



Travis County Commissioners Court Agenda Request

December 6,

Meeting Date: ~~November 29~~, 2011

Prepared By/Phone Number: Kimberly Pierce, (512) 854-4764

Elected/Appointed Official/Dept. Head: Roger Jefferies, County Executive

Commissioners Court Sponsor: Margaret Gomez, Precinct 4 Commissioner

AGENDA LANGUAGE: Consider and take appropriate action on the approval of the Travis County Criminal Justice Community Plan due to the Capital Area Council of Governments (CAPCOG) December 2012.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

The Texas Administrative Code (TAC) requires that each community submit a community plan for criminal justice related activities to their local Council of Governments. This is done as a condition to participate in the local Criminal Justice Advisory Committee (CJAC) application process for specific state and federal funding solicitations. These grant solicitations pass through the Governor's Office, Criminal Justice Division.

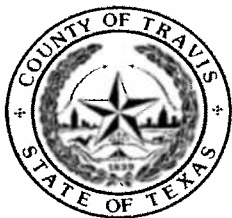
STAFF RECOMMENDATIONS: Criminal Justice Planning Staff recommend that the Commissioners Court approve the community plan.

ISSUES AND OPPORTUNITIES: None

FISCAL IMPACT AND SOURCE OF FUNDING: No fiscal impact. No source of funding exists for the Criminal Justice Community Plan. However, the Criminal Justice Community Plan must be submitted as mandated by the Texas Administrative Code by December 2011, for interested community grantees to apply for state and federal criminal justice funding solicitations through the Governor's Criminal Justice Division.

REQUIRED AUTHORIZATIONS: Requires Travis County Commissioners' signature prior to submission to the CAPCOG.

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by **Tuesdays at 5:00 p.m.** for the next week's meeting.

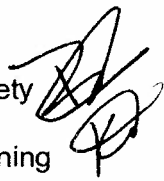


CRIMINAL JUSTICE PLANNING

Roger W. Jefferies, County Executive, Justice & Public Safety
P.O. Box 1748 Austin, Texas 78767 Phone (512) 854-4415 Fax (512) 854-4417

MEMORANDUM

To: Travis County Commissioners Court

Through: Roger Jefferies, County Executive, Justice and Public Safety 

From: Kimberly Pierce, Planning Manager, Criminal Justice Planning

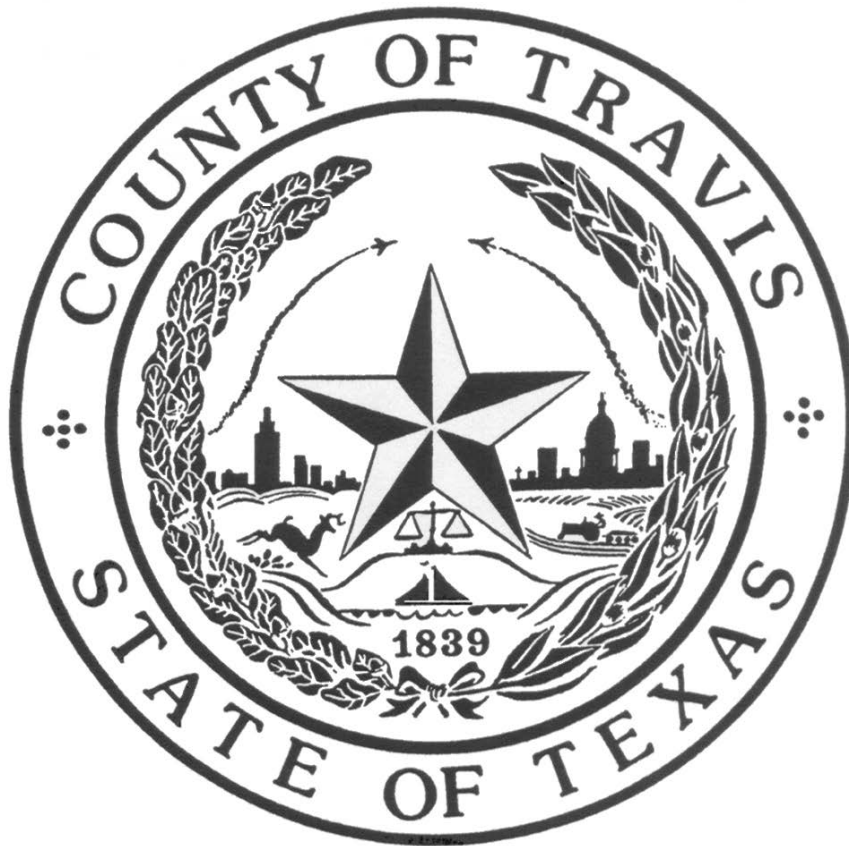
Date: November 17, 2011

Subject: Request Commissioners Court to approve FY2012 to FY2015 - Community Plan for Coordination of Criminal Justice Activities

The Criminal Justice Planning Department requests the Travis County Commissioners Court approval of the Community Plan for Coordination of Criminal Justice and Related Activities. The community plan is required to be revised and submitted to the Capital Area Council of Governments every three years per the Texas Administrative Code.

Attached is the Criminal Justice Plan for FY 2012 to FY 2015. If any further information is required, please contact me at (512) 854-4764.

FY 2012 to FY 2015
TRAVIS COUNTY



COMMUNITY PLAN FOR
COORDINATION OF CRIMINAL
JUSTICE AND RELATED
ACTIVITIES

FY 2012 to FY 2015 COMMUNITY PLAN FOR THE COORDINATION OF CRIMINAL JUSTICE AND RELATED ACTIVITIES SUBMISSION FORM

Submitting County: *Travis County*

Areas Represented:

Incorporated Communities: Austin and Pflugerville

Unincorporated Communities: Bee Cave, Briarcliff, Creedmoor, Del Valle, Jonestown, Lago Vista, Lakeway, Manor, Mustang Ridge, Rollingwood, San Leanna, Sunset Valley, the Hills, West Lake

School Districts: Austin ISD, Del Valle ISD, Eanes ISD, Lago Vista ISD, Lake Travis ISD, Manor ISD, Pflugerville ISD and multiple private and parochial schools

Dates of Community Planning Meetings: March 17, April 22, and May 28, 2011

Date Community Plan was presented to Commissioners Court: Presented to Travis County Commissioners on Tuesday, November 29, 2011

Authoring Entity: *Travis County*

Signatures of County and Judge and County Commissioners:

Judge Sam Biscoe _____

Precinct 1 Ron Davis _____

Precinct 2 Sarah Eckhardt _____

Precinct 3 Karen Huber _____

Precinct 4 Margaret Gomez _____

Date Received by Capital Area Council of Governments_____.

TRAVIS COUNTY FY 2012 COMMUNITY PLAN FOR THE COORDINATION OF CRIMINAL JUSTICE AND RELATED ACTIVITIES

INTRODUCTION AND PLAN SUMMARY

Travis County is located in Texas and is one of the oldest counties in the state. Established in 1840, it was named for William Barrett Travis, a hero of the Alamo and the Texas Revolution. Carved out of Bastrop County during the years Texas was a Republic (1836-1845), Travis County initially encompassed over 40,000 square miles. Bastrop was one of the original counties created in 1836 after Texas gained independence from Mexico. Subsequently, Travis County was subdivided as well, creating the counties of Brown (1856), Burnett (1852), Callahan (1858), Coleman (1858), Comal (1846), Eastland (1858), Gillespie (1848), Hays (1848), Lampasas (1856), Runnels (1858) and Taylor (1858).

Travis County currently comprises 989 square miles on the eastern edge of the Edwards Plateau, and is divided by the Balcones Escarpment. It is 150 miles inland from the Gulf of Mexico, approximately 100 miles southwest of Waco and approximately 75 miles northeast of San Antonio. The county's five major traffic corridors include Interstate Highway 35, Mopac (Loop 1), and U.S. Highways 183 and 290, as well as State Highway 71. Travis County is home to the City of Austin. Named for Stephen F. Austin, the Father of Texas, Austin is the largest city in the county and serves as both the state capital and the county seat. The geographical center of Travis County lies two miles northwest of downtown Austin.



The geographic areas covered under the Travis County Community Plan include the incorporated communities of Austin and Pflugerville; the unincorporated communities of Bee Cave, Briarcliff, Creedmoor, Del Valle, Jonestown, Lago Vista, Lakeway, Manor, Mustang Ridge, Rollingwood, San Leana, Sunset Valley, the Hills, and West Lake; and, the Austin, Del Valle, Eanes, Lago Vista, Lake Travis, Manor, and Pflugerville Independent School Districts, as well as multiple private and parochial schools.

To gain comprehensive insight into community needs and gaps in service, Travis County Criminal Justice Planning established a broad-based Community Plan Steering Committee and held four local community forums to elicit information and observations on current trends and issues. Community forums represented the following agencies and organizations:

- Austin, Pflugerville, and Manor Independent School Districts and Pflugerville ISD Police Department
- Austin-Travis County Integral Care
- American Youthworks
- Center for Child Protection
- Campfire USA Balcones Council
- City of Austin (Police Department and Downtown Criminal Courts)
- Council on At-Risk Youth
- GENAustin
- Girl Scouts of Central Texas
- SafePlace
- SAHELI
- Southwest Key
- Theatre Action Project
- Travis County (Community Corrections and Supervision, Constable Precinct 5, Criminal Courts Administration, Counseling and Education, District Attorney's Office, Health and Human Services, Juvenile Probation, Sheriff's Office, Veterans Court and Criminal Justice Planning)

The plan prioritizes needs within four focus areas: law enforcement, prosecution, and courts; juvenile justice; victim services; and education. It will assist the Travis County community with mobilizing available assets, sustaining successful programs, and achieving each of the plan goals. The intent of this plan is to begin accomplishing community goals within a 12 month period, which will ultimately enhance the quality of life and improve public safety in Travis County.

In forming this plan, participants identified community problems and resource needs; developed realistic goals, strategies, tasks and performance measures; collected relevant supporting data; described potential implementation plans; and identified existing efforts and resources.

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Law Enforcement, Prosecution and Courts

Pages 4 – 16

The law enforcement, prosecution and courts forum was held on May 28, 2011. Priority areas selected will enhance initiatives within each; prevent crime and empower the community to address crime; promote and support innovation in adjudication; promote and support innovation in justice information sharing; use advanced technology to prevent and solve crime; enhance the ability of local law enforcement prosecution, and the courts to county terrorism and domestic emergencies; effectively manage adult and juvenile offenders to reduce recidivism and promote successful reentry; and work towards ending the cycle of mental illness and substance abuse.

Victim Services

Pages 16 – 23

The victim services forum was held on April 22, 2011. Priority areas selected will provide effective interventions that address violence, victimization, and victim rights, and will work toward ending the cycle of mental illness, substance abuse, and crime.

Juvenile Justice

Pages 23 – 32

The juvenile justice forum was held on March 17, 2011. Priority areas selected will prevent crime and empower the community to address crime; break the cycle of mental illness, substance abuse, and crime; prevent and intervene in juvenile offending and victimization; and effectively manage and provide for juvenile offenders to reduce recidivism and promote successful reentry into the community.

Education

Pages 32 – 40

The education forum was held on April 22, 2011. Priority areas selected will address bullying, school safety, delinquency, truancy, dropout and expulsion.

Addendum A

Pages 41 – 45

Plan participants provide a list of existing and/or planned initiatives that fall under each priority area as Addendum A.

Addendum B

Pages 45 – 66

Plan participants compiled a significant amount of data to support the many goals described throughout this document. While portions of key data are included within each of the four category sections, the majority may be reviewed in the addendum.

LAW ENFORCEMENT, PROSECUTION AND THE COURTS

Problem Statement

To improve local law enforcement, prosecution, and court services and systems, Travis County is in need of personnel and a wide variety of resources to enhance local and regional initiatives that prevent crime and empower the community to address crime; to promote and support innovation in adjudication; to promote and support innovation in justice information sharing; to use advanced technology to prevent and solve crime; to enhance the ability of local law enforcement prosecution, and the courts to counter terrorism and domestic emergencies; to effectively manage adult and juvenile offenders to reduce recidivism and promote successful reentry; and, to end the cycle of mental illness and substance abuse.

Supporting Data

The City of Austin Police Department (APD) serves 796,310 persons residing within 261 square miles, with an authorized sworn strength of 1,718. Travis County Sheriff's Office (TCSO) serves approximately 175,000 individuals residing within 619 square miles. The 270 deputies of the Travis County Sheriff's Office (TCSO) are the primary law enforcement agency for this jurisdiction. Austin is surrounded by smaller jurisdictions that are primarily located in the rural, western portions of the county. Several of these cities have small police forces. According to the Austin Convention and Visitors Bureau, an estimated 17 million people travel to the metropolitan area annually. Austin's crime rate of 6,231 offenses per 100,000 was 16% higher than the average rate of 5,358 for all large U.S. cities.

APD Uniform Crime Reporting Information – Violent Crime and Property Crime

Part I Index Crimes	Offenses			Rate per 100,000		
	2009	2010	% change	2009	2010	% change
Murder	22	38	72.7%	2.9	4.8	66.8%
Rape	265	265	0%	34.5	33.3	-3.4%
Robbery	1,415	1,231	-13%	184	154.6	-16%
Aggravated Assault	2,322	2,256	-2.8%	302	283.3	-6.2%
Total Violent Crime	4,024	3,790	-5.8%	523.3	475.9	-9%
Burglary	8,753	8,749	0%	1,138.3	1,098.7	-3.5%
Theft	37,054	34,827	-6%	4,818.7	4,373.5	-9.2%
Auto Theft	2,219	2,250	1.4%	288.6	282.6	-2.1
Total Property Crime	48,026	45,826	-4.6%	6,245.5	5,754.8	-7.9%
Total Index Crime	52,050	49,616	-4.7%	6,769	6,231	-7.9
			Population	768,970	796,310	3.6%

Information Sharing

The Austin Regional Intelligence Center (ARIC) is a collaborative effort of criminal justice agencies operating within a three-county area of Central Texas. The mission of ARIC is to maximize the ability of personnel to detect, prevent, apprehend, and respond to criminal and terrorist activity. ARIC is currently comprised of five municipal government agencies, three county government agencies, the University of Texas at Austin Police Department, and the Austin Independent School District Police Department. The ten founding ARIC partners were chosen based on their proximity to the Interstate 35 corridor, an area that recently received a High Intensity Drug Trafficking Area designation by the Justice Department. A key element of their information strategy is the creation of a regional crime database so that patterns of criminal activity can be tracked across jurisdictions.

Crime-Specific Information

In calendar year 2010, there were a total of 2,416 gang-related incidents involving 2,528 documented gang members. Offenses involving narcotics have consistently accounted for 18-20% of gang member involved offenses over the last five years, with remaining offenses ranging from aggravated robbery, burglary and criminal trespass to theft, family violence and over 75 emergency protective orders.

Human trafficking in Central Texas is a critical issue. Texas is a border state and the Western District of Texas has the longest common border with Mexico, approximately 660 miles, making it likely that victims brought across the US/Mexican border (legally or illegally) will be residing for some period of time in Texas. Austin, Texas, is situated on a primary interstate highway system, and, as such, is a major trans-shipment point and staging area for controlled substance and for smuggled individuals. Austin is home to the largest university in the country, is known for its live music and entertainment scene, and is in close vicinity to a major military base (Ft. Hood). The combination of a youthful population and Austin's urban location make it a destination city for human trafficking. Because Austin is located on the IH-35 corridor, it is an ideal place for traffickers who want to frequently and quickly move victims from city to city, as in cases of national sex trafficking rings. This includes both domestic and foreign born victims. Since 2007, the Austin Travis County Human Trafficking Task Force has investigated over 80 cases of potential human trafficking in the Central Texas area involving over 140 victims.

APD and TCSO Crisis Intervention Teams (CITs) share office space at the Austin State Hospital and provide on-scene intervention for individuals with mental health and co-occurring disorders. Between 2000 and 2009, calls for service within Austin city limits requiring personnel with mental health training increased 51% – from 4,786 to 7,203. Between 2003 and 2008, calls for service requiring a knowledgeable TCSO mental health officer response rose 70%, from 1,956 to 3,323.

In calendar year 2009, the Austin Police Department documented 12,836 cases of family violence, while in calendar year 2007, just over 7,500 cases were documented. Of the cases documented by the Austin Travis County Family Violence Protection Team, an inordinate number – over 50% – are attributed to Hispanic or Latino females between the ages of 25 and 59.

Theft of intellectual property is a burgeoning crime in the Austin area as counterfeiting technology and techniques become increasingly available to criminal elements. These crimes are

investigated by the Austin Police Department's Property Interdiction Unit. Over the past two years, the sale of pirated CDs and DVDs has become a persistent problem, particularly at local flea market venues. Directed patrols and undercover operations have generated more than a dozen cases resulting in seizures in excess of 40,000 pirated CDs or DVDs.

There is growing anxiety about how to house the large number of ex-offenders being released from state and federal prison each year, over 600,000 annually. Many offenders experience rejection from families and friends, refusal by private landlords and intensive screening (and eviction) from public housing. As a result, the burden of housing ex-offenders increasingly falls upon the shoulders of communities, nonprofit organizations, community corrections, law enforcement and the courts. Inmates released from Travis County Jail and those discharged from the institutional division of TDCJ typically lack necessary skills and/or resources for successful reintegration.

- 5,177 TDCJ Inmates are Travis County residents
- Total inmates received by TDCJ from Travis County in 2010 – 2,805
- Total inmates released by TDCJ from Travis County in 2010 – 2,666

Local issues confronting offenders with alcohol or substance abuse issues include

- Lack of inpatient and outpatient treatment options and low availability of community-based treatment
- Treatment facilities continue to close and those that provide services do not have child care options
- Substance abuse treatment is not offered in the jail

Austin Travis County Integral Care – established in 2007 to increase local access to mental health and other treatment services for individuals with mental illness (with or without co-occurring disorders) – works to maintain open cases for clients if placed in jail for short stays (one month or less). State contractual requirements prevent billing for services provided during jail stays and require that clients be reassessed after 90 days, risking the possibility that they may be placed on a waiting list rather than resuming services. ATCIC currently has a waiting list of 1,155 individuals who need access to services.

Priority A:

Travis County needs additional personnel and resources for law enforcement, prosecutors and the court to solve violent crime and improve public safety.

Priority Level: High

Goals

- To provide resources and support for violent crime and organized crime investigations
- To provide resources and support for the effective prosecution and adjudication of violent crime and organized crime cases

- To develop new and sustain current initiatives, programs, and undercover operations that combat violent crimes and organized crimes
- To establish or enhance local repeat offender (top offender) programs
- To support law enforcement, prosecution, and the courts by improving emergency communication services
- To provide ongoing training for personnel assigned to violent crime and organized crime cases
- To address business and citizen concerns of violent crime and its impact

Strategies/Tasks

- Identify funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support violent crime and organized crime investigations, including homicide, cold case homicide, child abuse, rape, robbery, domestic violence, sex crimes, domestic violence, sex offender apprehension and registration, transnational gang and cartel activity, human trafficking, narcotics trafficking, and other major crimes
- Establish new or enhance existing collaborations between criminal justice agencies and partners
 - To maximize all locally available funds and in-kind resources
 - To improve the flow of case-related information
 - To share general subject matter information
- Increase formal and informal contact between local law enforcement jurisdictions, city/county government agencies, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders and residents
 - To facilitate and promote long-term cooperation
 - To provide platforms for information sharing and continuing education
 - To provide seamless services and prevent overlapping services and programming
- Repeat offender (top offender) programs should be considered by all local law enforcement agencies, prosecutors, and the courts. Repeat offenders are responsible for a significant number of violent crimes and these programs are beginning to show positive results.

Annual Output and Outcome Measures

- Percent change in reported violent crime incidents
- Percent change in reported organized crime incidents
- The number of
 - violent crime cases resolved
 - repeat offenders
 - active violent crime undercover operations
 - active violent crime initiatives
 - cases processed by the APD Crime Laboratory
 - cases prosecuted
 - cases adjudicated

- active violent crime task forces and collaborations
- new sworn personnel hired
- new non-sworn personnel hired
- personnel trained

Implementation

- Response to violent crime requires the immediate response of law enforcement and the mobilization of multiple government and community-based services. To meet the above listed goals, law enforcement, prosecution and the courts will work internally to:
- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to support violent crime and organized crime investigations
- Increase information sharing to enhance prosecution efforts, provide more successful outcomes for victims, and identify serial offenders and trends
- Publish online (and regularly update) designated points of contact for local task force and collaborative efforts to facilitate information sharing
- Provide training for personnel (investigative, crime specific, and coalition building) and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.
- Establish or enhance repeat offender (top offender) programs with cooperation from all levels of the criminal justice systems. Repeat offenders will be tracked by program, will be offered available social services and when reoffending occurs, will be moved to the top of court dockets, will not receive deferral options, and will be subject to stronger sentencing options.
- Develop, print (in English and Spanish), and distribute materials that will increase public awareness of violent crime and organized crime and ways to prevent it. Use online and local media to reach a greater number Travis County residents and business owners.

Priority B:

Travis County needs additional personnel and resources for law enforcement, prosecutors and the court to combat property crime and improve public safety.

Priority Level: High

Goals

- To provide resources and support for property crime investigations
- To provide resources and support for the effective prosecution and adjudication of property crime cases

- To promote more effective communication between law enforcement, prosecutors, court personnel, corrections, and the community
- To establish or enhance local repeat offender (top offender) programs
- To provide ongoing training for personnel assigned to property crime cases
- To improve upon crime prevention efforts and address business and citizen concerns of property crime and its impact

Strategies/Tasks

- To secure funding and in-kind donations for personnel and resources to support property crime investigations
- To establish new or enhance existing collaborations between criminal justice agencies and partners
 - To maximize all locally available funds and in-kind resources
 - To improve the flow of case-related information
 - To share non-case specific information
 - To provide continuing education
- To increase formal and informal contact between local jurisdictions, city/county government agencies, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders and residents
- Repeat offender (top offender) programs should be considered by all local law enforcement agencies, prosecutors, and the courts. Repeat offenders are responsible for a significant number of violent crimes and these programs are beginning to show positive results.

Annual Output and Outcome Measures

- Percent change in the property crime rate
- Percent change in successful property crime case resolutions
- Percent change in victimization
- The number of
 - repeat offenders
 - active collaborations and task forces
 - citizen surveys
 - increase/decrease in communication and trust between law enforcement, corrections, and the community
 - increase/decrease in community pro-activeness in addressing issues and concerns
 - community forums and meetings held per year
 - increase/decrease community input regarding crime prevention and local agency policies in handling neighborhood-specific crime issues
 - increase/decrease community participation in community policing efforts and crime prevention efforts

Implementation

Property crimes are most often crimes of opportunity; therefore, a strong collaboration between law enforcement and the community is required. The delivery of crime prevention services initially lies within the law enforcement community (police agencies, prosecution and the courts). Law enforcement has well-established crime prevention goals, objectives, and evaluation measures, and maintains close working relationships with non-profits, businesses, community leaders, and residents. This plan enhances current efforts by focusing on improving public safety and the quality of life within Travis County and reducing victimization (emotional, physical, psychological, and financial) due to property loss.

To meet the above listed goals, law enforcement, prosecution, and the courts will work internally to

- Build organizational capacity (staffing, governance, and financial stability).
- Increase information sharing to enhance prosecution efforts, provide more successful outcomes for victims, and identify serial offenders and trends.
- Initiate a crime prevention planning process which focuses on the identification of historical and emerging crime problems and the development of community-wide strategies to address them. The planning process needs to be formalized and include members of the law enforcement agency, relevant government agencies, and selected representatives of the affected community. The crime prevention planning process may be initiated on a jurisdiction-wide basis or for a specific neighborhood which has been identified to be at risk to crime.
- Establish or enhance repeat offender (top offender) programs with cooperation from all levels of the criminal justice systems. Repeat offenders will be tracked by program, will be offered available social services and when reoffending occurs, will be moved to the top of court dockets, will not receive deferral options, and will be subject to stronger sentencing options.
- Define a central point of contact within agencies for requests for crime prevention services; develop and distribute online and print materials (in English and Spanish) that increase public awareness of crime and ways to prevent it.
- Provide training for personnel (investigative, crime specific, and coalition building) and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.

In addition, law enforcement will work closely with community partners to

- Increase crime prevention activities and utilize evidence-based or best practice models (with demonstrated measureable outcomes and sustainability plans) when determining which programs should be offered locally.
- Facilitate citizen participation, buy-in and stewardship to crime prevention, law enforcement and corrections programs.
- Focus on ex-offender reintegration and re-entry, youth engagement/education, safe neighborhoods, and/or health and wellness

- Improve trust and understanding between law enforcement, corrections and the community through regular meetings, forum, and online communication/updates
- Continue the production of Public Service Announcements (PSAs) that are intended to raise awareness in the community about ways that citizens can keep from being victims of crime, and expand the availability of these PSA's for use at public meetings
- Provide safety surveys upon request by property owners

Priority C:

Travis County needs to resolve data sharing and confidentiality issues between agencies.

Priority Level: High

Goals

- To fully explore the integration of business intelligence options, including predictive modeling, predictive policing, and data mining
- To streamline inter-agency communication
- To enhance officer safety
- To more effectively and logistically utilize locally available resources

Strategies/Tasks

Criminal and terrorist activity is transient by nature and necessitates the real-time exchange of information between all levels of government.

- Enhance existing fusion center collaborations to
 - Cost effectively allocate locally available funds and in-kind resources
 - Maximize the use of crime information and regional data
 - Provide continuing education
- Upgrade current fusion center systems and integrate new software systems to data mine and anticipate crime trends

Annual Output and Outcome Measures

- Percent change in rate of all crime types
- Percent change in turnaround time for requests for information
- The number of
 - officer involved incidents
 - in-custody incidents
 - active inter-agency collaborations, task forces, standing meetings
 - new partnerships
 - partner agencies that received trained
 - professionals trained

Implementation

To meet the above listed goals, law enforcement, prosecution, and the courts will work internally to

- Reconcile and coordinate existing and planned information sharing initiatives and data sources
- Purchase and integrate new systems and train personnel to use the new technology
- Foster, develop, and join regional and statewide data sharing initiatives
- Enhance current and develop new technology architecture/data standards
- Explore national data sharing options and begin to develop strategies for potential national initiatives

Priority D:

Travis County needs additional resources to address mental health and substance abuse issues within the criminal justice system.

Priority Level: High

Goals

- To provide early intervention, treatment, and services for system-involved individuals with mental illness and co-occurring disorders
- To promote early intervention, treatment, and services for system-involved individuals with substance abuse issues
- To provide training and continuing education for criminal justice system personnel in the areas of mental illness (and co-occurring disorders) and substance abuse, and to ensure that officials are aware of all available local options for system-involved persons
- To divert from prosecution and use alternatives to jail/prison sentences, when appropriate, in cases involving non-violent offenders with mental illness (and co-occurring disorders) and substance abuse
- To promote communication, collaboration, and partnerships with respect to offenders with mental illness and substance abuse issues

Strategies/Tasks

- Three elements which are critical to establishing effective programs and systems are missing in many treatment systems across the country: adequate duration of care; adequate variety of treatment intensities or "modalities"; and appropriate, science-based care strategies. Ensuring that these are addressed would dramatically improve treatment outcomes. Travis County will work to provide programs and services to meet specific needs of offenders.
 - Provide early assessment and evaluation to ensure that offenders receive the appropriate care and the courts have reliable information on which to base their decisions.

- Continuity of care will be essential for offenders re-entering the community and will require coordination and cooperation with all vested players (to include law enforcement, community corrections, treatment providers, community agencies, faith-based and non-profit agencies, municipal and county agencies).
- Promote communication between law enforcement, prosecutors, court personnel, mental health and substance abuse providers and other local organizations and individuals.
 - Provide education for professionals, community members, and offenders on mental health (and co-occurring disorders), alcohol/substance abuse, and the effects of each on the community as a whole.
 - Make client transition from one program to another as seamless as possible.

Annual Output and Outcome Measures

- The number of
 - arrests for alcohol/drug related crimes
 - offenders sentenced to jail or prison for probation/parole violations
 - evidence-based treatment programs for offenders
- Percent change in client
 - recidivism*
 - drug/alcohol use
 - including decreased use of substances of abuse, nonuser stability, increasing perceived risk, increasing disapproval, increasing age of first use; for mental health - decreased mental illness symptomatology
 - law enforcement contact/criminal activity
 - costs related to arrest, prosecution, and incarceration
 - stabilization
 - offender taking medications appropriately, safe detoxification or sobering up, plus safe stabilization of substance-induced or substance-exacerbated psychiatric symptoms or disorders, plus referral to continuing interventions for motivational enhancement and/or prolonged stabilization of each disorder
 - active treatment for substance abuse
 - incremental small step changes in substance use patterns in order to achieve reduction in harm with minimum change. The pattern of use that is non-harmful is defined by successive trials in relation to the severity of psychiatric disability and symptoms.
 - relapse prevention
 - maintenance of abstinence or non-harmful use patterns through appropriate use of recovery supports and specific relapse prevention skills
 - confinement in jail/prison
 - social connectedness
 - employment and employee compliance
 - reciprocity (capacity of mentally ill to give back to the community)
 - self-sufficiency

- number of treatment assets and options
- access to service systems
- Percent change in court dockets

*Recidivism is a commonly used yet inadequate quality assurance indicator for either in- or out-patient substance abuse treatment. Focusing strictly on recidivism without commensurate attention on access to care, relapse, and program efficacy can lead to incentives to avoid readmission (or even in redefining recidivism) and thereby prevent patients from receiving needed treatment and continued funding of programs not meeting community or court-imposed needs. Outcomes must be both measured by process and impact efficacy and effectiveness to be valid.

Note: Program participants will explore community survey options to collect data on coordination and cooperation among law enforcement, corrections, and treatment agencies, and in general, the community’s understanding and perception of treatment issues and efforts in Travis County.

Implementation

Without treatment options in the jail, offenders are often left to decompensate further. Treatment is necessary to reduce recidivism and the location of choice is the community where persons with mental illness must learn to function. Community treatment avoids the additional stigma and penalties towards eligibility for housing, employment, and public benefits that result from a criminal record. Jail diversion is the main strategy used to prevent the criminalization of people with mental illness. Individuals with mental illness coming into contact with the criminal justice system have other options to prevent incarceration and ensure appropriate mental health treatment is received. The target population requires a continuum of care provided by a variety of service professionals in jail and in the community that is coordinated at both the state and local levels:

- Case management services that include crisis intervention, screening, counseling, discharge planning, and community follow-up
- Pre and post-booking diversion for qualifying mentally ill defendants
- Transitional case management services
- Long-term housing support

Programs and services will be provided by multiple government and non-government agencies and may require interagency agreements. During the first quarter of implementation, participating agencies will ensure that they reach a consensus on defined goals, appropriately delineate responsibilities, and update communication procedures. Locally selected programs and services will include cross training and ongoing evaluation, with the following key priorities in mind

- Offenders with co-occurring drug abuse and mental health problems will require an integrated treatment approach.
- Treatment must last long enough to produce stable behavioral change.
- Drug use during treatment will be monitored carefully.

- Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C and tuberculosis.
- Aftercare and relapse prevention programs must be part of the offender’s treatment plan, and a balance of rewards and sanctions may be maintained to encourage pro-social behavior.
- During recovery, addicted individuals should be connected with other social services as needed (employment, housing, and mental health services).

Priority F:

Travis County needs to explore means of removing systemic barriers to housing for persons with criminal backgrounds.

Priority Level: High

Goals

- To offer programs and services for adult male and female offenders transitioning to local communities following release from jail/prison
- To explore and potentially provide alternatives to incarceration for qualified non-violent offenders
- To meet offender supervision and control needs in a community-based assistive or therapeutic setting
- To provide a seamless continuum of programming through connections with human service and correctional agencies
- To provide ongoing education for community supervisions (probation and parole) with regard to reentry

Strategies/Tasks

- Conduct comparative analyses of Austin/Travis County with similar cities focusing on the perception of Austin as a converging point for the homeless and mental health populations: delve into root causes and better define local issues and the community’s desired response, including a willingness and ability to support recommended actions
- Partner with public and private organizations to ease the reentry of ex-offenders. Collaboration must exist between law enforcement, community corrections/parole, Texas Department of Corrections – Institutional Division, municipalities, counties, local nonprofits, faith-based organizations, neighborhood-based organizations, regional nonprofits, and national nonprofits.
- Target special populations for reentry into the community following incarceration. Special populations will include young offenders, substance abusers, persons with mental health problems, women, sex offenders, and persons with HIV/AIDS.

Annual Output and Outcome Measures

- The number of homeless persons
- The number of formerly incarcerated individuals who:
 - locate housing within 30 days of release
 - are stably housed 1 year post release
 - successfully complete community corrections or parole programs
- Percent change in recidivism
- Percent change in cases set for court docket
- The number of active programs assisting offender reentry
 - Pre-release
 - Post-release

Implementation

To meet the above listed goals, law enforcement, prosecution, and the courts will work internally to

- Educate the community about the issues, needs and concerns of returning prisoners; demonstrate that services are available and successful in supporting ex-offenders; and demonstrate the benefit of action as well as the result of inaction.
- Engage the community from the initial stages of programming and provide regular updates on the progress, successes, and challenges in an effort to build trust and buy-in
- Examine and utilize successful, evidence-based practices to provide housing services to returning offenders and special population offenders.

VICTIM SERVICES

Problem Statement

To improve local victim services, Travis County is in need of personnel and a wide variety of resources to provide effective interventions that address violence, victimization, and victim rights, and to end the cycle of mental illness, substance abuse, and crime.

Supporting Data

There is a tremendous need for counseling, support, mental health services and safety/shelter for victims and their families in the Travis County community. Local law enforcement data shows that in 2010, there were 49,616 crimes committed, including 265 cases of rape and 2,256 cases of aggravated assault.

In 2010, Austin Police Department and Travis County Sheriff's Office Victim Services Division counselors served over 19,000 victims of rape, domestic violence, sexual assault, dating violence, stalking, and human trafficking. Investigators, counselors, and local victim advocacy groups made approximately 33,700 primary, secondary, and collateral contacts to provide victim assistance. There were ten domestic violence-related murders in the Austin area in 2010 – the

highest number of such homicides in 13 years (1). There were 1,735 confirmed victims of child abuse/neglect in Travis County from September of 2009 to August of 2010 (*Texas Department of Family and Protective Services, 2010 Annual Report and Data Book*). Unfortunately, this data only reflects a fraction of those actually victimized by sexual and domestic violence, which are among the most under-reported crimes. It is estimated that 25% of physical assaults and 20% of rapes of females by intimate partners are reported to law enforcement. (U.S. Department of Justice, Bureau of Justice Statistics, "Criminal Victimization," 2003. Quoted in [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf))

The Texas Legislature recently passed a bill, which is now in effect, that enhances the penalties for assaulting a family member by strangulation or suffocation. The Travis County District Attorney's Office has one part-time grant funded prosecutor to handle the influx of new cases. As this grant ends in 2012, the need for additional assistant district attorneys for family justice cases is critical.

Research indicates that people with disabilities are at risk of experiencing victimization at rates higher than people without disabilities. In a sample of people with disabilities who received counseling services at SafePlace during 1998-2008, 64% reported multiple perpetrators and 76% experienced multiple incidences of sexual abuse or assault at various times in their lives (Cameron, L.A., (2008) SafePlace: Austin, TX).

Travis County is experiencing a high volume of cases in the criminal justice system, where victims require mental health services to address either a pre-existing mental condition/illness, or the onset of a condition caused by the violent crime. In addition to serving the Travis County population, local services are overburdened from treating residents of neighboring counties resulting from a dearth of mental health services in those counties. The wait lists for mental health services are often lengthy. At one point in time in 2011, SafePlace's Counseling Services program averaged 120 calls a month requesting services, and 15 people walked-in weekly for counseling intakes. In 2010, SafePlace received 12,868 calls on its 24-hour crisis hotline for domestic/sexual violence victims and their loved ones. In August 2011, SafePlace received 1,669 calls – the highest number of calls received in a month by this agency. Due to a lack of adequate resources, limited outreach and specialization, many victims are left untreated and are unable to participate in the criminal justice process that seeks to obtain justice and protection for them.

The 2010 Point-in-Time Homeless Count found there were 443 homeless victims of domestic violence in Austin/Travis County. SafePlace is the primary service provider for victims of domestic and sexual violence in Travis County. The agency provides 105 beds of emergency shelter and 48 transitional housing units in incorporated areas of the County. In 2010, SafePlace served 804 adults and their children in their shelter. The agency continues to see high, growing waiting lists for its shelter, counseling and other services in 2011.

Please also see violent crime data from the Law Enforcement, Prosecution, and Courts supporting data section above and additional supporting data in Addendum B.

1 "Estranged husband charged in woman's murder." Grisales, C. Austin American-Statesman, 1/5/2011.

Priority A:

Travis County needs to increase local capacity to respond to victims of crime.

Priority Level: High

Goals

- To provide state mandated services to victims
- To improve staffing levels and organizational capacity to effectively serve the growing county population
- To improve the coordinated community response to victims
- To improve the response time to victims of crime
- To offer interpretation/translation services
- To triage and re-evaluate the types of crimes that require an immediate response and may require long-term support
- To maintain 24-hour crisis hotline services for victims
- To educate the community on strategies for creating safe and respectful communities
- To create evidence-based initiatives that foster community involvement (such as volunteerism) in supporting victims of crime
- To provide case management and supportive services for victims of crime

Strategies/Tasks

- Offer state mandated services to victims in coordination with a strong community response to their specific needs.
- Identify and secure funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support local victim services professionals.
- Establish new or enhance existing collaborations between criminal justice agencies and partners to
 - Maximize all locally available funds and in-kind resources,
 - Support case management,
 - Improve the flow of case-related information and continuing education,
 - Share general subject matter information, and
 - Most efficiently triage and conduct ongoing evaluation of client cases that require multiple services.
- Increase formal and informal contact between local law enforcement jurisdictions, city/county government agencies, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders and residents to
 - Facilitate and promote long-term involvement and support local initiatives,
 - Provide platforms for information sharing and continuing education,
 - Provide seamless services and prevent overlapping services and programming,
 - Secure all necessary translation and interpretation services, and

- Develop a list of physicians and psychiatrists who will participate in a continuum of care and a protocol for providing needed services for victims, especially in crisis/emergency scenarios.

Annual Output and Outcome Measures

- The number of
 - new positions created
 - positions continued with grant funding
 - public awareness campaigns, in general
 - and specifically, those that emphasize community accountability for non-violent and anti-criminal behavior
 - education programs, in general
 - and specifically, those that emphasize community accountability for non-violent and anti-criminal behavior
- The number of victims
 - receiving state mandated services
 - receiving government victim services
 - receiving non-government victim services
 - needing interpretation/translation services
 - who utilize 24-hour crisis hotline services for domestic violence, sexual violence, and human trafficking
 - who receive medication
 - who receive psychiatric services
 - who receive trauma-informed services

Note: Plan participants are considering a community or victim survey to gauge satisfaction with victim services offered locally and to solicit input on how to best involve victims throughout the criminal justice process.

Implementation

- Victims of crime require the immediate response of law enforcement and the mobilization of multiple government and community-based services. To meet the above listed goals, law enforcement, prosecution and the courts will work internally to
- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations
- Improve information sharing and consider technology options to enhance prosecution efforts, provide more successful outcomes for victims, and identify trends
- Provide case management for all levels of crime
- Provide culturally-competent and interpretation/translation protocols to reduce the delay in response time and outreach
- Publish online (and regularly update) designated points of contact for local collaborative efforts to facilitate information sharing

- In addition, law enforcement, prosecution, the courts and community partners will work closely to
- Facilitate community involvement (such as volunteerism) to reduce the burden of understaffed victim-serving entities.
 - Maintain the provision of 24-hour crisis hotline services for victims of domestic/sexual violence and/or trafficking.
 - Develop and implement an outreach initiative on the traumatic impact of domestic and sexual violence and proactive prevention messages that focus on creating a safe, respectful and non-violent community.
 - Maintain existing programs that provide financial planning, build employment skills and provide other economic empowerment services to victims of crime.
 - Educate victims on employment opportunities and assist them in developing work skills to build self-sufficiency and encourage independent living.
 - Create a database of service providers willing to participate in strengthening needed services for crime victims such as interim hotel shelter, extended counseling services, temporary transportation programs, and alternative therapeutic services such as peer support groups for non-domestic/sexual violence crime victims.
 - Provide training for personnel (crime specific, and coalition building) and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.

Priority B:

Travis County needs specialized mental health services for victims of crime.

Priority Level: High

Goals

- To achieve a greater understanding of crime-related psychological trauma to discern the difference and continuum of care necessary for (1) acute trauma; (2) chronic trauma; and (3) complex trauma vs. mental illness by victim-serving agencies and professionals
- To develop specialized mental health treatment programs for adult and child victims and/or witnesses of crime
- To provide easily accessible mental health services for underserved victims of crime (meeting cultural, disability, and language needs)
- To increase accessibility to mental health, legal, case management, shelter and other services for victims with disabilities
- To provide immediate and long-term psychological and psychiatric treatment programs for crime victims and their families

- To encourage the legal community, private therapists, and public mental health agencies to collaborate when legal issues and mental health issues intersect

Strategies/Tasks

- Identify and secure funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support local victim services professionals.
- Form an alliance to enable the legal community, private therapists, public mental health agencies and victim service agencies to collaborate when legal issues and mental health issues intersect.
- Establish new or enhance existing collaborations between criminal justice agencies, public mental health agencies, private therapists, the legal community and other plan partners to
 - Maximize all locally available funds and in-kind resources,
 - Provide early assessment and diagnosis for crime-related trauma and mental illness to ensure victims receive appropriate, trauma-informed care,
 - Provide tailored programs and services to fit the needs of underserved victims of crime that are culturally competent and disability and language accessible,
 - Develop and implement long-term psychological and psychiatric treatment programs for crime victims and their families,
 - Develop alternatives to mental health professionals for victims, e.g. peer support groups, religious based groups,
 - Improve the flow of case-related information and continuing education,
 - Share general subject matter information,
 - Facilitate and promote long-term involvement and support local initiatives,
 - Provide platforms for information sharing and continuing education,
 - Provide seamless services and prevent overlapping services and programming,
 - Secure all necessary translation and interpretation services,
 - Develop a list of private mental health professionals who will provide a continuum of care for victims and witnesses of crime, including treatment programs, and
 - Educate providers in the community about Crime Victim’s Compensation.

Annual Output and Outcome Measures

- The number of victims who receive
 - Immediate psychiatric care
 - Immediate psychological care
 - Long-term psychiatric care
 - Long-term psychological care
- The number of underserved victims
 - who seek services from mainstream service providers
 - who seek services from specialized, culturally-competent agencies
- The number of new collaborations formed between legal and mental health providers

Implementation

- Victims of crime require the timely response of criminal justice agencies, public mental health agencies, private therapists, the legal community and other plan partners. To meet the above listed goals, providers will
- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations,
- Improve information sharing and consider technology options to enhance prosecution efforts, provide more successful outcomes for victims, and identify trends,
- Implement/increase case management and crisis hotline services, to include use of trauma-informed approaches necessary to link and/or provide crisis intervention, screening, counseling, safety planning and financial assistance services,
- Define local underserved communities and the barriers to services that they face, and, subsequently, develop strategies to provide sensitive and welcoming services, and
- Provide training associated with crime victim trauma and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.

Priority C:

Travis County is in need of additional housing options for victims of crime.

Priority Level: High

Goals

- To provide affordable, safe, alternative housing options for victims of crime, including persons who are homeless and other underserved populations
- To offer emergency shelter services to individuals leaving domestic violence situations
- To educate the housing and financial communities and other key stakeholders about the need for additional housing options for crime victims
- To reduce the number of evictions of victims based on their involvement with the criminal justice system or their status as a crime victim

Strategies/Tasks

- Identify and secure funding to maintain organizational capacity and to sustain existing shelter units, particularly for domestic violence victims.
- Develop a database of rental and housing properties, financial institutions, and other key stakeholders that are willing to provide housing options and other needed resources for victims and their families, including but not limited to homeless persons and other underserved populations.
- Work with the local real estate community to

- Provide education on the complexities and realities of criminal victimization for rental and housing property personnel who provide assistance to victims and
- Create safe and affordable transitional and permanent housing options for victims.
- Partner with legal service providers to secure in-kind assistance for individuals who are wrongly evicted on the basis of their status as a victim.

Annual Output and Outcome Measures

- Percentage change in evictions due to crime victim status
- The number of rental and housing property personnel who receive training
- The number of victims of domestic violence and sexual violence with access to emergency shelter services

Implementation

- Criminal justice agencies, public mental health agencies, private therapists, the legal community and other plan partners will
- Work with the Ending Community Homelessness Coalition (ECHO, Inc.) and other homeless service providers to increase community awareness/education about the intersections of crime and homelessness,
- Create an outreach strategy for housing entities to support the needs of and barriers faced by victims who are seeking safe and affordable housing,
- Educate the housing community and financial institutions on the dynamics of crime victims and barriers to financial independence faced by survivors,
- Act as liaisons to the legal community on in-kind services, to include housing discrimination of victims, and
- Explore options for partnering with local moving companies for free or greatly-discounted moving services for crime victims.

JUVENILE JUSTICE

Problem Statement

To improve local juvenile justice services and systems, Travis County is in need of personnel and a wide variety of resources to prevent crime and empower the community to address juvenile crime; break the cycle of mental illness, substance abuse, and crime; prevent and intervene in juvenile offending and victimization; and, effectively manage and provide for juvenile offenders to reduce recidivism and promote successful reentry into the community.

Supporting Data

The Austin Independent School district reports disciplinary actions were taken in 19,220 cases representing 10,710 individual children and youth. Dispositions by school authorities were for in school and out of school suspension and removal to disciplinary alternative education program during the 2010-2011 school year. Among this group of AISD students there were documented incident reports and disciplinary actions taken for 8,447 cases for aggression, assaultive and abusive conduct, 197 cases of weapons possession, 1,873 cases of drug and alcohol abuse and 645 cases of property offenses. (AISD, PEIMS Student Discipline Aggregate Report with Redacted Data, 2011)

According to the Austin Independent School District reporting system, youth gang membership is increasing. In 2010, there were 658 documented juvenile gang members and 137 associate gang members attending middle and high schools locally. Updated statistics for 2011 show documented youth gang membership at 748 and associate gang membership at 163. The majority of documented juvenile gang members are male. Young females are more likely to be associate gang members. In 2010, AISD recorded 144 gang-involved criminal incidents on middle school campuses. Gang-involved offenses on high school campuses rose at an alarming rate, from 166 incidents during the 2008-2009 school year to 292 incidents during the 2009-2010 school year. Federal funding for an Austin-area regional database will provide a more accurate picture of juvenile gang issues over the next few years.

Research shows that the pervasiveness of co-occurring mental health and substance use disorders in youth is very high, with disruptive behavior disorders most common, followed by anxiety and mood disorders. These disorders worsen the substance use/abuse and impede their treatment, resulting in poorer outcome of the substance use treatment. Research also indicates that the reverse is true - substance use disorders worsen adolescent mental health disorders and complicate their treatment. (NYS OMH/OASAS Task Force on Co-occurring Disorders Subcommittee on Youth and Adolescents Final Report, March 2009).

Travis County Juvenile Probation Statistics:

Fiscal Year	No or Unknown Diagnosis		Diagnoses with Only One Disorder		Diagnoses with Co-occurring Disorders		Total Evaluations
	#	%	#	%	#	%	
2007	4	0.9%	30	6.8%	406	92.3%	440
2008	105	16.4%	36	5.6%	500	78.0%	641
2009	90	15.8%	39	6.8%	442	77.4%	571
2010	100	18.5%	46	8.5%	394	73.0%	540

Based on youth who were given Mental Health Assessments by juvenile probation staff

Priority A:

Travis County is in need of intervention services for juvenile offenders, gang-involved youth, and their families.

Priority Level: High

Goals

- To provide intervention programming for juvenile offenders and gang-involved youth
- To provide ongoing education for families of juvenile offenders and gang-involved youth
- To provide court-mandated intervention and education
- To provide translation and interpretation services

Strategies/Tasks

- Identify and secure funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support the implementation of established and new evidence-based intervention services for juvenile offenders, gang-involved youth, and their families.
- Establish new or enhance existing collaborations between criminal justice agencies, school districts, public mental health agencies, private therapists, the legal community and other plan partners to
 - Maximize all locally available funds and in-kind resources,
 - Improve the flow of juvenile case-related information,
 - Share general subject matter information, and
 - Alleviate program waiting lists.
- Increase formal and informal contact between local law enforcement jurisdictions, city/county government agencies, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders and residents to
 - Enhance current and establish new intervention programming,
 - Facilitate and promote long-term cooperation and involvement,
 - Provide platforms for information sharing and continuing education/training,
 - Provide seamless services and prevent overlapping services and programming, and
 - Provide/solicit for translation and interpretation services.

Annual Output and Outcome Measures

- Percent change in
 - juvenile criminal incidents
 - documented juvenile gang activity/involvement
 - youth referrals to the juvenile justice system
 - utilization of child behavior plans
 - attendance rates
 - graduation rates

- The number of students with reported
 - Arrests
 - Detention admissions
 - Prosecutions
 - Juvenile court adjudications
 - Behavioral incidents
 - Aggressive or abusive action
 - Possession of weapon
 - Property related offenses
 - Drug related offense
- The number of collaborative meetings per year
 - with notable increase in the use of community and/or school resources
- The number of training sessions held per year
- The number of parents with an increase in knowledge of their child’s needs and how they can contribute to the child’s progress.

Implementation

Response to crimes involving juvenile offenders requires the immediate response of law enforcement and the mobilization of multiple government and community-based services. Early identification and intervention are vital to promoting positive outcomes. Children must have access to a comprehensive array of individualized formal and informal services that address their physical, emotional, social and educational needs. Families, schools, community justice programs and caregivers should be full participants in all aspects of policy development, and the planning and delivery of services, which should be integrated with linkages between child and family serving agencies and programs. Case coordination should be provided to ensure that multiple services are linked and complimentary. They should also address a family's strengths and needs, and be reviewed on a regular basis for applicability to the family's current level of functioning. The service delivery system should include providers who help enable smooth transitions to community and adult services, if necessary.

To meet the above listed goals, law enforcement, prosecution and the courts will work internally to

- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to support local intervention efforts,
- Increase information sharing to enhance prosecution efforts and provide more successful outcomes for juvenile offenders, and
- Publish online (and regularly update) designated points of contact for local collaborative efforts to facilitate information sharing.

Law enforcement, prosecution, and the courts will also work with community partners to

- Provide training for juvenile justice professionals and school personnel and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as

well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.

- Provide job training and apprenticeship opportunities to expose youth to legal career opportunities.
- Host regular collaborative meetings at school districts to share information and to discuss issues of concern including criminal activity, delinquent behavior, truancy, bullying, attendance, school safety, and drop out and expulsion rates.
- Explore methods of alleviating program wait lists and provide additional wrap-around services.
- Develop a therapeutic family component for children identified by the school district and juvenile justice that have high risk behaviors.
- Develop behavioral monitoring and reinforcement programs that use a psychosocial model in which parents and youth learn skills on communication, decision making, child development, mental health education and substance abuse.
- Develop programs with therapists who can address developmental stages with parents and youth and assess each child that has limitations.

Priority B:

Travis County is in need of prevention and early intervention services for low income and at-risk youth, including after-school and summer programming.

Priority Level: High

Goals

- To provide year-round prevention and early intervention services and programming
- To provide ongoing education for community members and families of identified youth
- To provide translation and interpretation services

Strategies/Tasks

- Identify and secure funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support the implementation of established and new evidence-based prevention and early intervention services for identified youth.
- Establish new or enhance existing collaborations between criminal justice agencies, including school district police departments to
 - Maximize all locally available funds and in-kind resources,
 - Share general subject matter information, and
 - Alleviate program waiting lists.
- Increase formal and informal contact between local law enforcement jurisdictions, city/county government agencies, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders and residents to

- Enhance current and establish new prevention and early intervention services and programming (spring and fall semesters, after school, and over the summer vacation),
- Facilitate and promote long-term cooperation and involvement,
- Provide platforms for information sharing and continuing education/training for professionals and parents,
- Provide seamless services and prevent overlapping services and programming, and
- Provide/solicit for translation and interpretation services.

Annual Output and Outcome Measures

- The number of students with reported
 - Arrests
 - Detention admissions
 - Prosecutions
 - Juvenile court adjudications
 - Behavioral incidents
 - Aggressive or abusive action
 - Possession of weapon
 - Property related offenses
 - Drug related offense
- The number of youth participating in
 - Prevention related activities
 - Early intervention activities
 - After-school programs
 - Summer programs
- Percent change in student
 - attendance rates
 - graduation rates
- The number of collaborative meetings per year
 - with notable increase in the use of community and/or school resources
- The number of training sessions held per year
- The number of parents with an increase in knowledge of their child's needs and how they can contribute to the child's progress

Implementation

Youth and families need access to a comprehensive array of individualized formal and informal services that address their physical, emotional, social and educational needs. Families, schools, community programs, and caregivers should be full participants in all aspects of planning and the

delivery of services. To meet the above listed goals, law enforcement, prosecution and the courts will work internally to

- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to support local prevention and early intervention needs.
 - When possible, fund current programs in the community that target students in the discipline system and utilize evidence based programs that have proven outcomes.
- Publish online (and regularly update) designated points of contact for local collaborative efforts to facilitate information sharing.

Law enforcement, prosecution, and the courts will also work with community partners to

- Provide training for government personnel, social service professionals and school district personnel, and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.
 - Training for administrators and/or school principals of middle school and high school students should cover delinquency prevention, including youth violence prevention and drug abuse prevention along with mental health and trauma informed care to better address the schools at-risk population.
- Host regular collaborative meetings at school districts to share information and to discuss issues of concern including criminal activity, delinquent behavior, truancy, bullying, attendance, school safety, and drop out and expulsion rates.
- Enhance current and establish new prevention and early intervention services and programming (spring and fall semesters, after school, and over the summer vacation).
 - Develop training for elementary school children and parents to address peer relationships, understanding another person’s viewpoint, learning the difference between right and wrong actions, and establishing a positive personal identity.
 - Seek out additional community services to provide activities to enhance family relationships and promote family leisure time to strengthen the child/family.
 - Explore methods of alleviating program wait lists and provide additional wrap-around services.

Priority C:

Travis County is in need of services and programming for youth with mental health/co-occurring disorders and substance abuse problems.

Priority Level: High

Goals

- To develop fully integrated partnerships with local school districts

- To provide services and evidence-based programming for youth with mental health/co-occurring disorders and substance abuse problems
- To develop comprehensive trauma and mental health training
- To complete comprehensive assessments for identified youth
- To develop long-term plans for youth who are aging out of the system
- To provide innovative, alternative evidence-based therapies with bi-lingual components
- To provide wrap around services to youth and families to address significant behaviors and provide support

Strategies/Tasks

Early identification of this population via family and school referrals is vital to youth avoiding involvement in the juvenile justice system. Juveniles have different physical, psychological, social, emotional and developmental needs than adults. Services for youth and families should be designed specifically for them and not merely adapted to adult services.

- Community supports and family interventions are essential in working with juveniles.
- Children and families should be partners in formulating treatment plans as well as services that will impact their lives.
- A well-functioning system of care is needed for juveniles involved with numerous agencies and providers to achieve optimal outcomes.
- Improved coordination between the various child-serving institutions (juvenile justice system, school system, CPS, Mental Health Authority and other youth and social service agencies). Developing a way to blend funding of these different agencies to jointly address the needs of youth involved with multiple systems would create a more efficient and seamless system of care.
- Enhance county-wide collaboration between service providers and public entities to maximize resources, improve quality of services and improve treatment outcomes.

Annual Output and Outcome Measures

- The number of youth with reported substance abuse, mental health or trauma issues
- The number of youth assessments completed
- The number of youth who require services
 - Stabilization: safe detoxification or sobering up, plus safe stabilization of substance-induced or substance-exacerbated psychiatric symptoms or disorders, plus referral to continuing interventions for motivational enhancement and/or prolonged stabilization of each disorder
 - Active treatment for substance abuse: incremental small step changes in substance use patterns in order to achieve reduction in harm with minimum change. The pattern of use that is non-harmful is defined by successive trials in relation to the severity of psychiatric disability and symptoms
 - Relapse prevention: maintenance of abstinence or non-harmful use patterns through appropriate use of recovery supports and specific relapse prevention skills
 - Substance Abuse and Use: abstinence from drug/alcohol use, including decreased use of substances of abuse, nonuser stability, increasing perceived risk,

increasing age of first use; for mental health - decreased mental illness symptomatology

- Social connectedness
- Employment/Education
- Percent change in reported youth
 - Reciprocity: increased capacity of the youth to give back to the community
 - Self-sufficiency
 - Developmentally appropriate assets
 - Support for family and sibling recovery
 - Ease of access to service system with multiple entry points
- The number of youth who complete job/vocational training
 - The number of businesses who hire youth reported to have completed job/vocational training
- The number of families that successfully complete training

Implementation

Early identification and intervention are vital to promoting positive outcomes for youth with mental health (and co-occurring) disorders and with substance abuse issues. These children need immediate access to a comprehensive array of individualized formal and informal services that address their physical, emotional, social and educational needs. Families, schools, community justice programs and caregivers should be full participants in all aspects of policy development, and the planning and delivery of services, which should be integrated with linkages between child and family serving agencies and programs. Case coordination should be provided to ensure that multiple services are linked and complimentary. They should also address a family's strengths and needs, and be reviewed on a regular basis for applicability to the family's current level of functioning. The service delivery system should include providers who help enable smooth transitions to community and adult services, if necessary. To meet the above listed goals, law enforcement, prosecution and the courts will work internally to

- Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to support local services and programming and
- Publish online (and regularly update) designated points of contact for local collaborative efforts to facilitate information sharing.

Law enforcement, prosecution, and the courts will work with public mental health agencies, private therapists, the legal community and other plan partners to

- Provide services and programming for youth with mental health/co-occurring disorders and substance abuse problems prior (to involvement in the juvenile justice system when possible).
 - Create alternative vocational and educational learning modalities to better fit each child's need. Ensure that comprehensive assessments are completed and shared with the agencies working with the children
 - Provide bilingual innovative and alternative therapies that are evidence-based and address significant issues in the family.
 - Provide wrap-around services to youth and families that will address significant behaviors and provide support to the parent.

- Priority components for local treatment programs include
 - Focus on the person’s natural environment, shifting away from rigidly-delivered clinically-based care,
 - Focus on building a strong relationship and motivating clients to attend treatment,
 - Create a treatment plan that centers on client-generated goals,
 - Emphasize on applying empirically supported treatments, focused on interventions specific to the client’s diagnostic presentation. A broad perspective in which life habits are modified, rather than limited focus on substance abuse alone.,
 - Utilize culturally and developmentally sensitive content,
 - Focus on client strengths, with an emphasis on impulse control, communication, problem solving, and regulation of affect,
 - Focus on change that is sustainable over the long term,
 - Understand and utilize relapse prevention strategies,
 - Foster peer group influences, and
 - Increase availability of appropriate comprehensive special education services for youth with multiple disabilities, such as behavioral and emotional disturbance, as well as learning disabilities.
- Develop long-term vocational, educational and job training after-care plans for youth who are aging out of the system.
- Enhance existing and foster new relationships with businesses and institutions that would support training efforts and provide employment for youth that are aging out or are significantly behind in school.
- Establish a specialized re-entry strategy with wrap-around services, hands on vocational skills training, on-site job/career coaching and supports determined by individual needs.
- Identify speakers who can present on Trauma Informed Care and provide long-term strategies for teachers, staff and counselors. Work collaboratively to develop comprehensive trauma and mental health training for teachers and school staff, agencies who work with juveniles and other community agencies that work with families.
- Provide training for government personnel, social service professionals and school district personnel, and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.
 - Training for administrators and/or school principals of middle school and high school students should cover delinquency prevention, including youth violence prevention and drug abuse prevention along with mental health and trauma informed care to better address the schools at-risk population.
- Host regular collaborative meetings at school districts to share information and to discuss issues of concern including criminal activity, delinquent behavior, truancy, bullying, attendance, school safety, and drop out and expulsion rates.
- Research local early warning systems for juvenile justice collaboration.

To improve local education services and systems, Travis County is in need of personnel and a wide variety of resources to address bullying, school safety, delinquency, truancy, and dropout and expulsion rates.

Supporting Data

According to Austin Independent School District and Texas Education Agency data, the local graduation rate is steadily declining (from 80.7% in 2005 to 74.3% in 2008). The Austin Independent School district reports disciplinary actions were taken 19,220 cases representing 10,710 individual children and youth. Dispositions by school authorities were for in school and out of school suspension and removal to disciplinary alternative education program during the 2010-2011 school year. Among this group of AISD students there were documented incident reports and disciplinary actions taken for 8,447 cases for aggression, assaultive and abusive conduct, 197 cases of weapons possession, 1,873 cases of drug and alcohol abuse and 645 cases of property offenses (AISD, PEIMS Student Discipline Aggregate Report with Redacted Data, 2011).

According to the Austin Independent School District reporting system, youth gang membership is increasing. In 2010, there were 658 documented juvenile gang members and 137 associate gang members attending middle and high schools locally. Updated statistics for 2011 show documented youth gang membership at 748 and associate gang membership at 163. The majority of documented juvenile gang members are male. Young females are more likely to be associate gang members. In 2010, AISD recorded 144 gang-involved criminal incidents on middle school campuses. Gang-involved offenses on high school campuses rose at an alarming rate, from 166 incidents during the 2008-2009 school year to 292 incidents during the 2009-2010 school year. Federal funding for an Austin-area regional database will provide a more accurate picture of juvenile gang issues over the next few years.

Research shows that the pervasiveness of co-occurring mental health and substance use disorders in youth is very high, with disruptive behavior disorders most common, followed by anxiety and mood disorders. These disorders worsen the substance use/abuse and impede their treatment, resulting in poorer outcome of the substance use treatment. Research also indicates that the reverse is true; substance use disorders worsen adolescent mental health disorders and complicate their treatment. (NYS OMH/OASAS Task Force on Co-occurring Disorders Subcommittee on Youth and Adolescents Final Report, March 2009)

Priority A:

Travis County is in need of resources and services to ensure school safety.

Priority Level: High

Goals

- To improve the safety of students, faculty and staff
- To improve public safety
- To foster a local academic climate that promotes learning

Strategies/Tasks

- Identify funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to improve the safety of students, faculty and staff at local schools
- Establish new or enhance existing collaborations between criminal justice agencies and school personnel to
 - Participate in a local initiative called Connecting the Dots to address chronic absenteeism, truancy, and dropout in the Austin area,
 - Maximize all locally available funds and in-kind resources,
 - Improve the flow of relevant crime information, and
 - Ensure public safety on school campuses, in the areas surrounding schools, and in student neighborhoods.
- Increase formal and informal contact between criminal and juvenile justice agencies, school personnel, parents, students groups, public mental health agencies, private therapists, and the community to
 - Facilitate and promote long-term cooperation and continuing education/training,
 - Provide platforms for information sharing, and
 - Create an academic climate that promotes learning.

Annual Output and Outcome Measures

- The number of violent offenses committed on or around school campuses
- The number of non-violent offenses committed on or around school campuses
- The number of individuals who receive training
- The number of active collaborations and work groups

Implementation

Criminal activity that endangers student and public safety on and around school campuses requires the immediate response of law enforcement and the mobilization of multiple government and community-based services. To meet the above-listed goals, criminal and juvenile justice personnel will work with schools to

- Increase organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to meet the needs of each campus.
- Improve information sharing to provide successful outcomes for victims by scheduling regular public meetings and providing online updates.
- Foster a school climate that promotes learning by reducing discipline problems and addressing students' social and emotional development.
- Provide training for personnel (public safety and coalition building) and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.

Priority B:

Travis County is in need of resources and services to assist students with mental illness (and co-occurring disorders) and/or substance abuse problems.

Priority Level: High

Goals

- To improve the access to mental health services for adolescents, youth, and their families
- To provide behavioral training and consultation
- To provide evidence-based treatment and programming (systems)
- To combine education and mental health treatment in the natural environment of the child's or adolescent's school and community
- To prepare students for post graduate life and independent living
- To provide aftercare and follow-up services
- To provide training on early identification, assessment, and referral
- To develop a database of stakeholders

Strategies/Tasks

Schools are a natural place to provide mental health services. Virtually every community has a school and most children spend at least six hours a day there. Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. Parents and children are also familiar with the environment and staff. The needs of students with mental health (and co-occurring) disorders and substance abuse issues will be met by providing comprehensive evidence-based prevention, early intervention, intervention and support services, and aftercare/follow up. There is a need to implement local programs using evidence-based models to deliver services, including

- School-supported mental health models - social workers, guidance counselors, and school psychologists are employed directly by the school system, providing assessment and

treatment services on-site. In many cases, school nurses may serve as a major portal of entry for students with mental health concerns.

- Community connections models - a mental health agency or individual delivers direct services in the school part-time or full-time under contract. Mental health professionals are available within the school or are invited into after-school programs. There is a formal linkage to an off-site mental health professional and/or to a managed care organization.
- Comprehensive, integrated model - a comprehensive and integrated mental health program addresses prevention strategies, school environment, screening, referral, special education, and family and community issues and delivers direct mental health services. Schools work with outside agencies to provide comprehensive and integrated health and mental health services within the school environment.

Substance abuse programs will be school-based, off-site or a hybrid where an off-site agency or program may conduct parts of their program both on-campus and off-campus. An advantage to programs offering a school-based component is that it provides a forum to work with students within the school system where they can be most effectively reached and not face the stigma of requiring “professional” help.

Annual Output and Outcome Measures

- The number of students identified as having behavioral needs
- The number of students reached through early identification
- The number of students receiving services for
 - mental health (and co-occurring) disorders
 - substance abuse
- Percent change in identified behavior
- Percent change in on-campus criminal incidents
- Percent change in academic measure
- Percent change in costs incurred by school districts (reduction in violence, disruptions)
- Percent change in costs incurred by law enforcement and community corrections (reduction in call-outs and referrals)
- The number of students and family members with improved access to mental health services

Implementation

Mental health is directly related to a child’s learning and development as it encompasses or intersects with interpersonal relationships, social-emotional skills, behavior, learning, academic motivation, mental illness, crisis prevention and response, school safety and substance abuse. Each issue affects the success and well-being of the individual student as well as school climate and outcomes for all students. To meet the above listed goals, criminal and juvenile justice personnel will work with schools to

- Improve access to mental health services for adolescents, youths, and their families.

- Provide behavioral training and consultation to enable teachers and counselors to recognize mental health problems and help them accommodate students with challenging behavior.
- Encourage early identification, which can lead to marrying students with specific needs to programs addressing those needs, ultimately assisting the student to meet the goal of graduation.
- Better prepare students for life after secondary school, assisting in developing the following skills in students
 - Education (current)
 - Post-secondary preparation (college, technical school) or adult learning (GED)
 - Vocation preparation
 - Independent living preparation

When selecting local services, treatment, and programming, priority components will include

- Programs that enhance protective factors and reverse or reduce risk factors which include resistance-skills training to teach students about social influences to engage in substance use and specific skills for effectively resisting these pressures,
- Treatments available in individual and group settings, with both on-school and off school (referral) components,
- Programs tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, in order to improve program effectiveness,
- Family-based prevention and treatment programs to provide and enhance drug and alcohol abuse education as well as enhance family bonding and relationships,
- In-service training,
- Communication networks for all stakeholders,
- Aftercare and follow-up services, and
- Emphasis on early identification, assessment, evaluation and intervention.

Other factors include

- School mental health services must be integrated with community services on a continuum of care. Not all services, clinical psychiatric care, for example, can or should be provided in schools. School-employed professionals must coordinate with community service providers to ensure that children receive needed support through a seamless and timely process.
- Students and their families must be placed at the center of service decisions
- Culturally competent services must be available.
- There must be a focus on promoting school attendance and academic success.
- Services and supports must be validated by research and evidence-based practices.
- Partnerships must be fully integrated, with the mental health provider included as part of the school team.
- Cognitive individual and group interventions must be established to modify adolescents' depressive and destructive thinking styles.
- Familial participation/inclusion must be implemented.

Programs specific to substance abuse will include one or more of the following components.

- Prevention Services that address such topics as drug use/abuse, assertiveness techniques, self-esteem, evaluating and dealing with feelings, anger control, positive alternatives to drug use, relaxation exercises and values clarification.
- Intervention/Treatment Services consisting of individual and group counseling.
- Family Therapy - assisting families in working through substance abuse problems in a supportive and productive manner.
- Parent education and support groups to discuss various drug-related and parenting issues
- Staff in-service training program addresses topics such as current street drugs and their effects, children of addiction, treatment issues, AIDS, and dual diagnosis issues, as needed.

Priority C:

Travis County is in need of resources and services to address bullying, delinquency, truancy, and drop out and expulsion rates.

Priority Level: High

Goals

- To improve academic achievement
- To provide counseling and appropriate social services for students identified as victims of bullying
- To provide services and programming for youth identified as having delinquent behaviors, truant, and at risk for dropping out, aging out, and/or expulsion

Strategies/Tasks

- Identify and secure funding for personnel (including overtime and temporary staff), resources (equipment, supplies and contractual), and training to support academic achievement and the implementation of evidence-based services and programming for identified youth.
- Establish new and enhance existing collaborations between criminal justice agencies and school district personnel to
 - Maximize all locally available funds and in-kind resources and
 - Alleviate program waiting lists.
- Increase formal and informal contact between local law enforcement jurisdictions, city/county government agencies, school districts, businesses, non-profit organizations, neighborhood associations, civic groups, community leaders, residents to
 - Improve academic achievement, including the need to meet the requirements of the No Child Left Behind Act,
 - Provide services and programming to address bullying,
 - Facilitate and promote long-term cooperation and involvement,
 - Provide platforms for information sharing and continuing education/training for professionals and parents,

- Build a united approach with all involved adults to help the child or adolescent reach social, emotional and behavioral goals, and
- Provide/solicit for translation and interpretation services.
- Increase early identification of students at risk for aging out.
- Share diploma options/ criteria with students and their parents/guardians.
- Create Individualized Academic Plan
 - Plan course schedule for available years
 - Build in additional resources, credit recovery
- Share plan with students, staff, and parents/guardians.
- Monitor and re-visit, if necessary.
- Provide bridge from high school to community college to pursue educational alternatives – GED.
- Include Staff Development for High School, GED and ESL teachers, counselors, and other stakeholders.

Annual Output and Outcome Measures

- Percent change in academic achievement
- The number of youth identified as victims of bullying
- The number of youth victims who receive counseling services
- The number of youth identified as needing services or program involvement to address negative behaviors
 - General delinquency
 - Truancy
 - Attendance problems
 - Drop out / expulsion / aging out

Implementation

To meet the above listed goals, law enforcement, prosecution and the courts will work internally to Build organizational capacity (staffing, governance, and financial stability) and secure alternate sources of funding and in-kind donations to support academic achievement and the implementation of evidence-based services and programming for identified youth.

Law enforcement, prosecution, and the courts will work with school district, family and community partners to

- Provide training for professionals and school personnel and ensure that when budgeting locally-hosted training is considered prior to sending minimal staff to in or out-of-state courses. Travel expenses (travel, hotel, per diem, and incidentals) are not cost effective. Locally-hosted trainings have the ability to benefit multiple agencies as well as partner non-profits and community members at reduced cost. When locally-hosted training is not an option, train-the-trainer sessions should follow.
- Host regular collaborative meetings at school districts to share information and to discuss issues of concern including criminal activity, delinquent behavior, truancy, bullying, attendance, school safety, and drop out and expulsion rates.

- Services and programming considered a priority will include
 - Students and families at the center of service decisions,
 - Services that are culturally competent,
 - Promotion of school attendance and academic success, and
 - Evidence-based practices.

Far too many students in Travis County will not have obtained high school graduation requirements by the time they turn 21, or will have “aged out” of school before graduating. Without appropriate academic advisement and preparation, these students may find themselves lost and/or misinformed regarding their educational alternatives when they leave school. There is a need to create targeted intervention plans and programs for students that

- Identify students at risk for aging out
- Meet students at their skill level by
 - Recognizing the reality of the situation (not graduating)
 - Assisting the student move positively towards graduation or GED by implementing needs-based assistance programs
- Include an individual student plan (2 year, 3 year) that
 - Consists of mentoring, tutoring assistance, social work services, life skills programs,
 - Encourages students to make the best use of their time through purposeful selection of courses (take academic courses which will assist in their GED attainment and/or will be of benefit to their desired goal (ESL, English, Math, Social Studies, Science), and
 - Creates and utilizes credit recovery options (summer school, evening / twilight school, etc.).
- Develop a series of program offering “transition services” - a coordinated set of activities for a student who will “age out”, designed with outcome-oriented processes which will promote movement from school to post-school activities, including postsecondary education, vocational training, employment, independent living, and community participation.
- Training for all shareholders to include identification and assessment; services, planning, and coordination.

ADDENDUM A

Existing and Planned Activities for the Law Enforcement, Prosecution, and Courts Section

The City of Austin has a wide range of services, programs, collaborative efforts, and community partnerships that address identified priority areas. The majority of City services are described on the city's website: www.austintexas.gov. For information regarding specific APD programming, please contact the APD Research & Planning Division at (512) 974-5033.

The City of Austin adopted a Permanent Supportive Housing Strategy in September 2010, committed to the construction and operation of 350 permanent supportive housing units over the next four years. Included in the target population are households that met the HUD definition but have been in an institution for over 90 days, including jail, prison, substance abuse facility, mental health treatment facility hospital or other similar facility. Information can be found at http://www.ci.austin.tx.us/housing/downloads/csh_final_austin_psh_strategy_092810.pdf

Travis County also offers a wide range of programs and services, described on their website www.co.travis.tx.us. Travis County specialty courts that address target populations include

- Travis County Drug Court (started in FY2007),
- Travis County Adult Probation DWI Court (started in FY2008),
- Travis County Mental Health Dockets in both misdemeanor and felony courts (started in FY2008),
- Travis County Mental Health Public Defenders Office (started in 2007), and
- Travis County Veterans Court (started in FY2010).

In October 2011, Travis County received notice of award for the Justice Reinvestment Initiative (JRI) grant through the Bureau of Justice Assistance. Travis County Criminal Justice Planning submitted an application to become a JRI Phase II site and receive technical assistance and grant funding. This application requested seed money to pay for support services for one year for up to 50 chronically homeless, mentally ill, frequent users of the jail targeted for permanent supportive housing in Travis County. Travis County and community stakeholders will be working with the Center for Effective Public Policy to develop and implement the JRI Phase II strategy.

Existing and Planned Activities for the Victim Section

- Three Travis County agencies, LifeWorks (as the lead agency), SafePlace and Communities In Schools – Central Texas have partnered to provide increased access to psychiatric care for youth and their families. The Shared Psychiatric Services project is designed to remove barriers to engage families in psychiatric services. It provides short-term (up to five months) services, including sessions with a psychiatrist, medication and linkages to health care benefits and providers that clients can utilize long-term.
- There is collaboration between the Seton Topfer Community Clinic and LifeWorks, which provides counseling services for crime victims. Crime victims seen at the clinic for medical services are directly referred to LifeWorks counseling staff located in the same

building. There is a common waiting area, which helps to facilitate these transitions. Victims can be seen for mental health problems the same day as their medical appointment.

- The Center for Child Protection provides forensic interviews for child abuse victims, which also qualifies them and protective family members to receive numerous other services as needed, such as case management, therapy, psychiatric services and help navigating the criminal justice system.
- The Counseling Services program at SafePlace provides free therapeutic counseling services specifically designed and designated for adult and youth domestic and sexual violence victims. Services provided include: individual, group, phone and family counseling; play therapy; talk therapy; parental education; trauma symptom management; assessment and referral for psychiatric services; safety planning; and crisis intervention. In addition to the support groups offered at SafePlace, groups are also provided at entities such as Austin Recovery (for trauma survivors with chemical dependency issues) and the Travis County Correctional Complex (for incarcerated survivors of domestic/sexual violence).
- The Christi Center helps victims of crime who have lost loved ones by providing referrals and connection with other organizations, helping them understand the criminal justice system and process, providing support throughout the process, court accompaniment and crime victim's rights training.
- Austin Child Guidance Center treats children up to the age of 17 for a variety of mental health issues, including trauma, violence and family issues. Services are customized to the needs of the family. Some of the services provided are individual, family and group therapy, psychological assessments and psychiatric services.
- Austin/Travis County Integral Care (ATCIC), the main provider in Travis County of mental health services, provides community-based behavioral health and developmental disabilities services. Clients include victims and witnesses of crimes such as sexual, physical and emotional abuse, and family violence. Individuals receiving services at ATCIC are often in dire need of care and have a single or combined diagnosis of developmental disabilities, persistent mental illnesses, and chemical dependency. ATCIC programs include
 - The Outpatient Therapy Program, which provides professional therapy to children at the earliest age possible in order to break the cycle of abusive family dynamics and provide support for children and families who have experienced trauma.
 - Psychiatric Emergency Services (PES) is a walk-in psychiatric emergency service clinic that is open 24/7 and staffed by licensed clinicians, psychiatrists, nurses, and qualified mental health professionals. PES provides psychiatric assessment, crisis intervention, linkage with resources, and physician services to children/youth and adults experiencing psychiatric distress. PES staff works closely with other ATCIC programs, local emergency rooms, and the Crisis Intervention Teams (CIT) of the Austin Police Department and Travis County Sheriff's Department.
 - Austin State Hospital (ASH) provides psychiatric care with three main services – Adult Psychiatric Services, Specialty Adult Services, and Child and Adolescent Psychiatric Services. Clinical specialties provide assessment, evaluation, and

treatment, including psychiatry, nursing, social work, psychology, education/rehabilitation services, nutrition, and spiritual care.

- Seton Shoal Creek Hospital's Adult Mental Health Inpatient Program provides diagnostic and treatment services for individuals who are in acute crisis due to mental illness, emotional distress, or destructive behavior patterns, or for those experiencing problems coping with daily life. The program is designed to stabilize patients who require a more controlled environment for healing and growth, and facilitates a return to daily routines.
- The Austin Police Department (APD) and Travis County Sheriff's Department (TCSO) Victims Services units both provide services to individuals affected by crime and crisis circumstances. They work to reduce the impact of trauma and enhance the ability of individuals to rebuild their lives. Individuals receive services including assistance with their constitutional and/or statutory rights, establishing and/or maintaining personal safety, assistance with Crime Victim's Compensation applications, referrals to agencies, educational and emotional support throughout the criminal justice process, and ensuring continuity of services between agencies. Both agencies also have a Community or Crisis Response Team that provides therapeutic response to the needs of the community after a critical incident or a crime that involves multiple victims or survivors.
- SafePlace is the primary non-profit service provider in Austin/Travis County that provides emergency shelter, 24-hour crisis hotline, transitional housing and other supportive services specifically designed and designated for youth and adult victims of domestic/sexual violence. The agency provided direct and prevention services to more than 40,000 people in 2010.
- LifeWorks provides an emergency shelter for youth victims of crime ages 10-17, for up to 30 days.
- Transition for youth to longer-term shelter is provided through LifeWorks' Transitional Living and Supportive Housing programs.
- Austin Academy provides services and referrals to victims of crime including child care, housing and emergency financial needs. They also provide job readiness training, computer literacy and career development specialist services for crime victims.
- Through a partnership with Goodwill Industries of Central Texas, a full-time Employment Placement Specialist provides job readiness, placement and retention services for clients of SafePlace's transitional housing program. Goodwill recently received funding that will enable it to expand these services to other SafePlace clients.
- Ending Community Homelessness Coalition (ECHO, Inc.) and other homeless service providers work to increase community awareness/education about the intersections of crime and homelessness.
- There are several hotlines for victims providing counseling, legal and/or referral services, including SafePlace's 24-hour crisis hotline for domestic/sexual violence victims (note that this hotline also provides services to victims of trafficking).
- Texas Rio Grande Legal Aid (TRLA) has a Legal Empowerment for Survivors of Abuse (LESA) program. It offers access to the protections of the civil legal system for low-income victims of domestic violence and sexual assault who reside in Travis County and the 67 other counties served by TRLA. They also partner with SafePlace to provide legal services to victims arriving at SafePlace's shelter.

- For victims of property crimes by juveniles, there is a victim/offender mediation program, The Pot of Gold, operated by Travis County Juvenile Probation. It is based on the Balanced and Restorative Justice Model, which addresses the issues of the victim, offender and the community. The juvenile offender performs community service restitution and is compensated at \$5 an hour. The money earned (up to \$250) goes toward paying the victim.

Existing and Planned Activities for the Juvenile Justice Section

The Austin Police Department/Austin Independent School District Police Department Joint Juvenile Gang Intervention Unit implements a significant number of prevention, early intervention, and intervention programs within the school district. Anti-gang strategies and programs include case management services, apprenticeships for gang-involved adjudicated youth, Gang Resistance Education and Training (for youth and families), and a wide range of social services aimed at reducing juvenile crime, improving school campus and public safety, and increasing opportunities for success for youth at high risk for entering the criminal justice system. Additional information on these programs is included on the City of Austin website at www.austintexas.gov.

Travis County Juvenile Probation Department's residential program has collaborated with several community agencies to increase opportunities for youth to learn skills that can improve their socio-economic status and provide them with options utilizing their natural aptitudes.

- Skillpoint Alliance Gateway Programs developed a vocational skill training program that combines current curriculums offered on ACC campuses and a school credit recovery program.
- GED Program with local ACC campuses – preparatory services for youth aged 16 years and older.
- Jog Readiness Workshops – provides students with vocational planning; 21st Century Skills and Workplace readiness that creates a portfolio with documents for employment, resume writing, and experiences in the world of work.
- Food Handler Certification – training for workers who serve food in restaurants.
- Photography – teaches youth how to use digital cameras and how to view the world's simplest elements.
- Austin Classical Guitar Association - provides musical education, instruction and performance opportunities.
- Mobile Film School – host filmmaking workshops
- Save Our Youth – writing workshops for students who like to write stories.
- Theater Action Project – Develops social support, interpersonal communication and self efficacy skills.
- Youth Empowerment Seminars – brings Motivational Speakers to the community to visit youth at schools.
- Art of Living Foundation – Learning to live and develop a students highest potential for themselves.
- Rhythm and Poetry – students learn practical skills in how to make good decisions while learning to play music.
- Youth Resilience Workshop – Helps students identify their strengths and how to make better decisions for their future.

Existing and Planned Activities for the Education Section

The Austin Independent School District offers programming to address each of the priority areas. Please visit the AISD website for additional information: www.austinisd.org.

ADDENDUM B

Additional Supporting Data for the Law Enforcement, Prosecution, and Courts Section

Individuals with mental illnesses become involved in the criminal justice system due to the fact that they are disproportionately likely to come into contact with law enforcement officers. Individuals with mental illnesses often behave publicly in ways that are symptomatic of an untreated mental illness or substance use disorder (for example, public disturbance, public intoxication, or other “nuisance” offenses). Individuals with mental illnesses are at an increased risk of developing a substance use disorder over the course of their lifetimes (Regier et al., Comorbidity of mental disorders with alcohol and other drug abuse, 1990; Narrow et al., Revised prevalence estimates of mental disorders in the United States, 2002) and arrests for drug offenses have skyrocketed since the early 1980’s. Finally, nearly a third of people who experience homelessness have serious mental illnesses, and their homelessness makes them highly visible to law enforcement officers. (New Freedom Commission on Mental Health, Subcommittee on Housing and Homelessness, 2004)

- A national study from 2002 through 2004 estimated that 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates suffer from a mental illness (James & Glaze. (2006). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice’s Bureau of Justice Statistics Special Report)
- Of these individuals incarcerated with mental illness, 70% are serving time for nonviolent offenses (People with Serious Mental Illnesses in the Criminal Justice System. (2002). Fact Sheets for Advocates. Bazelon Center for Mental Health Law)
- A 2004 national study showed that only 1 in 3 state prisoners, 1 in 4 federal prisoners, and 1 in 6 jail inmates who had a mental health problem had received treatment since admission (James & Glaze. (2006). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice’s Bureau of Justice Statistics Special Report)

Due in a large part to legislative policy shifts and budget cuts, our jails and prisons and the juvenile justice system have become the primary mental health care facilities in the United States today. This is a function these facilities are neither designed nor equipped to handle. “There are three times as many mentally ill individuals are in U.S. prisons than are in U.S. mental wards.” (“Prisons No Place for the Mentally Ill,” *San Diego Union-Tribune*, Feb. 13, 2004)

According to data presented in “Improving Outcomes for People with Mental Illnesses Under Community Corrections Supervision: A Guide to research-Informed Policy and Practice (Seth

Jacob Prins and Laura Draper, Council of State Governments Justice Center, 2009), the following is shown to be issues facing community corrections and law enforcement in the United States

- People with mental illnesses (most having co-occurring substance use disorders and face significant clinical, legal, and socioeconomic challenges) are overrepresented among probation and parole populations.
- These individuals are twice as likely as people without mental illnesses to have their community supervision or parole revoked.
- The best predictors of probation or parole revocation for people with mental illnesses are similar to predictors of revocation for people without mental illnesses (for example, criminal history, substance use, problematic circumstances at home), but people with mental illnesses have more of these risk factors. In addition, people with mental illnesses face unique risk factors related to their clinical conditions (for example, some may have functional impairments).
- Traditional community corrections agencies have limited resources to effectively respond to people with mental illnesses as a result of large caseload size and the time-consuming needs of this population. Certain traditional officer strategies, such as threats of incarceration and other negative pressures to enforce compliance, may be related to higher rates of probation and parole revocation for this population.

Two thirds of prisoners nationwide with a mental illness were off treatment at the time of their arrest, according to a new study by Harvard researchers that suggests under-treatment of mental illness contributes to crime and incarceration (American Journal of Public Health, January, 2009). The study went on to say that only one in three were taking medications for their illness at the time of their arrest. That number jumped to nearly two-thirds during incarceration. It should also be noted that in a 1999 Bureau of Justice Statistics (BJS) report, researchers found that an estimated 16% of people under probation supervision were “mentally ill” based on self-report from a national survey and an estimated 16% of jail inmates reported either a “mental condition” or an overnight stay in a mental hospital during their lifetime. It should also be noted that

- In 2006, BJS reported that 64% of jail inmates had a recent mental health problem.
- Prevalence estimates of serious mental illnesses in jails range from 7% to 16%, or rates four times higher for men and eight times higher for women than rates found in the general population (Mentally Ill Offender Treatment and Crime Reduction Act Fact Sheet).
- The Justice Center, in partnership with Policy Research Associates, conducted a five-site study, with initial funding from the National Institute of Justice, to develop a screening instrument for mental illness and with additional support from the National Institute of Corrections to generate the study findings. Key findings include
 - Fourteen percent of men and 31% of women entering the jails studied were found to have serious mental illnesses. These rates are three to six times higher than those found in the general population.
 - The gender difference is particularly important given the rising number of women in U.S. jails.

- If applied to the 13 million jail admissions reported in 2007, the findings suggest that more than 2 million bookings of a person with a serious mental illness may occur annually.
- This study represents the most reliable estimates in the last 20 years of the rates of serious mental illnesses among adults entering jails.
- Victims with multiple or very complex issues (serious mental illness, substance abuse) during the 2011 Homeless Count in January 2,357 people were identified as homeless. Of those 21% were identified with severe mental illness, and 33% were identified with chronic substance abuse issues.
- Lengthy waiting lists exist for non-residential services (case management).
- Least amount of resources is made available to specialty courts serving mentally ill.
- Clients in specialty courts have multiple and serious needs.
 - 62.8% of defendants on the Mental Health Docket are identified with co-occurring disorders (and this number is likely lower than reality due to reporting challenges).
 - 25.2 % of the active drug court participants are also diagnosed with mental health issues.
 - In a recent study of the Downtown Austin Community Court, 245 offenders were identified as “frequent offenders” with 25 plus cases during the life of the court. Of those, 77% screened have been identified with serious mental illness.
 - Clients receiving court-appointed attorneys reflect the following: 10% of the total court appointments are for indigent mental health cases in Travis County misdemeanor courts and 16% in the felony courts.
- Veterans with PTSD turn to alcohol and drugs when services for PTSD are not available.
 - Clients are reluctant to seek help (veterans)
 - Clients have lack of knowledge about available services (veterans)
- Lack of mental health services for drug court clients.
- Lack of in and outpatient treatment options locally.
- TDCJ –TCOOMMI no longer provides mental health planning services for persons leaving the State Jail (effective 2009).

In a study published in 2003, researchers interviewed 627 adults under probation supervision in Illinois, and using diagnostic criteria for substance use and dependence disorders from the Diagnostic and Statistical Manual of Mental Disorders-III-R, found that 55% of individuals with one or more current “psychiatric disorders” were dependent on one or more substances, compared with 37% of people without any “psychiatric disorders. (Lurigio et al., Standardized assessment of substance-related, other psychiatric, and comorbid disorders among probationers, 2003)

There is growing anxiety about how to house the large number of ex-offenders being released from state and federal prison each year, over 600,000 annually. Many offenders experience rejection from families and friends, refusal by private landlords and intensive screening (and eviction) from public housing. As a result, the burden of housing ex-offenders increasingly falls upon the shoulders of communities, nonprofit organizations, community corrections, law enforcement and the courts.

- The number of people released from prison has increased 350% over the last 20 years. (James P. Lynch and William J. Sabol, *Prisoner Reentry in Perspective*, Washington, DC: The Urban Institute, September 2001)
- During the same time period, the number of people who are homeless has swelled dramatically, to the current level of up to 850,000 people on any given day. (Martha R. Burt et al., *Homelessness: Programs and the People They Serve: Findings From the National Survey of Homeless Assistance Providers and Clients*, U.S. Department of Housing and Urban Development (Washington, DC: 1999), cited in Stephen Métraux and Dennis P. Culhane, “Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk,” *Criminology & Public Policy* 3, no. 2 (2004): 201–222)
- Most released individuals return to major metropolitan areas in Texas, as well as across the country, often to a few neighborhoods within central cities.

Inmates released from Travis County Jail and those discharged from the institutional division of TDCJ typically lack necessary skills and/or resources for successful reintegration. Training, specialized programs, staff, and equipment are necessary to supplement Travis County’s existing resources to address the growing recidivism rate. A reentry program specific to individuals released into Travis County should assist with the following needs: Personal records (Social Security cards, birth certificates, driver license, credit reports, and citizenship records), GED certification, employment, housing, medical, social development, community responsibility, and counseling programs (anger management, drug and alcohol education, mental health assessments, substance abuse disorders).

- TDCJ total prisoners incarcerated (TDCJ website, data dated 8/31/2010) – 154,795
 - Male - 142,770, Female – 12,025
 - African American – 56,058, White – 48,026, Hispanic – 49,936, Other – 775
 - Average age - 37.4
 - Average IQ – 90.58
 - Average educational achievement – 8.05
 - Violent offense – 79,251, Drug offense – 27,602, Property Crime – 25,671
 - TDCJ Inmates claiming Travis County residence – 5,177
 - Total inmates received by TDCJ from Travis County in 2010 – 2,805
 - Total inmates released by TDCJ from Travis County in 2010 – 2,666
- TDCJ 2010 releases – 71,063
- TDCJ 2010 Placed on parole supervision from prison – 32,721
 - Difficult for persons with a criminal history to get free market housing due to restriction for lease qualification
 - Lack of housing options and resources (funding) is a barrier for specialty courts reducing their ability to divert mentally ill offenders from jail or criminal justice outcomes
 - Need for housing that will serve persons with severe persistent mental illness that includes on-site services
 - Homelessness frequent user as a driver of the jail population from the Urban Institute study in 2009
 - Need for permanent supportive housing to serve frequent users of the jail (From the CSH TX Reentry initiative findings)
 - Sex offender housing in particular extremely difficult issue

- Housing authority restrictions
- Lack of affordable housing to begin within our community

There are numerous barriers to offenders finding housing upon release from jail/prison. Reported barriers include

- Many private landlords do not rent to ex-offenders,
- The nature of the offense (either sex offense or possession/sale offense) can be a barrier,
- Substance abuse issues, to include recidivism, will limit ability to sustain housing,
- Mental health issues can impair housing retention,
- Transportation is not available in many parts of the county, and
- The stigma of being an ex-offender keeps many from housing.

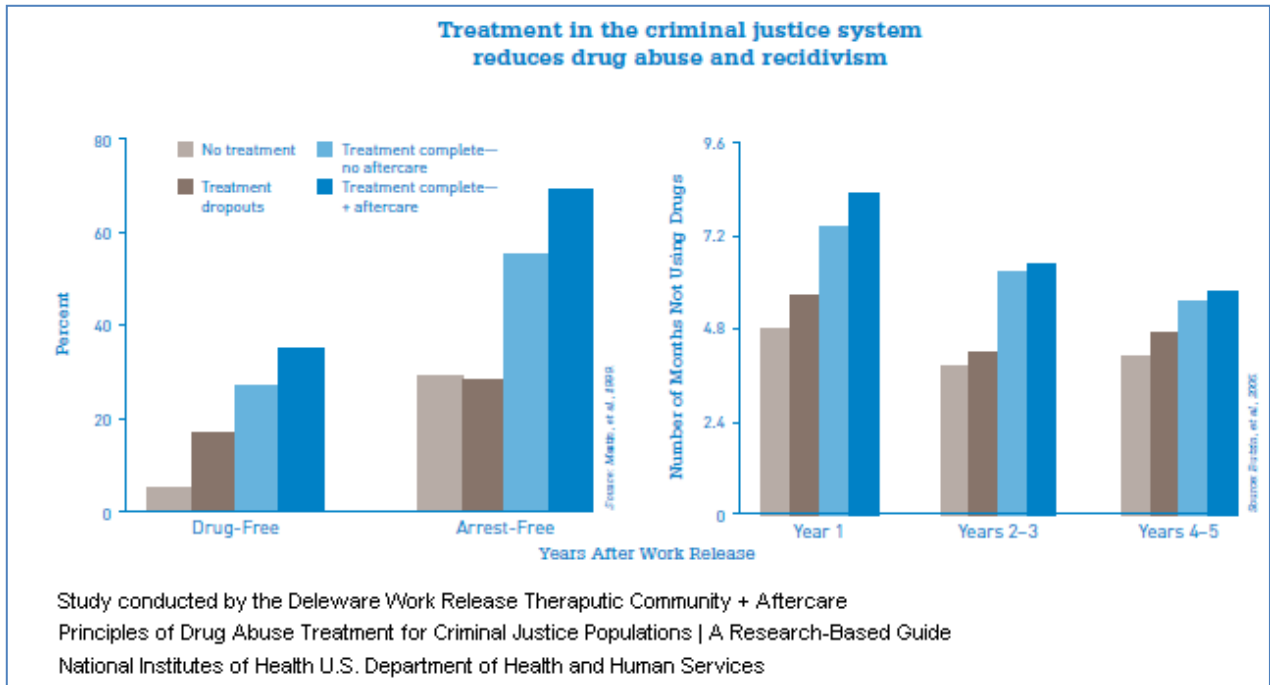
Women face unique barriers in securing safe and affordable housing when they return home from prison or jails (Austin, Bloom, and Donahue 1992; Dodge and Pogrebin 2001; Mumola 2000; Ritchie 2000). Women may have special service needs and often must find a home not only for themselves, but also for their children.

A Bureau of Justice Statistics study found that incarcerated women are in worse economic circumstances than either incarcerated men or other economically disadvantaged women. The study showed that few women are employed in the month before arrest; few have high school diplomas; most women in state prisons report a drug or alcohol addiction; and one in five were homeless during the year prior to their arrest. (Mumola, C. (2000). *Incarcerated Parents and their Children*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics)

The 2009 Annual Report of the Office of Substance Abuse Treatment Services (OSATS), formerly the Division of Addiction and Recovery Services, stated

- The return to custody rate after one year for offenders completing both in-prison and community-based treatment in FY 2005-06 was 21.9%, compared to 39.9% for all offenders.
- The return to custody rate after two years for offenders completing both in-prison and community-based treatment in FY 2005-06 was 35.3%, compared to 54.2% for all offenders.
- For male offenders, the return-to-custody rate after one year for those who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 25.4%, compared to 41.2% of all male offenders.
- The return-to-prison rate after two years for male offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 40.4%, compared to 55.6% of all male offenders.
- After one year, only 8.8% of female offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 were returned to custody, compared to 30.1% of all female offenders.
- The return-to-prison rate after two years for female offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 16.5%, compared to 43.7% of all female offenders.

A study conducted by the State of Delaware produced the following data on treatment and recidivism



In a Florida Department of Corrections study (*Analysis of the Impact of Inmate Programs upon Recidivism*, January 2001, Michael W. Moore, Secretary), the following was found

- Inmates who complete substance abuse programs are 6.2% less likely to recidivate than those who do not complete a program.
- Inmates with precursor offenses (those which indicate a history of criminal behavior related to substance abuse/dependence) who complete a substance abuse program are 13.2% less likely to recidivate than those with precursor offenses who do not complete a substance abuse program.
- Substance abuse impacts are found even among offender groups that normally have higher recidivism.

National studies have shown that estimates of lifetime drug users among the nation's incarcerated population range from 80 to 87% (Lisa Riechers, Criminal Justice Policy Council, "An Overview of Drug Treatment Programs in Prison", Austin, Texas, February 1991, p. 1). Drug-related crimes have led to Texas becoming one of the most dangerous states in which to live. In fact, Fort Worth, Dallas, San Antonio, Austin, Houston, and El Paso are among the 14 most crime-ridden cities in the United States (Senator Ted Lyon, Representative Jim Parker, et.al., "Texas Task Force on State and Local Drug Control", Austin, Texas, January 1991, p. 14). During the last decade, the number of inmates in the nation's prisons has doubled. Over 80% of the inmates were recidivists and about 75% previously used drugs (Wexler, "Drug Treatment in the Criminal Justice System, " p. 6).

Treatment works to reduce crime, drug abuse, and recidivism. Sustained reductions in recidivism can be achieved up to six years after treatment. With appropriate drug abuse treatment more than

75% of offenders with chronic substance abuse histories can reenter the community and lead socially acceptable life styles (Wexler, "Drug Treatment in the Criminal Justice System," p. 1). The Treatment Outcome Prospective Study (TOPS), a longitudinal study of 10,000 individuals admitted to drug treatment in ten cities across the country, was published in 1989. TOPS findings showed that the costs of drug treatment (outpatient and residential) are substantially recovered during the time a client is in treatment. The TOPS study concludes that every \$1 invested in residential treatment for TOPS subjects saved an additional \$2.10 in reduced law enforcement, incarceration and social welfare costs within the first year after treatment. (Hubbard RL, Rachal JV, Craddock SG, Cavanaugh ER., Treatment Outcome Prospective Study (TOPS): client characteristics and behaviors before, during, and after treatment, NIDA Res Monogram, 1984;51:42-68)

The need for information sharing between government agencies continues to be a high priority in post-9/11 society in the United States. Historically information sharing between law enforcement agencies has occurred in a very limited manner: ordinarily, only by person to person or case by case basis. In our current age of high mobility and increasing availability of technology, criminals are able to take advantage of the fact that limited information sharing between law enforcement jurisdictions reduces the likelihood of getting caught.

The area of community corrections, information between corrections agencies, treatment providers and social service agencies has suffered that same lack of trust and coordination. Agencies working with offenders have come to realize that treatment effectiveness is enhanced when all players are on the same page, in other words, their efforts are coordinated towards a common goal rather than working independently of one another - in unity there is strength.

Success in managing threat, risk, need and treatment improves as we move from a "need to know" mentality to a "responsibility to provide" mentality.

Working collaboratively with all stakeholders in the planning and implementation of systemic change in community corrections can result in a more coherent continuum of care; one that uses evidence-based principles to reduce recidivism. By collaborating with each other, governmental agencies and community-based providers can jointly provide a comprehensive and integrated array of services that could not be provided by a single agency.

Additional Supporting Data for the Victims Section

In FY 2010, the Texas Department of Family and Protective Services' (DFPS) Adult Protective Service program validated 56,053 in-home cases of abuse, neglect or exploitation against adults with disabilities or older adults in Texas. This information can be found at http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/default.asp

Studies show that domestic/sexual violence in adulthood and childhood has long-term harmful effects on the mental health of victims, even after they escape the abuse. Abused women experience 50% -70% more health problems as compared to non-abused women. Among the conditions experienced by abuse victims are depression, anxiety disorders and post-traumatic stress disorder. (*Intimate Partner Violence and Physical Health consequences. Campbell, et.al. Internal Medicine, 2002:162:1157-1163.*) Research indicates that counseling is beneficial for domestic and sexual violence victims. (*Westbury, E. & Tutty, L.M. (1999) The efficacy of group treatment for survivors of childhood abuse. Child Abuse and Neglect, 23, 1, 31-44.*) Research

indicates that therapeutic interventions help children recover from trauma and avoid victimization and/or perpetration of violence. Professional therapy to children at the earliest age possible facilitates improvement in healthy family functioning and breaks the cycle of abusive family dynamics. (*ATCICF Child and Family Services.*)

Victims of domestic and sexual violence require a specialized form of mental health and support services because these victims often present symptoms of mental illness, but in fact may be acute trauma. These victims are often discounted and their experiences minimized because of their inability to function in a system that requires optimal awareness and critical thinking skills while they are in crisis. When the effects of abuse are not addressed, harmful consequences can include but are not limited to continued mental health issues, future victimization and/or perpetration of violence. (*Schechter, S. "Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children need from Their Advocates. December, 2000".*)

National research shows the link between domestic/sexual violence and homelessness. Studies indicate that 92% of homeless women have experienced severe physical or sexual abuse, 60% of homeless women and children have been abused by age 12, and 63% have been victims of intimate partner violence as adults (2).

Domestic violence is a leading cause of homelessness for women and children in the United States. Many victims leave their homes to escape violence and do not have the resources to support housing or other basic needs alone. Others are evicted from housing due to their batterer's disruptive and often criminal behavior, or have substandard credit and rental histories due to tactics of financial abuse by the batterers. Victims are often also barred from housing due to the risk their abusers pose. (*The National Network to End Domestic Violence, Housing Project.*)

In 2005, 50% of U.S. cities surveyed reported that domestic violence is a primary cause of homelessness. (United States Conference of Mayors, (*Hunger and Homelessness Survey 64* December 2005) Victim services units of law enforcement reports there is a continuous lack of safe shelter space for victims. There is a particular need for more alternative housing options for male and sexually assaulted victims. SafePlace provides shelter services to female and male victims of domestic and sexual violence.

Crisis response time is key for victims of a violent crime to have their immediate emotional, medical and safety needs met, and interrupt the cycle of violence. Crisis response and short-term services help to stabilize a victim and provide critical support. When victimized children and their protective caregivers receive the support they need, the entire community benefits from the increased health and well-being of its members. (*Center for Child Protection TCCVF 2012 Application.*) If victims of domestic violence have children with their abuser, it is highly likely that there will be future contact between them. In order to prevent future violence it is essential

2 Browne, A. & Bassuk, S., "Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample," *American Journal of Orthopsychiatry*, 67(2) 261-278, April 1997; Browne, A., "Responding to the Needs of Low Income and Homeless Women Who are Survivors of Family Violence," *Journal of the American Medical Association*, 53(2), 57-64. Spring 1998.

that the contact include supervised visitation of children, drug and alcohol treatment, battering intervention programs and counseling. (*Texas RioGrande Legal Aid, TCCVF 2012 Application.*)

For victims of non-violent, property crimes, short-term services provide an outlet for addressing the crime committed. They also provide an opportunity to define the harm done to them, which greatly increases their chances for recovery from the trauma of the crime. (*Travis County Juvenile Probation Department TCCVF 2012 Application.*)

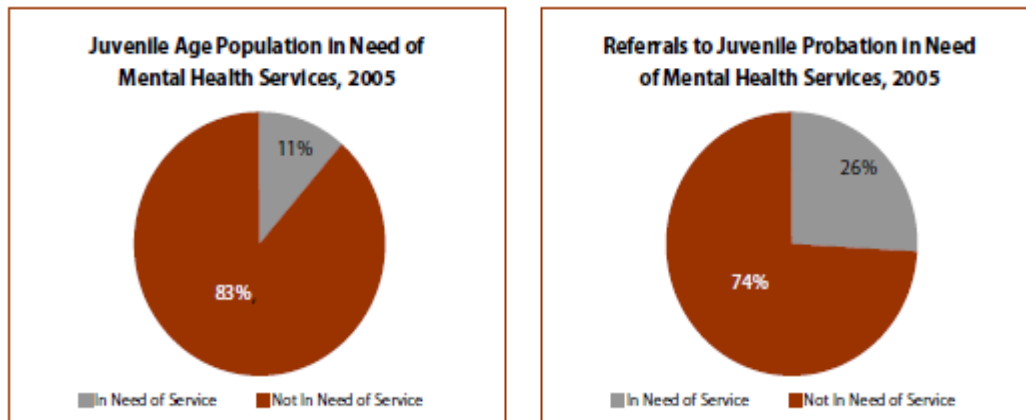
Additional Supporting Data for the Juvenile Justice Section

There are increasing numbers of juveniles with mental health and substance abuse problems entering the justice system. These mental health problems and substance abuse issues often play an active role in the initial delinquent behavior and, if left untreated, increase the risk of recidivism. This growing group of juveniles with involvement in the justice system and mental health problems are a specialized population with different contributing factors to justice system involvement when compared to youth without mental health issues. Because of this, traditional justice system interventions are often less effective in reducing recidivism. This group often requires more specialized mental health services. The stress of incarceration and moving through the legal system is likely to exacerbate their psychiatric symptoms. Once these juveniles enter the institutional stage of the justice system, they have a constitutional right to treatment, placing a significant obligation on the justice system.

State Statistics

- Texas ranks 49th in the nation in per client spending on services for mental health care, spending only \$38.46 per client. This is 44% of the national average. (Mental Health Association in Texas, 2005)
- Texas ranks 34th in overall child well-being. (2010 KIDS COUNT Data Book)
- Texas has the highest rate of children without health insurance in the nation (21%), and the rate is even higher for older children and teens (23%) (2010 KIDS COUNT Data Book)
- 41% of felony offender youth committed to TYC in 2006 were identified to have mental health needs; 42% of misdemeanor offenders committed to TYC in 2006 were identified to have mental health needs. (Texas Juvenile Probation: Today and Tomorrow. TJPC July 2008)
- Juvenile arrests for violent offenses increased 9%, from 21,100 in 2000 to 22,921 in 2007
- Drug arrests increased 12%, from 8,996 in 2000 to 10,087 in 2007
- Violent offenses, as a proportion of total offenses increased between 2000 and 2007. In 2000, violent offenses accounted for 15% of total juvenile arrests compared to 17% in 2007.
- Drug offenses as a proportion of total offenses also increased accounting for 6% of total arrests in 2000 compared to 7% in 2007.
- The percentage of mental illness increases as juveniles penetrate the system, resulting in over 50% of youth committed to TYC having a diagnosable mental illness.
- Seventeen percent of juveniles referred and/or supervised by a juvenile probation department in 2005 received a service from child protective services in that same year.

- Seven percent of juveniles referred and/or supervised in 2005 received a state funded behavioral health service in that same year.



(
A Report by the Texas Juvenile Probation Commission and Juvenile Justice Practitioners, July 2008)

A state of Texas report entitled Profile of Youth Offenders in Texas – Texas Youth Commission (FY2008) indicated that of youthful offenders in TYC were 36% more likely to be chemically dependent; 32% had serious mental issues; and 10% had family members with mental impairments.

National Statistics

- According to the Northwestern Juvenile Project, the most methodologically sound study of its kind, 60.9% of males and 70% of females detained in a juvenile detention facility met criteria for at least one psychiatric disorder (with Conduct Disorder excluded). Comorbidity (either the presence of one or more diagnosis/disorders/diseases in addition to a primary disease or disorder, or the effect of such additional disorders or diseases) was extremely common, with 45.9% of males and 56.5% of females meeting criteria for two or more psychiatric disorders, (Teplin, et al., 2006).
- Over one in five children has a diagnosable mental health disorder, with some major mental illnesses having an onset as early as 7-11 years of age. (New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America: Final report*. DHHS Publication No. SMA-03-3832)
- Almost 21% of U.S. children ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment. (Ibid.)
- Mental health disorders can be found disproportionately in children/adolescents involved with child welfare or the juvenile justice system. Putnam reports that “approximately 30% - 40% of the children in out-of-home care have a serious emotional disorder and as many as 75% - 80% of the population in out-of-home care need mental health services.” (Skowrya, K & Cocozza, J. (2006). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the*

juvenile justice system. Delmanr, NY: The National Center for Mental Health and Juvenile Justice (NCMHJJ) and Policy Research Associates, Inc.)

- Access to the appropriate mental health care is a significant issue. Most of the children and youth with mental health disorders (75-80%) do not receive services. Whether insured or not, over 75% of children who could benefit are considered to have unmet mental health needs (Kataoka, S., Zhang, L, & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159:1548-1555).
- Almost 90% of those with a lifetime co-occurring disorder had at least one mental disorder prior to the onset of a substance abuse disorder (Kessler, R., Beglund, P., Demler, O., Jin, R., & Walters, E. (2005). Lifetime prevalence and the age-of-onset distribution of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602)
- Generally, the mental disorder occurred in early adolescence (median age 11), followed by the substance abuse disorder 5 to 10 years later (median age 21). (Ibid.)
- The time between the onset of a mental disorder and a subsequent substance abuse disorder represents an important “*window of opportunity*” in which a co-occurring disorder may be prevented (Ibid.)

Early identification of this population via family and school referrals is essential to avoid involvement in the juvenile justice system. Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health system. The prevalence of mental disorders among youth in the general population is estimated to be about 22%; the prevalence rate for youth in the juvenile justice system is as high as 60% (Otto, R., Greenstein, J., Johnson, M., & Friedman, R. (1992), *Prevalence of mental disorders among youth in the juvenile justice system*. In J. Coccozza (Ed.), *Responding to the mental health needs of youth in the juvenile justice system*. The National Coalition for the Mentally Ill in the Criminal Justice System: Seattle, WA. (pp. 7-48)).

Adolescents with emotional and behavioral problems are nearly four times more likely to be dependent on alcohol or illicit substances than are other adolescents, and the severity of a youth's problems increases the likelihood of drug use and dependence. Among adolescents with co-occurring disorders, conduct disorder and depression are the two most frequently reported disorders that co-occur with substance abuse. (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (1999). *The Relationship Between Mental Health and Substance Abuse Among Adolescent*, *Office of Applied Studies*)

According to the Northwestern Juvenile Project, the most methodologically sound study of its kind, 60.9% of males and 70% of females detained in a juvenile detention facility met criteria for at least one psychiatric disorder (with Conduct Disorder excluded). Comorbidity (either the presence of one or more diagnosis/disorders/diseases in addition to a primary disease or disorder, or the effect of such additional disorders or diseases) was extremely common, with 45.9% of males and 56.5% of females meeting criteria for two or more psychiatric disorders. (Teplin, et al., 2006)

Research has shown that long-term incarceration is not effective and causes more trauma to youth. The need for comprehensive assessments for mental health, substance abuse, cognitive deficits, trauma history and other identifying risks is imperative to address the underlying issues of juveniles and meet the needs of the child and family by providing quality evidenced based services. Ongoing communication is important to address the specific needs of bilingual youth and families through therapeutic bilingual services for mental health/substance abuse. In addition, kids aging out of the system and those youth who have failed to meet their educational goals need more comprehensive vocational training to prepare them for a successful future without criminal involvement. The “zero tolerance” policies have created an environment in which youth with mental health and trauma issues are impeded by their inability to succeed in meeting the schools expectations and often are referred to juvenile probation for behavior problems. Repeated suspensions and expulsions predict poor academic outcomes and a greater chance of the child not graduating, repeating a grade or dropping out of school. Fostering the creation of “protective factors” would help the family to increase parental resiliency, increase their social connections and increase the parent’s knowledge of parenting and child development.

During the last decade we have experienced an average of 18,000 school age children and youth being arrested each year in Austin and Travis County. During calendar 2010, DPS reports a total of 20,400 school age youth being taken into custody by city and county law enforcement (Council on At-Risk Youth, Arrests for School Age Youth for Index and Non-Index Crimes in Travis County-2001-2010, 2011). Most importantly, the 20,400 arrests for school age youth represented 30% of all arrests for Travis County for 2010. It should be noted that the definition of “school age” youth includes individuals older than 17 years old, the maximum age to be considered a juvenile for crime purposes in Texas.

The majority of all society’s public offenders exhibit their aggressive, abusive and anti-social behaviors long before their first arrest and involvement with juvenile and/or criminal justice authorities. These characteristics and behaviors become readily evident in public school in the elementary, middle school and high school years.

Involvement in the criminal justice system is described as a continuum that leads from school based youthful misbehavior to involvement in the juvenile justice system and ultimately the adult penal system. (Deborah Lightsey, Texas Appleseed, Texas School-to-Prison Pipeline: Dropout to Incarceration, 2007) A recent study by Council of State Governments found in a 6-year review of school disciplinary and juvenile justice data for nearly 1,000,000 students, that involvement in the school disciplinary system was a very strong predictor for involvement in the juvenile justice system. (Council of State Governments, Breaking Schools’ Rules, 2011.) Another study of predictive variables for future law violations found that a single school disciplinary referral emerged as the single strongest predictor. “The greater the number of school disciplinary incidents, the higher the probability of subsequent referral.” (Dottie Carmichael, Texas A&M University, Public Policy Research Institute, Study of Minority Over-Representation in the Texas Juvenile Justice System, 2006) Additional research shows that early school behavioral actions by are strong predictors for later criminal justice involvement. Criminologists James Allen Fox and Delbert Elliot stated in a 2003 report on bully prevention that “60% of middle school youth who are bullies can be expected to have at least one criminal court adjudication by age 24; 40% of that same group can be expected to have three criminal court convictions by age 24”. Clearly, Students who are aggressive, abusive and intimidating toward others in the school hallways and

playgrounds will have future involvement with juvenile and criminal justice. (James Allen Fox and Delbert Elliot, Fight Crime: Invest in Kids, Bully prevention is Crime Prevention, 2003)

In the absence of a well-established delinquency prevention and intervention infrastructure, the Travis County juvenile justice system has become the fall back referral agency for delinquent and criminal activity. We know that it is essential to begin funding prevention and intervention as juvenile and criminal justice system recidivism rates are high. Recent research conducted by the John Jay College of Criminal Justice and funded by the Annie Casey Foundation finds that “involvement with the juvenile system was the single greatest predictor of criminality”(Jeffery Butts, John J. College of Criminal Justice, In Juvenile Justice Care, Boys Get Worse, 2010.) The majority of children and youth who are involved in the school disciplinary system can be better served at that location by community service agencies well in advance of criminal involvement and referral to juvenile and criminal justice. However, funding is needed to underwrite costs for evidence based delinquency prevention, youth violence prevention and drug abuse prevention programs.

Failing to invest in children and youth triggers substantial economic, social and political costs resulting from negative outcomes including school dropout, poor labor market entry, risky sexual behaviors, substance abuse and crime and violence. (United Nations, Social.un.org/Youth Year/docs., 2011) Early Intervention is critical to children and youth’s behaviors escalating beyond the parent’s control and the public school disciplinary system’s control and subsequently ends up with the police being notified and the youth is taken to the Juvenile Justice agency. The Texas A&M Public Policy Research Institute recommends that “resources should be invested in prevention or early intervention programs to reduce involvement of minorities in school delinquency, enhance academic performance, support economically disadvantaged families, and develop effective interventions for juveniles with emotional or learning disabilities”. (Dottie Carmichael, Texas A&M University, Public Policy Research Institute, Study of Minority Over-Representation in the Texas Juvenile Justice System, 2006) United Nations International Year for Youth notes that preventable risky behaviors induce losses to society that reaches into the billions of dollars annually.

The school environment and particularly the school disciplinary system can have considerable impact on early intervention with funding support and with utilization of evidence based violence prevention and drug abuse prevention programs. The Austin ISD and others in Travis County are receptive to support. The Connecting the Dots Workshop sponsored by AISD and attended by numerous private service providers, juvenile justice representatives and AISD personnel resulted in the Alternative Education/Placement Group recommending delinquency prevention report with recommendations for 1) youth violence prevention and intervention services, 2) drug abuse prevention and intervention services, and 3) mental health prevention and treatment services. (Alternative Education/Placement Group, AISD Connecting the Dots Workshop, Sept. 2011) There are several community-based and school-sanctioned programs that are helpful, but public support for these programs is limited. Public funding should include policy that gives highest priority to school disciplinary youth along with requirements for utilization of evidence based prevention and intervention programs.

Numerous “evidence based” programs are enumerated by the Office of Juvenile Justice and Delinquency Prevention, the Center for Study and Prevention of Violence and the Center for

Substance Abuse Programs of the Substance Abuse and Mental Health Administration. At least one of these evidence based programs, the Aggression Replacement Training Program has been evaluated by independent researchers showing that students completing the program have lower aggression incident reports, lower school disciplinary actions and higher school attendance rates. (Forrest Novy and Laura McFarland, The Council on At-Risk Youth's Aggression Replacement Training Program: Principles, Practices and Outcomes 2009-2010 School Year, 2011)

There is need to build an infrastructure for effectively preventing delinquent offenses. The prevention infrastructure should include involvement in a local prevention board with participation by the City of Austin, Travis County, Austin ISD school board and Austin/Travis County Health Department. Attention is needed to provide more funding to underwrite costs for expansion of evidence based prevention and intervention programs at each of our middle and high school campuses.

Local Data

- Analysis of school age (10-20) youth arrest rates for the last decade show an average of 18,000 arrests annually, with 20,400 arrests occurring during 2010. (Council on At-Risk Youth, Arrests for School Age Youth for Index and Non-Index Crimes in Travis County-2001-2010, 2011)
- Disciplinary actions were taken 19,220 cases representing 10,710 individual children and youth with dispositions in school, out of school and removal to disciplinary alternative education program during the 2010-2011 school year in the Austin Independent School District. (AISD, PEIMS Student Discipline Aggregate Report with Redacted Data, 2011)
- An AISD evaluation demonstrates that one evidence-based violence prevention program Responding in Peaceful and Positive Ways shows promise as an effective strategy for reducing student aggressive behavior. (AISD ACCESS Initiative 2009-2010 Summary: Conflict Resolution and Violence Prevention at Garcia Middle School, 2010)
- Delinquency prevention and youth violence prevention should be extended to more students; Drug education and character education should be extended through classroom health education classes as considerable numbers of disciplinary students have drug involvement. (Alternative Education/Placement Group, AISD Connecting the Dots Workshop, Sept. 2011)
- The evidence based Aggression Replacement Training Program used by Council on At-Risk Youth demonstrates that students completing the program show statistically significant decreases in overall numbers of disciplinary reports, overall numbers of serious abusive, aggressive and assaultive disciplinary reports, overall numbers of disciplinary actions by school authorities along with improvements in school attendance rates. (Forrest Novy and Laura McFarland, The Council on At-Risk Youth's Aggression Replacement Training Program: Principles, Practices and Outcomes 2009-2010 School Year, 2011)

State Data

- Analysis of school age (10-20) youth arrest rates for the last decade in Texas show an average of 343,000 arrests annually, with 340,454 arrests occurring during 2008.

(Council on At-Risk Youth, Arrests for School Age Youth for Index and Non-Index Crimes From 1999 through 2008 in the State of Texas, 2009)

- A continuum exists leading from school based youthful misbehavior to involvement in the juvenile justice system and ultimately the adult penal system. (Deborah Lightsey, Texas Appleseed, Texas School-to-Prison Pipeline: Dropout to Incarceration, 2007)
- A study of nearly 1 million students for six years from 7th through 12th grade found that “nearly half of those students who were disciplined 11 or more times were in contact with the juvenile justice system. In contrast, 2% of the students who had no school disciplinary actions were in contact with the juvenile justice system.” (Justice Center of the Council of State Governments, Breaking Schools’ Rules, 2011)
- Contact with the justice system predominantly occurs because youth have a discipline history at school, are male, are not excelling academically, are economically disadvantaged, or have an emotional or learning disability. (TA&M University Public Policy Research Institute, The Study of Minority Over-Representation in the Texas Juvenile Justice System, 2006)

National Data

- More than one in seven of the students in the school disciplinary system can be expected to be in the juvenile justice system the next school year. (Council of State Governments and Public Policy Research Institute. Breaking Schools Rules’, July 2011)
- Sixty percent of middle school youth who are bullies can be expected to have at least one criminal court adjudication by age 24; 40% of that same group can be expected to have three criminal court convictions by age 24”. (James Allen Fox and Delbert Elliot, Fight Crime: Invest in Kids, Bully prevention is Crime Prevention, 2003).
- Failing to invest in children and youth triggers substantial economic, social and political costs resulting from negative outcomes including school dropout, poor labor market entry, risky sexual behaviors, substance abuse and crime and violence. Losses are figured into the billions each year. (United Nations, Social. Year of Youth, 2011)
- Juvenile justice systems are more likely to exacerbate delinquency than cure it, especially when young people are incarcerated or placed into group treatment programs-the more deeply involved a boy got with the juvenile justice system, the more likely he was to get arrested as an adult. (Jeffery Butts, John J. College of Criminal Justice, In Juvenile Justice Care, Boys Get Worse, 2010.)

Additional Supporting Data for the Education Section

School-based mental health services are provided by a myriad of professionals to include counselors, psychologists, social workers, marriage, therapists and psychiatrists. Their services include prevention-focused activities to create a safe, healthy school environment; selective interventions with individual students or groups whose circumstances place them at higher risk for emotional or behavioral health problems; and diagnosis and treatment of individual students with specific health (medical/mental) needs.

Research has shown that school mental health programs greatly improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores. Citing this evidence, the President’s New Freedom Commission on Mental Health

(<http://govinfo.library.unt.edu/mentalhealthcommission/reports/reports.htm>) recommends that schools work collaboratively with families and mental health providers to develop, evaluate, and disseminate effective approaches for providing mental health services and supports to children and youth in schools along a critical continuum of care in America (Hogan MF, et al. (2003). New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care).

National Data

- One-quarter to one-third of young children are perceived as not being ready to succeed in school, with many affected by social and emotional issues (U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General, 1999)
- Nationally, over 20% of youth experience a diagnosable mental health problem (Ibid.)
- One in five children has a diagnosable mental disorder (New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration)
 - One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, school, or in the community. (Ibid.)
 - The onset of major mental illness may occur as early as 7 to 11 years old (Kessler, R. C.; Beglund, P.; Demler, O.; Jin, R.; & Walters, E. E. (2005). Lifetime prevalence and the age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp. 593-602)
- Twenty-one percent of low-income children and youth ages 6-17 have mental health problems have mental problems. (Howell, E. (2004). *Access to children's mental health services under Medicaid and SCHIP*. Washington, D.C.: Urban Institute.)
- In 2000, there were 70.4 million children 17 or under in the US (26 percent of the population). Sixty-four percent were White, non-Hispanic; 16% Hispanic; 15% African-American; 4% Asian-Pacific; and 1% American Indian/Alaskan Native. (US DHHS. Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well- Being, 2001; www.childstats.gov/ac2001)
- Of the population ages 9-17, an estimated 21% experienced the signs and symptoms of a DSM-IV disorder during the course of a year, 11% experienced significant impairment, and 5% experienced extreme functional impairment. (US DHHS. Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, NIH, NIMH, 1999)
- Seventy-five to 80% of children and youth in need of mental health services do not receive them. (Kataoka, S.; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), pp. 1548-1555). This reinforces the finds of RAND Health Research Highlights: Mental Health Care for Youth, 2001.
- Use of psychotropic medication for children and youth has increased sharply with more than \$1 billion spent in 1998 for these medications. Stimulants and antidepressants account for about two thirds of the bill. (Ibid.)

- Nearly 60 percent of the 2.2 million adolescents who reported a major depressive episode in the past year did not receive treatment. (Substance Abuse and Mental Health Services. “Depression Among Adolescents.” The HSDUH Report. Accessed from <http://oas.samhsa.gov/2k5/youthDepression/youthDepression.htm> May 29, 2005)
- Untreated mental illness can result in a lack of vocational success, substance abuse, violence and even suicide. (The National Institute for Healthcare Management Research and Education Foundation. “Children’s Mental Health: An Overview and Key Considerations for Health System Stakeholders.” NIHCM Foundation Issue Paper, February 2005)
- The dropout rate for students with severe emotional and behavioral problems is nearly two times higher than it is for other students, (Lehr, C.A.; Johnson, D.R., et. al. “Essential Tools: Increasing Rates of School Completion: Moving From Policy and Research to Practice.” Institute on Community Integration, National Center on Secondary Education. 2004)
- Without proper identification and preparation, students may
 - Age out and leave school without knowing how to seek and obtain educational alternatives such as the GED or EDP,
 - Become frustrated at their situation and drop out of school before aging out, and
 - Lack critical knowledge, motivation, and skills needed to be productive members of society.

National Statistics

- In October 2008, approximately 3.0 million 16- through 24-year-olds were not enrolled in high school and had not earned a high school diploma or alternative credential. These status dropouts accounted for 8% of the 38 million non-institutionalized, civilian 16-through 24-year-olds living in the United States. (Chris Chapman, Jennifer Laird, Angeline KewalRamani, “Trends in High School Dropout and Completion Rates in the United States: 1972–2008: Compendium Report, December 2010; U.S. Department of Education; 2010)
- Males ages 16–24 had higher status dropout rates than females in 2008 (8.5% vs. 7.5%) (Ibid.)
- In 2008, the Northeast had the lowest status dropout rates (5.6%) and the South and the West had the highest (8.8% and 9.1%, respectively) (Ibid.)
- In 2008, some 35.9% of 16- through 24-year-olds lived in the South, while 39.6% of all status dropouts lived there (Ibid.)
- Daily marijuana use increased among 8th, 10th, and 12th graders from 2009 to 2010. Among 12th graders ,it was at its highest point since the early 1980s at 6.1%,
- Most measures of marijuana use increased among 8th graders between 2009 and 2010 (past year, past month, and daily), paralleling softening attitudes for the last 2 years about the risk of using marijuana.
- In 2010, 21.4% of high school seniors used marijuana in the past 30 days, while 19.2%t smoked cigarettes.
- Marijuana use is now ahead of cigarette smoking on some measures.
- Among 12th graders, past year nonmedical use of Vicodin decreased from 9.7% to 8%.

- The use of OxyContin remains unchanged across the three grades and has increased in 10th graders over the past 5 years.
- Nonmedical use of Adderall and over-the-counter cough and cold medicines among 12th graders remains high at 6.5% and 6.6%, respectively.
- From 2009 to 2010, lifetime use of ecstasy among 8th graders increased from 2.2% to 3.3%, past year use from 1.3% to 2.4%, and current use 0.6% to 1.1%.
- In 2009, an estimated 30.2 million people (12%) aged 12 or older reported driving under the influence of alcohol at least once in the past year.
- The Drug Abuse Warning Network (DAWN) estimates that of the 2.1 million drug abuse visits (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies). The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Rockville, MD, December 28, 2010. Available at: <http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>)
 - 27.1% involved nonmedical use of pharmaceuticals (i.e., prescription or OTC medications, dietary supplements) (Ibid.),
 - 21.2% involved illicit drugs (Ibid.),
 - 14.3% involved alcohol, in combination with other drugs (Ibid.), and
 - For patients aged 20 or younger, ED visits resulting from nonmedical use of pharmaceuticals increased 45.4% between 2004 and 2009 (116,644 and 169,589 visits, respectively). Among patients aged 21 or older, there was an increase of 111%. (Ibid.)

Key findings from the Travis County 2011-13 Consolidated Plan, written by the Travis County Health and Human Services, indicate that Travis County has experienced rapid population growth since 1990. Between 1990 and 2010, the Travis County net population growth was 78%. In addition, this plan demonstrates that

- Eighty-three percent of the County’s population lives in incorporated towns, or cities. An estimated 178,895 people, or 17% of the County population, live in unincorporated areas of the county.
- The population of Travis County, as a whole, is projected to increase over the next thirty years.
- The majority of Travis County residents identify as non-Hispanic White. An increasing share of the population identifies as Hispanic.
- The most commonly spoken languages in Travis County are English and Spanish.
- More than half of Travis County’s population is composed of working age individuals ages 18 to 64.
- The top five industries are responsible for employing most of Travis County’s residents: 1. Retail Trade; 2. Educational Services; 3. Professional, Scientific and Technical Services; 4. Health Care and Social Assistance and 5. Construction.
- The median household income in Travis County has consistently exceeded that of the U.S. and Texas. However, the reported median income in Travis County has fallen by nearly 4% from the 2008 income level.
- Approximately, fifteen percent of Travis County residents, or 144,055 people are living in poverty. Hispanic/Latino and Black/African American children under five years of age have some of the highest poverty rates in Travis County, at 37% and 44% respectively.

Poverty statistics (2009 Statistics from the U.S. Census Bureau website)

Subject	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	949,167	144,055	15.2%
AGE			
Under 18 years	228,499	47,159	20.6%
Related children under 18 years	227,546	46,503	20.4%
18 to 64 years	658,764	91,684	13.9%
65 years and over	61,904	5,212	8.4%
SEX			
Male	489,987	67,512	13.8%
Female	459,180	76,543	16.7%

Subject	Total	Below poverty level	Percent below poverty level
RACE AND HISPANIC OR LATINO ORIGIN			
One race	928,925	141,631	15.2%
White	640,107	77,191	12.1%
Black or African American	78,946	18,330	23.2%
American Indian and Alaska Native	3,936	995	25.3%
Asian	49,599	6,889	13.9%
Native Hawaiian and Other Pacific Islander	845	28	3.3%
Some other race	155,492	38,198	24.6%
Two or more races	20,242	2,424	12.0%
Hispanic or Latino origin (of any race)	309,090	71,880	23.3%
White alone, not Hispanic or Latino	495,722	45,736	9.2%

Employment statistics (2009 Statistics from the U.S. Census Bureau website)

Subject	Total	In labor force	Employed	Unemployment Rate
Population 16 years and over	757,653	73.5%	69.0%	6.0%
AGE				
16 to 19 years	48,283	39.0%	31.1%	20.1%
20 to 24 years	76,659	74.4%	67.5%	9.1%
25 to 44 years	366,009	85.8%	81.1%	5.3%
45 to 54 years	123,110	82.7%	78.6%	4.9%
55 to 64 years	78,041	67.7%	65.0%	3.8%
65 to 74 years	35,521	28.9%	27.3%	5.6%
75 years and over	30,030	6.1%	5.9%	3.1%
RACE AND HISPANIC OR LATINO ORIGIN				
One race	744,874	73.4%	69.0%	5.9%
White	527,828	73.2%	69.4%	5.0%
Black or African American	61,650	70.9%	62.3%	11.7%

Subject	Total	In labor force	Employed	Unemployment Rate
American Indian and Alaska Native	3,197	71.0%	67.0%	5.6%
Asian	41,036	67.9%	64.1%	5.5%
Native Hawaiian and Other Pacific Islander	702	75.1%	68.2%	0.0%
Some other race	110,461	78.4%	72.6%	7.3%
Two or more races	12,779	75.5%	68.2%	9.5%
Hispanic or Latino origin (of any race)	219,467	75.9%	70.5%	7.0%
White alone, not Hispanic or Latino	424,179	73.1%	69.6%	4.6%
Population 20 to 64 years	643,819	81.7%	77.0%	5.5%
SEX				
Male	337,987	88.8%	84.1%	5.0%
Female	305,832	73.8%	69.3%	6.1%
With own children under 6 years	56,363	60.9%	54.5%	10.5%

EDUCATION STATISTICS AND DEMOGRAPHICS

Education statistics (2009 Statistics from the U.S. Census Bureau website)

Subject	Total	Male	Female
Population 18 to 24 years	102,795	53,575	49,220
Less than high school graduate	17.2%	20.7%	13.4%
High school graduate (includes equivalency)	24.6%	26.5%	22.4%
Some college or associate's degree	45.4%	43.3%	47.7%
Bachelor's degree or higher	12.8%	9.4%	16.4%
Population 25 years and over	632,711	325,942	306,769
Less than 9th grade	7.5%	8.3%	6.7%
9th to 12th grade, no diploma	6.7%	7.1%	6.3%
High school graduate (includes	17.7%	17.3%	18.2%

Subject	Total	Male	Female
equivalency)			
Some college, no degree	19.3%	18.4%	20.4%
Associate's degree	5.6%	5.6%	5.6%
Bachelor's degree	27.7%	27.2%	28.1%
Graduate or professional degree	15.4%	16.1%	14.7%
Percent high school graduate or higher	85.7%	84.6%	87.0%
Percent bachelor's degree or higher	43.1%	43.3%	42.8%
Population 25 to 34 years	218,162	116,625	101,537
High school graduate or higher	85.4%	83.0%	88.2%
Bachelor's degree or higher	43.7%	40.1%	47.8%
Population 35 to 44 years	147,847	79,393	68,454
High school graduate or higher	86.3%	85.0%	87.7%
Bachelor's degree or higher	45.7%	45.1%	46.4%
Population 45 to 64 years	201,151	101,816	99,335
High school graduate or higher	88.0%	87.2%	88.9%
Bachelor's degree or higher	43.9%	45.6%	42.1%
Population 65 years and over	65,551	28,108	37,443
High school graduate or higher	78.6%	80.8%	77.0%
Bachelor's degree or higher	32.9%	43.5%	24.9%

(2009 Statistics from the U.S. Census Bureau website)