Texas Advisory Committee

to the

U.S. Commission on Civil Rights

Mental Health Care in the Juvenile Justice System in Texas

Members Present:
Merrill Matthews, Chairperson
Joni Baker, Vice-Chair
....etc

Staff Present:
Brooke Peery, Designated Federal Official
Angelica Trevino, Support Services Specialist
Corrine Sanders, Support Services Specialist

Panelists Present:
Alycia Welch, University of Texas
Martin Martinez, Texas Appleseed
Dr. Kristan Russell, Prairie View A&M
Layla Fry, Meadows Mental Health Institute
Leah Wolfthal, Center for Urban Transformation
Amnisty Freelen, Parent Advocate
Brittany Norman, Disability Rights Texas

MEMBERS OF THE COMMITTEE

MERRILL MATTHEWS
JONI BAKER
JADA ANDREWS-SULLIVAN
JOSH BLACKMAN
CHARLES BLAIN
CHARLES BURCHETT
ROGENE CALVERT
MARK HARRINGTON
BRANDON HOLT
CHRISTOPHER KULESZA
AUSTIN NIMOCKS
BARBARA WALTERS
JAMILAH WAY

1 P R O C E E D I N G S

2 MR. MATTHEWS: This meeting of the Texas

3 Advisory Committee to the U.S. Commission on Civil

4 Rights shall come to order.

5 For the benefit of the public who have

6 joined us today, I will introduce my colleagues and

7 myself.

8 I am Merrill Matthews, the Chair of the

9 Committee.

10 The Members of the Committee present here

11 today are Joni Baker, vice chair; Jada

12 Andrews-Sullivan; Josh Blackman; Charles Blain;

13 Charles Burchett -- Rogene Calvert will be here.

14 Rogene should be here, but she is not here yet -- Mark

15 Harrington; Brandon Holt; Christopher Kulesza; Barbara

16 Walters and Jamilah Way

17 And the Members of the Committee who are

18 absent today are Cecilia Castillo, Ariel Dulitzky,

19 Ronald Smeberg; and that's it. All right.

20 We have a quorum present, and we will

21 proceed with the meeting.

22 Also present are Brooke Peery, Civil

23 Rights Analyst; Angelica Trevino who is back there in

24 the corner, Support Specialist.

25 The U.S. Commission on Civil Rights is an

1 independent bipartisan agency of the federal
2 government charged with studying discrimination or
3 denial of equal protection of the laws because of
4 race, color, religion, sex, age, disability or
5 national origin or in the administration of justice.
6 In each of the 50 states and the District of
7 Columbia and the five U.S. territories, an Advisory
8 Committee to the Commission has been established and
9 they are made up of responsibile persons who serve
10 without compensation to advise the Commission on
11 relevant information concerning their respective
12 states.
13 Today our purpose is to hear testimony to
14 examine the civil rights implications of mental health
15 care in the Texas Juvenile Justice System.
16 At the outset, I will want to remind
17 everyone present of the ground rules. This is a
18 public meeting open to the media and the general
19 public. I will remind everyone that this meeting will
20 be transcribed by a court reporter for the public
21 record.
22 I ask that you, please, state your name when
23 you are speaking and speak slowly and clearly.
24 The panelists should limit their initial
25 remarks to around ten minutes.

1 After all of the panelists have spoken,
2 the Advisory Committee Members will have the
3 opportunity to ask questions. The Committee may ask
4 questions of the entire panel or individual members of
5 the panel.
6 The Committee Members must be recognized
7 by the Chair before asking any question.
8 In addition, in order to ensure all
9 Committee Members get a chance to address the panel,
10 each Committee Member will be limited to one question
11 plus a follow-up. When five minutes are left in the
12 session, I will announce that the last question may be
13 asked.
14 Today's meetings will also include two
15 periods for public comments and will be an opportunity
16 for the members of the public to share their
17 perspective and opinions.
18 Public comments will be heard at
19 approximately 11:30 and at 3:00 p.m. today.
20 If you would like to participate, please,
21 see Angelica Trevino in the back and sign up with her.
22 In addition, written comments may be
23 submitted to Brooke Peery at bpeery@usccr.gov. That's
24 B-P-E-E-R-Y @ U-S-C-C-R dot gov. That's B-P-E-E-R-Y @
25 U-S-C-C-R dot gov.

1 Though some of the statements made today
2 might be controversial, we want to ensure that all
3 invited guests feel welcomed and do not defame or
4 degrade any person or organization.
5 As the Chair of today's meeting, I
6 reserve the privilege to cut short any statements that
7 defame, degrade or do not pertain to the issue at
8 hand. Any person or any organization that feels
9 defamed or degraded by a statement made in these
10 proceedings should contact our staff during the
11 meeting so that we can provide a chance for a public
12 response.
13 Alternately, such persons or
14 organizations can file written statements for
15 inclusion in the proceedings. I urge all persons
16 making presentations to be judicious in their
17 statements.
18 The Advisory Committee appreciates the
19 willingness of all participants to share their views
20 and experiences with this Committee.
21 For today's first panel, I would like to
22 announce a last minute update to the agenda.
23 Dr. Kristan Russell had a last minute
24 family emergency that prevented her from joining us in
25 person today. However, she has sent a recording of

1 her prepared remarks which we will review after our
2 other panelists have spoken and made their statements.
3 I will now like to begin our meeting by
4 introducing our first panelist.
5 We are joined by Alycia Welch, Associate
6 Director of the Prison and Jail Innovation Lab at the
7 LBJ School of Public Affairs at the University of
8 Texas at Austin. Following her will be Martin
9 Martinez, Attorney at Texas Appleseed.
10 Dieter Cantu, who is Youth Justice
11 Director at Collective Action for Youth, may not be
12 able to be here because he wasn't feeling well last
13 night. So unless he shows up, we will go with you two
14 and then the recording.
15 So with that, let me start with Alycia.
16 MS. WELCH: Hello. My name is Alycia
17 Welch; and as I was introduced, I am the Associate
18 Director of the Prison and Jail Innovation Lab at the
19 LBJ School of Public Affairs at the University of
20 Texas at Austin.
21 P-jail is a youth criminal justice
22 quality resource center that works to ensure the
23 safety and human treatment of people in custody as
24 well as general correctional oversight around the
25 country.

1 My colleague, Michelle Deitch, and I have
2 a combined 55 years of working on these issues; and by
3 way of background specifically to the topic that we
4 are focusing on today, my colleague, Michelle, and I
5 have co-authored in 2013 a report called
6 "Understanding And Addressing Youth Violence in the
7 Texas Juvenile Justice Department."
8 That report was requested by the TJJD's
9 Office of the Independent Ombudsman to analyze violent
10 incidents occurring in the TJJD facilities.
11 THE COURT REPORTER: Ma'am, you are going
12 to have to slow down. You are reading.
13 MS. WELCH: Oh, sure. Sorry about that.
14 And to offer possible approaches to
15 addressing the violence.
16 My research for this project focused on
17 identifying national recognized best practices that
18 have been successful at reducing institutional
19 violence in other juvenile facilities around the
20 country.
21 Our recommendations were later included
22 in the National Institute of Corrections 2014
23 publication of the Desktop Guide To Quality Practice
24 For Working With Youth In Confinement. That document
25 was developed for juvenile assistant administrators

1 and practitioners across the country and much of the
2 recommendations focused on behavioral health as it
3 pertains to violence and to the extension of trauma
4 that a youth has experienced.
5 In addition to that in 2013, I have
6 worked with the House Committee on Criminal
7 Jurisprudence as to specifically the impact of mental
8 health in the juvenile justice system on the youths
9 that were involved.
10 We developed our conditions and findings
11 for that that were included in the interim report for
12 the following session.
13 So I appreciate your invitation to
14 testify.
15 Today, I have got the complaint of the
16 lack of adequate mental healthcare for the youth
17 involved with TJJD. The system really is --
18 specifically the state secured facilities really is in
19 crisis and the health and safety of the youth that are
20 currently housed there hangs in the balance.
21 I will be focusing my testimony today
22 largely on the question that was laid out in the
23 guidelines regarding mental health resources and
24 specifically as we see them play out at the state
25 secured facilities.

1 The youth that are housed in state
2 secured facilities right now are facing dangerous and
3 unsafe conditions that really are harming them and
4 exacerbating their mental health challenges.
5 MR. MATTHEWS: Alycia, hold on for just a
6 second. I have a couple of other members coming in.
7 MS. WELCH: Sure, no problem.
8 MR. MATTHEWS: So joining us now for the
9 record is Rogene Calvert and Mark Harrington.
10 MR. HARRINGTON: I am glad to be here,
11 guys. I walked right by the building. I was thinking
12 that if I kept walking far enough, the building would
13 have appeared. It did not.
14 MS. CALVERT: And I was following him.
15 MR. HARRINGTON: Yes.
16 MR. MATTHEWS: That was your first
17 mistake.
18 MR. HARRINGTON: We walked almost all the
19 way to the University of Houston.
20 MR. MATTHEWS: Alycia, please, continue.
21 MS. WELCH: As you-all probably have
22 heard, the youth that are committed to the TJJD state
23 secured facilities are routinely held in their cells
24 for up to 23 hours a day without access to programing
25 or to visits with their families. The youth often eat

1 their meals in the dorms instead of the cafeteria and
2 students get packets of schoolwork instead of
3 receiving in-person instruction in classrooms. They
4 don't even have access to basic necessities like
5 toilets and are instead urinating in water bottles.
6 As a result, the youth are regularly
7 hurting themselves sometimes severely out of distress
8 or as a way of getting attention.
9 The ombudsman reports that over a
10 six-month period, there were numerous instances of
11 youth inserting objects into genitalia and the
12 agency's data shows that some type of behavior has
13 increased steadily at these facilities over the last
14 few years despite the population dropping dramatically
15 over the same period.
16 Nearly half of the youth at a state
17 secured facility this year have been on suicide watch;
18 and to top it off, these facilities continue to be
19 plagued by scandals involving sexual abuse and
20 violence which indeed exacerbates the trauma of the
21 youth that have already been experienced prior to
22 their commitment.
23 So what's leading to these conditions and
24 how does it pertain to mental health resources?
25 Chronic understaffing is creating these

1 unsafe conditions and further, crowded county level
2 detention centers exacerbate the risk of behavior and
3 mental health challenges at the county level
4 facilities as well.
5 As the Sunset Commission found the root
6 of this crisis is really the understaffing issues and
7 an ongoing problem that was reported last year that
8 the agency's turnover rate for officers hit more than
9 70 percent. As of June 14th, they had less than 50
10 percent of its full-time correction officers that were
11 able to work.
12 These kind of vacancies really make it
13 impossible to provide a safe environment to the youth
14 and next to impossible to provide adequate mental
15 healthcare.
16 TJJD has desperately tried to recruit
17 employes but conditions are plaguing new recruits from
18 taking positions under these conditions. Based on
19 current staffing levels, the juvenile prison at the
20 Giddings State School which includes TJJD's mental
21 health program in the Crisis Stabilization Unit is
22 about 150 percent overcapacity according to the
23 agency's own records.
24 The Evins Regional Juvenile Center in
25 Edinburg is 200 percent overcapacity. 60 percent of

1 the mental health positions at Evins have been filled
2 which means that they have the capacity to meet the
3 needs of only about 44 children as opposed to the 94
4 that are currently there as of just a few weeks ago.
5 In addition to medically impacting every
6 aspect of the youths' lives, current understaffing has
7 made it more difficult to work longer hours for the
8 staff that remain. The teachers and caseworkers who
9 are critical to providing the programs and services
10 are often having to serve in security roles which
11 means that programs and services are largely being
12 canceled and those programs and services aren't just
13 services that provide a key treatment for mental
14 healthcare. They are the programs and services that
15 are required for prevention services to prevent
16 stressful exacerbating and from seeing more stressful
17 mental health outcomes in them.
18 The agency's own psychologist recently
19 noted that mental health professionals completed over
20 a thousand suicide risk assessments just this past
21 December, and that the agency does not have mental
22 health staff to focus on these needs.
23 Between 2017 and 2021, the number of
24 youth who were admitted to TJJD needed the highest
25 level of mental health intervention increased

1 fourfold. At Giddings alone, there are currently 50
2 children on the wait list for this highest tier of
3 intervention. So at this point, the youth that are
4 waiting for treatment has become much too large for us
5 to maintain.
6 Compounding the staffing issues within
7 the Juvenile Justice Department, Texas is sustaining
8 severe mental healthcare shortages for many licensed
9 mental healthcare professionals that could otherwise
10 provide care to the youth that are involved in the
11 state secured facilities. That includes
12 psychiatrists, psychologists, professional counselors,
13 clinical social workers, marriage and family
14 counselors and advanced practice psychiatric nurses.
15 As of last June, HRSA, the United States
16 Health Resources & Services Administration of Mental
17 Health, showed that the mental health professional
18 shortage in Texas had only been met in about
19 36 percent of the need. So the 36 percent equals the
20 need for services -- I am sorry.
21 Texas has only been able to fill
22 36 percent of the staff positions that are needed in
23 order to meet the mental health needs, and this
24 extends back. I can go on.
25 The majority of the mental health

1 services are also provided by mental health
2 professionals other than the specialty professionals
3 that I have named including our healthcare physicians,
4 social workers, physicians assistants, etc., all of
5 which are in extensive shortages.
6 Why is this happening?
7 Funding levels really have not kept pace
8 with the agency's needs. A growing proportion of the
9 Texas Juvenile Justice System involves youth requiring
10 behavioral mental health services only a fraction of
11 the time. 99 percent of the youth in the TJJD in 2017
12 required at least one parent who needs specialized
13 help in substance abuse treatment and 87 percent had
14 multiple areas of need.
15 One thing that is often not touched on
16 when we talk about funding issues are the changes that
17 the agency made to its own population levels. Over
18 the last decade, the agency really has remarkably
19 reduced the population which is all for the better,
20 i.e., being closer to home is what we want to do. The
21 problem is that it concentrated on a smaller number of
22 youth, but those youth had a higher level of need and
23 that required more resources in order to be able to
24 meet those needs.
25 All of that points to the fact that while

1 the agency is certainly struggling to meet those
2 needs, there are other issues beyond our control that
3 are leading to the fact that the youth are not
4 receiving proper mental healthcare.
5 One other note that I think is important
6 is that the research in the juvenile justice reform,
7 itself, has shown that the problem might be even more
8 complicated than that. Studies have shown that the
9 use of large prisons, large institutions to house
10 youth who are involved with the juvenile justice
11 system really has been fundamentally flawed.
12 Over the last several years, studies have
13 been done across the country to show that incidents of
14 physical violence and sexual violence have occurred in
15 large part across all youth serving in the system, and
16 so I highlight that not to sort of excuse TJJD for
17 what's going on or to forgive them in any sense, but
18 to point out the fact that this model of large scale
19 prison facilities hasn't worked across the country and
20 a lot of states are moving to smaller homelike
21 facilities located closer to the youth's home
22 community for that reason.
23 I would like to pause there, and I hope
24 that gives you a good overview of the landscape of the
25 mental health resources and the challenges that the

1 agency has faced accessing those resources. I have a
2 number of recommendations for areas of reform that the
3 agency can take, and I am also happy to answer any
4 questions as you have them after all of the panelists
5 are done speaking.
6 Thank you so very much.
7 MR. MATTHEWS: Thank you; and now Martin
8 Martinez, an attorney with Texas Appleseed.
9 MR. MARTINEZ: Thank you.
10 Good morning today.
11 So I am actually not a lawyer by
12 training. I actually graduated from the LBJ School Of
13 Public Affairs, but my name is Martin Martinez. I am
14 a policy advocate for Texas Appleseed; and for those
15 of you who are not familiar with Texas Appleseed, we
16 are a public interest justice center that works to
17 change the unjust laws in Texas that prevents Texans
18 from reaching their full potential.
19 The next slide, please, thank you.
20 So today I am just going to give a brief
21 overview of the mental health services for justice
22 involved youth in Texas. I will start by talking
23 about the state facilities, and then I will move into
24 the counties briefly, and then I will provide some
25 recommendations on how Texas can improve.

1 The next slide, pleas, thank you.
2 So the Texas Juvenile Justice Department
3 or TJJD was first created in 2012 when they merged the
4 Texas Youth Commission and the Texas Juvenile
5 Probation Commission together and that was in the last
6 Sunset review cycle, and currently TJJD is being under
7 Sunset review as well as of this year.
8 TJJD has various responsibilities
9 including operating the five secured state facilities
10 and supporting the county probation departments by
11 disbursing grants, providing technical support and
12 making sure that all of the facilities are adhering to
13 their guidance.
14 Most of the state secured facilities are
15 located in remote towns across the state; and this
16 means a lot of times the youth who are committed to
17 these secured facilities are sent hours away from
18 their home communities and from their support systems;
19 and for the youth and the state secured facilities,
20 TJJD is tasked with providing rehabilitative services
21 including mental health treatment and quality
22 education instruction.
23 Next slide, please.
24 Now, this is all critical for this
25 population as many justice involved youth have very

1 high needs. So you can see on the graph on the left,
2 this shows the percentage of youth identified in
3 intake with moderate-to-severe mental health needs.
4 Back in 2014, that was 21 percent. That jumped in
5 2019 to 53 percent.
6 Additionally as of 2021, 69 percent of
7 the youth in TJJD facilities were on some sort of
8 psychotropic medication. Now, this is an average
9 across the five state secured facilities with ranges
10 from the Lamar Facility having the lowest at
11 59 percent of the youth being on their psychotropic
12 medication and the Evins Facility having the highest
13 with 81 percent of the youth on psychotropic
14 medication.
15 Additionally, 65 percent of the youth who
16 are in TJJD have had four or more adverse childhood
17 experiences. This is significantly higher compared to
18 the general population which only has -- which is
19 about 12.6 percent who has have adverse early
20 childhood experiences.
21 The next slide, please.
22 As Alycia mentioned, TJJD is in an
23 unprecedented time in the number of youth that are in
24 commitment. So I know that it says that there are 612
25 youth committed on the screen; but as of yesterday, I

1 testified at a House Juvenile Justice & Family Issues
2 hearing; and we learned that they are actually 540
3 youth committed in these secured facilities; and
4 although the number of youth has declined, I think
5 that this really shows that Texas is still choosing to
6 send youth with significant mental health needs to the
7 state secured facilities.
8 The next slide, please.
9 Now, we believe that TJJD is the wrong
10 place to be caring for these kids with high needs.
11 Large lockups are not appropriate for youth, and they
12 are not effective at rehabilitating the youth.
13 For instance, a study or a report done by
14 the county state government found that youth committed
15 to Texas juvenile secured facilities specifically were
16 21 percent more likely to recidivate compared to
17 similar youth who had similar needs and similar
18 offense histories but were taken care of at the county
19 and community level.
20 And to add on to that as Alycia
21 mentioned, TJJD is currently in a crisis that they
22 haven't seen before. Their staffing issues are dire.
23 The terminal rate for the youth prison officers
24 reached 70 percent last year; and earlier this month,
25 the agency stopped accepting all intake of youth to

1 their secured facilities.
2 And as she also indicated because of
3 these staffing shortages, many youth have been
4 isolated in their rooms for up to 23 hours a day; and
5 we have also learned that as of now, TJJD has enough
6 staff to serve only 342 kids in their care. As I have
7 mentioned, they have 540 across the state facilities.
8 The next slide, please.
9 Now, the staffing shortages have made
10 these facilities even less equipped to serve the
11 youth. In general with these staffing shortages,
12 there has been a consistent overuse of force within
13 them.
14 In 2019, there were 1,236 youths who were
15 subjected to a use of force for a total of 6,884 times
16 a rate of nearly six uses of force per youth; and many
17 of these incidents go unreported.
18 In July of 2019 while viewing video for a
19 separate case, an employee of the Office of the
20 Inspector General observed a youth development coach
21 grab a child by their hair and pull her down the Ron
22 Jackson Facility. This would have gone unreported if
23 they hadn't viewed the video.
24 In 2020 alone, there have been six
25 arrests of TJJD staff. Four of those have been

1 charges for overuse of force. TJJD has also gotten so
2 desperate with their staffing shortages that employees
3 have resorted to using OC spray or pepper spray to
4 stop youth from self-harming themselves.
5 The next slide, please.
6 And now all of this is concerning, but we
7 also need to talk about how there are concerning rates
8 of suicide alerts across all of the state facilities.
9 In the fiscal year of 2021, TJJD reported
10 6,500 suicide alerts in their state secured
11 facilities. This is an increase of about 40 percent
12 since 2019; and across all of the facilities, TJJD has
13 placed 32 percent of their youth on suicide watch.
14 For smaller populations, the suicide
15 rates are significantly higher. For girls, it's
16 63 percent; and for youth under 14, it's 56 percent.
17 This all underscores the need for youth in TJJD's care
18 to have access to adequate mental health services to
19 ensure their safety. However, as with general
20 staffing shortages, there is a shortage of quality
21 services in TJJD.
22 The next slide please.
23 For instance, delivery of services
24 heavily relies on the diagnostic exams done at intake.
25 Usually these exams are based on county records which

1 don't always catch everything and can sometimes be a
2 little outdated. Additionally, exams are not always
3 accurate especially at the point of intake when
4 emotions are running high for the youth at this point.
5 Additionally, the staffing shortages have
6 also made a general lack of counselors working in the
7 facilities available; and many of the counselors who
8 are still working at these facilities are unlicensed.
9 As of 2021, 18 percent of the 57
10 counselors in the secured state facilities were
11 unlicensed getting some of the highest percentages of
12 unlicensed counselors with 44 percent of their nine
13 county employees and nine counselors working with
14 these high needs youth not being licensed.
15 Now, no short term fix will address the
16 crisis that is going on right now in TJJD; but there
17 are better places where youth can be cared for; and we
18 believe that is in the county and local community
19 centers.
20 Next slide, please.
21 So I want to briefly discuss the county
22 juvenile probation departments. There are 165 county
23 and juvenile probation departments across the state
24 and many of them vary by size and resources. However,
25 some of these counties are doing innovative programs

1 to support the youth.
2 They are working with their local mental
3 health authorities to provide quality mental health
4 services to the youth and they are partnering with
5 schools and other youth involved organizations to
6 train staff on how to identify mental health needs and
7 prevent kids from entering the system altogether.
8 Also when the youth are kept in their
9 counties, they are closer to their home communities.
10 This gives staff the opportunity to allow more
11 interventions and incorporate the families in doing
12 multi-systemic therapy and functional family therapy
13 to make sure that the family as a whole is getting
14 help as well.
15 Next slide, please.
16 Now, I want to highlight Harris County in
17 particular. Harris County has been doing some really
18 awesome work with their Juvenile Probation Department
19 particularly with the mental health services. So they
20 have mental health services both in pre-entering
21 patients, so before the youths are adjudicated to --
22 they are sentenced where they partner with the Harris
23 County Psychiatric Center. They have 21 beds at the
24 psychiatric center for youth with the highest needs
25 that shouldn't be held in detention.

1 Additionally, they bring in a team of
2 clinicians and forensic psychologists that provide
3 crisis management, group therapy and evaluate the
4 youth before they are seen before the judge. This
5 means that the judge is aware of their mental health
6 needs while seeing their case or reviewing their case.
7 And on the post-adjudication side, they
8 have something called the Leadership Academy which is
9 really interesting because it allows the county to
10 keep kids closer to home without committing them to
11 the state; and while they are at the Leadership
12 Academy, they practice restoring justice and they
13 focus on socio-emotional needs and self-recognition to
14 their situations.
15 Additionally, Harris County is investing
16 more and more in functional family therapy and
17 multi-systemic therapy.
18 Right now youth and their families can
19 only get multi-systemic therapy or functional family
20 therapy once the youth has entered the juvenile
21 justice system. Harris County is looking at expanding
22 that to the general population as well, so you don't
23 only have to be involved in the justice system to
24 receive this kind of care.
25 The next slide, please.

1 Now, I want to highlight another county
2 that is much smaller than Harris County and much more
3 rural. It's Midland County. They are up close to the
4 Panhandle by Odessa.
5 Midland County does not have nearly the
6 resources that Harris County does, but they are doing
7 some interesting partnerships with their local mental
8 health authorities and other organizations within the
9 county.
10 So first, they are partnering with the
11 Texas Tech Residency Program who provide weekly
12 therapeutic services to the youth in their care; and I
13 am sorry. This is a typo on my end.
14 The Psychiatric Residency Program is also
15 doing forensic developmental psychology treatment.
16 That's not a separate group or organization. It falls
17 under the Texas Tech Psychiatric Residency Program;
18 but additionally, they are also doing a -- they are
19 also bringing in licensed wraparound facilitators to
20 help youth with their mental health issues and also
21 help youth with academic issues that they are facing.
22 Now, Midland County is doing great with
23 the resources that they have; but they also have
24 significant needs. They share a lot of their
25 resources with the neighboring county, Ector County.

1 Additionally, they do not have a
2 post-adjudication center like Harris County does, so
3 the youth don't have another option but to be
4 committed to the state. The county right now is
5 mapping out solutions that they have for youth and
6 trying to identify gaps, but they need more support.
7 Now, I have showed you two very different
8 counties because I wanted to demonstrate that even
9 though they are prioritizing mental health, they have
10 very different needs.
11 Midland County needs much more than
12 Harris County does, and I wanted to demonstrate how
13 mental healthcare services across the state is not
14 even.
15 Next slide, please.
16 And unfortunately, the quality of care
17 that the youth gets largely depends on where they live
18 and the ability to stay closer to their support system
19 also depends on where they live.
20 Now, Texas Appleseed believes that this
21 shouldn't be the case; and we have an idea on how the
22 state can improve to keep youth closer to home to get
23 effective quality treatment.
24 So the first recommendation that we have
25 is that Texas needs to stop relying on unsustainable

1 prison-like lockups to rehabilitate justice involved
2 youth. The state should develop staggering facility
3 closures for the remaining secured facilities and use
4 the cost savings from those closures to invest in
5 county and local levels. Additionally, increase
6 regionalization and county support are also needed.
7 Counties are better situated to provide
8 effective mental health treatment to youth, but they
9 need significant additional support to keep youth at
10 home, and finally we need to ensure that we have
11 robust support for community based solutions.
12 You should not be sent to the justice
13 system to receive quality healthcare. Texas shouldn't
14 share that local mental health authority, have the
15 resources they need to treat youth and prevent them
16 from entering the justice center altogether.
17 Thank you.
18 MR. MATTHEWS: Thank you.
19 And now we will go to the recorded
20 messages from Dr. Kristan Russell.
21 DR. RUSSELL: Hello.
22 Thank you for allowing me to join you
23 today via recording.
24 My name is Kristan Russell, and I am a
25 research scientist in the Texas Juvenile Crime

1 Prevention Center, and I am also an assistant
2 professor in the Justice Studies Department at Prairie
3 View A&M University.
4 So in my role, I study a lot of different
5 things; but part of what I do is examine data from the
6 Texas Juvenile Justice Department to assess a host of
7 issues related to youth.
8 Today I am going to be sharing some of
9 those findings with you from two recent data reports
10 that we conducted that I believe are relevant to
11 today's proceedings.
12 So the first of these reports which is in
13 progress at this time focuses on disproportionate
14 minority contact in the Texas Juvenile Justice System.
15 Disproportionate minority contact is defined as
16 occurring when the rates of contact with the juvenile
17 justice system among a specific minority group are
18 significantly different from rates of contact for
19 non-Hispanic White youth.
20 Now, there are many points of contact
21 within the juvenile justice system where these racial
22 disparities may exist all the way from the initial
23 contact with law enforcement whether or not the arrest
24 takes place, all the way to whether or not they are
25 provided with resources such as mental health

1 treatment and also other forms of aftercare.
2 Now, we began this project in 2021 after
3 the Office of Juvenile Justice & Delinquency
4 Prevention published updated data regarding
5 disproportionate minority contact in the juvenile
6 justice centers across the United States.
7 They alone with other researchers found
8 that nationally, Black youth and other youth of color
9 are more likely than White youth to experience contact
10 at all levels of the justice system.
11 So the Sentencing Project published a
12 report in early 2021 where they indicated that Black
13 youth are five times more likely than White youth to
14 be incarcerated in the State of Texas. So that's a
15 three percent increase from 2007 to 2017.
16 So we were particularly interested in
17 assessing the scope of these disparities at the
18 initial point of contact with the justice system also
19 known as the referral stage.
20 So we set out to examine if
21 disproportionate minority contact persist in Texas at
22 the referral level and then if this is occurring
23 consistently across the state or if maybe there are a
24 few larger counties driving up those overall
25 statistics.

1 To examine this, we received aggregated
2 data from the Texas Juvenile Justice Department
3 through an open records request; and due to the need
4 to protect the anonymity of the youth, we were unable
5 to examine with the county if they had five or less
6 youth of a certain race referred within any given
7 year.
8 So we were only able to examine 120 out
9 of 254 counties in Texas. We examined all referrals
10 by county and by race in Texas between the years of
11 2011 and 2020.
12 While we had the data for a number of
13 years, we did choose to draw our primary conclusions
14 from the most recent available data prior to the 2020
15 COVID-19 pandemic.
16 So to analyze the data, we used the 2019
17 county population statistics based on race and the
18 2019 Texas Juvenile Justice Department's data, and we
19 compared the percentage of the non-White youth amongst
20 the justice referred population with the percentage of
21 non-White individuals at the county level from the
22 county that they were referred from.
23 So we found that in 2019, non-White youth
24 were overrepresented in a hundred counties out of the
25 120 that we were able to examine in the State of

1 Texas. In other words, youths of color were
2 overrepresented in over 83 percent of all counties
3 that we were able to assess.
4 Some of those counties showed more than a
5 30 percent difference between non-White youth
6 referrals in the non-White population from the
7 counties that they were referred from.
8 We also look at trends across those from
9 2011 all the way to the 2020 year, and we found that
10 some counties do experience considerable fluctuations
11 where those disparities may grow in strength depending
12 on the year. However, despite the variation, most of
13 those still consistently experience disproportionate
14 minority contact across all of the years.
15 Now, in 2019, the Juvenile Justice Reform
16 Act aimed to set new standards for how jurisdictions
17 treat youth with the goal of reducing disparities and
18 discrimination. They require state support data at
19 five points of contact now so these are arrest,
20 diversion, pretrial, detention, disposition,
21 commitments and adult transfers and also to implement
22 plans to reduce disproportionate minority contact.
23 In light of the recent findings in our
24 report, I went ahead and reemphasized the need to meet
25 those.

1 Further, it is critical that the Texas
2 Juvenile Justice System prioritizes collecting
3 accurate data and also to use systematic form data
4 collection processes across all of their jurisdictions
5 to make it possible for both internal and external
6 entities to track and examine progress on these
7 efforts.
8 Further data reporting regarding
9 disproportionate minority contact should be made
10 publicly available whenever it's possible to ensure
11 accountability, transparency and also the protection
12 of youth to receive equal treatment under the law and
13 to be free from discrimination based on their race.
14 Now, I also want to briefly talk about
15 the second data report that my colleagues and I
16 completed in 2020. It looked at incident trends in
17 the juvenile justice secured facilities in the State
18 of Texas.
19 Now, the goal of that report was to
20 provide a snapshot of the incidents that are occurring
21 within those facilities. We looked at eight different
22 types of incidents.
23 So we looked at the use of pepper spray
24 by a staff member during an incident, the use of
25 restraints which is any physical mechanism that is

1 used by a staff member to actually control the youth's
2 behavior if the behavior is posing a risk to
3 themselves or to someone else. The third is
4 youth-on-youth assaults. The fourth is youth-on-staff
5 assaults. The fifth is escape or attempted escape.
6 The sixth thing that we look at was fleeing
7 apprehension which is when the youth disrupts the
8 facility's operations by either running away from the
9 staff or refusing to come to them when a staff member
10 asks them to do so. The seventh is gang related
11 incidents, and then the eighth thing that we looked at
12 was participation in major disruption within the
13 facility.
14 Now, this report also covers five Texas
15 Juvenile Justice Department's secured correctional
16 facilities. These are Evins Regional Juvenile Center,
17 Gainesville State School, Giddings State School,
18 McLennan County State Juvenile Correctional Facility
19 and also the Ron Jackson State Juvenile Correctional
20 Complex.
21 Now, dealing with the full and summarized
22 from the independent ombudsman for the Texas Juvenile
23 Justice Department's quarterly reports from 2016 until
24 2020.
25 So the first thing that we did was we

1 analyzed trends across the most recent year of data.
2 So in this case, it was January to August of 2020.
3 The most common type of incident that was
4 reported across all juvenile facilities during that
5 time period was the use of restraints, and that was
6 reported a total of 200 -- or I am sorry -- 2,947
7 times. So that was accounting for just over
8 40 percent of all of the incidents.
9 Now, this was followed by 988 uses of
10 pepper spray, 979 incidents of youth-on-youth
11 assaults, 828 counts of fleeing apprehensions, 791
12 incidents of youth-on-staff assaults and 450 incidents
13 of youth participation in major disruptions and then
14 258 gang related incidents. Now, escape and escape
15 attempts only counted for .15 percent of all of the
16 incidents or I believe 11 total incidents across that
17 time period.
18 So in the past decade, Texas has
19 witnessed a lot of efforts to reduce the incarceration
20 population of youth and to also improve conditions
21 within the secured facilities. However, based on this
22 data from 2016 to 2020, incident rates within the
23 facilities do not appear to have meaningfully
24 declined.
25 So in this report, we did conclude that

1 additional efforts should be made to help reduce
2 incident rates in the facilities that are in the best
3 interest of the youth's safety as well as the security
4 of everyone at the facility.
5 So first we recommended that additional
6 crisis prevention training be provided to the staff to
7 inform them of their level of practices and also to
8 improve their deescalation skills to be able to
9 prevent scenarios from rising to that level of
10 incident.
11 Second, we believe staff training should
12 be trauma informed, emphasize developmental
13 considerations and promote coercion-free care.
14 And then third, legally behavior
15 management practices should undergo continuous
16 reassessment to ensure that those approaches included
17 positive relationships between the youth and staff.
18 They should foster environment processes and schedules
19 that facilitate positive behavior and use their
20 therapeutic interventions and strength based awards
21 and consequences and provide opportunities to the
22 youth to express concerns or file a complaint should
23 they have them.
24 And with that, it does appear that I am
25 out of time.

1 So thank you, all, for listening today.
2 I apologize for the unusual circumstances of providing
3 this information via a pre-recorded format. I am
4 happy to make myself available to you to answer
5 questions via E-mail or phone.
6 Thank you so much.
7 MR. MATTHEWS: And we thank her.
8 All right. We will now move to questions
9 from the Committee Members.
10 I will ask the Committee Members that you
11 be recognized by the Chair first, ask your question;
12 and if you have a follow-up, related follow-up, that's
13 fine.
14 We will try to restrict it to one
15 question per Committee Member until we have had a
16 chance for every Committee Member to ask a question;
17 and then assuming that we have time, we will throw it
18 open for more questions and discussions.
19 So with that, let me start with the first
20 question.
21 And, Martin, this is probably you; but,
22 Alycia, weigh in if you have something.
23 You have talked about a couple of areas
24 in Midland and Harris County that you felt like were
25 doing -- or had some better practices.

1 What are you -- is there a way to measure
2 that?
3 Is there some data, decreased recidivism
4 rate or just better satisfaction?
5 How do you measure what you think these
6 are doing -- these jobs -- they are doing a better job
7 here than in other places?
8 MR. MARTINEZ: So I don't know the
9 recidivism rate off of the top of my head right now,
10 but I would say that I think their effort and their
11 conscious attention to prioritize mental health
12 services is the first indicator that they are doing
13 better.
14 I think that it's a great idea to check
15 the recidivism rate. I don't know those numbers off
16 of the top of my head, but what I do know is that
17 places like Harris County have made a consistent
18 effort to reduce the amount of commitments that they
19 have to TJJD, and probably for good reason because the
20 agency is in a crisis right now, and we know that is
21 not serving youth better.
22 MR. MATTHEWS: As kind of a follow-up.
23 Has the agency created a best practices
24 guideline for the facilities?
25 I mean, you are sort of highlighting --

1 you are creating sort of a best practices by what you
2 are seeing.
3 Has the agency created anything that said
4 this is the best practices or just some of the
5 organizations like yourself that says this is the best
6 practices. We think that you should follow these.
7 MR. MARTINEZ: I think that it's a
8 combination of both. I think that the agency is
9 trying to stay up-to-date with the research, but a lot
10 of times the agency is in crisis management right now.
11 They have been for the last, like, two or three years.
12 The agency has various responsibilities.
13 They are focused right now on trying to stabilize
14 their staff, and that has taken away a lot of their
15 focus. So I think that it's a partnership. I think
16 the advocates work with the agency to talk about the
17 best practices that we have read about and that we
18 have learned and point to other state agencies.
19 Like Missouri, for instance, they have
20 incorporated a similar structure with the Missouri
21 model where they got rid of large prison-like
22 facilities and moved the youth to smaller closer to
23 home facilities.
24 MS. WELCH: Yes, I will weigh in on that.
25 The agency has actually in the last five

1 years really tried to implement best practices. The
2 director at the time, Camille King, studied up, did
3 her research on what was needed inside of the
4 facilities to keep the youth safe.
5 Among a host of things that she did, she
6 implemented a trauma informed training curriculum for
7 her staff. She talked with the staff ad nauseam about
8 the role that they serve, a personal shoulder role
9 with working with youth and really was trying to make
10 good headway in that regard.
11 The issue and challenge that she always
12 faced as the agency did was an access to funding and
13 resources to continue to implement those best
14 practices. The agency over the course of that five
15 years had a number of instances in which funding was
16 literally stripped away from them.
17 They had to in the pandemic adhere to
18 five percent budget cuts where other similar agencies
19 did not, CPS, TDCJ even; and so the struggle with
20 implementing best practices comes from a lack of
21 resources to be able to do that.
22 Relatedly, the staffing issue is one in
23 which we see this play out. So best practices
24 indicate that you are to have a staff-to-youth ratio
25 that is low enough for the staff to be able to really

1 develop personal relationships with the youth.
2 Staffing is served as models for the youth teaching
3 them how to live in the community with one another.
4 When staff enters the crisis response
5 mode, that becomes virtually impossible; and when they
6 don't have enough staff to be able to house thé youth
7 in a way that is normally functioning in some of the
8 facilities with the youth moving from dorms with staff
9 to programs and services to the cafeteria instead of
10 being locked in their rooms all day.
11 We are looking at a very serious resource
12 issue that really prevents the agency from
13 implementing the best practices. We know that
14 resources are needed in order to create better mental
15 health outcomes for the youth inside of these
16 facilities.
17 MR. MATTHEWS: Thank you.
18 Let me go to Vice Chair, Joni Baker.
19 MS. BAKER: Good morning and thank you,
20 both or all three of you for your testimony this
21 morning.
22 I have so many questions; but I can only
23 start with one; and if you don't know the answer,
24 that's fine.
25 Are you aware of the process or is there

1 a process for the youth that are incarcerated and/or
2 their families or caregivers to file complaints about
3 how they are treated, you know, within those
4 facilities?
5 I believe we heard there may be an Office
6 of the Ombudsman or something.
7 If you can explain to us or help us
8 understand better what that process is.
9 MS. WELCH: Sure.
10 So, yes, the TJJD has the Office of the
11 Independent Ombudsman. The ombudsman and his staff do
12 routine inspections of all of the five state secured
13 facilities.
14 Just in the last session or two ago, the
15 Office of the Independent Ombudsman was also required
16 to do regular routine inspections of the county level
17 facilities. So there are two ways in which the
18 ombudsman is used.
19 One is doing routine inspections where
20 the ombudsman and their staff personally look at
21 conditions, see what is happening inside of the
22 facilities, how the youth are housed, whether or not
23 they will be able to access the programs and services
24 between the staff and youth, too; and then they also
25 serve the function of being the office where you can

1 file complaints for anything that goes on in the
2 facility but in particular as it relates to mental
3 health.
4 And the office has seen an uptick in
5 complaints related to mental health resources. I
6 don't have the data on that off of the top of my head,
7 but I can get that to you.
8 I believe the challenge for the
9 independent ombudsman is they can only be successful
10 in being able to address those complaints when
11 resources are available to them to be able to access
12 the mental healthcare that the youth needs. So if you
13 don't have proper and specialized mental health
14 providers at the facilities, it's outside the purview
15 of the ombudsman person's office to provide the care
16 directly. It becomes a challenge for them in terms of
17 being able to address the actual complaint that comes
18 into their office when resources aren't available to
19 address that complaint.
20 MR. MARTINEZ: The only thing that I will
21 add to that as well is that there is a line in the
22 secured facilities to reach an ombudsman who make the
23 reports. However, they are usually monitored by the
24 JCO, the juvenile correction officer; and so when
25 there is not really a secure level of privacy, the

1 youth don't feel comfortable talking about a situation
2 that happened with another JCO, like without somebody
3 else watching.
4 So I think that, one, it's an
5 intimidating process for the youth; and it puts the
6 onerous on the youth to be able to step up and make
7 that request to the ombudsman and report the incident
8 that happened.
9 MS. WELCH: I think that's actually a
10 great point particularly when we know that youth are
11 being housed in their cells for up to 23 hours a day
12 to even access the phones to use that line is a good
13 challenge.
14 MR. MATTHEWS: Charles Blain.
15 MR. BLAIN: Thank you first of all in
16 preparation for this.
17 I think we all realize the issues that we
18 are hearing and the stats that you guys threw out
19 really opened my eyes to a lot of this.
20 You guys spoke a bit about the county
21 level facilities, and so I am curious that lately we
22 have been hearing in the news and particularly Senator
23 John Whitmire has been saying that we need to move
24 some of these state level rural facilities into urban
25 areas.

1 I will be curious as to your opinion on
2 do you think that's a better answer, or do you think
3 maybe even shifting this work to the county facilities
4 since they are doing much better and maybe redirecting
5 funding so that the state is funding those facilities
6 would be a better option or maybe it's a combination
7 of both?
8 I am just curious on your thoughts.
9 MS. WELCH: That's an excellent question,
10 and all of our research and reports that we wrote were
11 about the ways in which the agency ought to create
12 smaller facilities. Our reports focused at the state
13 level though the vision and best practices that we
14 have laid out for those facilities can certainly be
15 applied at the county level.
16 Given the crisis that we are seeing at
17 the state level secured facilities, I think it would
18 behove the state to focus on the state level of an
19 over time phase approach, closing and fixing margin
20 institutions and creating smaller facilities.
21 Now, creating those smaller facilities is
22 not a small task either. It certainly requires a
23 robust set of resources to ensure that the agency
24 adheres to best practices.
25 The portion of our report reported to the

1 Committee, it was upwards of 60 pages of best
2 practices. So it takes quite a bit of time planning
3 but particularly funding to be able to create those.
4 Those facilities are supposed to be
5 small, no more than 30 beds, have enough staff to be
6 able to have very low staff-to-youth ratio.
7 It should be homelike facilities in
8 design so they should feel comfortable. They should
9 have furniture. There should be open doors. There
10 should be paint on the walls. Youth should be able to
11 have pictures of family and a number of other
12 practices that really get at to prevention, funds; and
13 any ideas that establishes those operational level
14 practices and that type of setting will keep some of
15 the more intense sort of incidents that require more
16 intense intervention from happening to only a small
17 subset of youth.
18 So I do really believe that the state
19 should create at the state level that type of
20 structure for our state level facilities.
21 At the county level, youth really should
22 be at the county for a very short period of time. So
23 county level facilities absolutely could adhere to
24 some of those best practices for those types of
25 facilities; but if we are talking about a limited set

1 of resources where we are going to devote those to
2 developing those facilities, I do believe that we
3 should get those at the state level.
4 I am happy to answer any additional
5 question about that.
6 MR. MARTINEZ: And so I will add that
7 Texas Appleseed thinks that there needs to be a
8 staggered facility closures, not just the staggered
9 part because this is a big overhaul; and so I think
10 ideally it will happen within six-to-ten years; but,
11 first of all, before we think about adding facilities,
12 I think it would be good to see what resources are
13 already available at the county and give the county
14 enough time to plan on what they actually need, how
15 many actual beds they need, how many additional staff
16 they need and use the cost savings from closing
17 facilities and shift that investment over to the
18 county and while also investing in regionalization
19 efforts and community based support as well.
20 Now, we have been advocating for this
21 with the Sunset Commission during the TJJD Sunset
22 review; and there have been some ideas passed around.
23 One of these is staggered facility
24 closure. Another one that we are really worried about
25 is merging the adult system and having them be placed

1 in charge of the youth system as well.

2 Now, what we have heard is this is not a

3 really big issue; but we still think that it's not a

4 great idea; and I am happy to elaborate on that more

5 if you guys are interested.

6 MS. WELCH: I just want to underscore the

7 point about the adult system. I think the challenge

8 in developing the closure plan, as I said, it does

9 need to be staggered; and part of the reason it needs

10 to be staggered is so that the communities and the

11 counties in order to receive the youth that are

12 currently housed in those facilities and because of

13 the very real risk we face in moving too fast in

14 making hastily decisions and the risk that youth could

15 be involved in the adult criminal justice system

16 should terrify everyone.

17 The youth in the adult criminal system,

18 the outcomes are dismal when they funnel through the

19 adult criminal system. There are all kinds of risks

20 that they face inside.

21 And then the bigger picture is that youth

22 just have much different brain science with different

23 developmental needs that TDCJ is just simply not

24 equipped to be able to address. Not to mention the

25 fact that TDCJ is also facing its own understaffing

1 crisis right now.
2 MR. MATTHEWS: Mr. Kulesza.
3 MR. KULESZA: Sure.
4 So one thing that I am thinking about was
5 the rural counties, right?
6 So we have a number of counties, of
7 course, that are even smaller than Midland.
8 So what would the model look like
9 potentially for places where you have counties where
10 there are only hundreds of people living in them; and
11 then also, what would -- I guess would there be any
12 additional budgetary responsibilities put on the
13 counties should we move for up to a more local model,
14 I guess?
15 MR. MARTINEZ: Well, first of all, I
16 would say that I think the rural counties are probably
17 easier to handle because they send less youth to TJJD
18 in general. They probably have like -- it's easier to
19 find a placement for six youths compared to like 30 or
20 50 youths. So I think that's an easier situation to
21 fix, but I think you are right.
22 Rural counties do need some significant
23 investment; and so that's why in our proposed
24 staggered facility closure plan, those counties will
25 happen later on. Those counties will need to --

1 sorry -- those counties will be vested in later on.
2 First we will start with the counties
3 that commit the most youth to state facilities, right?
4 So it's Dallas. It's Bexar County and
5 start with them and see what they need and help their
6 commitments, and then close the facility, and then
7 start planning with rural counties to see what
8 investments they need. There just needs to be
9 significant time to plan for the resources that they
10 need.
11 MS. WELCH: I agree with that. What we
12 have to start with is really a data analysis to see of
13 the youth that are currently locked in the state
14 facilities; and as Martin and I said yesterday,
15 500-plus youth. Where are they from, what offenses
16 were they committed on, what are their needs; and that
17 needs to be an individualized analysis.
18 And too often we make decisions that are
19 sort of, you know, right swaps of the youth that are
20 impacted without looking at the individualized needs
21 because it may be that we learn that not all rural,
22 you know, counties are having the same challenge with
23 bringing them home. If they are bringing home one or
24 two youths, that's different than if they are bringing
25 home 30 or 40 youths.

1 And then zooming out from that, it then
2 becomes a policy question about how we need to address
3 the ways in which we serve the youth in their
4 communities.
5 The Legislature could appropriate money
6 through using grant funding. That incentivize
7 counties to work together to really ensure that
8 community resources are provided to the youth in their
9 home communities or at the county level. Counties
10 could open their doors a bit to allow community based
11 providers to provide services at pre and post
12 adjudication facilities.
13 So there are ways in which we can get the
14 counties to be a bit more flexible in terms of
15 changing their model to serve the youth that are at
16 home.
17 What we also don't want to do is send
18 youth back to counties and overburden county
19 facilities creating crowding conditions which will not
20 be best at all.
21 MR. MATTHEWS: Brandon Holt.
22 MR. HOLT: Good morning.
23 You both have discussed and outlined some
24 of the challenges surrounding the chronic
25 understaffing of these institutions. I heard you

1 mention that there were less than 50 percent available
2 correction officers that are actually there that are
3 available to work.
4 Can you kind of describe what that means
5 when you say, "available to work"?
6 And I am also curious. The Giddings
7 State Facility was stated to have 150 percent
8 overcapacity. Evins is 200 percent overcapacity.
9 What are the processes in place that
10 maybe dictate what the capacity of a specific
11 institution is; and then what are the processes -- I
12 don't want to ask too many questions; but I am
13 curious -- what are the processes that dictate what
14 that number is; and then, are there any processes to
15 address when that number reaches above from your
16 experience?
17 MR. MARTINEZ: So I can't speak to the
18 capacity levels and percentages, but I can speak to
19 what it's looking like right now.
20 When they have less than 50 percent of
21 staff, that means the youth are being locked up in
22 their rooms for much of the time; and they are not
23 getting the quality rehabilitative services that they
24 need. They literally don't have the bodies in the
25 facilities to make sure that fights don't break out,

1 that youth don't hurt themselves. There is just not
2 enough staff to supervise these youths safely and
3 adequately.
4 MS. WELCH: That's exactly right, and to
5 get to your first question about the 50 percent unable
6 to work.
7 What the agency saw quite a bit over the
8 pandemic in particular is that staff were calling in
9 sick quite often and not showing up to their scheduled
10 main shift. Other staff were calling in for their own
11 mental health needs are the reasons they were not able
12 to show up to work on any given day. So even outside
13 the capacity issue with unfilled vacancy positions,
14 the staff that are hired to fill the remaining
15 positions are calling in sick and unable to show up to
16 work.
17 The impact of the capacity issue at the
18 two facilities that I mentioned is a result of the
19 mental health needs that we have.
20 So both of the facilities that I have
21 mentioned have particular mental health programs or
22 units to be able to house the youth; and those
23 facilities have been overcapacity; and what that means
24 is you are creating crowded conditions, so the youth
25 might be housed or more youth might be housed in a

1 single dormitory than that dormitory was structured
2 and set up for.
3 And then the other problem that we face
4 is when we increase the number of youth without
5 increasing the number of staff to be able to watch
6 those youth, it is a very large staff-to-youth ratio
7 which result in some of the incidents that Martin just
8 mentioned.
9 Does that get to all of your questions?
10 MR. MATTHEWS: Josh Blackman.
11 MR. BLACKMAN: Hi.
12 Thank you so much for volunteering your
13 time. We are really grateful.
14 My question is, what are the sorts of
15 offenses that are sending kids to these homes, how
16 much are violent offenses versus nonviolent offenses;
17 and do you have any sense of if they were not put in
18 the facilities, will they be committing more crimes on
19 the street or causing more harm to others?
20 Thank you.
21 MR. MARTINEZ: So I don't know the exact
22 percentages right now of the types of crimes that our
23 youth are being locked up for; but I do know that some
24 of them include non-aggressive offenses like marijuana
25 possession, like robbery of a car. Like some of these

1 are serious offenses and the youth should be held
2 accountable, but they are not violent offenders, and
3 they shouldn't be sent to large prison-like lockups
4 hours away from their home communities.
5 MS. WELCH: The one important thing to
6 note about the question about offenses is that
7 oftentimes justice reform when we think about this
8 bright red line between violent offenses and
9 non-violent offenses, and it's much more gray than
10 that.
11 For a lot of youth that are at state
12 secured facilities, I also don't have the data; but I
13 can get it to you for the percentage of youth that are
14 inside of the state secured facilities on a violent
15 offense; but even for those that are inside for a
16 violent offense, often it comes from some sort of
17 mental health crisis.
18 So they could offend, for instance, at
19 school in a crisis. So their symptom is, you know,
20 they lashed out, right. Because of their symptoms,
21 they don't have the capacity, the mental capacity to
22 be able to understand how to better respond to
23 stressful situations; and so sometimes with the
24 violent offenses that we have seen have been for
25 hitting an officer.

1 It may have been a very intentional hit.
2 It may not have been; but in any sort of sense when
3 you know who you are housing in these facilities have
4 such intense mental health needs that were up to like
5 99 percent of youth have some diagnosable mental
6 health condition, we really ought to look at what
7 actually were the circumstances that were leading to
8 whatever violent incident proceeded to their arrest.
9 I think that -- to take your question one
10 step further -- I think that if the county level
11 changes everything better about determining what those
12 incidents were and figuring out at their own
13 discretion for appropriately charging the youth. I
14 don't know enough about that, but I do know that there
15 are very intentional changes that the juvenile judges
16 were making on the front end to be able to make those
17 determinations.
18 MR. BLACKMAN: And I guess a brief
19 follow-up.
20 Is there any way for the judges to
21 perhaps allocate some of the -- I want to say --
22 non-violent, the less violent offenses for the local
23 county homes and maybe the more serious intentional
24 violent acts for these bigger institutions, would that
25 be maybe some middle ground if that's feasible?

1 MS. WELCH: I think that's a great
2 question.
3 Potentially the question of
4 intentionality is a difficult one to parse out when
5 someone is living with a mental health challenge; and
6 so while juvenile judges I think by and large have
7 gotten better about understanding behavior health
8 challenges and the way that that plays out,
9 intentionality is a really difficult threshold.
10 MR. BLACKMAN: Thank you so much.
11 MR. MATTHEWS: Rogene Calvert.
12 MS. CALVERT: Hello.
13 I wanted to look at maybe some silver
14 linings. I don't know if they are or not; but in
15 light of all of our discussions, you said that the, is
16 it, TJJD is undergoing the Sunset review.
17 I would like to know as best as you can
18 share your feelings about what the outcomes of that
19 might be and if we see some improvement through that
20 process and where we are in that process?
21 Secondly, I understand it was like a
22 15 percent salary increase that was approved just the
23 other day. Tell me about if you feel this would
24 help -- well, it seems like not a lot; but, you know,
25 whatever. So just your comments on that.

1 MR. MARTINEZ: So I think in general that
2 anything can happen right now with the Sunset review
3 process.
4 The main three ideas that I have heard so
5 far are merging at the administrative level with the
6 adult system, developing a staggered closure plan for
7 the five state secured facilities and also pay
8 increases for the staff that are working in the state
9 secured facilities.
10 Although pay increases are well
11 intentioned and they could provide some short term
12 relief, I think the problems will continue to persist.
13 I think Texas is trying to keep a model that is
14 unsustainable frankly, and it's not in line with a lot
15 of the problems that we know about the youth.
16 We know that large prison-like lockups
17 are not useful in rehabilitating kids, and also this
18 isn't the first time that we have had issues with
19 staffing these facilities.
20 The Legislature back in 2014 and 2015
21 appropriated money, a pay increase, because of their
22 experience in staffing issues then; and that did
23 provide some short term relief; but as we all know
24 now, it wasn't enough to sustain it; and also sorry.
25 I have to add on.

1 Comparatively like to the other job
2 markets nearby like compared to Buc-ee's or somebody
3 else, this job is a lot harder; and if you can do a
4 job that pays similar and a lot easier, the chances
5 are they are probably going to go there.
6 MS. WELCH: That's a great question about
7 Sunset.
8 The Sunset Commission's report in the
9 recommendations focused largely on increasing the
10 resources available to the agency to be able to pay
11 staff. There are a few other recommendations in terms
12 of administrative recommendations about federal money
13 policies with the practice.
14 The Sunset Commission, itself, did not
15 recommend any sort of administrative merge with TDCJ.
16 The person who took the lead that was contacted is a
17 colleague of mine. She was very clear that the two
18 should not merge.
19 What happened at the Sunset hearing is
20 when she was sort of laying out the findings of the
21 report, a number of Legislative Members of the
22 Committee asked questions about the merge; and so I
23 think minds got a little bit blurred in terms of what
24 Sunset was actually recommending; but their report did
25 not at all recommend it.

1 In fact, in the hearing the person who
2 took the lead on the team for the Sunset Commission
3 clarified that TJJD and TDCJ should not merge for all
4 of the reasons that I have mentioned. So that's the
5 Sunset Commission.
6 In terms of salary increases, you
7 mentioned the 15 percent increase. That really only
8 increased salaries to get at the level that TDCJ's
9 officers are at, and the TDCJ's officers are leaving
10 in droves because the salary is far too low. So any
11 increase helps, and I was glad to see that, but the
12 agency has a -- the Legislature has a far way to go in
13 terms of funding staff salaries.
14 The point that I would also like to
15 underscore in terms of what jobs then people are
16 competing with in order to get those jobs. Things
17 like cashiers who like they are at the same salary
18 level, but they don't face the level of conditions
19 that our staff is facing inside of these facilities.
20 And then zooming out to the best practice
21 things. Salaries really need to reflect the expertise
22 and the skill set that we need for those positions.
23 So if we want officers to be able to develop the
24 personal shoulder relationships with youth that I
25 mentioned earlier, the pay needs to reflect the skill

1 set and the experience that would come with those
2 positions.
3 I know the agency, itself, finds it
4 challenging to even think about getting to that level
5 of staff that is coming in because you would have to
6 pay quite a bit more; and they absolutely do not have
7 the funding and resources available; and I do
8 sympathize with them for that reason.
9 MR. MATTHEWS: Jada Andrews-Sullivan.
10 MS. ANDREWS-SULLIVAN: Thank you, Chair.
11 So the question that I have -- I know we
12 have a staffing shortage, and it has been very loudly
13 broadcast. We have a state guard.
14 Have we looked at maybe potentially
15 temporarily having our state guards within these areas
16 of staffing that are needed; and then in retrospect to
17 the resources for mental healthcare, have we looked at
18 partnering with NIMH which is the National Mental
19 Health Agency?
20 I know that they have several trauma
21 informed based situation protocols especially for
22 youth. So I am just wondering if we can tap into
23 those resources.
24 MS. WELCH: That's a great question.
25 So the agency did several -- a few months

1 ago -- I can't remember exactly when they did call in
2 the guard to fill roles. What that did was address a
3 body issues. They needed bodies to fill those vacant
4 positions so that they could simply maintain the basic
5 requirements for the staff-to-youth ratios.
6 Pulling in the guard to fill those
7 positions does not in any way help the mental health
8 of the youth that are inside. It exacerbates stress.
9 It exacerbates trauma symptoms and that leads to much
10 more severe mental health outcomes.
11 TJJD is clear that guards when they
12 approach a dorm room are with a JCO who is better
13 trained to be able to address any needs that the youth
14 experiences and any stress that comes up, and that's
15 good, but simply the presence of a guard is extremely
16 stressful for the youth who are already terrified in
17 these facilities.
18 A great question about partnering with
19 NIMH. I know that NIMH has -- I know there are
20 conversations between NIMH and TJJD in terms of mental
21 health. The two often run in similar circles, and
22 NIMH has a number of great sort of best practice
23 guidelines for addressing the needs of youth from the
24 mental health perspective and the underlining trauma
25 issues.

1 Again, it boils down to resources to be
2 able to -- for the agency to be able to implement the
3 models that NIMH has very well versed in providing.
4 They need the resources to be able to really
5 adequately implement those models in totality.
6 MR. MARTINEZ: I don't have much more to
7 add to that comment besides that the Texas Rangers
8 were called in back in December of 2021, and I really
9 want to underscore a point earlier that having bodies
10 is not necessarily the same thing as having quality
11 staff to help rehabilitate these kids. It's literally
12 just having someone there just to observe their
13 behavior. They can't give them that quality education
14 instruction. They can't do therapy with them. It's,
15 you know, it's really just putting eyes in the room
16 essentially.
17 MS. ANDREWS-SULLIVAN: Thank you.
18 MR. MATTHEWS: Charles Burchett.
19 MR. BURCHETT: I have one question in
20 three parts for you to answer.
21 Are there state regulations that allow;
22 and if so, do any of the five state places or any of
23 the county places have critical incident stress
24 management trained volunteer chaplains and whether
25 your first part answer or second part answer whatever

1 that is, what do you think based upon your knowledge
2 and experience about that option?
3 MS. WELCH: I don't know currently
4 whether or not they are pulling on volunteer chaplains
5 to be able to serve and respond to the critical
6 incidents right now. I don't know the extent to which
7 they are drawing on un-volunteer chaplains. I know
8 that during the pandemic, all volunteers were
9 restricted from coming into the state secured
10 facilities for quite some time.
11 They loosened that up for a little bit,
12 but there are still challenges with finding volunteers
13 that are willing to walk into the state secured
14 environment given the not only the risk to coming into
15 contact with the virus but also the conditions that
16 are happening right now in the state secured
17 facilities, but I don't have data on how much the
18 agency is drawing on those volunteers.
19 MR. BURCHETT: My sort of follow-up.
20 I am not really asking about just
21 volunteers but specifically critical incident stress
22 management trained volunteers who wouldn't show up
23 just by need but would regularly visit with each
24 inmate to develop a relationship and then better be
25 able to take them through that stress management

1 protocol.
2 MS. WELCH: So I know that there is some
3 level of training of critical incidents or responding
4 to that stress management. I don't know the extent of
5 that training. I don't know if it's currently
6 happening enough for that particular function that you
7 are asking about.
8 MR. MARTINEZ: I would agree with all of
9 that. I would say with the current staffing issue,
10 they are probably not training their staff on that.
11 MR. MATTHEWS: Mark Harrington.
12 MR. HARRINGTON: First I want to say
13 thank you so much. It was really a fascinating
14 presentation.
15 But one statistic that really jumped out
16 at me was the -- and correct me if I am wrong -- that
17 at one point that there was a 70 percent turnover for
18 the officers and the counselors.
19 Two questions. I think that it would be
20 great for the committee to find out at these
21 facilities what is a 70 percent turnover.
22 What percentage of the officers and what
23 percentage of the counselors have been there for more
24 than two, three, four years, sort of long term because
25 in terms of best practices and in terms of

1 effectiveness, if each institution and each location
2 essentially has brand new staff every
3 two-to-three years, you are starting from Day 1 every
4 two-to-three years.
5 Again, it's not a criticism; but I would
6 be fascinated to find out if there is a 70 percent
7 turnover, is it essentially 12 percent of the people
8 are there for more than five years; or is it three
9 percent?
10 That may be something that I would be
11 interested to hear, but my question only has to do
12 with the officers and more importantly the counselors;
13 and in terms of the counselors, I do not mean medical
14 doctors that can prescribe mental health
15 prescriptions.
16 Can you tell us what are the
17 requirements, the legal requirements, the professional
18 requirements for someone to become a counselor?
19 Is that something that, I mean, do you
20 have to do years of training before you are allowed to
21 come in; and lastly, if you can comment.
22 Is there a level of effectiveness among
23 some of these non-licensed counselors?
24 Are they just as effective as somebody
25 who has -- I went to law school, so I have spent time

1 in school -- but are the non-licensed ones as
2 effective in helping people with non-prescription
3 medical needs as a real counselor is?
4 I would love to have you guys chat about
5 that.
6 MS. WELCH: Sure, and I think that it's a
7 great question.
8 In terms of licensed professionals, they
9 are the ones that are providing the acute care, right,
10 medications, very specific behavioral health
11 interventions. Non-licensed or other mental health
12 providers also typically have some level of
13 certification or requirements that they need to meet.
14 Social workers, for instance, you don't
15 have to be a clinical social worker in order to
16 provide counseling that requires training in social
17 work education degrees.
18 There is also what the adult system has
19 started to figure out is the benefit to providing peer
20 support services inside of facilities. Peer support
21 services is someone that has lived the experiences
22 both in the criminal justice system and the behavioral
23 health system that walks with that person. It is sort
24 of been there done that type of approach but also has
25 real training on what crisis is, trying to navigate

1 that and how to connect folks to the services.
2 It's more complicated and complex when
3 you think about providing peer services for the youth
4 because meeting a youth in the sort of I have been
5 there and done that, there are age differences that
6 really matter; but there are ways that from a best
7 practice lens that facilities can develop things like
8 resident counsels or structure.
9 Another best practice is ensuring that
10 you are grouped in very small groups entities when
11 moved into the facility and it's eight-to-12 youth at
12 a time, and that become sort of a community, and there
13 are ways in which other agencies across the country
14 have developed ways in which they can interact with
15 one another and provide that type of peer interaction.
16 That obviously doesn't require any sort
17 of license or even certification. It's just a way of
18 managing the youth differently so that you get that
19 level of support and care.
20 And even stepping back from that. When
21 you have the small homelike facilities and the
22 officers are trained in positive youth development
23 principles, they are provided training in terms of
24 better ways to communicate with the youth to really
25 deescalate situations but also to just do things like,

1 "Hey, how is your day today? How was school today?
2 What did you do in school?" Those are really
3 meaningful outcomes for youth who don't have often
4 that level of healthy support from another adult
5 member of the family or in their close community.
6 So I think it would be best to think of
7 mental health providers as sort of there is a small
8 circle of licensed professionals, a wider circle of
9 non-licensed professional that still provide great
10 level of care; and then out from there, peer support
11 providers and other ways that we can manage youth; and
12 even stepping back from that, having officers fulfill
13 their role in a way that really gage at the social
14 development needs of our youth.
15 That's a great question.
16 MR. MARTINEZ: I don't have anything
17 additional to add in regards to the counselors, but I
18 do have a quote today that I can give some insight on
19 the culture of the facilities today.
20 So this is from Sandra Carter, the
21 interim executive director of TJJD; and she said that
22 the inability, lack of safety and low moral caused a
23 significant trend of new hires furthering the crisis
24 and that the frustration and fatigue which run high
25 and contribute to staff making poor decisions.

1 She continued to say that with fewer
2 staff, there is also a decrease in peer monitoring
3 which can increase the opportunities for predatory
4 staff to engage in abuse and exploitation.
5 MR. MATTHEWS: Austin Nimocks.
6 MR. NIMOCKS: Thank you, Mr. Chairman,
7 and Ms. Welch and Mr. Martinez for being here today.
8 My esteemed colleague here touched on
9 what I wanted to ask, but my question was bigger.
10 Given the continued increase of
11 popularity of spiritual counseling, I am curious as to
12 whether you-all can inform the Committee on the status
13 of the chaplains in general at the five state secured
14 facilities, how many chaplains are there?
15 What is the range and scope of
16 denominations that they represent, the contact with
17 inmates and what is the overall health of the
18 chaplaincy that are actually interacting with the
19 inmates?
20 MS. WELCH: I actually don't have data on
21 the chaplains. I know that before the pandemic, they
22 did have a very -- I will say a -- healthy chaplaincy.
23 They have religious services that are provided for the
24 youth that are inside of the state secured facilities.
25 There were some changes during the

1 pandemic in terms of the chaplains not being there
2 early enough to access the youth at the facilities,
3 but I don't have more updated numbers on whether that
4 has been built back up or how they are drawing down on
5 those services.
6 MR. MARTINEZ: Neither do I.
7 MS. WELCH: We will have to give you that
8 information.
9 MR. NIMOCKS: Just to follow-up on that.
10 Is the spiritual counseling and the
11 chaplaincy not part of the mental health equation as
12 your organization sees things with regard to TJJD, is
13 that why you-all don't know; or is it just the data is
14 not available or help me put that together?
15 MS. WELCH: I just haven't seen data on
16 the help on the number of spiritual counselors
17 available for youth. I have not seen that data.
18 MR. MARTINEZ: I just also think that
19 it's complicated with, as you have mentioned, what
20 kind of denomination they have. Religion is varied;
21 and a lot of the youth who are in there might be, you
22 know, like they might be LGBTQ or something, so
23 religious chaplains might not be useful for that
24 demographic either. So I am not sure.
25 MR. NIMOCKS: I am just trying to get an

1 idea on the numbers.

2 MS. WELCH: Absolutely, yes, I will be

3 happy to try to look into that.

4 MR. NIMOCKS: I think that information

5 would be helpful to the Committee with regard to the

6 five state secured facilities.

7 MR. MATTHEWS: Jamilah Way.

8 MS. WAY: Thank you.

9 My question circles back to the staffing

10 issue that is alarming.

11 Do you-all know if there is a plan to

12 recruit, educate, train, pay better, like all within

13 the same facilities with all of the different

14 positions that we need filled; and specifically is

15 there any type of idea models?

16 What comes to mind is I think about the

17 United States military. Before you graduate from high

18 school, you have a recruiter sitting in the hallway

19 recruiting; and they are selling that they are going

20 to pay for your education, etc., etc.; and it's not

21 just to be on the battlefield. They pay for the

22 doctors. They pay for dentists, etc.

23 Is there an ideal model such as that for

24 these types of facilities?

25 Do you think that it's the most

1 effective?
2 It sounds like it, right, but you don't
3 have the training and with equal pay. I am going to
4 add that part to the question.
5 Like you are talking about filling these
6 roles with other officers, troops, etc., are they paid
7 the same, like, at the correctional facilities?
8 Does the state trooper make the same
9 amount of money as a correctional officer for example?
10 Like, do we value them the same way?
11 I would be interested in that.
12 MS. WELCH: So if I am understanding
13 correctly, it is a two-part question; and one is in
14 terms of recruitment; then the other in terms of
15 equitability.
16 Currently I know that recruitment efforts
17 are minimal. They put out a call, and it's a pretty
18 much wide call. It's not targeting ways in which they
19 put out a recruitment effort. It is nearly not as
20 structured as the military analogy. I don't have the
21 details of the ins and outs of what their current
22 recruitment strategy is.
23 From the best practices lens, if the
24 agency had the resources available to be able to
25 create the staff role that I talked about, recruitment

1 could look much as it does for others in provider
2 positions or social work positions or any sort of
3 helping in other type of problem solving positions.
4 You know, recruitment can happen at the
5 university level. It can happen at the provider
6 systems, but that changes, and obviously it depends on
7 the resources and the ability to be able to target the
8 recruitment.
9 In terms of equitability with the state
10 troopers, I actually haven't looked at the data to see
11 the comparison between officers and specifically state
12 troopers.
13 As I mentioned, the TJJD officers got a
14 15 percent increase that got them up to the
15 correctional officers with the TDCJ level so that they
16 are basically the same between those two systems, but
17 I haven't looked beyond that.
18 MR. MARTINEZ: And I think if I am
19 remembering correctly, they were able to do that raise
20 because they had so many vacancies, that they just
21 took the salaries from all of the state secured
22 agencies and applied that to the current staff; and so
23 I really want to underscore that I think pay raises
24 would help, but they won't solve the issue long term.
25 The location of most of these facilities

1 is very remote for most of them, and that further
2 limits who would even apply for these positions to
3 begin with. I think Texas is continuing the best in
4 the structure that isn't working.
5 MS. WAY: What state -- is there a state
6 that does it, you know, satisfactorily for lack of a
7 better way of putting it?
8 What is their model?
9 MS. WELCH: So I will say, you know, to
10 give TJJD a little bit of a comparative look at what's
11 happening in the Texas Juvenile Justice Department.
12 Across the board nationally the juvenile
13 justice systems and the adult criminal justice systems
14 are facing shortages. That's occurring in most
15 states. I haven't nearly heard of a state that's
16 healthily staff. So most states are experiencing this
17 challenge.
18 Where states have -- where a lot of
19 states have gone in terms of the Juvenile Justice
20 Department are closing larger institutions and serving
21 the youths closer to their homes in a number of
22 different ways. Sometimes they are sent back to the
23 home communities. Sometimes they are sent to more
24 structured behavioral health interventions sometimes
25 like hospital settings.

1 And so the question is a little bit
2 challenging in part because there is involvement with
3 other systems which makes this sort of role and
4 comparison a little bit complex.
5 MS. WAY: Thank you.
6 MR. MATTHEWS: We will go to our last
7 question before the public comments.
8 Barbara Walters.
9 MS. WALTERS: Okay, thank you.
10 I so much appreciate your passion today.
11 I think that it's wonderful.
12 I am a former teacher, so I remember you
13 said something about no one is pushing classes at
14 least at one facility.
15 Now, what about education, how is that
16 incorporated of them getting GEDs or whatever?
17 Do teachers have to actually come on-site
18 or whatever?
19 Tell me a little bit about the education
20 aspect.
21 MS. WELCH: So in normal times there are
22 teachers on-site at the facilities. They provide
23 in-person classroom instruction, and that's the gold
24 standard, and that is what TJJD was doing for a long
25 time.

1 When staffing shortages started and then
2 the pandemic, then they had to move to using the
3 teachers and counselors to fill the security rolls.
4 Now, you see impact; and that's how they are running.
5 It's sad from the instructional perspective, but it's
6 sad in terms of losing out on the community that a
7 classroom environment creates and in another way an
8 opportunity for the youth to learn how to live in a
9 community with other people having to support their
10 peers.
11 So in the best practice scenario, you
12 could be going to school together. You can talk about
13 projects that they have made in class together. You
14 can structure group assignments so that the youth had
15 something to work on together, right, and figure out
16 how to produce something together. So it's really
17 inseparable to me.
18 MS. WALTERS: When do they age out at
19 TJJD?
20 MS. WELCH: At age 19. At age 17, if
21 someone is charged at age 17, they are officially in
22 the adult criminal justice system; but for youth that
23 are charged and sentence to the juvenile system, they
24 age out of the system at 19.
25 MS. WALTERS: Thank you.

1 MR. MATTHEWS: We have come to the end of
2 our first round of questioning. It's 11:33, and I
3 believe that we don't have any questions from the
4 public. There is nothing from the public, so we will
5 continue on.
6 I will ask a quick question, and then
7 turn it over to Joni because she always has a bunch of
8 questions, and then we will just throw it open for the
9 members if you have other questions that you would
10 like to ask.
11 So, Martin, you mentioned that you had, I
12 believe, at Texas Tech the Psychiatric Resident
13 Program is engaged in this; and that raised a point to
14 me.
15 I wonder back around the late '90s early
16 2000s if I recall, there were doctors who wanted to be
17 able to provide free services, medical services at
18 free clinics; but they didn't want to have to get the
19 insurance to protect them from malpractice insurance
20 and didn't want to pay that because it would be fairly
21 expensive.
22 Several states and I think Texas may have
23 passed what they call Good Samaritan Laws at the time
24 if I remember correctly which allowed them to do that.
25 Whether they did or not, have you thought

1 about reaching out to some other schools or have some
2 of the facilities reach out to other schools because
3 you have got to have a lot of psychiatric and
4 psychology residents out there who might be available
5 to do this as they are starting their careers.
6 MR. MARTINEZ: So I think that's a great
7 idea. I have not reached out, and I don't know if
8 TJJD has reached out either, but that is something
9 that we can definitely look into as to advocating more
10 or look into advocating more in the future.
11 MS. WELCH: So the Legislature has tried
12 to on a number of fronts create incentives for keeping
13 graduate students who are looking into being in the
14 licensed mental health profession, looking at keeping
15 them employed in the State of Texas.
16 There hasn't been great success in those
17 efforts to be quite honest; and that's contributing in
18 part to our mental health workforce shortage; but the
19 other challenge is even if there are graduate students
20 that come out and are interested in working with this
21 population, there are geographical considerations for
22 the graduates; and they will have to live near the
23 facilities if the facilities are located in the rural
24 areas; and so there are a number of factors that
25 contribute to the ways in which the graduates that

1 come out of our excellent schools are just not staying
2 around to the degree that we need them to stay around
3 to serve our population.
4 MS. BAKER: This is directed to either of
5 you or both of you.
6 First as an observation from the
7 description of what the model would be.
8 I don't know if you are familiar with a
9 residential treatment facility for abused and
10 neglected girls that is in Canyon Lake. It's run by
11 the Lutheran Support Services; and it does have this
12 residential-type model where up to 80, 11-to-17 year
13 old girls are -- it's a capacity; and they have sort
14 of group homes. They have a roommate. They go to
15 school. There is a church on the facility. The
16 counselors are there regularly, and I said that
17 because I know somebody who is being the clinical
18 director there.
19 But if at any point the ratio of staff to
20 the girls got too large, they were very much held
21 accountable by the state because they did get some
22 state funding. So I am just thinking hypothetically
23 if they are clamping down on other providers but not
24 doing the same for themselves, it seems very
25 contradictory.

1 My question is totally unrelated to that;
2 and that is to your knowledge, has there been any
3 discussion of using telehealth mental health services?
4 MS. WELCH: There has been; and at this
5 committee hearing that Martin had mentioned that we
6 were both at on yesterday, the House Juvenile Justice
7 & Family Issues Committee hearing, the current interim
8 executor director, Shandra Carter, was asked about
9 telehealth services; and she said currently they are
10 not providing telehealth services; and it's a model
11 that is a challenge for them given the rural locations
12 of these facilities and then there are challenges with
13 the technology.
14 I don't know enough about the details of
15 what she meant by that, but that's what she reported
16 yesterday.
17 Telehealth I think has shown remarkable
18 success on the adult side, and there was a big push a
19 few sessions ago to get jails to use the telehealth
20 services because it's a model that really does sort of
21 address this access issue at the facilities that are
22 located in these rural areas that don't have enough
23 providers to be able to serve the people inside of
24 them.
25 MR. MATTHEWS: Charles Blain.

1 MR. BLAIN: I do have a question, but
2 just to elaborate on that. It could be the lack of
3 access for rural broadband. I know that has often
4 been an issue, and the Legislature has talked about it
5 but hasn't done much to address it just yet, so that
6 could be an issue for telehealth.
7 But my question is about -- and you guys
8 may not have the information on this; but I just
9 wanted to kind of throw it out there -- the cost per
10 bed especially comparing the state level facilities to
11 the county level facilities, it seems as though the
12 social outcome is certainly better on the county
13 level; and it seems like the fiscal return on the
14 investment is probably better as well, so can you give
15 us any information on the cost per bed on these two
16 units?
17 MS. WELCH: The most recent data that I
18 was looking at for the cost per bed for the state
19 secured facilities is upwards of $400 per day per
20 youth, but I don't have comparative figures at the
21 county level. It's much lower than that, but I don't
22 have that exact figure off of the top of my head. I
23 will have to get that information to you.
24 MR. MARTINEZ: I know we do. I am trying
25 to find it right now.

1 I am sorry.
2 MR. BLAIN: Okay.
3 MR. MATTHEWS: We will come back to that.
4 Chris.
5 MR. KULESZA: I would be very curious to
6 see that, too, because the feasibility has been coming
7 across my mind.
8 Mr. Martinez, there was something that
9 you said that was concerning to me or struck a chord
10 with me; and you can tell me if I was wrong with what
11 I heard that one of the lines or the phone line,
12 right, that it's monitored. You were mentioning
13 before that there was a concern about privacy with the
14 youth.
15 I would like -- what steps are taken, if
16 any, to protect the privacy of the youth so that when
17 something comes up, they feel comfortable to report
18 it; and on top of that, if there aren't that many,
19 what can we potentially do to better protect the
20 privacy of the youth because as I mentioned, there is
21 also a personal trust issue that they need to be able
22 to know that if they are going to exercise their
23 rights, then they are not going to then be -- you
24 know, that there isn't going to be any recourse
25 against them?

1 So I wanted you to talk a little bit
2 about that.
3 MR. MARTINEZ: So I mean as far as I
4 understand the phone line to the office of the
5 independent ombudsman, that it's in an open room. So
6 there really isn't like a private setting to make this
7 kind of report. I don't know the exact privacy
8 practices TJJD has, but I will be happy to get those
9 to you. I just know that right now it puts the
10 onerous on the youth to step forward and make that
11 phone call and feel comfortable and confident enough
12 to even talk about the incident if they want to.
13 MR. MATTHEWS: Charles Burchett.
14 MR. BURCHETT: My question is just for
15 your opinion.
16 Based on the facts that you gave us,
17 there were 422 youths in the State of Texas under the
18 care of Texas receiving psychotropic medications.
19 Were those medications prescribed by a
20 doctor who had personal face-to-face contact with the
21 patient -- and I guess this is where your opinion will
22 come in -- were those medications prescribed to simply
23 sedate and control or to maintain and improve health?
24 MS. WELCH: I think those are great
25 questions, and I just don't have the information about

1 how those medications were prescribed. So I really
2 can't speak on that.
3 MR. BURCHETT: How about your opinion on
4 the second part?
5 MS. WELCH: Can you rephrase the second
6 part because it sounded like it was based on how they
7 were prescribed?
8 MR. BURCHETT: Were those individuals
9 prescribed those medications simply to sedate them or
10 control them, or was it actually to maintain and
11 improve their health?
12 MS. WELCH: Again, I don't have any idea
13 of how they were actually prescribed. So I can't
14 speak to that.
15 MR. BURCHETT: With all of your
16 experience you don't have an opinion?
17 MS. WELCH: Well, I just don't know when
18 the question is about how the medicine was prescribed
19 and for what reason; and I don't have the information
20 to know how --
21 MR. BURCHETT: My question really is
22 about the purpose.
23 In the Rusk State Hospital for the
24 criminally insane, there were practices done simply to
25 make it easier to maintain the populous; and I am

1 wondering if that's the same approach in the youth
2 facilities.
3 MR. MARTINEZ: It sounds like I just
4 don't really have that information.
5 MS. WELCH: I don't have that
6 information.
7 MR. MATTHEWS: But it would be
8 interesting if there is some source that you can find
9 out about that.
10 Rogene.
11 MS. CALVERT: I am not real familiar with
12 the Legislature, but under what committee is this
13 reviewed and taken up?
14 MS. WELCH: That's a great question.
15 On the House side it's the Juvenile
16 Justice & Family Issues Committee; and on the Senate
17 side it's the Senate Criminal Justice.
18 MS. CALVERT: And can you name any
19 champions in the Legislature that might be open to
20 some of the suggestions being made today and for
21 improvements?
22 MS. WELCH: Actually at the committee
23 hearing that we were both at on yesterday, it seems
24 like all of the Committee Members that were present
25 were very interested in digging into the information

1 and figuring out the reforms that we needed.
2 I can start naming a few that are on the
3 committee. You can also look up that information, and
4 then for the Senate Committee on Criminal Justice the
5 Chair is Senator John Whitmire who has been working on
6 these issues for decades.
7 MR. MATTHEWS: Austin Nimocks.
8 MR. NIMOCKS: Thank you, Mr. Chairman.
9 Earlier one or both of you I think
10 indicated that we have 540 that are youth incarcerated
11 in the five state facilities as of this day.
12 Can you-all tell us how many youths go
13 through the Texas Criminal Justice System a year?
14 MR. MARTINEZ: I don't have those numbers
15 with me.
16 I am sorry.
17 MR. NIMOCKS: Okay. Well, maybe
18 something easier.
19 How many youths are incarcerated in Texas
20 total?
21 MS. WELCH: I don't have the numbers off
22 of the top of my head.
23 MR. NIMOCKS: What I am trying to do is
24 get an idea of the percentage of the youth that we are
25 really talking about here in the custody of TJJD

1 versus other state or I guess local bodies of
2 government.
3 MR. MARTINEZ: So I actually have a table
4 that shows the youth residential placement for 2020
5 and 2021. For the average daily population in a
6 residential placement it's about 993 kids, and that
7 was in the year 2021.
8 MR. NIMOCKS: Of that 193 kids, is that
9 for the youth in TJJD?
10 MR. MARTINEZ: I am sorry, 993; and
11 that's for the average daily population in residential
12 placement.
13 MR. NIMOCKS: Okay. So does that include
14 the 540 at TJJD?
15 MR. MARTINEZ: I believe so; but again,
16 this was 2021, so those numbers might be different
17 today.
18 MR. NIMOCKS: But if we use those numbers
19 today, TJJD more or less is housing about 50 percent
20 or so of the youth offenders in Texas that are
21 incarcerated, is that a fair interpretation of those
22 numbers?
23 MR. MARTINEZ: I think so, but I would
24 want to give you more definite more up-to-date
25 numbers.

1 MR. NIMOCKS: I understand. I am not
2 holding your feet to the fire. I am just trying to
3 get a sense of what percentage we are talking about.
4 MS. WELCH: I know that the agency keeps
5 really great reports on that information, and I am
6 happy to pull it from their reports and send it to you
7 so we can give you an accurate number.
8 MR. NIMOCKS: I think that would be great
9 for purposes of what this Committee is going to be
10 expected to produce in just understanding the context,
11 yes.
12 Thank you.
13 THE COURT: Jada Andrews-Sullivan.
14 MS. ANDREWS-SULLIVAN: Thank you, Chair.
15 So the question that I want to pose is we
16 keep hearing that there is a lack of resources; and
17 when we say, "resources," we all know that we are
18 talking about funding.
19 Under the Cares Act or the American
20 Rescue Act, were there any dollars sent to the State
21 of Texas that can be re-allocated or re-distributed
22 into the resources that are needed to truly speak to
23 mental health continuing to close the digital divide?
24 Have we tapped into what is still within
25 the budget of reserve funds or emergency funds or any

1 resources that we can pull from the state budget to be
2 allocated into programs that are needed to speak to
3 this situation well?
4 MR. MARTINEZ: So I don't have numbers on
5 federal funds that are left over or could be used to
6 support mental health support systems in Texas, but I
7 do know after the recent Uvalde incident, the shooting
8 there, the Legislature allocated 50 million for mental
9 health support in schools.
10 It isn't clear what they plan to do with
11 that money; but it's there; and I definitely think
12 that in this next legislative session, there will be
13 more opportunity for an increase in services
14 particularly in the schools.
15 MS. WELCH: In terms of the Cares Act and
16 the public relief dollars, TJJD was allocated some
17 funds. I don't know off of the top of my head how
18 much. There were four separate times that those funds
19 were pulled for other state expenses. That's within
20 the Juvenile Justice Department, itself.
21 I haven't looked to see how the mental
22 health system, itself, either benefited or did or did
23 not receive funds from COVID relief dollars. I will
24 be happy to give you that information.
25 MS. ANDREWS-SULLIVAN: Thank you.

1 MR. MATTHEWS: Do you have any other
2 questions?
3 Jamilah Way.
4 MS. WAY: Thank you.
5 Following up on the school component.
6 Do you think that it would be beneficial
7 or is there any information about just screening all
8 of the students for mental health issues, like, for
9 example, we get our eyes looked at in the schools; and
10 they just do it across the board; but what about
11 behavioral health or other mental health type of
12 issues, the basic screening for all students to maybe
13 identify and help them to get help?
14 MR. MARTINEZ: So I am in the Youth
15 Justice Department at Texas Appleseed and so our
16 Education Justice Department might be better suited to
17 answer this question, but I will do my best.
18 I think particularly it's more about
19 training staff to be able to identify when those
20 mental needs are happening or when a youth might have
21 significant mental health needs and ensuring that
22 counselors, school counselors are actually counseling
23 the kids and that they are not doing administrative
24 tasks like monitoring tests, that they are actually
25 dedicating their hours to serving these youth.

1 MS. WELCH: And in terms of the school
2 setting just to add to what Martin said, there is also
3 concerns about parental consent and information that
4 the school must adhere to.
5 MR. MATTHEWS: Mark Harrington.
6 MR. HARRINGTON: I wanted to go back to
7 the question about whether -- in terms of the
8 medication, whether the medication simply is used to
9 sedate people. Perhaps one place where you may be
10 able to track down some information about that is
11 whether or not the different ombudsman offices, have
12 they received complaints from the parents from maybe
13 some of the younger kids, themselves, saying, "Look,
14 they are just giving us stuff so we fall asleep;" and
15 not that you are going to get that much detail; but it
16 would be interesting if over the past several years
17 there simply has been any complaints.
18 On the other hand, if every time you
19 contact one and they say, "Oh, yeah. We get a call
20 once a month or once every two months from a parent or
21 a friend saying we show up and they are just falling
22 asleep every time we talk to them." That may be a
23 place to look at. That was my only comment.
24 MR. MATTHEWS: Joni Baker.
25 MS. BAKER: This is maybe an observation

1 just for your reaction.
2 I currently serve on the San Antonio's
3 Collaborative Commission On Domestic Violence, and we
4 will be holding our third symposium in October of this
5 year focused on the youths and the impact of domestic
6 violence on youths, not necessarily physical abuse on
7 the youths but the emotional and the psychological
8 impact of being in a household where the parents are
9 fighting or whatever the situation may be.
10 And so when you are talking about
11 transitioning to a local model in the counties,
12 frankly there are cases where the family is the
13 problem; and as we have seen in several of these
14 school shootings is because the mental health needs of
15 the shooters were not met just being exposed to
16 domestic violence in the homes, if there is a movement
17 towards these county or regional facilities.
18 Would it be taken into account an
19 assessment of the family's situation as to whether it
20 is a good idea for them to even spend anymore time
21 with the kids?
22 MS. WELCH: Absolutely, and I think
23 that's something that is certainly advisable for the
24 agency to pursue. I mean, they need to look at what
25 the home environment is, whether or not it's safe for

1 the youth, whether or not it's safe for the family for
2 the youth to return to the home environment; and then
3 the agency will need to just sort through what
4 programs and services and structures that are
5 available in the local communities to provide them the
6 programs that will take a more formal approach.
7 Like there are some services that target
8 for that specific reason the entire family and focus
9 on building relationships for parents that are
10 estranged ensuring that everybody in the family is
11 adequately receiving mental healthcare.
12 So that would absolutely be something
13 that the agency will need to take into consideration,
14 absolutely.
15 MR. MATTHEWS: Yes, Brandon.
16 MR. HOLT: I am curious.
17 As far as the ombudsman inspections and
18 assessments that they do, as that data is collected,
19 what are the processes that are in place after that
20 data is collected; and what are some of the challenges
21 to, you know, implement that data for, you know,
22 bettering these places?
23 MS. WELCH: So I will paint the big
24 picture of what happens is after the ombudsman -- the
25 staff goes out to the facilities, gathers information.

1 They analyze the data; and they submit public reports,
2 quarterly reports; and those reports are posted on
3 their website.
4 As far as your second question, the means
5 of taking the data and using that to inform the agency
6 on how to change their practices, my sense is the
7 challenge that goes on with the staffing issues right
8 now with understaffing really makes it challenging to
9 really address the problems that may be identified in
10 the ombudsman's report.
11 I think that's a good question for the
12 ombudsman's office and the agency, itself, to
13 understand the challenges that are faced in that
14 process.
15 MR. HOLT: So from your opinion, the
16 processes for them to be able to collect the data are
17 in place; but what they use the data for is kind of
18 questionable based on the staffing challenges that we
19 have?
20 MS. WELCH: I think the question is --
21 the limit of their office is to gather the data,
22 analyze the data, tell the agency what they are
23 finding and then offer suggestions on how the agency
24 addresses that. The agency is limited by its
25 resources that are available to address any challenges

1 that comes up.
2 MR. HOLT: Okay, thank you.
3 MR. MATTHEWS: One more question because
4 we are out of time.
5 Ms. Andrews-Sullivan.
6 MS. ANDREWS-SULLIVAN: Thank you, Chair.
7 So we are hearing all of the great
8 reactive approaches that we can take.
9 What are the proactive approaches that
10 are happening?
11 Before I know it was by third grade you
12 can tell which child will be put into the system.
13 What are we doing now besides looking at
14 if they are reading at third grade?
15 What steps are we taking proactively to
16 keep us from continuing to have this funnel into our
17 system that is so broken?
18 MR. MARTINEZ: That's a tough question,
19 and it's also connected.
20 I think having more counselors instead of
21 school police officers is one way that we can help
22 prevent the staff that are trained to deescalate a
23 situation instead of escalating the situation. I
24 think that's one way.
25 I think another way is also looking at

1 what offenses are on the table right now, what
2 statutory offenses. So like status offenses, you know
3 a minor running away or staying out past curfew, those
4 kinds of offenses, are they really needed to protect
5 youth or are they just further incarcerating our
6 youth.
7 MS. WELCH: From a mental health
8 perspective, proactive typically means like prevention
9 services; and prevention services within the mental
10 health world in the broad brush stroke are the
11 underfunded service of the services that usually have
12 been traditionally underfunded.
13 Those prevention services would do a
14 community well to sort of make those services robust
15 and ensure that schools or other youth serving systems
16 can draw down the models of the prevention services,
17 and there are a number of excellent models for
18 prevention services.
19 And, in fact, in our 2013 report, the
20 chapter in which we dive into best practices in
21 behavioral management at secured juvenile facilities,
22 it draws down from one of those. It's called the
23 Positive Behavioral Intervention System. It's a tier
24 behavioral management system that provides
25 preventative operational strategies and other targeted

1 intervention strategies.
2 But models that highlight that just to
3 say that there are models like that that when schools
4 have the ability to understand those models, train
5 their staff on those models, understanding the
6 strategies that are available in those models, then
7 you can produce much better outcomes and have shown to
8 have positive outcomes for reducing the quick school
9 system that they come from.
10 MR. MATTHEWS: Well, with that, we are
11 about out of time.
12 So I want to thank our panelists for
13 their commitment, their expertise, their willingness
14 to take the time to come and share their expertise
15 with us.
16 We may be back in touch with you for some
17 other comments and other things, and I think that some
18 of you have got some homework to do to find some
19 answers for us, and that will be very helpful.
20 With that, we are going to take a break
21 for lunch.
22 If you have a parking ticket that you
23 would like validated, see Angelica Trevino who I think
24 is outside; and, please, remember that we will be
25 coming back for our next hearing at 1:30.

1 So we are breaking for lunch until 1:30,
2 and we will start then for our second panel.
3 With that, I will call this hearing to a
4 close.
5 (lunch break)
6 MR. MATTHEWS: This meeting of the Texas
7 Advisory Committee to the U.S. Commission on Civil
8 Rights shall come to order.
9 For the benefit of the public who have
10 joined us today since the morning panel, I will
11 reintroduce my colleagues and myself.
12 I am Merrill Matthews and Members of the
13 Committee present here today are Joni Baker, Vice
14 Chair; Jada Andrews-Sullivan; Josh Blackman; Charles
15 Blain; Charles Burchett; Rogene Calvert; Mark
16 Harrington; Brandon Holt; Christopher Kulesza; Austin
17 Nimocks; Barbara Walters and Jamilah Way.
18 And the Members of the Committee who are
19 absent today are Cecilia Castillo, Ariel Dulitzky and
20 Ronald Smeberg.
21 We have a quorum present and will proceed
22 with the meeting.
23 Also present are Brooke Peery, Civil
24 Rights Analyst and Angelica Trevino, Support
25 Specialist. She is not in here right now.

1 The U.S. Commission on Civil Rights is an
2 independent, bipartisan agency of the federal
3 government charged with studying discrimination or
4 denial of equal protection of the laws because of
5 race, color, religion, sex, age, disability or
6 national origin or in the administration of justice.
7 In each of the 50 states and the District
8 of Columbia, an Advisory Committee to the Commission
9 has been established; and they are made up of
10 responsibile persons who serve without compensation to
11 advise the Commission on relevant information
12 concerning their respective states.
13 Today our purpose is to hear testimony to
14 examine the civil rights implications of mental
15 healthcare in the Texas Juvenile Justice System.
16 At the outset, I want to remind everyone
17 present of the ground rules. This is a public meeting
18 open to the media and the general public. I want to
19 remind everyone that this meeting will be transcribed
20 by a court reporter for the public record.
21 I will ask that you, please, state your
22 name when speaking and speak slowly and clearly.
23 The panelists should limit their initial
24 remarks to around ten minutes. After all of the
25 panelists have spoken, Advisory Committee Members will

1 have the opportunity to ask questions.
2 The Committee may ask questions of the
3 entire panel or individual members or of the panel
4 after the panelists have had the opportunity to
5 provide their prepared statements. The Committee
6 Members must be recognized by the Chair before asking
7 any question.
8 In addition, in order to ensure all
9 Committee Members get a chance to address the panel,
10 each Committee Member will be limited to one question
11 plus a follow-up.
12 When five minutes are left in the
13 session, I will announce that the last question may be
14 asked.
15 This afternoon's panel will also include
16 a period for public comment and will be an opportunity
17 for members of the public to share their perspectives
18 and opinions.
19 If you would like to participate, please,
20 see Angelica Trevino to sign up, and she is outside.
21 In addition, written statements may be
22 submitted to Brooke Peery at bpeery@usccr.gov. That's
23 B-P-E-E-R-Y @ U-S-C-C-R dot gov.
24 Though some of the statements made today
25 might be controversial, we want to ensure that all

1 invited guests feel welcomed and do not defame or
2 degrade any person or any organization.
3 As the acting Chair of today's meeting, I
4 reserve the privilege to cut short any statements that
5 defame, degrade or do not pertain to the issue at
6 hand. Any person or any organization that feels
7 defamed or degraded by statements made in these
8 proceedings should contact our staff during the
9 meeting so that we can provide a chance for public
10 response.
11 Alternately, such any persons or
12 organizations can file written statements for
13 inclusion in the proceedings; and I urge all persons
14 making presentations to be judicious in their
15 statements.
16 The Advisory Committee appreciates the
17 willingness of all participants to share their views
18 and experiences with the Committee. I would now like
19 to begin our meeting and introduce our second panel.
20 Layla Fry, Director of Youth Justice at
21 the Meadows Mental Health Policy Institute; Leah
22 Wolfthal, the acting Executive Director at the Center
23 For Urban Transformation; Amnisty Freelen, a parent
24 advocate and Brittany Norman, attorney at the
25 Disability Rights Texas.

1 And so with that, let's start with Layla.
2 MS. FRY: Good afternoon.
3 My Name is Layla Fry, and I am here
4 representing the Meadows Mental Health Policy
5 Institute.
6 The Meadows Institute is a nonprofit,
7 nonpartisan and data driven policy organization. We
8 are primarily funded through philanthropy, and we
9 provide information and analysis on effective and
10 efficient mental health policy and guidance on
11 implementing programs.
12 Myself personally, I am the Director of
13 the Justice and Family Policy at the Meadows
14 Institute; and I have been working in and around the
15 Texas Juvenile Justice System in a nonprofit world for
16 the last 15 years.
17 I have spent a lot of time creating
18 policies and practices by building a continuum of
19 alternative incarceration and implementing programs.
20 I am also here speaking from my own
21 experience as the daughter of a formerly frustrated
22 parent; and as a single teen mom, I am someone who has
23 really benefited from some of the upstream proactive
24 approaches that you asked about with the first panel
25 that I am going to be talking about today.

1 So my sisters and I were completely
2 wrapped around with front-end services from our local
3 boys and girls clubs when we were growing up where we
4 went every day after school, and I think as a
5 testament really to the difference that these striving
6 upstream services can make.
7 This building, itself, is actually where
8 I took most of my classes when I was the first in my
9 family to go to college when I went to Rice decades
10 ago; and so this is really a very meaningful
11 coincidence to be here today.
12 So I first just want to ground us in the
13 mental health impacts of the last few years. With
14 Texas, it has really experienced an unprecedented
15 crisis for children and their emotional health.
16 Even before COVID-19, the mental health
17 of children has suffered worsening dramatically over
18 the past decade. Suicide is now the second leading
19 cause of death for youth and young adults; and in the
20 12 years prior to the pandemic, the rate of death from
21 suicide has increased over 55 percent.
22 Health providers, schools and families
23 are feeling increasingly overwhelmed; but the pandemic
24 has brought these longstanding issues that are in
25 unprecedented crisis.

1 Despite the need that began early in the
2 pandemic and the proportion of mental related ER
3 visits has been increasing 31 percent among
4 adolescents 12 to 17; and after stabilizing somewhat
5 in the later part of 2020, the rate has shot back up
6 and it has been slowly rising to crisis levels and
7 children obviously in the Texas foster care and the
8 juvenile justice system are at the highest risk. Just
9 with COVID-19, early detection and treatment are key.
10 So how has this mental health crisis
11 rally in the broader context impacted what is
12 happening in our Texas Juvenile Justice System?
13 Through the Sunset Advisory Commission's
14 process, TJJD as you have heard from our first panel
15 has reported suicidal ideations, concerns for
16 substance abuse has skyrocket and the youth with
17 mental health needs now comprise the majority that are
18 going through there.
19 At the same time that the need is
20 increasing, the access of therapeutic services in the
21 facilities that you have heard has been destructed by
22 the staffing shortage. Since then the staff reported
23 to be the treatment professionals are called to be the
24 job of juvenile correction officers; and kids are
25 locked down because of the shortage, so they are not

1 receiving all of the mental health services that they
2 need.
3 This also impacts the well-being and
4 mental health of the staff of TJJD in the sense that
5 the testimony that you have heard that staff are
6 working 12-hour shifts with mandatory overtime.
7 The job is inherently demanding, but it
8 really becomes intolerable. There is no sleep, no
9 time to spend with their own families; and the
10 isolation only increases the risk for the youth; and
11 the youth will likely end up staying longer at TJJD as
12 a consequence of the lock-downs.
13 The level of mental health needs is
14 increasing. The access of services is declining.
15 These are some of the reasons that we do
16 need to move upstream to reduce how many youths with
17 mental health needs end up in state facilities and
18 county facilities, like creating therapeutic intensive
19 alternatives to incarceration.
20 Our focus as to mental health issues has
21 been on the front end identifying gaps and building
22 capacity for mental health support in the community.
23 It's particularly important to identify and to provide
24 treatment for children, youth and family at the
25 earliest possible point because untreated mental

1 illness can have cascading effects on the youth's
2 health, school performance and other measures.
3 Those left unaddressed are associated
4 with greater risks of entry into the juvenile justice
5 system and the adult criminal justice system. We have
6 really found that by the time kids are being sent to a
7 facility, there are so many interactions and so many
8 missed opportunities for intervention.
9 So through our work in local communities,
10 the Mental Health Institute -- the Meadows Mental
11 Health Institute has gathered statewide information.
12 We have a really good sense of kind of where the gaps
13 are and what is needed based on those.
14 We get invited in to do these very
15 in-depth mental health systemwide assessments in
16 counties all over Texas, and we investigate what each
17 local system looks like. We hear from people who are
18 consuming the services, the kid and families; and we
19 get to know what programs are being provided and what
20 barriers; and we make recommendations for each
21 community that we work in.
22 So our assessments across Texas from El
23 Paso to the Valley to the Panhandle to Midland and
24 then major cities like Austin and Dallas and San
25 Antonio, Houston. No matter which community that we

1 are working in, we have really seen two very clear
2 trends and gaps in the mental health service array for
3 our kids with the highest needs to end up in the
4 juvenile justice system.
5 The first consist of transverse seeing
6 that there is very little between routine outpatient
7 treatment and inpatient treatment.
8 THE COURT REPORTER: Ma'am, you are going
9 to have to slow down. You are reading.
10 MS. FRY: I am sorry.
11 THE COURT REPORTER: That's okay.
12 MS. FRY: So the first consist of
13 transverse seeing. It's that there is very little
14 between routine outpatient treatment and inpatient
15 setting.
16 If you want to go see a counselor or you
17 need medication management for a moderate need, for
18 example, you can get that or you can go to a hospital
19 or a treatment center if you find it best; but there
20 weren't any of these intensive in-home based programs
21 on the ground at the front end; and that's the gap
22 that we are seeing statewide.
23 And then another gap and a consistent
24 trend is this lack of specialized crisis response
25 teams for children. The Texas Mental Health System

1 currently operates crisis phone lines and local crisis
2 teams; however, these are primarily focused on adults.
3 As far as we are aware, no providers in
4 Texas operates teams for children and most providers
5 lack the specialized staff to do so.
6 So what works in these two areas, and
7 let's talk about two very specific therapeutic
8 interventions and alternatives to incarceration that I
9 think would make a world of difference.
10 We have studied the literature in depth
11 about the various therapeutic interventions to find
12 what works with the population. The strongest
13 evidence base that we know of is for multisystemic
14 therapy, MST. So there were 90 randomized controlled
15 files and implementation studies published over the
16 last 30 years.
17 MST is a proven community based treatment
18 for at risk youth ages 12 to 17 with intensive needs
19 and for their families. It addresses the primary
20 goals of MST to reduce criminal activity, reduce other
21 types of antisocial behavior such as drug abuse and
22 reduce rates of incarceration in an outside placement.
23 It addresses root causes of behavior
24 expanding the focus -- and this is the key -- goals of
25 the treatment beyond the youth and shifts to the

1 network systems responsible for caring for them
2 including their family, peers, school, church and
3 neighborhoods.
4 One of the core extensions of the design
5 of MST is that families and caregivers are doing the
6 absolute best that they can given their current
7 knowledge base and skill set in these issues, so we
8 are talking about a team that goes in and provides
9 services and resources to the entire family.
10 They are on-call 24/7; and when I say
11 it's intensive, I am talking about the first month of
12 service the family can receive up to 100 hours in
13 their home from their practitioner needing them
14 wherever they are.
15 It looks at identifying where the
16 strengths and needs not specifically as to the youth
17 but also of their caregivers and then leverages those
18 and leverages the resources that are out there. So
19 it's a family based holistic program.
20 The team is small. It's four specific
21 specially trained staff and one supervisor serving a
22 case load of roughly 20 youths at any given time. The
23 average of the treatment is three-to-five months.
24 It's an intensive short term, and each can serve about
25 60 youths per year.

1 So MST, we only have 17 in Texas; and
2 it's funded primarily through the juvenile justice
3 followers with the 87 legislators -- or actually, no.
4 After the Uvalde tragedy our state leadership
5 allocated another $4 million to double the number of
6 teams. We have expanded to another 17, another seven
7 sites; and we are hoping that the state will help to
8 expand and then stagger them all out for more
9 extensions for therapeutic therapy with an estimated
10 need of approximately 140 teams statewide.
11 And then finally as I mentioned, another
12 way to address the mental healthcare in the justice
13 system is through expanding pediatric mental health
14 crisis response.
15 The current system across Texas is not
16 equipped to prevent and respond to crises occurring in
17 communities. Without an alternative, young people
18 experiencing mental health crises are increasingly
19 showing up in ERs or arrested and exceeding the
20 capacity of hospitals and the juvenile justice system.
21 So research clearly shows that the single
22 best service to reduce pressure on the justice system,
23 foster care and ERs are pediatric crisis stabilization
24 and response teams. These differ from traditional
25 mobile crisis outreach teams.

1 We have differed from traditional mobile
2 crisis outreach teams or MCOT it two major ways. They
3 are staffed by people who know how to work
4 specifically with families and kids and kids serving
5 in the juvenile justice system as opposed to working
6 in the adult system and then the staffing. They are
7 staffed much more physically with capacity to provide
8 dozens of hours of care over time and do post-crisis
9 intervention.
10 We can provide examples from other states
11 for what it's worth, but I will just close.
12 To fully cover the state, Texas would
13 need up to 40 teams; and some of our major -- probably
14 five -- two teams in each of our five largest
15 counties, one team in each of the ten medium sized
16 counties and two half teams to cover some of the rural
17 areas.
18 So I just wanted to bring some actionable
19 solutions today, and I will be happy to answer any
20 questions.
21 MR. MATTHEWS: Thank you.
22 Now, I will go to Leah Wolfthal. She is
23 the acting Executive Director of the Center for Urban
24 Transformation.
25 MS. WOLFTHAL: Thank you so much for

1 having me here today.

2 I have been asked to talk to you a little
3 bit about our model and as an alternative to some of
4 the current processes that might be better for young
5 people's mental health while still investing in public
6 safety.

7 Okay. So I am going to tell you a little
8 bit about our nonprofit and about the model that we
9 use, and I am going to skip a few slides, but first I
10 want to read two statements from two current youth
11 that we work with about their experiences with the
12 criminal justice system partly because we are, I
13 think, like the young folks; and most of the youth
14 that we work with are Black and Latino kids; and those
15 are as you have heard from the previous panel and
16 possibly know who is mostly impacted by the criminal
17 justice system in Texas.

18 Next slide, please.

19 Okay. So John, one of our young people,
20 while speaking on his experiences with the juvenile
21 justice system said that he wasn't being treated
22 right. He felt that they were harsh and focused on
23 getting him straight instead of his well-being.

24 And from YaYa who is an eleventh grader
25 now, she said, "I got kicked out of Wheatley High

1 School just for being there. I wasn't getting in no
2 trouble. I stopped fighting and all that. I wasn't
3 getting in trouble, but they pulled up my records and
4 they like to just mess with you because you got a
5 record, and that will mess with your head because it's
6 like dang. I am showing you I done changed, and I am
7 not doing that no more, but y'all still throwing that
8 in my face or wanting to use that against me. It's
9 not right."
10 It will push back a lot of opportunities.
11 You shouldn't just throw that in a child's face. Give
12 them another chance. Actually see the progress and
13 all of that.
14 So our mission at the Center for Urban
15 Transformation, FWCUT, as a goal -- great acronym --is
16 to create opportunities for Fifth Ward families to
17 overcome the adverse effects of racism, poverty and
18 other inequities by implementing programs that
19 encourage growing prospects for survival and success.
20 So we were founded actually as an
21 internal collaboration between Reverend Harvey Clemons
22 who is the lead of the Pleasant Hill Baptist Church
23 which is about a 94-year-old church in the community
24 and Joel Androphy, who is a Jewish lawyer in Houston,
25 who currently had a sermon about the inequities of

1 race in the criminal justice system; and Joel let me
2 use my skills and my good practice to do some pro bono
3 legal defense for Fifth Wards folks who are over
4 represented in our criminal justice system.
5 So Pastor Harvey Clemons will refer young
6 people from the neighborhood that he knew needed good
7 quality criminal defense to Joel and Joel would
8 represent them, but they realized after a few years
9 that it wasn't really enough. It wasn't really
10 changing anything about the dynamics of the community
11 involved with the criminal justice system.
12 So they set up our nonprofit with these
13 other state service groups including a health clinic
14 that's in the neighborhood. Actually, it's serving
15 Texans through the community health.
16 Next slide, please.
17 So these are our three main issues. The
18 first two are most relevant for today's discussion.
19 So we start out as a diversion program,
20 and we still have that mechanism. So the Harris
21 County District Attorney vis-a-vis the Harris County
22 Juvenile Probation Department actually diverts kids
23 who are accused of some crimes but not all crimes to
24 us instead of filing the charge against them.
25 I think they won't divert predator sexual

1 crimes or some other felonies; but then the young
2 person has a choice as to if they want to participate;
3 and so this case management is, you know, processing
4 emotions. It's a navigation to credible basic needs
5 and services whether for food or housing or academic
6 support, setting goals, you know, what's your
7 immediate goal for changing the direction of your
8 life.
9 And over the three years that we have
10 been in operation, we realize that it's also the whole
11 family that's in need of support. So if the parent
12 was facing an eviction or is suddenly unemployed, it
13 is obviously going to impact the emotional well-being
14 and the decisionmaking of the child as well. So you
15 work with the whole family in that regard.
16 So it started off as a diversion program,
17 but now we do case management for other types of
18 referrals for young people so the school can refer if
19 they see a kid fall off the tracks. The parents can
20 refer. Young people can refer themselves if they need
21 support. So that's one important part.
22 Part of our model is keeping kids in the
23 home if the home is a safe structure for them, in the
24 community, part of their church and part of the
25 neighborhood.

1 The second model is around the
2 preventative peace that also just beams up the whole
3 development of the child, so we put the empathy
4 initiative which is a current after-school program, a
5 summer camp, a goal-oriented sort of circle with sort
6 of justice training. So it's around how can we
7 strengthen the innate care and abilities of the
8 children and other adults in the community to meet
9 their own conflicts, to express what they are feeling
10 in a nonviolent way and to ask them what they need.
11 We use an ARD based program; and there is
12 always a staff that comes into our community; and
13 looking at the media, it always speaks better, yes.
14 So it is a team that manages. The initiatives I think
15 are most important for this.
16 For this Committee, the last one is a
17 resident community council to improve the community at
18 large to moving to public safety and things like that.
19 The next slide, please.
20 So this just gives you a quick snapshot
21 of the age range of folks in our justice system as a
22 juvenile, so largely folks that are legally juveniles
23 in Texas and some who are somewhat older; and many of
24 these kids, either we made a graph of the program and
25 then we later found out that they had already backed

1 out. So some of them were actually diversions from
2 probation and some of them we met them some other way
3 and then found out later that they had a charge.
4 The next slide, please.
5 So I put this slide up just to show you
6 that there are really high needs in our community. I
7 think that our median household income is less than
8 30,000 in Fifth Ward. So we are helping kids with
9 deodorant and toothpaste and soap; and those things
10 also have an impact on their social skills, like can
11 you make friends, do you feel dignified in your body.
12 Those are the basic needs that impact mental health
13 and the mental processes.
14 Next slide, please.
15 This is just to give you an example of
16 our summer camp fliers. You can kind of see some of
17 the ways that we are trying to spark community and
18 engagement and civic mindedness in kids and develop
19 their relationships with each other being able to
20 express themselves and grow.
21 Next slide.
22 So this is a slide about some of the
23 values that we hire for and try to build our programs
24 around. So some of them have already been discussed
25 about how it affects them. Housing and food first.

1 Some of the others that I just want to
2 touch on briefly are about youth voice.
3 So one of the things about trauma -- I am
4 not an expert. I am not a psychologist -- but it's
5 about giving youth a sense that they have options, and
6 they have an agency, and they can take ownership over
7 their lives and the direction of their lives, and so
8 we really try to build options where they feel that we
9 are not forcing you to do this class. You can take
10 this class or this class or even what kind of snacks
11 would you like for us to buy for the after-school
12 program just so they have a sense of -- maybe that's
13 too fluffy of an example -- but just so they have a
14 sense of you can make decisions for yourself; and you
15 can guide the way that your life is going to go.
16 And I will just briefly touch on this
17 idea about compassion.
18 So we recognize that all of us adults,
19 staff people and the kids, we share basic human
20 longings and human needs. Maybe we have chosen
21 strategies that weren't painful and harmful to get
22 those needs met, but we are all trying to be the face
23 of the community. So we try not to shame, blame, you
24 know, punish in any kind of way like that.
25 The next slide I think we will skip for

1 time, and the one after that we will skip for time.

2 So I just actually want to show you some

3 photos. It's a real program.

4 So this is a kid in our after-school

5 spaces in one of the schools who is reading a book on

6 business leadership and prosperity which was donated

7 to us.

8 The next slide, please.

9 So this is a lawyer, and you can see on

10 the right of the screen who came and did a career day.

11 She is talking to them and engaging in conversation

12 about what she does to sort of widen their horizons of

13 beyond the neighborhood for some career possibilities.

14 Next slide, please.

15 The other half of that classroom is some

16 food, engagement in conversation listening.

17 The next slide.

18 So this is a combined service volunteer

19 project and a career day. So on the left they are

20 painting a building; and in those three library boxes,

21 you can take or leave a book. They did that with

22 adults from the firm of Burns & McDonald. It's an

23 engineering firm.

24 And then on the right, two weeks after

25 the service day, they went to the engineering firm.

1 They heard a presentation about different careers that
2 doesn't necessarily require a four-year degree like
3 piping or plumbing or welding or using the computer to
4 make model designs for construction. So again to
5 expand their horizons, what can my life look like
6 other than the streets.
7 The next slide. We are wrapping up my
8 photos.
9 This is when we went to the Museum of
10 Natural Sciences in Houston. Let's get out of the
11 neighborhood to see the wider world and imagine what
12 life would be like.
13 The last photo is some playful
14 engagement. My adult staffer is on the right and the
15 kid is on the left just connecting building a trusting
16 relationship.
17 So to close I wanted to read in here two
18 statements from John again. This is his experience
19 with our program.
20 So, John, since being part of our program
21 though, he feels like being a better person because he
22 cares about the friends that he made here, and the
23 last slide is an actual recording again to just bring
24 the voice in of the kids that we work with.
25 (The recording was published to the

1 Committee)

2 MS. WOLFTHAL: Thank you.

3 MR. MATTHEWS: Thank you, Leah.

4 Now, we will go to Amnisty Freelen, the

5 Texas parent advocate.

6 MS. FREELEN: My name is Amnisty Freelen;

7 and I am the parent of Joshua Beasley, 9266949.

8 Joshua has struggled with mental health

9 since he was about five years old. Before he went to

10 TJJD, he was in counseling; and we were in family

11 counseling; and he was also on several psych

12 medications.

13 He got arrested when he was 11 years old

14 and ten months for assaulting a school officer. At

15 that time, he wasn't even aware that that was a felony

16 that he could do time. I had pushed and pushed for

17 him to go to the psychiatric hospital because I felt

18 that more of his issue was his mental health needs.

19 He didn't need to be punished for

20 something that he couldn't control. He did 15 months

21 in, come home when he was 13. Within two months, he

22 had re-offended when he spit in an officer's face and

23 Harris County, Texas, put him back in there. Again, I

24 had requested mental health treatment. That was

25 denied. I was told that he would get it in TJJD.

1 Josh comes from a very loving healthy
2 home that is uplifting, and in TJJD he has completely
3 declined and disintegrated, and they have literally
4 stripped him from everything.
5 They don't allow him to have personal
6 belongings. They don't allow him to have -- his
7 spiritual needs aren't being met. His mental health
8 needs aren't being met. Counseling is not being meet.
9 They continue to start his treatment and stop it, and
10 they use the excuse of him self-harming.
11 Joshua has on his left arm from his elbow
12 to his knuckles, he can't even see his flesh. It's
13 nothing but scar tissue.
14 It's a very cruel and unusual place.
15 It's a stark cold world. They are very negative.
16 Their goal for Josh is to go to prison because he is
17 fixing to be 16 in two weeks. Their goal is not to
18 rehabilitate him to get him mentally stable so that he
19 can come out in the free world and live a healthy
20 strong life.
21 Josh has never participated in self-harm
22 or suicide until he went to TJJD. He suffers from
23 destructive mood disorder and anxiety disorder, ADHD
24 and bipolar.
25 Josh has been on medication since he was

1 five. They continue to play with his meds. They will
2 stop them and start him on something else like a
3 guinea pig. TJJD only offers certain medications that
4 they are allowed to give. So I feel like he is not
5 being treated correctly in his mental health.
6 He went to a hospital a couple of months
7 ago, and he was doing great. He quit self-harming.
8 They had him more stable than he has ever been. They
9 recently sent him back to TJJD, and again he
10 immediately started self-harming in two days. This
11 was actually the most recent one. This was about
12 three weeks ago.
13 When I went to see him, that was not on
14 his arm. A week later, I got a face-time and those
15 were his cuts. Josh has inserted things into his
16 penis and had to get sent to the hospital to have them
17 surgically removed and the doctors at Texas Children's
18 Hospital was saying that he has permanent damage in
19 his urethra. He has continued to push pus out of it.
20 Josh has had staples that he has chewed
21 out with his teeth. He has had stitches that he
22 chewed out with his teeth. Josh has come in contact
23 with a powder-like substance that he was caught
24 snorting.
25 Josh where recently they stopped all of

1 his psych meds within the last few weeks because
2 another youth had stole medication out of a guard's
3 purse; and they said that Josh was the one who took
4 them. So they have now stopped his medication.
5 When he was at the hospital, they had an
6 agreement with TJJD; and they got approved to keep
7 Josh on the medication that they were providing to
8 him; but within two weeks of him going back to the
9 facility, they didn't keep their word; and they
10 stopped his psych medication.
11 There is no rehabilitation. None of his
12 mental health needs have been met since the day that
13 he has been there.
14 This isn't acceptable for our children.
15 Our children are being tormented and suffering. They
16 are suffering. Our kids shouldn't have to live like
17 that.
18 They are being held accountable for their
19 actions; but who is being held accountable for our
20 children's safety, nobody.
21 This is Joshua in his cell with shackles
22 on.
23 Why is he being restrained in his cell?
24 That's unusual punishment for a child.
25 He has been in the hospital 12 times in

1 the last year. So now he is going to the facility for
2 self-harm. He has been on one-on-one supervision for
3 85 percent of the time and is still getting extensive
4 cut marks with one-on-one supervision.
5 How is that even possible?
6 This is hard. Josh isn't a bad kid. His
7 mental health is what is the issue here. He is not
8 being treated properly. They aren't uplifting him and
9 giving him a positive environment, and that's what
10 patients with mental health needs need. They need
11 positivity. They need encouragement. They need to be
12 uplifted.
13 He is being told, "We are getting you
14 ready for prison." That's not fair to these kids.
15 These kids don't have a chance down there in TJJD.
16 They have him on determinant sentence
17 where they can keep him until he is 19 years old.
18 They have peppered sprayed him for a cell
19 phone. That's a punishment. That's a negative
20 behavior.
21 Josh has an issue with assaulting staff;
22 and I am not justifying his actions by no means; but
23 his diagnosis is when I did my research, he cannot
24 control a lot of his outbursts. If you have got three
25 people coming at you to restrain you because you have

1 got a ligature around your neck, he assaults and then
2 they charge him; and they just continue to stack
3 charges on him.
4 He is fixing to be 16 in two weeks; and
5 when I went to visit him, I had a sit-down with Dr.
6 Berger which is the director of psychology at the
7 Giddings State School. He told me that they were
8 going to get ready to pack him up and send him to
9 prison.
10 I just shook my head like that's your
11 goal for my son. Instead of rehabilitating him, you
12 don't even want to provide him with what he needs to
13 give him hope. Your goal for him is to go to prison.
14 Every adult in that facility ought to be ashamed to do
15 harm like that.
16 There is no excuse for why this is
17 happening. The conditions are bad for them. They are
18 not just self-harming trying to kill themselves for
19 attention from the staff. They are doing it because
20 it's an evil cruel place.
21 Josh has pooped in his room because they
22 don't even let them out. For the population, it is
23 one of the most unhealthy things that you can do for
24 somebody that is suffering from mental health.
25 I have suffered with it all of my life.

1 I am a paranoid schizophrenic. I am bipolar, and I am
2 struggling with depression. So I understand my son's
3 mental state. They don't. They think the fact is
4 that he is just down there acting up. That's not the
5 case. He is suffering from mental health, and he is
6 not being helped.
7 That's all that I have today, you-all.
8 MR. MATTHEWS: Thank you, Ms. Amnisty.
9 Now, I will go to Brittany Norman with
10 Disability Rights Texas.
11 MS. NORMAN: Hi, and good afternoon.
12 First of all, I would like to thank you;
13 and also I think what you were saying is very
14 important because it puts a face to a story to some of
15 the information that I would like to talk about which
16 is the mental health treatment that's actually
17 available in these facilities.
18 So with the Disability Rights Texas, one
19 of the things that we do is monitor and investigate in
20 these facilities. So I have actually been to these
21 facilities. I have seen what's going on in some of
22 them, and a lot of the reports that TJJD is putting
23 out -- and this information is out there -- they are
24 being honest to the extent I hope about what's going
25 on and telling us how severe it is, and is now just

1 doing something about it.

2 These problems aren't new. They have

3 been around before COVID and before the national labor

4 shortage. I know that we hear a lot of it's staffing,

5 it's staffing; but it has always been staffing. It

6 has always been a lack of services; and in 2011, there

7 were these same issues.

8 We had the abuse and neglect scandal, the

9 staffing shortages, the lack of treatment, inadequate

10 oversight, sexual abuse in the facilities, so they

11 made TJJD from TYC and then it ended up with

12 probation; and then in 2019, eight years after they

13 made TJJD and probation to address some of these

14 issues -- this is well before COVID -- TJJD staffing

15 was still considered to be in a crisis.

16 Treatment services was 54 percent staffed

17 and the juvenile officers were 66 percent staffed.

18 They reported a shortage of counselors and a lot of

19 them being unlicensed and an over reliance on solitary

20 confinement to address behavioral needs. So they are

21 just putting them into security instead of managing

22 their behaviors. High rates of suicide and

23 self-referrals, I know that it has gotten a lot worse

24 recently; but it has always been really bad.

25 County facilities and secured facilities

1 were supposed to be unified under TJJD. There was
2 supposed to be a more clear work between the two, but
3 they are still very clearly two different silos. It's
4 one group but two different sections.
5 So these are the same issues that are
6 exacerbated by staffing tenfold so we are once again
7 at a crisis level that's just higher that the crisis
8 before it. So it's been made very clear that these
9 reorganization attempts and these different ways of
10 addressing the secured facility issues just feels like
11 plugging the holes until there is anyone that shows
12 up, and we just keep playing rock and roll with the
13 crisis.
14 Until we actually address that we need to
15 look at the system and re-evaluate how we are doing it
16 and really overhaul it, we are just going to be
17 chasing crisis after crisis at this point; and the
18 mental health services is really what a lot of the
19 issues come down to because you have such a high need
20 for it there; and especially with the lower
21 population, you have a higher community need now.
22 The counties don't have the resources
23 that they need to take care of these kids so they are
24 sending them to TJJD thinking that they are going to
25 get the mental health treatment they need, but they

1 don't and then it gets worse, and then they just end
2 up staying at TJJD longer.
3 One of the unique things about TJJD is
4 you have to finish the program to be able to exhibit
5 that you are indeterminant. So there is the
6 determinant sentencing and the indeterminant. With
7 the indeterminant, you have to finish the program to
8 get out or to participate to a satisfactory level.
9 These programs aren't being provided.
10 There is no staffing to do those programs. You are
11 put on a wait list. If you have behaviors, they say
12 that you aren't able to access the programming until
13 you get your behaviors down, but then you aren't
14 getting services to address those behaviors. So your
15 behaviors never go down. You never get the
16 programming. You are in TJJD for several years.
17 So without actually getting people the
18 services that they need and being willing to meet
19 those high therapeutic levels, we will have kids in
20 there for even longer.
21 The higher community needs are going to
22 worsen as they go. We are not going to have staffing
23 because staffing gets tired out. They get burned out
24 whenever they are being expected to address needs that
25 they are not trained to address, and then we are just

1 going to have this typical process of redoing this and
2 traumatizing the kids over and over again.
3 The wait list for treatment. I know that
4 they talked about how TJJD has admitted that they have
5 a higher need for treatment than they can address.
6 They actually likened it to a pool that they are
7 emptying out with a cup. The wait lists are months
8 long. So you can have someone come in and need
9 individual counseling; and they are told that we will
10 put you on a wait list; but like other kids have been
11 waiting six, seven or eight months for counseling.
12 So then in those six, seven or eight
13 months, you are newly transitioning to a facility
14 without your family, without your parents, without
15 your resources in your community. It's a whole new
16 environment that they are being put in; and they know
17 that you need counseling, they know that you need
18 treatment; but you are on a wait list; and you are
19 being put in lockdown. You are not having access to a
20 bathroom, and there is no one there to help you
21 process that.
22 And then even when you do get off of that
23 wait list, a lot of the counselors are not licensed.
24 They are not trained in this. So then there is the
25 question of how adequate is that service if we don't

1 have the highly qualified people that we need
2 partially related to these rural area.
3 They tried to do some programs with
4 colleges, but they are not really that close to a lot
5 of the colleges. A lot of these facilities, they are
6 very far out; and there aren't a lot of highly skilled
7 qualified mental health professionals available. The
8 job pool is just not there.
9 And also the environment that the youth
10 is being provided in, the youth are getting mental
11 health services in a concrete cell or in a dayroom
12 surrounded by your peers that you likely have had some
13 interactions with that might not always be positive
14 and then you are supposed to spill your soul to
15 someone in the middle of that room with your friends
16 listening in.
17 I know that we kind of talked about the
18 issue with the grievances, and that is the same thing.
19 If the phone is in that dayroom and people are
20 listening to you and listening to everything in your
21 conversation, they have forms that you can fill out
22 for grievances; but a lot of times the youth actually
23 are the ones who are the keeper of the forms so you
24 have to ask one of your peers for a form to fill out a
25 grievance; or you have to ask a staff person to fill

1 out a form.

2 If you are on a certain level of suicide

3 alert, you won't be allowed any kind of writing

4 utensils, so you have to ask staff to write the

5 grievance out for you which can obviously raise a lot

6 of concerns especially whenever you think about it,

7 it's not like there is enough staff coming in and out

8 where you can wait for the next shift or staff. That

9 will be like oh, with the next shift, I don't have any

10 problems with when there is not even enough staff to

11 let you out of your cell if you are not really having

12 that many staff people coming to talk to you about

13 these things.

14 So the consistent failure of providing

15 mental health services and the issues with the

16 programing and all of this really shows that the

17 secured facilities are not working; and we keep trying

18 to put money in them and fix the current problem,

19 whatever that is; but it just comes back a few years

20 later and comes back worse.

21 And I know we kind of talked about where

22 we go from here, and I think I just keep saying that

23 the Missouri model which Texas has considered a few

24 times. I believe we kind of touched on it but then a

25 crisis comes up and then we don't really get to fully

1 realize it.

2 The Missouri model is where I direct

3 people to because I am not a mental health

4 professional. I am not a licensed professional. I am

5 not very well trained in these things. I have just

6 been to these facilities, and I have seen what is

7 going on, but the Missouri model has been around for

8 years, and it has worked, and a lot of states have

9 tried to follow it, and a lot of states have been

10 successful, but it has to be fully funded, and it has

11 to be fully implemented.

12 Some states have tried to do it. I know

13 that Louisiana tried, and then Katrina happened, and

14 then they kind of forgot about it for a little bit

15 because they didn't have staffing. They were trying

16 to address their staffing crisis; and then they kind

17 of got pulled down; and it's like the same thing that

18 we are; and now they are trying to figure it out, too.

19 So we aren't able to really devote the

20 change that is needed to get to a model that works;

21 and I think that we are just going to be slowly trying

22 to catch up and traumatizing our youth more and more

23 as we go.

24 I wanted to address some of the specific

25 questions.

1 So you talked about filing grievances.
2 One of the biggest concerns that I have with that is
3 the youth don't look at the grievance line as a way of
4 filing grievances about mental health services. I
5 think the grievance line is looked at as a way to file
6 grievances on abuse and neglect which is rampant in
7 these facilities. So it makes sense that that is what
8 you will think that it's for, but TJJD's data from
9 2019 says that one percent of grievances were for
10 specialized treatment programs and less than one
11 percent of the grievances were for mental health.
12 There is a youth rights brochure that you
13 can go to the TJJD website, and it is posted
14 throughout the facilities, and it has their ten basic
15 rights and nowhere on there is mental health services.
16 The closest thing that you will have would be
17 protection from physical and psychological harm; but
18 again, I think the youth is going to read that and
19 think psychological, what does that mean; and also
20 physical harm, that's where they think that oh, it's
21 the pepper spray that I keep getting sprayed with
22 that's self-harming. That's what I am supposed to be
23 protected from.
24 They are not thinking of it as mental
25 health services that can be grieved; and then if you

1 do, you can grieve it, you can grieve it all you want;
2 but it's not going to get it. You can get put on a
3 wait list; and then when someone tells you, when a
4 staff person says, "Oh, we have you on the wait list,
5 and that's just how it is here," no one is going to
6 know and say, "Well, no, a professional said that I
7 need individual counseling. So I should be provided
8 with individual counseling right now." No youth is
9 going to know that they should fight for that; and
10 even if they did, it will not be there for them.
11 These secured facilities do not have the
12 resources and the people that they need to respond to
13 the grievance appropriately. So even if the kids were
14 grieving the lack of mental health services, that
15 wouldn't get it for them.
16 And then it's not whenever I say that
17 it's one percent of mental health services or the
18 grievances are one percent of the mental health
19 services, I worry that it's going to come across as
20 like, oh, the kids just don't want them; but that's
21 not the case.
22 There is a reason these kids are put on
23 wait lists. They are asking for them. They are
24 self-harming in hopes of getting the services. The
25 kids wanting to go to psychiatric hospitals because

1 they think that they will get more care there is not
2 unique.
3 There are kids who know that they are
4 deteriorating and that they are getting worse in these
5 facilities and want more help. Which I don't want no
6 trouble. When I was a kid, I didn't know how to ask.
7 I did not have the know to ask for more help. I
8 wouldn't have been aware of that; and the fact that
9 these kids have gotten to a point where they are able
10 to be like, "I can venture out and ask someone for
11 help;" but then they are told, "No. We don't have that
12 for you," it is not setting them up to be successful.
13 Another thing, too, is that in these
14 facilities, I know that we say, "Oh, we try to put
15 them in facilities that are close to their homes;" but
16 a lot of these programs are not available except at
17 one facility; but they are getting into facilities
18 that are not mental health facilities.
19 The Evins facility has the violent
20 prevention program. So if you are put in the program,
21 you are going to be put in those facilities or put on
22 a wait list to get into those facilities and those are
23 very far from home.
24 The Evins facility can be 12-to-13 hours
25 away from your family; and here if your family is

1 involved, the community is involved. We are
2 separating those kids from a resource for years and
3 then expecting to send them back to their community
4 and hopefully back to their families and now they have
5 to get that system on their own instead of keeping
6 them in their community where we can connect them with
7 people who can connect them with the treatment,
8 connect them with church services, connect them with
9 school services, connect them with the things in their
10 community that will continue when they need it instead
11 of bouncing them throughout Texas and eventually
12 sending them home thinking I hope you don't
13 recidivate; and when you do, it doesn't matter how you
14 do that, we are putting you back in.
15 And as for telehealth. I know that they
16 said that they don't do telehealth for counseling and
17 mental health services. I do believe that they do it
18 for some psychiatric services, and I understand that
19 it could be a way to fill some gaps especially for
20 these kids that are on wait lists and for kids that
21 aren't getting special interest programs that they
22 need to leave, but I have a lot of reservations about
23 saying that it would be adequate for these kids in the
24 long run.
25 These kids especially if they have been

1 locked in their rooms are already not getting a lot of
2 face-to-face contact with other people. There is a
3 lot of social skills that they are going to be missing
4 out on; and if they aren't able to learn that and they
5 go out without their social skills and they end up in
6 trouble because they don't have them, that's because
7 TJJD never taught them those skills.
8 I think that the more that we move
9 towards telehealth and those kinds of services, the
10 less connection opportunity we are giving these kids;
11 and I would say that I am okay with the new crisis
12 situation; but then in TJJD's case, that would have
13 been okay for decades now. So I am really nervous to
14 say that, but I do understand that it's better than
15 nothing, but it's still not good enough.
16 We really need to give these kids the
17 actual mental healthcare and counseling that they need
18 face-to-face recognizing that these are some of the
19 most vulnerable youth that have the most traumatic
20 childhood histories and then you can't give them
21 that's good enough and then expect that to be okay.
22 I have gotten way off track of where my
23 entire outline was going to take me.
24 When it comes to prescriptions, I know
25 that there was questions about whether or not we are

1 sedating youth to kind of keep them tired. I can't
2 speak to that exactly. I am not a psychiatrist. I
3 think that one of my biggest fears with the
4 medications that I have seen is that there is a
5 reliance on the medications to treat the need because
6 they aren't getting this programming. So we aren't
7 able to intervene in these behaviors, and so we are
8 medicating the behaviors. I don't know how sedation
9 is specifically.
10 But I do really want to stress the level
11 of crisis that these facilities are in. I am not
12 overstating this when I say kids are going to die if
13 it continues at this rate. Kids are trying. We have
14 had many suicide attempts at this point. There is a
15 significant increase in suicidal behaviors, and every
16 day that a kid doesn't die is a lucky day in my
17 opinion, and we are really starting to push our luck.
18 So I understand that this Committee isn't
19 doing anything immediate, but I really want to stress
20 the need for immediate change and really how severe it
21 is in there.
22 Thank you.
23 MR. MATTHEWS: Thank you.
24 We will now open the discussion to the
25 Committee Members present here to ask questions of our

1 panelists.

2 The Committee Members must first be

3 recognized by the Chair before asking any questions.

4 Each Committee Member will initially be limited to one

5 question plus a follow-up; and if time allows,

6 additional questions may be permitted; and so with

7 that, I will turn to the Vice-Chair.

8 MS. BAKER: I will defer, Chair.

9 MR. MATTHEWS: Okay. Charles Blain.

10 MR. BLAIN: I thank all of you guys for

11 your fantastic testimony. Again, just like the first

12 panel, I think at least for me it really opened my

13 eyes to the state of where we are.

14 My question is for you, Amnisty. I kind

15 of want to hear about -- I mean, you have really laid

16 your heart out there giving us your experience; but I

17 want to hear about your experience and your son's

18 experience with reporting and kind of similar of what

19 we have been talking about filing grievances and has

20 he felt comfortable doing so, have you felt

21 comfortable doing so, do you see any sort of

22 resolution to any of these issues; or has it just been

23 a constant spinning trying to get someone to pay

24 attention to some of the stuff that he has gone

25 through?

1 MS. FREELEN: Josh has filed some
2 grievances sometimes. A lot of his grievances are not
3 taken or not getting noticed yet. I have put in
4 grievances and then fear took over me, and I was
5 afraid for my child's safety and his life. So I don't
6 put in grievances because you can't trust them with
7 your children.
8 However, I live in daily fear that when
9 is the next phone call to tell me that my child didn't
10 make it this time.
11 Grievances do nothing. When you put them
12 in, they do nothing. They give you a phone call and
13 tell you that they are going to do this and that they
14 are going to change this and they are going to have
15 these outlines that they follow that they do not
16 follow.
17 MR. MATTHEWS: This may be a strange
18 question; but previously when there was talk about the
19 suicide attempts, there have not been any successful
20 suicides so far?
21 MS. FREELEN: Correct, from my
22 understanding, yes.
23 MS. WOLFTHAL: Well, in the last few
24 years. I think that there may have been some awhile
25 ago.

1 MR. MATTHEWS: Mr. Kulesza.
2 MR. KULESZA: This is a lot right now, so
3 I am trying to get through some of my thoughts, so I
4 will start with my question for Ms. Fry. Really
5 quickly about the MST model.
6 How did they determine who qualifies, I
7 guess, or where they should be targeting mental
8 health?
9 So what does coordination look like for
10 educators in school districts, that model?
11 MS. FRY: This is very definitely the
12 highest need for kids that is an extensive program
13 with the highest approach as well. So, yes, they do a
14 risk assessment, a youth assessment; but the
15 coordination, I mean, this is a program that wraps
16 around the entire family. So you coordinate with the
17 school system. There is a lot of interaction of
18 teachers and with any kind of coach or mentor.
19 MR. KULESZA: So really quickly.
20 So like the assessment, who conducts the
21 assessment and who ultimately decides, I guess, who
22 qualifies for this program?
23 MS. FRY: Well, the new set of teams
24 that are coming are coming through the funding from
25 the Mental Health Authority. So those teams will be

1 set up through the public mental health system, and
2 the funding will go through that. The other 17 that
3 exist are through juvenile probation, so the referrals
4 all come from juvenile probation.
5 MR. KULESZA: Okay.
6 MR. MATTHEWS: Brandon Holt.
7 MR. HOLT: Thank you, all, for your
8 testimony and time this morning.
9 It was very moving and relevant. I am
10 curious. We talked about indeterminant sentencing and
11 determinant sentencing.
12 Do we have any information around what
13 the percentage of the population that are in for
14 indeterminant and determinant; and then when people
15 are there for determinant, is it typical that they
16 will be released from custody through TJJD; or is it
17 typical that they will then be matriculated through an
18 adult prison facility at that point?
19 What are some of the statistics?
20 MS. NORMAN: So I thought that I had it
21 in here, but I am pretty sure that it's 76 percent are
22 indeterminant and 24 percent are determinant, and the
23 idea that the determinant sentencing should be for the
24 higher level of offenses; and the indeterminant is the
25 lower level.

1 I am not sure what percentage goes
2 through the TJJD. I think those are actually numbers
3 that we are working on getting; but I do think that
4 it's concerning that with the indeterminant program,
5 the purpose of the indeterminant, they give you a
6 minimum length of stay; and that's the day and the
7 time that they think you should be done with the
8 program by. So if you do the program, you will be
9 done by this time.
10 Five percent of the kids get it done by
11 that minimum length of stay, and then they have to
12 start going through release review panels where a
13 panel says, "Are you ready to go yet, or is it still
14 the best environment for you;" and it's like
15 54 percent -- no. I am not going to say a number for
16 that one; but most people don't get out from their
17 release review panels; and they have many, many
18 release review panels that just go on over and over
19 again because they aren't getting the programming; and
20 if you don't get the programming, you can't finish the
21 program; but it's mainly indeterminant.
22 MR. HOLT: And so with the indeterminant
23 sentencing that are there, what typically happens with
24 those kids?
25 I mean, I understand that they age out at

1 age 19.

2 You know, are a lot of those kids

3 reaching that point; or are they getting released

4 before then, what is that looking like?

5 MS. NORMAN: So a lot of kids are

6 reaching 19, I think, definitely. One of the

7 challenges with reaching 19 though is reaching 19

8 without picking up a determinant sentencing.

9 In these environments, there are a lot of

10 confrontational situations that we are putting our

11 kids in. There are a lot of self-harming instances

12 that are being met with restraints and with use of

13 force in order to stop those; and then we are

14 expecting these kids who are experiencing a mental

15 health crisis to respond calmly to someone grabbing

16 their bodies; and these are kids who a lot of them are

17 in TJJD in trauma is I think that one of the biggest

18 concerns with these kids that we are saying are going

19 to age out at 19, is keeping them in there to get

20 their programming but also not getting their

21 programming and expecting them to not at some point

22 hit an officer in a way that an officer is going to

23 allow charges to be pressed; and then they pick up

24 determinant sentencing.

25 Those are not numbers that I am aware of

1 to be out there, but I am interested in what the
2 percentage of people who switch over are and also just
3 how many kids get out at 19 through the indeterminant
4 process and then how many kids end up switching over
5 to TDCJ. So it's definitely a problem.
6 MR. MATTHEWS: Josh Blackman.
7 MR. BLACKMAN: Thank you so much.
8 You all were so helpful.
9 Amnisty, I read the article; and it was
10 very touching; and one thing that I wanted to follow
11 up on.
12 You said that when Josh was younger, he
13 would run away and get in trouble, and you called the
14 police, and you said that you regretted that.
15 What would you do differently; in other
16 words, for the very young kids that we know of that we
17 come in contact with and they are having disciplinary
18 issues, calling the cops may be the bad news is it
19 builds a record; but what would you recommend knowing
20 now what you know that you didn't know back then?
21 MS. FREELEN: I would not have called the
22 police on my child or on any of my children. Every
23 time I did, they ended up building a case against him
24 and saying that I can't control him, and that was a
25 lot of his displacement with me calling the police for

1 help. They didn't help in that situation. They made
2 it worse.
3 MR. BLACKMAN: Thank you for your
4 testimony.
5 MR. MATTHEWS: Rogene Calvert.
6 MS. CALVERT: Leah, your program sounds
7 very interesting and innovative.
8 I was curious as to how many people do
9 you serve or how many young people?
10 MS. WOLFTHAL: So we currently have three
11 case managers called youth specialists, and we try to
12 keep their caseload to around 20 per person, and so
13 60'ish.
14 MS. CALVERT: And how do you define or
15 determine success?
16 MS. WOLFTHAL: So I know the next
17 question is going to be what about the recidivism data
18 which we don't have.
19 So this is the end of our third year in
20 operations. So we are transitioning from just
21 capturing sort of the inputs, the did we refer the kid
22 to mental health, did we provide them with rent
23 relief, did they set a goal, what are the outcomes
24 there, so did the rate increase. We are trying to get
25 that data from the school district on are they

1 attending school, what are their behaviors, that type
2 of information.
3 MS. CALVERT: And your funding -- the
4 last question -- your funding is basically from where?
5 MS. WOLFTHAL: It's a mixture. So our
6 initial startup funding was initially from the
7 district attorney's office.
8 MS. CALVERT: The Harris County District
9 Attorney's Office?
10 MS. WOLFTHAL: Correct. They currently
11 don't fund. We now have some funding from the Harris
12 County Juvenile Probation as well as from the Harris
13 County JAD which is the Harris County Justice
14 Administration Department which is kind of like a new
15 reform in the county, but we also have funding from
16 some foundations, family foundations as well.
17 MR. MATTHEWS: Jada Andrews-Sullivan.
18 MS. ANDREWS-SULLIVAN: Amnisty, thank you
19 so much for your strength.
20 Thank you for standing up for your child.
21 Thank you for bringing it to our
22 attention; and even though it's the hardest thing to
23 do as a mother that has been through such a situation
24 with my own son, you are doing everything that you are
25 supposed to do, so thank you first and foremost.

1 When we talk about the Missouri model,
2 what is the price tag?
3 MS. NORMAN: I don't dabble on the money
4 side of things. It's a lot. I am not going to act
5 like that it's not. The Missouri model is smaller.
6 Texas is a big state, and it will take a
7 lot of money, and I think that it is important to
8 recognize that just from the beginning and just say we
9 can either keep throwing money at secured facilities
10 that are outdated with buildings that were built over
11 a hundred years ago. We can keep trying to keep them
12 afloat and just toss money in their direction or we
13 can actually put in the investment up-front and make
14 it better for the kids now hopefully; but then also
15 the effect this could have on the kids coming through
16 it; and then also once they are adults.
17 The Missouri model I do believe they have
18 determined that it saved them money in the long run,
19 but I know that long run money is a lot easier to
20 think about than the immediate money that it would
21 cost. I have no idea how much that actually is but a
22 lot.
23 MS. ANDREWS-SULLIVAN: I have a follow-up
24 to that.
25 There is a mental health youth facility

1 in San Antonio called Clarity that takes in those
2 children that are in crisis.
3 Do we know how many across the State of
4 Texas we have that are in that similar model?
5 It works very well because at five, that
6 was the hardest thing to do was to put your child in a
7 facility such as that; but the outcome that we have
8 seen is greater than what we are seeing right now, so
9 do we know how many?
10 MS. NORMAN: Do you know if it's a
11 residential treatment center?
12 MS. ANDREWS-SULLIVAN: It is.
13 MS. NORMAN: I don't know the exact
14 number, but I will say that one of the barriers of the
15 residential treatment centers and also with children
16 in psychiatric hospitals is CPS leaving kids there.
17 We have had a lot of issues with CPS putting kid in
18 psychiatric hospitals and not coming back, and so
19 those beds are full. I don't know how many there are.
20 I have done a lot with those foster kids with nowhere
21 to go. That's also a crisis that's happening, and I
22 think that's part of the problem of without those
23 places being funded, people are going to a TJJD
24 setting because that's where you are ending up. Maybe
25 you are a CPS kid that's in a psych hospital for too

1 long getting appropriate care and you end up in TJJD.
2 So I think that is where I am talking
3 about needing the whole service to work for the kids
4 because when you have a facility like that that works
5 but you can't get into them, we are not actually
6 helping the kids. A lot of them are getting into the
7 appropriate programs but a lot are not.
8 Getting access especially when you think
9 of these rural communities farther out that have
10 nothing like that, the parents don't know about it;
11 and there is no one telling them about it. So there
12 is not enough, not enough beds and not enough funding.
13 MR. MATTHEWS: We will go to Charles
14 Burchett, and then we will go to Joni.
15 MR. BURCHETT: Being a lawyer, the scope
16 of our Committee is the mental healthcare in the
17 juvenile system. My question I think is outside of
18 that scope, and I realize that at any point you can
19 tell me, "Don't ask that question;" but based upon
20 what Amnisty has shared with us and because, Brittany,
21 you are a lawyer, I have been trying to think how I
22 can ask this question generically; but I am just going
23 to go ahead anyway.
24 Let me first in a parenthesis put how
25 many of the current youth in the five state

1 facilities -- don't answer until I finish my
2 question -- were placed there not because of a
3 criminal act but because they are mentally ill close
4 parenthesis; but here is the rest of my question.
5 What is going on outside of the five
6 state facilities with judges and prosecutors that they
7 would do what they did the very first time to
8 Brittany's son?
9 MS. FREELEN: Amnisty's son.
10 MR. BURCHETT: Amnisty's son, yes.
11 MS. NORMAN: So I think it's -- I don't
12 have access to the youth until they get to TJJD, so I
13 am not sure individualized -- like, whenever you say
14 are they there for an offense or are they there for a
15 mental health, I think that kind of goes to how
16 important it is that we individualize so much of this
17 because until you know that youth's entire history, I
18 wouldn't be able to answer that question.
19 I think that you are talking about the
20 importance of -- sorry -- someone was saying that we
21 need to recognize these kids other than maybe just
22 chasing basic needs, and they are doing it
23 inappropriately, but it's because they don't have
24 access to the needs. They are not getting those needs
25 met.

1 I would say that 60 percent have mental
2 health diagnosis, and every single one of them should
3 at least be evaluated for whether or not that mental
4 health issue was at all involved in their offense; and
5 all of the others have trauma and have childhood
6 experiences that I cannot imagine; and I think that if
7 we aren't considering those things when it comes to
8 the offense, then we are assuming that they did it
9 with criminal intent which is not the way to approach
10 the children and the law recognizes that it's not how
11 to approach the children.
12 When it comes to what's happening in the
13 courts, I don't know if Amnisty can speak to this
14 personally of what her experience was through the
15 courts; but I think that the courts to an extent might
16 not realize how bad it is at TJJD and might actually
17 think that they are sending kids there to get mental
18 health treatment. They are just not.
19 MR. BURCHETT: Our system requires
20 somebody as a prosecutor, and prosecutors usually are
21 educated and not supposed to be stupid, and the whole
22 system was not created to be mental health hospitals.
23 Why are we in Texas sending mentally ill
24 youth to the wrong place?
25 MS. NORMAN: That is exactly the question

1 that I think we are asking.
2 MR. BURCHETT: So do you want me to move
3 out there instead?
4 MR. MATTHEWS: We will go to Joni.
5 MS. BAKER: Yes, thank you, all, so much.
6 It's a lot to process for us, and I know
7 you live with this on a day-to-day basis, and it's not
8 part of our day-to-day job. So we are learning quite
9 a lot today, and I am sure that we will continue to do
10 so.
11 My question is directly at Layla and
12 Leah.
13 As far as your case management, what are
14 your teams composed of as far as disciplinary; and are
15 they psychologists?
16 You know, what kind of training do they
17 have?
18 How do you recruit them; and how do you
19 keep them because it seems that TJJD cannot do so, so
20 what are you doing to hold on to those people?
21 MS. FRY: The multisystem therapy teams
22 are small teams. There is one supervisor who is a
23 licensed professional. It's an LPC, a licensed
24 professional counselor and then a team of four either
25 at the Bachelor's or the Master's level and they don't

1 have to be licensed; but the professionals go through
2 really rigorous training through the model developer.
3 They have been around for 30 years, and they also
4 provide weekly clinical supervision for the team and a
5 lot of continuous quality improvement and just support
6 for the entire operation of the team and the project.
7 What was the second part of your
8 question, is it about the workforce about hiring?
9 MS. BAKER: I have one more question; and
10 that is, what is the caseload as far as what team can
11 serve how many?
12 MS. FRY: One team can serve about 20 at
13 a time. It's kind of a team model, so because they
14 are on-call 24/7, they are having to -- you know, they
15 do cover -- they do alternating coverage on the
16 weekends. So one will be on-call every couple of
17 months on a weekend. So they do really get to know
18 each other's caseloads and all of the kids and their
19 parents.
20 And as far as workforce, because this is
21 a model, they have a reputation of keeping their staff
22 which is something that is very fulfilling for the
23 therapists; and the model is there and the two
24 services does a good job with helping them interview,
25 helping them find the right candidates and they do pay

1 a higher salary because this is a very intensive
2 mental health program.
3 So we are primarily at the opposite end
4 in terms of we don't higher clinicians or therapists.
5 We might, but we don't specifically need those
6 credentials. So we are hiring for can you -- first of
7 all, do you have someone that has compassion skills,
8 can you listen to kids, do you care about kids, can
9 you track progress and implementation, can you set a
10 goal with the kids and then track them, did they say
11 what they were going to do, did we follow up with what
12 we said that we were going to do. Those are the
13 skills.
14 So we in our hiring process put them
15 through some exercises. So we actually have some of
16 our youth as part of our interviewing team. So the
17 people that we interview will have to lead an activity
18 with the youth, and they will report back afterwards
19 on how they experienced it.
20 We also do a kind of an intensity
21 exercise where one of our staff will actually talk
22 about something that's going on in their own life in a
23 heighten emotional way, the way that kids might talk
24 about it; and then have the interviewee say back what
25 they heard and see how that goes. If they get

1 flustered, can they handle emotional incidents and
2 things like that.
3 In terms of keeping staff, I am not the
4 acting executive director, so you probably want to ask
5 one of my team members because I have a bias in the
6 answer here; but we have developed a protocol for our
7 teams very intentionally and mirrored the way that we
8 want to treat our kids the way that we want to treat
9 each other and how we want to be treated, so we do on
10 an annual basis practice processing situations and
11 exercises.
12 We use collaborative decisionmaking. We
13 are not trying to preach to our kids or determine
14 their choices for them. I am not a dictator in the
15 organization. We jointly hire as a team. We use the
16 kids in the process as a team, so that is our
17 approach.
18 Does that answer your question?
19 MR. MATTHEWS: Barbara Walters.
20 MS. WALTERS: So what I am hearing is
21 that Leah and Layla, you have private facilities
22 totally funded and trained and your kids that come in
23 there haven't committed crimes and gone to jail.
24 MS. WOLFTHAL: No, no. We work with kids
25 around the whole spectrum.

1 MS. WALTERS: So how could Amnisty's
2 child get into one of your programs instead of where
3 he is?
4 What is that big difference because he
5 needs to be in this kind of place, and how do you get
6 out of there or prevent from going in there?
7 MS. FRY: The MST teams, if we can set
8 these up; and these intensive home based services for
9 kids that are right on the edge about to be sent to
10 TJJD, this type of service has such amazing outcomes.
11 75 percent -- I don't have the numbers.
12 I can get you the numbers, but Harris County has
13 amazing numbers right now. If we can get -- you know,
14 if your family has been wrapped around an MST program,
15 it connects you with psychiatrists from the Mental
16 Health Authority, the schools, the services for
17 therapy. I mean, that is a true diversion.
18 MS. WALTERS: Will she need to have money
19 to pay for it?
20 Where does the funding come from?
21 MS. FRY: No. The funding right now for
22 the new 17 are all general revenue, and so it's funded
23 by the state. The other 17 are funded by half from
24 the local mental authority and the county and the
25 county with the justice scholars.

1 MS. WALTERS: Once they have gone
2 throughout the system, it's too late because they have
3 committed crimes.
4 MS. FRY: I mean, if the state provides
5 them with a program like an MST home based program,
6 there is an opportunity to maybe some of them in there
7 will try. There are really 75 percent of the youth
8 that are in indeterminant sentencing. We can scale it
9 down in this case for programs like this.
10 MS. WOLFTHAL: So just to add a little
11 bit.
12 The two instances if I heard you right,
13 the initial one was your son hit a peace officer. The
14 second one is spitting in one of their faces. Those
15 likely -- and I don't want to speak for our district
16 attorney -- but I am guessing those would have been
17 different if they were here; and if the child lived in
18 our service area which is Fifth Ward, they would have
19 probably given you an option to work with our case
20 manager at that point.
21 So I think part of it is where you are in
22 your addiction and the kids that we work with, the
23 eligibility changes over time. As we learn and grow
24 in our analogies, the district attorney and the
25 juvenile probation changes. So we are at a point now

1 where we will accept referrals and more kids as they
2 are exiting one of the facilities in the county; but
3 they change all of the time.
4 I think the question is what are the
5 judges and the district attorney doing. I think there
6 is a big opportunity that exist in relationship with
7 the law enforcement folks. A lot of it doesn't have
8 to be -- some of it can be regulated, and there is a
9 lot of room to grow and change building relationships
10 with elected officials and local regulatory.
11 MR. MATTHEWS: Austin Nimocks.
12 MR. NIMOCKS: Thank you, Mr. Chairman;
13 and thank you, all of you, for being here today and
14 sharing with us.
15 Ms. Freelen, I want to thank you in
16 particular for your testimony but also your courage.
17 I think a lot of parents sometimes or
18 just citizens on any issues are reluctant to speak out
19 because who is going to listen to them, who is going
20 to listen to little old me; and I appreciate the
21 courage it takes to speak publicly about something;
22 and I think that I am safe in saying that I am
23 speaking for the community. Your voice has been heard
24 today, and we appreciate that very much.
25 One of the things that you said struck a

1 chord with me, and I wanted to follow-up on that.
2 You said that Josh -- I will take a
3 moment.
4 MS. FREELEN: Go ahead.
5 Just thank you, Jesus. Thank you, Jesus.
6 I have been crying out for two years for
7 people to hear me, and I know my voice is being heard
8 not just for my son but for all of the children that
9 are suffering because there are many of them that are
10 suffering in there.
11 MR. NIMOCKS: When you were testifying
12 earlier, you said that Josh's spiritual needs are not
13 being met. I was wondering if you could follow-up on
14 that a little bit for us and give us a little bit more
15 detail on where he is spiritually, his spiritual
16 background and what you mean about his spiritual needs
17 are not being met.
18 MS. FREELEN: They don't allow church.
19 They was allowing it for a little bit and when COVID
20 broke out, they shut everything down.
21 Josh comes from a family that believes in
22 God and walks by faith. So he is very familiar with
23 prayer and church and praising God and worshipping God
24 and talking to God.
25 Does Josh use that down there, no, not on

1 his own. Like when he calls me, we pray together. We
2 talk about God. I try to encourage him.
3 There has been times that TJJD has
4 allowed Josh to change his own religion to Muslim. I
5 am not knocking anyone for their religion if that's
6 their belief, but we are believers in Jesus Christ,
7 and a lot of things and there are so many different
8 religions in the world that some of these religions
9 are being pushed on our children in the facilities. I
10 don't know if it's from other staff or other youth or
11 who, but there are other people pushing other
12 religions on him.
13 Josh was allowed to have a Muslim Bible
14 and a rug to pray on as a Muslim, but they keep his
15 Holy Bible from him, and they use the excuse of
16 keeping the Holy Bible from him because he is
17 self-harming, and I have put in grievance after
18 grievance after grievance about the whole debacle
19 because I believe all of you and all of these doctors
20 and all of this medication and all of this treatment
21 is not going to help my child.
22 What is going to help my child is Jesus,
23 and that's what he needs more than anything is God in
24 his life down there.
25 MR. NIMOCKS: Do you know if he is ever

1 being visited by a chaplain or has have access to
2 chaplains in the facility where he is incarcerated?
3 MS. FREELEN: Some of the facilities
4 don't even have chaplains. I have requested to speak
5 to a chaplain, and I was told that they don't have
6 one. So, no.
7 MS. WALTERS: And they wouldn't let you
8 bring one in.
9 MS. FREELEN: Right.
10 December of 2020, my father and my
11 stepmother had sent Josh a Bible that had his name on
12 it; and they sent it back to me, the Evins Unit did.
13 MR. NIMOCKS: When they sent it back to
14 you, was there any note as to why?
15 MS. FREELEN: It was too nice of a Bible.
16 Other kids could tear it up. That was their excuse.
17 MS. NORMAN: And I also want to speak to
18 the availability of the chaplains. So the Human
19 Resource Code does require that TJJD allow for
20 religious services. They are supposed to have a
21 voluntary chaplain program.
22 The five facilities have churches on
23 their campus; but, I mean, they also have cafeterias,
24 schools, gyms; and none of that is being used right
25 now either.

1 From my understanding the last I checked,
2 there are changes every day; but church is canceled.
3 Chaplain services aren't being done because kids are
4 not even leaving their rooms; and how can you get a
5 kid to church when they are in their cell 24 hours a
6 day.
7 And I am not aware of any efforts to get
8 more chaplains to come to the cells to like talk to
9 the kids, chaplains, counselors, teachers, anything
10 like that. So I think that they are just focusing so
11 much on maintaining some level of safety, but those
12 services aren't available at any of the facilities.
13 MR. MATTHEWS: Let's go to Mark
14 Harrington.
15 MR. HARRINGTON: Ms. Freelen, I have more
16 of a technical question for you. We talked earlier
17 today about in terms of mental health telemedicine.
18 Can you tell us how often and how you go
19 about talking with your son?
20 Do you chat with him every day, every
21 week?
22 How do you do that?
23 MS. FREELEN: I talk to my son every day
24 unless he is in isolation, and it's not cheap. It
25 cost a little money, but sometimes I talk to my son

1 five times a day.

2 MR. HARRINGTON: That's important to

3 know.

4 MS. FREELEN: I am very active with Josh

5 on a daily basis; and if I am not hearing from him, I

6 am calling down there one-on-one.

7 MR. MATTHEWS: Jamilah Way.

8 MS. WAY: Thank you.

9 I am curious -- sorry -- this question is

10 for Ms. Norman.

11 Mental health hospitals or inpatient

12 treatment facilities, what is it about that type of

13 facility specifically and what specifically about that

14 type of facility that is successful that could be

15 incorporated across the board into all of these

16 facilities, like, to create a complete type of living

17 environment because you may not come into the facility

18 with a mental health issue; but it's going to create

19 one. So yes, we want to divert folks to these

20 programs; but the program, itself, might create the

21 issues so the environment might need to change.

22 MS. NORMAN: So the purpose of mental

23 health facilities is mental health while the purpose

24 of TJJD facilities right now is containment; and when

25 your focus is just keeping these kids in the place,

1 that is not going to give them that kind of treatment;
2 and your point about the environment, it's very
3 necessary for these kids to have an environment where
4 mental health treatment and just any semblance of home
5 and community is available.
6 These kids are all in gray rooms with
7 thick cells. There are actual cells. Like one of the
8 articles talks about a bookshelf; and I don't think
9 that I have ever seen a bookshelf in a cell. So
10 somehow they made it sound better than it actually is.
11 Well, the hospitals have rooms. They
12 have dayrooms with art on the walls and the walls are
13 painted and the focus of it is treatment. You are
14 going to have fairly consistent meetings face-to-face
15 with your doctors and your counselors and your nurses.
16 People watching you are mental health
17 professionals. The nurses are normally right there in
18 the units with you as opposed to you being locked in a
19 cell. A hospital would never imagine locking everyone
20 in their cell especially not kids, but that's the
21 reality of TJJD. So the approach of treatment versus
22 containment is really what it comes down to for right
23 now.
24 MS. WAY: And as a lawyer, have you-all
25 identified how we could force the state to implement

1 these changes?

2 MS. NORMAN: So I would argue that I have

3 found a slew of ways, but they will all be arguments.

4 I think that there are plenty of laws

5 that TJJD is breaking right now, but the reality is

6 that we need somewhere to put the kids. I can't just

7 say, "You are violating all of these civil rights so

8 let them out." That is not going to put out the fire

9 that's happening just yelling that. The fire is

10 lighting the civil rights of the kids.

11 Safety, until we create a system that has

12 somewhere for them to go, I am not sure what immediate

13 avenues are available; and especially one of the

14 complications with the juvenile system is once they

15 are in TJJD, a lot of the jurisdiction is now with

16 TJJD. It leaves it to the juvenile courts, so it's a

17 little bit harder to get your hands back on those kids

18 in the juvenile courts because TJJD is not supposed to

19 decide when they get to leave and what treatment they

20 need in all of that. So there are less avenues

21 available.

22 And whenever the person's jurisdiction is

23 in the person who is a violating, it's a lot harder to

24 kind of navigate that. So I think that it really is

25 in TJJD's hands right now until we make some changes.

1 MS. WAY: Thank you.
2 MR. MATTHEWS: Amnisty, has there been
3 other support groups of other mothers in the same
4 situation that you are that have joined together to
5 say we are supporting each other but now we are also
6 wanting to try to make some changes?
7 Now, years ago there was a bunch of
8 mothers who got upset with drunk drivers killing kids;
9 and they formed the Mothers Against Drunk Driving,
10 MADD; and it became a very, very effective force in
11 being able to reach out to the Legislature.
12 Is there anything like that?
13 MS. FREELEN: Not that I aware of. I do
14 know some of the kids that Josh has gotten close with,
15 a lot of their mothers aren't active while they are
16 incarcerated and a lot of their parents are struggling
17 with addiction.
18 MR. MATTHEWS: But they are active as
19 individuals and not as a group that's formed together
20 as mothers of kids?
21 MS. FREELEN: Well, a lot of these kids
22 just from what I know about the kids that Josh calls
23 his brothers and hangs out with and does his time
24 with, a couple of those kids, the parents are not even
25 active or even know that this is what is happening

1 with their child.

2 MS. WALTERS: They are absent in their

3 life.

4 MS. FREELEN: I mean, TJJD didn't even

5 call and let me know about the self-harming. The way

6 that I found out about the self-harming was face-time

7 when they shut the visitation down and started letting

8 us have face-time, and that's when I started seeing

9 things on Joshua, and I hadn't been notified about it.

10 MR. MATTHEWS: Thank you.

11 We have reached our time for public

12 comments. We don't have any public comments, so then

13 we will continue on with some of our questions so if

14 you have any other questions.

15 We will go back to Joni.

16 MS. BAKER: And this is directed to the

17 panel, and it could be none of you have any knowledge

18 of it, but we understand that the U.S. Department of

19 Justice is also looking at this situation, and I

20 wanted to know if you had any information about

21 specifically what that investigation is focused on.

22 MS. NORMAN: So I don't have specifics as

23 to what the DOJ is doing. They don't really share

24 that information, but we have been in contact with

25 some of the people who are investigating.

1 Our understanding is that they have gone
2 to one of the five facilities and they still have
3 plans to go to the other four. It seems like it's a
4 pretty slow process.
5 The things that they are investigating
6 were physical and sexual abuse, solitary confinement
7 and isolation which lock-downs weren't happening in
8 2019 when they started their investigations. I think
9 they have a lot more to investigate on that, and I
10 think overall lack of services. My understanding is
11 that it's going to be awhile until we get anything
12 from that.
13 MS. FREELEN: I also stay in contact with
14 them; and I was told that it will take a year to five
15 years to do the investigation where our kids need help
16 now, not five years from now.
17 MR. MATTHEWS: Charles.
18 MR. BLAIN: So I have a question similar
19 about processing. I want to walk through it.
20 So you take a mom like Amnisty; and then
21 her son gets into trouble and, Leah and Layla, you
22 have programs that can assist beforehand or during the
23 process or after but unless they are referred to you
24 or unless they just know about it; or can they find
25 out about it themselves?

1 They can't really get access to it; is
2 that, correct?
3 MS. WOLFTHAL: So for us we are limited
4 to two zip codes at this point, but the DA who is
5 screening anybody from the two zip codes have access
6 through their door. They will refer them based on the
7 crime.
8 MS. FRY: And for Meadows Mental Health
9 Institute, now that there are going to be 17 on the
10 front end, so we are going to be referred by the
11 schools. We are going to be referred by probation.
12 In the community, there can be a parent. I think that
13 there is going to be a lot of access; but up until
14 then, no, it had to be justice involved.
15 MR. BLAIN: And so when they do get kind
16 of routed to TJJD and we talked about the grievance
17 process which has a fear of retaliation, it's not
18 private. It's the same thing for mental health when
19 they are doing it in the dayrooms.
20 Like what can they do?
21 I mean, what options do they have to
22 report violations and actually feel comfortable in
23 reporting those violations; and what can the state do
24 to make sure that their rights are being upheld?
25 Is it stricter reporting requirements?

1 Is it random audits of the units?
2 I mean, what options does the state have
3 and do parents have to actually get anything done?
4 MS. NORMAN: So I will say that my
5 thought on that would be if these facilities were
6 working in the communities, then they wouldn't be as
7 separated from their parents and families and those
8 who have been caring about them.
9 I know that we talked about how long
10 these families are broken. A lot of the parents
11 aren't active, but a lot of times they are. A lot of
12 times the parents do care; but they are 12 hours away
13 from their kids, so they are not seeing them. Not
14 everyone can do a face-time every day. Well, if these
15 kids were in their communities, they would have more
16 contact with people outside of TJJD.
17 I think it wouldn't be as hidden inside
18 of these facilities; and if we were serving kids in
19 smaller facilities, there would be less chance for
20 things to get swept under the rug.
21 There are a lot of injuries. Photographs
22 weren't taken for a long time, and we are trying to
23 get that fixed so that any injuries from restraints,
24 there will be photographs being taken. The policy
25 requires them to do it. They weren't doing it.

1 So I think I hear you on policy changes
2 and requirements; but at the end of the day if TJJD
3 doesn't follow them and there is no monitoring to make
4 sure that it's happening, then these kids aren't able
5 to speak out against it; and I think until we really
6 focus on lower population facilities, it's just going
7 to keep happening.
8 MR. MATTHEWS: Mr. Kulesza.
9 MR. KULESZA: So on that same note
10 getting to what we can do about that and back a little
11 bit about the process and also what is currently done
12 now. Of course, I understand that even though we have
13 a grievance system; but we don't have necessarily the
14 staff to handle that; and they are not following
15 through with it anyway.
16 What did that process look like in
17 informing you what the rights of your son were and the
18 conversation that they had with you, and then what are
19 the requirements for informing parents and the youth
20 about what their rights are and what they can do?
21 Because I heard that there was, of
22 course, the ten point poster on that of what it says;
23 but, of course, that is not enough.
24 So is that enough, and what were you
25 informed about it?

1 MS. FREELEN: I am not really
2 understanding your question.
3 MR. KULESZA: Ok, okay.
4 So your son, of course, has rights to
5 file grievances and has an expectation of being
6 treated a certain way.
7 So was your son informed of any rights
8 that he had in terms of what he could expect when
9 being at one of the facilities, and what he could do
10 to have a grievance, and what he could expect from
11 those grievances I guess?
12 MS. FREELEN: To expect visitation to the
13 grievances. When you put in a grievance, it goes back
14 to the facility; and somebody inside of the facility
15 handles that; and that's where the problem is is like
16 she said, they can push things under the rug and just
17 do what they want.
18 Yes, Josh knows his rights. He is very
19 smart when it comes to the law; and Josh will tell you
20 and he tells me, "My rights are violated on a daily
21 basis." Rights don't really matter to the staff.
22 MR. KULESZA: So do they ever try to
23 communicate with him and remind him of what his rights
24 are?
25 MS. FREELEN: No.

1 MS. NORMAN: So I want to speak to kind
2 of the grievance process as a whole. I actually have
3 spent several hours trying to figure it out, and I
4 still don't totally understand it. So I don't know
5 how we expect the kids to understand it.
6 My understanding is there is the TJJD
7 hotline which is that phone, and that takes you to the
8 IRC which is the Intel Reporting Center, and then the
9 IRC determines if it goes to the Office of the
10 Independent Ombudsman or the Office of Inspector
11 General; and then one of those two will investigate
12 it.
13 If it's not high enough to go to one of
14 those two, then it goes back down to the facilities
15 which is the majority of the grievances go back down
16 to the facilities.
17 There are requirements that the person
18 investigating is not directly involved; but when you
19 have very low staffing members, that's not as
20 reasonable. So there is definitely instances of
21 people investigating instances that they were involved
22 in, and a lot of the grievances are just addressed at
23 the facility level by people who really don't know the
24 laws and the policies that TJJD is supposed to be
25 following, and so they just cite the practice. It's

1 just, oh, we don't have staffing. You are on the wait
2 list or like oh, well, self-harming. The proper
3 response is OC spray. It's not, but that's the
4 practice that we have been seeing for so long at TJJD.
5 As for parents, they are supposed to get
6 a packet.
7 I don't know if you were mailed a packet
8 when he first went into TJJD.
9 They are supposed to get a parent's
10 rights packet. That's what they get.
11 MS. FREELEN: Yes, I do have that packet;
12 and I read it all of the time off and on; but even as
13 a mom, my rights have been violated by TJJD many
14 times.
15 MR. KULESZA: And just as a very quick
16 comment follow-up. I recognize that there is also
17 lack of resources, so even if we were to fix that,
18 there is a lot that we need to do with the second
19 step.
20 MR. MATTHEWS: Brandon Holt and then
21 Charles Burchett.
22 MR. HOLT: Thank you, Mr. Chairman.
23 I am kind of curious.
24 Do we have an understanding of outside of
25 geographical like what are some of the factors that

1 determine where a juvenile will end up, you know, as
2 they matriculate?
3 We talked about -- Charles brought up the
4 fact that they can be referred to either Layla's or
5 Leah's organizations.
6 Who makes that decision where they go;
7 and, you know, I guess my follow-up question is, are
8 the judges and the courts aware of where they are
9 sending children for different things; and, you know,
10 as they are doing sentencing and treatment options?
11 Do they have an awareness of where they
12 are actually sending them?
13 MS. NORMAN: You might want to speak to
14 the actual process of it. I think when it comes to
15 the awareness, my hope is that some places are
16 noticing that TJJD isn't working, and so they are
17 trying to find out ways for it to work in their
18 counties, and it does vary a lot from county to county
19 for whether or not like the level of offense that they
20 are going to be sent to TJJD.
21 So some counties might send someone to
22 TJJD for something that another county wouldn't ever
23 imagine sending somewhere there, and I do want to say
24 to the extent that is an awareness of what's actually
25 going on at TJJD.

1 There is a consistent belief that TJJD is
2 the place to go for mental health needs. If you have
3 behavior needs that cannot be met in your community,
4 you are supposed to go to TJJD.
5 I think that's just a clear issue, and
6 it's really causing a lot of these problems.
7 Communities don't have the resources for these high
8 risk community kids, so these high risk kids are being
9 sent to a place that also doesn't have the resources,
10 and it's worse. So I do think that there is an idea
11 that TJJD has something that they don't because on
12 paper we say that they should.
13 MS. WOLFTHAL: So we only work with two
14 zip codes in the whole state. So the DA initially
15 screens if there is an arrest or a potential charge.
16 We also can get the Harris County Juvenile Probation
17 Office will screen for folks who are in the county
18 facility, but that's later. If they file the charge,
19 there was some kind of sentence. They are in the
20 facility. Probation will screen them if they are in
21 one of our zip codes when they come out.
22 Occasionally in rare instances have we
23 done where these have been a part of the agreement at
24 the judge's phase and between the district attorney
25 where we said, "We will take the kid onto our case

1 management, and we will support them if they do a
2 deferred adjudication," so they are not pleading
3 guilty; but at this point, we don't do that regularly.
4 So it's probably an area where we could grow. It's
5 just a different kind of model depending on the risk
6 that we are incurring.
7 MR. MATTHEWS: Charles Burchett.
8 MR. BURCHETT: In my two-part question,
9 first, and you will know who to answer it.
10 Which facility is your son in?
11 MS. FREELEN: He is currently at the
12 Giddings State School at the moment. He has been in
13 four of the five.
14 MR. BURCHETT: Okay.
15 MS. FREELEN: There is no stability.
16 They just bounce him around.
17 MR. BURCHETT: More to the first
18 question, and maybe you might want to answer me later.
19 Who is your state representative?
20 Who is your state senator, and who is the
21 Chairman of the State Committee that is over all of
22 this, and you can answer that later.
23 Here is my follow-up question, and it's
24 really for our Chairman, Brooke and Angelica.
25 We are gathering information. We are

1 going to meet. We are going to write a report. We
2 are going to send it to the Commission. We know of
3 rights being violated right now; and if this is not
4 the time, at the next committee meeting, I will make a
5 motion on this; but I think that there is something
6 that we can do as a Committee to communicate
7 specifically to people in charge about rights being
8 violated with one facility, one person immediately;
9 and we all have different personalities.
10 My personality is I want them to know
11 that I know and that I and we are watching.
12 MR. MATTHEWS: We will take that up in
13 the future then.
14 Joni.
15 MS. BAKER: Yes, this is kind of a
16 follow-up question, too, about the packets that are
17 sent to the parents.
18 Are there any of you who are aware of
19 whether that is also provided in different languages?
20 Do we have translators or bilingual
21 speakers who work at these facilities?
22 MS. NORMAN: So I am not sure to each
23 personal experience. I can't speak to whether or not
24 they are actually being provided. I do know that they
25 have a rule that they are supposed to provide it in

1 their language, but I will speak to the actual
2 facilities. They are definitely very limited in the
3 language options that they have.
4 The youth that speak Spanish are supposed
5 to be identified as Spanish speaking, but my
6 understanding is that their computer programming which
7 is how you gauge patients through Apex can't be done
8 in Spanish. So they can't even switch the computer
9 program over to Spanish. So these kids that are
10 Spanish speaking are looking at an English class
11 program on-line.
12 So I think that when it comes to the
13 packets being provided to the parents, I think the
14 packet and the written material can probably be sent
15 in the language that the family speaks; but I think
16 that when it comes to the services being given to the
17 kids and also the phone calls that should be happening
18 with the parent to update them on the youth, if the
19 case manager doesn't speak Spanish, I have not seen an
20 availability of interpreters being used to talk to
21 parents, so there is a limitation on that happening
22 without the interpreter.
23 MR. MATTHEWS: Austin Nimocks.
24 MR. NIMOCKS: Thank you, Mr. Chairman.
25 We have heard both this afternoon and

1 this morning some discussion regarding the Missouri
2 model; and I want to get into that a little bit deeper
3 because it may have been explained to us earlier; and
4 if so, I missed it; but can somebody explain to me
5 what the Missouri model is?
6 And then secondly, is it your opinion or
7 belief that the Missouri model that is adopted by
8 Texas is going to help the mental health dynamics of
9 our youth as opposed to a fully funded and staffed
10 TJJD under the current system?
11 Does that question make sense?
12 MS. NORMAN: So the Missouri model is --
13 the purpose of it is very focused on rehabilitation
14 and treatment, and I know that the idea behind Texas
15 is that we are, but that's not what is happening in
16 practice.
17 There are none of the secured facilities
18 who are actually fully executing the ideas that Texas
19 has. That has just never been possible in our secured
20 facilities; and I think at this point, there is no
21 real merit behind anyone chasing that idea anymore.
22 We have been chasing it for a very long time, and we
23 have never been able to do it in our secured
24 facilities.
25 And the places that have had success in

1 in creating it in the juvenile facilities are places
2 like Missouri, and there aren't very many states that
3 follow Missouri.
4 So the way the model works is it's a
5 continuum of different levels of need. So instead of
6 it being okay you can be served on probation. Can you
7 be served at the county level or at a secured
8 facility. Are they the only ways to go right now.
9 They have different ways that they branch
10 out; but with the Missouri model, even the youth in
11 the juvenile justice system, the lowest level of care
12 and the lowest level of need would be community
13 wraparound services assuming that's the higher level
14 of the MST; but some level or wraparound services case
15 managers that are with the youth and the youth's
16 family to really try to keep them involved in the
17 community and locate those services in the community.
18 And then you move up to day treatment
19 programs which are programs with the kids and the
20 families when appropriate, and then you move up to the
21 actual living centers. So they have group homes,
22 moderate programs and secured programs that all serve
23 around 15-to-30 youths; and by having that small
24 population, you are able to identify mental health
25 needs which I think is a big part of the system.

1 If you are one of 200, then getting your
2 needs noticed especially whenever your needs are
3 similar to everyone else's, you kind of get lost in
4 it; and they aren't identifying your individual needs
5 and the individual treatment that you can get. They
6 are also not modifying that treatment to meet the
7 youth's needs.
8 We have like education where education we
9 know is not effective if it's not individualized; and
10 I think that it really needs to be the same way for
11 these kids if we think that we are providing them
12 treatment.
13 So the Missouri model, while very
14 difficult to implement and very sensitive is the gold
15 standard; and it has been very regularly recognized as
16 what we should be striving towards which is why I
17 think that if we do continue to hope that we can fully
18 fund these facilities and get professionals out there
19 in these rural areas of Texas, we are really just
20 delaying the inevitable next crisis.
21 MR. NIMOCKS: And I don't want to put
22 words in your mouth; but if I hear what you are saying
23 is that even if TJJD was fully funded and were
24 executing all of the things by design, that the
25 Missouri model is still better in terms of dealing

1 with the mental health of the youth.
2 MS. NORMAN: Yes. Mental health has
3 always been indeed better provided when you can
4 individualize it in smaller programs. When you put
5 200 kids in a facility, you are just not going to
6 provide the mental health especially when you are
7 pulling them away from their family and their
8 communities. Then you are putting them back in there,
9 like sending them back hours away completely
10 disconnected from their communities instead of
11 nourishing that connection which will help them
12 succeed in the long run.
13 MR. MATTHEWS: Jada Andrews-Sullivan.
14 MS. ANDREWS-SULLIVAN: Thank you, Chair.
15 So under the State of Texas under the
16 psych release program that has to be extended for
17 those crimes that we see older citizens participating
18 in, is there a model that is built for our youth when
19 they are in school and they have an incident with the
20 school police such as Amnisty's son?
21 Is there a model that can be built for
22 our youth under a site release program to where we are
23 not just continuing to filter them into a triggered
24 system of incarceration?
25 MS. FRY: I don't know if you are aware

1 of the Texas Child Mental Health Consortium. So the
2 Texas Legislature developed the Texas Child Mental
3 Health Consortium in 2019, and it funded TCHAP. It is
4 a program of school based telehealth services. It's
5 based on the 12 medical schools around the state, and
6 it connects services to school districts all across
7 the state; and so through that, any school district
8 that is signed up for these services can have access
9 to four-to-six sessions per child for a child
10 psychiatrist through telehealth; and then from that,
11 they can be referred for services in their
12 communities.
13 So by drawing on this great network of
14 medical schools and the professionals there, they are
15 able to reach out and extend the services that comes
16 from the schools.
17 I think using that model, that's how, you
18 know, like your son who was referred from the school
19 research officer instead of immediately going to court
20 and immediately going into the justice system, you go
21 through this alternative through the mental health
22 service for this mental health approach.
23 And I think this is something that is
24 available throughout Texas, and I think that's another
25 solution that helps with that situation.

1 MS. WOLFTHAL: So I am not sure of what
2 you are asking, but there are a number of models in
3 the State of Texas where the police will participate
4 in the circle of mediation if there is an incident
5 with a police officer. So the incident is
6 acknowledged and heard by them, and they accept
7 responsibility for the actions that are at issue, but
8 there is not the community approach. It's making
9 amends for the events of what happened, and that's
10 another way to be involved in the system.
11 MS. ANDREWS-SULLIVAN: We see a lot of
12 the youths that are locked up for acting out. We know
13 that now under sudden release that if you have under a
14 gram of weed, you are only cited. If you are
15 loitering, you are only cited. If you were a public
16 disturbance, you are only cited.
17 What are we doing for some of those, I
18 guess, kind of offenses that we are seeing under a
19 mental health identity that our youth are still not
20 cited for, they are still going straight to the
21 judicial system?
22 Do we know what offenses are leading more
23 into our youth being incarcerated outside of those
24 that they can just be cited for or given a referral?
25 I know that when we were in school, we

1 were given a referral to go see a back specialist
2 because under your scoliosis test, it was off.
3 So what is it that can be done from a
4 legal standpoint to say if a child has created or
5 committed such offense, it shouldn't fall directly
6 into the judicial system but it should fall under
7 maybe counseling or family therapy; or is there a
8 method or a system that can be created such as the
9 push that we had from the Texas Organization Project
10 for site release that can be used as a model for our
11 youth?
12 MS. NORMAN: So I will say that TJJD,
13 itself, as secured facilities has already kind of done
14 this where you can only go to TJJD if you commit a
15 felony, a state jail felony or up. So the
16 500-and-something kids, the efforts to reduce the
17 numbers documented, we had like 2,000 kids in there,
18 that was one of the things that they implemented where
19 the state jail felony or higher, you won't go to TJJD.
20 I am not as familiar with what that looks
21 like on the other end. I think what you are saying
22 about mental health services, I think that the concern
23 would be just site release; but they never get put in
24 contact with those services, then there are just risks
25 of just running it up until they get more secured

1 because we are intervening in time.
2 The TJJD could be one of the areas where
3 it would fall under that model would be the wraparound
4 services making sure that we are connecting with the
5 mental health authority, connecting their families,
6 providing services to the families to those mental
7 health services to make sure that we are getting them
8 at the lower level crimes. Before we were just
9 waiting until it gets worse.
10 MS. WOLFTHAL: Just to add a little bit.
11 To think about the concept of mental health, yes, it
12 can be about hospitals and therapists and medicine.
13 It can also be about is there a caring adult which can
14 be a caseworker. It can be a parent. Is there a
15 stable emotional agent, to make new friends and to be
16 able to connect in the community. There are a lot of
17 things that the communities can do with the Missouri
18 model with things that can happen in the community
19 that are prerequisites for mental health.
20 MS. ANDREWS-SULLIVAN: Thank you, Chair.
21 MR. MATTHEWS: Rogene Calvert, and this
22 is the last question.
23 MS. CALVERT: Thank you.
24 Layla, I think I was so engrossed in
25 everything when you started talking.

1 Could you go back to the two models --
2 and I understand the first one -- but the pediatric,
3 and you called it the Crisis Stabilization Response
4 Team.
5 Will you describe that a little bit more
6 for us?
7 MS. FRY: Okay. So we have the adult
8 mobile crisis outreach teams, but they are really
9 focused on adults, and so these pediatric teams are
10 focused on -- they hire people to understand working
11 with families, understanding working with child
12 welfare, schools and the juvenile justice settings;
13 and during a crisis, they are able to respond
14 proactively to an urgent need. So it's not just a
15 crisis where if it's unavoidable, they going to be a
16 out of home placement from this.
17 They can interact. They can intervene
18 with an urgent need as it's escalating, and then they
19 also have -- the difference in this model is that they
20 have ongoing 24/7 availability for in-home support,
21 and they can do intervention post-crisis. So the
22 impact of the traditional is all impacted and operated
23 through all 39 of our local mental health authorities
24 for adults. They don't have follow-up intervention
25 in-home support or any kind of youth focus.

1 And also with these very specialized
2 pediatric crisis response, you are able to prioritize
3 support for populations for kids that are in the
4 foster care system, CPS and the juvenile justice
5 center; and they also deal with that.
6 MR. MATTHEWS: Well, I want to thank our
7 panelists for your testimony, for your commitment and
8 for your willingness to take the time to help us
9 understand this issue better.
10 The transcript and the materials will be
11 available within 30 days following the meeting.
12 If you provided your E-mail address, we
13 will send you the follow-up information regarding how
14 to access those materials.
15 We will also notify you when the
16 Committee is meeting for follow-up discussion and when
17 the report will be available.
18 If anyone would like to submit written
19 comments, please, send this by E-mail to Brooke Peery.
20 That's B-P-E-E-R-Y @ usccr dot gov.
21 See also Angelica Trevino if you have
22 campus parking that you would like to have validated;
23 and with that, we will call this meeting to
24 adjournment.
25 Thank you.

1 (Hearing ended at 3:25 p.m.)
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1 REPORTER'S CERTIFICATE

2

THE STATE OF TEXAS)
3)
COUNTY OF HARRIS)
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5

6 I, Cheryl L. Pierce, Certified Shorthand Reporter
7 in and for the State of Texas, County of Harris, do
8 hereby certify that the above and foregoing contains a
9 true and correct transcription of all portions of
10 evidence and other proceedings requested in writing by
11 the parties to be included in this Reporter's Record,
12 all of which occurred and was reported by me.
13
14 WITNESS MY OFFICIAL HAND this the 29th day of
15 August, 2022.
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