To have attended a seminar at the Hosting School of Social Work. I just wanted to say the handouts are worth a lot.

*Ron Ayer:* Yes, thank you. We do have a book called *Writing to Win*. I'll send it to everybody if you'll call or you write me an e-mail and request a copy of *Writing to Win*. It's about a 170-page book, and I'll send you one. Hopefully, that will be up on a PDF file on our site soon, but in the meantime, if you'd like one, I'll send you one.

*Pat Shea:* I just wanted to make a comment. I'm delighted that you do that service because, I mean, again, for folks who are used to looking at grant applications, grant materials, different types of proposals and announcements, it makes it much easier to become familiar with what the offeror's actually looking for and how is the best way to sort of package your materials. And so I'm so happy to hear that you offer this service here. So please take advantage of that. We get in a lot of applications, and you can always tell the difference between people who have professional grant writers and people who don't, or people who have access to services or consultation with people who are familiar with the grant process. Another way, and it occurred to me as you were talking, that might be educational for folks here is within the federal government, again we do not review grants. We use outside experts. And some of you here in this room may be interested in being those outside experts. Serving as a reviewer is an amazingly useful way to learn about the federal grants process, and most departments will look for individuals who have expertise in particular areas. Like within SAMHSA we have an interest in people who have, because we've done this to a wide variety of programs, people with interest in substance abuse, mental health, children's services, adult services, elderly, HIV, AIDS, homelessness, and individuals who are public workers, clinicians, researchers or advocates. We use a wide variety of people to function as reviewers. You get paid like \$200 a day, they cover your costs, and at the same time you get to see what the reviewers are actually looking for, and you can understand that process. So it's a very, very useful way to get more insight into the grant process. And if anybody here is interested in learning how to become a reviewer for SAMHSA, you can come talk to me afterwards, or you can call me and I can give you the address. It's in our building, I don't know the address off my head, but if somebody wants to e-mail me, I can e-mail you the address of who you would contact if you're interested in being a reviewer for SAMHSA. And I'm sure that within OJJDP or the Department of Education, they would also have review offices, and maybe if you could just look online to find the review office. It's a great way to get insight into their grant process.

*Audience Member:* Does that normally involve traveling to a site to do the—

*Pat Shea:* Usually, like for SAMHSA we have our reviews in

D.C., and so then we would—

*Audience Member:* A remote location?

*Pat Shea:* A remote location—exactly. Actually, no, normally we would put you up in the Pookshill Marriott in Bethesda, Maryland. So if that's of interest to you, and then we'll pay for your food and lodging and give you \$200 a day. So if you are interested in learning more about that, you can just e-mail me. My e-mail is on the handout that I gave you, and I can give you the address of who to contact.

*Audience Member:* Just curious. What kind of timeframe is that? How many weeks or days are you working?

*Pat Shea:* Oh, to be a reviewer?

*Audience Member:* Yes.

*Pat Shea:* They have standing committees, and then they also have ad hoc reviewers. So usually what you would do is send in a letter of interest and attach it to your vita, and then you can just be an on-call person. So you could do it, say, one week during the year. Or sometimes we'll have odd little grants that will only get in like six applications, and they may only need you for one day. Or you can be part of a larger grant review that might last for two weeks. So it varies, and you can just say yes or no whenever they call you. It's an interesting process.



# Introduction to Mental Health Assessment and Treatment of Juvenile Offenders

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## Eric Frey

We're going to split our time today. I'm going to take about 30 or 45 minutes, and then Dr. Olvera will take the remainder of the time—to talk a little bit about two sides of mental health assessment. I'm going to talk as a psychologist, and he'll speak to you as a psychiatrist about what is occurring in Texas, broadly, and in some of our local areas.

I'm going to talk in broad strokes about some areas of mental health assessment in Texas. Let me get a little bit of an idea who my audience is first. How many folks are directly affiliated with juvenile probation or juvenile justice system? Several folks like that. How many folks are mental health providers in the community? And how many folks are from advocacy groups? Families, consumers. Probably some students and others? Schools? How many folks are attached to different school systems?

What I want to do is provide some information, especially for folks outside of the system, to get a clear picture of some of what happens. I'm going to talk about some of what we do at Travis County, not that we have all the answers, but as a model, and some work that's in progress there. I want to touch just briefly on psychological evaluations, to talk about what makes a good one. The reason I want to do that is to set some standards. You probably see all kinds of psychological evaluations if you work in juvenile justice. Some are good and some are bad, and sometimes it's helpful just to know what to look for. And then just very briefly I'm going to talk about what's available in the area of psychosocial or behavioral types of interventions, and let Dr. Olvera talk a little bit more about medication and medical intervention.

With that, I'll get started. One of the biggest changes that's happened in the state of Texas in terms of mental health assessment occurred almost exactly a year ago, September 1. The Massachusetts Youth Screening Inventory was implemented statewide. It's called the MAYSI. I think Dr. Cocozza referenced it. This is a 52-item, yes/no, self-report questionnaire that identifies kids at risk for mental health problems. All formal referrals to juvenile probation departments in the state of Texas are supposed to take the MAYSI. Now, up until a year ago different departments may have given a risk and needs assessment developed by the Juvenile Probation Commission. Though people did their best job to try and develop an instrument, it wasn't standardized. We didn't really know how well it measured mental health problems compared to the general population. The MAYSI does that for us.

The MAYSI is a screening instrument. It allows us to access a youth when he or she comes through, for example, the back door of our building into our intake unit, and find out quickly if there might be some problems that we need to look at more

closely. This is not a diagnostic instrument. This is not anything that we would do treatment planning based on, but it helps us identify if we need to act quickly, for example, or if we need to do follow-up assessment. It has seven scales, all fairly brief. Youth are asked about alcohol and drug use, especially the impact of their drug use on their behavior (e.g. have you ever gone to school under the influence of alcohol or drugs?). It asks questions related to suicidal ideation and plans, somatic or physical complaints, depression and anxiety symptoms, anger or irritability symptoms. The scales are especially intended to identify kids at risk for aggressive behavior or mood disruption in the short-term. There are some questions related to thought disturbance and finally some questions related to traumatic events. It asks five questions about lifetime history of exposure to traumatic events, such as rape or almost being killed, or seeing someone else killed—some things that can impact mental health—although just because a child's been exposed to that does not necessarily mean he or she is going to have mental health problems.

High scores are supposed to be followed up with further assessment. When this was legislated and put into the Family Code, one of the things that was added was that these results would be confidential and not available to be used against a child in a future hearing. So it's been a great addition to our ability to start identifying the children coming through our doors that potentially have mental health problems.

The follow-up to the MAYSI is some level of mental health assessment, which can be a wide range of things. For example, the first category I'll call clinical assessments. These types of assessments are usually a structured or an unstructured interview that a mental health professional would conduct with a child. Often this is a Master's level licensed professional sitting down, face-to-face, and doing some sort of follow-up assessment with the child to get an idea of the mental health needs. At a different level would be a psychological evaluation completed by a psychologist who would try and look a little more deeply, not only at what is going on currently with the child, but also at personality characteristics. How does this kid normally respond? Is there a serious mental health problem?

I'd like to add a note here. Psychological evaluations are usually done less frequently, in part because of limited funds. Funding may affect who gets evaluations. I wouldn't say that happens across the board and in every place, but if your department has a limited budget for doing psychologicals, it's going to affect decisions about evaluation somewhat.

Another level of assessment is the psychiatric evaluation completed by the psychiatrist or a M.D. to determine diagnostic issues and if they might benefit from medication. Dr. Olvera will speak to that later.

In the area of substance use screening, statewide, one of the most common instruments used is the Substance Abuse Subtle Screening Inventory. It is a self-report questionnaire, written at about the fourth grade level, to help identify youth with potential substance abuse or substance dependence issues – both those that may be at risk and who actually have those sorts of problems. Again, it's a screening instrument. It takes about 15 minutes to administer.

In Travis County we do something different. We use something called the Substance Use Survey. This is actually a semi-structured interview. It can be given as a questionnaire, but we administer it as an interview. It looks at what specific substances a child is using (e.g., how often do they use that substance and to what intensity? How much have they used in the last three months? What is the impact of that use? How much has it affected their lives?). It includes some brief questions about mental health. It allows you to assess whether someone is being defensive or not and whether they're lying to you or not. For example, if they say they have never been angry, that's usually a sign to us that they're hiding something. The downside to the SUS is that it is a little restricted in the age range. The juvenile justice system serves youth age 10 to 17. It is often very hard to find instruments geared toward 10 to 12 or 13 year-old sample.

The follow-up to substance use assessment is much less standardized across the state. It varies department to department. Very commonly it will be an unstructured interview. The youth will sit with a licensed chemical dependency counselor or a Master's level practitioner, or maybe just with their probation officer, who will do some follow-up questioning to find out how much the youth is using substances and to determine treatment needs they have.

There are other methods, such as structured interviews. I'll talk a little bit about something we use called the Comprehensive Adolescent Severity Inventory (CASI). It is a structured interview. That means you ask specific questions. You can ask others, but those don't necessarily go into the results. The CASI, as it's called, asks questions in ten areas of a child's life: health information, stressful life events, education, peer relationships, sexual behavior, family, household makeup, legal issues, mental health, (a little), and drug and alcohol use (in more depth). We use the CASI to find out not only what substances are they using but what impact it is having on the other areas of their lives.

Substance use is not simply one more problem tacked onto a child's life. It is affected by other things happening in the child's life, and it in turn affects other areas. If the family environment is lousy and the child is not doing well in school, sometimes he or she will turn to peer relationships that make him or her feel some acceptance. Those peers in turn provide some access to substances which make them feel good. Soon a child discovers that when he or she smokes something or uses a particular substance, it makes the family life seem a lot easier. In some cases youth will actually self-medicate. They'll find the drugs help them sit through school during the day. Take, for example, a youth with some attention or hyperactivity problems. However, such use starts affecting them negatively, and they start showing up at school high. They fall asleep in class, or they can't do their work. Their free time shifts from enjoying healthy activities to engaging in substance use. You can see how it continues to recreate the problem. This CASI helps us tap into that.

Another way substance use assessment is sometimes done

is via psychological tests. Now, there are elements of certain psychological tests that tap into substance use proneness and the likelihood that a child will continue to be engaged in substance use. For example, the MMPI - Adolescent has some content scales that assess substance use and involvement. Another one, for example, that we use in our department frequently is the Millon Adolescent Clinical Inventory. The MACI has a scale that assesses substance use proneness. The downside with both the MMPIA and the MACI is that they often look at behaviors related to substance use, but do not always give you specifics about use. Let me show you a little bit more specifically about what we do. About six years ago prior to my employment, the department in Travis County was able to get some grant funds and developed a substance use assessment and treatment system to address the needs of substance users.

A full 60 percent of the youth coming through our door have substance use problems. It began with the SUS, the substance use survey. All physical referrals are administered the SUS, which gives us an idea if they've used in the last 90 days, how much they're using, and how many different substances they're using. Based on SUS results, they may get the CASI. The CASI would be given, for example, if they have used substances in the last 90 days, if they have short-term or sporadic use, if they have substance-related charges, or a previous treatment history. This is a way for us to take this large population (approximately 7,000 referrals per year representing about 4,000 to 4,500 individuals), narrow it down to the 60 percent or so who are using substances, further evaluate those to see who has major substance use problems and who has just experimented and might benefit better with less-involved interventions.

The next step that occurs is a review of the CASI results. This is a printed report. The juvenile probation officer will get a copy of this report that will say perhaps "Please arrange for a staffing." We have two different avenues where we conduct staffings or reviews in which an interdisciplinary team sits down with a probation officer and this information, along with other information the probation officer might have, to help identify what interventions the child needs to address his or her substance use.

We may see right after the CASI that a child has very little substance use involvement. In that case what may be recommended is the very entry level of treatment of a drug education class for a six- to eight-week period. Or we may see that this child doesn't have any substance use problems. Perhaps they used in the past but they haven't in two years and they're doing great. From the staffing, specific intervention recommendations are provided. Treatment options can range from a drug education class to intensive outpatient treatment where the child has to go three times a week to a group drug intervention program, to a day treatment program—We have our own program in Travis County that the probation department administers, but we also contract with some providers that we collaborate with—or to residential treatment.

I note here that providers are included in the staffing. Through a collaborative approach, we coordinate with providers in the community, who actually come to the table and assist in the staffings. For example, at almost all our staffings, someone from the Austin Child Guidance Center is present. The other person who is often at the table is someone from one of our treatment providers, an agency who provides residential, day, and outpatient treatment. It allows the providers to have some say in what

kids come their way, but it also helps us to continue our relationship with them.

Regarding mental health assessment, I mentioned that the MAYSI is given to everybody that comes in. Based on those MAYSI scores, a number of things may happen. First of all, we're set up to do some emergency assessment. For example, if a child scores very high on that MAYSI on the Suicide Ideation scale or on a couple of scales, they will get a referral to one of our two detention counselors who will then, usually within 24 hours, see that child in detention, find out what's going on, and determine whether any immediate action needs to be taken. They can communicate that to the probation officer or others in the department so that that child remains safe and so that mental health needs don't get overlooked.

There is a mid-level assessment that we do for some youth. One type is the DISC, the Diagnostic Interview Schedule for Children. This is part of a program that we're involved with and that I'll discuss a bit later. Several people may be familiar with the TCOMI program or the Special Needs Diversionary Program in which children who score high on the MAYSI take the DISC. It is a structured clinical interview that looks at mental health disorders, like mood disorders, anxiety disorders, and behavior and substance use disorders. It identifies youth who probably do or don't have a diagnosis. Based on results, we determine whether further evaluation or treatment services need to be arranged.

One of the areas we are developing is psychological screenings—not necessarily a complete, full blown psychological evaluation, but a comprehensive enough mental health assessment to inform treatment planning. For some youth, we do complete psychological evaluations, which look at intellectual ability and achievement testing, behavior and emotional functioning, social functioning, and substance use all in one report.

This is the model that we're working toward right now partly through a grant from the Hogg Foundation. When a child comes in they take two screening instruments, the MAYSI and the SUS. The SUS determines whether they get the CASI or not. The MAYSI determines whether they get the DISC. Based on that, we find out if they might be eligible for the TCOMI program. This is a program where juvenile probation officers are teamed with therapists from the local MHMR to serve the needs of small case-loads. They're teamed together—one probation officer, one therapist—serving up to 15 youth per team. We have four teams. If the DISC indicates they're probably eligible, they get a further assessment by MHMR.

If we see from the DISC that they're probably not eligible for TCOMI but they might be eligible for other programs, we can do a more complete psychological screen and turn out a similar report. Reports are somewhat similar in format. We're able to incorporate the CASI into our results so that prior to the youth's adjudication hearing, we have a really good look at what's going on with the child—socially in mental health, in their substance use, and in the academic and educational functioning—to help treatment planning.

*Audience Question:* How much time is involved with assessment in terms of the child and the child's family?

*Eric Frey:* Good question. The MAYSI and the SUS are very brief. The MAYSI takes about 10 minutes, the SUS, 5 to 15 minutes. The DISC takes an hour to two, and that might involve coming back again. The CASI is similar, an hour to two hours. That's the downside to some of this—the more you do, the longer it

takes. If the child needs both the DISC and CASI, we try and schedule them at the same time. For a psychological screen, for example, if we conduct child and parent interviews, gather some documents of their social history and administer the Youth Self Report and the Child Behavior checklist, it takes about an hour-and-a-half to two hours of family involvement. Then on our side is the write-up time. You're probably looking at about a good six-to-eight hour period to screen the family, write it up, and deliver that report. It is time intensive.

Now, for the CASI, we have developed a computer-based system. The information is entered as the child is interviewed, and an individualized report is developed by the computer based on that information. So there's not a lot of time spent report writing.

*Audience Question:* Do you use psych associates to do that?

*Eric Frey:* I use graduate students. Psych associates are eligible.

*Audience Question:* Are you going to talk about once you've finished your screening process and your assessments and reports are completed and there's a need for services? How do you articulate with other service providers? Does Travis County provide its own services?

*Eric Frey:* Let me go ahead and talk about treatment now. For substance use services, we have a combination right now. We have folks we contract with in the community and even across the state, but we also have in-house services. Our Substance Abuse Services Division runs a day treatment program in which youth come in at seven in the morning and are there until six at night. We have two residential programs—one is a general residential program for youth with conduct problems. They try to screen out youth with serious mental health problems in that program. We also have a secure residential program, a small one, for youth with substance use problems.

In terms of mental health treatment, we have contracts and agreements with the local MHMR to provide a range of services, a lot of family therapy, and in-home family therapy. We work with other agencies around town to do the same. Then, of course, for residential treatment for kids with mental health needs, that usually involves sending them to a provider of some kind.

*Audience Question:* I feel like I'm going to ask you a loaded question, but given the issue of overrepresentation of minorities in the system, what extent do you take into consideration any cultural tools to avoid possible misdiagnosis?

*Eric Frey:* Good question. We try and use as culturally fair tools as we can, understanding that there are some limits to what's out there. That's an area of development still in the mental health field, certainly. Our substance use assessment, the CASI—is an interview. We don't get a number at the end of it to say, "This kid's a number 5 so send them to this treatment." What we get is a description of the child. Because of that, I think that allows us to address some of the cultural differences when it comes to treatment. In terms of mental health, culture sensitive assessment is a key element of the training of the assessors. That is identifying and knowing how test results vary based on cultural differences.

The other thing our department does is to provide cultural sensitivity training for all our employees. There's an entry level 1 and a level 2 course that all employees go through.

*Audience Question:* I wanted to touch a little bit on what makes a good evaluation, so you know what to expect.

*Eric Frey:* One of the first things in any good evaluation is

that appropriate consent is obtained. What I'm talking about here is especially psychological evaluations. Psychological evaluations fall under some of the same laws and requirements as a medical evaluation, so that you can't provide treatment and assessment without consent. In the juvenile justice setting, you have to be even more cautious about that because you're dealing with a vulnerable population. You're dealing with a child, a minority, who is incarcerated, or at least under the supervision of the legal system. We're actually very sensitive to the fact that they might be in the court process, and they may not want to talk to us about their offense. One of the things we do is we let them know right up front that they do not have to tell us anything about why they are here.

In our department when a child comes for testing, we go over a informed consent with the parent. We explain the kind of testing we're going to do, and who is going to see it. We tell them a copy of the report will go to the probation officer, that the child's attorney may see it. In addition, the judge may want to see it, and if it's brought up in court, the district attorney is going to see it. We let them know that they don't have to talk about their offense if they don't want. The child's lawyer may be present if they want that. They can answer "No, I don't want to do this." Now, that's a sticky thing in a court situation because they may say "No," and we say, "Okay, do you understand that you may go to court tomorrow and the judge may say, 'You go back and do it?'" Participation is still their option.

With the child we use a form with eight or nine consent statements. We have the child read them out loud and initial that they understand them. It allows them to ask questions. It also lets me know if they can read. Statements include "I understand that you're going to ask me some questions about how I've been acting and feeling and about my family." We get signatures to indicate that they understand and to try and make sure that they know what's going on. I mention that because it's easy in our system to say, "Well, the judge wants me to do this, I'll just do it." Most of our population will do what the judge says and not question. But many times it is up to the professional to help protect individual's rights and options.

Those are two cornerstones in child assessment that need to be present. One is multi-method assessment—that you do more than one thing to get the information you want. If I just do an interview with the child alone, then I'm going to miss some information, and I am completely capable of being snowed. That child may lie to me, and I may believe them. The other cornerstone is multi-informant assessment—getting information from more than one source.

Those are some of the things that you should look for when you see an evaluation. Did all they do is give them a series of questionnaires, or did they give them questionnaires and interview and maybe even some projective measures, (e.g., the Rorschach), something where it's really hard to fake it. Did all they do is get information from the child, or did they get information from others?

A good evaluation addresses your referral question and answers what you ask for. However, the other side of that is you get what you ask for. If you say, "Give me a psychological" to a psychologist, that's a really broad question, and they're probably going to give you something generic that answers a little bit of what you wanted but doesn't tell you much new information. But if you ask a more specific question, "Can you give me an evalua-

tion? I'm concerned this child might be depressed, and I need some treatment recommendations," that gives them some specific places to go and questions to address.

A good evaluation should be understandable. If you have somebody who provides a really fast report but it's all in psychobabble, talk with them, work with them. Say, "Hey, I don't understand it. Can we get this in English?" A good report will qualify its conclusions. It will say, "Here are some things you might expect, but here are also some things that I can't tell you." One of the things we're often called on to do is give some estimate of this child's risk for aggression, for example. Since we still don't have a crystal ball to predict how aggressive a child is going to be, we provide some qualifications. For example, "This child is at moderate risk for future aggression, but under a situation where he is closely monitored and not frequently challenged, he is not likely to act aggressively." Good evaluations qualify their conclusions.

If you have a report that predicts a child is absolutely going to re-offend aggressively and that you should lock him up right away, then either the child is really dangerous or everybody would have caught it, or this psychologist may have his/her own agenda. Be careful. The other thing to look for is individualized recommendations. The recommendations should not look the same for every report that comes from the psychologist. The more individualized they make them the better.

It is not necessarily cheap and you do sometimes get what you pay for when it comes to a psychological evaluation. I think a good evaluation should be timely. People have asked me, "How fast should I expect a psychological to be done?" If you're contracting with somebody in the community, what is often expected is about a two-week turnaround. Most want it faster than that. We have some who can get an evaluation to us in a week or less. Internally we try to complete and deliver evaluations in a week, and even that can be difficult when integrating a lot of data as part of a full evaluation.

A good evaluation is not necessarily brief, but it is not necessarily long. It needs to be readable. It needs to be clear. Different referral questions call for different reports. So just because a report is short doesn't necessarily mean it's bad. Just because it is 12 pages long doesn't necessarily mean it's good. And "quick and dirty" reports are generally just that. If you ask for 'I just need a quick and dirty evaluation on this kid,' it will probably be just that. It won't give you much information, and people are going to want to use it to wipe the dirt off the bottom of their shoes. It will be about that useful, so just a warning.

A little bit about some of the treatment available to youth. I will let Dr. Olvera go into this in more in depth. Special education may be an intervention called for. Sex offender treatment is a specialized area of treatment for juveniles involved in the justice system for sex offenses, and there are Registered Sex Offender Treatment Providers. Look for those if you can get them in your area. Counseling may range from individual to family or group counseling. I put the Texas Youth Commission (TYC) as a psychosocial treatment, and I am serious about that. TYC is not the place to send your kid just because they have mental health needs. I'm not saying that at all. What I am saying is that TYC does seek to provide mental health services to youth. They have some specialized locations for youth with serious mental health problems, including a crisis stabilization unit for youth who are dangerous to themselves and others. However, it is not the best

place for a child. Unfortunately, they, like the rest of the community, are limited in their resources. For example, TYC had around 650 youth last year that had diagnosable mental health problems—not just conduct disorder and ADHD. It has minimized ADHD, but with mood disorders, anxiety disorders, and some serious problems. They have beds for about 250 of those youth in their specialized treatment settings. So they deal with limited resources too.

Substance abuse treatment. Some places offer group therapy. That is a common intervention. Brief educational interventions have some limited effectiveness. Outpatient treatment is generally better when it is more intensive, especially when coupled with frequent UA's or something else to help keep the child accountable.

Finally, some of the barriers you might find are funding, of course. Working with agencies, trying to arrange collaborative relationships with schools, with MHMR agencies or with mental health providers in your area, can be a great help. Processes can also be a barrier because one of the keys to developing good mental health assessment and treatment is developing a process that works, where you effectively identify the youth who need intervention and get them to it. It involves more than just giving a test and saying these youth need treatment and then throwing them at providers. It takes some time, and it takes people.

Finding qualified assessors can be a challenge. Then, of course, time demands are also a challenge. One thing you run into in this setting is demands in the court setting. For example "This child has a court date at such-and-such time and we would like to be able to provide treatment recommendations at that time." That can put some pressure on your system. One of the things you run into when you're trying to move faster is the challenge to still do a good job. A balance has to be developed to provide high quality services in a timely fashion. I'm going to stop there and turn it over to Dr. Olvera.

## **Dr. Rene Olvera**

I am an M.D. with a Masters degree in Public Health, so in addition to using the medical model, I like to think of things in terms of systems and how it affects our community. The goal today is to talk about the psychiatric illnesses that affect juvenile offenders. I want to discuss what some of these diagnoses look like, how they affect these adolescents' behaviors and how it is that they may wind up in our juvenile system. Hopefully we will dispel some of the myths about the diagnosis, treatment, and roles we have as psychiatrists. We want to be able to help juveniles, but we have to face our own limitations. There's only so much we can do individually, and that's really the essence of this conference. We have to work collaboratively. Much of what we are dealing with are considered medical problems, but they are associated with larger social issues.

Today I want to touch base on some of the underlying mechanisms of some of these diagnoses, and not only how these relate to these children's behaviors, prevention and treatment.

If you remember anything from this talk, it is the danger of dichotomous thinking. Black and white thinking does not work with juvenile offenders. I think it only works with gender and whether someone is dead or alive. So to think that a child is delinquent or they have a mental health diagnosis is not accurate. The first slide defines co-morbidity as the tendency for a particular disorder to be diagnosed with an individual who also has other dis-

orders. Now, it implies either one disorder results from the other, or, as I tend to believe, the same risk factors lead to both. Another possibility is that these disorders are not separate, but rather just a long spectrum from healthy to ill, but there is little empirical evidence for this interpretation.

Conduct Disorder is the main diagnosis from the DSM-IV that applies to juvenile delinquents. Remember, all children in juvenile detention centers do not have Conduct Disorder. For example, the child who gets in a fight once, and the child who is found in a stolen car, both committed a crime, and by law, they are now juvenile delinquents, but they may not have Conduct Disorder. The key is the behavior has to be persistent, and these children must display a pattern of violating the basic rights of others and appropriate societal norms. The other problem with the Conduct Disorder diagnosis is that it is incredibly broad. Someone can meet Conduct Disorder for staying out late, running away from home, and being truant. That's very different than the person who is fighting, cruel to animals, and has forced someone into sexual activity. So if you see "Conduct Disorder" in assessment, unless you carefully read why the person was given that diagnosis, you will not know what to expect. A major issue is safety, i.e. your own safety, that of your staff or in a school setting that of the students and teachers. As stated earlier, you really need to look further as to why this person met the Conduct Disorder diagnostic criteria. Unfortunately, in the DSM-IV, mild, moderate, and severe distinctions are not sufficiently descriptive.

The literature on aggression is very broad, and really generally notes three subtypes. The predatory subtype, a reactive subtype and a mixed group have been identified. The reactive subtype, for example, is the kind of person who you bump into in the hall, and they take a swing at you right then and there. The predatory subtype, if you bump into him in the hall, he will come back after school and may bring some friends. There are some juveniles that clearly fall into those two categories, but there are a lot of kids who are going to fall in between, and sometimes their aggression is predatory, while other times it's reactive, and therefore they are very unpredictable, and that's often what you are faced with clinically.

Unfortunately, the treatment options are limited for the predatory type. From a medical model, we do not have medications for this problem. We don't know how to fix a conscience or implant morality. That's a very serious issue and it's something that we struggle with—psychiatrists, psychologists, every type of therapist. Oftentimes these children have what we call classic antisocial traits, and become antisocial personality disordered adults. These children often know how to "work the program." They quickly learn what to do in order to get out and behave well in a highly structured environment. They may manipulate other kids to get in trouble, but for the most part they follow directions. The scary part is that some of these kids have not fundamentally changed, but you can't keep them in treatment any longer because of their good behavior. These children can hold it together, whereas impulsive children cannot.

The reactive subtype is the type that is often referred for a psychiatric evaluation. Because of their impulsivity, they are easily identified. These children typically commit crimes more frequently, while the predatory type may commit more serious crimes but at a lower rate. In some ways impulsive children are preferable because they quickly declare themselves. You know what to expect, and then you can treat them appropriately. The

most common co-morbid diagnoses for such children are ADHD, Intermittent Explosive Disorder, and Affective Disorders. In terms of affective disorders we commonly see bipolar disorder, although in children, irritability can be a symptom of depression. We do encounter psychotic disorders but rarely true schizophrenia. Psychosis is usually a sign of other diagnoses such as substance induced psychosis, depression with psychotic features, or bipolar disorder.

The most common psychiatric diagnoses in juvenile offenders are Substance abuse, Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD), major depression, mania, and Post traumatic stress disorder (PTSD). PTSD is something that we always have to ask about. These children often witness horrible amounts of trauma and abuse. In addition, we are usually not just treating one of these disorders rather a combination of these diagnoses. It is important to realize that most prevalence rates are based on screening instruments which just give a rough idea of what disorders exist in this population.

*Audience Question:* What age group, by any chance?

*Rene Olvera:* Most of these studies were done with adolescents, and most of the kids we'll be discussing are from this age group (13 through 17), though we do get some younger ones.

The next slide discusses ADHD. This disorder is often thought of as a minor psychiatric diagnosis especially when compared to major depression, bipolar disorder and schizophrenia. However, ADHD is incredibly problematic. Imagine someone who has little regard for societal norms and the rights of others, coupled with impulsivity, trouble learning, and difficulty integrating what their parents tell them; and you can see why it's a bad combination. ADHD with co-morbid Conduct Disorder is worse than Conduct Disorder alone. These studies, one by Farrington and one by Loeber, show that children with this combination have more convictions and more multiple offenses. It's hard to make conclusions across two studies, but it's interesting that in Farrington's study the ADHD kids do get in trouble, but they do not have the persistent pattern of multiple offenses, like the combined type (ADHD plus Conduct Disorder), where you see the multiple convictions. ADHD is therefore a very serious disorder, but it is treatable.

As noted, substance abuse is really prevalent in this population. Marijuana is almost ubiquitous in our juvenile population in San Antonio. I have to ask separate questions for drug use. For example, first I ask, "Do you use drugs?" If the answer is "No." I then ask "Do you use marijuana?" The child often says "Yes." Likewise if I ask, "Do you drink alcohol?" I separately have to ask "Do you drink beer?" and I may get two different answers. Wagner's study is important because they find that in five out of six longitudinal studies of delinquent adolescents; the aggressive and delinquent behavior predated the substance abuse. Occasionally, I do see some pure substance abusers that wind up on heroine or cocaine and then start engaging in criminal behavior to get money to support their drug habit. It is rare for somebody to be a wonderful kid without problems and then they use drugs and go down the road to ruin. More often than not, these children start associating with delinquent peers, start skipping school and then start using drugs. These children may be frustrated with school for many reasons (untreated ADHD or a learning disability), so they quit attending school. However, what happens when they are not at school? Well, the parents are at work so there is little supervision, so who are these children going

associate with? Other people who are truant. It seems that that's when the opportunities for substance abuse arise. If I ask, "What do you do all day?" they say "I don't go to school so we go over to a friends' house and smoke weed."

Therefore it is when these adolescents are not in a structured setting that they have the opportunity for substance abuse. The problem is one we as a society, our schools, and as psychiatrists, have to address. We have to try to help these children before they start delinquent behaviors which lead to substance abuse.

Another issue while we are discussing the issues of substance abuse. The saddest thing I've seen is a re-occurrence of heroine in San Antonio over the last five years. Probably on a monthly basis I have to detoxify someone from heroine. Drug pushers use the oldest trick in the book: they give young girls free heroine, and once they are hooked, they cut them off, and these girls start prostituting, stealing from their parents, or shoplifting to support their addiction. In addition, not only are these adolescents addicted to heroine, they may wind up being HIV positive, or they contract Hepatitis-C. As you can see, there are very serious medical consequences to this behavior.

One of the biggest myths about ADHD and substance abuse is, "They are going to get hooked on their medications." This is actually a myth, and I really hope you don't think that way. The reason is that most of these kids don't want to bother with prescription medications as they have easier access to street drugs. There is a really nice study done by the group up at Harvard. Adolescents with unmedicated ADHD had a risk for substance abuse that was six times higher than normal controls. So if you don't medicate it, they go out and they use substances. Medicated ADHD actually had a much lower risk for substance abuse and were now comparable to normal control subjects. Their conclusion is that untreated ADHD is a significant risk factor for substance abuse, and pharmacotherapy is associated with an 85 percent reduction in risk for substance abuse. Actually, if you treat cocaine addicts with Dexedrine, they hate it and will go off it. They want that quick, fast high, and that's what they get with cocaine or with crack, not with stimulant medications.

However, some delinquents report if they crush stimulants and snort them, they get somewhat of a high. But there's ways we can get around that. We now have many extended release formulations which can be dispensed by the school nurse. It has been reported that if they crush Concerta, they wind up with a useless goopy mess.

*Audience Question:* I was just going to ask about bipolar disorder because I just recently read that 25 percent of the kids diagnosed with ADHD in elementary school end up having bipolar disorder.

*Rene Olvera:* That's probably a bit high, but there's a lot of co-morbidity with ADHD, and it is not an either/or. In the past, we used to say you have to distinguish—is it ADHD or is it bipolar disorder, but today we think more in terms of co-morbidity. Bipolar disorder is one of those diagnoses that does get kids into trouble a lot. I showed studies where if we screen kids in a juvenile setting, they met criteria for mania. Likewise, studies with children who are bipolar find a lot of these kids have been arrested, roughly 50-60 percent of bipolar subjects report having been arrested. A hard part differentiating bipolar and ADHD is if you look at these four symptoms: increased energy, distractibility, irritable mood, and accelerated speech, they are almost indistin-

guishable. Dr. Geller's study noted that to make the diagnosis of bipolar disorder, you really have to look at the core bipolar symptoms—grandiosity, pressured speech, racing thoughts, uninhibited behavior, hypersexuality and true decreased need for sleep. An ADHD child may not go to bed until midnight, but they are going to want to sleep until 10, you are not going to be able to get them up, and if you do get them up early, they are going to be irritable.

A true bipolar person can really get by on two or three hours sleep. However, bipolar disorder often does not affect these kids until late adolescence. These patients come in at age 9 or 10, and appear hyperactive. Only when then they start getting psychotic and display other core manic symptoms do you make the diagnosis of bipolar disorder. And that's the hard part about child psychiatry; the detective work. We don't have a long documented history to make the diagnosis, therefore we have to watch these disorders develop. So don't be frustrated with us when you see a vague diagnosis like bipolar NOS. We are trying to note that we really suspect this diagnosis, because some key symptoms are present, but the entire DSM-IV criteria are not met. We feel there is sufficient evidence that we have to draw attention to this disorder and maybe even start treatment. And the other issue is that of co-morbidity. In all studies of bipolar children, the majority of studies, anywhere from 50 to 70 percent of bipolar adolescents also have ADHD, and what we are starting to do is treat both. You use a mood stabilizer to get the bipolar disorder under control, and then you slowly add a stimulant for the remaining ADHD symptoms. You need to treat both. It's not an either/or any more.

The group at Harvard was looking at the issue of Conduct Disorder versus bipolar disorder. This is important because one might say, "These poor kids are just bipolar, they are not really criminal, it's just they have all this energy." What they found is the kids who were co-morbid for Conduct Disorder and bipolar disorder had similar family histories of bipolar disorder, just like kids who were bipolar who did not commit crimes. Now, when they look at the rates of anti-social personality in the families, the bipolar only group has a lot of bipolar first-degree relatives, but few first degree relatives with antisocial personality disorder. Conversely, the group with both bipolar disorder and Conduct disorder, not only do they have bipolar disorder in their first-degree relatives; they have high rates of anti-social personality in their first-degree relatives. In addition, when you look at the symptoms of these children diagnosed with both disorders that display the core manic symptoms. They are not just irritable and getting in fights, but they have pressured speech, racing thoughts and decreased need for sleep; the core manic symptoms. Likewise, they are not just getting in trouble for being truant and staying out late at night. They have core Conduct Disorder symptoms as well, such as being cruel to animals, vandalism, and setting fires. In addition they are committing these acts at higher rates than children with just Conduct Disorder. Therefore, it really seems to be true co-morbidity, and we really have to address both diagnoses.

I mentioned PTSD earlier. The stories you hear when you work with these kids just break your heart. Eighty-three percent of these children come from abusive families. Sometimes they have not been abused, but they've witnessed abuse, and I'm going to talk to you in a second why that really affects how they present. Hans Steiner found that 30 percent of incarcerated juve-

niles met full criteria for PTSD; 20 percent met partial criteria. People may think of someone who has been traumatized as presenting as scared or anxious. Granted, we do see this presentation, but somebody who has been sexually abused is just as likely to appear aggressive as they are to sexually act out. So the PTSD can manifest itself in aggressive behavior, not just as anxiety or with an increased startle response.

Intermittent explosive disorder is another commonly used diagnosis. Unfortunately, it has not been well studied in adolescents. We are probably one of the few groups who's looking at it in this population. If you look at McElroy's study and other studies, it does appear to start in adolescence, so it's ridiculous to think that these symptoms in adults just all of a sudden appear at age 18 or 21. Actually the mean age of onset in McElroy's study was age 14. The difference between IED and Conduct Disorder or what I call predatory aggression is that these kids have aggressive episodes without any secondary gain. Your typical child with Conduct Disorder may be aggressive with a parent because he wants to go out. Children with IED sometimes cannot explain why they become aggressive, even when it leads to more consequences. If you identify something that they've gained, for example, increased status or respect from peers, increased privileges by intimidation, or getting kicked out of school so they can spend all day at home, then they are not IED. But still, we have some of these children that we were able to identify that met this criteria, and it merits further study.

We suspect neuropsychological deficits are part of the underlying mechanism. I am very interested in examining frontal lobe deficits and verbal IQ deficits. Verbal IQ represents verbal skills such as fluency and verbal memory. People with frontal lobe deficits are impulsive, have aggressive rage, poor insight, and poor planning. It's often measured clinically by neuropsychological measures and the term for these parameters is executive function. In the literature frontal lobe deficits and executive function is often used interchangeably. They are not identical, but there's a lot of good studies that show executive functioning deficits correlate with frontal lobe deficits.

This is a study that we did that we just submitted for publication. It was funded by the Hogg Foundation as well as the Friends for Psychiatric Research. The Bexar County Probation Department and University Hospital System Correctional Services were partners in the project. The diagnostic tool we used, the K-SADS, is an extensively validated research tool. I like it because it is semi-structured so it allows for you to use your clinical judgment in making the final diagnoses. This is one way to get around the problem of rating scales, because kids may present symptoms without having a diagnosis. A semi-structured interview allows you to ascertain if the symptom clusters endorsed by an adolescent actually meet criteria for a clinical diagnoses. The demographics for this study controlled for SES, gender and ethnicity. We achieved equal proportions for gender, non-Hispanic whites, Hispanics, African-Americans, age and SES between incarcerated juveniles and community control subjects. One parameter I was not able to control for, though, is that only eight percent of the incarcerated adolescents lived with both biological parents. The control group was representative of the community as only 42 percent of these children lived with both biological parents. Some of these control subjects even had a parent with a history of incarceration, but nowhere near the 44percent rate that the Conduct Disorder group did. The other

thing I was not able to control for was histories of trauma. If you look at the Conduct Disorder youths, 30 percent had been physically abused, 22 percent sexually abused, 75 percent had been victims of some form of violence and 75 percent had witnessed some form of violence. I therefore had to control for these parameters statistically.

Now, even when we controlled for these various parameters, as you see, the incarcerated youths had over a 15 point difference in IQ. Statistically, that's a standard deviation which was highly significant. But notice these incarcerated subjects' scores were not down in the mentally retarded range rather their IQ scores were in the mid-90's. Our findings were consistent with other studies that note Conduct Disordered youth score anywhere from a half to a full standard deviation below controls on IQ. In addition, we found statistically significant differences in lower scores on measures of executive functioning, measures of verbal functioning, and on visual spatial measures. Our hypothesis was that the kids with the serious mental illness were the ones who were going to have the most deficits neuropsychologically. This was a small study, but sure enough, this is what I found. When we examined the children with Conduct Disorder and bipolar disorder, they were the subjects with the lowest scores on most of these scales, often with scores in the 70s. Of note, the kids with intermittent explosive disorder were not that different from controls on verbal based measures. However, when we looked at executive functioning, now the IED kids and the aggressive children with Conduct Disorder were the lowest on these measures. In addition, the bipolar kids were really impaired on visual based measures. This study was a pilot study, so it is limited by a fairly small sample size, but we are applying for funds for a larger in-depth study.

Now, how does this relate to behavior? People with executive functioning deficits struggle with planning and are impulsive. If you add aggressive symptoms and low verbal skills, you can understand where these children may struggle academically and in social problem solving. In addition, the visual spatial deficits are related to the right cerebral hemisphere, which assists in the interpretation of affect including the tone of language. Studies by Kenneth Dodge are excellent as they show these kids often misinterpret their environment. They have a "hostile attribution of bias" so they misinterpret benign environmental cues as hostile. In this study I was able to use one of these scales, and I saw that the control kids, if they saw a hostile situation, they did respond aggressively, but in a non-hostile situation they didn't respond aggressively. The aggressive Conduct Disordered kids responded aggressively to both hostile and non-hostile environmental cues.

How do we incorporate these deficits into treatment? Children with low IQ's may not meet Learning Disorder criteria, but that doesn't mean they are not impaired. These impairments are subtle, these kids often get frustrated because their deficits lead to psycho-social impairment, but they don't get noticed by their teachers. In treatment, we have to consider the whole person. These deficits may change how we actually treat the person as someone with low verbal skills may not do well in classic counseling but may need therapy that emphasize role play, drawings or play therapy, to get at some of their issues.

The other issue is prevention. This is an example of a true bio-psycho-social problem. Possible causes of neuro-cognitive deficits include poor prenatal and peri-natal nutrition, prenatal

substance abuse, pre- and peri-natal stress and depression, poor mother-child bonding, inadequate stimulation, environmental toxins, neglect, and sexual and physical abuse. An example is an unwanted pregnancy with poor prenatal care, poor early child stimulation, poverty, poor nutrition, below average schools, and a crime ridden neighborhood. Abuse and physical abuse causes elevated levels of cortisol, which when chronically elevated may be neuro-toxic. Cortisol may also impair long-term potentiation of the hippocampus, which is how you learn. So if a child lives with chronic stress and struggles to learn, you often see recurrent problems. Teachers and parents may wonder, "Why do these kids keep doing the same thing?" "Didn't they learn the first time?" Well, if you can't put something into your long term memory (i.e. learning) because you have ADHD or PTSD, then you do not learn your lesson and continue to offend.

Another major issue is substance abuse, which can be neuro-toxic, especially "huffing" or using inhalant. It's a bad problem with our kids in San Antonio because it's something they can easily acquire. These substances (e.g., spray paint, gasoline, liquid paper or magic markers, etc.) are cheap and readily available. In addition, there is evidence that performance on neuropsychological measures deteriorates with the more manic episodes a person has. Some studies note frontal lobe deficits for subjects with bipolar disorder on neuro-imaging studies. These findings suggest that bipolar disorder may actually be a neuro-degenerative disorder. If this is true, then we clearly have to identify these patients and start treatment early.

This slide is another study that shows a genetic-environmental interaction. This was done by Cadoret and colleagues and was a twin study. If you notice children without an anti-social parent, when environmental dysfunction goes up, gradually have an increased risk for Conduct Disorder. Children with an anti-social biological parent can have no environmental stressors and still have a higher risk for Conduct Disorder. With these children, as their environmental stressors increase, their risk for Conduct Disorder multiplies.

Although medications are effective especially with a diagnosable disorder such as bipolar disorder, single drug therapy only helps some of the kids. You therefore often see some of the kids on multiple medications. There was a Harvard study that showed 25 percent of their bipolar patients were on one drug, 75 percent were on more, and 9 percent were on 5 medications.

Stimulants can be used to treat aggression even in non-ADHD kids. They are effective for inattention, hyperactivity, impulsivity and decreasing the aggression. However, medications have their limitations. One major issue is compliance. Therefore, if a child and their family are not committed to changing, then they often do not stay on their medication, which is why a multi-modal therapy is preferred. The bottom line with medication is that from a scientific standpoint we can decrease aggression, but we may still not keep kids out of the criminal justice system. For example a child who explodes on a daily basis may show decreased aggression on a mood stabilizer, an atypical anti-psychotic, a stimulant, or an anti-hypertensive. If this child goes from being assaultive seven days a week to one day a week, the parent might be happier, the teacher might be happier, but that one aggressive act may result in an injury to someone and new criminal charges.

Multi-systemic therapy, wraparound projects and others are effective because they try to address the whole system. They are

strength based and try to emphasize using resources within the family and community. As a psychiatrist, I may know what to do, but the issue is "How can I implement it?" You have to consider the parent, school, child, the extended family, the church, and anybody you can incorporate into your treatment, because you have to look at the whole system. Unfortunately, some of these family situations are so chaotic that the adolescents say "Thank God I got arrested; it saved my life."

In fact, some delinquents have sabotaged their discharge because they don't want to go home because they have a "contract" out on them or they come from a one-room apartment with five kids and they sleep on the floor. It makes you sad, but it's such a huge societal issue, and as a psychiatrist, we cannot fix all of these problems. And that's why multi-systemic therapy is somewhat helpful. Because it looks at the systemic strengths, it emphasizes responsible behavior, and it requires the whole family to have weekly or daily effort. It tries to be developmentally appropriate and really it tries to promote generalization across multiple systems. And it's really a misnomer, because it's not one therapy—we call it MST, but if you look at the component parts, it has aspects of: cognitive behavior therapy, parent training, family therapy, and medication management.

The case managers who work in MST work very hard as they are available to these families around the clock for crisis management. Their early interventions require frequent contact which tends to decrease with time as the family becomes more capable. You can imagine the effort to get these adolescents to school, to their appointments, therapy, and to de-escalate crises. At the end of four years Henggeler and Borden noted about 70 percent of the group in normal treatment wind up with recidivism compared to about 25 percent in the MST group. That's the other issue. MST is very useful, but it's not a panacea. And this slide is interesting because you see, MST had about 25 percent re-offend in about a four-year period, individual therapy had about 60 percent re-offend, and treatment refusers re-offended at about 80percent. If you consider individual therapy, in the community the quality and the expertise is going to vary. For example, if a patient has neuropsychological deficits, the therapist has to be able to adjust the treatment modality to match the patient. If a child has low verbal skills and you are having him or her in verbal based therapy, they may get frustrated, not improve, or quit therapy. When I supervise our psychotherapists at one of our detention facilities, I may have them use play therapy, drawing therapy, or modeling to reach these kids by nonverbal means. A therapist has to be flexible enough to meet their patient's needs. That's why I think just "therapy" as a treatment has never been that affective. Multi-systemic therapy tries to individualize the therapy to what that family can do and therefore is more effective.

*Audience Question:* What about your study? Has that been published?

*Rene Olvera:* It's submitted for publication, so hopefully it will be published.

*Audience Question:* What about the term psychopath?

*Rene Olvera:* Let's see, the child with no remorse who doesn't care at all about anybody, luckily, is relatively rare. Statistically only about a third of adolescents with Conduct Disorder will have antisocial personality disorder as adults. I've been doing this for about five years, and there are only a handful of patients that really scare me. Now some of these kids may not get referred to psychiatry because we only see 20 - 50 percent of all the kids. Most of the kids who wind up in the system seem to be the adolescent onset type of Conduct Disorder who get caught up in gangs or drugs as teenagers. This gives me a little bit of hope because they tend to improve with intervention.

*Audience Question:* Do all sociopaths lack remorse?

*Rene Olvera:* That's a good question. You have to be careful because just if someone appears remorseful at the time they are arrested does not mean they really have capacity for remorse. I saw this child who murdered a man, actually bragged about it into a TV camera. The first day I saw him in juvenile he was saying, "Oh God I feel so bad." He claimed he was having flashbacks and he "couldn't believe what he did." That week in the paper his attorney moved to get his confession, which really wasn't a true confession, inadmissible as evidence. When I see him the following week, he's says, "I didn't do anything, I didn't kill anybody, I'm fine. I'm walking." Therefore these people may appear sorry when they really think they are going to get in trouble, but that doesn't mean they have true capacity for remorse.

*Audience Question:* What about cases where, like you were saying before, there were cases where the adolescent really wanted the help, and then they start with the therapy, but then the parents, when they get involved, they don't complete the program? How do you deal with that?

*Rene Olvera:* That is the biggest hurdle, implementing what you start. You have to get the parent involved early because you have to get them interested. They have to trust you. In San Antonio it's an issue because many people see the juvenile justice system as "us vs. them". These children and families often associate treatment with their incarceration and do not see the need for long-term care. This is especially true if the family persistently refuses to hold their child accountable for their behaviors and blame other (i.e. the school or the probation officers, for their problems). And so we really have to bring the parents in early and create a treatment alliance. We try to show the family the benefits of treatment and try to remove any obstacles. For example, we started a shuttle system to bring families to our facilities. We really try to do we can. These measures have helped, but they do not always work. Other times we have had probation officers go bring the families or we alert the judge of the family's reluctance to get involved.

Unfortunately, and this is the sad part, sometimes the parent-child relationship has severely deteriorated. Some of these parents fear their children or even express hatred towards their children. This is another reason we have to intervene early because once the family has reached such a low point our work is incredibly difficult.



# Developing a Collaborative Continuum of Service for Youth in the Juvenile Justice System

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I am extremely excited and honored to be here today because I have a long-standing history with the Hogg Foundation. One of the staff that worked with me on helping to get my presentation set up said, "You know what, I have made a lot of name tags with your name on them," and that is real true and it is very special to have Dr. Culler here in the session as well.

The Hogg Foundation was one of the groups who worked in a very strong way when I was the first director of kids' mental health services in Texas, and this was back in 1987 when, at that time, there was still a lot of discussion as to whether or not the state of Texas was really required to serve children at all. And the federal grant that was mentioned, the Child and Adolescent Service System Program Grant, was one that I helped to develop with some assistance from the Hogg Foundation as well so, again, to be here today in this capacity really means a lot to me.

I am currently with the American Institutes for Research, which is a Washington-based group that right now has a federal contract with the Center for Mental Health Services, the Substance Abuse Mental Health Services Administration. The Federal Government for the past eight years now has been funding local interagency collaborative projects for children's mental services around the country and the group that I work with is responsible for providing technical assistance to all of those funded sites.

Today I will present information to you about some work that we did in Harris County. I spent eight years in Harris County as the Director of Children's Mental Health Services and the presentation that I will be doing is on how we pulled together collaborative services in Harris County as part of the eight years of work that happened there. That is eight years of work that I do not take credit for, but am very pleased that I was one of those collaborative partners that were able to put this system together. I also want to thank Representative Turner because Houston was also one of the sites that received the first round of funding from the Texas Council on Offenders with Mental Impairment for juveniles that have mental illness or serious emotional disturbance. Representative Turner played a significant role in getting funding for that service and that will be one of the other programs that you are going to hear about within the presentation.

I want to thank Dr. Cocozza because he really helped to set the stage in terms of helping to put a real good face on why it is important for juvenile justice and mental health to be collaborating on how we do services for kids.

One of the things that I always like to do when I start out is to know a little bit about my audience. Could I see the number of hands of people who right now work within the juvenile justice system or in corrections? Okay. How many people are in education? Great. How many mental health folks like myself? Dyed in the wool, standard mental health people? Okay. Any folks from Child Welfare, Child Protective Services? No. Okay. Wonderful. Very good. Higher Education? Yeah! All right! Very good. Very good. I like to ask that because one of the things that you will see

within what we have done in Harris County is that we pulled a system together that has not just been built only around the work that happens between mental health and juvenile justice. It has also involved education, it has also involved the child welfare system, as well as higher education in terms of where we get support, as well as some very well-qualified professionals, with them going on to do that work and so with that, we will begin.

I am just going to show a couple of these slides because, as I said, I think Dr. Cocozza did a very good job of talking about why it is that we have a focus right now on this issue. This is information that came from the American Psychological Association that talks specifically about the increases that we have seen, for the rise of juvenile crime and some of the types of activities that youth were involved in. The issue in terms of what we see within the juvenile justice system, the fact that there are youth that have very serious problems, is very well known. These are some statistics that came from a national survey that was done by the National Mental Health Association which Dr. Cocozza referenced that looked at kids in various juvenile justice facilities or programs around the country and what their issues were. We are talking about very serious levels of mental illness or emotional disturbance. Not just Conduct Disorder, we are looking at kids that are suffering from affective disorder, kids that are having difficulty, of course, with conduct issues, and within that, we are looking at what we call that spectrum of disruptive behavior disorders which includes attention deficit disorder, as well as looking at the incidents of anxiety disorders, which are also found in this population. I was particularly interested in one of the last statistics which talked about female offenders and the incidence of post-traumatic stress disorder, and how high that is, particularly within this population.

When we look at schizophrenia, thought disorders, or psychotic disorders, what you will see is that this disturbance is something that is very rare, that you don't see a lot in kids. If we look at the general population, you usually will see it at the rate of one percent. But when you look at the population of kids, particularly that were assessed within Maryland as well as South Carolina, you can see higher numbers of those kids. And so what that says again is that when you look at the juvenile justice population, you are looking at children who have a higher incidence of having very serious problems.

I want to talk a little bit about girls in the juvenile justice system. This is a new phenomenon. We have not really been concerned or looked a lot at girls, but in the past ten years they have become another population that is really growing in the justice system. You can see that in 1997 girls accounted for 26 percent of all juvenile arrests. Most often, girls are coming into the system involved in non-violent crimes and a lot of issues with substance abuse. A lot of what we call status offense issues such as running away, shoplifting, and the like.

There are a lot of significant compounding issues for girls coming into the juvenile justice system, significant academic

problems which we see within that whole population of kids. There is a colleague of mine named Bob Freidman who says that these kids are “mad, sad, and can’t add,” and I think that is a really wonderful description. They are kids that are suffering from depression, depression that is oftentimes overlooked because they are acting it out, as well as serious academic problems. No news here. Many of these girls are coming from very unstable communities. There are a lot of chronic health problems that we see in the population of girls and no surprise in terms of many of those girls who are victims of not only physical but also sexual abuse.

Large numbers of girls that are suffering from anxiety disorders, high numbers of girls that are making suicide attempts and self-mutilation which, again, if you look at the gender differences that we see within populations, boys will tend to do more acting out. Boys will usually attempt suicide by a gun, by a high-risk level of behavior. Girls, being socialized as women in this society, we turn into ourselves, and so that is one of the things that we see in this population as well, along with a very high incidence of substance abuse as well as depression.

This last one, 56 percent of the girls that were assessed within L.A. County detention centers reported having witnessed a homicide of a close friend or relative. That statistic to me was staggering, and again, this was a statistic from L.A. County. But I would venture to say that if we did this same level of assessment at any community detention center around the country, we would see that our children are being exposed to a lot of issues of violence—community violence that they have experienced, violence within their homes, within their families, and again, that will only be adding to the seriousness of their mental health issues.

We cannot talk about juvenile justice without talking about the issue of over representation and particularly what happens to kids of color. One of the statements that Dr. Coccozza made, which is very true within this population, is that for many kids, the first time that they get a level of mental health assessment is when they come into the doors of the juvenile justice system. We have a lot of kids who we don’t normally reach or get to the level of receiving mental health treatment. The previous Surgeon General David Thatcher did a wonderful report looking at disparity within health care around the country, and again, what we saw is children of color and families of color usually access health care at a much lower rate. What we see here in the juvenile justice system is African Americans make up 15 percent of the population within the U.S. But when we look at what they account for within the juvenile justice system, we see other representation, higher percentages of kids that end up being transferred to adult court, higher numbers of kids that are committed to secure facilities, higher number of kids who are referred for delinquency petitions and activities in general.

As I previously mentioned, kids of color tend to be underserved in the mental health system. If you do see a kid in the mental health system that is of color, usually they are kids that are going to be relegated to more restrictive types of mental health treatment in the same way that you see them going into restrictive types of placement within the juvenile justice system. Kids being two to three times more likely to be hospitalized, less likely to have had any previous history of treatment, and less likely to be receiving services at the community level. Some of the things that impact this whole issue of kids in the juvenile justice system has to do with justice by geography, and what that means is that

depending on where you are in terms of the country and in terms of whether you live in a city, whether you live in a rural community, you are going to see differences in sentencing patterns, as well as the fact that this whole issue of disparity in terms of how kids get treated really begins at the beginning point of arrest. I think what we are talking about, again, is the fact that when we look at disparity, we are talking about the probability that because of someone’s particular race or ethnic group, they are going to have a higher outcome or likelihood of being detained and the over-representation, again, talks specifically about their presence or how they are represented in terms of being more of them in any part of the system. A lot of this falls back on the issue of discrimination and the fact that still today we see differences in treatment. We see differences in treatment not only with kids of color, but we see differences in treatment with children who are from a different socio-economic class. I mean, there are a lot of differences that happen in our society in terms of who it is that gets a fair shake, who does not, who it is that gets the best education and who not. Again, these are constant things that we have to look at, particularly when we are referencing how our legal system works.

I had mentioned earlier that the National Mental Health Association, along with the Office of Juvenile Justice and Delinquency Prevention, did a national survey that looked at this whole issue of kids within the juvenile justice system and their mental health needs. And they came out with a position statement that basically gave some very sound recommendations to communities and to policymakers on what it is that we need to look at.

Number one, one of the things that they found, and there is research to support this, is that mental health services can prevent kids from committing delinquent offenses. It really makes a case, again, for why it is that we need to do this thing called prevention that all of us believe in but somehow as a society we still manage to not do. Mental health services can prevent kids from re-offending. If you have kids who have a history of offense who also have mental health problems and you make the right connection between that child, between that family, and that community, you can have a positive impact on that as well. The other important issue—and this is something that Dr. Coccozza referenced and that the rest of my presentation will be focusing on—is that this system has to be designed in a collaborative way. And we are talking not just about mental health, we are talking about the importance of school, child welfare, and other community agencies in terms of making that possible.

Children that have mental health needs who are part of the juvenile justice system, just like any other child, need to be provided a whole array of services and, as you can see from this list, we start at prevention and then we go all the way through acute hospitalization. There are kids who need to be hospitalized. There are some children for whom, for a brief period of time, residential treatment can work out well. But most importantly, what we have found is that we get the best outcomes if we are looking at a combination of intensive home-based services along with day treatment, what we call a wraparound approach for services. Why is that? Because one of the things that we have learned about working with children as well as working with adults is that you have to come back to where you left. No big surprises. So, when you remove a child from their home community, you are providing a temporary solution. If we have not provided those supports, if

we have not made those changes within the family system, then we are going to see a very short period of gain and a very rapid period of disintegration as far as when the child comes back to the community.

The National Mental Health Association also made some very strong statements about what needs to happen for juveniles during their time of confinement. They said that any kid that is part of the juvenile justice system needs to be screened for mental health and substance abuse. One of the very good things that is happening right now here in Texas is that, with the assistance of Representative Turner and some other supportive people from the Legislature, all kids that are coming in to the Juvenile Probation System are being screened by a tool called the MAYSI, and this tool is beginning to help us identify what kids need to have a further evaluation. The nice thing about the MAYSI is that it is a tool that can be administrated by any professional, it does not have to be a licensed psychologist or a social worker. It is a real quick and, excuse me, dirty way of being able to identify kids. We are talking about kids, as you saw within the previous data, that are already are coming in with a very high incidence of being at risk for a mental disorder. So, if we bring kids into our system, and we are not starting them out with some level of screening, then we are not going to be able to make good assessments or really do a better match around the services that they receive.

We also know that it is going to be very important for kids who have very serious issues of being able to be transferred from the local juvenile justice facility to a mental health facility if they have a more serious disorder. The other thing that they talk about is that there needs to be medical staff that are available for kids. Because many of our children that are coming in have medication issues that, when we need to keep them on those medications and have them monitored, that there needs to be an array of different types of intervention that happen to children while they are in confinement, as well as the fact that those services must be monitored and we must look specifically about special treatment. Special treatment has to do with kids who have been sexually abused, who have substance abuse problems, who have experienced family violence, and kids who are sexual offenders in terms of that they would get specialized treatment while they are in confinement.

Okay, setting the stage for collaboration. We are going to talk a little about collaboration and what that has meant for us in Harris County. I have my favorite definition of collaboration, which is that it is an unnatural act that is done by non-consenting adults usually in suits in the daytime around a big table. And if you can shut your eyes for a minute and just try to visualize that, it illustrates how awkward this is. The truth of the matter is that a lot of people talk about collaboration, but very few communities really do it. And why? Because collaboration is hard work. You do not set out one day on Monday and then by Friday, you are collaborating. It does not work that way. We are talking about having a history of relationships. We are talking about the establishment of trust as well as the biggie—sharing the power! One of the things that I say is that if power is not an issue on the table, as well as money is not an issue on the table, then you are not really collaborating, because those are the two things that we as humans hate to give up.

Cooperation. I look at collaboration as moving along on a continuum. You start out with cooperation, you go to coordination, and then the final step is collaboration. What are we talking

about in cooperation? We are talking about the fact that you have people together who basically have a general concern about what happens with kids and families. And within that, everybody says, “We are concerned, we are going to come together, we are going to sit around the table, and we are going to talk about how concerned we are. And we are going to leave, and we are going to feel good, but nothing will have happened.” So, when you are talking about cooperation, you really are not looking at taking any risks with your system. Resources are usually kept separate; partners share information. It is like an information sharing is what you are really doing when you talk about cooperation.

Coordination, on the other hand, is when you really start to come to some level of agreement with an approach or a direction. That is where it starts getting a little bit harder. Because when doing coordination you begin to make some decisions about planning, about how roles are going to be divided. You begin looking at authority issues, as well as having some conversations about resources. The easiest thing about coordination is you are still talking about other people’s resources, not really talking about your own. You are not really talking about, “This is what I have in my pocket, and this is what I am going to be putting on the table.” That is when it really gets down to collaboration.

The definition of collaboration, which I think is a really solid one, is one where you are really talking about a durable and pervasive relationship, which means that the organization or groups that are working together have made a commitment. You have defined what your common mission is. You have defined your population. You begin to look at issues about how power is divided, who has power, or who has more power, and very oftentimes when we are working with community organizations, power is oftentimes equated by the dollar. What we are talking about now is that people are going to be putting up resources. Resources for me are not just money. Money is important, but there are other ways that we can collaborate around putting resources together differently which you will see within some of the work we have done in Harris County. There are different outcomes that you are going to see from that, as well as the fact that everybody is not only going to share in the rewards, but people must be willing to share responsibility if there are some negative results. So when you are collaborating, everybody is putting their resources and money on the table, and you are going to be putting your reputation on the table as well, and coming to an agreement that this is where we are planting our feet and this is how we will be moving forward.

What are some of the barriers to collaboration? Turfism—that is your job, it is not mine. Not having a defined vision is one of the barriers. Old management structure. Lack of training expertise. How many of us have ever had a course that taught us about collaboration? See! Seminars! How recent was that seminar? The last one was two years ago.

That is very significant because people have only really been focusing on the importance of bringing people to the table to do this type of work within the last five years, so the techniques are not well known. Even today many students are not receiving this training in higher education. Some of the other barriers to collaboration are poor conflict resolutions. You will have conflicts, right? Do not think that you will not. One of the game rules that you have to establish is how conflicts are going to be resolved. And again, as I mentioned before, unequal power relationships.

The Triad Consortium is the collaborative body that began in

1974. There is a very long history of collaboration. It is composed of mental health, juvenile probation, and child protective services in Harris County. How did it get started? It got started because everyone wanted to do a better job. Right? No. It got started because there was a county judge who got sick and tired of mental health, juvenile probation, and child welfare cases coming before him and saying, "We need some more money to put this kid in placement." This particular judge was very astute in recognizing that usually the kids were all part of one of the other systems. So he said, "You know what? You people need to get together and come up with a way of solving this because I am tired of seeing kids passed around, 'that is not my job today, it is really a child welfare kid, your Honor,' and so on and so forth." So this very wise person also sweetened the pot a little bit by giving them some dollars initially to make some mutual decisions. So it did not start out with \$1.1 million; it started out much smaller than that. One of the services that has been funded out of this Triad money, which you will hear about later, is our new Triad prevention program. Our juvenile forensic assessment unit is also funded out of Triad and, most recently, that assessment unit which had been part of the mental health system. It has now been transferred over to the juvenile probation department under the administrator for mental health services within probation. That is another example about the resource switch.

Why did that happen? Because one of the things that we recognized is that we were looking at increasing numbers of kids who were being asked to be assessed by the court system, and the results of those tests needed to be used by the probation department as well as by the judges in terms of making some better decisions. There were things that tied that assessment process up. It was part of the mental health system in terms of the data and some of the other administrative requirements that we had to do with our funding source. That is why the shift happened. The juvenile forensic unit had been part of the children's mental health system for probably about 20 years. One of the last acts that I did before leaving Harris County was to facilitate this transfer, and it was not easy with as many years as we had worked together. You know why? Because it had to do with the resource; it had to do with moving the point of power, if you will. So, the point that I am trying to stress is that there is no nirvana as far as collaboration is concerned. It is a constant effort that you will constantly rework. Why? Because the needs of our children, the needs of families change, and our systems have to remain flexible to do what is best for better outcomes for kids and families.

I cannot talk about collaboration and not talk about what happens with families. Right now, families have been the last group to come to the table as far as being real collaborative partners. All of us who work for any child-serving agency—child welfare, education, probation—we have all been trained that we are there to do things to families and for families. When we come out with that very paternalistic idea, we are really, again, keeping ourselves up here and families down here as far as how we look at scheduling and coordinating services. And so, one of the real commitments to this whole collaborative process is really bringing families to the table differently in terms of how we work with families. Within many of our agencies right now, there is a lot of disagreement. Within child welfare, the training is that you have to protect kids from their families because the families have done something to put the child at risk. Within juvenile probation, oftentimes our

thoughts around families are that if that family could have just controlled that child, then that kid would not be here. In mental health, we have seen families as being psychologically detrimental to a kid's mental health. So all of us have come to this from a different perspective, but still the perspective was not valuing families.

So some of the challenges that we run into when we are talking about family/provider collaboration is the resistance that we see from other agencies about how families participate. The fact is that we have to go through this level of achieving trust—because families are very suspicious of us. How many of you have started a new program and said, "We just cannot get them to come. We have the best thing since sugar cookies and these families don't want to come." Well, did you ask them what they wanted before you came up and made those sugar cookies? Probably not. So what we are talking about is changing our own attitudes around not blaming the families, looking at the families as being key in terms of being a resource, as well as sharing with families that power and decision-making that I talked about earlier.

Moving back to Harris County—this is a little bit about our history of collaboration which I started out talking about with Triad. But, there have been other key events which have added to this process. One of them was developing the Child and Adolescent Advisory Council, which is part of MHMRA. But, on that council, we had representatives from all of our sister agencies. The Community Resource Coordination Group, which all of you who are Texas residents that live in a county know about, has the requirement of bringing the agencies together to staff specifically around problem kids who have challenging needs. In Harris County we also developed what was called our City-County Commission on Children and Youth. Now I don't know about where you live, but in Harris County, the city of Houston was one thing and the county of Harris was something else. And it was like living in two completely different states of existence. So, it was decided that somehow since we were looking at this whole issue of resources and that everyone needs to stretch resources more—aha! a novel idea—we are going to put together this commission that is made up of city and county representatives to develop blueprints for what happens for kids. And then the most recent effort had to do with our county commissioner, our Chief Judge Eckels who pulled together the Harris County Youth and Family Services Division.

Just to give you a few statistics about Harris County and what we are talking about here, total juveniles within the ages of 10 to 17 in Texas, you see there and how many of those juveniles are in Harris County so clearly we have a big share of kids. You can see the large number of kids that end up coming into the juvenile court system, kids that are served in detention and, right now in Harris County there are over 2,000 kids who are in county residential placements. Here are some numbers just to share in terms of kids who are receiving specialized education services, kids that are being served through Triad, as well as the number of assessments that we did through some of the other components. Going back to the Mental Health Association recommendations, one of the things that was emphasized was the importance that services be planned and integrated at the local level across a multitude of agencies. These are the people that make up the Youth and Family Services Division in Harris County under the jurisdiction of our county commissioner. They are the people who give us our money in Harris County which is headed up by our

County Judge, Judge Eckels—and what you can see is that you have a combination of the Department of Social Services, who in the past never really had anything to do with kids, they just really served adults. You have the cooperative extension, which is part of your 4-H, but they do a lot of things now that have to do with prevention services for kids. You also have Mental Health and Mental Retardation, Juvenile Probation, as well as the Children's Assessment Center, which in Harris County is a specialized program that does assessment and treatment services for kids who have been sexually abused, as well as the Harris County Child Protective Services.

So, again, what you see under one umbrella is a grouping of folks who all have the concerns together for children and families. So, all of these executives meet on a monthly basis, and basically what happens at those monthly meetings is really more cooperation and coordination. People come in, they give reports, but then there is also another working group that really focuses more on how services need to be developed. Again, that recommendation from the Mental Health Association talked about the array of services, which brings us to the first point in continuing the services in Harris County, which is a Triad Prevention Program. The Triad Prevention Program is part of Harris County Child Protective Services. That is really significant.

One of the things that we learned from working with Child Protective Services, and their major funders, the Department of Protective and Regulatory Services, is that they were one of the few departments that within their mission had a statement about prevention. None of the other people had statements about prevention. But they did. So there was some laterality there in terms of how they saw services and how prevention particularly could be incorporated. They had a marching order for prevention, and none of the others of us, as much as we wanted to, did. What we ended up doing within the Triad Prevention Program was to pull together at the local level a single focused approach with multiple points of entry. We were able to eliminate duplication of services as well as the rigid structure or the bureaucracy that many of our agencies were facing. The focus within the Triad Prevention Program is really on kids who are status offenders. These are kids who are truants, runaways, kids who are—CHINS kids, everyone knows what a CHINS kid is—a kid who is in need of supervision. Those were the kids that had been the focus of the Triad Prevention Program. And all of these kids were also for a very long time, clogging up the Juvenile Probation department. They also did not have a clear mandate in working with these kids, but again, because of the way the court structure was set up, those were the kids that were coming in, and Probation had a lot more serious kids that they needed to be involved in.

Mental health also had received a special line item funding for what was called “first-time offender services.” These were kids that had a serious diagnosis of mental illness or emotional disturbance, and we got targeted dollars from the Texas Department of Mental Health and Mental Retardation specifically for that group. Basically, when we started the Triad program in 1998, the decision was made that the program would be administered by Child Protective Services and that all the agencies would commit staff who had in some ways been working with this population under this program. If you think there were no difficulties for a person from Probation to now be supervised by somebody from Child Protective Services, you ain't seen nothing yet!

What we have now within the Triad program is several really

important areas of service. We've got court related services; the Justice of the Peace Courts within Harris County are the first place where the status-offender kids get seen. And, so what we have developed through Triad is one, a truancy learning camp. Any kid caught being truant gets sent to the Justice of the Peace Court, and they are sentenced, if you will, to the truancy learning camp, which happens on Saturdays. It is a program where the child as well as the child's family also attends. The Court also has a family services case management program, and part of those diversion services is that we have staff that are actually housed within the Justice of the Peace courts. They do assessments of those kids as they are being seen by the J.P. court, and then they are referred into the Triad initiative.

Triad also has services from another component of Child Protective Services which is a service to at-risk youth, the STAR program. They have combined other state resources along with what we have at the county to again expand services to this population.

Here you can see the services being provided by Mental Health through the Choices Program, which is what we call that first-time offender program. In terms of how we have combined agency funding, you can see we have combined resources not only from community development block grant funds, dollars from the state, both from Texas Department of Protective and Regulatory Services, the Division of Prevention and Early Intervention, as well as our county dollars, as well as dollars that come in from Mental Health also.

What are some of the keys to the success of this program? One has been the history of the Triad Collaboration and the fact that, for the first time in the history of Harris County, we have executives that are on a first-name basis and people will call each other. That had not existed before. So, as you have heard people say “It's about the relationship, stupid!” Well, it really is! You have to spend time. People have to know what it is that you are going to stand for, what it is that you are not, and then build that relationship.

The other important factor has to do with community buy-in. We had a lot of support of this initiative from the commissioners as well as from the Justice of the Peace, and the Triad program has received increases in dollars through all of these efforts. The program has been very flexible in terms of how services were developed. There are a lot of in-home services that are provided in terms of taking services where kids and families were, and not just expecting them to come to us.

This recommendation specifically talks about what needs to happen for kids coming into the system that have serious problems. And with that I am going to talk to you about the assessment services that are funded through county dollars, through the Triad funding unit, as well as what happens within the juvenile probation department and the dollars that they have put on the table for assessment and for mental health services.

Why do we need to assess kids in the juvenile justice system? I think this slide really says it all. It is because we recognize that there are factors that can really contribute to why a kid has performed a delinquent act, as well as information that needs to be given as to how we can ensure safety for that child as well as for the community. The Harris County Forensic Unit, as I mentioned, was funded originally by Triad; it helps to assess kids at the courts and makes referrals about decisions. What we have learned through this program has also led to developing other

services, not only within the Probation Department, but within the Mental Health Department as well.

One of the successes of this program has been that we've been able to also collaborate with higher education. We get doctoral level interns with a collaboration with the Houston Independent School District, because they have school psychology interns who would like to have a practicum placement in working in a forensic setting and doing that type of an assessment. We pay those people nothing. We just provide them with a place to train and get supervision.

We also collaborate with the medical schools. These are dollars that come from the Mental Health and Mental Retardation Authority. All of the child psychiatric fellows that rotate through MHMR also do a rotation through the juvenile forensic unit.

This tells you a little bit about how that testing referral process happens, with the referral of testing going to the forensic unit, and the different things that can happen. The information can go to the court, and the decision can be made around probation. The decision can be made for the kid to go to one of the probation institutions or go home. If they do go home, or if they were seen in a probation institution, MHMRA is responsible for the follow-up.

One of the things that happened within Harris County is that we saw the need at the detention unit specifically for kids who were coming in that needed a more intensive level of service. And so we right now have a psychiatrist, who is, again, part of the MHMRA staff that is available three times a week within the detention center to do assessments of those kids, to provide evaluations if the kids need to go into the hospital, as well as to do medication monitoring.

One of the things that the Probation Department recognized as well is that there was a group of kids that needed more serious intervention than what could be provided within their institutions. So they did a collaboration with Harris County's psychiatric center to develop what's called the Sub Acute Unit. This is a 16-bed unit for males and females that the probation unit decides who from their system goes into that unit. And it is an intensive unit that provides psychiatric follow-up as well as daily programming for kids for as long as they are needed. The Probation Department controls those beds, and, again, they are just specifically for that group of children.

What have been some of the keys to the successful implementation for these services within probation, and again, looking outside the system? The relationship with the courts, looking at the collaboration with educational institutions, having all staff to be trained on legal issues and understanding. You can't have mental health people that are going to be working within a probation structure without understanding that system, so there was a lot of cross-training that happened as well. Again, the importance of being flexible. Services can prevent kids from committing more delinquent offenses, and they need to be provided on a collaborative basis.

Right now I'm going to tell you a little bit about the services that are part of the juvenile justice services division within MHMRA of Harris County. One of those major programs is TCOMI, the Texas Council on Offenders with Mental Impairment, and this is a collaboration that was mentioned earlier between the Probation Department, between the Texas Youth Commission regional office, as well as MHMRA. These are special dollars that we receive from TCOMI to develop this initiative, and many of

your communities right now are working on this similar process. The TCOMI criteria says that these kids have to have a mental health diagnosis, they have to be willing participants, and they cannot be only chemically dependent. We do serve kids with co-occurring disorders, but not singly diagnosed kids. We are also not serving kids that are violent offenders. There's another service component for violent offenders as well as sex offenders. And the kids cannot have been institutionalized for more than 30 days because one of the goals of this program is to try to take kids and keep them from going into an institutional placement.

There's a referral process that gets completed within 72 hours, which is very important. The kids are getting weekly face-to-face contacts three to five times a week. They get medication management as well as the whole wraparound approach to services. We also, under this component, have the Choices Aftercare Program, and this is the program that we provide for any kid that is released from a juvenile probation institution who needs ongoing mental health care. Referrals are made directly to the mental health system through the Choices Aftercare Program for that population of youth. Funding for TCOMI is a combination of these resources and for the Choices program. We're talking about dollars that come from the federal level through mental health block grants, mental health general revenue, as well as billing for Medicaid.

What are some of the successes? Looking at this whole wraparound approach of service delivery which really talks about empowering families and bringing families to the table as equal partners, flexibility of the staff, and again, keeping everybody on the same page around how to work together effectively.

These next slides talk about services that need to happen for kids that are in confinement, and that brings us to the Juvenile Probation Department, because these are services that are happening in an interagency way through the Probation Department as well. Again, one of the things that I really had to understand as a mental health practitioner coming to work with probation is that probation was concerned about the needs of kids, but also the safety of the public. So this balancing beam, if you will, really talks about how that has to be their constant concern—being concerned about victims, the taxpayers, but being, of course, first concerned about kids.

They have a direct issue around accountability, particularly in terms of secure facilities, intensified supervision, and financial restitution that happened for kids as well. They have a wonderful array of very focused treatment services, which, again, were recommended as part of those recommendations from the National Mental Health Association, so that kids that come into the probation system can get specialized drug treatment service, special services for being sexual offenders, psychiatric stabilization unit, which is run by MHMRA, as well as vocational and remedial education services.

These are the five facilities that Probation operates, and they have a whole philosophy approach that talks about the importance of redirecting kids while they are in their care, as well as transitioning. And it's that transitioning piece that really impacts how we've been able to coordinate mental health services.

All kids that are at any of the probation facilities receive services from staff that are hired by Harris County MHMRA. We have a bachelor's level caseworker that is assigned to each of their facilities. We also rotate psychiatrists through these facilities, and they do medication monitoring for all the kids that are in the vari-

ous probation facilities.

One of the other nice things about Probation is that within their facility structure they have different types of facilities based on the needs of the kids, one of them being the boot camp, which is there for the more chronic offenders, but those kids still get psychiatric services.

Aftercare supervision. Probation organized itself so that there's one unit that provides aftercare for all of the kids that are released from their institutions. We have a worker that is housed at CUPS 7, a licensed mental health practitioner, who does assessments of the kids as they're coming into this specialized unit. They also provide on-site services there within the CUPS 7 unit, so when the kids check in with their probation officer, they're also able to get the mental health services that they need.

I mentioned earlier about placement for girls. Probation right now does not have any institutions that are serving girls. Most of the girls' needs are served in private placement, but when those girls are released from the probation program, we still provide aftercare services for them as well. These are some of the funding sources that you see within probation for that level of service for kids in the institutions.

The Juvenile Probation Department has also done a great job of providing alternatives to residential placement. There is one program where they have a private contract provider that not only provides contractual services to the Probation Department, but has also been doing some work with MHMRA as well through our TCOMI program. This is the Harris County Youth Advocate Program. These folks come in, and they serve kids intensively that are at risk of out-of-home placement as well as they use the same wraparound approach that we're instituting in TCOMI, and they've also done a lot of work with girls particularly, in terms of mentoring as well as intense, in-home supervision.

Again, the successes that we're seeing or why this has been working has to do with the fact that there's a management of kids with multi-needs within a correctional facility. What we've done is that Probation has not gone out and said, "Give us more money to do mental health services ourselves." They have helped us, as the mental health provider, go get more money, and therefore, we've then been able to do more collaborative services for them underneath that umbrella. There is also a full-time psychiatrist that is paid for by the Juvenile Probation Department, who is employed by MHMRA of Harris County. That person works under the supervision of our children's Medical Director, and that person works within all of the institutions in other services that the Probation Department needs for their clientele. So we're also looking again not only at money being combined, but resources being provided around supervision.

The last component that I'm going to talk about is our Community Juvenile Justice Education Program. And if you can reflect back many slides ago to that division of how those groups are coming together under the Youth and Family Services Division, the Community Juvenile Justice Education Program is another one of those players within that whole division. They are the charter school that was developed in Harris County for kids between the ages of 10 to 17 who are part of the juvenile justice system. They help to provide contract services to kids that are in the probation institutions, as well as for kids that are coming out of institutional programs. This gives you a little bit of a breakdown of what their population looks like. Again, you'll see the large numbers of African American as well as Hispanic children. You

can see a little bit about where they're broken down in terms of their grade range. They have a very strong focus on academics, and kids that are connected with this charter school get a full-time education program. And I know within some communities where other charter schools have been set up, that has not been the case, and many communities are very leery of this kind of development because of that. They've done a really wonderful job of providing specialization around special education services, getting kids prepared for GED, as well as vocational services.

They've also done a wonderful job of getting other types of funding, both from federal level as well as local grant funding, to foundations, to set up a full day summer program, after school and weekend tutorials that happen with Probation staff, reading readiness, as well as the Harris County Youth Build Program, which is done in conjunction with one of the Probation facilities, the Harris County Youth Village. This is a program that receives federal funding so that the kids that are at the Youth Village receive vocational training. These kids are taught how to do electrical work as well as doing other work related to the building trades. They then take those skills, and they work in conjunction with Habitat for Humanity, and they provide these support services for that program in terms of putting in the electrical stuff, putting in plumbing, and the like. So when those kids finish that program, they are able to sit for whatever licensing exam that they need to be a skilled laborer.

The Alternative Education Program also works with kids that are at risk of being expelled from their local public school or kids that have been released from facilities, as I mentioned. They have a core academic program. They do tutorials. They also utilize the staff from the Harris County Child Welfare Department, Child Protective Services, in terms of the Community Youth Service workers. They also use staff from the Probation Department as well as the Phoenix House, a substance abuse program. So once again, they have brought the array of services that needed to happen for kids where the kids were.

MHMRA also does on-site assessments for kids who are part of the Juvenile Justice Community Alternative Education Program. The funding that they get is from school funds from the Community Development Block Grant, state Juvenile Probation Commission, state Texas Education Agency, as well as the Office of the Governor, as well as local school districts who want to place a child in this special placement, also provide services and dollars as well to support those children.

Keys to success. Again, we look at the partnerships, how academic and behavior and social services can be integrated within a school-based model, looking at the importance of tracking. These kids do incredibly well, and they increase their grade functioning level in a very short period of time through these services. They've done a really good job of being able to capture what it is that holds a kid's interest and help them to make those changes, as well as looking at alternative funding.

What you see here now are some of the contact people that you can contact regarding other information, and with that I will open it up to you for questions about whatever.

*Audience Question:* I'm looking at the First Offenders program where the families come in. Just out of curiosity, what percentage of the kids that are assessed actually have the families come in and support the program?

*Regina Hicks:* One of the strategies that we have used with in the coordination of effort is home-based. What we've done is

that we give the families the option. They can have services there. We also send people into the home as well. Other questions?

*Audience Question:* Triad actually began twenty something years ago. What happens during those years?

*Regina Hicks:* What happened during those years? A lot of things happened. It started out, I would say, as being a group that came together primarily because it was told to do that as well as because there was, as I said, the pot was kind of sweetened being given some service dollars. But as time went on and people really saw that the only way to be successful was doing more about blending things together, it really moved forward. I would really also credit the fact that for the first time in the history, as I mentioned in passing, the execs of the three triad agencies are all on a first-name basis, and I think that that's made a big difference, as well as the fact that they also gave a lot of support for folks like myself at the program level to be creative. I mean, there haven't been many things that we've proposed that they said, "That sounds real stupid and you shouldn't try that." When we came up with the idea of the Triad Prevention Program and blending all the staff together, people said, "Go ahead," and each of those executives sent out letters to the staff that came under their purview and said, "You will do this; you will make it work." So it's real important to have the change happening both from the bottom up and the top down. People have to believe in collaboration, and they have to, as I said before, be willing to put their names on the line about it in terms of saying to the practitioners, this is the better way and this is how we're going to do it.

*Audience Question:* I've heard all the good things you've said about what's happened in Harris County.

*Regina Hicks:* I'll tell you some bad ones too. Ask me. Because I don't work there anymore. No, I'm teasing.

*Audience Question:* How do you really overcome the types of barriers—you know, in forced collaborations [inaudible] and in one we thought we were very successful, but what happens when it comes to resources—you have people at the table—when it comes to resources—sharing—even with the memo of understanding in place, you know it just doesn't happen very smoothly. So those are the barriers that tend to begin to just kind of disintegrate these collaborations in the community. So how do you—you all had this history when you were in Harris County and it's gone on all these years, and I've seen [inaudible]. But how do you get the communities to do that, because we're not getting the other information we need. We're getting those positive things, but we want to know how to overcome those barriers.

*Regina Hicks:* Okay. A couple of things. You've got to start out with a basic agreement on what it is that you're going to be doing, agreement around who's the target population, number one, and you've got to define that very well because one kiss of death for collaborative efforts is when you try to heal the world. You know? We would love to be able to heal the whole world. We can't do that. We don't have the human power as individuals, we don't have the staffing, we don't have the resources. So I think one of the things is to start out with an effort that everybody agrees to, and then the other conversation that you have to have, and this is where I was talking about that power stuff and the sharing of resources. What is it that you can do? Most people come to the collaborative table talking about what? What you want and what you can't do. So you've got to be willing to make some basic agreements about that. It's like the whole thing—start small and work big. Start on something that everybody can say,

"Okay, we believe in this. This is how we're going to define it." And everybody around the room has to put something in. It's that whole wonderful fable around stone soup. Remember that story? It was one of my favorite stories reading to my kids when I taught where there was a big famine in this community, and nobody had any food and everybody was starving and somebody said, "Well, I have a recipe for stone soup." And they said, "What's that?" "Well, you take some stones and you put it in the pot. But you need to add a radish to it." And so one person had a radish. They had been hoarding on to this radish, and so then they put it in. And somebody else had been hoarding some carrots, and they put them in. So it's the stone soup philosophy. You've got something. You wouldn't have walked in the door if you didn't have anything. But of what you have, what are you willing to put on the table for this? And once that starts—and then on top of that people begin to see positive outcomes. The reason that we were able to build on Triad is that there were some positive outcomes. Kids and families liked what they were getting, the other agencies liked what they were seeing, commissioner's court was real happy. One of the things that happens now in Harris County—and I'm not saying that this is Pollyanna, because believe me, I was pissed off when Elmer Bailey was able to go to Commissioner's Court and get an additional \$3 million to open that specialized hospital unit. I was the mental health person. I didn't get one new penny that year; not one. So I wasn't happy. But did I work along with it? Absolutely. Because was that needed? Yeah. And what I want to get at with that as well is that we also have to be very savvy. Funding goes in cycles, and any of us that have been in this game for longer than five years knows you have to strike while the iron is what? Hot. So if it's hot over here, how can you go over there and then be able to have some impact in other places? But again, it's risk taking, it's coming up with that level of agreement.

*Audience Question:* The Youth and Family Services Division. Did you think about incorporating school districts? Were there any challenges in doing that? I know you're a large area, and you have several school districts.

*Regina Hicks:* The school incorporation right now is only for the JJAEP, through the alternative school. Now, within other levels of working relationships we clearly are working within the schools, like I used to have practitioners that went to schools. We had cooperative agreements with nine of the school districts in Harris County, and I think there's 30 or something, so that we could go and provide services. So the schools are a big part of it. But in terms of the county representation, right now the education component is really just focusing around the kids that are in the JJUP. Other questions?

*Audience Question:* I know CPS is under TPRS, but how did CPS become the top, I guess, on this because a lot of these kids are not CPS cases.

*Regina Hicks:* You're absolutely correct. A lot of these kids are not CPS cases. Things are so different from community to community. There is a place in Harris County called the Chimney Rock Center, which has been in existence for at least as long as Triad, if not longer, and that is the place that—it's open 24 hours a day, and if a police person picks up a kid on the street, they take them to Chimney Rock. And Chimney Rock was basically and still is under the auspices in terms of their administrative structure, part of Child Protective Services in Harris County. So because of that, it was not a foreign concept for the people that

are part of Child Protective Services in Harris County to say, “We’re going to work with kids who are not officially part of our system,” and they got support for Chimney Rock through, again, our Commissioner’s Court to do that. So that kind of opened the door as well as the fact that they were also the recipient of the Star grant for the services for truant and runaway kids, and that also came through Chimney Rock as well as [Depelchin], another one of the Star providers. So they had, over time, started doing more in this area and they also had a board that was very supportive of, “Let’s try to get a little bit ahead of the curve.” So that’s what made it a logical place to have that happen.

*Audience Question:* I’m a supervisor for the Star Program for Hays County. I just can’t imagine having the time to work with kids that weren’t their cases.

*Regina Hicks:* Yeah. And then the other thing that is part of this as well is that Harris County, through CPS, also developed these youth service workers, which is a neat concept, and it may be something that other communities are doing as well, where these are people that work with the school districts. They’re assigned to specific schools, and 50 percent of their salary is paid by Harris County Child Protective Services, and then the other 50 percent of their salary is picked up by the school district. Yeah, it’s gone on a long time. It’s a wonderful intervention. And so these folks, who are again, part of Child Protective Services staff, are housed at specific schools, and they become kind of the front-line assistance, particularly in school districts where right now they’re really stretched and they don’t have enough money for counselors and all of that, they can kind of function in that capacity. So that’s another example of sharing of resources.

*Audience Question:* [inaudible question]

*Regina Hicks:* One of the things that we’re required to do within our contract with TDMHMR for those dollars that are part of that first time offender is that we have an outcome specifically about showing that kids that we provided services to did not re-offend. Eighty percent of the kids that we provide—for whatever reason we attained it. We were able to meet the target in Harris County. Seventy percent, I think it is—I’ve been away a little while—of the kids who have received services through those First Time Offender programs would not re-offend for a certain period of time. So again, that really pushed us to start providing services that we know were going to help us reach that outcome, because if we didn’t meet that outcome, then we were going to have dollars taken away by the state as part of our contract. So when we looked at developing that program, we pulled together this same group of people, both from Child Welfare, Child Protective Services, as well as Probation, to help us look at the kinds of services that they were aware of that would work. And so it goes back to, again, another statement that was made by Dr. Coccozza earlier today about evidence-based practice. With the limited amount of money that we have, we can no longer keep doing things because that’s the way we were trained if it’s not giving us outcomes. And so there is a lot of outcome data that Joe Levine has about kids that are coming through the truancy learning camp, the kids that are being referred for the in-home diversion and some of the other activities. And we go back to the county commissioners to give them reports on how we’re tracking kids and what those outcomes are, so that’s real significant.

Data can be your friend. You’ve got to use your data wisely and be able to market that. And that’s something I think as providers we haven’t done enough of that. Other questions?

*Audience Question:* I wanted to check on that, and I also was very interested in this Virtual Baby Computer program.

*Regina Hicks:* Think It Over Baby? Think It Over Baby is really neat. It’s a teen pregnancy prevention program, and the girls that are part of Think It Over Baby get one of those virtual babies that actually cry. It does all the same things that a real baby does, and they are responsible for taking care of it for—I think they have them do it for maybe a month. And it cries in the middle of the night. You’ve got to feed it. You can’t leave it. All of that. So that was one of the things that they had been integrating, and the Brown Foundation was one of the foundations in Houston that gave funding specifically for that. And again, it has helped many a young woman think about how cute it would be to have a baby.

*Audience Question:* On that program, Travis County does have that here in Austin, and they also give it to the boys.

*Regina Hicks:* That’s right. Thank you. I think in Harris County they still just do it—but the boy thing is real important.

*Audience Question:* In your evidence-based assessments, I’m just curious whether there are things that have been sort of phased out and other programs that have been replicated because of their—you mentioned a lot of different programs. Which programs would you say are really dynamite programs that proved to be very effective treatment programs?

*Regina Hicks:* I think the Truancy Learning Camp has been one that has been really effective because it focuses and it involves the kids and families, and again, Joel Levine is the contact on that. I would encourage you to contact him and he would be able to give you some more information about that. Let me hit it another way, and tell you what I’ve found over time that doesn’t work. Scheduling families and kids for appointments at the outpatient clinic at two o’clock in the afternoon doesn’t work. The issue in mental health is stigma, and for a lot of people going someplace with a big sign that says, “Mental health, come here, five cents, Snoopy,” whatever. It doesn’t work. So we’ve had a lot of success particularly with issues related to compliance and we do see no shows and people talking about these families are—what’s that other term we used to talk about—resistance. They are resistant families because they’re not coming to the office and the hours that are convenient for us.

So we’ve really tried to do a better job at taking services where kids and families are comfortable. We’ve done things around Saturday services; we’ve got a lot of evening hours that happen. We make it mandatory that all of our psychiatrists put in at least one evening a week, so some of those things. There is good evidence around the wraparound approach, which, again, is looking very flexibly about how support services are provided. It’s not just treatment. And I’ve been trained as a clinical psychologist, but one of the things that I will say that I have learned about the kids and families that come to the public system, it’s not just about providing a medication, it’s not just about providing this thing called family therapy. It’s giving them other supports that they need to make it, and that support comes in the way of resources to pay the phone bill or knowing how to access that. That support comes in the way of being able to see that a kid can play on a baseball team. We have an anger management group, skills training group, that is co-led by a karate master and a therapist, and we bill Medicaid. The attendance is fabulous. The parents were fine to bring the kids; the kids wanted to come. And then the other thing that we started doing is that then we got the

parents to start bringing a dish. You know, back to my kind of stone soup analogy. So there's a potluck that happens. And I cannot tell you how many times we put up a big sign that said, "Parent Training," and nobody came. But again, when we were able to meet them where they—and I don't want to sound too—but it made a big difference. And then another time at another site, that didn't work; something else worked.

So again, when we were listing those keys to success and one of the things you saw constantly was the flexibility, that's really real. We've got to be flexible. We've got to keep trying different things. But more importantly, we have to ask families what would work for you? What would work for you? They've got to be part of this process. They've got to have the buy-in there. Otherwise, it's not going to happen. Any other questions?

*Audience Question:* I've got one concern about the program. You know that 30-day institutional placement that you talk about with the kids that are in an institution for 30 days. But prior to that you talked about the discrepancy, disparities with the way people are given sentences or decisions are made about people. And see, one of the problems I have about the experience. Because I see young ladies and young men sentenced for choices and I've seen others who had some very serious offenses, that weren't just status offenders, not get anything. [inaudible comments] So you're supposed to have a lot more success with those people who are not the ones who are having the bigger problems. The reason I have a problem with this is because in some of our communities that have these alternative schools, you'll find there's a higher percentage of minorities, and you don't find, and you do find these emotional problems. They kept saying, "come back next week, come back next week," and what finally happened is they realized that she had a diagnosis, and they had to put her on Prozac. But it took them three years to get there. So I have a problem with that because we lost all that time, and now she's 17.

*Regina Hicks:* Your point is well taken. I do not have the silver bullet for that by any means. I will say that that particular criteria which had to do with the TCOMI funds specifically was attached by that funding sources.

*Audience Question:* Did the program have outcomes?

*Regina Hicks:* That's how you get the money, as well as the

fact—and the goal was, again, to say by providing these types of intensive community-based services, we can keep kids from being in institutions. So some of it was also connected to that outcome. Harris County, through that Youth Advocate Program, which is a private contract—and tomorrow the gentleman who is over that program for the state by the name of Gary Ivory, is going to be presenting along with one of his staff, and they also work with some of the kids who have come out of institutions that are maybe at risk of going back in. But your point is very well taken. I will also say that one of the things that is a constant struggle, even though we've provided services upfront to the Justice of the Peace Courts, is when a kid starts cycling through the JP court numerous times, they want them locked up. Because they're feeling like that's the only way to get this kid's attention, and so there is a lot of tension between the JPs and Mr. Bailey, who is the Chief Probation Officer, because he's trying to hold those slots or beds for more serious offending kids. And so one of the things that did happen is that we also had a pot of some residential dollars that were part of our Triad budget, and we took that money, and we put that money to fund—and I love all these terms—to fund what we call "gray beds." A gray bed is a bed at a residential facility that a kid can go into for a brief period of time and not have to be in the custody of anybody. So that was how we attempted to solve that. Now, what that meant is by doing that gray bed concept that took away dollars from funding kids who really needed a residential placement. And we had funded those kids for many years and now we're doing the gray bed concept. I did not dance a jig on that either. But at the same time, we were looking at the system changing and trying to remain flexible and see if we were talking about prevention. That was a concept that tied into that as opposed to continuing just to do the deep end.

So throughout time, and particularly as resources continue to get more and more restricted or limited, we've got to make hard choices. And within making those hard choices, hope that you'll end up seeing the outcomes that you're hoping to. It ain't easy. When I was listening to Representative Turner today with the deficit and stuff, and I was just thinking, "Oh, gosh, this is going to be so ugly," because some of the things that I've been describing to you today are going to be at risk. They really are. And that doesn't feel good to say that, but it's true.

# The Continuity Continuum of Care and New Mental Health Initiatives

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## Debbie Berndt

It is helpful to follow Representative Turner and Dr. Coccozza's presentations because their lead-in is very relevant to our discussion of a continuum of care for juvenile offenders with mental illness. I am going to talk about these issues from a state mental health agency perspective, and then Nancy Arrigona with the Criminal Justice Policy Council will talk further about the new TCOMI/TJPC initiative.

I'd like to start by defining our terms. In mental health, we use the term "continuum of care" to mean a range of mental health treatments and supports that need to be available in a community so that children and families have options or alternatives to traditional office-based counseling or inpatient hospitalization. The alternatives include things like intensive in-home services, day treatment, therapeutic foster care, and flexible family supports such as respite, childcare, and mentors. But in the context of our discussion today, we also need to address the continuum of care that goes across the juvenile justice and mental health systems. As I've learned more about the juvenile system, I understand that there are alternatives for dealing with youth with mental health problems, including diversion, deferred adjudication, and court liaisons, among others. These options for probation departments and courts are best considered in close coordination with mental health. I concur with Dr. Coccozza's observations that in this country, and this is true of Texas as well, there is not a continuum of care for juveniles with mental health needs, either within mental health or across the public mental health and juvenile justice systems. Of course, we have some really promising activities happening now, in the new TCOMI/TJPC projects that you'll hear about and in some communities like Houston, but we don't have a statewide continuum of care for kids in the juvenile system with mental health needs.

I'm a firm believer that having some context for discussing frustrating and difficult problems allows for a more productive discussion and decreases the typical finger-pointing that has historically gone on between mental health and juvenile justice regarding this issue. First, prevalence rates: national epidemiological studies demonstrate that 20 percent of all children have some type of mental health diagnosis, 11 percent have a disorder with functional impairment, and 5 percent have a disorder with serious functional impairment. These diagnoses can range from something relatively minor like an adjustment disorder to severe disability from major depression and schizophrenia. So the scope is great.

Secondly, access to treatment is poor for many children. Even with significant enrollment in Medicaid and the Children's Health Insurance Program, about 20 percent of Texas children remain uninsured. Even those who are privately or publicly insured have limited mental health benefits. If insured children exhaust their coverage and continue to need treatment, their only recourse is the public mental health system. Though there have

been a number of efforts at the state and national levels in recent years to mandate parity for mental health and physical health insurance benefits, this goal has yet to be realized. Many insured children who have extensive mental health needs are essentially considered medically indigent at some point.

For those who are indigent, the public system, the Texas Department of Mental Health and Mental Retardation, is the major provider of services. I am surprised to find how often juvenile justice professionals believe that access to mental health treatment is an entitlement. The statutory language in the Texas Health and Safety Code for TDMHMR has a list of basic services that must be available everywhere in the state, then goes on to state that "to the extent that resources are available," these services will be available to children in Texas. The sole exception is children on Medicaid because it is an entitlement. TDMHMR is required to serve a priority population of children and youth with serious emotional disturbance. Because a percentage of those children will be privately insured, the department uses a 2 percent prevalence rate to project the number of children in its priority population. Last year, the amount of funding allowed us to serve 25 percent of that number. Every year, we provide services to thousands more children than required by the Legislature.

Managed care has dramatically changed public mental health delivery in a manner that the juvenile justice community may not appreciate. We are under financial pressure to maximize Medicaid, CHIP and other insurance programs in ways that have changed practice. For example, if a child and family "no show" for services two times, they will likely be terminated from services, and the next person in line will be accepted. In the past, community mental health centers would have continued to try to keep that family involved. Clinicians have standards for billable hours that they must reach each month. Services that are not billable to insurance are often no longer available. This reality may affect services to juveniles and their families, who are often not seeking services voluntarily in the first place.

A final background point I'd like to make is that effective, research-based interventions with juveniles are limited. Mental health professionals are generally not trained in dealing with the interaction of mental illness and criminal behavior. Academic clinical training does not support the kind of practice we need with juveniles. We need people who are willing to go into homes and work evenings and weekends, but universities continue to turn out people who expect to work 8-5 in an office. Substance abuse, very common in juveniles with mental health problems, complicates treatment further. A few effective interventions such as Multi-Systemic Therapy (MST) exist in Texas, but they are much more expensive to provide than traditional treatment modalities. MST usually costs approximately \$10,000 to \$12,000 per family. Juvenile probation departments spend millions of dollars each year placing youth in residential treatment facilities, an intervention with limited long-term success. The national median per fam-

ily public expenditure is \$2,400, and TDMHMR's is a little under the median. Clearly fewer kids can be served in the more expensive intervention models, whether they are effective like MST or have questionable long-term outcomes like residential treatment.

Given the variables of large numbers of mentally ill children, lack of access and unmet need, there is no surprise that, nationally and in Texas, kids who should be getting mental health treatment end up in the juvenile justice system.

There are basic services available through every community mental health center in the state. They include crisis services, assessment, treatment planning, service coordination (case management), medication and medication management, respite, skills training and family support. Though this array must be available, there may be insufficient capacity, and children can and are on waiting lists. As funding permits, centers may also provide counseling, day treatment, intensive in-home services, therapeutic foster care and flexible family supports such as mentors and childcare. Some of these additional services are available around the state but not uniformly available through every center. Because these intensive services are more expensive, along with growing demand for services, 96 percent of the children we serve only get a combination of the following four basic services: medication, service coordination, counseling and/or skills training.

We do have waiting lists, but they are small. Most children get some service, such as medication, but are waiting for other treatment interventions. Demand forces quantity over intensive levels of intervention. Community mental health centers feel pressure from their communities to keep the doors open, even when they are serving beyond their capacity. Even if we served all of the juvenile offenders needing treatment, there still would be 1200 school districts wanting services for their students and parents whose kids are not in trouble with the law or in school wanting services for their children as well. There is community demand to give everyone something, even if it's not the intensity needed.

The 74th Texas Legislature appropriated \$7 million to TDMHMR specifically targeted at juveniles with mental health needs. Originally known as the First Time Offender program and now as Juvenile Justice Services, current funding is approximately \$6.2 million due to budget reductions. These funds are distributed to every community mental health center in the state. Our performance contract with the centers requires them to develop plans for the use of the funds with the local juvenile professionals. The First Time Offender program included youth at risk of involvement in the juvenile system as well as those with current involvement. We have narrowed the definition in the last two years to cover only youth who are in trouble with the law. They do not have to be on probation. It includes those who have had multiple referrals to the Justice of the Peace court or those who have been diverted or have deferred adjudication. In FY 02, approximately 20 percent of the youth served had such involvement. Our evaluation indicates that they had positive outcomes in terms of their presenting problems and clinical improvement.

We also tried to draw attention to this issue prior to the last legislative session by co-sponsoring, along with TJPC, TYC and the Mental Health Association, a legislative summit on the needs of juvenile offenders with mental illness. Representative Turner was involved. At the summit, the consensus was to have the Texas Council on Offenders with Mental Impairments take the lead legislatively to address the concerns, and they were successful in receiving new funding.

How can we build a continuum of care for juveniles with mental health needs? We have to start acting like a system – both juvenile justice and mental health together. As Dr. Cocozza noted, we can build parallel mental health systems in a community, or we can do it together, which includes the planning and financing of it. Waiting until the public mental health system gets enough money to cover all the need will ensure that needs will continue to be unmet.

We have to learn to collaborate, which is different than coordination. My personal observation is that often, successful collaboration is more personality driven than anything else. Some people will work together no matter what, and others will not, even with new money. It is very helpful for both systems to understand the pressures that the other functions under in order to mitigate the finger pointing. If we start behaving like we are all in this together, at some point we will all be in this together.

We have to involve families. On the mental health side, we have been trying to develop a culture in which families are our partners, not the problem. We have found that this stance has greatly enriched us because their involvement has helped us understand better what their lives are like. This practice is just getting started in the juvenile justice community.

We have to be willing to fund non-treatment family supports. Families tell us over and over that effective treatment is important, but the supports like mentors, respite, and childcare are really critical to keeping their family going. We've seen this argument in the professional literature and in successful sites like Wraparound Milwaukee. An example to support this: a few years ago we did a series of public forums around the state to ask families what they needed from us. A single parent mother told me that she was forced to leave work constantly because her 13-year-old son was coming home from school and wrecking the trailer park they lived in. The family was getting mental health services from one of our centers. She told them that the treatment was helpful but that she also needed after-school supervision for her son. The center was not able to respond, and to make a long story short, she left work so often that she lost her job, then she lost her home, and then the center helped her with their homeless program. She just needed after-school care. It is important to augment the clinical treatment for some families, and we have to recognize and be willing to pay for that. Sometimes supports make the difference in keeping families together.

Finally, we need more evidence-based interventions. The systems research base for children's mental health is at the early stages. Clearly, the field needs to develop and evaluate different models for treatment kids, including juvenile offenders, so that we can see positive outcomes for all children and youth with mental health disorders.

## **Nancy Arrigona**

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The Criminal Justice Policy Council is presently responsible for an evaluation of the new enhanced mental health service initiative, which was adopted by the State Legislature at the 77th Texas Legislative Session. Representative Sylvester Turner authored a bill that funded a pilot study of providing a continuum of care for juvenile and adult offenders upon release from detention facilities. In this presentation I'm going to discuss the initiative, giving some background as to how the initiative came about and then talking about some of the services, specifically the juvenile services that are included in the initiative, and then just very briefly what the Policy Council is doing to evaluate that initiative,

both for this coming legislative session which starts in January 2003, and also for the next legislative session which will be in 2005.

The Criminal Justice Policy Council identified a number of issues that were related to mentally ill offenders as a priority for the 77th Texas Legislative Session to consider. In highlighting these things we did a number of reports prior to the legislative session by providing some baseline numbers about offenders that were mentally ill and were receiving mental health services. After completing many of the reports and the research, we found basically three different points. The first point was that a high proportion of the offender population is mentally ill compared to the non-offender population.

The second point was that services for mentally ill offenders in the community were limited. The public mental health system in the community is not an entitlement. The previous speaker discussed how the system is funded to serve a very small proportion of the people that have service needs. In the criminal justice system, if you're in a facility, you're entitled to services and to care, but in the community you have to wait in line to get mental health services, and often that's difficult because the population making services for mentally ill offenders is very limited.

The last point was that the lack of specialized supervision and treatment services affected the outcome of offenders that were under supervision. Our agency will provide information outlining the three points to the legislature, and in addition, we will also provide the number of people under supervision; how many people were mentally ill; how many people were receiving services. In looking at the overhead slide you will notice figures from a baseline report that was completed in May. There are the figures from the year 2001. For the legislature our agency submitted figures for the year 2000 numbers, but the numbers showed very similar results. We looked at the population under supervision for each of the different agencies: Texas Juvenile Probation Commission and the Texas Youth Commission Parole because they're in the community of Adult Probation and Adult Parole.

The total population under supervision in 2001 was 626,285. Of that, an estimated 17 percent, or 104,340 of those offenders, were mentally ill. Estimating the number of mentally ill persons is extremely difficult because as researchers we like to have clear facts to stand behind, and use is very difficult when you're talking about trying to determine mental illness. The MACI, which is an assessment instrument presently in use by juvenile probation, was not administered in 2001. There were no screenings. There was very little information collected on the number of people that were mentally ill, especially in the form of electronic information that you can get statewide. The process used by our agency to estimate the mentally ill population was to access individual records and matched them to the TDMHMR care system. The care system consists of individuals who were provided treatment from the state Mental Health Mental Retardation (MHMR) system. The individuals were entered into a database, which created the care system. The care system is limited to those individuals that accessed services through MHMR.

We realize unfortunately that many people are not able to qualify for services from MHMR who may have been mentally ill and had to locate treatment from other sources. However, we had to work with the limited information that was available in the state system, so I would caution that the estimate used is a very conservative figure. The figure used was 17 percent, and it varies

by the type of supervision of the individual in the criminal justice system.

Because we are discussing issues related to juvenile justice, I will focus on the information we received from those agencies. It was estimated that in the Texas Juvenile Probation Commission 22.4 percent of the population was mentally ill. These figures were based on whether or not these juveniles had contact with MHMR. In the year 2001, although an individual may have been stabilized and not part of the priority population or might have been in need of services but they were considered to be mentally ill, they were in the 22 percent.

For TYC of the parole population 44.5 percent were identified, and in the Adult Probation population only 13 percent were identified, clearly showing the juveniles population was very high. We found 3,574 juveniles were under probation supervision and received a service from MHMR in 2001. We did not take into account the type or length of service. That will be included in the new initiative. But this population received more than an assessment, they received a community service. This is a high number, and in reviewing the figures, we can see the population of TYC parolees was 3.6 percent, Adult Probation was about 20 percent, and TDJP Parole was about 17 percent.

The number of TJPC kids specifically receiving a service targeted only for the mentally ill is 43 kids. That's not to say mentally ill kids on probation were not receiving services. They may have been in a family preservation program or a different kind of program that wasn't totally dedicated to, or specified for services for mentally ill kids; and so there's no way to tease out who was mentally ill and who wasn't mentally ill. To simplify the process we looked at only those programs that served mentally ill kids, and came up with the figure of 43 kids. TYC Parole was a little bit higher, serving 262 kids, which was about 10 percent. In Adult Probation there were 3,320, and those services were from specialized case loads as well as services that adult probationers were eligible to receive from TCOMI services, and parolees have had the most access to TCOMI services to date, before the initiative, so their numbers were pretty high.

When the Texas Legislature appropriated new funds for the specialized services and supervision of mentally ill offenders involving four agencies, the initiative was named "The Enhanced Mental Health Services Initiative." The different agencies involved received \$35 million over the two-year biennium, 2002 and 2003. If you're not familiar with the state fiscal year, the fiscal year begins on September 1. At the present time we are in the state 2003 fiscal year. So we're in the very beginning of the second year of this initiative.

The money was to provide increased specialized mental health services as well as an increase in specialized community supervision. It was designed to be implemented as intensive case management service, and in the area of criminal justice there were more specialized case loads with specialized officers and lower case ratios, so that the officers in the criminal justice system could collaborate and talk with the people in the criminal justice system. The whole initiative was built to be a collaborative effort, especially on the juvenile side, because the services are really very intensive. That was the intent of the money. Of the new funds given by the Texas Legislature, the vast majority of it went to direct services.

Previously, I was discussing how the budget grew before the initiative and what the budget was after the initiative. The Texas

Council on Offenders with Mental Impairments does contracts with local MHMR providers to set up a program to provide intensive case management services for this initiative. Prior to this time they provided continuity of care and case management services. Until this initiative the focus was on the adult side and for the most part on adult parole, so very few TYC parolees could access services if they were adults over 18 or could go to TCOMI. Until the initiative, although TCOMI statutorily could provide services to juveniles, the resources were not available, so they took what they had and focused on what they knew best, and that was the adult system. A few years ago that was what the focus was. It's just as we continue to go forward that there's been more and more of an emphasis on the juvenile system and the importance of doing something in the juvenile system so we can keep them out of the adult system.

The \$35 million made a difference in the budgets for directed, targeted funding for mental health services or mental health caseloads. TCOMI had a budget of \$9.4 million for 2000/2001. They received \$23 million for case management services, and so for this biennium that we're in right now, they have \$32.4 million which is a 245 percent increase.

For TJPC there was not funding because there was no targeted, directed, set-aside money that was specifically designated for mentally ill kids. However, that does not imply that a county department or probation department was not providing a service to mentally ill kids. They were most likely funding the services from their regular supervision funds or using county funds. There was no way to identify how much money was used to fund services for kids on probation for mental health caseloads or services.

TJPC receives \$4 million, which is directed towards specialized caseloads. TCOMI got money for juvenile and adult mental health services; TJPC got money for caseloads. CJAD, which is adult probation, received \$1.1 million. That was a diversionary grant program. Again, keep in mind that other funding was being spent out of the supervision budget or the counties may have allocated some of their own money; but we couldn't determine the amount or the dollars because it was not targeted dollars. So with the \$1.1 million, the CJAD received \$8 million for caseloads, they ended up with \$9.1 million or a 727 percent increase. The criminal justice agencies or more of the operational agencies received money for caseloads, and TCOMI received money to contract for mental health services and to develop provider services.

Once the legislature provides funds, there is always a goal that must be achieved to reach specific outcomes. In this case we hoped that with an increase in specialized mental health services and in specialized caseloads and officers that there will be a decrease in recidivism. Since offenders were going to be getting treatment from the mental health side, there should be a reduction in the number of caseloads. It was hoped that in understanding that many of the offenders were people with mental illness, the officers would make some allowances and work with the offenders. The point was to take both of these things together with the outcome or expectation that there would be a decrease in recidivism for the population.

In terms of the services provided, we will talk about both the adult and the juvenile system. The initiative, as originally intended, was service that was going to narrow the gap or serve more of the mentally ill population with intensity. These would be directed at priority population offenders, both in juvenile and in adult populations, and would provide not only the intensive mental

health services, but a specialized caseload so that there would be knowledge and collaboration on both sides, with criminal justice staff talking to MHMR staff and working together to decide what would be the best services.

For TJPC 19 departments received caseloads for collaborative supervision and treatment teams for juvenile probation including complete teams. As implemented there were two phases, the large departments and the kind of mid-sized departments, and it was designed that wherever there was an intensive caseload, there were mental health services. This was done in a collaborative fashion providing wraparound services that involved the youth and the family. The team included not only juvenile probation staff, but also MHMR staff. It was very integrative with much collaboration.

TYC Parole was originally intended to focus on 11 different counties in the state, the ones in which the majority of parolees were released. TYC parolees often do not have a family to return to, and TYC supervision can last until the parolees are young adults. They can be as old as 21 and still be a TYC parolee; therefore it was hard to fit into a wraparound family preservation type model due to the lack of a family. TYC focused on 11 counties that have the most parolees released, and if parolees were young enough and a family was available to work with, the wrap-around approach was attempted. If the family situation is not available, intensive case management services were given to the parolee.

For Adult Probation, 34 departments were funded for specialized caseloads. Wherever there's a specialized caseload, TCOMI has a provider or someone to provide services to serve those people on those caseloads. Adult Probation has a larger number of people on caseloads, and the intent is to be able to transition them or to help them stabilize, but a large proportion or at least half of the population are intended to get some services from intensive case management services.

There were 19 sites that were selected for the initiative for juvenile probation, eight large urban sites, as well as 11 departments that were small or mid-sized like San Patricio, Angelina, and Jasper. The large ones were Dallas, Tarrant, and Harris.

In these 19 sites there were 25,278 kids under probation supervision. It is estimated that 6,244 of the kids were mentally ill, so about 25 percent were identified as mentally ill. We reviewed the services provided by the juvenile probation commission and then services provided by MHMR because there was very little collaboration and a separation there. Juvenile probation didn't have caseloads in 2001. There were two programs targeting mentally ill offenders, and those were specifically programs for mentally ill offenders operating in Bexar and Travis Counties. There were mentally ill kids that were getting services in intensive programs or family preservation programs, but we were only looking at programs that were identified specifically as ones designed to treat mental illness. Some 2,218 or about 35.5 percent had received a service in MHMR.

Because it was the intent of this initiative that everything that available in 2001 remain, the 43 kids should still get services and the 2,218 that were in mental health services from MHMR, ideally would still remain. So what we're trying to do is add the services to narrow the gap and increase the number of people that are served in the system.

In adding new services for 2002, 38 caseloads with specialized ones were projected to serve 830 kids in a year. In addition

to these caseloads and to implement the funding, there was a phase in period. Phase I consisted of the large departments, and Phase II was the smaller departments. Due to start-up problems, hiring staff, and trying to get everything in, TCOMI realized that there was going to be some leftover money. So Phase III consisted of the remaining counties in which only mental health services were available but did not have a corresponding intensive caseload.

For TYC there were 3,961 kids under juvenile parole supervision in 2001. In 11 departments of that number 1,820 were estimated to be mentally ill, or 46 percent. TYC has a specialized emotionally disturbed aftercare caseload, which served 161 kids in 2001. That caseload is targeted to their priority population, for example kids that are on meds, and kids that have been in an intensive program in TYC. This is a small percentage of kids that have been through that program, because resources and space are limited. So 161 kids from TYC received service, and then only 50 from MHMR.

Again, the point of the initiative is to maintain the prior services. A projected number of kids to be served was approximately 415 in a year, kids released on parole. The program was targeted to new releases, but as eligibility allowed, anyone on parole supervision that was a high need offender could receive services. Again, the program is targeted to priority population and involves intensive case management. The TYC program turned out to be a little bit more complicated because half of the kids are under 18, and the other half are between 18 to 21. The way that TCOMI received their funding for TYC was under the juvenile side, and they set it all up with their juvenile providers. It turned out that half of them needed to go to the adult providers.

So there's been a year's experience. The program is a little bit different than what I'm presenting, but this is the way it was intended.

I will wrap it all up and to show you how we're trying to increase capacity and trying to address the lack of services. These are 2001 numbers. For TJPC we have 9,962 of which forty-three received services. We're adding an additional 830 to the 43 for a total served in 2002 to be 873. For TYC we've added 415 slots and we're hoping that the number in 2002 should be 677. Instead of serving nine percent, now we're going to be hopefully serving 24 percent, and instead of serving less than one percent now, we're going to be serving nine percent. In the Adult Probation, because it is part of the initiative, they've got 2,500, so they are going from 3,320 to 5,820. Adult Parole funding remained at the same level so they didn't lose services; they just didn't get any new services.

Basically from 2001 to 2002, if you look at the overall initiative, we're serving 44 percent more offenders on the criminal justice side, and we're closing the gap. But even with that we're only closing the gap by four percent. We're only going to be able to serve 12 percent of all of those offenders that are mentally ill. Juvenile services received much focus and additional funding, and an additional 305 kids received services in 2001, or about two percent of the mentally ill. With the additional served, the percentage increases to 12 percent. So we've actually increased the proportion over 400 percent—408 percent increase from 2001 to 2002, and we've narrowed the gap by 10 percent. So instead of just serving two percent, we're serving 12 percent.

The Policy Council has done an overview of the Enhanced Mental Health Services Initiative, which was completed in May

2002. What we're working on right now is a report on the implementation of the initiative, what the startup issues were, who was served, how many were served, what the programs look like, where were the services, how did it differ from the way that it was imagined, and what happened. It was a huge effort. The session ended in May. They had until September 1 to get everything running. It was a phenomenal effort, and it's really hard. First years are really hard. They were looking at all the issues and trying to provide the information that's going to be needed to the legislative session because the last thing that anybody wants is for the money to go away. It's going to be important that we understand what happened and what we can do to make it better. Many changes to the program happened just in the first year because people were being really proactive and seeing when something wasn't working, instead of waiting for a year. There were changes everywhere, and money going everywhere. It's going to be a really tight budget year. That's going to be provided to the legislature. We're doing an outcome follow-up of people that received services. That takes two years from the time that they enter services, so we can't do anything with that until 2005, and the vast majority of those outcomes are going to be criminal justice outcomes, not just recidivism to TYC or to prison. Instead of being shipped off at that first failure, they're going to have more chances. In addition to the implementation report, we're working on a baseline of recidivism rates for offenders that are mentally ill but are receiving services and offenders that are mentally ill that are not receiving services, which will be ready in February or March of 2003.

Lastly, if you're interested in any of the reports we're doing or if you want to keep track of what's going on, all of the reports that the Policy Council does are on our web site. You can usually print out any of the reports that we have. Questions?

*Audience Question:* This data that you're presenting here is the same data that goes to the legislature?

*Nancy Arrigona:* Yes. The baseline report that I based my presentation on was presented at interim committees this past summer in 2002. The Texas Legislature holds interim meeting to be updated on important items. We presented the report to let the legislature know what the agencies came up with and how it worked. Our next report in January of 2003 will take a year's worth of data, because now in addition to all of this money for services, the agencies involved developed databases and data entry. We're taking all the data of everybody served in the initiative—TCOMI, TJPC, TYC, and CJ—and we are looking at population information which we match to care and TDMHMR, and we'll be able to look at the numbers that were served in 2001 and 2002, to see if we're narrowing the gap.

In addition to that, we're going to discuss how the program was implemented, its status, and future plan for the second year of implementation. We will also provide recommendations on where we can tweak it even more.

*Audience Question:* Have you been able to determine what is the number one mental health problem we have right now?

*Nancy Arrigona:* I don't have the data yet. However I will, because the fiscal year just ended. At the end of September I'm going to be getting data from everybody, I can see diagnosis; I can see where they went and what they did. During the first year the criminal justice agencies and mental health providers have had a number of different collaborative meetings. They just completed a collaborative conference, which included adult probation,

and juvenile probation people and all of TCOMI's providers. There really has been a very intensive effort to try to get people talking. We have monthly meetings to say, "Okay, what's going on? What are you doing?" For the larger sites we're going out and doing surveys and interviews, basically talking to people.

*Audience Question:* What is it costing to take care of one person through the whole time that they're there? What does it cost?

*Nancy Arrigona:* It's going to cost approximately \$5,000, which was a best guess. We were designing intensive family preservation services, and those services are four to six months in addition to transition services. Juvenile Probation would be working with a caseload of 12 to 15, meeting three to five times a week with that family and that juvenile. We estimated \$5,000 a kid. We've found after one year's experience that the estimate was a little high.

*Denice Geredine, Assistant Director, Texas Council on Offenders with Mental Impairments:* When TCOMI and TJPC and all these agencies got the money, the experts, Debbie Berndt and other national experts that talked this morning or this afternoon, got together to develop the program. Literally, when the legislature gave the money it was \$35 million. We looked at the research about what was needed and then we took that pot of money—we did a Request for Proposals, and then we discussed how the program should look based on some of the recommendations. We have a site that's doing it way below \$12,000 a kid and very successful. So we can tell you kind of what was projected and what we've done, but when the pot was delivered there were a lot of people that were involved about how services would be developed and a target for the money. Every site is doing a set model but in a very different way. So we'll be able to see over this year what site is doing the best, or is the most successful, where we're getting our outcomes, because we'll just compare those different sites.

*Nancy Arrigona:* Well, I believe that if you worked at it and found out what was the most prevalent—and we're talking about a collaborative effort—that's what seems to be the emphasis all the way through. But on a collaborative effort, if everyone submitted that data, and you began to look at that data and said, "Well, here is essentially the main thing. Why don't we concentrate on this? And if we can solve this one here, then we'll go to number two six months down the road. And then we'll go to number three, four, and five, and maybe take the top ten."

*Denice Geredine:* And to be honest with you, I think you probably hit something on the head. That's one of our frustrations and barriers, like Nancy said. TCOMI was not a player in the juvenile world. This was new. So we're the new kid on the block, but we were given the package of money to go forward with it, and we weren't given a timeframe to initiate those services. We had to get minimum 19 sites up and going September 1, and everybody, including Debbie, knows the frustration with that because you don't find staff that quickly. You don't all of a sudden train people that quickly. So in retrospect, and I would have to say that's probably going to be one of the barriers we're going to go back and tell the legislature, there should have been a phase-in, even if it had been the two years, because we could have done some pilots, we could have learned.

*Audience Question:* I have a question for both of you, and it comes from my experience in Georgetown when I was trying to put together a collaboration among the core agencies and realizing that most of those agencies didn't really understand what collaboration was about. There's a difference between collaboration, cooperation and coordination. And what I hear you saying at the state level sounds more like coordination than collaboration. We are just finishing up the three-year Safe Schools grant. We were one of the first sites in Texas, and it was probably the best model for us, for the federal government's collaboration that I've ever seen and the best proposal I've ever seen. The three agencies—Mental Health, Education, and Justice—put in a pot of 180 million dollars and said, "We're going to put this money together, and we're going to put out an RFP that requires the same kind of collaboration at the local level that focuses on these six goals, and you come up with a plan that meets the needs of mental health, violence prevention, and all of the things associated with that." I keep thinking that there's a way for the same thing to happen at the state level. We could have a model of funding services that were going and marked \$20,000 here and \$30,000 there and would meet different guidelines for each agency. Is there any hope that real collaboration can happen among TEA, MHMR and CJAD? The issues are the same, and we're seeing mental health issues in first graders in our small community that are going to be in the criminal justice system in 10 years if those kids aren't able to receive early intervention before they get in the system.

*Nancy Arrigona:* There is a lot of national research going on with this idea now, the systems who care, and what collaboration is that kind of thing, and as Dr. Coccozza said this morning, it is incredibly difficult. What you find is that communities like yours and at some of the federally funded sites, an infusion of new money comes in. We were talking with one of the children's workers down the hall who was saying, "Boy, it made a lot of difference to have money because then you don't have to get in that squabble about picking over bones," but how to sustain that when the money is gone, is very difficult, and now the term isn't "merging funds" it's "braiding funds." To braid funds that have different kinds of restrictions around them is hard. In talking with people in Texas and nationally, you get a cadre of people who all think the same, and they're into it, they are collaborating, they have the same goals, and then a few key people leave, and you start all over again. So it does feel a lot like two steps forward, one step back.

I don't know if you're familiar with it. There was an interim Senate study on mental health including some children's mental health recommendations. One of the recommendations is to expand some pilot sites that we've called Texas Innovative Funding Initiative, which is assisting the Care Initiative, and to expand that statewide over a period of some years. It has very strong statutory language around requiring leadership at all levels, including the commissioners, criminal justice, education, and health to meet regularly. When you look at the other states, what makes the difference is having leadership at the highest level to the community level, including family involvement, so you start changing the culture of the community and of the state agency. It doesn't matter if I leave or you leave or whatever, because the culture has changed. And that's what we don't have.

# Using the Advocacy Model and the Wraparound Process to Develop Community-Based Alternatives for Juvenile Offenders

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Vice President of Youth Advocate Programs, Inc.

## Silvestre Guzman

It's good to see a couple of new and some old friendly faces out there I haven't seen in a long while. I want to just quickly go back to a little bit of where Gary left off before he went into looking at the traditional approaches. What we saw prior to this particular slide that I'm going through is the Core Principles for YAP. What I wanted to just share with you real quickly again is how YAP does some of its business as far as working with the advocates.

We utilize all those Core Principles, the YAP Core Principles, in working with them, but I wanted to share with you is John VanDenBurg's, wraparound guru, his Wraparound Elements. As you'll see, as I list them down, they're basically right in line with John VanDenBurg's wraparound policies and processes, his elements of working with families. Again, community-based, we're working hand-in-hand within the community. We're going to the child, to the family, in their home, communicating, visiting, completing intakes, doing those types of the delivery process within the home and within the community. Not in our office, not behind a desk or things of that nature.

We are developing individualized service plans. We're working off the needs and the strengths of that child and family. We're also making sure that the plans that we do develop are also culturally competent. We're partnering with parents and youth and insuring that they also have a voice and a choice. We're here for them to tell us what their needs are. They express to us—like Gary was mentioning earlier, if there's a need for housing, transportation or if a school issue exists. We're right alongside with them as advocates. A good question that was asked earlier, "What is the role of the advocate?" It varies. Sometimes we like to call it, "Walking the walk and talking the talk." They do what some of us can't do because of bureaucracies or rules and/or regulations, processes, procedures that would not allow most of us in health and human service agencies to do. We're flexible and that's probably one of the biggest assets that we have as an agency. We work hand-in-hand with families and go out into the community and develop those community linkages so that once we are finished working with them, they'll know and be empowered to be able to go on to the next step and do things for themselves.

The flexible funding element that John VanDenBurg talks about, YAPs incorporated into policy. Oftentimes, families need to access flexible funds. Sometimes one of the most important things that we may need to do for a family may be just to turn on the lights, so they can be able to have lights so the child can finish up his homework at night and be able to move forward with his or her education. It's as little as that.

There have been times when I've visited with directors from our programs, and they've said, "We have a family who needs some flexible funds. They're out of food. We went to go do an intake at their home and guess what? They had nothing to eat." What we'll do typically is pick them up, go back to the office, pick up some dollars, take them to the store, do some shopping, bring them back, feed them. The next day the Advocate will come back, and they'll walk them through the steps to go look at different community supports, and let them know what other resources are at bay that they can also utilize. So they're not just depending on us, but also we're educating, we're modeling as well. And that's probably one of the biggest roles that we play as an Advocate in addition to providing a positive role model for them.

Sometimes we have youth who are teen parents who have small children, and they're trying to figure out how to parent using the book. While the book says you're supposed to do x, y, and z, but sometimes, those of us who are parents know that it's not always in the book. Some of our Advocates are anywhere from paraprofessionals, parents, individuals and/or college students. They may also be graduate students or individuals with Ph.D.'s, lawyers and attorneys. They've seen a lot, and they've got good history, good experiences. As Advocates, they share those kinds of experiences with the children and the families.

We incorporate and work with interagency collaborations whether it's a CRCG or other groups of that nature. In Texas, again, the hope is to share and build on the experiences that we all have together. We develop and we work with the natural supports. Just like John VanDenBurg says, "Don't just work on the direct needs that maybe some agencies tend to give you." Sometimes we have to step outside that boundary or that box, *per se* and develop some natural supports to help them out.

On the Unconditional Supports, I think Gary talked really well about this, so I won't talk too much about it, but again we don't give up! Some of our best Advocates that we have out there are Advocates that come to us and they'll show us a great-looking resume. But it's not what's on their resume. It's what's in the belly. It's that fire in the belly, their passion, their livelihood, how they want to change the world. Yes, we pay our advocates. They don't get a \$100 an hour, but they do get a lot of positive satisfaction and high level of self-esteem from the work, it builds them. Some of these individuals, for example, college students that work for us, they're learning, and training. They're working hand-in-hand in the streets with the families, developing community linkages. What a world of experience that we're providing for themselves as well. That's something that we can't even put a price on, the experience that they receive. They're able to pick up and go and work for other agencies. And guess what? If they get

asked for work experience, they've got it. Our advocates are always moving forward, they can move mountains.

Outcome-based services, definitely. We're continuing to work on tweaking, capturing data, because again, in this day and age, it's all about the data. Ken showed you some of the data where they first started, what prompted them to move forward. We showed you some of the other data of what's happening as well. Look at the continuums that they've developed and built. It's all based on data. Again, we're looking at how can we do a better job based on the data that we collect to help enhance the services we provide and develop.

*Audience Question:* Your advocates, do they have a caseload then or are they matched with just one or two?

*Sylvestre Guzman:* Again, at the max they could be working with up to five different families, five different children. At the minimum, you'd typically see anywhere from at least two to three individuals that they're working with at any given time.

It depends on the Advocates, too. Some Advocates only do it part-time, so they obviously, I mean, they have another job that they go to, but they'll have one or two clients on the side, similar to what Big Brothers, Big Sisters, that type of agency does. There are some Advocates that do this full-time. This is their only job, so they'll have four or five kids that they are assigned to because basically they've got the full week and the full business day and the full after hour time to devote to that.

*Audience Question:* How long do you work with the young people?

*Ken Harris:* The continuum runs anywhere up to four to six months, depending on the child. There are children sometimes that will work with us for four months. When we get to the end of continuum where we're starting to discharge, maybe they're on the way to coming off probation successfully or whatnot, and guess what, they'll usually come back and say, "What can I do to stay in the program?" They really like it. They enjoy the supports that they secure. But at the same time we want to continue to empower them to be able to move forward so that we can help other children, touch other lives as well.

Past the startup point, some of our challenges are more an ongoing implementation, how we can serve them effectively and give them these additional services, but then we need to get to a point where we can discharge them. As you can see by our numbers, we're serving 500 to 550 kids a year. We've got 120 at any one time. We need to turn our population over about four times during a year to be able to use up that funding to be able to make sure that everybody that's coming through that needs those type of services can have a chance at it.

*Audience Question:* Can you talk a little bit about the training the advocates are getting?

*Sylvestre Guzman:* Very good question. We provide lots of training. It all starts the day they apply for work. We do thorough investigations, criminal background checks and sex offender profiles, all kinds of background checks. Thorough reference checks are completed, just to make sure that the children that we're going to be assigning are in the right hands. We do anywhere from the basic YAP 101 that you see here going over the mission, going over our principles, really showing them what it is that we do. We're talking and training about unconditional care. What does that mean? It's a one-page sheet that says, "You know what? You do anything, whatever it takes." Whatever it takes and just keep going. We'll do a full day of training. As a matter of fact, on

the 21st here in Austin, if some of you guys are available, we're having a mandatory training for all our advocates. We'll stop and do that every once in a while but occasionally on a regular basis, monthly. At the minimum, at least two hours are spent just on regular training per month. The topics could range from issues on suicide prevention to spotting depression, substance abuse education, you name it. They get all kinds of training. In addition, some of the advocates that work for us are actual professionals themselves in the field. They also come to us and say, "Look, I just went to some training at work, it was on abuse and neglect, can I share some of that with other advocates?" Sure. Definitely. The more information we have, the more we can share with others, the better we are empowered to perform a better task.

*Audience Question:* So how many hours of initial training do they receive?

*Sylvestre Guzman:* It can go anywhere from eight to ten hours initially, and then it's a continuum. Sometimes we'll even pair up advocates that have been around for a while, good tenured advocates. We talked earlier that we're in the midst of celebrating 10 years of Youth Advocate Programs in Texas. We have advocates that have been with us for at least 10 years.

*Ken Harris:* I went to the Advocate Appreciation Luncheon not too long back. I think three of the advocates from the original program have been there the entire time. We get some that come and go. I noticed one that was in the video here started out in juvenile probation, went to YAP, and I think he's even gone on to Boys and Girls Club from there. So some stay a short time, and others move on. But they have ongoing active recruitment in the community where the kids live—professionals and paraprofessionals. You don't have to have a college degree, necessarily, you just have to be able to be a good role model and advocate for kids and be able to do that.

*Audience Question:* What's the rule for wrap around services?

*Sylvestre Guzman:* There's been a lot of interest, definitely, to be honest with you. We've started some new campaigns for providing awareness. After ten years of being in Texas, we have eight programs. I'll be honest with you. People are calling us right and left, and they're just as enthusiastic about the idea because the wraparound process has been around for a couple of years here in Texas now. But people want this type of work, only because it makes sense.

*Audience Question:* Okay, you all have talked about the ten years, and I heard you talk about Dante being at Jarvis. So I know that you do have a tracking system, but would you please share with us how you track after they've been in this program?

*Gary Ivory:* Well, let me tell you exactly what we do, and I also want to just piggyback on the training thing, too, because that's a big deal for us. First of all, when a kid comes to us, we do what we call an "entry discharge form." We get a lot of information on them, about their prior history, that kind of thing. Then we put in information about the goals that we're trying to achieve with them and their family. And then, when they're out of the program, we do what we call a "discharge summary" with them. We keep that locally, and we compile that information, so it's just a more traditional kind of entry discharge information. In Tarrant County we have tried to maintain six months after discharge. To be perfectly honest with you, we don't have a whole system and a mechanism where we have people sitting around saying, "Let's call six months, a year, two years after, and see how well they're doing." We really don't do that level of longitudinal outcome.

*Audience Question:* That's too bad, because you're going to have ten more years.

*Ken Harris:* This past year, though, we started using Tarrant County data. We've looked at 2000 and 2001, six months after the program and one year after the program, find out if they were re-referred and things like that. So we're starting to get some of that together. That's a huge project. The other problem with that is the day that you run it, it becomes obsolete. And so I print the histories of these kids that we're doing the type of data on, and I can check today that he hasn't been re-referred or he has been re-referred, but tomorrow, you know... So that's a problem, a huge project, and that's definitely an area we're looking to improve.

*Audience Question:* It would give you some feedback on true success. Because I like that story about Dante, and I just wondered how many more you had like that.

*Ken Harris:* Right. It's so amazing because we take so many things for granted. I mean, we've had kids that their probation officer is upset with them because they are frequently truant from school. They just don't go! The Advocate gets in there and finds out the reasons why they don't go is because they don't have anywhere to wash their clothes. They don't have any way to wash their clothes, and that's what's keeping him from going to school. So you get an Advocate in there and say, "Okay, get your clothes together; let's go to the laundromat." Let's make some of these things work." Guess what? The kid starts going to school again once he's got clean clothes. But there are so many things we take for granted. I've got some probation officers that are very, very good at this type stuff; I have some that are not. But having advocates in there, it's not a position of authority. The parents plug into them; they try to get them to plug into the community. It's a whole different approach for a lot of our families.

*Gary Ivory:* I do have another example of how that works. One example, I did an assessment years ago in Tarrant County. There were a lot of challenges. The kid was badly abusing drugs and went before the judge. The Court said, "We're giving one chance for this kid to go back home." The entire family was Spanish-speaking, and only the kid spoke English. What we ended up doing, to make a long story short, the dad in this case used to have a construction job. There was a major problem in getting him back and forth to work. In addition, they didn't have a phone at home. I went and bought the dad a pager so he did not have to miss job opportunities. I also helped him buy a tire so he could fix the car to go to work. It was just real practical kinds of things.

Back to the training issue, I just wanted to quickly say that I think the most important thing after 11 years of dealing with agencies doing this type of work. The most important thing is that the Director has direct oversight and supervision of that particular Advocate. Every week they go through every youth and see how they're doing and complete their paperwork. Weekly they're in contact with them by pager, by phone, insuring that things are going well. The Director will ask questions like: "Are you having any problems or challenges?" Really, the advocates are not out there doing their own thing. They're closely, closely monitored and supervised and, in addition, we do three levels of monitoring. We do phone monitoring, complete family satisfaction surveys and make local home visits as a part of our monitoring system.

*Silvestre Guzman:* Our Directors or Assistant Directors on a weekly basis are picking up the phone, going to home visits and assuring that the activities that the advocate said that they were

completing are actually being completed. It's just an additional way of double-checking what takes place.

*Ken Harris:* In addition, you've got the probation officer going in that home as well. So, generally, if there are things that bubble up they say, "Hey, the advocate hasn't been by," or something like that, they hear that from us. We also hear that from them on what might be happening. The advocate is in there saying, "Hey, this family hasn't seen a probation officer," and so you're both in there trying to affect a change.

*Audience Question:* I have a question. When the youth is on probation, what kind of relationship does your advocate and the probation officer have?

*Silvestre Guzman:* Well, definitely I would say it's a strong one. One of the core elements that we have is teamwork. We are definitely are involved not only in the teamwork but working with the probation department or the referring authority, whether it be MHMR or probation. Probation may already have goals and some priorities that we can help accomplish for that child. The goal is to get the youth off probation successfully. Ken, you want to elaborate some more?

*Ken Harris:* Yeah. The ideal situation is for there to be that partnership here. But I'll tell you that in every case that's not there. I've got probation officers that are brand new even though we're got an incredibly tenured department. I've got 30-year Probation Officers still in the field. So we have an incredibly tenured department, and the ones that have embraced, number one, the departmental philosophy, they come in looking for TCAP. I want TCAP in these kids; these are the things that I want them to help me with. These are the POs that use the program very effectively. Now, you can get to a point where you're stepping on each other's toes. If the PO is wanting to go one way on the case and the advocate is wanting to go another way with the case, that's when I as the Community Corrections Coordinator, have to set up a resource staff where everybody is invited and asked, "Okay, where are we going with this?"

*Audience Question:* What is required of the probation officer?

*Ken Harris:* The probation officer is required to document all of their contact with the family, including verbal contacts, such as, "I called and talked with the Advocate and said this is what they were doing," and that type of thing. The advocates also provide written documentation to us, the number of hours that were spent, the things that they did, the amount of money that was spent and things like that on a monthly basis. All of this information goes into the child's juvenile file. So we have two points of documentation. Both what the Probation Officer has documented in the form of chronologicals. We're also getting a report from the Advocate on the number of hours spent, things that they did, things that they are working on, the type of things that need to be improved.

*Gary Ivory:* To piggyback on what Ken said, sometimes the advocates know that the kids hadn't been going to school. While the advocates are doing a great job, the probation officer is more likely to say we'll take them back to court and the advocates are likely to say, "We're doing a great job with the youth. Let us continue to work with the youth in this area."

*Ken Harris:* Initially, it was hardest because your culture wasn't firmly established. We had major philosophical changes and things like that. In some cases being a tenured department hindered change. Some of them didn't ever want to change. What we found is that we've got some probation officers that are tenured that are great, but we've also got some that are tenured

that aren't embracing it. Really, overall, philosophically, we want to get everybody to try to change and what you find is the POs that really like TCAP get in there and get TCAP involved at the first opportunity for these kids so that they can have those services. The routine of a lot of our Probation Officers, in addition to going to see kids in the morning and stuff like that, they stop by TCAP offices that are in the zip codes where they serve kids, so they're also in these Probation Officers' zip codes. They'll stop in there and say, "Hey, I've got Johnny and Charlie and Susan. They're all in my caseload. Tell me what y'all are doing with them today and what's going on. I found out this additional information about the family; we didn't have that before. That makes some things clearer to me." The Advocate will share that type of information, too and so, in its best sense, that's the way we like to see it done, but we won't pretend that it's always done that way.

*Audience Question:* Just very briefly and quickly, can you address how that \$28 per child cost is met, particularly in those cases of low socioeconomic standard of the child in question? Do you receive funds, Title IV-E funds from the county or—how is that cost per child met?

*Ken Harris:* We originally funded this program with community corrections dollars that came to us through Texas Juvenile Probation Commission in the form of community corrections dollars. Instead of using that for placement or other things that other counties use them for, we got it approved by the juvenile court to use it. So we pay YAP on a cost per service basis. They bill us monthly on the number of hours, things that they've done, and effort spent with the client and we pay them on a monthly basis up to the maximum of the contract. Now the \$28 a day, if you've got a kid that's very, very intensive, we have some families that have so many things going on. You'll have a child that has an advocate, you'll have a parent that has an Advocate, and they're spending maximum hours in there, 30 hours a week. Obviously, the cost for that individual family is more. However, we've got a lot of kids, too, that they just need somebody that can show up between 3:15 p.m. when they get out of school and 6 p.m. when mom gets home. So the advocate will come pick them up, get them involved with the Boys and Girls Club, take them to some anger control counseling if they need that at the Advocate Center, and let them have experiences like going out to a restaurant to eat. They get tickets donated all the time to the sports teams and things like that. Advocates will organize these types of outings for the kids that may not ever get a chance to do that. I know our north program has a computer program. They got a set of computers donated by the Dallas Stars Hockey Team. So they bring kids in and let them fool around with the computer, teach them things on the computer. They're really, really active in the community getting everybody involved and just creating opportunities that the kid may not have otherwise. He may be only getting seven-and-a-half hours a week, but it's a critical seven-and-a-half hours a week, or ten hours or whatever the hours that he's unsupervised at home until mom gets home from work. So he's probably a lot closer to the \$28 a day rate. Others could probably double that amount. But overall, if you look at all the different situations you can have, it comes out to about \$28 a day.

*Silvestre Guzman:* Thanks, Ken. You guys have asked some real good questions. You probably have several other questions in mind that you'd like to get some more answers to. There's lots of information and contact numbers in your packet. The one place where you can get a lot more information about what Youth Advocate is all about is going to be at the conference that we're sponsoring November 11th and 12th. We ask that you consider coming out. It's a nominal fee for lots of good information that will be shared. You'll be learning the nuts and bolts about the programs and how we can actually even come out to your communities, assess, and figure out how we can best help you out as well. Please review the conference information. The registration packet should be in everybody's folder. If not, I've got extras up here at the table. There's also a newsletter that we've just started printing. We ask you that if you're interested in receiving this on a quarterly basis when we send it out, just come leave me a card up here at the front so that we can e-mail it to you, if not mail it to you overall.

There's definitely other things, again, that we were not able to go into today. We were going to show you the continuum for the referral process. It's in your notes. If you have questions about any of the items that we've discussed, if you want to get in contact with Ken Harris, as well, in Fort Worth, please feel free to contact us. If you're from a different community outside of Austin or Fort Worth, there's other programs that we've discussed. Feel free to call those local Directors. The information should be in your packet. I believe this orange sheet has all the contact names for our current Directors. Please feel free to call them. They would love to invite you to come out and experience what we're doing and what we're all about. Any other questions on your minds?

*Audience Question:* On funding, I was curious whether you went out and sought other funding other than through the Department of Corrections?

*Gary Ivory:* In different counties we're funded differently. Our agencies, we came with the philosophy that we really want to try to work in counties and jurisdictions where they take money that youth would go to placement or corrections and try to divert those monies to community-based services.

*Audience Question:* You can't place anybody for \$28 a day.

*Silvestre Guzman:* No we can't.

*Gary Ivory:* Most of it is just based on the contracts that we have. For example, in Harris County we contract with the Harris County Juvenile Probation, and we're helping to reduce their placement numbers. At one time they had 200-something kids in placement, now they're down to less than a hundred. So that's kind of what great work we do.

*Audience Question:* Is this something that Title V for a county could pay for?

*Silvestre Guzman:* I believe you could possibly access Title V dollars for that, Title IV-E, no, but Title V, yes, I believe. Well, we thank you all. On behalf of Gary Ivory and Ken Harris, we appreciate you coming to this session and making some time available this morning to be here. Thank you.

# Navigating the State and Federal Funding Maze!

Glen Brooks, B.A.

Director of Justice Programs for the Division of Criminal Justice,  
Office of the Governor of the State of Texas

Good morning everybody. My name is Glen Brooks, and I'm with the Governor's Office, Criminal Justice Division, and I've been there for a quite a few years, 23 to be exact. And our agency is a division within the Governor's Office, and first and foremost, we're a grant-funding agency. We get involved in a lot of different things, but initiatives and policy and things like that. But first and foremost, we have over \$130 million worth of grant funding that we do each year.

Today I'm going to talk about funding for Juvenile Justice. I am the Director of the Justice Programs area. There are two sections in the department, Juvenile and Victims. Today I will discuss the Juvenile Justice area and just what we have available and what we do in that particular area.

The Criminal Justice Division has been in existence since the late 1960's, and for a good while it was primarily state funding. Then we began to receive federal funds. The federal funds were then pulled back, and we returned to working primarily with state funds again. However, over the last 10 to 12 years federal funding has increased tremendously. But our mission has remained the same.

Our mission is primarily to provide grant dollars to those who are committed to making Texas a safer place. First of all, I want to talk about our funding sources and what they are, and how much we have in those, and then we'll discuss how to apply for the funds and what is needed to access the funds. Under Juvenile Justice, we have six primary funding areas, and they total anywhere from \$35 to \$40 million a year in funding. Five of these sources are federal, and we have one state fund. For the state fund, which is our Criminal Justice Planning Fund, that comes through fees and court costs, and it's Criminal Justice Planning Fund, Fund 421. We receive around \$19 to \$20 million a year.

Now I'll go into a little more about each fund as we go along. The state fund is not all Juvenile Justice. It includes everything. But our single largest juvenile fund is a federal fund called the Juvenile Accountability and Semi-Block grant. We also have the Juvenile Justice Delinquency Prevention Formula Grant, Juvenile Justice Delinquency Prevention Title V Delinquency Prevention Grant, Challenge Fund, which is also from the Juvenile Justice Delinquency Prevention Office, and the Safe and Drug Free Schools Funds. These are the six funds we work with.

Now, the Criminal Justice Planning Fund is about \$19 million, and at least 20 percent of that must be targeted toward juvenile services. Now, actually overall we fund somewhere around 30 percent toward juvenile related projects.

Now, non-profits, which I think many of you are affiliated with, I will focus on what you're eligible for and what you're not eligible for.

Now, for the Criminal Justice Planning Fund, non-profits are eligible for direct grants. There's no cash match requirement under this particular fund. Now, this fund is our most flexible mainly because it doesn't have all the federal hoops and loops you usually have to go through. And we fund all types of pro-

grams under this. Prevention, intervention, you name it, anything dealing with juvenile justice, delinquency prevention and that sort of thing can be funded under this. This is a very competitive program. The local programs have to go through the Regional Councils of Government, and I'll get into the application process after I go through each one of the funds, how you apply for the funds. It's a wide range of programs, primarily targeted at reducing crime and improving the criminal and juvenile justice systems.

Another fund is the Juvenile Accountability and Semi-Block Grant. For this coming year, our allocation for that is \$12.2 million. However, this fund is different than most of our other grant funding. One, non-profits are set into two portions. There's a 75 percent portion, which is direct allocation—well, say allocations to cities and counties based on the formula that was passed under the federal act. So cities and counties receive funding based on a formula, which I won't go into because you know how federal formulas go sometimes. But anyway cities and counties get these funds, and if their allocation formula comes to \$5,000 or over, then they're eligible to apply for these funds directly through the Criminal Justice Division. And there's 12 purpose areas under this particular fund, and it has to target juvenile offenders primarily. Most of these include accountability-based sanctions, prosecution, gang enforcement and prosecution, information systems. Under the local portion of that, which comes out to a little over \$9 million this coming year, non-profits are not eligible as direct applicants.

Now, at cities and counties, many of them contract services and programs out of part of their funds. They can contract out with whoever they need to operate their particular project that they are going to fund. So remember that because we do have a lot. Although non-profits are not direct eligible applicants, they can go through the city or county receiving these funds and participate that way. However, under this fund there is a 10 percent cash match requirement.

Under the state portion of this, our agency gets to keep 25 percent of this for statewide projects or other projects that we deemed as appropriate under this act and determined by our Juvenile Justice Advisory Board. Under this a substantial part of this is targeted for the Texas Juvenile Probation Commission for services to juvenile offenders with drug problems or weapons violations.

We also fund a number of programs that address underage drinking and a variety of other programs as determined by our board. Non-profits are eligible under this, and for the next year's funds we are going to be putting out an RFA next month for this fund, but our plan has not been approved by our Juvenile Justice Advisory Board so I can't tell you what all is going to be part of that. We'll find out later this month when we have our meeting, and next month will be putting out an RFA on just what statewide monies we're going to be requesting.

We also have the Juvenile Justice Delinquency Prevention Act formula grant funding, and for this next year, our funding is

\$5.3 million. And it's pretty much been steady for the last four or five years. These funds do not have a match requirement. They do go through the 24 councils of governments, and on an allocation basis, we may keep some back for statewide projects, and then the rest is allocated out to the 24 COGs based on crime and population data. Non-profits are eligible as direct applicants under this particular fund. This type of funding is prevention, diversion, intervention, training projects, anything that you can really think of along the line of, you know, prevention, intervention, sanctions. We have a variety of programs anywhere from after-school to purchase of juvenile services. We have a lot of funding that goes through the local Juvenile Probation Departments under this one to help divert kids who are in the system to keep them out of jail, that put them in a residential program or get counseling and that sort of thing.

So although the counties' probation departments get these funds, a lot of them subcontract out a part of their funding under this particular Act. And we have a number of non-profits who also apply into this, especially for after-school programs and in-school programs and that sort of thing.

The Title V Juvenile Justice Delinquency Funding is another grant we receive which is a little over \$2 million a year. The primary goal of this program is to reduce delinquency, and its primary target is prevention, early prevention. The eligible applicants under this, though, are only cities and counties, but a number of these do contract out part of their funding to non-profits. Now, another requirement under this particular funding is that the agency, city or county that's applying has to have a three-year plan, delinquency plan, and a Policy Prevention Board. The Board must have 15 to 21 members, and must include a variety of people from the community. There is a substantial match requirement under this grant also. There's a 34 percent match requirement, and it can be cash or in kind. Having volunteers or agencies that can donate the space or donate equipment during that period and provide things can help make up that match requirement to qualify as in-kind services.

Now, also this particular fund goes through the COGs, but they rank and score the applications, but then we make the final decision. There's no allocation per community, but we try to make sure each region that provides a grant has the opportunity to have an application funded if it's allowable and follows the guidelines. As I have stated, there are a number of different requirements under this. It takes a lot of community effort and planning, but under this one, it gives a chance for some of those rural areas to request up to \$250,000 in funds. And there's some smaller communities—under most of our other funding sources, it's very unlikely that a rural area especially is going to be able to get up to \$250,000 under funding sources for this type of program. The money's just not there the way it's allocated. So we do have a number of programs in more rural areas that get funds under this grant from \$100 to \$250,000, which otherwise they wouldn't be able to get.

Another funding source we have is Challenge Funds. This is offered through the Office of Juvenile Justice and Delinquency Prevention, and it's a smaller fund. It's only \$615,000, and it's limited to the state. We have two particular funding areas: after-care services for juveniles and for services to develop policies to prohibit gender bias. Those are the two areas that we're targeting funds on this grant. We're only funding four or five grants under this fund source through an RFA process. We just released

an RFA this past spring on this particular funding source, and we'll be doing the same thing next year. Non-profits are eligible applicants under this, and all I can say is that it is pretty competitive because it's not that much money. We have a peer review group under this one that ranks and scores applications. It doesn't go through the COGs. Our office receives the applications and decides who will be funded. I think this past year we received eight or nine applications, and we were able to fund four or five of them. And the range on those is anywhere from 50 to 200,000 or so. Even though we don't have a limit on the funding for that, that's pretty much where it has to go with the money we have available.

Another one of our larger funding sources is Safe Drug-Free Schools and Communities Act funding, \$7.3 million this coming year. This is through the Department of Education, and this is our only federal fund that doesn't come through the Department of Justice. So this is the Governor's portion of the Safe and Drug-Free Schools' money. Most of the money that comes down to Texas for the Safe and Drug-Free Schools goes through The Texas Education Agency. This includes a wide range of eligible programs servicing children, youths and families and in the communities to help prevent drug use, criminal behavior. Non-profits also are eligible to apply under these funds, and there is no match requirement. This fund also goes through the Regional Councils of the Governments and is allocated based on crime and population. As I go through the actual application process, this is one of those where you do have to go through the COGs and depending on them on what you might be able to get. Emphasis on these programs, though, are on research-based programs. The Department of Education, and under this Act which was renewed this year and changed quite a bit under the No Child Left Behind Act, emphasis is on research-based. So there are additional requirements on evaluation and on showing results.

Most of the funding we have is local programs. We try not to take a lot of our money and put it under statewide efforts. We do set aside a portion. Approximately 10 percent or less of our funds under each one of these grants, if any, goes towards statewide projects. Our emphasis is on local programs.

Now, we're getting ready to publish an RFA this month. Every September we publish a request for applications in the Texas Register, and we also have information on our web site, and I'll give you that information in just a minute. And our local Councils of Government have the information also. But we publish this in the Texas Register, and it'll outline just what the fund is, what the requirements are, and how you can apply for the funds. Again, most of the grants go through the Regional Councils of Government. For those funds, you will need to contact the Councils of Governments. We encourage you to go through them. For one thing, they have application workshops, and each Council of Government determines their own deadlines on most of these funding sources. So you'll need to know the deadlines, and the COG conducts the application workshops so that you can attend and find out more about the different funding sources and the actual application requirements.

You can look at the grant applications on our web site, and we're almost finished with this year's application. And it's going to be an interactive application, but regardless, if you're a local program, you're going to have to submit a hard copy through the Council of Governments. But the web site is: [www.governor.state.tx.us](http://www.governor.state.tx.us).

For statewide applications, and we do have a number of programs that are with non-profits that provide services across multiple regions or counties, you can also apply for statewide applications if you're a non-profit. Now, these applications go directly through the Criminal Justice Division. You don't go through the Council of Governments on statewide projects. There's a request for applications. When you look at the RFA in the Texas Register, we'll have statewide applications also noted in there and how you apply for those. And we do those this September also.

Statewide deadlines are set by the Criminal Justice Division, and normally they're late February. I don't know if we have an exact date for this next year, but either late February or early March of 2003, that's when the state applications for this next cycle will be. Normally, most of our grants under these particular different funding sources start in September and October. And so we just awarded thousands of grants this past summer. So we're now getting ready for the next cycle. So the grant application cycle is about to start again now that we started off in September. We can provide you information on the Regional Council of Governments, including the names of the Criminal Justice Planners, and the phone numbers and that sort of thing. We can also provide a planning regional map which shows you where all these regions are just in case you're not quite sure where your particular region is or your county or what region it falls into. You may contact us for this information or you can go to the Texas Workforce Commission's web site to get the same information.

As I have stated, if you're applying for a local program, you will have to contact the COGs. You will need to speak with them first. Of course, we're always available to talk to you in our office, but primarily your contact is the Regional Council of Governments. They're the ones who will hold public hearings on the grants. They have a Criminal Justice Advisory Committee which ranks and scores the local projects and recommends them to us. We will determine the final eligibility and the allowability of their funds and the grantees that they provide to us, but we rely on a lot of these funding sources. We rely on their review and their rankings. So you need to know those people, and be sure you attend their workshops and their public hearings.

As I mentioned earlier, we have a number of different things that we're involved in that some of you may be interested in that we fund. One is the Texas Mentoring Initiative, which we fund through the Texas Workforce Commission and their Commission on Volunteerism. We provide substantial funding for them to develop and train for mentoring programs across the state. We also fund the Texas Fatherhood Initiative, which is a national fatherhood initiative. They also have a Texas branch here, and we fund them to provide training and the materials and technical

assistance on fatherhood programs. And we fund the Texas School Safety Center in San Marcos at Southwest Texas State. We fund them for providing information to the schools on school safety. We fund services and programs across the state which combat underage drinking, and we work with the other different state agencies on those issues.

We've put out a lot of information on and funded folks to do things regarding to juvenile justice in different areas. So if you have any questions about those sorts of things, please let us know. That's all I had for now. If you have any questions, as a matter of fact, if you have any questions now on anything particular, please go ahead before we get started with the next person here. Yes?

*Audience Question:* We had been talking this morning, kind of starting with some information from yesterday and looking at programs. And one of the things we were thinking that we're really lacking is a real comprehensive truancy program. Is that something that—

*Glen Brooks:* Oh, yes, we fund a lot of truancy programs.

*Audience Question:* Which of the specific grant areas will be most likely to—

*Glen Brooks:* Well, just about each one of those funds. The Criminal Justice Planning Fund, it's eligible under there. The Safe and Drug-Free Schools' monies, they'd be eligible under there. The JJDP Formula Grant, the Title V, just about every one of them. It's a good program, and it's very much needed in a lot of areas. But we are funding. Over the past few years, that is one area that has increased quite a bit. The Legislature last time passed this Truancy Case Manager legislation, and they mentioned our name in there, but they didn't give us any money to fund it. So we do have a lot of truancy-related type programs because it is a major problem in a number of areas.

*Audience Question:* Do you have a resource for talking to people who have programs that are up and running about how they've organized that?

*Glen Brooks:* Well, if you're looking for any specific projects we're funding, you can certainly call us, and we'll look up who we're funding, and give you a contact name. There are a number of programs across the state that we do fund, and we can find out some information on those and give you a contact name on that.

*Audience Question:* On the Safe and Drug-Free Schools and Communities, you say that comes through DOE, did you need a leader of a local education agency to make the application—

*Glen Brooks:* No, this is open to just about anybody and everybody. And we do have a number of school districts who apply for that, but we also have a lot of cities, counties and non-profits who apply for those funds too.



# The Georgetown Project: A Community's Collaboration for Children and Youth

Barbara Pearce, R.N.  
Director of the Georgetown Project

Yesterday I sat through a presentation, and they listed a long resumé of wonderful achievements and publications and all that kind of thing, and my kids still ask me what I'm going to be when I grow up because I've done so many things over the years.

I am an RN by background, and people say, "Well, you're not nursing anymore." But what I found is that my nursing background has been excellent experience for all the things that I've been involved in, and probably the most important thing that's a part of my background and the reason that I'm here today is that I've been pretty much a child advocate all my life, from pediatric nursing to working in child welfare on the first child welfare board in Williamson County, to working in the schools hands-on with kids. And all the things that I've done, whether it's working in the health care system, being on the City Council, or working in the school district, has helped me to understand how those systems work. And when you talk about systems of care that you all are hearing about in this conference over and over again, I think it's very important to affect change in those systems. You've got to know how they work, and who are the decision-makers, and how things get done within that system.

How many of you have ever heard of the Development Assets from Search Institute? Okay, a few. So we'll talk a little bit about that later. When I worked for the Georgetown School District, I was the Social Issues Coordinator, and I was responsible for all the drug prevention programs in the Georgetown schools, all the sex education curriculum and the AIDS education curriculum. So one principal introduced me one day to his staff as the drug, sex and AIDS lady for the Georgetown School District. Now, because for the last six years we've been working with Assets, people introduce me as an asset champion, and I have to admit, I like that term just a little bit better.

I am delighted that you're here today. I hope all of you have had breakfast and are ready to go. I'm going to tell you our story of what has happened in Georgetown. And while it may not be your story, it may not be something that you are familiar with or have seen in your community, what I'm hoping is that what has happened in our community as a result of learning about real collaboration, I'm hoping that you will be able to take some knowledge from that and some inspiration from that and take it back to your community and build your story around that model.

First of all, what I'd like you to do is to turn to the person sitting next to you or at your table, and I'd like you to name three children in your neighborhood by first and last name. So take about two minutes and turn to someone at your table and tell them who three children are in your neighborhood by first and last name.

If there are no children in your neighborhood—I'm hearing some of you say, "I live in a rural area. There aren't any kids." What about your church or some other activity that you're in? And this is other than your own children.

How many of you could do that very easily? Raise your hands really high. About a third of the people in the room. That's

really pretty typical. Now, let me ask you, when you all were growing up, how many of you lived in a neighborhood where everybody in the neighborhood knew who you were? They say that everyone over 40 can tell stories of the neighbor down the street who was nosy and knew everything that went on and didn't hesitate to tell the parent. And I was certainly that way. I grew up in a very small town in West Texas, and I knew that if I did something wrong it would get back to my parents before I was able to tell them about it, so of course I never did anything wrong. But I think this is really a problem in our society today. People aren't connected in their neighborhoods. So I would challenge you to go home and learn the names, first and last names, of three children in your church or in your neighborhood.

Learning about the assets over the last five years, even though I've always considered myself a child advocate and very engaged in children and youth, I've learned to do it in a different way. I never meet a child or a young person in my community that I don't look in the eye and say, "Hello, how are you?" And it's amazing how that can change their perception of adults and how they care about them.

I live in Georgetown. It's 30 miles north of Austin. How many of you are from the Austin area? How many of you are involved in juvenile justice activities, whether it's probation or the criminal justice system at some point? How many of you are just community people here? So real varied. Well, Georgetown has doubled in size in the last ten years, and I've lived there about 30 years now. When I first came, the population sign said 6,000 people. And everybody knew everybody. My husband was the fifth doctor in town, and I couldn't go to the grocery store without people saying, "Oh, you're Dr. Pearce's wife." That was the kind of community we had. We're now at about 38,000 counting the subdivisions around the community. And the sense was that people were losing that small town feel. They weren't being able to know their neighbors. I did a presentation a couple of years ago at one of the PTA meetings. There were about 35 parents in the room. I asked them how many of their children would know three of their neighbors by first and last name, and no one raised their hand. And it was interesting to me; someone told me once that the worst thing that ever happened in our neighborhoods were electric garage door openers. Because what happened? You punch the button, the door goes up, you drive in the garage, you go in your house, and you never visit with your neighbors.

So I think that's a huge culture change in our society that has to say something about what we do in our communities to change the culture of our communities, really in the sense of prevention, so that children, if we can do things at that level, at the prevention level, hopefully they'll never get into the juvenile justice system. Now, I realize that that's what you're focusing on. In our community what we're trying to do is to take the base of prevention. If you think about activities that support children, youth, and families as a pyramid, and at the bottom part of the pyramid, about 50 percent of the bottom of the pyramid, is prevention, and actually,

things like being connected to your family and to your community and to your school. The middle, about 30 percent, or 35 or 40 percent, are intervention-type things. Certainly there are kids who have problems who need interventions. And then the top 10 percent of the pyramid are programs to meet basic needs of children. What we're trying to do is to focus on that prevention base as well as being sure that in our community there is a safety net of intervention services that can help children.

Just about everything I'm going to talk about today is in the handout, so you don't have to take a lot of notes. We also have a new website that's listed on our two brochures that I've given you that has tons of information. We're very excited because we had a company that pro bono gave us the development of this web site, and we've had lots of accolades.

The Georgetown Project has been in effect for about six years now. In January we'll be six years old. It was developed in response to a real feeling in our community that things were getting out of control. We were seeing gang graffiti, we were seeing increases in juvenile crime, we were seeing increases in drug and alcohol use among our young people, and I think we were small enough that we still felt we could do something about it. And so a task force was put together to say, "We want to become a proactive community in addressing the needs of children, youth, and families in our community, and what would that look like?" We spent about a year to a year-and-a-half trying to find models of where this was happening across the country. We didn't really find any, so what we began to do is look at what we had done in our community.

Back in the mid-80's economic development was a huge issue. Banks had crashed, oil had crashed, you could find a parking space anywhere around the square in Georgetown, and that's always a sign of how well our economy is doing. And so a group got together representing all the institutions in our community and said, "What can we do to be more proactive about economic development?" I happened to be on the City Council at that time. My thought was if we can do that for economic development, we can do that for youth development. So our group focused on "How can we be proactive in youth development?"

It was decided that there needed to be some kind of a group in our community that helped to connect the dots. We had a lot of things going on in our community that were positive for kids, but many times they didn't know anything about what the other was doing. They weren't connected. We portrayed them as a lot of circles on the page, and the reality was a lot of those circles needed to be connected because there were duplications and there were a lot of gaps. And we couldn't identify those gaps because we didn't know all of the things that were going on.

So we had this task force that represented pretty much everybody in the community in terms of the major institutions. We came up with a vision and a mission, and our vision is that we want to build a community where no child is hungry, hurt, alone, or rejected, and where all children and youth believe they are loved, respected, and treated with dignity. That's a pretty powerful vision, and we'll never probably achieve that, but it certainly is out there all the time, and everything that we do, we try to say, "How is that tied in with our vision?" We print it on coffee cups, we print it on brochures, we print it on the backs of t-shirts. And it was real exciting to me. A couple of years ago I got an invitation to an art auction from one of the local Rotary clubs. The proceeds of that were going to support youth activities in the com-

munity, and they said, "To support the Georgetown vision." I thought once the words start coming back to you you know you're beginning to get it out in the community.

Our mission, we decided, was not to provide direct services, because we had groups that were very specialized in going out and doing that, but to be a catalyst in the community to mobilize our community to come together in real collaboration to make things happen, to identify the gaps, to gather the data, to link organizations together, to encourage opportunities for youth voices to be heard. We had a youth summit back in 1998. One of the things that kids said is, "We want more opportunities for our voices to be heard in the community." And later on I'll tell you about some of the things that have resulted from that. We also decided after looking at the Development Asset model, that it fit with our community. So the fifth strategy that we wanted to do was to apply the Development Asset model to everything that we did. It is a language and it's a vision that brings people together, and that's been reinforced over and over again.

Now, the way we operate is we have a board of directors of community leaders that sort of decide on the policies and the vision and help us do fund development. Then we knew we needed to involve community agencies that were hands-on with young people. So we have a board of advisors that's made up of about 50 different organizations and agencies that have anything to do with direct, hands-on activities with youth, everything from the police department to juvenile services, to the public library, to Big Brothers/Big Sisters. United Way is involved, after school programs, just about anybody. It is very inclusive. My secretary asked me one day, "Can't we ever cut this list off and say it's final?" And I said, "No, we can't." At our last Board of Advisors meeting in September we had 50 people attend, including several youth ministers in our community.

So the word is getting out, I think, and the intent was for this Board of Advisors to be a planning agency, because they knew the need and they had been the working group of our organization that has helped us identify gaps and come up with solutions. Now, we started this process in January of 1997 and it was very small steps. There's a quote that says, "We make the path by walking it," and that's certainly what we have done. And the things that have been accomplished through this process in our community, I'm not sure that I would have ever expected some of those things to happen. We started out as a Board of Advisors, papering the room with concerns and problems and challenges that our kids faced in our community. And it was a room about this size, and we had covered the sides with flip chart sheets with problems on it. And everybody left that two-hour session just feeling terrible. I mean, it was like how are we ever going to do anything about these problems? I think sometimes when you work in the juvenile justice system and you work with kids that have such serious problems, the families have problems, it's like how are you ever going to address those?

Then I read a book by John Kretzmann called *Building Communities from Inside Out*. It is about identifying natural assets in your community, and there's a process that he gives for doing that. We came back together, sat down and said, "What are the assets in Georgetown? What are the people that are doing good things?" We began to put those on flip charts. We put them around the room. Guess what? We came up with just about as many pieces of paper as the problems that we had. What I saw happen as a part of that process is all of a sudden people from

these agencies connecting and saying, “Oh, I didn’t know you were doing that. Maybe there’s a way that we could work together to expand that program. We could get our kids involved in that.” We were beginning to learn about true collaboration.

Another thing that I would encourage all of you to do in your communities is to be sure that you have good data. In smaller communities we don’t have researchers that crunch numbers. We could go to the police department, and they can give you a file, a computer printout, that has tons of information, juvenile services, the school district, I could take home boxes of data. But nobody pools that data or analyzes it. So one of the first things that we did is we published a snapshot of Georgetown children and youth. This is about three years old now, and we have not had the funding or the resources to redo it. We need to do that. That’s one of our goals for this next year. And I don’t have enough left for all of you to have a copy, but I brought three copies up here and you’re welcome to come and look at it. But we collected data from the school district, from the hospital on trauma, from mental health on what was going on there, from the police department, from juvenile services, because when you have the data that documents your needs, then you’re more likely to be able to develop the plans and the resources that are going to meet those needs. So I think that’s one of the critical things that I would encourage you to do.

We found that the perception of our community by many people in our community is that we don’t have these kinds of problems. And yet, the reality is we do have these kinds of problems. And by having the data, it allowed us to access some resources that I think we would have never been able to do otherwise.

I think when I look back and say, “All right, what was it that really made this work over the last six years?” One was a sense of urgency, that the time was right, that we were losing some things and we needed to get started. Another was the relationships that developed as we began to have people come to these Board of Advisors meetings. The mental health authority in our county is not located in Georgetown. It’s located in Round Rock, ten miles away. They didn’t have an office there. There were no public mental health facilities or services for our children in our community. And you can imagine how difficult it is to access mental health services anyway, but then if you have to negotiate ten miles away and the family doesn’t have transportation, they were serving about 27 children from Georgetown at the time. But they began to come to our board of advisors meetings, and we began to set up task forces based on the gaps that we had identified in the priority areas that we needed to work on, and these task forces had been meeting regularly. So relationships were developing, and a lot of things were beginning to happen just because of the trust and the relationships that were built through these regular meetings, not looking at what I’m doing, but looking at what the needs are in the community and how can we come together to begin to address some of those.

For the past three years we’ve focused on four priority areas: one was mental health services, another was parenting support and childcare training. We did some surveys, and virtually every sector in our community talked about the need for parental support from businesses, to schools, to law enforcement, to mental health. Safe places for kids was another area, and then substance abuse. And so what we began to do is put task forces together to say, “Okay, these are our areas; How are we going to solve those problems?”

Now, what I’d like to do, with the assets overlaying this, is I’d like to go back, and we’ll go through the overheads and I’ll show you the assets and then begin to tell you a little bit about how we began to put together the programs. And there are lists of assets in your handouts, and then they’re also in the back of the brochure. All of our brochures now have the assets.

The Georgetown Project logo—we’ve tried to walk the talk when it comes to child involvement. So when we were trying to come up with a logo for our organization we went to the sixth grade art teacher because all of our sixth graders at the time were in one center. And we said, “We want to design a logo for the Georgetown Project, and it’s about building a healthier community for children. Could you work with your children to come up with some ideas?” Well, she talked to her kids about it. They came up with ideas, and then we took them to a graphic artist, and the graphic artist helped the children turn this into the logo. And this is the logo that our sixth graders came up with.

What we’re really about is creating an asset-building community. Our vision, again, is one that we try to say over and over again because when everything gets tight and we forget what we’re really about, if we go back to that vision, that’s what drives us forward. And our mission is mobilization: to coordinate, strengthen, and develop resources and relationships so that our children and youth become caring, capable, and resilient individuals. Now, this took us probably 12 months to come up with the vision and the mission, and it drove me crazy because I was ready to get started working and doing something. And we had forums and we had community meetings and we involved young people in this, but I can tell you it’s worth it laying the groundwork because it’s very clear now what our mission is.

Developmental Assets were coined by Search Institute. Actually, I was introduced to those about seven years ago when I was still working for the school district and went to a school health meeting. They are factors that are critical for young people’s development. They are building blocks, each one enhances, and the more you have the better. There has now been research on over a million children nationwide, and what we find is that whether you live in Georgetown, Texas, in Austin, in Houston, or Dallas, kids only have about half of the assets that they need, and all kids need assets. The real difference in this model is that instead of being problem focused it’s really a positive focus.

For 12 years I was in the field of prevention, and we targeted at risk kids, and we designed programs that targeted these kids, and I don’t know about you, but certainly having raised two daughters of my own, I recognized that all of our children are at risk at some point or another, and certainly looking at targeted groups, there are certain things that we have to do for certain problems that young people have. But the Assets model really says this is a positive focus. All our kids need assets. How do we strengthen assets in all of our young people? From going from youth as problems to youth as resources, from reactive to proactive. So you can see from what I’ve talked about, this really fit our community. From blaming, whether it’s parents—when I worked at the high school I would have parents come in and say, “There’s nothing I can do. You have to fix this kid.” And I think schoolteachers would be very good at saying, and all of us in all kinds of systems say, “Well, if those parents had just done what they were supposed to do.” This is about the whole community and every adult in the community sort of claiming responsibility for young people. Instead of professionals fixing kids, it’s really

about everyone engaging with young people. And instead of managing crises, it's about building a vision and cooperation and hope.

The assets are divided into external and internal, and then there are categories within those, but as you read through the assets, they are simply common sense things that have become uncommon practices. We have a group of six Southwestern University students working for us in some neighborhood programs, and we did an orientation for them last Saturday. I had them go down the list of assets and say, "How many of these assets did you have growing up?" And most of them had between 25 and 30 of the assets, and they had very much success in school, they were very involved, they had made it into Southwestern University, which is very difficult to do. So we talked about how that's going to be different from the children that they're working with in the neighborhood and how they can take the assets that they had strengthened as a child and translate that into the work that they would be doing.

The interesting thing is that 32 percent of the children had between 31 and 40 assets—and my colors are not very good up here—but you can see that 42 percent of the children have less than 10 assets, and that's pretty amazing, and that's what we found in all the surveys that we have done. The 31 is certainly the ideal, but most children have only 18, and what we see is that they drop as the age levels go on. This is sixth through twelfth grade, and older youth have fewer assets than younger children do. And boys have fewer assets than girls. More assets mean there are fewer problems, and among kids who resist danger, obviously, those who have zero to ten assets, they're involved in things that are dangerous. If you have 31 to 40, over half of those kids do not get involved in dangerous activities. Making healthy decisions, whether it's nutrition, exercise, even buckling your seatbelt. The more assets you have, the more children are likely to do those kinds of things. Helping others, caring about people, giving one hour a week or more in service. The more assets, the more young people are likely to do that, and valuing diversity, placing a high value of knowing people on different ethnic and racial groups.

Succeeding in school—the more assets young people have, the more likely they are to make A's and B's on their report card. And being able to delay prettification, which was a huge issue with my girls when they were teenagers. The more assets you have, the more likely you are to be able to make those kinds of decisions. And obviously, the less assets young people have, the more likely they are to have problems, whether it's drugs and alcohol—zero to ten, over 50 percent of the kids are involved in problem alcohol use, and as you can see, the number goes down. Illicit drug use, the same. Sexual activity, intercourse three or more times at an early age. Violence—engaged in three or more acts of fighting, hitting, injuring a person or carrying a weapon, again, the fewer assets, the more likely young people are to be involved in those things. And school problems—truancy is a huge problem and is really related many times to either violence or substance abuse. The fewer assets young people have, the more likely they are to skip school. Depression and suicide—it just goes on and on. Less assets means more problems.

Roadblocks to asset building—spending two or more hours a day at home alone. And in Georgetown, 62 percent of our young people have at least one parent that drives into Austin to work who doesn't get home until six or so at night. So we found

that a lot of our kids were at home by themselves. Putting a lot of emphasis on selfish values, watching a lot of TV, going to parties, and feeling stress or pressure most or all that time. We did the Search survey, have done it at several instances in Georgetown, and the first survey that we did, 27 percent of our ninth graders said they felt stress or pressure most all of the time, and I thought that was amazing for freshmen. Obviously, being physically abused, sexually abused, having a parent with drug or alcohol problems, feeling isolated, and having a lot of close friends who get into trouble.

How do you help kids overcome these? Well, you get them involved with adults. Peter Benson says, "If kids never have the chance to rub against or to be connected with the wisdom of the older adult, how are they ever going to pass that wisdom down?" Setting boundaries and limits—I love this story. My kids were just shaking their heads. My two daughters are in their twenties, and they live in Pflugerville and Austin, and one night last year we met up in Round Rock to go out to dinner at a place where there's a huge bucket of peanuts in the foyer and people come in and as they're waiting for their table they can take a handful of these peanuts. Well, there was a family there that had a teenaged boy and what looked to be maybe a four or five year-old girl. The parents had gone over to the bar and were having a drink and this little girl was just running wild. And she would go up and grab a handful of these peanuts and throw it on the floor and stomp on it. And there were tons of adults. It was a busy Friday night. There were lots of adults around, and I was sitting there watching. It was just driving me crazy. And she would do it over and over again and look around and laugh and smile, you know, and having a great time. And the thing that struck me is there was no one there to tell her that was not appropriate behavior. And my daughters and my son-in-law and my husband were sitting there. I looked at her. She looked up at me and smiled and I smiled at her and I said, "How are you doing?" And so we struck up this conversation. In a few minutes she went over and got another handful of peanuts, but before she put them on the floor she looked at me, and I said, "You know, throwing those on the floor is probably not a good idea. I think if you want to eat those you're welcome to eat as many as you want, but throwing them on the floor really wastes them for other people." And everybody that was standing around there sort of looked at me because it was bothering a lot of people. She smiled. She took them over, sat down, and started eating the peanuts.

And I think as adults we forget that there are ways to handle situations where you can set boundaries for other children that aren't your own children. I think we've gotten to the point where we're afraid to talk to other young people, and yet that is so important in our society.

Again, nurturing, commitment to education, providing care and support in all of their lives and cultivating positive values, involving them in volunteer activities. Kids are hungry to participate in volunteer activities, and that's not a perception that adults have.

I think what we're learning is that everybody has a role to play. It's not just parents. It's not just teachers. Asset building is not a program or a curriculum that you can implement in any kind of program. It's really about a culture change and a paradigm change about how you think about things in your community. As I said, I speak to young people everywhere I go, whether it's in a grocery store or anywhere in town. Last year at Christmastime

my daughter and I were over at Highland Mall, and there were a couple of really tough kids walking in. I had gone to sit down because Amber needed to see about something else, and I was tired. So I was sitting on a bench and I looked over, and here was a couple of kids—actually, there were three kids—two boys and a girl. You could almost see the adults veering out of their way as they passed. They had baggy, saggy clothes, hats, you know, gang-colored clothing, hats turned to one side, kind of sauntering down the middle of the hallway. So I had gotten real bold. I just decided, “Okay, I’m going to see what happens here.” So as they got close to me, I looked at them and I smiled and I said, “Hi, how are you doing today?” What do you think happened? They said, “Hello, how are you?” And I think that as adults we see a child like that and many of you that work in juvenile justice, those are the only kind of kids you see. All you think of is this is a bad kid. We don’t think about that this is a kid crying out for somebody to smile and say hello. So asset building unleashes untapped resources. All kids need asset building, and every school and community can improve.

One of the things we’ve started promoting in Georgetown is block parties. I think we tend to think programs cost lots of money, and we need to implement a lot of really sophisticated research-based things. Well, we had a youth summit in 1998. One of the things the kids said they wanted was they wanted more opportunities for intergenerational activities. And one of the things they brought up was block parties. So every summer between Memorial Day and Labor Day, we publicized having a block party in your neighborhood. Do it any way you want. We want you to do two things. We want you to tell us about it so we can just keep track of the numbers that we have, and we want you to plan a very intentional way of having the adults and the young people in the neighborhood meet one another. And if they wanted, we’d send them a packet of information that gives ideas about this. The first year we had 45 block parties, and we had about 750 people involved. This year, which is our third summer, we’ve had 90 block parties, we’ve had probably a couple of thousand people involved, and everybody is excited about it. It’s really interesting. We get more hits on our website wanting to know about block parties because evidently you put in block parties, and our web site comes up.

We even got interviewed by the *Houston Chronicle*. There’s a neighborhood in Houston that does block parties every year because they wanted to get to meet the neighbors as part of a crime prevention effort. Well, the guy in that neighborhood emailed me after he read my quote in the article, and I talked to him about the Assets, sent him some information on the Assets, and I told him one of the things we do in ours. A lot of times we have block parties, but the adults go over here and sit and talk, and the kids go over here and play, and they never really get a chance to meet one another. We say be intentional about meeting one another. His comment was, “You know, I never thought about that. We’re going to start doing that in our block parties.” So being sure that kids and adults have opportunities in the neighborhood to connect with each other, I think is really important.

Things to get started with—engage young people from throughout the community. One of the things that we’ve done from the very beginning is have youth involved in all of our activities in planning activities. We have two high school youth and a Southwestern University young person that’s on our board of

directors. Now, adults will say to me, “Well, how do you get these kids involved, and don’t you need to kind of get your act together before you bring the youth in? Don’t we need to know what we’re doing before we bring the youth in?” I would say, “Kids need to know that adults don’t always know what they’re doing or where they’re going.” So involve the youth. Find people in your community or in your organizations that have those natural connections. Because I worked at the high school, I knew a lot of kids, and that’s how we got started. But I’ve been gone from there for six years now, but I know people in the schools who can say, “These are the kids.” And once we got kids involved, we asked them who are the kids that we need to bring in that we’re missing. And I got so excited. What we’re seeing is that a lot of the different groups in the community now are beginning to involve young people in different ways on their boards or on their committees. We have a Georgetown Prevention Partnership that’s a School Health Advisory Committee to the school district on health curriculum and drug and alcohol prevention, and they had eight young people at their first meeting. And what they did is they went to one of the daughters of one of the members and said, “Could you find us seven or eight kids that would be willing to meet with us once a month at lunchtime?” And the mother was telling me how proud she was—and her daughter actually serves on our Youth Action Council—how proud she was of her daughter because of the diversity of young people that she invited to come and participate on this. So engage young people. Start with the vision. Build on good data and information.

Resist the temptation to start new programs. Take a look at how this asset model can work in the programs that you’re already doing. Take time to motivate. The first three years all I did was go out and talk about Assets. You think people know, but we’re a community that was having new people move in every day, and when I hear of somebody that doesn’t know about Assets I go, “How did that happen?” So you’ve got to keep talking, and you’ve got to take a step back and celebrate. One of the things we did in our second year, we had a sesquicentennial event in our community, and what we discovered is there were no real activities for kids or any focus planned on kids. So we said, “Okay, we’ll take that.” We ended up doing a celebration on the football field that involved 700 children from Head Start through high school and 300 adults, and put on a play about Development Assets. And there were 6,000 people in that football stadium that watched that, and it was absolutely one of the most exciting things. When I get kind of down or things aren’t going the way we think, I’ll get that video out and look at it because we forget to celebrate even the small things, I think.

We need to look at innovations from other communities. One of the things that we’re doing is we’re mentoring about five other communities in Texas now that are trying to implement in varied ways the things that we’ve been doing in Georgetown, and networked with other communities. Some of the key themes—strengths are nurtured in all young people. We had a community workshop our first year and brought a consultant from Search in to teach us about the Assets. We had juvenile probation officers there, and after it was over with, one of them came up to me and said, “You know, I have never been to anything that gives me as much hope as this workshop.” Back then, and it’s changing now and it’s evolving, but back then kids in that system were never asked about what strengths they had. They were always focused on the problems that they had or on the family’s problems that

they had. And when you sit down with both families and children and say, "Tell us what your strengths are out of this list," it's a whole new way of looking at things.

Asset building never stops. There are adults in our community that we sometimes refer to as not having had enough assets, and we need to work on them. Everyone contributes to the vision, whether it's the retired folks at Sun City or the young couples in other neighborhoods. We want them to see themselves as the guardians of the young people. The community is filled with consistent messages and duplication and repetition are valued. Nike has it, and we forget that. Nike's logo is on everything everywhere. I used to go into classes in the high school, and I did a session on media and marketing and advertising. It was related to sex education. And I looked around the classroom. I had about 18 high school freshmen in there, and probably 15 of the 18 had some article of clothing on that had the Nike's logo. A lot of them were just black t-shirts with the white little logo. And I said, "Why did you buy that t-shirt?" "Well, because it's comfortable." And so we had this great discussion about the impact of advertising in such subtle ways. We've got to get smarter about that with prevention messages, too. We can't tell people one time and expect them to get it.

I love this quote because it really is about the everyday act of asset building, and it's free, and it's the stuff we can do every day in our lives, and I guess I would challenge you to leave here and to go out and do some of that. There's a wonderful story, a book, that I was telling Cara Harris about this morning. It's written by a person from Search. It's called *The Lemonade Stand*, and it's about this guy—he got the idea for this book because he was driving through his neighborhood and stopped and there were a bunch of children sitting out there selling lemonade. How many of you did that as a child or participated in that somewhat? I certainly did. It's one of the most exciting things to sit there and to have adults come by and buy lemonade. And so he tells the story about how he pulls over and stops because it brings back all these memories of his childhood and the good feelings that he had doing that. And he is so engrossed. They say it's a quarter apiece, and he gets so excited. So he tells them he's going to buy four cups of lemonade. And about that time a driver comes along, and they say, "Hey Mister, do you want to buy some lemonade?" and they're so excited, and the driver said, "Well, I would, but I don't have any money with me." And they said, "That's okay. You can have a cup for free." So they give him a cup. And then he noticed just how many people drive by but don't take the time to stop, and he gets in his car. He's still smiling. He drinks the lemonade. It's horrible. He said it's just absolutely horrible. It makes your mouth shrivel it's so sour. But he's still smiling because that represents to him the hope and the optimism and the enthusiasm, and in this day and time a lot of kids don't let their kids stand out on the sidewalks and sell lemonade anymore. So he makes a vow that he's going to stop at every lemonade stand that he sees from now on. And then he goes on to many other things. But I think that's part of a story that reveals if our communities were more like that, then we're building that base of prevention.

However, we know that there are kids who need a lot more than just block parties and being involved in volunteer activities and that kind of thing. So one of the things that we tried to do in our community was to identify where the gaps were and figure how to get them there or how to find solutions. And I think

because of that unprecedented collaboration we were able to secure a Safe Schools, Healthy Students grant of almost \$4 million over three years for our community. Now, when we got notified of that grant, I was just in shock because can you imagine what you could do with a million dollars in your community? Well, I can tell you that three years goes by very quickly, and that grant is ending October the 1st. But what it brought to our community was such a variety of things. We had a probation officer and a truancy officer in our schools for the first time, working together out of the same office.

We had a Parents as Teachers program—four parents as teacher-educators. It's a national model, early childhood intervention, zero to five-year-old program, where the educators went out into the home and helped model for the parents ways to get their children ready for school. They served a hundred families at the end of three years. Actually, they served about 200 families, about 100 families a year. We estimated that they would serve 75 families when we wrote the grant.

We had two mental health agencies, one that provided school-based services and another, the local mental health authority that opened an office in our community and had a child psychiatrist one day a week, a full-time counselor, a full-time intake coordinator. We had school resource officers, we had curriculum people, we did a lot of teacher training and student and staff development, bringing in national speakers, getting parents involved.

The Georgetown Project had actually started a parenting center modeled after Connections that's here in Austin, and we had a full-time parent educator on staff. We have a toy lending library. We offer parenting classes. It is becoming known as the place for parents to go and get help. And we've laughed—it's everything from the permed mom who comes in and wants to know how to deal with boundaries she needs to set on her son for prom to grandparents from Sun City who are coming in and saying, "We heard that you're a resource, and our son is going through a divorce, and the children are having a horrible time, and we don't know how to help them," which has evolved into a grandparent parenting session on how to deal with your children's divorce and how to help your grandchildren.

So it's been amazing, and I would have never predicted those kinds of things five years ago. But when you're able to bring agencies together, and what we found is, the really exciting thing, is once we got the Safe Schools grant, we had access to an elementary school that was vacant, and every one of these agencies, the Safe Schools staff and all the agencies and our parenting center, as well as our offices were able to be located in this one building, which meant, including some other additional agencies who came because the space was there. I believe the field of dreams—if you build it, they really do come. We had agencies coming out of the woodwork saying, "We'll expand to Georgetown now that there is space available." So if the family needed mental health services, they were being referred to that agency. The elementary school was renovated and is now an elementary as of this year, and we're located in three different directions and our grant is running out, but we are convinced that this is the way we want to operate in the future, and we are working diligently to make that happen. We have an old hospital building now that actually is a juvenile services—it's being used by juvenile services as a residential academy program, but they're getting a new facility, and as of the first of the year, we're going to be leasing

that space and renovating it and moving the agencies back in there. It will be small steps, again, but what we found is that the relationships that developed between the agencies by being down the hall from one another has really increased the collaboration and the trust of the people among those agencies. Also, agency people change, and so as new people came in, this was the place where they could get acclimated and learn who the people were and what the resources were in our community. We have been able to start an after school program for middle school kids because we found out that that was a huge gap. Our middle schools didn't have any extended day programs, and we were able to get a five-year drug prevention grant that offers four day a week after school programming for sixth through eighth graders. It's all based on the asset model. When we hired teachers to start that program, they said, "What curriculum are we going to use?" We trained them in the Assets, and we said, "Your job is to build relationships with these kids," and that's what teachers go into the profession to do, but with the TAAS and all the accountability, many times now that gets put in the background. We also have a middle school in our town that the principal attended the Search Institute Healthy Community Conference with us a couple of years ago. We took a team of about 32 people, including 14 young people to Denver three years ago to a Search Conference, and this middle school principal went with us. It was absolutely the most phenomenal experience to have those adults, from police officers to school people, a couple of City Council people, and youth coming together for a weekend. That's another whole story.

But this principal got excited, and he brought the idea of assets back to his school. His school has gone from being acceptable to recognized, and he attributes that to the asset model. When he came back, there was an activity he learned at the conference. In January two years ago he took every child's name in his school, 900 children, sixth through eighth graders, put them up on the wall, did an activity with his teachers in his school and gave them ten or so dots and said: "I want you to put a dot by the name of the child that you have a relationship whether it's you see them in the hall and say 'hello,' but you can call them by name and you have a relationship with." So they looked at that. Imagine what they saw when they got through putting those dots. And there were about a hundred teachers and staff, and it was all the staff at this school. Only about half of those 900 kids had dots beside their name. And what they discovered as they began looking at that, is those were the kids who were in the top 50 percent academically. As they went back through and analyzed it, a lot of those kids who had no dots were the ones who were failing the TAAS. So he gave everybody a star, and said, "Okay, I want you to pick one of those kids that has no dots, and put your star by their name, and you make a special effort for the rest of this school year to develop a relationship with that child, not in a real overt way, but become a silent mentor, become a friend to this child." So a hundred more of those children, by the end of that school year, had connections with some adult staff member in that school, and Randy Adair continues to focus on that every year. His whole philosophy is about building assets in young people, and last year they had absolutely no police—I want to say discipline—it wasn't discipline referrals—they had no police calls to their campus last year. It has changed the culture of their campus in tremendous ways.

So we did that without the million dollars. The million dollars

has brought us lots of resources, and even though the grant is going away, we know we're going to continue to have a lot of things. We've also done some pretty innovative things, and I'm sorry, I really had meant for this to be more interactive. Let's stop for a minute. Anybody have any questions at this point? I get carried away. I get excited and start talking. Any questions or comments?

*Audience Question:* When you were talking about my generation growing up and having some of the assets, one of them that I really think was hugely important was that we had sidewalks and alleys, and the alleys had chain link fences, so if people were more formal on the front end of their house, they were totally informal on the back side of their house, and the kids had safe passage in the alleyways and interacted with the adults. So I want to know if you're working with your city planners to make neighborhoods physically more kid friendly and safe?

*Pearce:* I think, in communities, you look at how you design your communities. You also look at, you know, kids can't walk places anymore. And our community is divided by the interstate. Half of our community lives on one side, half on the other side, and it's also divided by two rivers, and we have no public transportation. So yes, that's absolutely a huge thing. We haven't gotten there yet, but there are communities that have. I think it's Hampton, Virginia that actually has two young people from the high school that work in their planning department, and that's their job, to look at how different plans impact youth. Now, isn't that an amazing thing? So there's all kinds of possibilities, and that's certainly one.

I think it's interesting, because even builders—we have a development in our community called "The Village," that they're going back to sort of Main Street America—putting sidewalks in, having the streets designed so that they're more conducive to neighbors getting out and being together. Other comments or questions? I think you always have to be looking for innovative ways to do things. Talk about partnering with city departments—several years ago we had a wonderful police chief who was in Georgetown and believed in community policing. And so we did a lot of work with our police officers on assets—or a few, the ones who were involved with youth. We took some police officers to the Healthy Community Conference and sort of exposed them to that. I had been talking assets for a couple of years with a couple of our juvenile officers and our DARE officers, and then they went to another conference and heard someone else talk about assets, and all of a sudden it wasn't me who they knew and wasn't an expert to them, it was someone else. They came home and they said, "Wow, we knew more about assets than this speaker at this regional conference and we want to put together an asset camp." We actually had our police organize a summer camp for graduating fifth graders, because they had had these young people in DARE. They put together a week-long camp. I think there was a limit of 75 kids. The police officers and volunteers staffed it. It was built around the assets. It was called Asset Adventure Camp and they had t-shirts that had that logo on it. Every day they met, a police officer was assigned to eight to ten young people, and they met in their family groups, and every day was built around a different asset. So it just goes to show that a lot of what I do is plant seeds and then let people be creative and take it from there.

We also had an opportunity through a Health Department grant to do some innovative things. Our proposal was a father-

ing initiative and then working with the police department in neighborhoods. We developed a partnership with the Center for Successful Fathering in Round Rock, and if you haven't done anything with fatherhood issues in your community, I would certainly encourage you to do that because we found that we touched a nerve that we didn't even know was there. We offered a parenting session on a Saturday morning several years ago. Actually it was actually prior to this grant and we had a series of six parenting sessions through the month, sort of a back-to-school for parents kind of focus. So we decided we'd do this fathering thing nine to twelve on a Saturday morning. It was at the end of the series, we were all exhausted, we didn't really have very high hopes for many people coming, and we were tired because we had done all these sessions. But we sent notes home with kids, invitations from kindergarten through sixth grade, and it said, "Dad, would you go with me to this elementary school on Saturday morning for breakfast and play?" We got the reservations. Thank goodness there had to be a reservation. By Thursday afternoon we had 250 reservations of dads plus one to two kids for every dad that came. Some of them were grandparents. They were from those who didn't speak English to CEOs of companies in our community. It was absolutely the most phenomenal thing I'd ever seen. We spent the morning with them talking about the importance of dads in their lives, breaking them up into groups and talking about the research that tells us that involved dads means kids are less likely to get into all these negative things. The kids did special activities, and they came back together, and we spent a lot of time outdoors playing and talking about the value of playing. That mothers have a role, that dads have a role, and that dads' involvement typically involves roughhousing and play and affirming that. Then the kids and the dads came back together and actually wrote a contract about what the kids wanted the dads to do in their lives.

So we recognized from the success of that there was a lot of desire out there on the part of fathers to be more involved, and what the dads were telling us was even when the school calls, they ask to speak to the mom. You know, the dad is sort of expected to be there but isn't invited to participate, and they were needing an affirmation of what their role needs to be in the child's life. So we designed a program, a partnership with the school district, where over a year we had two all-day Saturday events and invited dads, and then at each of six school campuses we tried to develop dad teams on those campuses to become more involved. Everything from dads being there in the morning to greet the kids on Fridays and open the door for them and welcome them into school to taking on projects at their school, like painting the cafeteria. In the course of that year we had 1,000 fathers involved throughout the school district in various activities, and we've just finished a videotape of the stories of those dads, and it is absolutely amazing what these fathers will say. Many of these were already engaged fathers, but what they said is, "It made me realize how important it is to be involved with my child." One dad said he went to his boss and said, "You know, I've got to rearrange my work schedule. I will always have more e-mail, I will always have more things to do, but my kid is only going to be six for a short period of time, and I've got to make time to be involved with my kid." That's a transformation. So it has been pretty amazing some of the things that have come out of this, and certainly we've tied the assets to that.

But in your handout, one of the things I think you need to

know is the keys to making it work, and in your handout there are a couple of things on collaboration. One of the sessions I was in yesterday, I said I think what we learned is people didn't know about collaboration. They thought getting together and telling everybody what they were doing was collaboration. So I want to talk just a little bit about the difference between collaboration, cooperation, and coordination. I think a lot of times we cooperate and we coordinate, but we don't really collaborate. And where you're going to see real systems change is through collaboration. What would you define collaboration as? And I'm sorry—if you've already looked at the handout, you know what Webster's says. Anybody give any just one-word definitions of collaboration?

*Audience Comment:* Working together.

*Audience Comment:* Partnership.

*Barbara Pearce:* Partnership. Anything else?

*Audience Comment:* Sharing resources.

*Barbara Pearce:* Sharing resources. Okay, well, Webster defines it in two ways, which I think is kind of interesting—to work together, but to cooperate with an enemy invader. And I can tell you I've sat at the table with different agencies who have their pot of money, and they're real skeptical of what is this where we're all supposed to put in a little bit and we're going to get more? One of the comments I heard several years ago. He said, "In real collaboration you have to give to get." And it's creating this atmosphere of wanting to give, and what am I going to get back that I think is really critical.

But collaboration includes jointly developing and agreeing to a set of common goals. It's not me bringing my goals, and you bringing your goals, and you bringing yours, and telling everybody about them. It's sitting down together and coming up with one goal on how we all fit into that. It's sharing the responsibility to reach those goals, and it's working together to achieve the goals using everybody's expertise.

I am involved in various state agency meetings, and every state agency receives a pot of money that's focused on some very specific things, and yet the problems that we see in our young people cut across all of those different agencies, all of those different needs, and somehow we've got to get better at pooling the money to focus on the big picture of the problem, other than just one symptom of the problem. That's my editorial comment.

Collaboration is messy. I think what we've found is you have to have good facilitation in groups that are collaborating because you have to have someone who can bring people together, who can teach people how to set common goals, and people have to acquire expertise in goal-setting and problem-solving and decision-making. Collaboration occurs among people, not among institutions, and creative problem-solving skills have to be developed.

How many of you have been involved in something that you would consider as true collaboration? Three or four hands. Not a whole lot. Collaboration is more than communication and coordination. Communication helps us all to do a better job. It helps me know that if you're having an event or you're doing something, I need to stay away from that, or if you have a program, maybe I can refer someone, but it doesn't really mean any joint activity. Coordination involves joint activity. There may be five of us that go together to put on a certain activity or event, but each of us may have different sets of goals and expectations and responsi-

bilities. But again, collaboration means really putting together the creation of those joint goals.

The second page is by Bonnie Bernard. I think these are really critical things and things that we forget, is that everybody's got to have a sense of gain: that time is necessary. The first couple of years it seemed like we were just sort of marching in place, that we weren't getting anything done because we didn't have programs. You know, our board kept saying, "What are the outcomes? What are the results?" And that's good. That's what boards are supposed to ask. But when you have collaboration, if you're really laying the foundation correctly, it really does require that you take the time. It requires trust and respect, and again, that's a process of time and developing relationships. It requires institutional support. If you've got an organization that doesn't support their staff going to meetings where collaboration is taking place, then it's very difficult to happen. And as we recognize, some people just don't play well in the sandbox. So you have to recognize that there are going to be people that you may want to collaborate with, but you can't make them do that. It requires commitment, incentives, and traits like patience, persistence, initiative, flexibility, all those things that none of us have time to really focus on because we're so busy doing what we can do.

I guess what I would want to say to you today is that our community is an example of what can happen when real collaboration takes place, and whether I stay there or not, that process is in place to continue that, and I think that's important too. I would hope that you have gotten something from this time we've spent together today that you could take back to your community.

I think success needs to be considered on the front end, but I don't know if we could have foreseen the success that we had at the very beginning. We wanted to build an organization that was effective in achieving results, like filling gaps, and was sustainable. We wanted to increase collaboration and coordination to enhance our resources. We wanted to educate our community on the assets and change that paradigm, and we wanted to seize unique opportunities. You never forget that sometimes things come up that you go, "Wow, we really need to do that." And so we've sort of headed off in some of those directions. And we wanted to develop key outcomes. Right now we have a partnership with the University of Texas School of Social Work to develop the evaluation piece of our Safe Schools grant, so we're anxious to hear from them by the end of the year some of the data that they have been crunching over the last couple of years about what really has happened. Intuitively, we know that a lot has happened in our community. We know from the stories that people tell us. So I think it's important for us now to be able to document the results.

Another program that we started that was really the first example of collaboration—how many of you have summer food programs, free food programs in your communities in the summer? Well, we didn't. We had 25 percent historically of our kids are eligible for free and reduced lunch. But in the summertime we didn't have any kind of a program that offered free food. And so as a nurse and working in the schools and being a child advocate, that's always something that bothered me. What happens to these kids in the summertime? So back in 1997 that was one of the first things that we did, and it really is a model. More than providing free food for kids, it's a model for collaboration in our community. Nobody was willing to take that on. It was the logical thing for the school district to do because they had the facili-

ties, they had the staff, but they didn't want to get into that in the summer because they had other things going on.

So we called the Parks and Recreation Department; Give, which is our volunteer organization; the Caring Place, which is our food pantry; and the school district and said, "What can we do to start a summer food program in Georgetown?" And as we looked at other communities, most people said there needs to be an enrichment program that goes along with that to sort of bring the kids to the school. So finally, after working for a couple of months, the school said, "We'll apply for the federal project to serve the food, and it's all reimbursed, even to the custodians and everything that has to happen," and the Parks and Rec said, "Well, we'll work with you to put together an enrichment program," and we said, "Well, we'll coordinate the funding for it," and the volunteer organization said, "Well, we'll work with the community to develop the volunteers."

So we started with a four-week summer program called, "Kid City," and the target population was kindergarten through fifth grade kids who were eligible for free and reduced lunch at school, and we could hold about 75 kids. So we had funding for partly staffed, and it's partly volunteers. Now, we've just finished our sixth summer. We've had 75 kids each summer. They do enrichment activities; they go to the library. If they don't have a library card they get to check out a library card. They go swimming on Fridays. They do fun activities, arts and crafts, during the week. They come and eat breakfast. They have these fun things, and then they have lunch. And then we have transportation for them to go home. And this summer my program director went the first week to see how it was going and to work a little bit. She sat down with two little girls who were eating corn dogs and fresh watermelon and corn on the cob, I think. It sounds like a weird lunch, but they were loving it and saying, "Wow, this is so good. Can we have some more?" And she said, "Well, I think you probably can. We'll see about that." She said, "You really like this lunch?" And they said, "Yeah, we do. Because we don't get no supper."

And so that's the story that reminds me that we need to keep doing what we're doing, and hopefully if we can continue to build assets in these children, they're never going to make it into the juvenile system, and so many of you won't have quite as much to do as you do these days.

We have a media campaign that we've worked on in our community for the last nine months. We have a series of commercials that have been running on cable, we hope to get them on Austin TV sometime in the fall. We also have print ads and the brochures that you see go along with that. We have 30,000 brochures and these commercials are being shown 27 times a month in our community. Through the Safe Schools money and some grant money we were able to pay to have this done by a local firm, and they are all Georgetown children. We put out a call for kids, that we needed 15 kids in this commercial of varying ages. We got 75 who applied and auditioned. So it is really special in that local community citizens see these on TV and go, "Oh, I know that kid," and so it's really fun, and it's all based on the assets.

#### VIDEO

*Am I important? As important as your job?*

*Do my stories matter as much as your friends?*

*Are my pictures as good as TV?*

*If you wrote down everything that counts, where would I be?*

*What's important to you?*

*Am I?*

*Kids who feel connected to family, school and community grow up to be healthy, caring, and resilient. A healthy reminder from the Georgetown Project and GISD Safe Schools.*

**VIDEO**

*How much time do you have?*

*Time to help me with my homework?*

*Time for a story?*

*Time to lunch with me at school?*

*Time to play catch with me?*

*Just a little time?*

*How much time do you have?*

*For me?*

*Kids who feel connected to family, school and community grow up to be healthy, caring, and resilient. A healthy reminder from the Georgetown Project and GISD Safe Schools.*

*Grow up with me.*

*Grow up with me.*

*Grow up with me.*

*Barbara Pearce: This little girl, I believe, is four, and couldn't even read the script. She had to memorize it.*

**VIDEO**

*Today I drew a picture for you, and I have a joke to tell you.*

*Today I made up a dance to my favorite song. Did you notice?*

*Kids who feel connected to family, school and community grow up to be healthy, caring, and resilient. A healthy reminder from the Georgetown Project and GISD Safe Schools.*

*Spend time with me; grow up with me.*

**VIDEO**

*Who do you see when you look at me?*

*Am I just another kid?*

*Or will I grow up to be the doctor that saves your life?*

*Do you see me as a problem?*

*Maybe I'm the solution.*

*What do you see?*

*I'm your neighbor.*

*I'm your niece.*

*I'm the kid you bump into at the grocery store. Smile at me.*

*Kids who feel connected to family, school and community grow up to be healthy, caring, and resilient.*

*Look at me.*

*A healthy reminder from the Georgetown Project and GISD Safe Schools.*

*Notice me.*

*Pearce: That's it. Well, are there any questions? Have I put y'all to sleep? Do you see anything in this that you could use in your own communities? Let me ask you to do something. Take a sheet of paper, and sort of as a commitment write down one thing or one way that you think you might be able to use the Development Assets in the work that you do, and then think about one way that you might be able to build assets in your personal life with either your own children or with children that you know in your neighborhood or your church or whatever way that you're involved with children. That's a commitment, a sort of call to action sending you out. Build assets in your organization, and build assets in the young people around you.*

# Successful Collaborations: Programs Between the Juvenile Justice System and a Community

Stephen Spencer, M. A., L.M.F.T., L.C.D.C.  
Chief Probation Officer, Angelina County

One of the things I am going to start off with before talking about community collaborations is just reading something that seemed to hit home the first time I heard it. It starts with this question., "How are the children?" Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It was perhaps surprising to learn that the traditional greeting that passed between the Masai warriors was, "And how are your children?" It is still the traditional greeting among the Masai, acknowledging the high value that the Masai always placed on their children's wellbeing. Even warriors with no children of their own would always give the traditional answer, "All the children are well," meaning, of course, that peace and safety prevail, that the priorities of protecting the young and the powerless are in place. And the Masai society has not forgotten its reason for being, its proper functions, and its responsibilities. All the children are well means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for its young.

I wonder how it might affect the consciousness of our own children's welfare if in our culture we took to greeting to each other with the same daily question, "And how are the children?" I wonder if we heard that question and passed it along to each other a dozen times a day if it would begin to make a difference in the reality of how children are thought of or cared for in this country. I wonder if every adult among us, parent and non-parent alike, felt an equal weight for the daily care and the protection of all the children in our town, in our state, or in our country. I wonder if we could truly say without hesitation, "The children are well. Yes, all the children are well." What would it be like if the president began every press conference, every public appearance, by answering that question. "And how are the children, Mr. President?" If every governor of every state had to answer that same question at every press conference. "And how are the children, Governor? Are they all well?" Wouldn't it be interesting to hear their comments? This is an excerpt from a speech by the Reverend Doctor Patrick O'Neal from the First Parish Unitarian Church in Massachusetts.

I think it's kind of interesting that I was asked to be here. I work in a very rural, deep East Texas county which is over 10,000 square miles in our 12-county region. It's bigger than the state of Massachusetts, it's bigger than the state of New Hampshire, and I can just go on and on and on. One of our biggest problems is transportation and getting services to children. Another problem is we live in a very rural, very undereducated area of the state, with the average education of about 7.8 years. When I say that I mean that's the 7th grade, 8th month of that educational level.

So how do we do this? And you're probably wondering why I put 5452131 on the board over there with 13 years underneath that. That was my funding from the county the first 13 years I was there, without an increase. Now, how did we do it? Thank God I went to graduate school and learned community mental health

and part of that was grants, contracts, and program evaluation. So it was writing grants. We were collaborating before we knew what collaboration was because that was the only way we could get services to children. Most of the time when we collaborate we don't talk about money, we talk about what can I do for you. We answer the phone that way, and that's how we approach every other agency in the area. "What can I do for you to make your job easier?" And, of course, that makes my job easier also.

In the bios they talked about how I had written \$2 million worth of grants. It's more like \$15 or \$20 million worth of grants. The point I was trying to make in the bio is the collaboration issue. I've been on a county judge's board. I'm considered his administrative assistant also for the last three county judges, writing grants for the indigent population in our county. And the reason I do that is because I ended up in the county judge's office one day, and I did the absolute no-no of looking down on his desk and reading something on his desk. He walked in and caught me and said, "Why are you looking at that?" And I said, "Well, I noticed it said the National Emergency Food and Board Shelter was offering money to Angelina County. Are we picking that up?" And remember that I work in a very under-educated part of the state, but his answer was, "We don't take federal money because they tell us how we have to spend it." That just kind of went all over me because having a background in grant writing, I realized that's what all grants do. So I asked him, I said, "Do you mind if I pick this up and see what we can do with that?" His response was, "Well, whatever money you get out of that grant, divide it by 12, and dole it out that way." And I said, "I'm not really sure what you're getting at, but why are you saying that?" And he said, "Because we want to look like we're doing all we can for the indigent in our county, and, if you spend it all the first month, then it'll look like we're not doing anything."

So here again it's politics. You always have to think politics. The other thing is, being the administrative assistant to the county judge opens up a lot of doors for me also. I've been on the City/County Health Board for 22 years. I've been on several different other boards, drug and alcohol abuse councils, and all of these are access to service issues. I also, like they said in the bios, wrote the grant for the detention center, which this sounds kind of minuscule in relation to some of the programs I've heard here, but we have an 11-bed facility, and we contract out with 16 counties. Well, we're looking to expand to 35 beds. I've had \$1.6 million in the bank for the last eight years. My county government says, "Wait a minute. This isn't a good time to spend this. We're going to try to do a bond election for a new jail, and if you go out there and spend that kind of money expanding your juvenile detention center, then they're going to wonder why we have to do a bond election to build a 15 million dollar jail." So again, sometimes your political football is in an arena where you want to focus on children's services.

In the past I've had judges tell me, "Don't come to Commissioner's Court telling that crap about kids anymore. I

don't want to hear it. We don't have the money for it, and I don't want you to make us look bad." So I'm setting the stage for telling you don't have to have everybody's cooperation to get services to children. You just have to be able to finesse the system so you can access those monies and those services.

My first slide is going to be an overview—hang on a second. This is the first time I've ever done this. And the reason I said an overview of juvenile probation services, it's juvenile probation services, as we know it in the rural county. So it's going to be a little bit different than what you might be used to. One of the interesting things about being a probation officer in this day and looking back 25 years—let me back up a little bit more. When I first got into the field of mental health, it was through the maximum security unit for the criminally insane at Rusk State Hospital. At that time, 1974 these services were provided through the criminal justice system. Now this hospital is now under the direction of mental health services. After about eighteen months I transferred to the state adolescent unit at Rusk State Hospital. I was working towards my masters degree in psychology at Stephen F. Austin State University at that time. I was offered a job in private practice, working with Dr. Bruce Bailey from Stephen F. Austin. We worked on evaluations for the Wilderness Therapeutic Camping Program, administered by the Texas Youth Council. We developed a 350-page Wilderness Therapeutic Camping Manual. We performed evaluations for CPS day care programs and Council of Governments evaluations for some of the elderly programs in deep East Texas. I then began working for the Deep East Texas Council of Governments as a regional developer of alcohol and drug abuse services.

I began my career in juvenile probation on September 1st of 1977. Some of these issues that I've got on the board have changed over time. Juvenile probation services have come full circle since 1977. The emphasis in programming at that time was rehabilitation and the best interest of the child. Today juvenile probation services across the nation work to provide protection to the community, and recommendations are geared towards the best interest of the community.

In the early eighties the juvenile probation commission was established. The mandate was "Do not associate with police officers." Separate the systems to alleviate any corruption by the adult system. They wanted us to work more like social workers. Today so much has changed. Currently the criminal justice system is punitive in nature; the pendulum has swung towards vindictiveness. It's as if the criminal justice system is based on revenge instead of rehabilitation. In recent times, the juvenile justice is driven by the best interest of the community. This philosophy is very prevalent in rural communities where there are few services. We regularly have parents dropping off kids in our office, refusing to pick them up from the local detention center, or possibly not even showing up to court. Many of these parents are afraid of their children. Many times our juvenile judge has to issue a warrant to get the parent to come to court. Many times in the Texas juvenile justice system, judges commit juveniles to the Texas Youth Commission because these children have no resources or family to provide for them so the judges commit children to a state facility in order to receive services for that child. Please do not misunderstand. These are delinquent children, difficult to live with and many times near impossible to manage. This is why a juvenile judge sometimes commits these kids to TYC because there are no other options for their supervision.

Rural East Texas lacks all services, not just psychiatric services. We have no in-patient psychiatric services in our twelve county region nor do we have access to these services in the surrounding counties. In juvenile court, we exercise all the options involving family and relatives. Grandparents, cousins, family friends and next door neighbors are contacted to help with these children. Still there are several instances a year where a child is referred, and no one wants to get involved with that child, for whatever reason.

So working towards the best interest of the child or the best interest of the community is sometimes a difficult task at best, especially when politics are involved. Judges don't always see the children in the same light as the probation officer. Juvenile officers are mandated to be a child advocate. When I first began working in the field of juvenile services, child advocacy was more emphasized than today, although this issue of advocacy for children's rights is still a part of our ethical code. We need to make sure children's rights are not being violated, but then again sometimes we are the only agency in our rural area to provide a holding room for children.

Consequently, Juvenile Services ends up providing services we were never trained to provide. In a sense these are issues of an ethical nature. For instance, I've had many conversations cautioning judges about placing high risk children with severe psychiatric problems who needed to be detained in order to wait for a psychiatric placement at Austin State Hospital. The response is "that is the only adolescent locked unit in seventeen counties, so just do your best." We are not equipped to handle these children, but unfortunately there are no other locked units to hold children in our region. Again, there are no psychiatric hospitals or even psychiatric floors or rooms in our hospitals in this East Texas area. This situation results in juvenile detention workers administering drugs without licensing, providing supervision to a clientele they have never been trained to work with, and generally providing a questionable service to these children. We have their medication, we chart it, we administer it. What a liability. This liability has not been addressed to date. The main reason this situation has not been addressed is the cost. Thus many of the issues that we deal with in the day-to-day operations are high risk, high liability and dangerous to the staff and clients we work with and care for. Sometimes we have to work around these issues, or we try not to make issues out of things we are mandated to do by the judges we work with. but they really are high risk situations.

Most Juvenile Probation Departments use court as a last resort. There is no magic in the court system other than to motivate children to change in order to avoid the court hearing. So we do use the court to influence children for behavior change. This motivation works most of the time with this population. Ninety percent of the children going through our offices change in a positive way. They are never referred to juvenile justice again.

Another issue is motivating parents to help the process of change for their family. Unfortunately this process is not without fault. Many parents do not believe they have any fault in the process of parenting when the child turns out in trouble with the law. When the juvenile court can not get parents involved or the parents refuse to follow the court's order, the judge can order the parents into specialized programs from parenting classes to attending family counseling with their children. When the judge's orders are not effective, a warrant for violation of a court order can be issued (orders affecting parents and others). If this order from

the court is not effective, the only recourse for the court is to find that parent in contempt of the judge's order and either fine or incarcerate that parent. In the twenty five years in the juvenile justice system, I have seen two warrants issued for this cause. Placing parents in jail tends to create more problems that it might resolve. If the parent is picked up, talked to, and released, it does get that parent's attention for a while, possibly long enough to show some interest in the rehabilitation of the behavior of their child.

Many parents cannot understand how their child's behaviors are any fault of their own. The parents report to have attended counseling without behavior change, thus they are not interested. When asking how often the counseling occurred, so many times you find out the counseling was for only a few sessions. So the parents say, "Little Johnny's problems are Little Johnny's—they're not ours." You have to turn that statement into a family statement, such as "if Little Johnny is having problems and he is a part of your family, then it's part of the family problems, and hopefully hook the family into family counseling. Family preservation is a key in all issues concerning children.

Zero Tolerance is a school based concept that has become a distorted in our communities. One of the truly negative principles governing children within our school systems is the concept of "Zero Tolerance." I think this policy is a violation of children's rights, and as a child advocate I sincerely believe this policy is more disruptive to the "at-risk" populations than a benefit. This philosophy is actually encouraging these at risk children to go to an alternative program, thus dropping out of the mainstream school educational path.

I don't know if you've paid very much attention to zero tolerance policies that govern our schools, but zero tolerance isn't what it used to be. Zero tolerance has become more than a school policy. Zero tolerance has become a public policy which has become distorted to include all children without regard to individual circumstance. One size does not fit all. For instance, if a child is suffering from a mental health issue and this high need child breaks the law, the mental status of the child is ignored, and the child possibly ends up in TYC. To their own statistics, 63 to 80 percent of the children being committed to the Texas Youth Commission are in need of mental health services. Another gentleman yesterday said maybe even 100 percent of those children are having mental health problems.

Okay, say that only 80 percent commitments to TYC have a diagnosable mental health issue, and the majority of those are a diagnosis for Conduct Disorder, early childhood onset, and adolescent onset, depression and oppositional defiant disorders. Those are the majority of the diagnoses within the TYC population. Zero tolerance has become so distorted as a public policy that many child agencies, including MHMR, the school systems, even juvenile justice tends to place these children or refer them to Juvenile Justice Alternative Education Programs (JJAEP).

Vicki Spriggs, the executive director of the Texas Juvenile Probation Commission, has stated that when she looked at the statistics concerning the make up of students attending JJAEPs across the state, it was determined that approximately 27 percent of those children referred to JJAEP campuses were 2.7 grade levels behind other students when they were referred to JJAEPs. That means the school system isn't doing a good job with those students. Instead of gutting up and doing something different with these children, the school system is referring these children

to the juvenile justice system. It would seem that Juvenile Probation has become the default agency for all children's services that fail a child. I think that's a very nice way of saying that these agencies are dumping their failures on us. Many of these children are referred by way of violations of the school's zero tolerance policy. This zero tolerance policy dictates punishments that are arbitrary, capricious and administered without guidelines. In many cases the penalty is not in line with the offense or the violation. Locally, we see zero tolerance in respect to weapons on campus, and I'm talking about locally in my rural area. When I say, "weapons on campus," I'm talking about pocket knives. There is hardly a boy that grows up in East Texas that doesn't carry a pocketknife. Even if it's an inch-and-a-half long most young boys carry a pocket knife as a sort of rite of passage when you live in rural America. When these pocket knives are found and taken up, this child is usually sent for a couple of days to an after school program. Unfortunately, when you see a poor-achieving child with a problem such as coming to an after school function with alcohol on his breath, he may receive up to a six week stay at an Alternative Education Program. You know what this shows? That zero tolerance encourages dropout among high risk children. The At Risk program tries to keep children from dropping out of school while the zero tolerance program encourages schools to move these same children out of the mainstream campus to alternative schools, where these children get further and further behind in their studies until they give up and drop out of school. And what happened to our at risk program in our schools? They're being ignored, and zero tolerance is kicking in, and they're saying that these disruptive behaviors in the classroom, they can't handle them anymore. They need to get them off the main campus and let the good students that want to learn, learn. This is the school's program that seems to counter the schools own "at risk" program.

When you send a child that's at risk for six weeks of AEP, this child all of a sudden loses all of his support, his childhood friends, everything. This child, bordering on failure, never catches up in school if he goes back to mainstream school at all. Mostly these children end up dropping out of school, eventually getting in more trouble, and eventually just staying away from school altogether. Zero tolerance is so damaging to these children labeled "at risk" that they're derailed by their own behaviors, and the school is taking this opportunity to get this high risk child off their campus. These disruptive children are lost to this system.

I've got a *Dallas Morning News* article on the disparity in school discipline. It gets into the at risk program issue, and it really does show a possible prejudicial issue. You have a high majority of the children being children of color, both African American and Hispanic children that are disproportionately being affected by this philosophy more than any other groups of children. So, I know I've taken a little deviation, but what I want to say is when you start hearing about this zero tolerance issue, stand behind it, and let's get this off the campus. It's a concept that has been stretched to include too many things other than what it was created to mean for primarily these high risk groups of students. I even heard a drug and alcohol abuse provider a few weeks ago saying that they were running a zero tolerance program, and it shocked me to hear him say it, but I asked him what that meant to his program, and he said, "If we catch an offender using while they're in the program, we kick them out." That doesn't even make sense to me as an alcohol and drug abuse counselor

because those people slip all the time, and that's part of the problem with it.

Programs that work. I've got five programs I'm going to go over: Juvenile Officers on Campus, a School Truancy program, the Teen Court program, the Ride Along program with the local police department, and of course, the Texas Council on Offenders with Mental Impairments (TCOMI) program.

Remember, when I'm talking about this section I'm talking about the three issues of collaboration, the first one being cooperation, which is usually just verbal in our rural area of Texas, then coordination, and collaboration. I listened to a speaker earlier yesterday say that almost always the first level of collaboration is to bring the money to the table. Where's the money in rural East Texas? And I kind of disagree with that. I don't think you always have to bring money to the table. When you work in a rural community, you don't have the money to bring to the table, so that's when it gets back to the issue of how can I help us do this project? instead of saying, "How do I help you do your job a little bit better." So bringing the money to the table can be accomplished in many ways, and you'll see when I talk about our school truancy program what I'm talking about.

Juvenile Officers on Campus. What works really good with the public these days is safety and security issues. Supervision and coordination of children on probation are assigned to the juvenile officers on campus. We're there for several reasons, and one of them is let's get back to basics of school attendance. When you have a child in school, they're not out committing crime. When you have a child in school, they are progressing on some level, even if it's a GED program on campus. They are progressing. They are doing something.

When you also have a probation officer on campus, you can sometimes limit the amount of exaggerated reaction to disruptive behaviors. They'll call that officer, and the officer has already has a past with this child. This child is usually assigned to that officer, thus this officer is there as an advocate and to lessen the impact of whatever transgression this child was involved. This lessening of the impact is accomplished by this officer being present on campus and able to take control of this situation without school administration being disrupted, thus the offense would be interpreted as less than if school administration had to take much time out of their day to deal with the disruptive behavior. So many times we can diffuse the situation while it is going on before escalating into a major incident, so this program really is a good idea. This officer having daily contact with the school children and those children assigned to this officer's caseload has proven to be positive to the school and the probationer. We have this program on one of our middle schools and on our largest high school campuses. The officer can see first hand when a child is absent, disruptive, or truant, and he can intervene immediately. I say that's a win/win program. I can't understand why anybody would even have an objection to putting a probation officer on campus. I've heard a lot of things over the last few years saying that we have no business being on campus, but I think that is our business to be on campus. This is getting back to the basics of good community coordination of services.

Also, with Juvenile Officers on Campus the disruptive behaviors can be managed by the probation officer and the school administration at the time of occurrence. Appropriate action is coordinated between the school and the probation department. If they need something we can do it immediately and get the parent

and the child involved right back to the office. Also under the Education Code, when a child's at the probation office this is an excused absence.

Direct contact with probationers, teachers, and administration is so beneficial for the child and good working relationships with our schools. When an officer meets with a teacher every single day, says, "How are you doing today. Good morning." If it's just that. "How's little Johnny doing?" Walk in the classroom every once in a while, sit there and see what's going on, it makes a big difference. In other words, when children are attending school, they are supervised, and they're not committing street crimes. Getting children back to the basics of school attendance lowers juvenile crime in your community. The school system reimburses our indirect costs of placing these officers on their campus. I mean by indirect costs, it's the cost of that person's position, so it comes out to about \$14,000 per officer on campus, which is another way to extend our monies to services with these children. If you are out of space in your office, this may be another way to secure more office space and conduct good business for these children and the coordinated efforts within your communities. So this program again is win, win.

The Truancy Program, the second program we will be looking at today. The Truancy Program is a coordinated effort between the Lufkin Independent School District and Angelina County and the Juvenile Probation Department. I've just listed one school here, but we are actually involved in all five independent school districts in our county. But this particular one I want to look at, because of what we've done with this school district. We have gotten a lot of attention. The daily attendance rate is up to 97 percent at the middle school, which is unheard of, and it bounces off 97 percent at our high school also.

Now, what I was talking about, not bringing any money to the table but creating money for the school is explained through the increases in the daily attendance rates, thus increasing the funding for these schools. When these students begin attending school regularly the school receives more money based on these improved rates of attendance. Over the last five years we've increased their earnings by more than \$1.5 million per year. This translates into more services for our community and the children we are all serving. We're thought of as "better than sliced bread" on these campuses. What we're going to start doing is we're going to try to write a grant to work with those high at risk children that are being sent off the campus on this zero tolerance policy. MHMR is having a hard time getting on campus, so we want to write a grant to put a mental health officer on campus to work with these kids and divert some of these kids from being sent off the campus to alternative programs. This may be a way of saving these children through providing mental health services that have not been offered before to these children while on the main campus.

I was in an advocacy meeting recently when a new program was being introduced at a cost of \$ 28.00 a day per child. The program required a minimum of 25 to 30 children guaranteed for billing issues. This contract meant a minimum of \$700 per program day. Unfortunately, when you start talking about that kind of money in a rural setting, we just can't afford that. If you had two or three kids you could work with at that cost, there wouldn't be a problem. But when you start saying there has to be at least 25 to 30 children to make a program work, then this program becomes another money issue. In other words rural access to children

interprets into size equals access when the program costs are divided by number of participants. Again any programs on campus, including the truancy program, increases the students' attendance, increases funding and decreases juvenile crime.

The Teen Court Program. For first time offenders, and some A and B misdemeanor offenders only. If the initial referral or offense involving this child is questionable, if issues of intent or if there is a question involving knowledge of involvement of this child in an offense, then this child may be referred to this Teen Court Program. There is no record of this child being referred to Juvenile Probation under this program. The child as a requirement for this program has to plead guilty, pay any restitution upfront, then attend Teen Court which is made up of their peers. This is a true sanctioned court. The results are legal and binding. The establishment of this court is sanctioned and approved by the Texas Penal Code. Whatever this court levees as community service hours, etc., is like law. The whole court is made up of children that are taught to be jurors, taught to be bailiffs, taught to be prosecutors, taught to be defense attorneys. The only adults in the court are the coordinator and usually the judge. The judge is a volunteer attorney that comes in and uses her/his time to oversee the court process. This Teen Court works incredibly well. Recidivism is nonexistent.

One of the interesting things about Teen Court is the number of collaborations we have established with agencies throughout our county. Twenty three different non-profit agencies are currently working with this program to give work sites for these children, earning their respect of the community again by donating their time through this Teen Court. Another great asset of this program is helping the children choose work sites that reflect their possible future interests. These work sites give a sort of preview into these areas of interest for these children. It's a good option for these children to see what their interests mean in our community by pairing children up with agencies that do what these children think they may want to do in their future to earn a living. Therefore, when this program gets to the point of sentencing these children to community work, we look over our agency list with the children asking them what their interests are and shaping the work site to their interests. Asking children what they may want to do with their life in five years from now? If we can pair one of those agencies close to what one of the children may think they might want to do, then we pair them together, and many times we've had a lot of aha! experiences from the children we work with responses such as, "Oh, I love doing this or I'm going to really work in that field when I graduate," and many children have pursued careers in areas of law, community work and other areas they have discovered through this program. This is a special reward coming from involvement with this program.

Usually I refer to the Teen Court Program as providing an avenue for "keeping good kids good," because these are the kids that barely stepped over the line of criminal involvement, and usually just a little bit of nudging can keep them back on the right side of the law. The success rate, I think, is really a little bit higher than 99.4 percent. I think we've only had one child that was referred to juvenile court for not going through the Teen Court process. Of course, the many collaborations with public and non-profit agencies is a big asset to this program. Local attorneys, court systems, 23 local non-profit agencies, and families all love this program. Another very big win-win program for the community.

The Ride Along Program with the local police. Again, you're

talking about juvenile probation becoming a part of the community policing program. I personally have attended our local citizens' police academy for a 17-week course. When I attended that academy, many of the police officers asked why was I attending since I had been in the business for so long. Surely I knew what their part in the process is. So my answer was, "This is just another way of asking, 'How can I help you?' 'What are you doing here?' Let's see what programs we can work together. This is but another way to show interest in our community."

What came out of that meeting is part of our group went on to review many of the security issues with the local police department, courthouse and finally our juvenile detention center. When I saw what the police department was doing in the areas of security in the jail setting, I had to go back to our juvenile facility and upgrade our security systems. So this was a plus issue that I wasn't expecting to learn from the citizens' police academy. This change in our detention facility was very important. We have had cameras in our detention center, but one of the things we added was a real-time recording system. Within five days of the time we had this system upgraded, there was an incident where a child broke his arm and we had the NAACP down saying that we had violated this child's rights, that we had treated him badly, that we had abused him. The mother wasn't there, but the mother had created her own story, how we had dragged this child out of his bed and beat him up. The child had created another even more horrible fantasy story of his own by this time. All these attorneys were calling threatening suit for allegations of abuse and neglect. We initially did not say a thing about the video recording of this incident. The NAACP came down; they brought their attorneys in. They began to threaten suits until our county attorney asked if they wanted to see the video recording. So we showed them the recording of this incident. All interactions with this youth were accomplished within appropriate and accepted practices. Thus this issue became a non issue. Thank God we had installed this recording system. But the point I'm trying to make is that sometimes you learn things that can really help you out in your business from another business that you don't expect to learn anything. Issues of safety and security of staff and clients can be universal in nature.

Of course, when you're running a detention facility that is a 11-bed facility, mostly full all the time, many agencies may not understand why you do not accept all delinquent children. You end up holding the most serious offenders in the juvenile detention center. Sometimes I hear that some police are talking to the parents and telling parents that they will make sure that a particular child is detained without talking to us. Then they call and find out that we're full, and then we have a bad relationship with the police department because they don't understand what's going on. What's happened with the Ride-Along Program—we've been doing this for about five years. It's totally voluntary. It's never had to be assigned to my officers. I put a ride-along list out, and their time is flexed to the forty hour work week. Many officers like to have the time off during the work week to conduct business etc., This way there is no cost to our department. We were already doing photo IDs with a digital camera. We integrated these programs. I told the officers that they could ride along with the gang intervention officers or the regular police department officers on the community policing up to four hours a week, just as long as they flexed their time out to 40 at the end of the week. I never had a problem encouraging officers to go along with this program.

It's been one of the best things we've ever done with the local police department. We don't have communication problems now. They know our situation. They're there on a moment's notice if we need anything. It's just been a real win/win situation. We have so much better communication with our police department and our probation department. They even come with us on some funding issues that we need. We have better enforcement of curfew and home arrests. We're going out checking curfews with our community police to these childrens' homes at 10 o'clock at night knocking on the door saying, "Where's little Johnny?" I mean, the reactions of the parents when we first started this was just unbelievable, but now the kids are maintaining their curfews. They're maintaining their home arrests. They see we're there; they see us doing things. It's just a better, safer environment for the police and probation altogether.

I don't know if you're familiar with community policing or not, but it's just a really, really neat hands-on experience working with a specific location of the city that an officer never veers from. It may be a 16-block area that they just keep patrolling over and over and over. I've ridden with the police several times. What you end up doing is you know who the people are that hang out, you know where the people live, the people know where to catch you within that certain time frame that you are on duty. When I was riding with the police, we ran into two mothers that were looking for their kids that they had lost. With a police officer there, we had another officer over at a local football game at a junior high school, and we were talking to him saying, "Have you seen so-and-so and so-and-so?" Of course, we're living in a small community. You have to remember that, too. And sure enough, we tracked this kid down and had one officer bring him back home while we went back to the mother's house and communicated that we found your son and they're bringing him back home. Have you ever had that happen before where the police actually found a runaway and brought them back unless they were involved in another offense? But anyway, this is really another win/win program where people really see the police department as helping, and they are not afraid of the local police. And the same thing with the probation officers. When they start seeing us being there for them, it makes a whole big, big difference.

The TCOMI Project. The TCOMI project in our area was kind of unique. We had a special operation grant a year before the TCOMI project began. We hired a mental health officer that came into our office from the MHMR, qualified as a licensed professional counselor. MHMR put 50 percent of the money in, and TJPC put the other 50 percent of the money in. We had an in-house counselor that the parents were mandated to see after they saw the juvenile officer assigned to their case. This occurred each visit to the office, which really worked out well. One of the interesting things we found out about that program, and I'm just being as honest as I can, is that the only difference in their show-up rate between MHMR across town and within our office was about six percent difference.

You know, I've sat here and thought about saying this or not, but one of the biggest barriers sometimes to working the TCOMI program is the problem with the parents not wanting you there so much. You run into parents smoking dope all the time. You run into them doing this and that, and in essence you've got to kind of ignore those issues if you're going to win that family over. A lot of times just the sheer fear of the police and the fear of an officer in their home so much and showing them that they need to start

doing things differently can sometimes be a barrier in itself. Not to say that we shouldn't be working with those families, but I think there should be some component in there that if you can't get the family to work with you, that you can still work within the mental health program with that child.

Angelina County is one of 15 rural juvenile probation departments nationwide that was selected for this pilot program. I did a presentation to MHMR June of last year on this TCOMI issue knowing full well that the funding was coming. I believe funding initially was limited to the six largest metropolitan areas. Our whole position was there would be money left over after the start-up on September 1. I don't care how good you are, you can't have some program going full speed the first day it starts up, so we knew there would be some extra money in there. So we had started the petition process long before the funding ever came.

What was interesting about it is after we had done that and finally got TJPC to say, "Are you really interested in doing this?" we had already written the grant, we had put the numbers to the project and realized there was no way to make money or even break even on this in our rural area because of the distance and how much our teams would have to travel. So we had a pow-wow with MHMR basically to say, "We know we want to do the right thing. We know it's not going to break even, but let's do it for the children." We didn't bring any money to the table with this project either. All said this is the right thing to do. Let's go ahead and do that. So we came into this project knowing that we would have to pull money from another area to provide these services.

So the point I'm trying to make is money isn't everything. I think what Vicki said the other day—Vicki Spriggs with TJPC—she said, "It's not the skill, but the will." Politics may just be a phone call or a luncheon. Those are the kinds of things you're doing with community collaborations. You're putting your two cents in the pot, you're getting another agency to put another two cents in the pot, and maybe a third agency to put two cents in the pot, and all of a sudden spending that six cents like it's a dime. You're not recreating the wheel, you're not doing duplication or overlap, but you all have that will to get it done, and that's what it takes. And you'll of course always share the rewards.

Another thing, through this conference I was interested that we were talking about the state having a five to twelve billion dollar shortfall or deficit this next year, and I guess everybody's a little bit panicked about what that means. I kind of thought that the theme of this conference would probably prevail when that comes down where the legislation cuts everybody, puts all the money in a pot and says, "I'm going to force all of the state agencies to collaborate now." I think they've done that in New Jersey, and I think they've done that in New Hampshire. But my point being is we'd better get ready for it because it's coming. They can't create something from nothing. Any questions up to this point?

*Audience Question:* Does your partnership with TDMHMR—we also have TCOMI funding and we share it with the Burke Center, which is the local MHMR agency in the area and they have a wraparound fund. Do you all have that?

*Spencer:* We do. I was just talking to the Director of MHMR about that fund, and he said all of a sudden you have to have special permission to pull that money out. It has to be justified. That wasn't the way it originally came down. Our particular TCOMI grant, we sat down and wrote it from the perspective of where can we get the most points for it, because we really wanted to get funded. So within our 12-county region what we did is

we split our grant with Nacogdoches County, and Jasper County split their grant with Newton County, and we presented this as we're going to be covering basically 12 counties for the cost of two. They had never heard anybody do this. At the grand justification where we had to go and present our grant, they said, "We're not going to fund both of your counties." Then they asked me, "Where do you think we should put our money? Either north where the population is or south?" And I said, "Well, you should put it south then." And they said, "Wait a minute. What are you talking about? Why would you say don't give your county the money?" And I said, "Because we have some services, but down south in the Jasper area, they have no services at all. So if you're asking me where the biggest bang for your buck is, put it down there. We need the services; don't get me wrong, but they don't have any at all." We have a few master's level counselors that do volunteer their time on a limited basis for a few hours a month, and we do have services through MHMR. But what I'm saying is, that response from the funding agency was an interesting thing in that we weren't expecting it. In the middle of the presentation they ended it by saying, "Well, then we're only funding the south."

Immediately a TCOMI representative came up right after the meeting broke, and she whispered in my ear, saying, "Go ahead and post the position, because if your agency won't give you the money, TCOMI will." So when we got back, we posted it. What ended up happening is our agency picked up both grants anyway. We're working with a county, which is Nacogdoches County. I'm not trying to beat them up or anything, but they're going through a lot of turmoil and problems right now. And what we've decided to do is make them look good whether they want to or not, whether they have the manpower or not, and that goes back to collaboration in that you have to just elicit support for these programs sometimes when some counties had rather not bother. You send your own people over there, and you do whatever it takes to get these services to the children, and you share the rewards with them, even though they don't put very much in the pot.

*Audience Question:* In the rural areas, those split counties, who administers the program?

*Stephen Spencer:* That was kind of a problem at first because of that power broker thing. We didn't even realize it, but since we had written a grant, we backed up and said, "Wait a minute. If you're going to be a part of this, you've got to have one master. We're going to administer it." And what we did with that—we also generate about \$80,000 a year from Nacogdoches County from our detention center. I already had an in with some of the judges over there. They were looking at building a juvenile detention center of their own about a year-and-a-half ago, and I asked if I could be a consultant for them for free. So I got to know the judges really well in showing them the ins and the outs, and some of the things that they had read weren't really correct. You see things that are misunderstood in the regulations that you only have to have one officer for—I forget what it is—14 kids or something like that. Well, you know, if you've ever run a detention center you have to have at least two officers on all the time, a male and a female. So some of those things are misleading when they're just looking at the bottom line. So I spent a lot of time with those judges, and I have no problems with going and talking to them and offering services even if they don't have any money in the pot. The whole issue here is not turf. It's the kids, and the children need the help.

*Audience Question:* Does the money flow through the county judge's office or does it—I guess I'm saying, who administers or monitors the TCOMI project in the local areas?

*Stephen Spencer:* We mostly do that ourselves with MHMR. The money for detention goes through the county judge's office. I was thinking of the center that's up there in Jasper County. I didn't know whether it came through there and they housed them or whatever or what.

*Audience Question:* When you say, "house them," I'm not sure what you're talking about, the counselors or anything that would be working?

*Stephen Spencer:* Oh, I see what you're saying. We have our officers in our office. MHMR has their MHMR workers in their office, but they meet in our office to do services, and of course, these two persons go to the home visits together.

We ran into a couple of other problems in my office. Just because of my past in working at Rusk State Hospital, I realized that you have to really look at situations differently. When you do home visits at night by yourself, the liability is through the ceiling, not just in case of something happening to that child, but the allegations that come from these children that we work with too. So I don't allow anybody to do any kind of contacts without another officer or another person with them. MHMR doesn't do that, which really shocked me, that they're putting their people in that liability situation. I think that will eventually change. And it limits some of our contact with the kids by doing that, but I think the risk outweighs the loss in that situation. You have a witness if anything happens. So those are just some basic issues that I've done from that standpoint.

But we have a great working relationship. As a matter of fact, the Director of MHMR of this TCOMI project and the Operating Director, I worked with at Rusk State Hospital. Susan Rushing, the CEO of our local Burke Center (MHMR), and I also worked together at Rusk. She was on a geographical ward and I was on maximum security. Then, David Cozzad was on maximum security for the criminally insane when I was working there also. So our relationships go back in our small community almost 30 years, and that's another real plus. When you've been around this long, your reputation concerning trust and honesty are well known attributes hopefully. Anyway as a story point, I was in a meeting about 10 years ago and one of my judges just got really irate. I guess he was just having a bad day. But he basically asked, "How in the world do you want us to understand this 58-page budget in an hour meeting?" And I said, "Judge, I had given it to you several days ago, but I'm not asking you to understand this budget. I'm asking you to trust me, and how long does it take after 16 years of being here to earn your trust? How long does it take for you to trust me? I know that if I've done something wrong, I'll be gone tomorrow. What else can I say?" He laughed and hit the gavel and said, "I think it's perfect. I make the motion to pass it." From that day on, he's told me a couple of different times, "If you ever have me sign something I don't read and I regret it, you know you're gone, don't you?" And I laugh and say, "I know I'm gone anytime you don't want me to be here." But it's a trust issue you have to develop, and I think the biggest issue with collaboration is not bringing money to the table, but bringing your will to the table, and bringing your trust to the table. Any other questions? Thank you.



# Preparing Juvenile Offenders for the Job Market

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We are going to talk about workforce in general for juveniles and particularly for ex-offenders, once they return back to the community. Specifically, I will discuss Project RIO-Y. Project RIO-Y or Project RIO is a program that can be adapted to work in collaboration with other state agencies. I will provide an overview of the Project RIO program and discuss a few examples of some effective programs that might be more similar to your setting. I will also provide information about programs from a residential or community-based organization standpoint. We will look at some resources for information, some key things to keep in mind as you look for developing effective workforce programs.

Project RIO-Y is a joint partnership of the Texas Youth Commission (TYC) and Texas Workforce Commission (TWC). RIO-Y is a program that helps to prepare youth to become competitive job seekers in the changing job market of tomorrow. RIO stands for Reintegration of Offenders - Youth and has been in existence for many years in the adult correctional systems helping individuals become familiar and more comfortable with transition back into the workforce after release. RIO was introduced to the youth correctional facilities about three years ago with the added idea to inform and prepare youth for vocational training and education as well as employment. To be eligible for participation in the program the youth must be at least 16 years old, near completion of high school or a GED, eligible for discharge within 6 months, have no educational or employment opportunities, is legally eligible to work in the United States, and has been approved by TYC staff for participation. The program starts when youth are incarcerated and extends once the youth is paroled.

TYC workforce development program is a comprehensive, continuous strategy and is holistic. It includes the socialization programs, education, workforce, and youth development at the correctional facility. We also work to link with the community-based organizations for additional training and support once they get back into the community. Again, it has to be a holistic approach. Otherwise the kids will keep falling through the cracks. Workforce development within TYC is six years old. Prior to that, the extension of workforce that was happening at our facilities was campus work programs. Later on, we had funds targeted for the independent living program that went to one of two of the facilities that allowed the kids to go into the community. With the exception of those facilities where they were able to have programs like Career Connections, there weren't a lot of employability skills that were talked about or focused on or even a program to assist in transitioning to the community.

Probably the biggest difference in Project RIO in the adult system and the youth system is that we do place a heavy emphasis on additional education and training once the youth has been transferred to parole. The program focuses heavily on employment because the average age of the youth we serve is 17, and when they are released, they need to get a job immediately in order to become self-sufficient and help themselves and possibly their family. We try to get them to think long term to hopefully reduce the risk of them returning to the criminal justice system.

We also discuss career exploration, and include life-long learning. It's very individualized. It can be as simple as taking continuing education credits or another form of education that is life-long learning.

Within TYC's Workforce Development, there are a variety of programs that exist. These programs include horticulture, welding, auto mechanics, business computers, information systems, and principals of technologies. We also have Career and Technology Education, which we call our CATE Program that offer students occupational skills and vocational skill development. These programs introduce the youth to in demand occupations and the skills needed to get employment in that field. Many are introductory classes, but some are at advanced levels as well.

The Career and Technology Education Program and the Special Workforce Development Initiatives tie into one another. The difference is that the Career and Technology Education programs are completely put together and operated by TYC's education staff. They are Texas Education Agency approved and receive credit towards their high school diploma. The Special Workforce Development Initiatives takes it one step further. My supervisor and myself are very focused on making sure that we have careers or occupational skills training classes that are in-demand occupations and that are preparing students for industry level work. We make sure the courses are at a level that the industry recognizes and is willing to accept and consider for employment.

So what we're doing with some of these "Special Workforce Development Initiatives" is getting in touch with community-based organizations, colleges, and local Workforce Development Boards, and seeking out funding so that we can bring some unique types of Career and Technology Education training classes that haven't been available before in TYC.

In Brownwood, we have an industrial maintenance class for the boy's unit and a C-Tec cabling networking class for the girls at the Brownwood II unit. Both of those trainings are of no cost to TYC. We have Texas State Technical College and the local Workforce Board working together to pay for the training, instruction, and all the resources and materials. We have C-Tec training that's also going to be established at Hamilton and San Saba sites. So they'll be getting some Career and Technology Education Programs that fall under this Special Workforce Initiatives as well.

We have a Cisco Program in Gainesville. Again because our staff come from a workforce background, it's important to us that we focus only on vocational classes, and that we include vocational and occupational skills classes in which the youth can learn industry-level skills in areas that are in-demand occupations so that we can feel sure that when the offenders return to their community, there's an opportunity for them to get a job.

We also have the Campus Work Programs and Proven Industry Programs. Campus Work Programs are on the campus, and kids who qualify will work doing various tasks whether it's janitorial, yard maintenance, campus maintenance, or office work.

They're all paid a salary for doing that. They must interview for the program and reach certain behavioral levels before they are admitted. They must have completed the majority of their academics before they can qualify for those programs as well.

The Prison Industry Enhancement Program (PIE) is another program that I oversee, and it is only four years old and very unique. It was originally intended for adults only and is voluntary. Texas is the second state to do this with juveniles; California is the other. But basically what the PIE program does is collaborate with private sector employers for them to bring a portion or all of their business to a facility site and put the kids to work. It's the most realistic work experience that the kids can have while incarcerated. This is federally and state regulated. They must be paid a prevailing wage. The staff has to research and do extensive paperwork with the Texas Workforce Commission to find out the entry level of pay within that area for a person with the same level of experience as our kids have. This determines what the youth must be paid, and the employers must agree to the payment scale. If they have court-ordered restitution or court-ordered child support, it comes out of their check as well. It's a reality check for them, and gives them the heads up on taking care of that restitution before they get out.

And finally, one of the program stipulations is to deduct an amount for victim's compensation. It has been decided that eight percent would be deducted. So for every student who's in a PIE Program, eight percent of his or her income goes to the Attorney General's Office Victims' Compensation Fund. The youth receive payroll stubs just as they would in any other job. The rest of the money goes into their trust fund, and they have access to that once they transfer to parole. The most amount of money one of our youth has been able to earn by the time he got to parole was close to \$6,000. So they can save a phenomenal amount if they get into the program.

We also have a metal fabrication shop. We have two home buildings where students are building homes for low-income families, and then we have a building construction and building trades program at another facility. All of this is part of the Campus Work and Prison Industry Program.

Now, the one that we're going to spend the most time on is Project RIO-Y because the employability skills and the preparation for what the youth will do when they are paroled truly starts here. It's a requirement when the youth get parole, they must get a job. So we need to make sure they understand how to find employment and stay employed. And we know with our youth, it's going to be extremely difficult with the barriers that they have in front of them.

As I said, we collaborate with the Workforce Commission to provide employment assistance, education, and training opportunities. Again, the program begins while the kids are incarcerated with TYC, but it also continues to aftercare once they are paroled. In the RIO Program we have Workforce Development counselors at all of our facilities, and TWC, the Workforce Commission, has RIO counselors all over the state of Texas in their centers. There's collaboration, and once a year we all get together to talk out our issues, concerns, problems and so forth to keep this running as smoothly as possible. All the parole officers understand what the program is and what it is about. They are also at that meeting when we come together to discuss the program.

We also have some of our contract care facilities that have jumped on the bandwagon and are offering RIO as well, so that

those kids will have access to the program. The only problem we have is that we have one Workforce counselor for an entire facility that can only serve so many kids per year. And in many of our facilities, each time they're built and particularly those that were built prior to the Workforce Development coming to TYC, very few of them were built to accommodate programs like the Prison Industry Enhancement Program or Project RIO. So it's been a real struggle over the last six years to try and find a niche, convince everyone how important this is, and get the other staff, both in central office and out in the field, to support the programs and understand the benefits to them, and find space for the program. It's still a struggle, but we've come a long way in six years with TYC.

One of the main goals of the program is to prepare youth to enter the workforce, access educational training opportunities, and lead to meaningful employment. We don't think that the youth are going to go out and get their dream job as soon as they get out, and then we'll never have to worry about them again. If we can give them the foundation and skills that are substantial enough to assist them in getting a job and keeping it for six months, we've been successful. That's probably longer and a bigger accomplishment when it comes to employment than they've ever had before. And if they have those skills and the resources and know where to get help, then we've have been successful.

In order to achieve our goal, we provide an orientation, and we'll go through some of these more specifically, in workforce development training and individual service strategy. We do an individual service strategy plan for each individual student. Many of the kids go through some of the same activities, but they do so according to what their individual interests, strengths and situations are once they return to their community. We provide an assessment which helps us develop the plan and again, we explore education training opportunities and do career exploration.

The Magellan assessment tool we use is from Valpar. They have produced several types of assessment tools that you can use based on what you are trying to assess in your program. Talk with them to determine what would fit your population or your situation. Magellan just happens to work for us. If I remember correctly, they are coming out with an audio version of it for those who have reading disabilities, learning disabilities. There is an audio component to this program where the students can listen and then make choices instead of having to read a lot of the material. And the career development resources, that is the place where we get the Texas Cares Assessment, also has the information on education opportunities as well as job opportunities around the state of Texas. However, the information is geared for only the state of Texas. If you have a kid that is going to be leaving Texas, you might want to look at some other resources for them.

To get into our program, the youth must be 16 years of age or older. They have to be legally eligible to work. You can put elements of a Workforce Development Program like RIO in place for 14- and 15-year-olds, but emphasis would be on the basics of workforce development, career, and education exploration. However, when the youth are released the only way they would be able to work under the age of 16 is through hardship. You have to go through the State Employment Agency, receive a hardship, a work permit, and the restriction is the youth are only

allowed to work in the summer. So again, it's not to discourage you from putting something like that together for someone who might be 14 or 15 years old, but your emphasis will obviously be shifted just a little bit. We request a participant to be 16 and a U.S. citizen so they will be legally eligible to go to work as far as their age and as their citizenship.

They must have completed or be in the process of completing either their GED or their high school diploma, eligible for release within the next six months, have no educational or employment opportunities, and have approval from the TYC staff. RIO is a voluntary program, which is one of the most important elements. The child must want to be in the program, which goes back to the orientation part of the program as we previously discussed. They're not getting into it blindly. It's a voluntary class and they are informed about the class when they come to the assessment unit. The workforce counselor asks caseworkers, educational, other staff, and program administrators about the child. Often the counselors will get letters requesting participation into the program long before the youth are even eligible. It's encouraging when the youth coming into the facility are interested in this program knowing what is expected of them.

As I stated, there is an orientation. In fact there are two orientations, one at the assessment unit and then one when they get to the facility. There's a video that we developed describing Project RIO not just from the facility side, but also once they transfer to parole. We do this so the kids know what to expect in the program. Now, the interesting thing about this video is that the kids in Project RIO helped to develop the video. Many of our counselors used graduates from the RIO program or those who are concurrently participating to do the orientation on the facility. One of the things that we've learned a lot over the last six years, particularly with RIO, but with our other programs, is when the kids are involved in the process, you usually have more success in the process because they'll tell you right away what works, what doesn't work, and when they're talking to one another, they're more apt to listen.

After the orientation they have an initial interview with the counselor. This is the final step to decide whether or not they will be approved for the program. The focus is to determine the child's real interest in the class and that they understand the type of work that's going to be expected from them. The RIO classes are structured as a work situation. The kids are required to come to work just as an individual who has a job on the outside does. They can't be late, and there are no disruptions. They're expected to exhibit a professional manner. We had one counselor in Vernon Victory Field who had an all-male campus. When the young men would come on site and into the classroom, the very first thing they learned was how to put on a tie and properly tie it. So every day when they would come to their RIO class, the first thing they did was to get the appropriate attire and put it on. Many of our counselors allow the students to interview one another in the interview practices. This particular gentleman who does the tie activity also has them do group interviews, and in the interview the very first thing that the interviewing panel asks for the applicant to do is to, "Can you please show us how to appropriately put on a tie?" They really like wearing their ties. It gives them a different feeling when they walk in there than when they're on the rest of the campus.

The type of assessment given to the kids is the Magellan Explorer. We test or measure their aptitude, interest, strengths

and academic standing. This instrument will only take them as far as they're able to go. Some students may take only 30 minutes to complete. Another student may take two hours. It's going to depend on their reading and comprehension level and ability to do that. The best part of the instrument is when the child has completed all the questions and modules, the Explorer will take that information, compile it and print out jobs and occupations that match that youth's interest, aptitude, and strengths. Armed with the information the youth can take the list and with the counselor start looking and talking about all the occupations. One of the tasks the youth has to do is to narrow the list down to their top five picks. They do so by using the research resources that we have in the classroom.

The main areas of the RIO Program are workforce development, explore education, training, and youth development. By the time the youth leaves RIO, they should have an understanding of the world of work. For many of them the only occupations that they know of are the ones that their immediate family or friends have had. There's really no concept of the vast number of opportunities that are out there in particular industries. We help them to understand definitions of words. If you're looking at the want ads in the newspaper you must understand what is meant when the ad asks, "Do you have computer experience?" And then going more specific and saying "Do you have knowledge of, say, Microsoft Word?" "Do you have experience in Microsoft Word?" "There's a difference in those two words right there, and we help them to read and understand how to match their skills to the ad. Often the kids come into the program stating they want to be a pro football or pro basketball player or entertainer. We have a few who want to be doctors. Well, our purpose is not to tell them they can never be those things. Our purpose is to help them understand, on a more realistic level, how you get there. By letting them do their own research, most of them kind of give up on those ideas. Not that they aren't still interested in maybe the medical field or in the entertainment industry or sports, but we might help them look at what other possibilities and opportunities there are in those industries that might be a more realistic choice at this point. We also talk long-term and short-term goals. We discuss where they really want to be in the next five, ten, fifteen years, and what they are going to do now to work in the short term. We tell them anything is possible, but we want to make sure that when they get out, they are experiencing some levels of success in order to encourage them to continue practicing these activities and putting forth their best effort.

They should know how to locate employment, and the many places that you can access as you look for employment. Prior to coming to TYC, I worked in a Workforce Center, working with adults from all different levels of education and profession. Some of them had been working for 20, 25 years. It was amazing to me how little people actually knew about locating work or just looking for that next job. So it's really important to know these kinds of things and to also know it from their perspective and to know that the kids are equipped with the knowledge of where to look for employment.

We teach skills on how to apply for employment, how to do a 30-second and one-minute commercial, basically how to sell themselves. We don't want them to sound like robots. They have to come up with it for themselves. There are guidelines they can follow, but they need to know how to introduce themselves, tell the important things about themselves to an employer that would

help or aid them to getting the job, and then express what it is they'd like to have happen. And again, that may sound simple, but it's really difficult for many of these youth. Just the word "communication" alone is scary.

We also teach them how to interview for a job. We do a pre-and post-video taped interview. I review the videos because it tells me whether the youth has picked up what they needed to learn and whether the counselor has taught them what they needed. There's a cold interview when they first get into the class so we know at what level they are. We also conduct a pre-test as we do in workforce development, and then at the end of it we do another taped interview. Hopefully, the youth has learned all of the information and practiced the skills. We have seen a remarkable change in the kids when they begin the program and once they complete it. Nobody likes to do the videotaping, even adults. However, when they complete the program and can see the progress they made, everyone enjoys the experience. It's really an effective tool for them to see themselves and to have the constructive critiquing that goes on after those video tapings. We also administer a post-test once they get ready to leave. We include skills of knowing how to keep a job, which is another area of concern. As you know, many people can get the job, but keeping it seems to be the struggle.

In looking at education training we look at career opportunities in education. We begin with videos and vocational biographies. These tools and resources are full of explanations and discuss in great detail what the jobs entail. How do you get it? What education level do you have to have? What type of training do you have to have? What type of salary can you expect to make? It provides information from a perspective of someone who's actually in the job. You get a descriptive paragraph or two about when I get up in the morning, when I go to work, and this is what my job entails for the week, for the day, for the month. If they read about a particular job and they're still interested in that industry, but that particular job no longer sounds appealing, it gives them other alternatives in the same industry that they might be interested in as opposed to focusing on only one position. So these are good tools to use with the youth. These are especially good for kids who have a reading disability or have trouble reading.

Now, we also have something that's very unique to Texas called the Texas CARES Program. This is put out by the Career and Development Resource, which used to be the State Occupational Information Center (SOIC). They're located within the Texas Workforce Commission (TWC), but they are a separately funded entity. Their purpose is to do nothing but resource jobs, training, and educational opportunities in the state of Texas. If we have a youth who's in the Detention Unit at San Saba but is from the Valley and wants to know what educational or training opportunities exist, he can go into Texas CARES, focus on a particular community, and find out what is available including the admission process, how much it costs, and who to contact. It can also tell you about jobs in that area, for example, how many welders were hired last year in this particular area? It's a really good resource for doing that career exploration or that immediate exploration about what am I going to do when I get home? And many times our counselors will begin the process with the student with regards to filling out financial aid forms and Pell Grants.

In the year 2000, we received an award, called a PEP Net Award (Promising Effective Practices). It's a national recognition and is from the Department of Labor and the National Youth

Employment Coalition. We are the only state correctional agency that has this award. The rest of the agencies that have this award are community-based organizations. To receive the award, you must apply and complete an extensive self-study. You are given different areas to look at and review your program. We were given only two suggestions as to where we needed to improve, leadership skills, and family involvement. We developed a plan to get more family involvement. It's not always an easy task, but we designed a family letter, both in Spanish and in English, which is sent to the guardian or parent. The letter states the program that their child is participating in and the kind of services awaiting them once they get out. We keep those services pretty open, hoping that the parents and guardians who are unemployed and need help themselves can understand that these services are at their fingertips too. We have had a positive response from some parents and guardians calling back and wanting to know more about the program and how can help the kids once they get out.

We have discussed the need to collaborate with others. We have some communications, and we have now some leadership skills that are encompassed in our curriculum for the RIO Program. However, in the extension or enhancement part of the program, there will be additions to the curriculum such as critical thinking and problem solving, customer service concepts, and being a responsible employee. An example of how this would be implemented is when the youth complete the RIO class and all their core requirements and within the last one to two months before they are scheduled to leave, we do a refresher course.

The refresher class uses special activities and creative activities to continue their thoughts and familiarity with workforce development, but not necessarily sitting there talking about the same thing they just finished in the RIO classes. In San Saba the counselor, in addition to RIO classes that she has, finds that if the kids who complete the RIO program and want to move on to a higher level or to enhancement, the RIO program gets into what's called Toastmasters and Leadership. Now, if you are familiar with Toastmasters, you know it can be a little intimidating if you're not used to public speaking. The kids learn to write speeches and to give them. And they actually attend Toastmaster meetings in their local community. The other thing that the counselor has done is talk with the local newspaper that has agreed to run an article that the kids write in this group. We get copies at central office and display them so people can see what the kids have done. With most of these kids the biggest problem they have is they just don't know how to express themselves. We can teach them to read to the 12th grade level, but that's not the same thing as feeling confident and knowing how to express what you really want to say and how you feel.

Other programs will have world topic discussions where the students come once a month or every other week, it all depends on the schedule at the facility, and they'll talk about local, state and world issues as a group. In many cases these kids never cared about issues beyond their neighborhood, and they are now discussing world issues and saying, "Well, what would you do?" For critical thinking and problem solving, they are given a situation and are asked to develop a solution. It may be employment-related, career-related, or related to a personal issue, but they have to come up with the solution either by themselves or they may be given a list of possible solutions, and they have to determine the best one.

They do a review of the IFS plan, and get instructions to

report to their parole officer. We discuss parole, what you're going to do, and what's expected. We want to make sure that they understand that the parole officer is not going to get them a job, and that TWC is not going to necessarily get you the job. It is up to you to get the job, but all of these people and these entities can assist you. We do reality therapy and let them take control of their lives because they have more to offer than they think they have.

We give them a list of TWC RIO officers across the state including the name and addresses of the TWC RIO officers or counselors in their area. We go back and summarize with them their accomplishments while they're in RIO, so that will stay with them. All of that information is sent to parole so when parole officers get the file, they know what the kid has done, the classes they've been through and where they should be, and the officer can get them over to the TWC office. It's a true collaboration and work effort from the time the students enter the system all the way through to parole when they're working with TWC.

We also track these students on parole. There are those who go through RIO. We can keep track of what our constructive activity rate is, which means those youth who are RIO participants, are they in work and/or school, and also is this strictly the work rate? How many of them are working?

Once the youth is on parole, they are referred to the TWC office for assistance. In 2001, the office served a little over 1,600 kids. We had a work rate of 59 percent and a constructive activity rate of 76 percent. If for any of you who have any knowledge or experience in the workforce development arena, that's pretty good when you're talking about this age group.

Here are other effective programs that I wanted share with you in case you wanted to do your own exploration about what was out there. A CASE, which is Center for Alternative Sentencing and Employment Services, is out of New York. It is a collaborative effort with the New York City court system. The program provides youth felony offenders a structured, rigorous program of education, employment preparation, job placement, and counseling. They do this a lot through art-based learning, mentoring programs, peer education, and activity based skill development. You can locate more information about the program on the Internet. Do a word search with their name, and it'll come up. You'll get some fabulous information on this place, and it may be a little bit more similar to what your situation is or at least give you some different ideas of what you can do.

Another alternative program that has done well with youthful offenders is the Gulf Coast Trades Center. If you've never visited their campus, I highly suggest that you do so. It's a wonderful alternative. It's career and technology based, and they have their own charter school. There is also a GED program. In the education program the center has the complete educational experience including class rings and graduation gowns. They focus on getting the kids occupational skills and returning them to their communities with employable skills. To me one of the most wonderful things about this program is the community support that they get. Their executive director was very much involved in labor unions prior to putting this facility together. He has many wonderful connections there. Many of their trainings have been industry-level-oriented, aligned with what the industry is looking for, and the community support is a study.

Another program that I would like to give you some information on is called Fresh Start. It is out of Baltimore, Maryland, and

is a non-profit, non-residential, 40-week skill-training program that provides youth with intensive job readiness training (JRT). You may hear us refer to academic remediation, life skills development, and job placement. They work very closely with local colleges to get a lot of course credits for different areas, and they do hands-on work projects and learning experience. One of the really fascinating things about this is their hands-on work project. One of their most interesting is on boats, on huge sailboats there in the Bay area. The students and youth get out there and work on them. They either rebuild them, refurbish them, or they may build from scratch.

Another program is the Assistance for Youth and Workforce Development, which is nationwide, and they have programs outside of the United States. I know they are working in Australia and other countries. They are considered the premier place if you want to look for technical assistance, program ideas, or information about legislation and funding. They have a website and are very educational. If you are going to start a workforce development program, but you do not necessarily have any staff who have a work history or experience in workforce development, they have several opportunities for conferences, trainings. The most prominent one is the New Leaders Academy. It is a two week residential training, one from Washington and the one from somewhere else in the U.S., and it is for professionals who are up and coming in the field of youth and workforce development.

One of the most important items that must be considered to ensure an effective program is to create an agency culture where workforce development is a continuous process, one that begins at intake and concludes at discharge. Discharge means when the kid is completely on their own, not just when they are transferred to another department or transferred to another level of your agency. It is a continuous process in that everybody understands, supports, and knows how this benefits both the organization and the youth.

Prior to coming to TYC, I worked for the workforce center. When we worked with these adults we began the employability classes by telling them, "Once you finish this class, we don't ever want to see you again." If we do our job right and give them the skills that they need with the understanding of where to go for help, the encouragement and empowerment, then hopefully these kids will not return to the juvenile justice system. We would also want them to be able to work through any problems they have using the skills we have taught them and be able to live independent, successful lives.

We suggest that if you also want to have an effective workforce education program, you would need to hire workforce development specialists or get some specific and very focused training for your staff to develop and coordinate these programs. Work closely with the local workforce boards and community-based organizations. Find out who is out there doing this already, and you can then focus in another area and use perhaps a collaborative with them without duplicating any services.

The local workforce development boards are another resource for some of the information regarding training and funding. Those who were familiar with JTPA, Job Training Partnership Act, know it has been replaced with the Workforce Investment Act (WIA). WIA is federal funding that you can access to help provide some of these services, particularly in the area of youth, because historically they have not done a good job in funding those services, and there was question as to whether or not the people who

received the funding actually used it to serve the proper population. WIA is very specific as to how the funding can be used. The government follows who has the money and who is spending it and the population. They are another good resource.

You must have accountability. Develop measurable outcomes, and be able to demonstrate program success. Always have something that you can shoot for and that can be measured. For the RIO program, we measure workforce work rate and our constructive activity rate. At the beginning of the year, the workforce counselors do a business plan stating the number of kids to be served and how they will help maintain the work and constructive activity rate. We can tell individually by each counselor which kids are on parole and how well they are doing. That is directly tied to their performance appraisal. It also affects that parole office because we can tell how many RIO kids at that parole office actually were referred to TWC. So we can tell which areas need additional assistance and the areas that are doing very well. Program measures can tell you just how effective the programs that you are funding are doing.

Those pre- and post-tests that we talked about are measures that we can use to see how well this is going. We also do a student evaluation. The students at the end of their time in RIO fill out an evaluation, and it goes into the file. At the end of the year we compile all of those evaluations and have an overall. I am supposed to receive that Monday, and I am curious to see what that is going to be from the last year. It is a way that we can continually keep looking at our own program and finding out what we can do better.

And the last thing is keep in mind that there are time limitations and individual needs. Basically what I mean by this is how much time do you have to spend with these youth? What can you do effectively in that period of time? If you are only going to have them for a six-week period, then you must be selective about what skills and workforce development topics you can cover with them. If you try to give them the whole range of workforce development in that six-week period, and let's say you only have them for a couple of hours each day or a couple of hours a couple days a week, you are going to overwhelm them, and they may not be successful. Just keep in mind the time limitations, and if you have a year to work with them, take your time and build the foundation with them.

Remember that everyone is different. Although the kids may be the same age, they may have the same type of offenses or type of risky behaviors, but some are going to progress differently. Make sure that the program is developmentally appropriate to ensure success with the child.

One of the other things that we talked about recently is just really keeping a focus on who the employer is, what the job is, and then going back and looking at the youth and what their special needs are. If you are working with a youth that is a sex offender, you will need to ensure they are not placed near children. However, there may be other occupations you may want to be leery of as well. If you are unsure about those things, then you might want to contact someone who is an expert in sex offenders and talk to them about different jobs that would be more appropriate for placement. The same would apply to kids who have personality disorders. You have to take into context what their special needs are.

Another thing that I wanted to mention is the Texas Workforce Commission. If you are assisting youthful offenders in

obtaining employment or developing relationships with potential employers, remind them that employers of at-risk youth offenders are eligible for a tax-credit. They can also get the credit for hiring adults who are ex-offenders. They are also eligible for federal bonding on these individuals. The amounts fluctuate depending on how many offenders they hire, the employment details, and so forth. All they have to do is register with the Texas Workforce Commission as a RIO employer. They will give them the paperwork; it is really simple. It is not a lot of paperwork, and it is not an ongoing paperwork process. It is a great incentive to gain additional employers and increasing some of the placements with those youth.

If you have any questions with regard to TYC or workforce development or if there is something else that maybe I can help you with, if you are looking for more information on the National Youth Employment Coalition or other contacts, I would be happy to help you. We have a staff person who is responsible for the employer development, and looking at those community-based organizations that may be doing some services or providing some services that our kids could use, but are not aware of. This person works with TWC to do intake and provides transportation for the youth. She is also helping us to identify and work through issues between TWC, community-based organizations, and parole across the state. She is developing relationships with temp agencies that don't have just local offices but have offices all over the state of Texas because we have found them to be an excellent partner in helping to get our kids employed. It is just an extra buffer for the employer, and they are more willing to do it. In my previous work, in working with temp and employment agencies, they really are an asset to getting your foot into doors that otherwise you probably would not have an opportunity to do.

When doing workforce development, keep in mind you may be able to qualify for funding under WIA. In San Antonio we are working with a community-based organization that is WIA funded. They are providing GED classes, employment prep, and employment assistance, so there are all kinds of things that are out there; but your workforce development boards with that WIA funding are a really good place to start. Again, TWC has a list of all those boards on their website. You do a little research, but you can come out and find out what is available. WIA has certain accountability measures for programs that serve the 14 to 21 populations. So, if your population is within that range, there are some opportunities. One of the reasons they like working with us is that we do track our kids. They must meet certain performance measures, and it is easier if someone else can do the tracking for them. When we first talked, it was pretty much a selling point when we said, "Well, we can track," and they agreed. It is still a work in progress, and the nature of TYC and our students, you can understand, is that we have to do a lot of selling to get them to work with us, so there are still some places in the state of Texas that we are still working on.

Don't be afraid to approach colleges, universities, Communities in Schools, and community-based organizations about working together. If you really start looking at what services are out there, how much we are overlapping one another, and if we could have more collaboration between agencies, you may be able to save some time and money. The results are that you will be able to get some kids out there just a little bit faster on the success track than what we are doing now.

For youth that want to work in a more creative field, for exam-

ple art or music in rural areas, there may be a problem in locating resources. I am sure the Austin area has some resources to assist youth with those types of aspirations, but I would recommend the National Youth Employment Coalition. If they are not able to assist you, they are connected worldwide, and they can direct you to someone in the U.S. or elsewhere. There are a lot of world programs, that people don't even realize are youth oriented, and many of them have resources for non-traditional assistance and career path or occupational path assistance.

We have many artistic youth. I think that a large reason why most of them are artistic is because their efforts to communicate and express themselves are just not working in a verbal sense or an oral sense, but it comes out in artwork and other things like poems. I am sure you have read some of the poems these kids have written, and it is just unbelievable. In the articles in the newspaper that we had in San Saba that runs for the youth, I am amazed at what these kids are writing, by giving them the tool that matches their personality to get their creativity out.

We still encourage them to do the career exploration and gather all the information. We began discussions about the possibility of looking at employment at sign companies. At least they are getting the creative nature somehow satisfied, and then the youth can do research for community colleges that could offer more assistance in art classes unlike what we are able to offer. As far as our Career and Technology Education and occupational skills programs, we don't have any that would fit under an artist type of program. However, one of the things that the Career and Technology Educational Coordinator in one of our programs is considering is adding a graphic design class, but the field has

changed tremendously over even the past five years. So we want to make sure that if we are going to give them graphic design skills that, again, we want to ensure they are industry-level prepared. We obviously can't get them the degree that they need nowadays. In the past all that was needed was training, and you were a hot commodity. Now, you have to have the degree, and there are only certain occupations that use people with graphic design skills. We are still studying the area so we can make sure that if we add a graphic design training class, the youth will be equipped with entry-level skills in the area. That is something where the temp agencies become excellent resources because they know many of the employers in that area and can say, when they're hiring for people with these skills, these are the types of jobs and these are types of skills that they want them to have.

Many of the kids come into the RIO program expressing an interest in the entertainment field. They want to be an entertainer. When they began to look at the opportunities in that industry, most of them change their mind. We still encourage them to not give up on their ideas of the area but allow them to look realistically as to how do you get to that, and then what are you going to do in the meantime? We get them to understand that they will need to get a job to pay the bills first while they are working toward their dream in the entertainment industry. Unfortunately, the media doesn't help because they will show how someone has made it to stardom, but often they don't show how the person started in the field.

Please contact my office if you have any other questions, and thank you for attending.



# How Can We as a Community Help our Children in the Juvenile Justice System?

The Honorable Ken Mayfield, B.A., J.D.  
Dallas County Commissioner  
President of the National Association of Counties

I want to thank you and the Hogg Foundation for focusing attention on juveniles and the mental health issues in the juvenile justice system. And certainly I want to give a big thanks to you, Carolyn. You've been dealing with my office, and I've had the pleasure of dealing with you on a couple of different matters, this being one of them.

I want to talk to you today about mental illness, juveniles and the criminal justice systems, but before I get into the main body of my talk I want to talk a little bit about communication. You know, it's highly important that we communicate properly. If we want to go to the Legislature, if you want to go to your county commissioners or your school board or your city council, it's important that you communicate the ideas that you want to get across and the help that you need, and if there's miscommunication, then obviously that's a barrier. So I just want to tell a little story that kind of illustrates this.

How many of y'all have been to Walt Disney World in Florida? I'm sure many of you have. Yes. There's a city down there that's got a cute little name, that I don't know if Walt Disney World is in there, actually in the city boundaries, but it's right next to it. My wife and I were down there a few years ago, and my wife said, "Do you know how to pronounce where we are?" And I said, "Yes, it's Kissi-mee." She laughed at me and she said, "No, it's not Kissi-mee, it's Kiss-imee." Disney World is down there, and Kissimmee is a cute little name. I figured that that's the way they pronounced it, and I said, "No, honey, it's Kissi-mee. I'm sure that's the pronunciation." So she told me that's not correct. So it was about noon and we were out driving in the city, and she said, "Pull over here." We stopped in this little eating place, and she said, "You know what? I'm going to prove to you that you're pronouncing this city wrong." So we got out and went in. She surveyed the room and was looking around for somebody she thought was a native of the city and she spies a gentleman and she says, "Sir, now are you a native of this city?" and he said, "Yes ma'am." And she said, "Have you spent all of your life here?" and he said, "Well, not yet," which was a good response. It shows he's thinking about it. And she said, "Well, my husband and I are having an argument about how you pronounce where we are. I would like for you to very slowly, very clearly, and very concisely tell him where we are." And so I walked up and he was on the counter and he sort of bent over the counter and he said, "Okay. Burger King." Of course, my wife meant the city, and we were in Burger King, so that's where we were, and that was his response. So you have to be careful, and you have to communicate what you really want to do and the information that you really want.

Now, juveniles with mental health issues in the juvenile justice system are an important issue that must be addressed. The problems of juveniles with mental or emotional illnesses have rarely received adequate attention, and yet the problems are now escalating out of control in most parts of the country. Currently as the president, and also serving on the executive board of the National Association of Counties since 1999, I've had an oppor-

tunity to travel and speak to many different groups in many different parts of the country, and I can tell you that this is a problem in every part of the country.

It is an issue that governments at all levels must deal with. One of our nation's early leaders, Henry Clay, once said, "Government is a trust, and the officers of the government are trustees, and both the trust and the trustees are created for the benefit of the people." Let me provide you with some information to illustrate how grave this situation is. I know you've heard these statistics in different groups and in the general session that we heard, but I think they're very, very important, so I'm going to go over some of these again.

Each year more than two million children under the age of 18 are arrested for criminal violations. Each day more than 100,000 youth are incarcerated in detention centers or correctional facilities. Available research indicates that approximately 20 percent of youth entering the juvenile justice system have serious emotional disorders, while 50 to 60 percent of the youth have active substance abuse problems. The problems in the juvenile system are quite similar to the adult system in that detention centers house large numbers of juveniles who are charged with minor infractions for technical violations of the law. Their conduct is more often the manifestation of their illness than the result of criminal intent.

In January of 2001 the U.S. Surgeon General released a report that outlined goals and strategies to improve services for children and adolescents with mental health problems. According to the report, our nation is facing a crisis in public mental health for children and adolescents. The report stated that one in ten children in America suffer from a mental illness severe enough to cause some level of impairment, yet in any given year it is estimated that fewer than 20 percent of those children receive needed treatment. Youth with mental, emotional, or behavioral health problems constitute a high risk for becoming involved in the juvenile justice system particularly if they are experiencing adjustment difficulties at school, or if they drop out. And of course, we've heard about the truancy programs that are available around the state of Texas.

The U.S. Office of Juvenile Justice and Delinquency Prevention and the National Mental Health Association have conducted a series of studies to evaluate the nature and prevalence of mental health disorders among youth involved in the juvenile justice system. These federal initiatives are beginning to reveal the scope of the problem and the inadequacy of mental health services provided for youth who are referred to juvenile justice agencies.

A recent Mental Health Association study revealed that 50 to 75 percent of the children in juvenile justice facilities have at least one diagnosed mental health disorder. More than 50 percent have previously received treatment for mental health problems. Sixty to 70 percent of incarcerated youth with substance abuse disorders have at least one other mental health disorder, and as

many as 50 percent of substance abusing juvenile offenders have ADHD, and nearly one-third have a mood or anxiety disorder.

The study further revealed that the following diagnostic categories are frequently applied to juvenile justice youth: Conduct Disorder, mood disorder, anxiety or post-traumatic stress disorder, attention deficit/hyperactivity disorder, psychotic disorder, substance abuse disorder, learning disorder, and suicidal behavior. Finally, the study revealed that girls have higher rates of mood and anxiety disorders as well as higher rates of self-mutilation and suicidal behavior. Sixty to 80 percent of girls in the juvenile justice system need substance abuse treatment. Forty-three to 70 percent of the girls have experienced some form of abuse, and girls in the justice system are at risk for chronic health conditions, including sexually transmitted diseases.

Many groups have called for initiatives to improve mental health services to youth in the juvenile justice system. These improvements include conducting comprehensive research to assess the true prevalence of the problem, providing routine mental health screening and assessments of youth at the first point of entry in the juvenile justice system, providing resources for youth needing services, and ensuring coordination between mental health and juvenile justice professionals.

From 1980 until 1988 I worked as an Assistant District Attorney for Dallas County and eventually became the chief of the Juvenile Division of the District Attorney's Office. It was during this time as the county's chief juvenile prosecutor that I witnessed first hand the growing number of juveniles that were inappropriately housed in county detention centers by virtue of their mental illness. After studying the matter, it became apparent that the majority of persons with mental illness, be they juveniles or adults, are serving time for minor offenses and were usually not taking their medication at the time of their arrest. It was also clear that many persons with mental disabilities also suffered from co-occurring disorders such as substance abuse or homelessness and did not have caregivers to oversee their daily care.

I realized that if juvenile detention centers did a better job of screening and diversion, many of these young people would receive the treatment that they need. Instead, similar to adults in jails, detention centers have become the dumping grounds for juveniles with mental health problems. Too often mentally ill juveniles tend to follow a revolving door, from detention to the streets, and then back again. The longer non-violent kids with mental health problems are incarcerated, the more their condition will deteriorate, and then they may very well become a public safety risk. How many times have we read about juveniles who fell through the cracks, who failed to receive any treatment, and then in the end were transformed into dangerous individuals?

Reforming the juvenile justice and mental health systems in Texas has been a major interest of mine for a number of years. More than a year ago I organized a community-based task force in Dallas County to put together a comprehensive program to divert the mentally ill who commit minor offenses. The key focuses of the task force were funding, permanent housing, treatment, eligibility criteria, communications, and education and training of law enforcement. I have been gratified by the full support of every law enforcement agency in Dallas County. At the core of the system is a triage unit that ties together intake and assessment, health care, emergency, and transition housing, among other services. The task force has already completed the production of its first video to provide education and training for law enforce-

ment at every point of contact with the justice system for persons with mental illness and mental retardation and co-occurring substance abuse disorders. Other videos will target judges, prosecutors, defense attorneys, family members, paramedics, emergency room staff, and the community.

There is no question that this is necessary. In Dallas County nearly 23,000 children and adolescents received publicly funded mental health care in the year 2000. Suicide is the third leading cause of death in the 15 to 17-year-old age group in Dallas County. Fortunately, the county is not alone in this battle. The state of Texas has recognized the dramatic increase in children in the juvenile justice system who have mental health problems. To address this problem the Texas Legislature has mandated the use of a standardized, validated risk assessment tool for all youth formally referred to juvenile probation departments. This assessment tool is now used throughout the state to screen youth who have mental health problems. In addition, the Texas Juvenile Probation Commission is piloting a voice diagnostic system that can identify 20 psychiatric disorders and can be administered by paraprofessional staff.

The Legislature also charged the State Probation Commission with implementing pilot programs to address the needs of juvenile offenders with mental health issues. The Commission received \$2 million to work in conjunction with the Texas Council on Offenders with Mental Impairment to create specialized programs that provide intensive supervision and treatment to juvenile offenders with mental health problems. The initiative has been funded in three phases. Phase I – encompass the development of specialized caseloads within the seven largest regions of the state. Dallas County, along with Bexar, El Paso, Harris, Hidalgo, Cameron, Tarrant, and Travis counties, created teams of probation officers and mental health professionals to work with children involved with the justice system who are at risk of removal from their homes due to mental illness. A caseload of 12 to 15 youth per team are supervised for a period of three to six months to stabilize the child and ensure links to appropriate mental health resources. Phase II included a competitive request for proposals from medium and small counties, which resulted in 11 counties receiving funding for similar services. Phase III will provide funding for mental health centers for youth in regions not funded in the earlier phases.

I am proud to say that the Dallas County Juvenile Department has been at the forefront of recognizing the presence of high-risk mental and emotional disorders among youth referred to the juvenile justice system. Through a cooperative effort with the University of Texas Southwestern Medical Center and Dallas Metrocare, any youth who is referred to the system with a history of mental health treatment received a psychiatric examination upon admission to the detention center. In addition, the psychology staff screens every youth who is detained, and if indicated, a referral is then made for a psychiatric consultation. Currently, psychiatric services are available on a daily basis for an average of 16 hours per week. If a youth comes into the system having been prescribed psychotropic medication by a psychiatrist, he or she is immediately referred for a medication consultation.

An analysis of our psychiatric data in Dallas County for 1,037 youth admitted to the Dallas County Juvenile Detention Center for the last four months of 2001 revealed these numbers: 137 youth were sent for a psychiatric evaluation upon admission, 82 were prescribed medication, 64 received a diagnosis of mood disorder,

20 received a diagnosis of a substance abuse related disorder, 15 received a diagnosis of Conduct Disorder, 7 received a diagnosis of anxiety disorder, 7 received a diagnosis of attention deficit/hyperactivity disorder, 3 received a diagnosis of psychotic disorder, and 21 received other diagnoses, including learning disorders, physical or sexual abuse, and adjustment disorders. These are staggering numbers when you consider it is just the last four months of last year. Clearly, the problem needs to be addressed. It is an excellent start for Dallas County and for the state, but it is just a start.

Other counties around the country are also dealing with the mentally ill in jail. In Los Angeles County teams of mental health workers and community police officers divert the mentally ill from the scene of an accident after they conduct a preliminary assessment. In the vast majority of cases, the diversion is to a health unit.

Multnomah County, Oregon found that the mentally ill defendants stay in jail one-third longer than those who are not mentally ill. Lengthy incarcerations not only worsens their condition, they almost always guarantee difficulties after their release. For example, in many states even a short stay in a county jail is enough to stop a mentally ill person from receiving such entitlements as Social Security, Medicaid, and Medicare. Once an individual is released from jail, he or she is eligible to receive such benefits again, but it may take weeks or months for the programs to be restored.

Broward County, Florida started the nation's first mental health court five years ago with a focus on misdemeanor offenders who are mentally ill or mentally retarded. Mental health courts mandate treatment programs for defendants rather than sentencing them to jail.

King County, Washington has successfully created integrated service systems for people with mental illness and other co-occurring disorders. The goal is to share clients' information, planning, and resources across agency lines. What a concept. In the words of one former county administrator in King County, the experience in King County has demonstrated that the major challenge is creating a new system.

What the public needs to understand about the mentally ill is not just that they will significantly benefit from a system of comprehensive services, including housing and health and human services, but also that it would be less expensive and more effective in the long term. For minor offenders, community-based mental health care is far less expensive than maintaining them in county jails. Implementing a community-based social service system is infinitely more preferable to jail in terms of addressing the multiple issues facing the mentally ill. By keeping the mentally ill within the health and human services system, we are also better able to monitor their condition, provide treatment, and to dispense medication, if needed. The public's safety is certainly better served.

Jail has the opposite effect. It traumatizes the mentally ill and makes them worse. I am committed to reducing the number of mentally ill that are housed in our jails. This is one of my initiatives as president of the National Association of Counties. A key objective of this initiative is to educate and train county officials and partners in the community about the mentally ill so that the mentally ill are identified and handled appropriately if and when they enter the criminal justice system. According to the U.S. Department of Justice, approximately 16 percent of the inmate

population is mentally ill. This is a treatment and custodial problem for counties, both during the prison term and in the person's re-entry to the community.

Another objective is to highlight forward-thinking state and county programs that divert the mentally ill from the mainstream criminal justice system through a variety of approaches. As we are doing in Dallas County, these include mental health triage, mental health courts, transitional housing, and successful coordination and collaboration among county agencies responsible for public safety, mental health care, and other social services. The initiative will focus on urban and rural areas, commonalities and differences of barriers, opportunities and programs, regional approaches that involve multiple counties and/or cities and counties, and the important leadership role that elected county officials can play in identifying and implementing solutions to divert the mentally ill from jail.

I have a second initiative that relates directly to what we are discussing today. This initiative focuses on early childhood development. We have programs out there for truants, and we try to get to them as early as possible, but the earliest you can get to a truant is when they enter school at six years of age, maybe sometimes five years of age. My early childhood development initiative wants to start in the womb, wants to start with an at-risk pregnant woman, making sure that she gets the prenatal care that she needs to have a healthy child and a healthy delivery, and following up for those next six years until that child reaches the first grade, to provide all of the services that are available in the county, whether they are federal, state, county, city, or private that that family unit can qualify for through one individual. It's a home visitation system based much upon the Zero to Three, except a little more comprehensive. Science tells us that 40 percent of a human's brain is developed in the womb. Who wants to give up that 40 percent? We need to impact it as early as possible. The other 60 percent is developed obviously over the life of the individual, but most of the foundation is set for the next three to five years. If we can impact these kids in the womb up until six years of age—Zero to Three did a terrific study, a longitudinal study, that shows that 94 percent of those individuals graduate from high school, go on to become productive adults not entering the juvenile justice system or the criminal adult system, whereas 40 percent of another control group from the same neighborhood, that's who we can say graduate from high school and go on and become—40 percent versus 94 percent. That's a no-brainer.

We must do everything that we can to reduce the number of mentally ill juveniles who are in our jails. But if we can reach these youth earlier, we may be able to keep them from coming in contact with the justice system at all. The goal of my initiative is to raise awareness and build capacity at the county level to nurture and support the healthy development of young children. Children who are well cared for during their early years are better prepared for school and perform at a higher level. They also are more likely to become productive adults and are less likely to engage in juvenile or adult criminal activity.

The approach is prevention as opposed to crisis intervention. The target population for this initiative is at-risk families, focusing on children from prenatal to kindergarten. To support this initiative NACO received a planning grant from the Anna E. Casey Foundation this spring. During the month of May three regional hearings were held around the United States where input was gathered from county officials and business and community lead-

ers. This input was used to make a major grant proposal to the Casey Foundation for a three-year NACo program. The program will include a number of elements—sharing information from model county programs, direct assistance to counties in developing and implementing early childhood programs, and research and publications that raise the visibility of the county role in early childhood care at the national level. A key aspect of the program will be the engagement of partners at the national and local levels, particularly non-profit organizations who deliver services to at-risk families and the business community which is positioned

both to support early childhood development programs and benefit from their successes.

I know of no better place to start than with the children. We must be willing to make sacrifices to invest in their future. It will benefit all of us. An Austrian author once said, "People of talent resemble a musical instrument more closely than they do a musician. Without outside help they produce not a single sound, but give them even the slightest touch, and a magnificent tune emanates from them." Please join me in making a commitment to the youth of our nation.

## Conclusions and Recommendations

The Robert Lee Sutherland Seminar XII provided many with a sense of the huge complexities surrounding juvenile justice. Every year more than one million youth under the age of 18 in the United States come in contact with some aspect of the juvenile justice system (Stahl, 2001). Of these children, it is estimated that up to 80 percent have diagnosable mental health disorders, and at least one out of every five has a serious emotional disturbance (SED) that substantially interferes with their daily functioning (Cocozza and Skowrya, 2000). In some instances, families unable to deal with their child's mental illness turn them over to the juvenile justice system hoping their child receives needed treatment and medication that they are not able to afford. Although the youth, in some cases, receive the needed mental health services while in detention, when they are released and placed back into the community they are often left on their own to continue without mental health services and/or medications.

The expert speakers at the Robert Lee Sutherland Seminar XII presented vital information for collaborative teams who attended the seminar to assist them in developing needed aftercare programs that would provide the necessary treatment and wraparound services to reduce the number of youth returning to the juvenile justice system. Topics ranged from assessment tools used within the system to best practices and research in the area.

As the collaborative teams returned to their communities they were faced with budget cuts, which often lead to reducing the number of intervention and prevention programs that help to reduce the number of children entering the juvenile justice system. For youth identified with mental health problems, early intervention and treatment of mental illness can help youth get through the difficulties of adolescent years. It is imperative that all resources available must be used efficiently, and that communities work together to address this growing need.

The Robert Lee Sutherland Seminar XII was a beginning for communities to start a dialogue and a plan to address the mental health needs of children returning from the juvenile justice system to their own neighborhoods. Dialogue and effective planning for new ways of identifying resources to fund needed programs must be developed, as each community is faced with children who have been identified as having a severe emotional disturbance and families who are unable to access the necessary treatment and/or medication for their children. These children are at risk of beginning a cycle in and out of the juvenile justice system.

Communities will have to ensure that all agencies involved continue to communicate and meet often to review the needs of the youth. They will have to explore funding opportunities for both private and public funds so that effective aftercare programs with strong mental health components are available to assist youth and their families.

A continuing dialogue with state and local officials is necessary to ensure that youth with a severe emotional disturbance who are involved with the juvenile justice system are not forgotten and that effective aftercare programs continue to receive the necessary funding to maintain operations.

Hopefully, those who were able to attend the seminar were able to gain additional knowledge and insight as they develop policies and best practices to address the needs of youthful offenders with severe emotional disturbances.

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# Helpful Web Sites

The following web sites have useful information on articles, research, and funding opportunities in the area of juvenile justice and mental health services:

## **[www.samhsa.gov](http://www.samhsa.gov)**

Substance Abuse and Mental Health Services Administration. SAMHSA is a federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

## **[www.ncjrs.org](http://www.ncjrs.org)**

National Criminal Justice Reference Services. NCJRS is a federally funded resource offering justice and substance abuse information to support research, policy, and program development worldwide.

## **[www.ncjfcj.unr.edu](http://www.ncjfcj.unr.edu)**

National Council of Juvenile and Family Court Judges. NCJFCJ is dedicated to serving the nation's children and families by improving the courts of juvenile and family jurisdictions. Their mission is to better the justice system through education and applied research and improve the standards, practices, and effectiveness of the juvenile court system.

## **[www.safeyouth.org](http://www.safeyouth.org)**

National Youth Violence Prevention Resource Center. NYVPRC was established as a central source of information on prevention and intervention programs, publications, research, and statistics on violence committed by and against children and teens. The resource center is collaboration between the Centers for Disease Control and Prevention and other federal agencies.

## **[www.ncmhjj.com](http://www.ncmhjj.com)**

National Center for Mental Health and Juvenile Justice. The Policy Research Associates has established the NCMHJJ to highlight issues. The Center has four key objectives:

- Create a national focus on youth with mental health disorders in contact with the juvenile justice system.
- Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth.
- Conduct new research and evaluation to fill gaps in the existing knowledge base.
- Foster systems and policy changes at the national, state, and local levels to improve services for these youth. A key aspect of the Center's mission is to provide practical assistance to all persons interested in mental health and juvenile justice issues.

## **[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)**

Office of Juvenile Justice and Delinquency Prevention. OJJDP web site is designed to provide information and resources on both general areas of interest about juvenile justice and delinquency including conferences, funding opportunities, new publications, and comprehensive strategies as a framework for communities to combat youth crime.

## **[www.bazelon.org](http://www.bazelon.org)**

The Judge David L. Bazelon Center for Mental Health Law is a nonprofit legal advocacy organization based in Washington, D.C.

# The ABCs of Juvenile Justice:

*Appropriate Assistance • Breaking Barriers • Collaborating Communities*

Mental health is an essential part of everyone's life—especially young adults. During the adolescent years, teens face a number of difficult challenges when learning how to engage in relationships, manage complex feelings, evaluate situations, and make good choices. For juveniles in the Texas criminal justice system who may suffer from a mental illness, those choices can be vital to their success and contributions in life.

In September of 2002, the Hogg Foundation for Mental Health hosted the latest in a series of seminars named in honor of its founding director, Dr. Robert Lee Sutherland. *The ABCs of Juvenile Justice* examined the critical issues facing juvenile offenders who suffer from mental illness and what programs and opportunities are and should be available to improve public understanding of their needs, to increase access to services, and to break down the barriers that prevent them from turning their lives around.

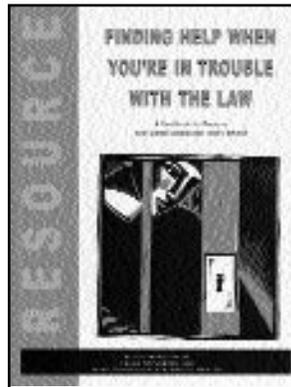
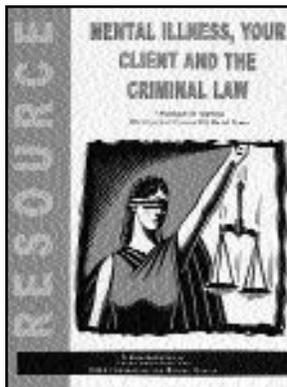
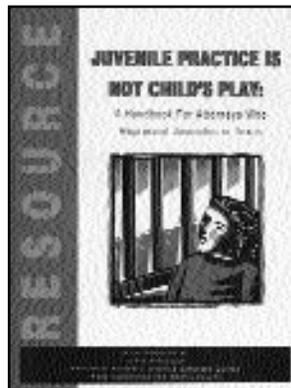
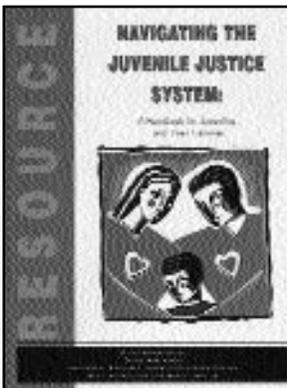
## *ALSO FROM THE HOGG FOUNDATION FOR MENTAL HEALTH*

Four handbooks to help mentally ill defendants navigate the intricacies of the Texas criminal justice system are available FREE from Texas Appleseed and the Hogg Foundation for Mental Health. The books are designed to inform both attorneys and individuals about a mentally ill defendant's rights, options, and resources should they be arrested for a criminal offense within the state of Texas.

Two of the handbooks address the needs of attorneys. Both *Mental Illness, Your Client and the Law* and *Juvenile Practice Is Not Child's Play: A Handbook for Attorneys Who Represent Juveniles in Texas* provide detailed descriptions of the best ways to prepare clients through the steps of incarceration, assessment, and trial.

For individuals and families, the handbooks *Finding Help When You're in Trouble With the Law* and *Navigating the Juvenile Justice System In Texas: A Handbook for Juveniles and Their Families* are easy-to-understand guides explaining the rules, rights, and expectations people should have when a mentally ill defendant is incarcerated.

Printed copies of the handbooks are available AT NO CHARGE. To order publications, contact Texas Appleseed at 512-804-1633, or the Hogg Foundation at 512-471-5041 or via email at [comm@hogg.utexas.edu](mailto:comm@hogg.utexas.edu). Downloadable versions of the handbooks are also available via the Hogg Foundation website at [www.hogg.utexas.edu](http://www.hogg.utexas.edu).



Hogg Foundation for Mental Health  
The University of Texas at Austin