



Sunset Advisory Commission Comments to Staff Report Texas Youth Commission & Texas Juvenile Probation

Good Morning, members of the Sunset Advisory Commission. My name is Joe Lovelace and I serve as the Associate Director of Behavioral Health for the Texas Council of Community MHMR Centers.

As an association, the Texas Council represents the thirty-nine (39) Community MHMR Centers that serve as the foundation for the locally managed public system of care for Texans with serious mental illness.

Community Centers are a creation of local governmental entities including commissioners' courts, cities, hospital districts and school districts. Each one is governed by a Board of Trustees comprised of locally appointed leaders who represent communities and families. They are funded by federal, state and local units of government and are subject to financial and efficiency audits, program compliance reviews and accountability at all levels of government.

37 of the 39 Community Centers serve as the designated Local Mental Health Authority—statutorily responsible for the planning, policy development, coordination, resource development, allocation and oversight of mental health community services in each local service area—and 2 Community Centers serve exclusively as a Specialty Provider Network (SPNs) in the NorthSTAR service area.

Centers have a long and successful history of providing community based interventions to offenders with mental impairments through contracts with the Texas Correctional Office on Offenders with Medical or Mental Impairments. These services include Service Coordination/Case Management for Adults; Continuity of Care; Jail Diversion; Wrap -Around Services for Juvenile Probationers and Wrap Around Services for TYC Youths on Parole.

The Texas Council supports the Sunset Commission recommendation of a merger of the Texas Youth Commission and the Juvenile Probation Commission to create a community based integrated system of services. We recognize that probation serves 95% of the youth in the juvenile justice system while TYC serves only 5%. The major criticisms by Sunset prompting the merger recommendation are not directed at the excellent leadership of Vicki Spriggs and her staff. It is hoped that the transfer of functions to a new agency will improve TYC but not harm TJPC. The report says the functions of the two agencies would be transferred to a newly created state agency, the Texas Juvenile Justice Department, headed by an 11-member Board.

The new agency would be charged to develop a comprehensive five-year Juvenile Justice Improvement Plan to better integrate state and county juvenile justice functions.

This new agency must ensure that youth in its custody receive adequate mental health services. Data shows that up to 55% of youth receiving services from TJPC and TYC have some mental health needs.

A juvenile offender with mental illness has significant treatment needs.

TYC has identified more youth in need of specialized mental health treatment programs than it serves. In FY 2007 TYC identified 783 youth in need of specialized mental health services with only 251 youth enrolled for those services. The report documents TYC used only 61% of its specialized treatment budget.

Sunset Staff recommends, and the Texas Council supports, establishment of a community corrections pilot program that encourages counties to keep lower-risk offenders eligible for commitment to TYC in their home communities and out of state confinement. Local probation departments would have access to funds that were previously appropriated to TYC solely for the commitment of youth.

The report found that TYC can not ensure that youth with ongoing treatment needs receive aftercare services to assist them when they return home. In 2008, of youth eligible for mental health aftercare services, only 32% received treatment.

Access to mental health services upon release is an important part of a comprehensive approach to addressing mental health needs of juvenile offenders.

Without ongoing treatment, many juveniles are more vulnerable to behaviors that prompt their return to the system. According to TJPC, these juveniles recidivate at a rate almost 50% higher than juveniles that are not mentally ill.

Decisions made over TYC's history have resulted in placement of most institutions in rural areas that cannot support the workforce required to provide intensive treatment. These remote locations also make it more difficult for youth to maintain important family connections, since many youth come from urban centers. In fiscal year 2008, seven counties accounted for 51% of TYC commitments, with Harris County alone making up 19%.

TYC and TJPC in response claimed the agencies have been working to ensure integration of services, sharing of resources and collaboration of efforts in areas such as mental health services and projects.

In our submissions to the Sunset Staff, we recommended more youth group homes and day treatment centers in major urban areas that are similar to those in Missouri.

The Texas Council supports regionalized specialty mental health treatment facilities which would provide services to those juveniles who cannot be treated in the community due to a combination of their mental health issues and their conduct. These programs would serve as step-down residential inpatient facilities for TYC offenders being released into the community.

TJPC states that juvenile probation officers have identified, as a most critical issue, the lack of community mental health services, residential mental health services and alcohol and drug abuse services.

The Texas Council supports, as a first step toward achieving that goal, the TJPC Exceptional Item for \$5.2 million to establish a 25 bed facility to provide inpatient treatment for juvenile offenders with moderate mental health needs.

The mental health needs of court-involved youth challenges our juvenile justice system. We recommend the new Texas Juvenile Justice Department improve its partnerships with Local Mental Health Authorities to advance the care and treatment of these young people and prompt healthier results for individuals, families and communities.

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