TBI JUVENILE JUSTICE PARTNERSHIP PILOT PROJECT

Presented by

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Learning Objectives

- Description of the Texas TBI Juvenile Justice Partnership Pilot Program
- The importance of identifying brain injury in youth offenders
- How to develop a screening program
- How to develop individual plans of care
- Why sustainable community and family partnerships are important and how to develop them
Texas TBI Pilot Project Goals

- To identify youth offenders with undiagnosed TBI utilizing the BISQ and to provide pathways to services resulting in: reduced recidivism, healthier individuals with improved decision-making skills, risk avoidance and anger/impulse management

- To provide specialized training to juvenile justice personnel, parents, educators, law enforcement and the legal and judiciary systems

- To establish sustainable collaboration across systems and providers to provide screening, identification, coordination of appropriate, multi-focal treatment, family services and educational opportunities

- To foster successful re-integration into community, school, employment and the ability to be responsible, productive, tax-paying citizens.

- To provide valid and comprehensive data resulting in a more thorough understanding of the correlation between TBI and psychological and behavioral problems, including delinquent behavior
The Texas Juvenile Justice Department is a consolidation of two former independent state agencies:

Texas Juvenile Probation Commission (TJPC)

Texas Youth Commission (TYC)
THE TEXAS PROBATION SYSTEM

- Is comprised of 165 juvenile probation departments across the state;
- works in partnership with juvenile probation departments to support and enhance probation services throughout the state by providing funding, technical assistance and training;
- establishes and enforces standards;
- collects, analyzes and disseminates information and
- facilitates communications between state and local entities.
PROBATION SERVICES AND PROGRAMS

- Ensure the safety and protection of the public;
- Include prevention, early intervention and rehabilitative programs;
- Maximize family participation and accountability;
- Community-based, family oriented and the least restrictive possible;
- Mix of residential and non-residential services to reduce commitments to Texas Youth Commission, and
- A balance of public and private services and resources.
Purpose of TBI Pilot Project

- To screen children and youth annually ages 10 to 18 with pre-diagnosed Mental Health and/or Substance Abuse issues for unrecognized TBI

- To effect statewide systemic change in order to build service capacity through state, county and local collaboration to coordinate appropriate array of services for each juvenile found to have a brain injury and to reduce recidivism.
SCREENING SITES

Texas Juvenile Justice Department

Probation:

Major metropolitan areas 4
Central Texas 1
North Texas rural area 1
Rio Grande Valley 1

State-Operated Facilities

Intake facilities, male and female 2
WHY IS IT IMPORTANT TO IDENTIFY TBI in the JUVENILE JUSTICE POPULATION?

- To ensure juveniles receive appropriate diagnosis and treatment
- To provide pathway for improvement in judgment, educational potential
- To teach cognitive rehabilitation improvement promoting self-regulation and use of better judgment
- To train/inform educators about TBI and provide successful re-entry to community and classroom
- To train juvenile justice professionals, parents and community partners
- To provide sustainable collaborations that will endure and grow
PREVALENCE OF MENTAL HEALTH/SUBSTANCE ABUSE IN TEXAS JUVENILE JUSTICE SYSTEM

In the combined probation and incarcerated populations:

- 50% have been pre-diagnosed with Mental Health issues
- Greater than 25% with Mental Health issues have coexisting substance abuse issues
<table>
<thead>
<tr>
<th>City</th>
<th>MH Diagnosis</th>
<th>BISQ*</th>
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<tbody>
<tr>
<td>Brownsville</td>
<td>377</td>
<td>165</td>
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<tr>
<td>Dallas</td>
<td>1,378</td>
<td>603</td>
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<td>El Paso</td>
<td>433</td>
<td>189</td>
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<tr>
<td>Fort Worth</td>
<td>760</td>
<td>333</td>
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<tr>
<td>Houston</td>
<td>2,456</td>
<td>1,076</td>
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<td>Lubbock</td>
<td>212</td>
<td>93</td>
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<tr>
<td>San Antonio</td>
<td>1,238</td>
<td>542</td>
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<td><strong>Total</strong></td>
<td><strong>6,856</strong></td>
<td><strong>3,000</strong></td>
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*Estimated number of BISQ’s to be administered*
State-Operated Facilities

- All adjudicated juvenile offenders receive BISQ screening. The facilities are for the most serious youth felons.

- Appropriate services are determined and coordinated by juvenile justice professionals according to Individual Plans of Care.

- A special treatment center is in place at the Corsicana facility housing youth whose behavioral dysfunction makes it impossible for them to remain in the facility nearest their home.
SITE SELECTION CRITERIA

- Number of referrals (Probation Departments)
- Geographic location (Probation Departments)
- Professional staff in place (Probation and State Facilities)
- Existing and potential community, medical, higher education partners
- Intake facilities for adjudicated juveniles
TREATMENT TEAM

Probation officers
Parents or guardians
Intake Officers
Physicians
Neuropsychologists
Psychologists
Licensed chemical dependency counselors
Social workers
EXPECTED OUTCOMES

To determine the approximate percentage of children and youth in the Texas juvenile justice system who have high, moderate or low probability of TBI, diagnosed or undiagnosed, and to coordinate or refer the appropriate array of services through sustainable collaborative efforts.

To provide essential training to juvenile justice professionals, attorneys and judges, probation and parole officers, parents and guardians and teachers in Texas schools that will foster a higher probability of success for these youth offenders and a significant decrease in recidivism and matriculation into the adult correctional system.

To enable youth offenders to exercise better judgment, manage anger and find new path ways to a productive life.

To affect statewide systems and education beyond the juvenile justice system.

To change and save lives.
Most delinquent youth are managed locally in their home counties on probation.

High restriction facilities receive only the most SERIOUS or CHRONIC young offenders.

Commitment to facilities is the most serious sanction (felony convictions) within the Juvenile Justice System.
The Big Picture

TX Human Resources Code created the Juvenile Justice Department to provide:

- Administration of the State's Correctional Facilities for Children
- A Program of Constructive Training for Rehabilitation and Reestablishment in Society of Children Adjudged Delinquent and Committed to former TYC
- Active Parole Supervision for Children Until Discharged from former TYC Custody
Juvenile Justice Overview

- High Restriction
- Halfway Houses
- Contract Care
- Residential:
- Parole
State Facility Youth Characteristics

- Committed Felony Offense: 100%
- IQ Less Than 100: 83%
- Parent Unmarried, Divorced, or Separated: 79%
- On Probation at Commitment: 74%
- Prior Out of Home Placement: 63%
- Family History of Criminal Behavior: 44%
- Identified need for Specialized Tx: 92%
Serious Offender Characteristics

- Chemically Dependent: 54%
- Known Gang Member: 44%
- History of Abuse or Neglect: 36%
- Serious Mental Health Diagnosis: 42%
- Special Education Eligible: 32%
- Median Education Achievement: Behind 4-5 years
- Violent Risk Score: 21.2%
Total referrals to: 89,419

Total felony referrals: 18,420

Total non-felony referrals: 70,999

Total Commitments to TYC: 1,119

Total Juveniles Certified as an Adult: 229

Some facilities have been shuttered with youth relocated further from home or into community-based services.
Juveniles from the Pilot Counties Supervised on Probation or Deferred Prosecution at Initiation of Project

- 37% mentally ill
- 27% substance abuse problems
- 14% both mentally ill and have substance abuse problems
- 50% either mentally ill or have substance abuse problems
**Assessment Process & TBI Screening**

- All youth are screened for mental health needs and suicidality within hours of admission to state facilities.
- All new commitments are screened for TBI, excluding those screened in their local juvenile probation departments within one calendar year of commitment.
- All youth receive a comprehensive evaluation within 14 days of admission with treatment recommendations.
- Treatment interventions to address possible TBI are incorporated into youth’s case plans, and are evaluated monthly.
TBI Screening

Youth also screened when there is:

- a demonstrated inability to progress in treatment
- two or more extensions by the review panel
- a historical record that reflects the potential exists for brain injury (car wreck, past hospitalization due to physical trauma, etc.).
### Specialized Treatment Services
(High and Moderate only)

<table>
<thead>
<tr>
<th>Cognitive Rehabilitation Therapy</th>
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<tbody>
<tr>
<td>Behavioral Therapy</td>
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<td>Calming Rooms</td>
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<td>Individual Educational Areas</td>
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Intervention

- Youth participate in specialized treatment programs as indicated
- Individual treatment plans include interventions for TBI designated by the psychologist
- Interventions are evaluated monthly or more frequently if needed
- Referrals made to outside experts or for services, as needed
Mental Health Facility

- Specialized TBI Dorm
  - Art, Music, Educational and Exercise equipment
- Specialized Training for Staff
  - 120 trained this year- more to come!
- Collaborative Partnerships
- Improved Re-entry Process
Requirements of a Successful Partnership

- Dedication and vision
- Compassion with enthusiasm
- Strong communication and organization skills
- Buy-in of juvenile justice leadership
- Strong potential partners including mental health and substance abuse entities
- Well-developed plan of action
- Parent/guardian participation
Contact Information

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"There is no greater insight into the future than recognizing when we save our children, we save ourselves"

Margaret Mead, Anthropologist
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This presentation is dedicated to, and is in memory of, our dear friend and colleague, Joshua Cantor, Ph.D. of Mt. Sinai for sharing our vision, for his unwavering dedication, commitment, tireless effort, ever-present support and marvelous wit and wisdom.