Juvenile Justice
Risk, Rehabilitation and Role in Residency Education

UTHSCSA Department of Pediatrics Grand Rounds
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Learning Objectives
At the end of this presentation the participant will be able to:
• Describe the philosophy of the juvenile justice system and how it differs from the adult correctional system
• List the risk factors for juvenile crime and the programs available to mitigate those risks in Bexar County
• Describe the health risks of children in the juvenile justice system
• Discuss the role of exposure to the juvenile justice system in pediatric graduate medical education

Disclosure
Dr. Elizabeth Hanson and Dr. Jeannie Von Stultz have no relationships with commercial companies to disclose

Overview
• Overview of juvenile justice process in Texas
• Philosophy of the juvenile system and risk factors for juvenile crime
• Bexar County Juvenile Probation Department Programs and Facilities
• Trends in juvenile offenses in Bexar County
• Health risks of youth in juvenile justice system
• Role of juvenile justice in Pediatric education
Possible Department Dispositions

- Close – No Action PO
- Assess, Counsel & Release
- Place on Deferred Prosecution
- Refer to Court for judicial proceedings

Possible Dispositions

- Rejected by prosecutor
- Non-suited
- Deferred Prosecution by Pros. or Court
- Adjudicate with No Disposition
- Probation (Regular, ISP, Placement)
- Commitment to Texas Juvenile Justice Dept.
- Determinate Sentence Probation or Commitment to TJJD (formerly TYC)
- Certify & Transfer to Adult System

Probation Conditions

- Attend School
- Frequent contact with PO
- Community Service – mandatory
- Curfew
- Electronic monitoring
- Counseling
- Monetary Restitution
- Weekend program
- Residential placement

Key Initiatives/Philosophy

- Balance accountability with treatment
- Family Centered Interventions – Emphasis on interventions in the home, school and neighborhood
- Early Intervention – with first time offenders and minor offenders
- Mental Health Services – for youth and families, home-based and flexible

Juvenile Justice System

- Views juvenile offenders (10-16 yr) as children
- Recognizes that children are different
- Offenses are in Texas Penal Code Family Code, and other sources
- Conduct in Need of Supervision (CINS) Offenses
  - Fine-only misdemeanors/ordinance violations
  - Status offenses: Truancy, Runaway

Adult & Juvenile Differences

ADULT
- Grand Jury
- Indictment
- Conviction
- Plead Guilty or Not Guilty
- Motion to Revoke Probation
- Defendant
- Arrest Warrant
- Sentence
- Booking
- Pre-Sentence Investigation
- Co-Defendants
- Code of Criminal Procedure
- Bail Money/Bond

JUVENILE
- No Grand Jury
- Petition by the State
- Adjudication
- Plead True or Not True
- Motion to Modify Disposition
- Respondent
- Directive to Apprehend
- Disposition
- Intake
- Pre-Disposition Report
- Co-Actor
- Family Code
- No Bail/Bond - release to parents or responsible adult
Risk Factors for Juvenile Crime

- Truancy
- Mental health issues
- Poor decision making skills
- Substance abuse
- Poverty
- Adverse childhood experiences
- Exposure to violence
- Chaotic family life
- Delinquent peer groups

Detention

- Majority of juveniles referred to JPD are not detained
- No bail system for juvenile cases
- Initial detention hearing within 24-48 hours depending on the offenses — 24 hours for CINS Offenses
- Subsequent detention hearings: every 10-15 days until the case is closed

Bexar County Juvenile Detention Center

- 278 bed capacity for detention and treatment
- Average length of stay is 23 days
- Education – San Antonio ISD

Role of the Probation Officer

- Case Manager
- Investigator
- Counselor/Rehabilitator
- Community Monitor
- Enforcer of Court Conditions
- Broker of Services/Community Resources

Juvenile Justice Academy

- Provides education services to students expelled from 17 different school districts
- In 2010-2011, provided services to 355 students
  - 85% male, 15% female
  - Ages ranging from 11 to 19
  - 79% general education, 21% special education
- < 1% Recidivism
- Ranges from serious offenses to persistent misconduct in school district’s alternative school.
- Not all students enrolled are on probation

Residential Programs

- Weekend Program
  - Live at home during the week and stay enrolled in school
  - 4 Weekends
- Residential Treatment Centers
  - Contracts with both secure and non-secure facilities; County operated treatment center (Krier)
  - Average length of stay 6.8 months
Cyndi Taylor Krier
Juvenile Correctional Treatment Center

- 96 Bed, all Male Facility
- System-wide Intervention Approach
- East Central Independent School District
- University Health System – Medical
- UTHSCSA – Psychiatric Services
- Length of Stay Range: 6 – 15 months (Average 9.3)

Mission Road Center

- 12 Bed
- All Female Facility
  - Focused on supporting females with history of complex trauma
- Trauma Sensitive
- Gender Responsive
- Multidisciplinary Treatment Model

Mission Road Center

- Partners:
  - San Antonio Independent School District
  - University Health System – Medical
  - UTHSCSA – Psychiatric Services
  - Family Service Association
  - Rape Crisis Center
  - UT Teen Health
  - SA Birth Doulas
  - Nurse Family Partnership

Intervention Programs

- Early Intervention – School-based Programs
  - Project Connect
  - Holmes HS (NISD); Highlands HS (SAISD); Roosevelt HS, Ed White MS, Montgomery Elem, Krueger MS, & Walzem Elem (NEISD)
  - Different partners in each school setting – Communities in Schools, South West Key, Family Violence Prevention, St. Phillips
  - Reduce likelihood of truancy, drop out, and referral to juvenile justice system

Intervention Programs

- Specialty Court Models
  - Pre & Post Adjudication Drug Courts
  - Girls Mental Health Court
  - Family Enrichment Court
  - Crossover Court
  - Domestic Minor Sex Trafficking court
Intervention Programs

• Intensive Home-Based Intervention Services
  – Functional Family Therapy
  – Aggression Replacement Training
  – 7 Challenges
  – Multidimensional Family Therapy
  – Adolescent Community Reinforcement Approach

• Parent Training Programs

Referred to Juvenile Probation 2012 Demographics

5,299 Juveniles Referred
66% Male
34% Female
67% Hispanic
14% Anglo
15% Black
4% Asian/Indian/Other
8% 10-12 years old
32% 13-14 years old
57% 15-16 years old
3% 17 years old

Referrals by Zip Code

401 - 500 Referrals
  ➢ 78207

301 - 400 Referrals
  ➢ 78223, 78227, 78228

201 - 300 Referrals
  ➢ 78109, 78201, 78210, 78218, 78220, 78237, 78244, 78245

101 - 200 Referrals
  ➢ 78202, 78211, 78213, 78214, 78216, 78217, 78219, 78221, 78222, 78233, 78238, 78239, 78242, 78247, 78250, 78251, 78254

2012 Referral Trends: Type of Offense

- CINS (Conduct in Need of Supervision) 30%
- Violent Felonies 4%
- Non-Violent Felonies 8%
- Class A&B Misdemeanors 58%
2012 Referral Trends
• 58% - Class A&B Misdemeanors
  – Assaults (17%)
  – Possession of Marijuana (23%)
  – Violations of probation (20%)
• 30% - CINS Referrals
  – Contempt of Court (25%)
  – Expulsions (1%)
  – Runaway (3%)

2012 Referral Trends
• 8% - Non-Violent Felonies
  – Graffiti of Church or School (20%)
  – Burglary (24%)
  – Possession/Distribution of Controlled Substances (18%)
  – Weapons Violations (8%)
  – Unauthorized Use of a Motor Vehicles (7%)
  – Theft (4%)
  – Arson (5%)

2012 Referral Trends
• 4% - Violent Felonies
  – 4 Murder/Manslaughter referrals
  – 15% Robbery
  – 53% Aggravated Assault
  – 31% Sexual Assaults (related)

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Juvenile Justice and Pediatrics
• 18% of children are arrested at least once by age 18
• Youth in the juvenile justice system are a high risk group with special health concerns
• Only covered in half of pediatric residency curricula nationwide
  – Not covered in our program before this year
**Health Risks**

**Physical Health**
- Dental
- Traumatic Injury
- Reproductive Health/STI's

**Mental Health**
- Substance Abuse
- Psychiatric Disorders
- Suicide


**UTHSCSA Juvenile Justice Experience**

- Collaboration between UTHSCSA faculty and BCJPD Staff
- Background information in an online module with embedded quiz
- Four day immersion activity in BCJPD
- Integrated into Adolescent Medicine
- Collected feedback and reflective writing pieces after experience

**Sample Schedule**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Midl</th>
<th>Thursday</th>
<th>Fri</th>
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<tbody>
<tr>
<td>AM</td>
<td>Orientation</td>
<td>Girls Mental Health Court</td>
<td>Participate in departmental care staffing</td>
<td>Juvenile Court</td>
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<tr>
<td>PM</td>
<td>Post Call (New)</td>
<td>Probation unit activities</td>
<td>Parent Project: Differentiating treatment interventions</td>
<td>Parent Education Clinic</td>
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<tr>
<td>AM</td>
<td>BDD (Relevant assessment)</td>
<td>Residential facility assessment</td>
<td>Residential Continuity Clinic</td>
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<tr>
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**Feedback**

<table>
<thead>
<tr>
<th>Feedback Questions</th>
<th>Top Responses - % respondents</th>
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</table>
| Overall Impression | • "Interesting" – 70%  
  • "Eye-opening"/"enlightening" – 50%  
  • "Positive"/"Enjoyable" – 40% |
| What learned?       | • Rehabilitative role of JPD – 70%  
  • Juvenile justice process – 40%  
  • Resources available to youth/families – 30%  
  • Success rates of JPD programs – 30% |
| Ideas for Improvement | • More exposure to probation officers – 40%  
  • More exposure to youth – 30%  
  • More Community programs – 20%  
  • More Court cases or staffings – 20% |

**Reflection Themes**

- Dedication of JDC staff and focus on rehabilitation
- Broadened view of adolescents, adolescent health and role of physician
- New perspective/correcting of misconceptions
- Importance of family and social context
Reflections

**Reflection Theme**  | **Sample Quotes**
---|---
Dedication of JDC staff and focus on rehabilitation | "the focus of the discussion was on how we could assist this young man...I do not even remember his specific crimes...I think that says something"  
"I stepped into a world that I expected to be laden with heavy hands, gruff voices, and adversarial scare tactics. To my surprise I was greeted by the smiling face of a psychologist"  

Reflections

**Reflection Theme**  | **Sample Quotes**
---|---
Broadened view of adolescents, adolescent health and role of physician | "It’s imperative to get out of our clinics because these are the children that won’t come looking for us but that need us the most"  
"I have never before wanted to reach out and help these children, or simply understand their issues, more than I do at this time. I am now trying to step outside my role as a physician and into the role of child advocate"  

Reflections

**Theme**  | **Sample Quotes**
---|---
New perspective/ Correcting of misconceptions | "Subconsciously, I probably had a somewhat negative bias on those youths. Now, seeing how normal these kids can truly be, I can look forward to empathizing with them and working with them to sort out the problems they face"  
"I will admit that after listening to her story, I pictured her in a certain way. When I saw her...I was surprised that she looked very young and innocent, and could easily have been one of my patients in clinic"  
"Many of the boys were covered in tattoos, some indicating serious offenses like murder. But in that moment, the tattoos faded and laughter prevailed. In this moment I saw the rehabilitation potential"  

Reflections

**Theme**  | **Sample Quotes**
---|---
Importance of family and social context | "Almost every child presented in staffing had problems at home, many severe"  
"The strong persuasive power of an adolescent’s support group/family unit was reiterated through each case"  
"I have never before taken time to contemplate this issue, being raised in a supportive two parent household...yet this week I was exposed to ‘different’ situations time and time again, such as abusive homes, family and friends in gangs"  

Summary

- Focus of the juvenile justice system is on prevention and rehabilitation  
- Many programs available through JPD with an emphasis on family-centered, integrated care  
- Cumulative risk of arrest is on par with other common childhood conditions (asthma)  
- Youth in juvenile justice system are a high risk population, particularly related to mental health  
- Inclusion of juvenile justice exposure in pediatric resident education is important and valuable to residents  

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References

