

**[REDACTED]**

The work of this Blue Ribbon Task Force was driven by two questions: (1) If we could re-design health care, education, treatment and case management at Texas Youth Commission (TYC) correctional facilities, what would it look like? (2) If we could re-design the juvenile justice system in Texas, what would it look like? The members of the Task Force view the care of youth as a continuum-of-care to include before, during, and after confinement. Accordingly, this report is structured into three major sections: Before, During, and After.

The Before section focuses on primary crime prevention/diversion, detention, and sentencing reform. We emphasize keeping youth in the community. Several juvenile justice programs are explored that serve as alternatives to incarceration, decrease recidivism rates, and save money for taxpayers, with the savings generated by these programs ranging from \$4,622 to \$77,798 per participant. The cost effectiveness of these programs illustrates that there are programs for juvenile offenders that produce long-term economic benefits. Considering that approximately three-quarter of adult offenders have previously been in the juvenile justice system, this finding demonstrates the attractiveness of community-based juvenile justice prevention and intervention programs as a means to reduce crime, which ultimately affects the need for prison construction and the ability to save Texas taxpayers' money.

The During section addresses the health care, education, treatment, and case management of adjudicated juvenile delinquents in TYC facilities. The recommendations enumerated in this section of the report are driven by a response to two overarching questions. First, "how do we keep our communities safe?", and second, "what would one expect (or accept) for his or her own child?" There are ten guiding principles that cut across the recommendations in this section: (1) The environment within the TYC should be safe, health-promoting, and facilitate the appropriate educational and moral development of youth; (2) Youth should spend the least amount of time possible in the TYC system; (3) The TYC environment should be as least restrictive as possible (4) Staffing capacity should be commensurate with the size and needs of the population; (5) Evidence-based policies and programs should be implemented; (6) TYC should be child-focused, family-centered, and non-violent; (7) Communication must be effective; (8) TYC should be grounded in positive youth development where education and treatment, rather than punishment, is the primary work of the TYC; (9) Youth with disabilities should be identified and accommodated; and (10) Youth and families should have easy access to attorneys and advocacy groups. We assert that these efforts may be more fully realized using a regionalized system of care that supports the use of small facilities, that admits youth to TYC using research-based risk assessment and classification, and that provides specialized treatment for youth and families.

Finally, the After section of the report coalesces around transition planning, reentry, aftercare, and parole. Here, we emphasize a community reentry model of aftercare upon entry to TYC using a Structured Decision Making approach, creating a system of accountability, promoting a strength-based rather than a failure-based model of aftercare, and tailoring aftercare services to match a youth's readiness for change.

Our vision and hope for this report is that it serves as a compass to guide the short-term and long-term transformation of the juvenile justice system in Texas.

<b>Appendix: List of All Recommendations Across the Before, During, and After Sections of Report</b>
<b><u>BEFORE</u></b>
<b>Recommendation #1.1</b> <b>Emphasize keeping youth in the community.</b>
<b>Recommendation #1.2</b> <b>Prioritize prevention for at-risk youth through integrated services including schools, faith-based institutions, community policing, and children and family services.</b>
<b>Recommendation #1.3</b> <b>Prioritize youth education and vocational training that equip youth to be self-sufficient.</b>
<b>Recommendation #1.4</b> <b>Fund community-based substance abuse and mental health programs to address the needs of at-risk youth so that these youth never enter the juvenile justice system.</b>
<b>Recommendation #1.5</b> <b>Offer special programs for children of incarcerated parents to help them develop a path to positive adulthood.</b>
<b>Recommendation #1.6</b> <b>Require counties to primarily use evidence-based practices through financial incentives.</b>
<b>Recommendation #1.7</b> <b>Ensure that youth and their families have adequate legal representation.</b>
<b>Recommendation #1.8</b> <b>Fund, develop, and use alternatives to incarceration where appropriate, including mental health courts and drug courts.</b>
<b>Recommendation #1.9</b> <b>Restrict detention to only those youth who have committed violent crimes and who are at-risk of flight and/or re-offending.</b>
<b>Recommendation #1.10</b> <b>Detain youth for the shortest time-period possible, in cases where detention is essential.</b>
<b>Recommendation #1.11</b> <b>Deter counties from using detention as an alternative to TYC placement.</b>
<b>Recommendation #1.12</b> <b>Use consistent and accurate (i.e., reliable and validated) standardized risk and need assessment instruments to inform hearings (detention and otherwise) of juvenile offenders.</b>
<b>Recommendation #1.13</b> <b>Assure that youth in juvenile detention who are eligible for Children's Health Insurance Program (CHIP) or Children's Medicaid receive health coverage immediately upon release so that they experience no delay in accessing health care, particularly community mental health services.</b>
<b>Recommendation #1.14</b> <b>Redirect money saved on decreasing detention to prevention and community-based programs.</b>
<b>Recommendation #1.15</b> <b>Ensure that all youth in detention receive appropriate federal and state mandated education services. Enrollment for services should not be delayed.</b>
<b>Recommendation #1.16</b> <b>Monitor the use and construction of local detention facilities.</b>
<b>Recommendation #1.17</b> <b>Rely more on probation at the county level, with an emphasis on the use of evidence-based community-based interventions.</b>

<b>Recommendation #1.18</b> Avoid “Trail ‘em. Nail ‘em. and Jail ‘em.” supervision and surveillance strategies.
<b>Recommendation #1.19</b> Consider expanding the use of specialized case loads for probation officers.
<b>Recommendation #1.20</b> Carefully narrow the category of which juveniles may be sent to TYC.
<b>Recommendation #1.21</b> Retain determinate sentencing but reserve it for the most serious youth.
<b>Recommendation #1.22</b> Reform the certification of youth into the adult system so that anybody certified spends his or her youthful years (ages 14 to 19) in TYC prior to transfer to an adult correctional facility.
<b>Recommendation #1.23</b> Implement a reverse transfer provision in order to provide judicial authority to send the case back to the juvenile system.
<b>Recommendation #1.24</b> Improve information sharing between TYC and the Texas Department of Criminal Justice (TDCJ) to enable TDCJ to know which youth are being transferred pursuant to a determinate sentence, and in which programs they participated while in TYC.
<b><u>DURING</u></b>
<b>Recommendation #2.1</b> Allocate adequate funding for facilities, rehabilitation and treatment programs, appropriate staffing ratios, education, and the training of employees.
<b>Recommendation #2.2</b> Ensure that any appointed board and management receive adequate training in order to provide proper oversight and management of TYC facilities.
<b>Recommendation #2.3</b> Formulate a Transitional Advisory Committee.
<b>Recommendation #2.4</b> Convene an Advisory Board, regardless of structure, that is well-versed in the juvenile justice system, adolescent health and mental health treatment, law enforcement and education.
<b>Recommendation #2.5</b> Create an entity within the state government or academia to provide objective research to state policymakers on juvenile and criminal justice issues, and to provide population and racial impact analyses of all proposed adult and juvenile justice legislation.
<b>Recommendation #2.6</b> Create a system of accountability that allows an independent governmental office to investigate allegations of impropriety and to conduct routine inspections of facilities to assess conditions and the treatment of juveniles.
<b>Recommendation #2.7</b> Support the newly established office of the Ombudsman.
<b>Recommendation #2.8</b> Require that TYC facilities and programs be properly accredited and that the agency complies with a set of appropriate standards.
<b>Recommendation #2.9</b> Administer a consumer satisfaction survey to youth currently housed in TYC facilities and at least one family member.
<b>Recommendation #2.10</b> Make decisions on whether to admit youth to TYC facilities using objective, research-based risk

<b>assessment and classification.</b>
<b>Recommendation #2.11</b> <b>Adopt the Juvenile Assessment and Intervention System (JAIS) at all TYC facilities.</b>
<b>Recommendation #2.12</b> <b>Create a regionalized system of care that supports the use of small facilities.</b>
<b>Recommendation #2.13</b> <b>Separate low-risk and high-risk offenders from one another, and separate vulnerable offenders from potential aggressors.</b>
<b>Recommendation #2.14</b> <b>Consider the particular needs of girls in the design of juvenile justice programs and facilities.</b>
<b>Recommendation #2.15</b> <b>Provide flexible and individualized care for youth in TYC.</b>
<b>Recommendation #2.16</b> <b>Provide graduated levels of care (i.e., services and restrictions) within the TYC system that are driven by risk assessment and classification.</b>
<b>Recommendation #2.17</b> <b>Ground the juvenile justice system with a clear focus on education.</b>
<b>Recommendation #2.18</b> <b>Begin aftercare planning within the first 30 days of a youth being placed at TYC.</b>
<b>Recommendation #2.19</b> <b>Promote an integrated health care model - to include physical, behavioral, and mental health - across TYC facilities.</b>
<b>Recommendation #2.20</b> <b>Provide dually diagnosed youth – those identified as simultaneously having substance use disorders and comorbid psychiatric mental health disorders – with <i>integrated</i> treatment.</b>
<b>Recommendation #2.21</b> <b>Provide specialized treatment to juvenile sex offenders.</b>
<b>Recommendation #2.22</b> <b>Provide specialized treatment to substance-abusing juvenile offenders.</b>
<b>Recommendation #2.23</b> <b>Adopt cognitive-behavioral therapy (CBT) as a core element of effective treatment.</b>
<b>Recommendation #2.24</b> <b>Engage families in treatment.</b>
<b>Recommendation #2.25</b> <b>Maintain a safe place for youth that embraces a non-violent approach.</b>
<b>Recommendation #2.26</b> <b>Develop goals to carefully ration, supervise, and document the use of seclusion, restraints, chemical control agents, and the use of force generally.</b>
<b>Recommendation #2.27</b> <b>Evaluate cost-effectiveness of the TYC system and make decisions using the “best use of resources” principle.</b>
<b>Recommendation #2.28</b> <b>Ensure that the staff are an appropriately educated workforce who are youth-focused and strength-based in their approach.</b>
<b>Recommendation #2.29</b> <b>Properly screen applicants for jobs, but do not automatically eliminate ex-offenders.</b>
<b>Recommendation #2.30</b> <b>Establish and maintain an adequate youth-to-staff ratio using national best practice standards, aiming for a 1:10 ratio.</b>

AFTER

<b>Recommendation #3.1</b> <b>Emphasize a community reentry model upon <i>entry</i> to TYC.</b>
<b>Recommendation #3.2</b> <b>Reduce lengths of stay at TYC.</b>
<b>Recommendation #3.3</b> <b>Establish a detailed, comprehensive, individual- ized plan 2 to 3 months in advance to seamlessly transition the youth from the TYC facility.</b>
<b>Recommendation #3.4</b> <b>Use Community Resource Coordination Groups (CRCGs) to facilitate transition planning.</b>
<b>Recommendation #3.5</b> <b>Use a Structured Decision Making (SDM) approach to transition and re-integration.</b>
<b>Recommendation #3.6</b> <b>Shift from a Parole Model to a Local Boards (or Reentry) Model of aftercare.</b>
<b>Recommendation #3.7</b> <b>Encourage the 81<sup>st</sup> Texas Legislature to reconsider passing a mental health parity bill that would require health plans to cover all mental illnesses on equal terms with physical illness.</b>
<b>Recommendation #3.8</b> <b>Create a system of accountability.</b>
<b>Recommendation #3.9</b> <b>Promote a strength-based rather than a failure-based model of aftercare.</b>
<b>Recommendation #3.10</b> <b>Assess and monitor a youth's readiness to change his or her behavior, and tailor aftercare services accordingly.</b>