



**Innovation in Criminal Justice Symposium
Diversion, Restorative Justice, and Community-Based Justice**



Acknowledgements

The idea for the Innovation in Criminal Justice Symposium on Diversion, Restorative Justice, and Community-Based Justice began with a conversation between Harris County District Attorney Kim Ogg and University of Houston – Downtown President Dr. Juan Sanchez Muñoz.

Dr. Beth Sanders worked with faculty in the College of Public Service Departments of Criminal Justice and Social Work and Urban Education and representatives from the Harris County District Attorney’s office to identify critical areas for discussion, panelists, and moderators.

With great appreciation to the panelists and moderators working in these areas who inspired us, engaged us in dialogue, and challenged us to further innovation and progress.

Restorative Justice:

Amanda Berman, Project Director, Red Hook Community Justice Center at the
Center for Court Innovation

Dr. John Kelly, UHD Department of Urban Education

Dr. Clete Snell, UHD Department of Criminal Justice and Social Work

Panel Moderator: Dr. Ashley Blackburn, UHD Department of Criminal Justice
and Social Work

Diversion:

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Community-Based Justice:

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Dr. Laura van der Lugt, Director of Research and Innovation, Suffolk
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Panel Moderator: Dr. Dana Smith, UHD Department of Criminal Justice
and Social Work

Luncheon and Plenary Address:

At the end of the symposium we gathered for luncheon and further discussion. Participants benefitted from an introduction/conclusion from UHD President Juan Sanchez Muñoz and a plenary address from Harris County District Attorney Kim Ogg.

President Muñoz left us with the thought, "Meaningful universities serve as catalysts to conversations."

District Attorney Kim Ogg noted, "Our job is to get to the truth, to seek the truth, to get to the truth of what happened in criminal instances. And it's also to seek restoration for the community, to try and heal the wounds that have been caused by that incident, and to reap the benefits."

Proceedings:

These proceedings would not have been come to fruition without the dedication of Jasmine Major, a University of Houston – Downtown student majoring in Social Work and a member of our Honors Program. Ms. Major spent many hours communicating with the panelists and designing the format and structure of the publication.

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RESTORATIVE JUSTICE

Innovation in Criminal Justice: Restorative Justice University of Houston-Downtown College of Public Service



Introduction

Dr. Ashley Blackburn, Panel Moderator >> Good morning everybody. My name is Ashley Blackburn, and I'm an Associate Professor, and the Assistant Chair in the Department of Criminal Justice and Social Work here at UHD. And I'm really excited to be the moderator for this panel on restorative justice. How about

that welcome from all of our community and university leaders? Yes [applause] what a wonderful way to start the symposium. So that was very energizing, and I hope to continue that, as we move through our panel. We have three speakers with us right now, and hopefully our fourth will join us. She may be one of the ones stuck by the train or in traffic, so if she comes in, we certainly have space for her. If you notice, there are notecards on your chair, and what we'd like to invite you to do is hold your questions to the end, and in fact, if you have a question that you'd like to ask, if you would please write that down, and we will actually be collecting those notecards, and we will get to as many of those questions as we can. Also, I wanted to mention that the CLE and the CEU credit information is at the back table. So, if you are one of the attendees who needs that information, please be sure to grab it before you leave. We've got some folks to assist you with that in the back. So, without further adieu, let me introduce you to our panel presenters. And I will do so just in the way that they are seated, away from me, but this is not the way we'll go in order of presentation. So first we have Dr. John Kelly, who is with the Department of Urban Education here at the University of Houston-Downtown. And we are very excited he can join us, because there was the chance that he may have been



traveling internationally, but luckily we got to have him here this morning. So thank you for joining us. Second, we have Ms. Amanda Berman, who is the Project Director for the Center for Court Innovation, and then finally we have Dr. Clete Snell, who is with the Department of Criminal Justice and Social Work here at UHD. So we will actually, for presentations, go in order that they're presented on your program, and we will start with Dr. Snell's presentation, and move on from there. Again, if we will hold questions to the end, do use those notecards, and we will collect them, so that we have time, and we will get going here. So thanks so much for joining us in the Restorative Justice Panel this morning.

Veterans Courts in Harris County

Dr. Clete Snell, Panelist >> Okay, good morning everyone. I'm Clete Snell, Professor of Criminal Justice, in the Department of Criminal Justice and Social Work. And I've been doing program evaluations of the drug, mental health and veterans' courts since 2011. It has been about six years now. These are diversion programs, but they have-- they embody much of the ideals of restorative justice. Restorative justice is concerned with healing victims' wounds, restoring offenders to law-abiding lives, and repairing harm done to interpersonal relationships in the community. Okay, so specialty courts have some organizing principles. There was a strong belief in the late 1800s that the criminal justice system could use the social sciences to address the social ills of the day. It was thought that professionals in the social sciences could apply their training in a way to treat offenders and eliminate crime. The promise of that approach was never quite realized, I think because their treatments were not very sophisticated at the time. Treatment as a philosophy was largely abandoned by the 1970s. Specialty courts, in my mind, represent a re-emergence of a treatment philosophy. They're organized around some basic principles, including a problem-solving orientation. Thus, they attempt to focus on the underlying problems of their clients, which generally includes substance abuse and mental illness. But the courts in Harris County have actually been digging deeper, and they've gotten into underlying traumas, even early childhood traumas. Criminogenic attitudes, in the case of the mental health court. Another principle is collaboration. They use an inter-disciplinary team, made up of court and treatment professionals. And they include judges, prosecutors, defense attorneys, probation officers, social workers, psychologists, and in the case of veterans' courts, psychiatrists. Team members have a willingness to abandon traditional roles to focus on program goals. So, even though someone comes into the team as a prosecutor, they work as a team member toward the goals of the program. So, they have to have the willingness to make decisions as a team. And for example, in the mental health court, admission is a team decision. It's not decided by just one entity in general.



Another principle is accountability. There is a focus on treatment compliance, and compliance with program rules. Sanctions are applied when compliance is lacking, such as having to do community service, restarting a phase, a verbal admonishment from the judge, and what participants like to call jail therapy. So spending the weekend in jail if they've been particularly non-compliant. In many cases, the team views a lack of treatment compliance as a need to try a very different treatment approach. So that is also something that is done as well, maybe putting somebody in residential treatment instead of community-based treatment. Each court uses evidence-based treatment programs. The courts must be accountable to the community. They cannot compromise public safety. And thus, screening referrals is a critical part of what they do. And they do a very good job of this. We have not had any major incidents, that I'm aware of, among people who have gone through the specialty courts. Each of these core programs has gone through a program and process evaluations, and I am the person who has done much of that work. They've also implemented recommendations to improve program operations. The first time I did a process evaluation of the Harris County Felony Mental Health Court, I think I had something like 27 recommendations for improvement. By the following year, they implemented 24 of them. So they took my recommendations very seriously. And they still do, I believe. Okay, restoring offenders plays a prominent role in these courts. And in drug court, I'm going to be talking about chronic offenders a little bit. Drug court offenders often have long criminal histories, and a history of treatment failure. It's very common within this court program. Mental health court, I'm going to talk about the quality of life. In the mental health court, one of their goals is to improve overall quality of life for their clients. I believe it's important to look beyond recidivism. Recidivism is very important in terms of reducing that as a program goal, but I think that in my experience, the specialty courts do much more than just have an impact on recidivism. And then the veterans' courts, addressing trauma. Among veterans, a history of trauma is often the underlying issue that leads to substance dependence, anger, and isolation. So the courts work to address that. Those issues. Okay, drug court. I did a little study some time ago, where I arbitrarily defined chronic offenders in the drug court as having 16 plus years of criminal history. And I've found that this group was most likely to graduate in comparison to drug court clients with much shorter criminal histories. In fact, they're more likely to graduate than even the group that has, you know, one to five years criminal history. They also had lower recidivism rates. So it is obviously a much better use of the court's resources to focus on chronic offenders at a high risk of recidivism. Okay let's see here, and here is a statement from a drug court participant. She told me, "I was tired of doing time, I wasn't getting any help. I'm a 26-year drug addict. I need someone to teach me how to be responsible and accountable. I started as a child using drugs. It was a learned behavior. I was around it from the time I was young, and it was all I knew." And that person went on to graduate from the program as part of the alumni for the drug court. Another graduate said "I was at the end of the road. They were going to give me 25 years. I had given up, and star court was like a god send. I was like, I can't believe it! Come on, man! You're going to offer me this, and I have 14 felonies, and I'm a dope addict? So I guess they chose me. That's why I love STAR court. I didn't think I could do it, but they did.

Imagine that." Okay. The mental health court moves beyond looking at recidivism to improving the quality of life of their clients. So I applied the California Quality of Life Scale, that is actually--they apply it at the program entrance, and at graduation. And since I've been doing this, I have found that there is an improvement in all domains, including their living



situation, daily activities, and functioning, family issues, social relationships, finances, safety and legal issues, and overall health. I'm going to go over just a few of those domains now. Homelessness and inadequate housing is often a very serious problem among the mentally ill. The graduates of the mental health court felt much more positively about their housing program exit. And generally felt good about staying at their current place a long time, long-term. Okay? So in general, we found at the end of the program that they felt much, much better about their housing situation. Social relationships is another issue we looked at. There is a strong tendency among the mentally ill toward social isolation, and so there was significant improvement in time spent with a significant other by graduation. There was also an improvement in the amount of friendship in their lives overall. Okay, and then finances was actually the area of greatest improvement. Having enough money for the basics was a real struggle for most clients at program entrance, but they improved significantly by program end. And what these percentages represent is, do you have enough money for food, clothing, housing, transportation, social activities, and the first percentage represents the percent that says they did have enough at program entrance, versus program exit. So obviously there is a big difference and these are some of the basic necessities. Zero percent for social activities was reported at the beginning. And then the clients also reported significant improvement in their overall health and their emotional well-being at program exit as well. Okay, veterans court. The veterans court often finds the underlying issue they need to deal with is trauma. Trauma usually involves the emotional scars from military experiences, but it sometimes involves military sexual trauma. That is especially true of the women who go through the veterans court program. And childhood trauma, as well. The interviews that I've done with veterans to our surprise, we've found a number of veterans who had experienced childhood traumatic events as well. And the VA has developed programs for each of these types of trauma. So the veterans court really pairs veterans with these--with these programs. Okay, repairing harm. There is a concern about repairing harm, or accountability to the community at large. First, each of these court programs has resulted in a significantly lower recidivism rate. When compared to program referrals who refused entrance, okay? So I do comparisons between people referred to the court, and people who have gone through the court, and have found over and over again, that people who go through the program have much lower recidivism rates, in terms of misdemeanors and also felonies. I've also done an analysis where I



put in all their background criminal history to try to predict what is going to lead to recidivism. What is most likely going to predict whether somebody recidivates, and graduating from the program is always the most powerful variable in explaining that. So what that means is, regardless of all the history that these people come in with, if they're successful in the

the program, in the court programs, they have much, much lower recidivism rates. It's exactly what the program wants to do--wants to accomplish. Second, each of these programs require satisfying community service hours, and court fines, and in the case of veterans court, many graduates come back and serve as mentors to veterans going through the program. They have a mentoring program that is made up generally of people who have gone through the veterans court program. Finally, many program participants of long ago betrayed the trust of their family through addiction and through their crimes, their criminal history, so success in the program has resulted in reclaiming those relationships in many cases. I've found that to be the case over and over again. One participant told me, "I'm determined not to lose what I've got, and what I accomplished. If I move one step backward, I'll lose everything, I'll lose my husband, I'll lose the trust of my friends, I would lose my children, and a chance to be their mom, I would lose everything." Okay. So thank you. That is my presentation.

[Applause]

Service Learning Projects

Dr. Blackburn >> Thank you. Next, on your program, is Dr. Wadhwa, who works with Yes Prep, as the Restorative Justice Coordinator, but she has not yet been able to join us, and so we will move on to Dr. Kelly, who is going to be talking to us about his program teaching literacy in the Juvenile Detention Center here in Harris County. So, Dr. Kelly, if you would present here, since we are recording [laughter]. So, and then we will use the table mics for question and answer.

Dr. John Kelly, Panelist >> Thank you. It's a pleasure I was able to make it, and I was looking forward to this. I was supposed to be going to Spain this morning, and the trip got canceled. My name is Dr. John Kelly, and I am an Associate Professor in Urban Education, which is part of the College of Public Service. I teach Special Education to soon-to-be general education teachers. Up until now, we had one course, which was an introduction to special education. Before they get certified, all teachers have to take at least one semester of special education at this particular point in their education. My program is centered around a service learning project I developed when I joined UHD in 2010. Special education is very abstract. I found my students were really interested in the subject matter, but a lot of students didn't really understand special education. They could read and write about it and they

could talk about it, but they really didn't understand what special education is and what individuals who have disabilities go through. These individuals have difficulties in learning, and in executive function, these are all important issues that are involved in school. I got permission from my department chair to offer service learning projects to my students. My basic program had the students go out into the community and perform three hours of volunteer work. Now, they volunteer for 10 hours at a community service program where they get service and provide services for individuals with disabilities. All the 13 individual disabilities have a resource group within Harris County, so it's not hard to go find a community service program. There are other issues I also wanted them to know. Some of the student have had very few life experiences, and those life experiences tended to be minimal. I wanted them to have a life experience where they had control of it. I moderated the process with them, but they had to go out into the community, volunteer, go ask someone to volunteer, which is a big step for them because they've never done this before. These students went into the community and developed a relationship with the community organization, volunteered, and developed a plan based on the individuals that they dealt with, the ones with disabilities, the kids with disabilities. Typically, they are kids, but some are adults. Adult facilities for intellectual disabilities, which is MR for most people, but it's a new designation. The students volunteer, they have to record their hours, then they have to do a reflection paper on their experiences. Soon after I started in 2010, we were actually developing a program with a juvenile detention center, trying to get a master's program involved. In a meeting with Harris County Juvenile Detention Center (HCJDC), I met the head of their projects. She heard me talk about what I was doing, and she asked if I could come into the Juvenile Detention Center. We began helping HCJDC teachers tutor by going into the juvenile detention center. Now, one of the premises I sell the program on, is I'm going to take them someplace--it's like Star Trek, I'm going to take them someplace they've never been before, and no one else is allowed to go in. And, in fact, no one is allowed in the HCJDC except the teachers and the jailers. Those are the only ones that get to go where we go. It's a very difficult process because it takes about a month and a half to get the permission to go through the thorough FBI background checks in addition to the basic background check they would need to go into a regular school. The HCJDC doesn't let just anybody go into the center. They are very protective of their students because they're very vulnerable to a lot of abuse, both from home and from inside the institution. I have about 130 students 21 years old or older that are capable of going through the background checks and going into the juvenile detention center. What I am trying to do is two-fold. One, I'm trying to develop a whole new way of thinking for my students. I want them to understand what it's like to have a disability. Unless you've been up close and personal with someone with a disability, you just don't understand what it is they go through, the struggles they go through every day. I want to change the future, possibly change the future, be a positive change in the future for the incarcerated youth, which range from ages 10 to 17. Secondly, I want to develop a relationship with the teachers and change their lives also in how they go about their work. I've found that what has happened is a lot of these teachers, who are very committed, but deal with a very difficult environment because they teach

inside the jail and inside the pods where the students live. Each pod contains 15 individual cells, and everything the students do all day long is in that pod. The only time they escape the pod is to go see their lawyers, go see their parent(s), and/or go do some physical exercise because they have a gym on top of the juvenile detention center, which is two blocks from UHD. Unfortunately, it's like the third largest in the country. My students originally went in just to be a teacher's aide; then, what happened is that the Principal asked me if we could start developing a program because he needed he needed a reading program. He said "I don't have a successful reading program, and I think that is the difference in recidivism." That was his goal. Another professor and I put our heads together to put together a disability literacy project. It started first with a grant from Sylvester Turner, Mayor Sylvester Turner, who gave us about \$7,000. We are now preparing teachers, future teachers, and my student teachers to work with kids in their classroom not only with disabilities but with students who have been incarcerated in the juvenile detention center. It is estimated about 50% of the incarcerated population have a disability, but the disability is unrecognized. We went to the detention center and collected data from the individual incarcerated youth. We had them draw story pictures, which was a difficult process because the incarcerated youth don't trust anyone. My student teachers have to build trust, they have to overcome their own anxieties and fears, then they have to build trust with incarcerated youth. We used that data and material to produce five children's books, which you can still buy on Amazon.com. They still buy them on Amazon; however, most of the money went to the editors. The next year, we gathered the same data and materials but went one step further and used the self-publishing software from Amazon and published a book ourselves. Instead of doing five different books, we did one book with different chapters. Ultimately, this was the beginning of a new program. The Principal comes to me and says, "Well, I want something more, I need a reading program." So, we developed a literacy project for reading for fun. The self-published book middle chapter is the extremely well illustrated book, *The Invention of Hugo Cabret*, by Brian Selznick. That being said, that's what we do now. We go in the detention center and teach the incarcerated kids how to read. And, it has been very successful. There are very few successful programs in the juvenile detention center, but we are invited back every year. Now, we've expanded to the JJAEP, which is an alternative school for all school districts. They contract with all 23 school districts in Harris County, and they take the kids in that they can no longer teach. They're just beyond their reach. And so we are in there now. In fact, yesterday was our last day. I had 15 students and it was an extraordinary experience. Everything that I hoped it would be has come about. My students changed the entire way they think about teaching. In fact, it probably made them more resolved to become a teacher. The incarcerated youth have found somebody who trusts them, and have developed relationships with the students, and they have changed. The student teachers didn't want this reading project, but they really got into it after they saw the incarcerated students get into the reading project. This is the first time in a long time that the student teacher had anybody really pay attention to them, you know, pay attention to teachers. It's amazing how it has morphed. So that's my project. And we're just trying to build an interest in what they see kids to want to read and recognize what they see. The student teachers are really close in age to the kids. Some of them are not, but the reality is they're very close in age, and it's the first person they've ever seen that's ever been successful. It's probably the first person they've seen that was in college. And so they build a relationship with

these teachers, and it's very rewarding to see that change in them, also. And, of course, the detention center teachers have come on board. We were invited to come to JJAEP. They heard about our program and invited us to come in and do the same project. So we're starting a second book, because unfortunately we're finding there's some recidivism there [background applause] and there's individuals, so we're going with a book by Brian Selznick, that is exactly



a duplication of the structure. It's a completely different story. And, so we are going to incorporate that now into our program. We have a second book because this is what happened, the youth said "Look, some of us have read this book, and some of us have read this twice, I'm on my third time, can we get another book?" So I think that tells it all, that the success that it has had in changing their lives.

[Laughter]

Red Hook Community Justice Center

Dr. Blackburn >> Okay thank you Dr. Kelly. Thank you for your program [applause], our third panelist has traveled the furthest to be with us today, so we'd like to thank her for that. And she is the project director for Red Hook Community Justice Center, and again, the Center for Court Innovation. But one thing I did want to mention is that the Red Hook Community Justice Center is the nation's first multi-jurisdictional community court. So very innovative. And we are happy to have her here with us, so we'll let her get started, Ms. Amanda Berman.

Ms. Amanda Berman, Panelist >> Good morning everyone. Thank you for being here, and thank you to UHD for inviting me to speak. I'm very excited to be here. I'm going to be speaking about the Red Hook Community Justice Center, the work that we're doing in a community known as Red Hook in Brooklyn, New York. I am hoping that this can help to spark some meaningful dialogue about what can be done here in Houston, or around the rest of the country to improve our court systems, and to improve our communities. The Justice Center opened in 2000. We are a community court located in southwest Brooklyn, and we launched as a partnership between the New York State Unified Court System, and the Center for Court Innovation. So a little bit about the Center for Court Innovation, that is my organization, and we seek to create a more effective and humane justice system, and we do that through three primary areas of work. One is through performing original research, the other is through providing expert assistance to jurisdictions around the country and around the world, who are interested in implementing criminal justice reforms, and then lastly through what we call demonstration projects or operating programs that are located throughout the New York City area. Many of those are community courts, and the Red Hook Community Justice Center is one of those operating programs. And these programs function as sort of laboratories where we can test out new and innovative ideas and you'll be hearing about some of those while I'm speaking today.



So, before we dive into the specifics and inner workings of the justice center, I want to touch briefly on the concept of community courts. So, for those who aren't familiar with the idea of a community court, these are some of the most prominent elements that you'll find common to most community courts. They are typically neighborhood focused. They take a problem-solving approach to addressing the specific

issues of the neighborhood that they're located in. It's very important that they engage local stakeholders, so you have the engagement, and the partnership with the police precincts, obviously with the District Attorney's Office, with the Defense Bar, and certainly the Court Administration. But every community court looks different because each one is going to be tailored specifically to the needs of the area that they're serving. So currently this gives you a sense of where some of the community courts are popping up, but we have about 70 community courts either operating or in planning throughout the United States, and another 10 or so internationally. So that number has been increasing each year as the community court model has become more prominent and widespread. And like many community courts, there are a few core elements of our mission at the Red Hook Community Justice Center. First and foremost, we were created to improve public safety at the time we launched in 2000. Red Hook was a neighborhood where crime, drugs, violence, were really an everyday occurrence, so improving public safety was our first and foremost mission. Second of all, we were trying to do that, and continued to try to do that, through the use of alternatives to incarceration and we're trying to decrease the use of jail. And I will talk at the end about how we've managed to do that. And lastly, and importantly, we are seeking to improve trust in the justice system, and create a sense of legitimacy in the eyes of the community, that the justice system is an entity that can play an important role in solving community problems, and that they should trust. So, the way that we do this is through what I think of as four key ingredients, and I'm going to touch briefly on each one of these, but I'll certainly focus on restorative justice, since that is the panel that I'm speaking at. Those elements are problem-solving justice, restorative justice, community engagement, and then what we refer to as procedural justice or procedural fairness. We'll start with problem solving justice. I know that my co-presenter touched on this as well, because that is an important foundation for all of the veterans courts, mental health courts, drug courts, and many of these other kind of specialty courts. What we're trying to do with the problem-solving approach is to get at the underlying issues that are bringing people into the system, and figure out how can we address those root causes, so that we can stop that cycle of the revolving door that we all know too well, is what most of the justice system is familiar with. And so we're trying to interrupt that cycle by addressing these underlying issues, and we're doing that in Red Hook in our three different jurisdictions. In criminal court, certainly, which is what you'll be hearing mostly

about today, but we also have a housing court and family court, all under one roof, and all under one judge. So we are using that same kind of approach in all three of those jurisdictions. So what does problem solving look like in practice? At the Justice Center, we have an array of on-site services that address those underlying issues. That can include anything from our on-site GED program, that reconnects young people to their education, to our social workers and case managers, who are on-site, providing counseling and services to many of the defendants that are coming through. We have an array of youth programs, job training, anything that we identify as a need in the community. That leads me to the next point, which is that the services we have on site were not selected based on what we thought the community needed. They were developed in response to the priorities that were expressed by the community. So before we even opened our doors, the planners of the Justice Center were out in the community asking what are your needs? What are your priorities? What do you want to see if we build a Justice Center? So the idea is to figure out what the needs of the neighborhood that you're serving are, so that you can figure out what services to have on site. And lastly, and importantly, all the services that we offer are free, and available to anyone in the community. This is really transformational because often times people think of courts as only serving those who get into trouble, and the idea is that we're trying to be more than that. We are a Justice Center, and we see ourselves not just as a court, but also as a community center, and a community resource. So all of the services that we have on site are actually available to anyone who walks in our doors, whether they've been arrested or not, whether they have a case or not. So the second element, and key ingredient that I'm going to spend the most time on is restorative justice. And when we talk about restorative justice, I want to be clear what we are referring to. So, for us, restorative justice means that we are restoring harm to the community as well as to the individual who was harmed, but also thinking about how we restore the defendants, the individuals who have found themselves in this situation because they were guilty of some kind of wrongdoing. And we do that by providing many of the services that I just described. And of course, an important part of restoring harm is thinking about how we are holding defendants accountable, and how we are giving the harmed parties, or the victims, a voice in that process as well. I am going to highlight a few of the programs that we run at the Justice Center that embody these restorative justice principles. Each one of those programs is a tool that is available to the judge and the other court players as a means of resolving a criminal court case, but it's also available to anyone in the community who wants to avail themselves of those services voluntarily. The first program I want to hone in on is our Peacemaking Program. And this is based on a Native American, specifically the Navajo Nation's model, as it approaches conflict resolution, and it seeks to heal relationships by bringing parties together, which includes the offender, and the victim, and other individuals who have been impacted by the harm that was done or the conflict, and it brings them all into a circle over the course of several sessions, to talk out their issues, and try to heal their relationships. And the circles are facilitated, not by a professional mediator, or a court actor, but by community members who become trained as peacemakers. And the community members are volunteering their time to facilitate these circles. And they're the ones who help

everyone in the circle come to a consensus at the end. So the goals of peacemaking are very much aligned with the goals of restorative justice, and of the Justice Center more generally. To be clear, peacemaking is not a practice that we created. So I want to give credit where credit is due. For many centuries now, indigenous cultures throughout the world and throughout this country have been practicing forms of peacemaking, and using a circle process to resolve conflicts. What we did was we started working with some of our mentors in the Native American community, in the Navajo Nation, who helped us adapt their model into an urban court setting. So, the idea was, how can we try to resolve conflicts that are coming through the state court system, and use that moment as an opportunity to come up with a more innovative and effective way of resolving those conflicts. To this day, our Native American mentors still play a role in our program. They come to our peacemaking training every year when we train a new cohort of peacemakers. We're doing one right now, as we speak. And so our our Native American mentors still play an important role in the program. The traditional court system response is when there are parties in conflict, is to first of all separate, so that may be by the use of jail incarceration, or it may be through the use of orders of protection. And then, at that point, there is some kind of process where they're looking backwards at the act. What was the specific act where harm was done, who was responsible, and what should the punishment be? What peacemaking seeks to do is shifting the paradigm. And instead of looking backward, it is a much more forward-looking approach. And the idea is, why don't we look at the relationship and how we can find a way to heal all parties, and heal this relationship, and look forward, rather than focusing on this one incident that happened in the past. And at the same time, peacemaking is seeking to give the victims who are involved a voice in the process, by making them central to that circle.



One way that we do this is we have an on-site victims services program, called Red Hook CARES. And that victim's services program works very closely with our peacemaking program to ensure that our victims are getting the support that they need, and they're making referrals, both ways, so that victim's services can refer victims to peacemaking, and vice-versa. The other thing that peacemaking is doing is really empowering the community, because instead of having a judge decide the outcome of the case, the court is literally handing a case over to the community and saying "I know that you can get a better result than we can," and the community members, who are these trained peacemakers, are the ones who have the greatest stake in the outcome of this case, because it's their own fellow

neighbors, family members, community members, that they're coming in to help to resolve these disputes. The program has been up and running for about five years now, and over the course of the last five years, we've trained about 80 peacemakers. We're in the process of training another 25 or so right now. We've successfully resolved hundreds of conflicts. And what I think is most exciting about this is the completion rate. It speaks to the circle process and that model, as much as it does to the importance of community engagement, and what it means to empower community to resolve their own conflicts. There are other significant benefits that are a little bit harder to quantify. One is that we are providing conflict resolution skills to the participants in these circles, as well as the peacemakers themselves. So that means that we're seeing benefits far beyond what you simply see within the peacemaking session. They're able to take those skills and utilize them when they are finding themselves in conflict, or they're around other parties who are in conflict in their own communities and in their own families. The other benefit that we've seen is that we are now working closely with our local police department. So NYPD has actually allowed us to train several active duty police officers who work in our community and who know many of the people who are going through the process, and who now are going through this peacemaking training side by side with our community members, which is a very powerful thing for a resident to look over and see in the seat next to them, as they're going through this 30-hour plus training experience, that there is a police officer in plain clothes, because they're not there to try to intimidate anyone. But people know that this is their local police officer, and that they're trying to arm themselves with this new tool to also resolve conflicts, when they're out on the job. Or in their own lives. And the other exciting thing that has happened with the police department is that now we're getting Peacemaking referrals directly from the police department. So when an officer is called to a scene, and they have discretion not to make an arrest, they now have the ability to refer a family, siblings that are fighting, a parent and their teenage child, two neighbors, they have the ability to send those folks over to us to see if we can come up with a resolution and put them through the circle process, which is an exciting tool for the police officers since, from their perspective, they're used to coming on a scene and basically having two choices, I arrest or I walk away and do nothing. This gives them that third option that allows them to feel like they're doing something useful for the community, and also for the community to see that this officer is really trying to help them. So those have been some of the ways we've seen the program evolve, and how it is also bringing police and community together. Peacemaking has also provided a way for individuals who have been through treatment, who have long histories of addiction and have alienated many members of their family and networks, it has been a way for them to also reconnect with their families. So, sometimes when someone is at the end of their time in treatment, we will do circles with them and their family members in order for them to heal those relationships as well. Youth Court is the other program that I want to spend some time talking about. This is also a program that really embodies the restorative justice principles that I mentioned earlier. Youth Court is a teen-led diversion court, where teenagers hear real cases of their peers facing low-level offenses. And the Youth Court members, who are also young people, serve as jurors, who listen to the respondent, who is the young person who got into trouble, they deliberate, then they come up with appropriate sanctions at the end. In this model, there's really two types of young people that are being served. One is, of course, the respondents. The respondents are the ones who got into trouble for some



kind of low-level offense, and they're now given this diversionary option. Then secondly, you have the members themselves, who have an opportunity to build leadership skills and serve as positive role models for their peers throughout the process. As you can see, there's a lot of benefits to both, but of course every young person is going to take something different away from it. So, what kinds of results have Youth Court produced? As you

can see, Youth Court gets better results than our traditional court process. We have about an 88% compliance and completion rate, and that is not surprising, right? Young people tend to respond to their peers better than they do to an adult authoritative figure including a judge. So it takes this idea of peer pressure and it flips it on its head, and says we want to use peer pressure to produce positive and better results for the young people. At the end of the hearing, members deliberate and they come back with sanctions. The sanctions are there in order to help the young person hopefully avoid future criminal justice involvement. And at the same time, think about how does this young person pay back any harm that was done to the community. Those sanctions can look like workshops or counseling, or a letter of apology, or of reflection, or sometimes community service. They also then have the option of applying to become a member sitting on the other side. And that is really when you can see the greatest impact of this program. I'm not going to spend too much time talking about community restitution, but I did want to touch on it, because I think it's important to consider its role in the restorative justice movement. Often times, there may not be an identifiable victim, who can go through a peacemaking process with, or there may not be another evident way to repair the harm. So for many of those cases, we use community restitution, which is meaningful community service projects, where defendants are mandated to pay back the community. It could be through painting, gardening, restoring a church, painting over graffiti, serving hot meals to those in need. Much like the services that we have on site, the community service projects are also identified by going out into the community and soliciting their requests, and their input. So addressing harm is obviously an important part of the function of the community court, but equally as important, is preventing that harm on the front end. Community engagement, which I think of as of our third critical ingredient, which is an important tool in that endeavor. We have a unique position as a community court, and I think this is one of the most exciting things about the model of a community court, which is that we have the position of being a part of the community, but at the same time, we are part of the system, and we can leverage those relationships and those resources to get better outcomes, and build trust between the court and the community. So, community engagement can look like a lot of things. It can be attending community meetings and block parties. It can be hosting celebrations in our building, and inviting the community in. It can be doing community surveys to get their input, or as you can see, in this one picture it can include work that we've been doing in police-youth dialogues. There have been a number of important ways that community engagement has helped to build that

trust, and worked on the preventative end. This is our final and fourth ingredient, building on the idea of trust. It's this concept of procedural justice, or what some people call procedural fairness. Procedural justice tells us that people are more likely to accept decisions by court actors when these four elements are present. First: believing that they were treated with dignity and respect, from the perspective of the individual, the litigant. Most commonly, we think about the experience of a defendant, but this actually applies to anyone coming through the court. When they understand the process. When they have had an opportunity to be heard, to have that voice that we've been talking about a lot. And when they believe that the decision making process is neutral and unbiased. When all those elements are present, then it is more likely that that person will accept a decision by the judge or court actor, and also more likely that they're going to comply. So, let's talk a little bit about the research behind this. There have been dozens of studies on this topic, but Tom Tyler, who is a professor at Yale Law School is regarded as the leading researcher and expert in this field. One of the studies that Professor Tyler did, was in California Courts, looking at decision acceptance amongst litigants. And the question was, what were the factors that were contributing to a litigant's willingness to accept the court's decision, and he isolated three of those factors. First of all, there is outcome favorability. So, did you win or lose? And that is what most people might think of as the most powerful factor in determining their perspective, and their willingness to accept a decision. Well it turns out it is actually not. Neither was outcome fairness. That was even less important. What Professor Tyler found was that by far, procedural justice was the primary factor in the litigant's willingness to accept and comply with court decisions. This held true across race, gender, and socioeconomic status. And it also held true regardless of what type of case the litigant came to court for. So that might be civil court, or criminal court, regardless, this still held true. So what is the take-away here? The take-away is that you can lose, and you can still view the system and your experience in a positive light, if you were treated with respect. This is an important point that is worth emphasizing, because not surprisingly, the concept of procedural justice, it certainly has its skeptics. Some people are skeptical because they've been working in a system for many, many years, where they don't think that this is what the role of the courts should be. Some people think this is being too soft on people, or coddling the defendants. But even if you don't agree with procedural justice from a philosophical standpoint, the data really tells you all that you need to know, which is that procedural justice means increased compliance, which means less money that is wasted on warrants, violations, re-arrests and noncompliance. And that is pretty hard to argue with. What does procedural justice look like in practice? It really can be incorporated into anything that takes place in a courthouse. And I'm going to give you a few concrete examples of how we implement elements of procedural justice at the Red Hook Community Justice Center. So our judge, Judge Calabrese, who is pictured in the top photo there, is very well known for bringing defendants up to the bench, engaging with them, and shaking their hands, offering them words of encouragement, particularly when they are engaged in long-term treatment and reporting back for compliance. And the design of our court room facilitates those interactions, because the bench is not



elevated, but the design of the courtroom is such that the judge is sitting at eye level, so when people come up, they're actually looking right at him, rather than him looking down upon them. Signage in our building is also very intentional. The photo on the bottom depicts one of our signs that court users encounter as soon as they walk into the building. And the idea is that first, we want to lay

out expectations and rules very clearly. Secondly, that we use polite language, like please and thank you, and then lastly, because we have a sizeable Spanish-speaking population in our community, we want to be mindful of making sure that we are able to communicate with everyone to the extent possible in whatever language they're comfortable with. So you will see a lot of bilingual signage like that one in our building. We've talked a lot about some of the results of our specific programs, but what about overall court results at the Justice Center? In 2013, we had a comprehensive impact evaluation published, that was conducted by the National Center for State Courts. I'm going to touch briefly on some of those findings. First and foremost, we've reduced the use of jail by 35%. That is in comparison to similar cases that are going to what we call the Downtown Court, which is the main centralized courthouse where all the cases were going before the segment of the population started coming to us in the community we serve. Only 1% of defendants in our court receive a jail sentence as their primary sentence versus about 15% of the defendants who go through the Downtown Court. And at the same time that we've reduced the use of jail, we've had more defendants that are engaging in services and fewer defendants who are walking away with nothing. So, in other words, fewer defendants who are walking away with time served. Instead, we have more people that are engaging in some kind of ongoing obligation, whether it's community service, or social service, and that is important for accountability, of course. At the same time we've reduced the use of jail, we've also reduced recidivism in both juvenile and adult populations, and of course, for those who, at the end of the day are really just concerned about how this impacts their budgets, the good news is that the evaluation also highlighted the fact that we've managed to save millions of dollars in taking the approach. Last, but certainly not least, the study found that amongst both offenders and community members, there were improved perceptions of justice, and of the system broadly because of the way that people had been treated, which underscores the importance of that last ingredient I mentioned, procedural justice. You can find a link at our website, if you are interested in reading more about the results of that evaluation or otherwise, and this is my contact information. Feel free to take it down and reach out if you have any questions after the panel. Thank you!

[Applause]

Q & A

Dr. Blackburn >> So with our time remaining, what I'd like to do is collect the notecards from you, and the reason we've used the notecards is because we are recording this, and so I'm going to read the questions here at the microphone to make sure that the questions get recorded, then what we are going to do is ask the panelists to share the microphones here on the table, and respond to the questions that we have. Feel free to keep writing. We can certainly start with one, and then if you think of one, or think of another, then we can ask. So for Ms. Berman, how was your program funded? Are the legality of outcomes recognized by the court? And , do you know of any programs like yours that are currently operating in Texas? I think those are the three questions that have come to us for you.

Ms. Berman >> The bulk of our funding comes from the city and the state. Some of it is funneled through the court system. Some of it is funneled through the Mayor's Office of Criminal Justice, and we also actively fund-raise through grant writing all the time. That is a big part of my job. We have some private foundations that support us. We receive some money through city council. We are currently operating an Americorps program, which is federally funded. The bulk is coming through the city and the state. Question about the legality of outcomes, and whether they're recognized by the court? Yes, absolutely, I'm guessing this is specifically geared toward the Youth Court and peacemaking programs?

Audience Member >> Just wondering, you're obviously not in the court system or the police department [inaudible]--

Amanda Berman >> We are part of the court system. We are a partnership between the court system and the Center for Court Innovation, my organization. So we are a court. We have the same court staff that any other court has, including judge, court officers, clerks, etc., and we have a defined catchment area of three police precincts. When somebody is arrested for an eligible offense within that catchment area, they are automatically brought to us. That was an agreement that was facilitated before we opened our doors, with the police department and obviously with the buy-in from all the other court players. So it's based on where the offense takes place. And when it comes to a program like youth court or peacemaking, which are obviously a little bit different from the traditional court system, typically if it is a case that is referred by our judge, and by our court actors, then that will be monitored, and our program staff will report back to the judge on whether the person is compliant. What happens in those sessions is confidential, so the specifics are not divulged, but the court is aware of whether the person is attending the sessions, and compliant in doing everything that they need to do, so it's still enforceable that way. For cases referred from outside agencies, for example, through probation or through the school system, or the police department, we will report back to the referral sources on compliance. So if it's a case that doesn't necessarily hit our court, but is referred through one of those agencies, the agency will be aware if the person completes their mandate or not, and then it's up to that agency to

proceed as they see fit, if the person is not compliant. I forget the last question? There was one more [laughter]--

Dr. Blackburn >> Do you know of any similar programs in Texas?

Ms. Berman >> The city of Dallas has a number of community courts, and their South Dallas Community Court serves as a mentor court to other community courts around the world. Here in Houston, the Center for Court Innovation is working with the District Attorney herself, who is sitting back there in this room, and I'm sure she could speak to that at greater length herself.

Dr. Blackburn >> Okay, great, thank you. Okay Dr. Kelly we have a couple of questions for you. So I'm going to try to combine a few of them. So first is a question about your background, when you began your work in urban education, did you plan or intend to specialize in justice involved youth? And similarly from your students' backgrounds, are all of your students in need of special education classes or are others just interested in teaching special education? So a little bit of the background between you and your students, and then I'll wait for the other two questions, because they're kind of back end. So the first is about your background. So did you intend, kind of at the outset, to work with justice involved youth? Or was this something that developed along the way?

Dr. Kelly >> Never would have dreamed it would have gotten this far, as where we are today. Originally it was just three hours, and it was something that was totally voluntary, wasn't even mandatory in my course, then it just sort of morphed. Things just began to start, I guess getting in my way, but the breakthrough that actually came through was through Beverly, who was head of the programs and projects for the Harris County Juvenile Detention Center, and so she, like I was presenting about a program that I was wanting to implement within the Juvenile Detention Center, and she said "I want you to talk with me," so together, we came up with this idea of my students volunteering to go into the Juvenile Detention Center, and they were just going to help the teachers. They were just basically wanting someone to be there, that are young, that are close to these kids' ages, and they just wanted someone to be there, so that they would be the teacher's aide. Then things just began to morph. I invited another professor to come in and join me, he had an idea about developing this literacy project for the youth, and so we presented it to the Principal, and he says "I love it, let's do it." So, we did that. Just one thing led to another with that, led to another. Now we are in two facilities, and I would imagine that there will be more facilities before we're finished. We'll never be able to finish. But, it has done everything that I wanted it to. I was trying, really, ultimately, to try to draw the correlations between the content that the students were studying, the books, the lectures, all these things were trying to build--take that abstract and make it more concrete, and draw relationships between what they were learning, and put it into practice, at their place in our system, in our teaching system. They're not even in the professional developments yet. This is their first opportunity to actually go out and teach someone, one-on-one, and gives them an opportunity to actually deal with probably an environment that is as hostile as we can possibly get in any institution.

And thrive. I mean, it has been a very rewarding experience. And so just sort of like a God thing, things just sort of climax, you know, kept getting in the way, and it just--morphed into what it is now.

Dr. Blackburn >> Okay thank you. Well, the other one was about your students, so are all of your students, and I'm assuming the person who wrote the question may have meant the students at UHD, are they in need of special education classes, or are they just interested in teaching special education course? So--

Dr. Kelly >> No. The primary students that I have are going to be general education teachers. Their program, our program is built to develop bilingual ESL classes, urban education, that are typically in urban environments. So each to-be-teacher (going to be a teacher) has to have at least one semester of a special education course. Up until now, we have not been able to offer them a certification in special education. We have multiple ESL and six ESL, all of these are basic certifications that the state requires. What they all have in common, they have to have at least one special education course.

[Inaudible Question from Audience Member]

Dr. Kelly >> No, you're right. What happens is, this is volunteering, also. I don't demand. They don't--they're not required to go into the Juvenile Detention Center, but I guess I sell it [laughter] because it's a unique experience. It's one that very few people ever get a chance to do, and that is what kind of, I guess that's why I get them. And most of them are wanting to do this. And they even get more in--I have students that have done advocates. Some of them have gone and get their Master's, then they've gone out to the community and become advocates for this group. I've had students who did their PD, their professional development, they go to their schools, do their PDs, and their teachers find out somehow that they've been in the juvenile detention center because they put it on their Vitae, I guess, and they get a copy of their Vitae, and they come hunt them down in the school, saying "Can you help me? I have a really, a real problem in this area," I've met teachers, who are not even teachers yet, that are being asked by established teachers to help them with their professional management. So it has been--so, like I said, they go in very shy. When I say shy, they're very intimidated because...you would be intimidated. When those doors start closing behind you, everything changes, and it gets to be very claustrophobic in some ways. And so they have to overcome their fears. They have to overcome a lot of--an environment that very few people have ever been in, and so they grow up. They then have someone that they're responsible for. And the kids respond also, and I think it's because of their youth.

[Inaudible Comments from Audience Member]

Dr. Blackburn >> Let me just repeat the comment. So it's recorded, so the comment was that the peer-to-peer dynamic must be very important, and very helpful in the program.

Dr. Kelly >> Yeah, that's what we've found. And it does exactly what I--and even...it



has done some things that I didn't anticipate. And that is the relationship that actually--building trust as quickly as possible is a theme in my course, but it's also very important in the Juvenile Detention Center to get the trust as fast as you can. You're not going to be their friend, but they need to realize--be able to solicit that trust, from an individual who trusts no one. These kids don't trust anyone.

Because they've been abused, they've been beat up, they're--every conceivable way. Physically and mentally. And they have some--and one of the biggest questions is, why are you here? Why did you--why are you in this jail right now? You don't have to be here. He says, well we're here because we're wanting to learn. They say, learning from what? We say well we're going to be teachers. And so that is what ends up winning them over, because now they have somebody in there that is doing it not because they have to, but because they want to. So it changes their whole aspect of how they look at that student, and they treat them with respect, and it's someone that they--they're always asking, "Is she coming?" or "Is he coming?" Because there are girls in there too, I mean, there's about--ranges from, they're about, probably about 250 kids in there now. And we're not in there now because of the floods. Because of security is very difficult, because of--all of downtown, all of the criminal justice system in New Harris County is--it was under water. But they want to know whether they're coming back, and they build these relationships. A trusting relationship that they've never had before.

Dr. Blackburn >> Okay. Okay thank you.

[Inaudible Question from Audience Member]

Dr. Blackburn >> So the question is, the follow-up question is whether the delinquents have special education needs as well.

Dr. Kelly >> The delinquents, oh yeah, they estimate about 50% of their students are those incarcerated youth, have a disability of some kind that has not been either recognized, or they've managed to be able to hide it. You'd be surprised how smart these kids are. And very talented, I mean, some of the art work will just astound you, that they're capable of doing. It's just unrecognized, and that is the possibility, is that yes, and guess what they get better--this is kind of sad, in a way, is these students get care that they don't get at home, physical, I mean, their doctors come in, they get psych help, they get all these things available to them, unfortunately too late, but they do get it. And it's mandatory, and they will see a physician, they will see a psych doctor if they need to, they will be given medicine if it's necessary, things like that.

Dr. Blackburn >> Okay, and I'm going to move on. We've got one more question,

and then for others, there was another question for Dr. Kelly about timing, and then a question for Ms. Berman about specifically peacemaking, so hopefully you can network with the panelists at lunch, but the one I want to close with, just because we're running out of time, and this was directed at Dr. Snell, and actually all of the panelists, but the comment was, restorative justice seems very broad. Have you found that there is a minimum amount of time for a program to actually have an effect and be restorative, or whether all courts can have some elements of being restorative, and what I wanted to ask Dr. Snell to talk about, just briefly, as our time allows, and answering this question, is maybe the graduation ceremonies, and some of the more recent speakers you've had, and really the dedication to these specialty courts, or need-based courts, in Harris County.

Dr. Snell >> Yeah. First of all, in terms of the time that it takes, I've found that early on in specialty courts, and first phase, that people, when they're going through these programs, is that they'll tell me that I did this, you know, I'm going in this program because I have to, it's this or prison, or a lengthy jail sentence, and some of them won't be thrilled about having to go through treatment, then they get into the second phase, the real treatment phase, and they can see improvements in their lives. And you know, for many of them, this is the first time they've been sober for a lengthy period of time, by the third phase, they're really buying into the program, and they're buying into the idea that there is going to be lasting changes in their lives, and by the end, they see a lot of the restoration in terms of their family, and you know, what their family witnesses, in terms of maybe getting a job for the first time in a very long time, or going back to school, and looking forward to that. So a lot of them reclaim their lives by the end of it, and so they fully buy into the change. And when you ask them, you know, why is it you're successful, and other people are not, they'll say, they're just not ready. They weren't ready for that. Or they--you know, they didn't buy into it like they should have, and hopefully at some point they'll be given another chance. You'd mentioned the ceremonies. The graduation ceremonies are just incredibly moving, symbolic times, for the graduates. At a recent drug corps graduation I went to, the participants were actually dressed in graduation gowns, and gave their family members flowers, you know, as part of their graduation ceremony. They get incredible speakers, [inaudible] spoke at a Veterans' Court graduation recently just an hour before he flew to Game 7 of the World Series, and you know, he talked about the importance of giving back into your community, and never giving up on yourself, told his own personal stories about the challenges he faced when he moved to Houston, and you know, the basic message was don't give up. You know, just keep trying.

Dr. Blackburn >> Do any of the other panelists want to touch on



the timing or the essence of timing in terms of being restorative, or whether all courts can implement, or have some kind of restorative, either whether--even if it's not a basis, some element of restorative justice?

Ms. Amanda Berman >> From our perspective, I don't think there is a minimum amount of time that is necessary. I think that all of the programs that we run are very flexible in their model, because the idea is that it really needs to be individually tailored. For example, with our peacemaking program, we have some conflicts that come through, that take 10 sessions to resolve, and each session is about two hours, sometimes longer. And there are some that we're able to resolve in one session, and so we can never really say with any certainty how long it's going to take to move through that process, but the model for peacemaking is that the process does not end, until there is a consensus reached amongst all the participants, that they're ready to close this circle, and that includes the victim, as well as the defendant, and other parties. So that is just one example of how we have to think about where are the parties at? When do they think that they have reached a consensus to move on. And conclude the process. Our Youth Court, in contrast, is typically one hearing, and then there may be sanctions afterwards, but that hearing may only last for an hour, but that doesn't necessarily mean that we can't see the same impact. So I would say it's really hard to pin down a specific number, a specific duration. But to the question about whether any courts can implement restorative justice practices, I would say absolutely. You know, there are so many opportunities to think about how you're restoring harm to a victim, or a community, to think about how you're restoring the defendant, him or herself. If you have a drug court, where defendants are able to reconnect with family, that is restorative. Or, you have someone performing the community service, that is restorative as well. I do think that ideally you want to find a way to give victims a voice. I think that is important. That can be trickier, when there is no identifiable victim, for example, in drug cases. But if you think about the community or the people harmed in the person's family and networks, if you think of those as victims, then certainly there are ways to give them a voice as well. So I would say that, every practitioner at any court could be thinking about what role they can play in trying to incorporate some of these principles.

Dr. Blackburn >> Okay, we have about five minutes left, so if you want to keep the microphone [laughs], since you spoke about peacemaking, somebody had asked, how are the officers or I guess the leaders or the court participants chosen to be in the peacemaking program and trained? And then how do they respond? Do you get any feedback from them? And a related question to Dr. Kelly is, how do you measure success in your program, and who do you speak to, whether it's officers, or the students at UHD, or the students at the detention center? So kind of looking at both who participates, and how you measure their experiences, and general success?

Ms. Berman >> Regarding the peacemakers, we are always actively recruiting from the community, looking for people who are community leaders, who are just interested in giving back, who are interested in arming themselves with some of those conflict resolution skills. And the way that we got connected with the police

officers was actually we had a couple retired detectives, who were from the community and working with us, and we decided that we really wanted to work with the police department to try to train some of their active duty police officers. Initially they were not so receptive. But we were fortunate because NYPD rolled out a community policing initiative, and they have now designated officers who are called neighborhood coordination officers, and those are officers whose job it is to engage with the community. They have all the responsibilities and powers and authority of a regular police officer, so they can and do make arrests where necessary, but an important part of their job, and the majority of their job is actually the community engagement piece. So we saw that as the perfect opportunity to leverage those relationships, and try to get them to participate. We had to make our way up through the ranks to get the approval. It has been a self-selective group at this point, but now that we have gotten more buy-in from the commanding officers, and from some of the higher ups at NYPD, they're interested in sending us more and more officers. It is also pretty remarkable to see how the interest is generating, because what happens is, the officers who get involved are telling their colleagues, and so we are getting requests pouring in, coming to us, saying, we want to be trained, or we want our officers to be trained, and we are trying to come up with the funding and structure to train more of them, but I think that is really coming from the officer's experiences. What they're telling us is that they feel like their relationship with the residents and the community they patrol, their relationships are improving, and what that means is their job is easier when they need to solve problems and bring down crime, because they are looking for information, the public is giving it to them now, whereas before they didn't have that trust, we weren't seeing such a great dialogue. Now, they have their own cell phone numbers that they give out to community members, so they're calling them with information, and so I think that they feel like their enforcement job, is also enhanced by these relationships.

Dr. Kelly >> Same here. Basically one of the elements that I failed to introduce is that the folks that are over in the Juvenile Detention Center, there are actually two. There are ones that operate the jail, but there is also the school. It's a charter school, it's called Excel Academy. And these are extremely dynamic people. They are constantly looking. I've never seen a more dedicated group to a group of people to these kids, they're extraordinary. I mean, they go out of their way to do whatever they can to try to provide a meaningful--try to change lives. And without them, it would make my job--time is my biggest enemy. It's a very difficult process in managing this program. But the folks over there in Harris County Juvenile Probation Department, they bend over backwards to do whatever they can to get us back in. What it comes down to is they really see the difference that my kids are making in the lives of these kids, because they're close in age to each other. They seem to strike out a bond, something that they don't--and the teachers are able to feed off of it. So the reality is they see the reason I know it's successful is when people start from the JJAEP come, they're not even associated with the Juvenile Detention Center, they're a separate facility. They heard about the project. They're desperate for something that works inside of a very difficult environment. So these are kids are coming from



all over Harris County, that are contracted. And they don't necessarily have been incarcerated, but they are being transported some 40 miles to this facility. So they can find someone that can help them to teach them. And so we are in there now. And we are developing professional development for the teachers. My students--all I'm doing is facilitating. They're doing all the work. And they--I know it works, because I get reflections. I've been doing this now for six years, and I get the opportunity to

read the reflections in how they grow up, and how they responded, and what they intend to do. So which is the reason I was going to Spain, I was going to produce exactly what I was telling y'all today there, because there is a growing interest in the project. I even had some folks from China email me. He called me, emailed me, wanting, you know, my research paper. So you know things are beginning, are successful by what you hear from individuals and how much the teachers really got involved in all this, and how much the students, the incarcerated youth, and mine. So it has been a very rewarding experience. I keep wanting to quit, but I just can't seem to. But it's actually, you know, a very wonderful experience in a very difficult, very difficult environment. Because you see positive results. Is it perfect? No. But my students, they actually have to go through three or four different training programs. They have to learn how to teach how to read, they have to learn to teach how to deal with challenging behaviors. So they are all--they're trained, before they go in there. So that's also a very important piece.

Dr. Blackburn >> Okay, well thank you. First, I'd like to thank our panelists. Especially Ms. Berman for traveling across the country to join us. And also Dr. Snell and Dr. Kelly for joining us here. This is such an important topic, one that we see growing, not only in Harris County, but as Ms. Berman's map showed, nationally and internationally, these programs focused on restorative justice. We hope this panel was useful to you today. Again, if you're--if you need information for training credits, please see Dr. Harris, at the back of the room, before you leave. Lunch will be in A300, which is actually kind of around the corner, and around another corner, so we have some guides that will lead you there. We hope you're able to stay for lunch today. And again, thank you for joining us here in the restorative justice panel, and at the symposium in general. It was a very exciting thing for us to host. Hopefully there will be chances to partner with the DA's office, and our other criminal justice agencies in the future, to put on these educational and training symposiums, so thank you.

[Applause]



DIVERSION

Innovation in Criminal Justice: Diversion University of Houston-Downtown College of Public Service



be the moderator for our panel on diversion. A couple of quick points before we get started. For our guests, you'll notice on your chair you have a program as well as an index card. The quick points before we get started. For our guests, you'll notice on your chair you have a program as well as an index card. The index card is for questions. Again, because this is being recorded, it will just be easier if at the conclusion of our panel I read the questions aloud in the microphone so the audio can be picked up. We have two students in the room, Mixie and Manuel. And they can help collect those index cards and give them to me. Each speaker, you have 15 minutes or so. That will give us some time at the end for any questions. I have cards in case anyone carries on. I'll give you a five minute and a one minute and your time is up signal. And if you could also make sure that you speak into the microphone. Again, so the audio can pick it up and for our guests as well. If anyone is needing CEU or CLE hours, we have a table at the back of the room for you to fill that out. Our students as well as Dr. Belbot can help you. Any attorneys that need that CLE course number, we have that back there as well. At the conclusion of our panel, we'll move onto lunch. Our students will help navigate us over to A300. We have, a couple of our panel speakers today. We have Dr. Pfeffer, who's an assistant professor of criminal justice here at UHD as well. With Jennifer Varela, the Director for the Harris County District Attorney's Office Sex Crimes Division. We have Mr. Leonard Kincaid, Executive Director for Houston Recovery Center. And then, last but not least, Mr. Jeff Alexander, the youth services division manager for the Harris County Protective Services for children and adults. With that being said, we can go ahead and get started with Dr. Pfeffer. We have a clicker.

Project 180

Dr. Rebecca Pfeffer, Panelist >> All right, so thank you for joining us this morning. What we're talking about today is a project that came out of a really organic collaboration between myself and Jennifer and some of the staff of the District

Attorney's office. And sort of all of us coming to some similar conclusions about some problems in dealing with the problem of prostitution in Harris County at the same time. And thinking it's really time to innovate how we're dealing with this problem. So to provide a little bit of background. I had done a project recently looking at gendered approaches to addressing prostitution in Harris County. And found that, while we do sometimes arrest men for prostitution-related offenses, recently it's been very, very heavily focused on women. On female offenders. And that's something that we see, that both of us see in our daily work right now around prostitution. And we thought maybe we need to think about that approach. Right now there's a big movement to address demand in Harris County for prostitution. That's something that actually Bob Sanborn, Dr. Bob Sanborn and the staff at Children At Risk are really focusing on as well. So that was something I was already starting to think about. And one of the problems with this data actually was that up until a couple of years ago, prostitution buying and selling, which are really different offenses, were both coded as the same crime. So you couldn't pull apart who was selling and who was buying. Even though that, their participation is really different. And the potential victimization of the people involved is really different. So moving forward, I started to look at just the Houston Police Department arrest records for prostitution. And found that, when you don't look at gender, but if you look at the role of the people involved in prostitution. The vast majority of people who are arrested for prostitution are sellers. And that's important to us because both of us now, having a background in human trafficking, that a lot of human trafficking victims are sometimes wrongly perceived and treated as offenders even though they're actually victims of crime. So in the 2014 HPD prostitution arrests, 86 percent were sellers. 7 percent were buyers. And only 7 percent were traffickers. And I happened to be giving this talk, and Jennifer was there and thought there's something wrong with that. Like why can't we reallocate our resources and flip this around so that we're spending more of our resources addressing these buyers and traffickers who drive the problem. Because if there are, if there is a demand, there will always be a supply. So you can arrest and arrest and arrest and arrest, and the supply will always remain.

Ms. Jennifer Varela, Panelist >> And not only that. One thing that we noticed too was most of the people arrested for selling, prostitution selling are women. Most of the people arrested for prostitution buying are men. So that didn't seem fair to me either because we know that men are selling sex. But I didn't understand why we're not arresting them if, you know, we consider this a crime. And it is a crime.

Dr. Pfeiffer >> So then we started to look at historically how much HPD was focusing on buyers and sellers over time. And you'll see that 2015 is missing because they changed their coding structure that year. So the data is all wrong. But you'll see that HPD is starting to get on board with this approach to change the strategy from arresting sellers to thinking about arresting more of the buyers. But that doesn't address what Jennifer's talking about, the male sellers. But at least they're changing their focus to think about this concept of demand. And in every year they seem to be arresting a higher and higher proportion of buyers of sex rather than sellers.

Ms. Varela >> So I'm a licensed clinical social worker. I think I was introduced as director of sex crimes division. But, no, no, it's okay. That's actually a lawyer. I'm over the service part, the director of service. But anyway, so I was, I've been with the DA's office for 22 years. And 21 of those years was in our family violence unit. And I was a part of developing the programs over there. And so when Kim Ogg became the DA in January, they asked me to kind of do the same thing in the sex crimes division that,



you know, I was part of in family criminal law or family violence unit. So I came over, and our division handles human trafficking. Child sex crimes. And adult sex crimes. I knew a lot about the child and adult sex crimes. I didn't feel I knew enough about the human trafficking or prostitution cases. So one of the first things I did in the spring of 2017 was I pulled all the misdemeanor cases that were filed for prostitution selling in January 2016. So like a year and some months before. Because I figured those cases would already be disposed. And so I just figured I'll just print them. I'll print the police reports. And I'll look at criminal histories. Just get familiar with the population. Well, I did that. And so, and I just ran these cases, again, to see what's going on. So there were 103 cases. And 35 percent of them ended up with a conviction. And when I say conviction, I mean they got jail time. Or they could have got deferred adjudication. Which is technically not a conviction, but you can't get it off your record either. 54 percent were dismissed. And 12 percent still had open warrants. So, you know, I made these piles. And, but what I noticed when I started looking at individual cases is I couldn't tell why we were making these decisions. It seemed like there was not a systematic evaluation or systematic, you know, why was this case convicted and this one was dismissed? I just could not see anything obvious. And I started wondering, like, what's going on here? Do we, are we able to look at these cases and evaluate them on a systematic basis? On an evidence-based basis?

Dr. Pfeffer >> And one of the things we thought about at this point was, are we doing justice? Are we doing justice if there's no way to distinguish between the cases that are ultimately convicted and cases that are dismissed? If two people who are completely similar in every way and have the same criminal history, one can end up with a dismissed case. And one can end up with a conviction. And going forward their lives will never be the same; right? Their paths diverge at that point. Is that just?

Ms. Varela >> Right.

Dr. Pfeffer >> And that was something that we thought a lot about at that point. How can we improve this and make the system better and more just?

Ms. Varela >> And it also occurred to me, these are not just ideas that I'm having. Like, oh, my gosh, Jennifer's here. She's, you know, this is stuff that I'm reading from the community. That the people out there, like children at risk, that have been doing this work, this is the stuff they're telling us; right? This sounds familiar. So, and one of the other things I thought about was the harm of the conviction. So if you, you know, so we say, you know, we want you to improve your life, you know. And we hope that this, you know, part of it is you hope the arrest helps people to change their behavior; right? Do something different. But if you go to apply for a job at Target and you put down that you have this conviction. How do you think people are going to treat you? Is it going to be the same as if you put a DWI conviction? They going to look at you the same? I mean, probably not; right? You're not going to be treated the same. And the other thing is it feels like by giving, by harming, by giving them a conviction, it feels like we're further trapping them in this lifestyle. Because we're limiting their chances to do something different with these convictions. And to me that feels like we're

helping the trafficker. It's like we're on the same team in a way. So, you know, people have been trying new things. So in 2015, Harris County established a specialty court to provide intervention and diversion to young people charged with prostitution selling age 17 to 25. And so the staff at the DA's office approached 392 people, told them about the program. 324 people said they didn't want to do it. And so they got, 239 of them received a conviction. 70 cases were dismissed. And 15 cases are still pending right now.



Dr. Pfeffer >> And part of the reason they didn't want to do it is the conditions of participation in the program were very.

Ms. Varela >> Lengthy.

Dr. Pfeffer >> Lengthy. It was hard. It was really sort of an obstacle course to successfully complete that program. It would be much easier to accept a few days in jail, the criminal conviction, and move on.

Ms. Varela >> Right. So and then 68 people went into the program. But out of the 68, 24 completed the program and had their case expunged. So, you know, like we ended up, so we've got this big population we started with. And we ended up with really, you know, trying to help a small amount of people. So one of the defenses to prostitution selling is if they're doing it through force, fraud or coercion. And I don't have time to explain what that means. But basically, if they're being trafficked, somebody's taking their money. Somebody's beating them up. You know, that's an automatic defense. We have to dismiss the case, okay. So what we were doing is we're asking them, have you been trafficked? No. And then we kept doing this. And I'm not saying we just did that simply. Some people are very skilled interviewers, and they ask in very skilled ways. But most of the time the answer is, no. And that's, and so coming from family violence, that's the same as family violence. Are you a domestic violence victim? No. That's probably the least effective way to get that information if you're dealing with somebody who does not want to talk about it. So what we started doing was, go faster. So here's the lesson from domestic violence. And I started seeing the similarities. I'm like these, after I was here for about four months, I'm like, I know these women. These are my domestic violence people. So maybe let's try a trauma-informed perspective and intervention. Let's see if this works better. So we know it doesn't work to ask them, are you a victim? I mean, that's really, especially when they're in a situation where they feel they just want out. They're in jail. You want to take your time served or do you want to cooperate with us? And, or do you want this long probation? Most of the time they're just like, what's the easiest way can I get out of this situation? We waste time by focusing on what we think is counterintuitive behavior. So I was talking to a police officer about this program, and he said, you know, they just don't want help. And I said, well, what does help look like? Does that mean that they do what you think they should do in that moment? And, yes, that's what it means. But that's not what help looks like. If we use the trauma-informed and evidence-based perspective, we need to come at this a different way. And we need to accept that we can't build our

trafficking cases solely around their cooperation. Just like we learned that we can't build domestic violence cases solely on the testimony of our victims. We have to do it in other ways. So that's where we are now, Project 180. You like our logo?

One of our prosecutors is an artist, and she drew that. We wanted something, like, cool, okay. So in the one minute that we have left or two minutes, okay. So we just last week received word that the governor's office is funding our program. They're giving us a million dollars to try this new project. And what it means is for, people still get arrested for prostitution selling. But for the people age 17 to 24, we're going to do case research. We're going to, yes, we're going to figure out if, we're going to look and see. Did they make police reports in the past? And what we found is these women are making police reports on their pimps when they get beat up. But they're not calling him their pimp. They're calling him my boyfriend. When we started looking at that, we started finding that over and over.

Dr. Pfeffer >> So what this project will do is divert these young sellers into treatment and care. They're going to, we're going to connect them with case managers so that they, who will do an assessment and figure out what their needs are. And can connect them with those resources in the community. And then meanwhile reallocate the resource that's the District Attorney's office has been spending on prosecuting them to better investigate and understand their cases. So that hopefully we'll be able to increase the prosecution of traffickers. And I think the goal is 20 percent; right?

Ms. Varela >> Yeah. So we want, basically the short version is we want to stop messing around with who are really the victims in this situation. We want to get them out of our system. We want to get them connected to the Houston Area Women Center. They're going to be our partner. So that they can come back in a year, in two years, in five years. They will be there if they want to come back for their services. And we want to, where we want to hire, part of the project is hire a data analyst and a prosecutor to start looking. We've got tons of data about traffickers. But we haven't been organizing it very well. So that part of it is going to be developing more cases against traffickers. And Dr. Pfeffer is going to tell us if it works or not. And so here's our goals. She made it fancy. So, you know, and Rebecca said this. We were meeting this weekend to talk about our presentation. And really healing should not be tied to favorable criminal justice resolution. So that's what we do when we put people on community supervision. And I'm not saying we shouldn't do that. But this particular group who we think are really victims, you know, they're already in a situation where someone is threatening them to do something. And it feels like we're doing the same thing; right?



Dr. Pfeffer >> And we want to remove criminal justice case resolution as the carrot that, you know, that they have to go through some process of healing that we decide what that looks like for them to have their case resolved. That should all happen outside the purview of the criminal justice system from our perspective. So that we can focus criminal justice resources on the offenders.

Ms. Varela >> Okay, thank you.

[Applause]

Houston Recovery Center

Dr. Barbieri >> All right. And next we have Mr. Kincaid. And, again, if you could stand over here at the microphone.

Mr. Leonard Kincaid, Panelist >> Good morning.

Audience >> Morning.

Mr. Kincaid >> This really is a unique opportunity. And an opportunity that I think that University of Houston-Downtown is taking advantage of. And that is that the stars seem to be aligned in our community to make some real headway toward changing how the criminal justice system dealt with a number of issues. Especially issues that involve low-level offenses. Okay, we have filled our jails with these low level offenses. And often times these offenses are tied to behavior. And the behavior not getting addressed will likely lead that individual to repeat that behavior again if it does not get addressed. And so what is happening with the attitudes of the DA's office. With the attitude of the mayor. With the attitude of the sheriff. With the attitude of our police department and the leadership in the police department. We see that these individuals seem to embrace a different mentality when it comes to how we deal with these low-level offenses. And this is especially true for those low-level offenses that are related to behavior. Whether it's mental health or substance use. And let me tell you a bit of the story of the organization that I'm affiliated with. I'm the Executive Director of the Houston Recovery Center. The Houston Recovery Center operates what I think is five very proactive service strategies. And I call them proactive rather than reactive. Because most of the service providers who worked in this space provide reactive services. And that is that they build a facility. And they staff it. And they wait for people who've got a problem to come see them. Because of our unique relationship, especially with the police department, our law enforcement, I would say in the greater Houston area, we are able to operate a proactive strategy. And that is that we use law enforcement as an early point of intervention. And they catch these individuals active in their behavior. And rather than taking them to jail, they bring them to us. This diversion opportunity that's created there. And so the Houston Recovery Center was established in, well, we started to work on it in 2010. We actually opened in 2013. And it was created to serve as a jail diversion site for individuals arrested for public intoxication. But we learned so much in the first few years of operation that we added four additional program to be a part of our proactive strategy. We launched a, the 18-month recovery program that focused on serving individuals that we identified as having addiction issues. And I'll say more about that in a minute. But we also launched a, what we call a PIT project, public intoxicant transport program. Where we have a van actually out on the street looking for individuals that are impaired. And actually working with law enforcement to pick those individuals up and bring them to our facility. We also launched a street outreach. Which is an individual that actually walk the streets of Houston in these encampment areas where you see these people living in these encampment. They're out there almost on a daily basis meeting those people. Doing what we call wellness



checks on those individuals. Trying to identify the ones with addiction issues and mental health issues that are looking for help or be willing to take help. The other one that we launched is one in collaboration with the reintegration court. The reintegration court actually approached us and asked us if we would bring our peer specialist team into the reintegration court. Now, the peer specialists are individuals that lived the experience. Which means that many of the people

that they're talking to, they've already had that experience themselves. And so that give them the opportunity to interact with those individuals. And often give them the courage to consider changing their behavior even in the face of them thinking that they can't. And because they lived that experience, it allows them to establish a level of credibility in their communication with them that often professional people, clinicians like myself, do not have the ability to establish. And so we have found those programs to be incredibly effective in working with this population. Let me back up a minute and tell you a little bit about the origin of the Houston Recovery Center. In 2010, we started working on this project after I had gone to San Antonio to visit their Haven for Hope project. Haven for Hope. If you haven't seen it, it's an internationally known project. People from all over the country come to see it. Even people from out of the country. And almost all of us in inner leadership role in Houston have been to San Antonio to take a look at that project. It is just that incredible. It was a \$100 million project. They had started working on that about six years before we actually were introduced to this idea. And they've made some incredible strides in dealing with homelessness and the addiction and mental health issues in San Antonio. They'll tell that you they don't have the problem solved. But they're a long way down the road in terms of addressing it. At least they're giving people options, real options for changing their lives. But on that trip what I saw was something, and I've worked in this field for over 30 years, that I was seeing for the first time. And that was how the police who came in contact with people were arresting for public intoxication, which is a class C misdemeanor. And often times a public intoxication arrest is more about safety than it is about this person violating any major crime or committing any major crimes. And so what I witnessed them doing was, in lieu of taking those individuals to jail, they brought them to their sobering center. And they turned them over to these individuals. It took about five to eight minutes before the officers who turned the person over to the sober center would be back out on the street. And the person was in a safe place. And the law allowed, in lieu of going to jail for public intoxication, to be turned over to a responsible adult. Quite often it's a family member or a friend. But in 2010, when we started working on this, the city of Houston was arresting about 20,000 people a year for public intoxication. Between 2010 and 2013, we worked on bringing a Houston recovery center, sobering center to Houston. And the sheriff was a leader in that effort. I also had the support of one of his majors now. He was a lieutenant then. His name is Mike Lee. He was head of the HPD mental health unit. The mental health unit is now a division. And it was the police department that really helped make this happen. And it was mayor pro-tem Ed Gonzalez at the time. Because

he was mayor pro-tem under Annise Parker, which is the mayor that was in charge of the city when we brought this project online. It took us three years. A project the size of this project, it took us three years to move this project through the city administration and actually be open. We started working on this in 2010. We were open in 2013. And so that was in and of itself a major accomplishment. I think some of the things that contributed to that was the kind of support we got from the police department. But the other thing that was a major contributor was that a lot of people were ready to look at doing something different. And that's the part of what I was talking about earlier when I said the stars are aligned. And so we've got this leadership at the, we've got this attitude at the leadership level in the city across all these major areas. Like the police chief. And the sheriff. And the mayor. And the DA. Who's looking at doing things different with these behavior-based activities that bring a person in conflict with the law. And so this organization was basically born out of that. Now, just to give you a little bit of a profile of the people that we see. About 70 percent of the population that come through this sobering center are professional people. These are people with jobs and homes and cars and families quite often. And so they have all of that to return to. They just went out, as many of us perhaps have at some point in our lives, and was having fun and had a little too much. And put themselves, they got so impaired that they put themselves in a position to be a harm to themselves or others. Came to the attention of law enforcement and was picked up for safety reasons. And was brought to us in lieu of going to jail. So we are so pleased to have that opportunity to serve the city in that way. I will tell you that we have reduced the population of individuals that's gone into jail for public intoxication by more than 90 percent. It was, when we started in, when we started working on this in 2010, in 2013, the trend was, when we started in 2010, it was around 20,000 a year. In 2013, when we came online, we was already witnessing a downturn in those numbers. It was around 15,000 in 2013 when we opened our doors. The first year that we was in operation for eight months we dropped it from 15,000 to a little over 8,000. And today we have improved that every year. I think last year we were a little over 2,000. This year we are on target to be under 2,000 arrests for public intoxication that's going into the city jail. And so we think we've made a huge, huge return on the investment that the city made in us when they created this institution. But we've taken it a step further. I mentioned to you that about 70 percent of the population that go through the sobering center are professional people. It's the 30 percent that we have, that has really come to our attention. Because we, what we've discovered in this 30 percent is that this population is a group of people that's going to cycle through the sobering center over and over and over again. And unless we do something to address the underlying behavior that caused them to be there in the first place, we're going to see that behavior continue. And so seeing that what we decided to do was to put in place some programs that spoke to that population. To do our best to try to change that behavior. So that's what the 18-month recovery program came from. And what we're doing with the 18-month recovery program is we provide them 6 months of intensive case management and 18 months of peer support. The goal is to determine how severe their problem is. What are the major challenges they're facing? And then match them with resources in the community that can respond to those unique needs. And they are unique. None of these individuals are the same. Every last one of them present with some unique characteristics of their own. And so you really do have to try to customize the programs in a way that respond to their needs. Let me tell you a little bit more about



the profile of this population that we're seeing. 100 percent of them present with an addiction issue. Eight out of ten present with a mental health issue. Nine out of ten present with a criminal justice history, as you might imagine because of the lifestyle that they're living. And eight out of ten have a mental health issue. And eight out of ten are homeless. And so these are the people in large part that you're seeing under the bridges and in the

encampments. And these are individuals that simply do not in a lot of instances have the ability to manage their lives in a way that would make them more productive than they are. So what they, a lot of the people that you find in these encampments, that encampment life is a default. They are doing the best they can with what they got to work with. And so, unless we provide services directed to them that respond to their unique needs. And they have to be in response to their unique needs. Because there are some things that you would ordinarily think that we could do. And if they had that opportunity, it would solve their problem. An example is housing. Okay. A lot of us may feel that, you know, if we could just get them into a housed environment, they would be fine. But here's the problem with that. A lot of these people do not want to be housed, okay. And even if you put them in a house, they don't know how to maintain it. It becomes an environment that creates an awful lot of anxiety for them. Especially when you're trying to get them to conform to the behavior of that environment. It's kind of foreign to them. So it creates a ton of stress. And quite often what they're dealing with, the underlying issue going on there is they have a mental health issue. And they're out of compliance with their medication. Either they haven't been diagnosed. Or they was on medication and their medication was never adjusted to the point that it really responded to their needs. Or they don't like the way the medication feel. And so what they'd rather do is take drugs so that they can self-medicate. So it's not as simple as getting them housed or doing what we think might be in their best interest. It's quite often something that requires a very customized program designed for their unique needs. And it takes time. It takes a lot of time to determine what those unique needs are. So the reason that we developed this 18-month program is because we wanted enough time in these people's life to get a sense of what the major challenges that they was dealing with was. And then to get them on a journey of recovery. And then be there with them. Walk that journey with them long enough for them to be able to have enough experience with this changed behavior, which is what we're trying to get. Enough experience with this changed behavior for them to be able to sustain it. One of the other things that we knew, but it's been verified in [inaudible] this population is that they're not terribly trusting. So when you present to them, quite often you say, okay, we are here to help you. And here's what we can do for you. Quite often they don't believe you. And so they're not likely to take advantage of the resources that you offer even if they need it. Because they don't trust you. And so being involved in their lives for a long period of time give us the chance to build on that trust. And it's that trust relationship that we think is the key influencer that facilitate their behavior change. And that's, and once their start the journey, it's still a journey. One of the things that we know about addiction

is that it is a disease. And recovery is a life-long journey. It is not a destination. You can't put these people through a treatment episode and then think, when they come out on the other side, they're going to be okay. That's just not the way it works. Staying in recovery is a daily decision. And for the first three to five years it is a huge struggle. The research supports this conclusion. For a person to have an 80 percent chance of maintaining their recovery post-treatment, they have to be engaged in a recovery program for three to five years before they are likely to be eight out of ten or 80 percent chance to be able to maintain their recovery. There are no programs out there to support that length of recovery treatment or support if it's a form of program. So you have to be able to lay a foundation on these people so they can build their own recovery network. And then they have this community they belong to that will hold them accountable for their recovery. And will walk that journey with them. The 12-step community is an excellent example of a resource that's available to do that. And we've kind of like, the professional community is kind of stopped taking advantage of that resource. Because we've kind of relied on the therapeutic model to be able to make the behavior changes sufficient to get these people to want to get into recovery and then be able to maintain it. But what we're finding, especially with this population that we're dealing with. Because of the severity of their issues. Mental health. Substance abuse. Homeless. And the criminal history. That it takes a much more intense involvement in their lives to give them the best chance of having a long-term recovery project. So that's what's going on at the Houston Recovery Center. We welcome you to come by and take a look at us. You can see what it looks like. It definitely does not look like a drunk tank. Though some people may want to kind of equate to us a drunk tank. And you can because we do get a lot of drunks. We specialize in dealing with drunks. But it's way more than that. We do it all with dignity. With compassion. With humility and respect. And so, please, welcome to come by to see us. Thank you.

[Applause]

Harris County Protective Services

Dr. Barbieri >> All right. Last but not least, Mr. Alexander.

Mr. Jeff Alexander, Panelist >> All right. Good morning. I am Jeff Alexander. I'm the division manager for Harris County Protective Services. Depending on who you talk to, some people will say that I'm the deputy administrator. All that to say this, all I do is solve problems every day. As you all can relate. So I have a few of them waiting on me when I get back to the office today. So I'm glad to be here as a criminal justice guy. I eat this stuff up every day so. All right, make sure I'm pointing this thing to the right direction, oops. All right. Sorry, folks. I need to go back one. There we go. All right, I work for Harris County Protective Services for children and adults, as I stated earlier. One of the programs within Harris County Protective Services is the TRIAD prevention program. So I really want to lay the foundation before I get into the specific program that I'll be speaking about this morning. TRIAD, as you can read, and I'm not going to read all this to you. But essentially we have these three county agencies that came together. In and of itself these individual pieces existed way before 1998. But TRIAD as a unit was put together and constituted in 1998. Juvenile probation used to be called the MHMRA, but now it's the Harris Center for Health and IDD. And then, of course, Harris County Protective Services. We all supply staff that



do nothing, our very existence is limited to just really prevention and early intervention. That's why we exist. And we provide a number of services. But the one I'm going to focus on today, and I do have a brochure. I don't have the shiny version, we're out. So I just had my assistant just to print some. So I'll get those to you. But the program I want to highlight today is the TRIAD JP court program. What that program is, it's multiple parts as well. But we have a

number of staff who are housed in the justice courts. There's 16 justice courts in Harris County. We are in partnership with 15 of those 16. The 16th one is the one that's here downtown. And the reason being is that the schools and the, particularly we got referrals from schools and local law enforcement. But just due to logistic, it just wasn't very conducive to providing a lot of the services that came through the justice court here downtown. Basically what those staff do is they'll work with the youth and family as they appear in the courts. And the idea is to do alternative sentence recommendations. Not just do fines. Just to kind of give you some perspective on the fines. I had, we'll deal with, say, trancies. Disorderly conducts. School fighting. Disruption in school buses. Things like that. Those are the kinds of offenses, those class C misdemeanors, those status offenders. And just to kind of give you some perspective prior to, you know, another generation. When people came to justice courts, basically they would get fined and community service. Well, obviously that doesn't work for everybody. And we're trying to find ways to treat some of their needs or identify and deal with some of their needs as well as, you know, really hold them accountable. So there was one case that I can recall specifically where a mom, a dad and her son were in court for the son missing school. Truancy and parents contributing to nonattendance. Had had multiple absences at a rate of about \$500 a day. Added up to be \$15,000 per person. Because if the child isn't going to school back then, if your child isn't going to school, then you could be held accountable for your child not going to school; right? So we had \$45,000 worth of fines sitting in front of the court right now. And the dad, being the upstanding citizen as he was, the judge really, of course, didn't want to fine anybody \$15,000 or \$45,000. So the judge gave the family an opportunity to either go sit this out in jail at a rate of about 100 bucks a day or something like that. Or, you know, work on these programs. Well, the dad, who was pretty steadfast and being the person who was in control of the household, decided they weren't going to do anything. He wasn't even working. And he really just called the judge's hand essentially. And the judge said, okay, what we'll do is, because they had smaller children as well. So what we'll do then is, well, because you have smaller children. We'll have either mom or dad, you choose which one is going to go spend this time in jail for \$15,000 in fines. Dad let mom go to jail, who worked by the way. She had a job and worked, and he didn't. So I just couldn't believe that. So those are the kinds of things obviously, plenty of anecdotes that we can share with you. But it's just, you know, we can all share those stories. But a number of those issues pop up all the time. In terms of what we have going on staffing-wise, I really wanted to break that down to you to talk about the staff and specifically what they do in their individual roles. We have 11 full-time, what we have termed as court

liaisons. They are actually, when they go to work, they actually go to, they maintain office space in one of those justice courts. Well, you say, well, you all are operative in 15, but you have 11. And that's just mathematics. Simply because not all justice courts are equal in terms of the number of referrals that they receive. And we had, it's very hard for us. Plus it's just a financial consideration we had to take into account as well. Is that, if the courts aren't receiving the same amount of, or equal amount of referrals that are coming through. It's hard for us to justify putting a full-time person in that court. So we have several staff who actually share courts. So they'll go to one court one day, the next court the next day. Or they'll figure all that stuff out more locally. More specifically what they do is provide those sentence recommendations, as I stated earlier. You really don't want to fine them. You really don't want to do anything that's going to put the family even in more jeopardy. You really want to kind of figure out what's going on with this family? Why they keep coming back to court? Or is there something going on where, well, they've been brought to the court's attention. Is there something we can do to offset some fines and really connect them with a service that will help them with their circumstances? And that's what the role of the court liaison do. Just really just think about it as a triage. These folks do not carry case loads. They get introduced, a lot of their interaction is going to be in a matter of minutes when they deal with the family. If you've been to court, you know there isn't a whole lot of time sitting in an arraignment dock. There isn't a whole, whole lot of time spent on the individuals. Because it may be standing room only. So we have our staff to interview the families either, and there are a number of methods that's done that way as far as standing in front of the bench. With the prosecutor to the side. Or meeting with them in a different room. In a jury room or some hearing room. And then making recommendations. So there are a number of formats that we use. But the bottom line is that the liaison's job is to figure out as best they can, and they're trained to pick up on behaviors and things like that. But as best they can, to make a quality recommendation to the court of what kind of a social service referral that they can get. Occasionally, we'll have families who, one of the courts I'll identify, like out in Baytown. Pretty out there, across the bridge. You know, it's kind of isolated. So the community has used that court as a resource, that justice court as a resource when they have issues with their families and their kids. And they'll call the court asking for help. We have staff that are actually housed there where they can get diverted to our staff there. We'll work with the families to help them work out some of their issues in connecting with those service providers. Now, I will say this. Why we have staff who some may be social workers. We have some who are attorneys. We have some who have corrections backgrounds. Somebody like me. But we're all over the place in terms of just our skill set and our backgrounds, educational background. But it's all in that behavioral science, social science arena. Another thing that we do is promote outreach in the community. It's really big. While we've been around 17, 18 years give or take, but it's still, like, really the best kept secret I think on a countywide level. It's really try to promote what's going on in those individual communities. There are long-standing relationships we have with the schools that helps out a lot. All right, what have we got. Okay. All right, so the next step. One, in the early 2000s, mid, maybe 2006 or so, one of the things that we saw that was happening with the justice courts. Where we kept seeing the repeat offenders. And typically how that works is to graduate a situation where you'll have someone who comes in with a class C misdemeanor. And if they keep continue, you know, if they continue to re-offend or something like that, they can be held in contempt. And it could escalate to the district



courts. Well, what we were seeing were, as they were coming back, repeated truancies. Repeated, you know, family conflicts. Something along those lines. It was more than just trying to give them community service. We didn't want to get them deeper into the system. So what could we do to help work with these families to work through their problems? So we came up with an idea about, you know, our wraparound.

We have case managers at the justice court level. The liaisons will identify these youth based on some very loose criteria from Jeff Alexander. I mean, there's no science to it. I'm being honest with you. We just kind of look at the trends that we saw that were coming through the courts. Such as, oh, five minutes already. All right. All right, I'm used to, I teach at Lone Star. So I'm used to just going for three hours, just so you'll know. So, but, and I'll say this real quick. I'm almost finished anyway. But essentially, as we kept seeing these people come back for repeat offenses, we wanted to not get them deeper into the system. We wanted to really connect them with services and walk with them along the way. So we created some case manager positions that utilize the systems of care principles with the wraparound process. And that has proven to be pretty effective. I didn't want to get too deep into the numbers. I really didn't know how to go with this. Because I know I can do it in like 10, 12 minutes. But our outcomes for the families who have participated in the wraparound program, it's probably around 78, 80 percent. Those people don't re-offend within a year or so after they've completed the program. The last, well, the second to last part of our program, just one of the groups that we have within the JP court programs is parenting survival. As you can see the bullets right here. Basically, we have parents and their child report to this group. It's about three, well, it is three weeks. Three two-hour sessions that occurs over three weeks. They really focus on communication skills. They deal with, how do you conflict, I mean, how do you deal with conflict? How do you communicate with your child? How do you negotiate? How do you work out some of the problems? And the last one is the TRIAD truancy class. As the name would imply, it has everything to do with truancy. As you all are probably aware, truancy is a really, really big issue. Not this past session, but the session before that they did some overwhelming changes with the law that applies to truancy. They decriminalized truancy. And we're, and the schools are charged with creating some form of intervention prior to them coming to court. So this is one of those programs that was born out of that whole effort, just creating a truancy program. It's just one session, four hours. And we deal with issues specific to truancy and the problems that come along with that. So, by the way, I forgot to mention the little star down there. We do have part of our budget, we can buy gift cards. So as an incentive, if people come to our programs and complete those two groups, we can give them \$10 gift cards. With the last two minutes, one of the things I really want to expand on is the case management piece. One of the things that came out of it that really just kind of stuck with my mind as a former probation officer as well. I remember sending letters to families. And whenever they would, they recognize the letterhead because we dealt with the older brother and the older brother and the older brother. So they recognize the seal; right? So as soon as they get the letter, they just come to the office.

They already know what happens. But in that letter, specifically in that letter I would give them like 30-day notice or something to come back for a meeting or two day, I mean, two week. But they would get it like tomorrow and then come to my office. And what I figured out was that mom was illiterate. She recognized the seal, and she came. And I would ask her, did you see the letter? And not knowing, you know, being kind of, you know, ignorant on my part. But I realized that, you know, she's like, well, I don't have any glasses. Or, you know, things like that. Just coming up with excuses. And it dawned on me that, you know, if she had some extra help somewhere along the way, help navigate this whole criminal justice system then they would have a better outcome. So I really want to share that story with you because that has stuck with me for 20 years. So, all right, I believe that takes up my two minutes. So thank you, ladies and gentlemen.

[Applause]

Q&A

Dr. Barbieri >> Okay, so we have some time left for questions. All right, so the first question I have here, it is actually addressed to Mr. Kincaid. But I do think, Rebecca and Jennifer, you can touch on this with your Project 180. But the question asks, if you all could talk about the process of program planning. So what they say specifically, Mr. Kincaid, is that you talk about the Houston Recovery Center in 2010. But it didn't actually get online until 2013. So what was happening during those three years? So maybe if you want to touch a little bit on the process of creating a program and implementing it. And what that sort of looks like.

Mr. Kincaid >> So I was introduced to the idea of a sobering center in 2010, as I said earlier, when visiting San Antonio. So when we came back to Houston, the idea was being introduced pretty much for the first time in the Houston community. And with a project this size, it took time to get the leadership of the city to make a decision to invest in something like this. So the steps went kind of like this. We started an initial conversation with just some thought leaders. Basically individuals from the police department. Because it was absolutely essential that HPD specifically supported this idea. Because we were going to have to rely on them to pick these individuals up and then bring them to us. And so the conversation started with the lieutenant who took it to his chief. Who, we did not have to make a sales job, which made it so much easier for us. Because, as soon as we started this conversation with him, they all could identify with the challenge that this population posed, public intoxicated individuals. And how many of them they were having to deal with. And the only option they had at that time was either to turn them over to a responsible adult or take them to jail. And they were taking them to jail in droves. In 2010, it was about 20,000 people a year going to jail for public intoxication. And, you know, some other things that I think that kind of existed in the community at large that kind of moved this conversation forward in a positive way. And ideas that the city was already facing some heat about the crowdedness of the city jail. And the challenge that all those people were posing for the city being locked up in the jail. And also the city's desire to move its image forward on a national stage. One of the things that the mayor said at our ribbon-cutting ceremony was that city of Houston is working really hard to be a place of destination for big events. And I think you see evidence of that all over the place. All the new buildings that are downtown. Especially the hotels. What they've done to the George R. Brown. You've got Minute Maid and Toyota Center downtown now. And so



all of that was laying the foundation for us to be able to attract major events. And so one of the things that she said is that the last thing that she wanted to have happen, when people were visiting the city and they went out to a party and had a little too much to drink, was to end up in her jail. And so she wanted a different option for them. And so I think that was one of the things that made it pretty easy for her. But we are a local government corporation. We are a nonprofit organization created and basically owned by the city of Houston. And so to bring an organization like that online you have to get approval from the leadership of the city. That starts with the mayor and city council. And so it was inside of that three years that we developed this concept. We developed the plan for it. We put the budget together.

The staffing plan together. They found a location for it. Then they created [inaudible] organization. The local, the LGC and the local government corporation. And we did all that inside of three years. So that's what was going on inside of three years. And, you know, I was kind of the person that introduced the idea. I worked for the counselor of recovery at that time. I'd been in the field for like 30 years. And so I was not a, I was not present to, knowledge of what was going on every step of the way. So every once in a while we'd have a lot of, a flurry of activity. And then would go dark, you know. And then you'd have a flurry of activity, and then you would hear nothing for weeks. Sometimes you wouldn't hear nothing for months. And then it would be another flurry of activity. But each time I got pulled back into the conversation, the idea had been advanced. And that was the conversation that was going on with the police department. The conversation that was going on with city council. The conversations that was going on with some of the other decision-makers that was necessary to cause this organization to exist now. You know, figuring out who would house the organization. What kind of housing structure it would need. And then basically creating the corporation. Getting the board of directors. And then funding it, getting the money necessary to fund this project. Is all of the stuff that took place inside of three years. And three years may seem like a long time to start an idea to actual operation. But when you talk about something the size of this, I think it happened at neck-breaking speed. To go from zero to be in operation inside of three years with a project the size of ours. We are a 24/7 operation. My staff is about 50 people. We have an operation budget of \$1.6 million. And we did all of that from the idea of bringing this resource to the city to being in the building and operating this service, we did it inside of three years.

Dr. Barbieri >> Rebecca and Jennifer, did you want to talk about Project 180? I mean, it's certainly applicable to the question.

Ms. Pfeiffer >> Jennifer 100 percent made this project happen. So you should definitely field that question.

Ms. Varela >> That's not true, but thanks.

Dr. Pfeffer >> She did.

Ms. Varela >> You know, as I'm listening to you, I'm very impressed. What you're talking about is, the action took place within a social movement, is really what happened. So I feel like, you know, for this project we're inside of this social movement. And it looks like, it may look like the DA's office is taking all this action, and we are. But really what's happening is we are part of the social movement. And this is the right time to try something like this. If we had this idea ten years ago, you know, it wouldn't have happened. So we're, and it's exciting. And as a social worker, we live to be, you know, this is like fun for us, you know. But it took a lot, it's, boy this just sounds like our story, you know. Hey, let's do this, you know. And then we talk, talk, talk. And then you do other, you know. And so for us a lot of this was, we have a lot of partners that come from different areas. This is a criminal justice project. We are working with police departments. But it's also a social service, a social work project. We're working with social service agencies. And it's also a research project. You know, we need research to tell us, are, is our plan viable? Does it make sense based on what we know from, you know, from things that have happened in the past? So, you know, you take, and not all these groups have the same goals; right? So you have to, you know, we kind of keep doing this until we all can come and say, okay, we can do this. And so one thing about our project is, one of the things that I kept hearing a lot. The prosecutors and the police officers do not feel good about seeing prostitution sellers with convictions. I kept hearing that. And I even listened to people as they were extremely conflicted about getting convictions on this population. Nobody was like, you know, it was different, it's different, domestic violence. You know people, want convictions over there. Or in, you know, sex crimes. You know, sexual assaults, people want convictions. But I was hearing a lot of conflict from criminal justice professionals about convictions. And so to me that looked like, okay, maybe that's somewhere we can start. And sure enough the police departments that we're working with on this issue love this project. They love, you know, they can get behind it. And we also found out the community agencies can get behind it. And then, of course, we have Dr. Pfeffer who, you know, is really leading. She's leading, you know, the research. You know, it's her research that, you know, I was at her presentation. And I'm like I need to meet her, you know. I just like tackled her after the presentation. And then we were like best friends ever since. But so, you know, so and then, you know, part of it is just the day-to-day project planning that any project planner does. You find out about who your population is. You find out what their needs are. You find out about what's available to fill those needs. And then you ask for money. And when you find out how much money you can get, then you reduce your plans for service, you know. And, you know, so that's it.

Dr. Pfeffer >> And I think something really important that's sort of at the crux of this whole event is that none of these things that any of us have talked about would necessarily be politically popular to somebody who doesn't understand how criminal justice works. So people who are really tough on, who want, you know, the tough-on-crime stuff. Who are really staunch about how we treat people who come into contact with the criminal justice system, wouldn't on the surface support any of these projects. But what we have, the power that we have, the place where we get leverage is in data, is in our numbers. And that's how we can support, how we can make a case for these programs to exist and to be successful. And I think that's been



evident in all of these presentations. And that's why these types of partnerships are incredibly important. Because, you know, working together I can also, you know, in doing this evaluation, provide you the tools that you need. And show the rest of the country what we're doing. And how it's working and how it's not working, if they want to model programs like ours.

Ms. Varela >> Yeah, and for our program that's one of the reasons that the governor's office was really excited about funding this particular project. Because it is something that is different than is happening anywhere in the country. And so they were very excited and actually offered us funding to develop this project. Because they see the, that this is a model. This is sort of, not sort of. This is the next step in how we look at this issue. And we're going to see, you know, if it works, what works and what doesn't. And I think people across the country are going to be very interested in what we find out.

Dr. Pfeffer >> And the funding was just announced yesterday for a million dollars from the governor's office for this project.

Mr. Kincaid >> That's amazing

[Applause]

Mr. Kincaid >> I don't know if the question asked about the value of data. But I will tell that you we are also a very data-driven organization. We have been since day one. When we talked to evaluators about, when they get a glimpse of the data that we've got. How much data we got. The quality of the data we got. They get excited. They get giddy, as a matter of fact. Because what researchers like, is they like good data. If they don't have good data to work with, then it makes their job so much more difficult to do. And what we realize is that, although we think we are pretty, I don't want to overstate our understanding of data. We place a high value on data, let me say it like that. But we don't trust our understanding of data sufficient to be able to communicate what we have to offer our community. So we've engaged University of Texas School of Public Health to actually evaluate us. They're about six months into the evaluation now. We have used data to drive all our decisions in terms of the expansion of our programs. And, as I said, we're running about five programs now, starting with the sobering center. And all of the programs that we developed following the sobering center was pretty much born out of needs we identified through our data. Even the model of the program that we're running is largely influenced by the information that we gathered on the needs of the population that we're seeing.

Dr. Barbieri >> Great, all right. I didn't want to interrupt anybody. Jennifer, you had started talking about, I think would be a good segue into our next question, which is on convictions. So the questions ask, if the punishments are sort of equitable across the buyers, the sellers and the traffickers, one might assume or given the impression that the sellers are getting the harsher convictions. Could you maybe shed some light on that?

Ms. Varela >> I think as a group. I mean, I think, I don't know that you can compare all three of those groups. I think if you look at buyers and sellers, which is the same level of crime, we're not seeing equity. For example, in the past for our sellers, we had this specialty court model. Where they could have the opportunity, and it's not that anybody went and said, hey, let's make an inequitable system. But when you step back, I think that's what we see. So when you look at the diversion that we had for sellers, you know, they would be offered this long diversion program. Which, you know, could be from 9 months to 12 months. And the idea was that they would be offered services within this program that targeted their needs. Well, what we found was it was very difficult for them to, for some of them to complete that program. Whereas, for the buyers, their pretrial intervention might look like a two-hour online class about AIDS awareness or trafficking or, you know. So you're not even, we're not even offering them the same in terms of time intervention. So, yeah, that was not, that's not equitable. But those decisions were not made because people in criminal justice wanted to hurt them. What, I think what they're thinking is these are the, this is what they need to help them get better. So this is what we'll offer them. Does that make sense?

Dr. Pfeffer >> There's also the problem that sellers are always selling. They're, they sell over and over and over again every day. So their chance of being picked up by the criminal justice system is much higher. Buyers buy once in a while. So they're much less likely to be targeted in a law enforcement operation and arrested. So their punishments as a first time arrestee are going to be different than a seller who's been arrested for the eighth time. And that's just the nature of what law enforcement is doing and who's easy to target. So it's sort of a stacked problem with multiple dimensions. And then there's a social component where we sort of think, you know, sex buying is just boys being boys. It's just a sort of normal male behavior. Whereas, women who sell sex are very highly stigmatized. So there're all of these different social problems that sort of lead to this inequity. So, of course, it's not, you know, a decision that's made that one is worse than the other. But because of all these layers of problems, that ends up being the result.

Ms. Varela >> Does that answer the question?

Audience Member- Mr. Charles "Terry" Pelz >> Where is the law enforcement focus?

Dr. Pfeffer >> They're changing their focus.

Ms. Varela >> Right. So one of the things that I saw, you know, not just me. But is, why are most of the sellers women and, you know, that are being arrested? And so what's happening, and this is what we call one of those unintended consequences. So what's happening is that we do want to focus more on traffickers and get to these pimps, these exploiters. And so one of our methods for doing that is to arrest sellers with the hopes that we will talk to them and they'll tell us who their exploiter is. So that's an unintended consequence of targeting one gender. So, of course, you know, what we found was that is not, we don't think that's the best way to do this by asking them. So, you know, if, one way of identifying who the seller is is, you know, through these stings. And then we ask them, even if the interviewer is, like I said, very talented in trying to go get information but you know, but, you know, they just are not typically going to give us that information. And, but if we, so what we started doing was we



started looking at it from a trauma-informed perspective and from the perspective of these sellers. What we know about these sellers is that they are highly traumatized people. As a social worker who's, you know, who's been a social worker my whole career. I have never encountered a group of more hurting people than prostitution sellers. And the ones that we see, they kind of have a very similar story. They were, started as childhood, sexually

abused. Nobody helped them. I, everyone I talked to tells me the same thing. And when I talk to people who are doing this work, those are the stories they're hearing. Sexually abused as a child. Not believed. Not helped. Not saved. Not validated. There's something with that combination, I think, that is just extremely damaging to people. And many of them have runaway at age 12, 13 to try to resolve this abuse issue themselves. And that's how they're ending up. And then, you know, when we're seeing them, they're 18, 19, 20.

Dr. Pfeffer >> At that point they're not going to respond to somebody asking.

Ms. Varela >> They're not. That's where I was going.

Dr. Pfeffer >> They're not going to self-identify.

Ms. Varela >> No.

Dr. Pfeffer >> As a victim they don't see themselves as a victim. They've been arrested many, many times before. So why should this time they identify as a victim when they've been labeled an offender over and over and over again, stigmatized when they have no healthy social outlet? They just don't self-identify. So if you ask them, if do you an interview and say, are you a victim of human trafficking, they will always say no.

Audience member, Dr. Beth Pelz >> And are you finding any significant proportion of the sellers are also intravenous drug users?

Ms. Varela >> That almost, I would say almost all of them have substance abuse issues. I would say the IV drug users are probably, I really don't know how to answer that question. I can say from my interactions, I would see that more with older people. Not so much the younger people.

Dr. Pfeffer >> And I think we're only seeing those who are arrested. And the ones who are arrested are the most visible for the most part on the street. So probably our population and Leonard's population overlap a little bit. And the higher functioning people engaged in selling who still absolutely face and come with this trauma background are not typically those that are picked up by law enforcement as easily. So we don't, what we're seeing is not necessarily representative of the problem. I think we're seeing an overrepresentation of that because they're the ones who are easy to target and arrest and ultimately end up in her office.

Ms. Varela >> Where I see those people are on our, so we also handle adult sexual

assault cases. So in our division we handle serial rapists and aggravated sexual assault offenders. Where we're seeing those people are on a lot of our serial rapist cases. So when I was developing, you know, looking for who that population is. And I'm pointing to you because these are your people. You know, we have the same, about 20 percent of that population are homeless. You know, serious drug addictions with, you know, when you look at their criminal histories. It's prostitution, drugs, prostitution, drugs, you know, for like 20 years. So that's who we're, about 20 percent of our serial victims on our serial rapist cases would fall into that group.

Mr. Kincaid >> So if I may, I heard in your question is, was, are the individuals selling, are the individuals selling their body to get money to support their habit? Is that, was that the question you were asking?

Audience member Dr. Beth Pelz >> More to...be in a mental state to participate.

Mr. Kincaid >> Participate, okay, yes.

Ms. Varela >> Yeah, it's all connected.

Mr. Kincaid >> Yes.

Ms. Varela >> Yes.

Mr. Kincaid >> The answer is yes to both of those, yes. And quite often it's to mask their emotions, okay, so they can be, so they can actually conduct those acts.

Dr. Pfeffer >> And we actually see it as a mechanism that traffickers use to control victims.

Mr. Kincaid >> Yes.

Dr. Pfeffer >> Is to get them addicted to drugs so that they'll comply with the demands of the trafficker.

Dr. Barbieri >> Okay, and we've got two questions left. And they're both for Mr. Kincaid. The first question asks if you can just sort of explain the process that happens. You pick someone up. They come to your center. What happens? What do they do? Do you keep records of them? And then the other question is what happens to the 30 percent of your individuals who just don't quite make it? Are there other resources? Or, you know, what happens with them?

Mr. Kincaid >> So the process is, when law enforcement bring a person to the sobering center, they're greeted at the front door when they bring them in. And welcome to the sobering center. And basically they're given a really brief explanation of what they can expect while they're in our care. We want them to know that this is a, that they were brought to us for safety reasons. And that they're really not in trouble with the law. Once the police officer take those handcuffs off of them and stay with us until we get them through the intake process, the officer is free to go. That takes about seven to eight minutes for him to turn him over to us. And that person is only required to stay with us until they're sober enough to not be a threat to themselves or others. On the average that takes between four to six hours. And that is about how long the average number of people that are brought in stay with us. This is especially true for professional people. The stay with us is totally and completely voluntary, okay. Once the officer turn these people over to us, they have no other legal

entanglement. They didn't get a citation, so they don't have a court date. They don't have a fine to pay. It was a free get-out-of-jail card. And so my staff is extremely skilled in getting these individuals to understand that. And you might imagine that, when people are brought in that are under the influence, that we see all kinds of behavior. And some of the behaviors can be so aggressive that the officers are concerned about our safety and our welfare. And they will choose not to leave that person with us, and we'll support that. And some drugs make individuals more prone to that aggressive behavior than others. Bath salt is an example. PCP is another example. Those are drugs that we generally do not take into our facility. Bath salt, we will not take. PCP, we will take conditionally. Because those individuals can be so aggressive that they can hurt somebody. They'd hurt other clients in the facility. They could hurt our staff. They can even hurt themselves. And so we want those people in custody. But once they turn that individual over to us, we'll search them with the officer present. Because we want to make sure that if, this person's carrying anything that the officer needs to take responsibility for, the officer's present to do that. But we're particularly concerned about are weapons. Any kind of weapon that they could use to hurt somebody. Whether it's a knife or a gun. And believe it or not, we've found both. Quite a lot of knives. Not many guns, but we found those too. And drugs. We're very concerned about the drugs. They can't bring any drugs into our facility. And so, if we find drugs on them that the officer did not find before he transported them, then we want the officer present to make a decision on what they're going to do. Generally, what he's going to do is call the DA's office and say, will you take charges on this? And they'll say yea or nay. And, but they have to deal with that before they come into our facility. Once they clear that initial intake process, they are checked out by EMTs. We have EMT, basics, staffed at our facility 24/7. And they are there to make sure that the individuals that we take into our care that we can manage. Our goal is to provide safety for everybody that's in our care. And so if they determine that this person is in a health crisis or near health crisis, then we're likely to transport that person out. If they think we can manage them, because we've got really tight protocols for managing their help. Our protocols were developed by the three doctors that's on our advisory board and our medical director who is an addictionologist. So from the medical side, we think we're pretty covered in terms of understanding the range that we should accept people in terms of their conditions into our facility. Because, again, we want everybody to go home safe. And so, if we feel that we can't manage their care, then we'll call 911. And they'll transport them. If we feel we can, even if they're borderline, sometimes we'll red flag them. That mean we're going to monitor them every 15 minutes while they're in our care until their conditions improve. Otherwise, we just take them into the dorm areas once they clear intake, that part of intake. Which is the EMT health screening. And we've got a dorm for women and a dorm for men. We can accommodate 16 women and 68 men. And that's about an 80:20 ratio. The reason for that is, when we were doing our research to start the project, what we discovered was that HPD police arrests was 80:20. About 80 percent men were arrested for public intoxication, 20 percent were for women. Now, I don't mean to suggest that men drink a lot more than women. I just think you guys are a heck of a lot smarter. And so, once they're into the center, we expect them to stay with us between four to six hours. Until they're sober enough to be safe to leave. Or they can call somebody to come and pick them up. They could even call Uber. And quite often that's exactly what they do. And, you know, and we get people from River Oaks to the streets. So you can see anybody in that facility on any given day. We actually get a lot

of people who are traveling through the city that's picked up at the airport because they're not allowed to get on the next plane. They may have had a layover. And, you know, and just consumed a little too much to be allowed to get on the next flight. And so, and then they're upset about it. And they get called to law enforcement's attention, and they bring them to us. And we've had people from all over the globe in the facility. And some of them don't speak any English. And they cry the whole time they're there for four hours or so. So but, you know, the place is compassionate. We're very caring. So everybody, the one thing that this communicates, whether they speak our language or not, is that they know that they're being surrounded by people that care about them. And that all we're concerned about is their safety. And we'll be happy to get them back to their, assist in getting them back on track to get to their destination as soon as they're safe enough to be released. Now, for that 30 percent of the population. When they're in our facility, the recovery support specialists are engaging with them. Recovery support specialists are peers. These are all people that lived the experience. They've completed a training program that qualifies them and certified them to be peer specialists. So they are talking to people whose life circumstances they have already lived. They are now in recovery themselves, so it puts them in a position to hold a pretty authentic conversation about what's going on with that individual. And it's because of that experience that I think that they have a tremendous amount of credibility in engaging that population and are very successful in doing that. That conversation is all about how can we help you? How can we help you not find yourself in this situation again? And when we get a person that says, yes, we want your help, then that person get turned over to a clinical person. The clinical person is a licensed chemical dependency counselor. They will interview them to do an assessment to determine how severe the problem is. Once they determine that, we find resources in the community that we can match them with. The only services that we offer is the case management and peer support and an 18-month program. Any clinical services that they receive, they will receive those in a community setting. We have partners that cover the entire landscape. Our goal is to get those individuals in a safe and supportive environment. A lot of the providers that work with this population, when you present for help, quite often what they tell you is that there's no beds available. So we got to put you on a wait list. We don't believe in that. We feel like we got one shot at this person. If they're saying they want help, we have to take care of it right now. When you leave us, you're headed to the facility where you're going to get some help. Now, quite often we run into the same situation that these other providers do, which means that there are no beds available for that level of care. But we understand that there's a whole continuum of care that you can plug these people into. It's not, that's not your only option. And so, if we can't get that person into that level of care, then we move to the next level of care. And it may not be the ideal, but because we work so closely with them, that means our case managers, we see them sometimes when they're in another facility's care. We'll see them every day. The peer specialists may see them every day. The case manager may see them every day. To make sure that they're connecting with that facility and that they're getting their needs met. And because we have this 18-month program, sometimes we move these people through four or five different care settings. We may start with detox. They may stay there are for a week. We move them then to a residential center. Then they stay there for up to 90 days. We move them from there to another recovery friendly environment. It may be a Star of Hope environment. Open Door Mission environment. A Reed Center, which used to be the men's center environment. Salvation Army environment. All of those are primary settings for our clients. And we rely on them very heavily. And we can move them past that to other levels of care. Our goal is to have these individuals in a safe and supportive, recovery

friendly environment so they can continue to do their recovery work. And we're there to walk that journey with them every step of the way up to 18 months. And we have some people that's graduated our 18-month program and are still in contact with us. We've had people that we took off the street that have graduated college with an MBA. And sometimes it just take a little bit of shifting in what's going on in these people's lives to get them sorted out. And then they have huge potentials. Huge potentials. We got a guy the other day that graduated our program that, and now he's got a really good job. But he found a young lady that was outside of the building that he presently work in. He brought her to the sobering center. We could not get this young lady to talk to us at all. We knew she had been severely traumatized, but she was six months pregnant. She was like 25 years old. And so we worked with law enforcement to actually get her to, I think we first of all got her to MPC. Because we knew that there was something going on there psychologically. And it may have been just the trauma. But it may have been more to it than that. We didn't know. That's not our area of expertise. But what we were able to do was get that individual into care. But the point I want to make is that that started with a client that graduated our program. And so now we have a lot of clients on the streets and in the community that's graduated our programs. And now they become champions for us. So that's just an example of how far reaching this can be. Over half of the people that enroll in our 18 program today, 18-month program today walk in off the street. Most of them have either come to our facility before or somebody who had been through our facility told them about our services. And they came down, knocked on our door. And said, we understand that we can get some help down here for this issue. And we're happy to say yes.

Dr. Pfeiffer >> You know, we model that, our care idea off of yours, having, I studied it a little bit. And we wanted the same thing, for clients to be introduced to the options of care available. And, but they didn't, if they weren't ready, then they don't have to take them then.

Mr. Kincaid >> Yes.

Dr. Pfeiffer >> So one of the things we're going to do is follow-up and see are they coming back later? And when they do, what are the types of supports that they're looking for?

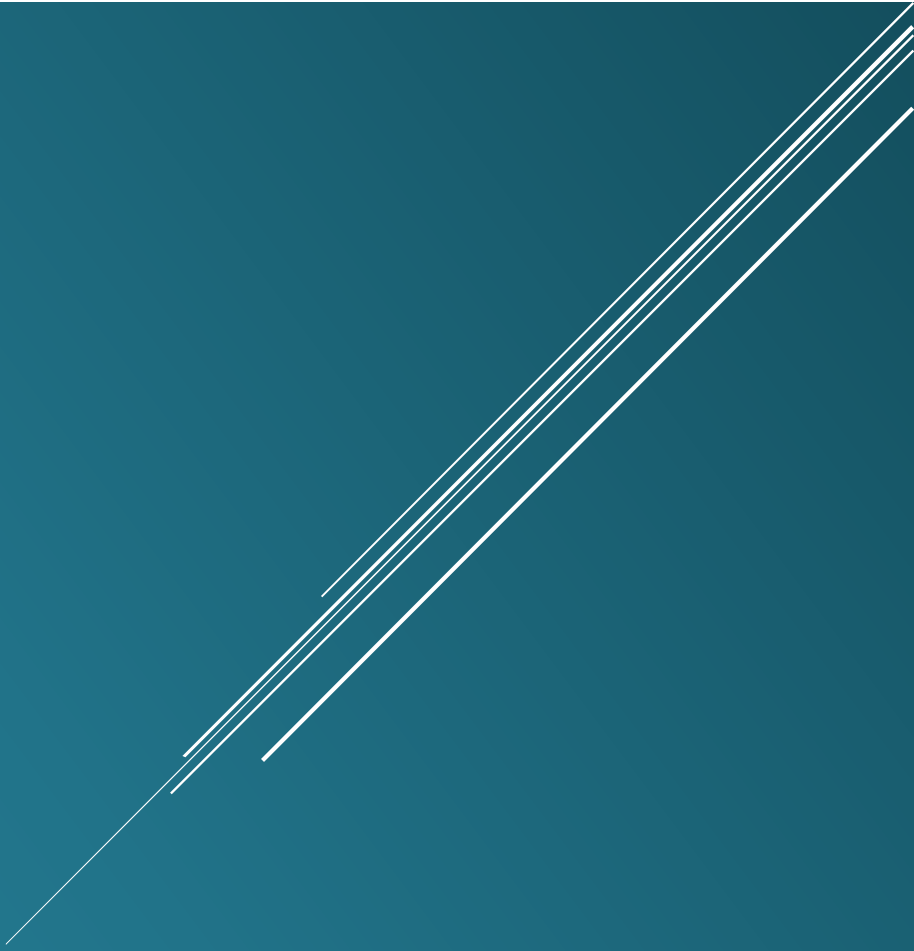
Dr. Barbieri >> All right, I think we have time for one last quick question. I believe this one's also to Mr. Kincaid. For the individuals that you are not able to accept into your care for some reasons. Or that maybe aren't even brought to you, they're just sort of brought directly to jail. Are there any services in jails to assist them with their sobriety or their addiction? And do you work at all with AAA maybe for those cars that they maybe brought to that bar that they aren't able to drive back home?

Mr. Kincaid >> I need to make a note of that one. Actually, no, we do not work with AAA at this time. But we do work with the jail. We have since we started our program in 2013. One of the things that we realized is that, when we miss these individuals. Or whether they came through our facility and we offered them help and they said no. And we know they have an addiction issue and maybe a mental health issue and a criminal justice history and homeless. That they are likely to get arrested or come in contact with law enforcement again. And so our strategy was, okay, where are all the points that we can find this person? Okay. We know jail is one of those places we can find them. So might we have more success if we intervene while they are in jail and offer them help again? And so we actually placed a staff person in the jail who

works inside of the jail. There is a substance abuse program inside the jail and we work really closely with them. We started that relationship by working with the mental health division inside of the jail. Because we know that they have a detox facility inside the jail. And so we thought that would be an ideal time to intervene on these people while they come out of detox. We identify them while they're in detox. We started this relationship with them. And then, when they come out, we have a care plan for them. So we can feed them right into a recovery program. But we've since expanded on that, and now we work with the general population. We work specifically with the drug program in the jail. The drug, and there's a really robust drug program in the jail. So our goal is to work in partnership with them so we can provide a pathway for reintegrating those individuals back into the community with a care plan. Rather than them going through that program in the jail and then just getting discharged.

Dr. Barbieri >> Great. That's all the questions that I have. If anyone's got any last lingering questions or comments, otherwise we will move onto lunch. Again, that's in A300. It's sort of behind our room here, around the corner next to Starbucks. And don't forget that, on the back of your chair, you do have some swag and a lunchbox. I know it's probably not as fancy as Oprah giving away cars. But thank you all for coming and have a great day.

[Applause]



COMMUNITY-BASED JUSTICE

Innovation in Criminal Justice: Community-Based Justice University of Houston-Downtown College of Public Service



with us this morning, and I will introduce them in just a moment. But prior to that, I do want to say that we do have CLE's available, so if anyone needs continued law education credit, please see our students at the table in the back. Also, if you need Social Work credit, we have CEUs available for social workers, and the folks in the back can help you with that as well. I will be keeping time for you guys, so we can make sure that everyone has an opportunity to speak, and I have some signs here that I'll hold up when it's getting close to your time being up all right? Let's see, what else, and the microphones. So I've been instructed to please ask you to do your best [laughs] to speak as close to the microphone as possible. Not too close, but enough so that we can get an accurate recording for the transcripts. So let me introduce our speakers today. We're very pleased to have our own Dr. Lori Lovins. Here, she is an Assistant Professor at the University of Houston Downtown, in our Criminal Justice Program. We also have Stuart Berry, who goes by Stu, and Stu is the Special Projects Director for the Lucas County Juvenile Court in Ohio, is that correct?

Mr. Stuart Berry, Panelist >> That's correct.

Dr. Smith >> Okay, welcome. We also are pleased to have one of our graduates from the Bachelor of Social Work Program, Janet Kasper. And she is the Program Supervisor for the Child Sex Trafficking Team at Houston ReVision. And we have Dr. Laura Van der Lugt, and Laura is the Director of Research and Innovation at the Suffolk County Sheriff's Department in Boston, Massachusetts. Please help me welcome our panelists.

[Applause]

Dr. Smith >> Okay, so we'll just start and Stu is going to go first.

Special Projects Lucas County Juvenile Court

Mr. Berry >> Good morning. I'm the guinea pig. So I'm really bad at microphones, so if I start wandering, just do this [laughter], so I'll go back, because really, like I'd be out in the back speaking to you directly, that's what I'd like to do. So I was determined we weren't starting until there were more of you than there were of us [laughter], so I think we've accomplished that, so we can get started. It's also so I believe is it 12 minutes that I have? 12 minutes. So it's Andy Warhol's notion reduced to 15 minutes of fame has now been reduced to 12. So I'm going to do a blitz. So don't stop me, you know, once I get started, just don't stop me, just keep doing this and I think we'll have time for questions afterward. So I guess the primary thing we're here to talk about is community-based justice, community-based treatment, community-based intervention, and why is that important? And I think the starting place for that is a vision that I've applied now for over 30 years in my work. Dana had mentioned that I'm the special projects director in Lucas County, but that's a little piece of what I do. It's two days a month. I actually am a Consultant for the Annie E. Casey Foundation, the MacArthur Foundation, so I travel around the country doing juvenile justice reform. My job is to change systems to work better for kids, for families, for the community. And so within that context, I apply a single principle. And the principle is, what are we trying to accomplish what defines effective juvenile justice, and I would say it's three things, no matter what. No matter what you're doing, whether you're policing, whether you're prosecuting, whether you're judging, whether you're probationing, whether you're teaching, that those three things remain constant. One is that we are responsible for ensuring community safety. We want juvenile justice programs to enhance community safety. Secondly, we want to help troubled young people become contributing adults. Youth development. Rehabilitation. Whatever tag you want to call it. By statute in some places it's called "best interest of kids." But we want to equally apply that principle. And I think unlike the adult criminal justice system, the juvenile justice system, which was founded in 1895, by placing the first kids on probation to a farmer, who said "I'll take care of these kids, I'll put them to work, and I'll figure out a way to help them get over what they've been going through, being in trouble, and do something positive." The advent of that brought about the definition of juvenile justice. And juvenile justice has always been about the symbiosis between community safety and the best interest of kids. The third piece is that we have to be cost-efficient. That there are often within juvenile justice systems we don't--we ignore that altogether. We don't pay attention to the fact of what the economics are of



what we're doing. So when I look at, when I look at effectiveness, I want to look at all three of those outcomes. Do we increase community safety? Do we represent the interest of kids? And do we do that in a cost-efficient and responsible manner? Ultimately...ultimately the way we gauge that is based on results. And fortunately, in the year 2017, in the places I go, we have a lot of capacity for data. So data allows us to measure all three of those things, and it allows us to kind of define the difference between locking kids up and sending them to out-of-home placement, and keeping them in the community. And so what I'm going to tell you is very simple, and I travel around the country. I've had in the last five years projects in New York City in all five boroughs in New Orleans, Chicago, across the state of Illinois, across the state of Alabama, across the state of Louisiana, Camden New Jersey, Minneapolis, St. Paul, and I'm only saying that to say it's a broad, brush-stroke picture. And what it tells us is, community-based treatment, generally speaking is more enhancing of community safety, is better for kids, and is more cost-efficient than locking kids up and putting them in placement. Because what do we get when we lock kids up and put them in placement? Well, we get our pound of flesh. We get our sense of if you do the crime, you do the time. And we get a period of time in which those kids do not commit crimes in our communities. Not that they don't commit crimes, because there is a lot of crime in institutions, whether they are incarceration institutions, or placements, there is a lot of illegal behavior that goes on. But in our communities, we create a sense of safety for however long that is. It's not forever. When you are talking about kids, you're talking about, on average, maybe a year. Sometimes six months, sometimes 18 months, then they're coming back. And so it's kind of the old Midas commercial, you know, pay me now, or pay me later. Because when they come back, and we place them in situations in which they don't gain skills, there is not positive youth development, sometimes they're not treated very humanely, and we often take lower to medium risk young people, and put them in with very high risk young people. What happens when we do that?

[Inaudible]

Mr. Berry >> Right, do the high risk kids get better? No. I mean, there is a lot of data about this. Lori is long-affiliated with University of Cincinnati, and Ed Latessa, and the Risk Principle. And basically what we know, you put low-risk kids in with high-risk kids, the high-risk kids don't get better. It's not like they say oh, look at these nice kids, we're going to be like them. But the low-risk kids get worse. And that is what we have to pay attention to. This isn't about being smart, or tough on crime. This is about using information that is available to us to do what we know. So quickly, some key concepts. When we think about



community-based treatment, the first thing we need to think about is right-sizing the juvenile justice system. That means creating an effective gait that keeps the right kids out of the system. Systems at this point that I've worked with have reduced their incoming population by 60 to 70%, by diverting kids, in Lucas County, Toledo, Ohio, no misdemeanants go on probation. Zero. You have to commit a felony to be on probation. They have a thing called misdemeanor services, which is kind of an open-ended disposition. You do it, you comply, you do well, you're done. Case is dismissed. So these kids don't wind up on probation, but just in general, we really have to be careful with right-sizing the system for two reasons. One is the risk principle. Low to medium risk kids coming into the system produce bad outcomes, and cost a lot of money. The second thing is, when we bring those low to medium risk kids into the system, what happens? We have probation caseloads of 60 and 75, and 100. And the kids who could respond to probation do not get the attention that they need to. So, if you're a PO, and you have 70 kids on your caseload, are you meeting with families? Absolutely not. If you have 15 kids on your caseload, can you meet with families? So the New York City Department of Probation, the biggest in the United States, five boroughs, 4,000 kids on probation now has caseloads of 15. Because of their ability to right-size, to keep low-risk kids out of the system, to divert them at the prosecutorial level, at the police level, at the intake level, at the judicial level, and to say these kids don't belong in and they will not do well if we bring them in, we'll create more problems for ourselves, and if we keep them out, for those 15 kids on this person's caseload, we can expect a family engaged case plan. We can expect some goals that are meaningful. In 2002, the National Council of Juvenile Court Judges, juvenile and family court judges, conducted a nationwide survey of 20,000 participants and asked a series of questions about juvenile justice. Amongst that were 700 or 800 juvenile judges. And one of the questions they asked the juvenile judges was, why do you put kids on probation? What do you think the answer was?

An Audience Member >> Punishment?

Mr. Berry >> Punishment, okay what else?

An Audience Member >> Keep an eye on them?

Mr. Berry >> Keep an eye on them. Keep them out of jail. You guys are optimistic. The most prominent answer was, they've got to do something. What does that say about what our purpose is, when we involve kids in the juvenile justice system? Don't we need to know what the end result is? My favorite American philosopher is the great Yankee baseball player, Yogi Berra. How many people know Yogi Berra? Yeah, the rest of you, go Google Yogi Berra [laughter]. Yogi Berra was not only a great, great all-star catcher and outfielder for the Yankees, but he said things that nobody could believe. He had a whole dictionary of Yogi-isms. And one of the things he said was "If you don't know where you're going, you won't know it when you get there." Right? So when we put kids on probation, if we don't know what our end game is, what our end result is, how do we guide them in that process? And where do we guide them in that process? We guide them in the community. With their families, using positive youth development, using a case plan that says to families they have three minutes, that's what it does to those families, you have three minutes [laughter], so...the truth is, often what happens when kids and families come into the system is that we take a bunch of terms, that somebody in a black robe with a gavel sitting two feet higher than everybody else tells them they have to do, and we translate that into something we call a case plan. Now, is that meaningful for those people? Did they want our help? Did they voluntarily come here? Did they go on Yelp and say "best probation department?"

and said, "We want to come here." No, they didn't. So how do we engage with them and their families? We create meaningful case plans that address issues that are important to them. Meeting them where they are at, in small increments, earning their trust, and developing a relationship. So I know I'm way, way off base time wise, so I'll quickly tell you because in my work, I've spent a lot of time keeping a lot of different kinds of



kids in the community. So I've been involved in developing a national tool called the Adolescent Domestic Battery Typology Tool, which was designed out of work I did in Illinois, then validated through National Youth Screening Assessment Project. The idea was that kids who come into the system for family violence are automatically assumed to be at risk, and the truth is, they're very, very infrequently are at risk. They all wind up in detention centers, because people have the hair on the back of their neck stand up at the concepts of kids hitting their parents. Firstly, the vast majority of them did not hit their parents. They threatened, they said something, they argued. Secondly, sometimes when they hit their parents, they hit their parents because their parents have been hitting them for 10 years. So we've been able to create a typology of kids. And that has reduced the number of these kids who wind up in detention centers by 90%. So these kids always wound up in detention, even though detention centers have mandatory risk assessments, and they didn't meet the criteria, but they were overridden, because somebody said no, no, these kids present risk. So that is one group of kids. And the other group of kids that I want to briefly talk to you about is juvenile sex offenders. How many people have some visceral response when I say juvenile sex offender? If I go in the street, I mean, if I go in the street, and talk to people about delinquents it's one thing. But if I say juvenile sex offender, it's something else. Because people have a very strong sense, they watch John Walsh on TV, they read reports in the newspaper about what happens to kids, they see movies about people sitting in raincoats outside the school yard, doing their grooming for kids. Well, so, I'm going to tell you juvenile sex offenders are probably the most treatable and lowest risk kids in the juvenile justice system. And in Toledo, Ohio, 10 years ago, we decided to do something different. They actually brought me in as a consultant, I assessed their 20 years of work with juvenile sex offenders at the time, they've got 60 kids a year coming in. Fairly high number of adjudications. Now personally, juvenile sex offender, what does that mean? Are those rapists? Hardly ever. Hardly ever. Kids looking through peepholes. Kids texting their Johnsons. You know, doing all these kinds of really strange adolescent, semi-normal behaviors, that now are much more obvious, like stuff that happens on the internet, in pornography, right? Is that always different from what teenage boys did 30 years ago, with their uncle's Playboys under the bed? It can be. Does it involve young children? Does it involve violence? Or is it adolescence, whether they're boys or girls, looking at pictures of naked people in the internet in the same way they did in magazines. My point is, that we have this over-response. Ten years ago, out of 60 juvenile sex offenders a year going through Lucas County, Toledo, Ohio, fairly urban center, very diverse, they were either locking up or sending them away to placement, about 15 to 20 of those kids. The rest of the kids were in intensive probation, they were almost all placed out of the home. And recidivism rates for sex offending were 15% and for other offending, much higher. And 10 years ago, we started a process of community



collaboration with the mental health system. Since that time, out of 600 juvenile sex offenders, we kept 98% in the community. Almost all of them at home, often with their victims, with support, and services, and safety plans, and our sex offender recidivism rate is less than 1%. Less than 1% of these kids. And their general recidivism rates, their felony recidivism rates are all down. So we have taken a population of people that generally are very frightened about it, and have a lot of

misinformation about, and said no. We can keep these kids in the community. So when I talk about the three elements, and Lori is going to talk to you about some research in regard to recidivism that demonstrates how well we've done, so protecting the community, we completed a quality of life assessment as well that says these kids stay in school more, they have better relationships, they go to college, they're living with their families. So in terms of their interests, this seems to do a lot for them, and it's costing the county a million dollars less a year in placement money. So back to my three holy grails, right? That's what we want to pay attention to. And I would suggest to you, in closing, that keeping kids in the community by using the risk principle, by applying the principles of risk, by right-sizing our justice system, and by focusing on families, and on race equity, which I haven't spoken a lot about--can I say one more quick thing? I've been part of--are you familiar with Annie E. Casey Juvenile Detention Alternative, initiative JDAI? Raise your hand if you've heard of that. So a few. JDI, JDI has been in existence for 40 years, celebrating its 40th anniversary, and its idea was kids don't belong in detention for the most part, and that we are really over-using detention. So, for example, the City of Chicago, 20 years ago had 600 kids a day in detention, now has 150. All right, I'm going to give you an important stat about that. In 40 years, the number of kids in detention nationally, in the 300 and something JDAI sites, and 39 states, has been reduced by 75%. Seventy-five percent less kids in detention. We like that, right? Yeah. Now, what we don't like is that at the time we started this count, of the kids who were in detention, not 75% less, but all these kids, about 33% were kids of color. Higher than the national average, and higher than it was in most places. Now, we've reduced that whole population by 75, and what is the percentage of kids of color in detention? Seventy-five. So we have issues in our country with race equity in the juvenile justice system that have to be applied when we start thinking about community-based treatment, because we've made a lot of progress across the nation keeping kids in the community, keeping kids at home, not getting them involved in the juvenile justice system if they're white. And so now we have this other task. And I'm not dismissing and demeaning that. This is great progress, but now it's brought to the fore, another issue we have to deal with when we think about keeping kids in the community. Thanks for bearing with me. Sorry I went too long. [Applause]

Dr. Smith >> Thank you so much.

Mr. Berry >> You're welcome.

Dr. Smith >> Before our next speaker comes up, I neglected to tell you that you have index cards in your seat. Please use that to write down any questions you may have, then I will collect those, and ask the questions all together at the end. Okay? Who is going to be next? Lori?

Juvenile Offenders

Dr. Lori Lovins, Panelist >> All right, you have to forgive me. I'm a researcher, and a faculty, so I've got to have a PowerPoint when I'm talking [laughter], it's a crutch. So I'm very happy to be here. What I'm going to do is kind of tag-team with Stu. I thought he set up beautifully the message of keeping kids in the community, and I'm going to just show you, as a researcher, some of the data that really supports those efforts. So Stu and I have been working in Lucas County, Stu for much longer, but me as a research partner, for about at least 10 years. And so this is, this what I'm going to present on, is a collaboration that we had that looked at outcomes, and specifically at recidivism rates of kids that are kept in the community. So I'm going to talk a little bit about that. So let me tell you overall that we know generally even though Stu talked about that visceral response we have with the term sex offenders, we know that kids reoffend at much lower rates than adults, and even adults offend at much lower rates than we can see. Right? But kids offend at much lower rates, especially kids who have been treated. So the way we respond to juvenile sex offenders in the community really need to match what we expect from that population. But again, in our head, we have all of these myths about these are kids that are going to grow up to become these adult rapists, child molesters, and sex offenders, when really there is not a lot of data to support that. The other thing we know is that our models for really working with juvenile sex offenders have really been around this kind of punitive, deterrence-based approach. And one piece of evidence for that is, you know, Stu mentioned John Walsh. Well, you know, part of his conviction in catching sex offenders was related to his son, who was murdered by a sex offender. And that kind of stemmed the 2006 Adam Walsh Act. And one of the unfortunate effects of the Adam Walsh Act is they applied sex offender registration and notification to kids. Now, juveniles 14 years of age or older can have lifetime registration as a sex offender. So the other thing we know is that there is no discerning between adults and juveniles on registries. So if you are to look up people around you that are sex offenders, you really can't discern between who may have offended way long ago, or even juveniles that are currently still kids on registries with adults. The other thing we know, and there have been some recent longitudinal studies that look at the impact of these laws, and we know that they have absolutely no impact on deterring sex offending behaviors. So they don't keep kids from offending. In fact, what we do know is that juveniles who are required to register have higher rates of suicide attempts, and higher rates of violence perpetrated upon them. So it really has some negative impacts on juveniles who fall under these rules and these laws. So again, this deterrence, or punitive-based approach is not the most effective way to deal with this population. So what is effective is a comprehensive community care model. And that is really what Lucas County worked. When they pulled Stu in to do the county assessment and look at the system, what he implemented was this comprehensive community care model. That really incorporated education of the community. So, going into schools. If we are going to keep kids in the community that are juvenile sex offenders, we have to work with community partners to make sure they're comfortable with that process. So it's educating schools. It's pulling in CPS and the providers in the community. It's working with families. So it is a very ecological, holistic approach that makes us effectively able

to manage this population in the community. So what we did in the Ohio study is looked at the impact of these practices. We looked at two samples, what we call a historic sample. That is really based a bit more on traditional pervasion principles, where the emphasis was on management, right? So I think this was pre--I think 2007 sample, that really used, again, more traditional approaches to managing juvenile sex offenders. That's also the time when we referred a lot of them to residential treatment, and we used Ohio Department of Youth Services, so the kids went to what I call Kiddie Prison, right? Which looks to me a whole lot like adult prisons, just occupied by juveniles instead of adults. And then compare that to a more contemporary sample that used, again, this comprehensive community-based approach, which was really focused on how do we manage these youth right here at home? So those were the two samples that we compared. And just so you have an idea of what the samples look like, as imagined, mainly male, right? 95% were boys, about half, a little over half Caucasian. The average age was about 14 and a half with this population. When we looked at risk classification, about three-quarters fell into either the low moderate to moderate risk category, right? So they weren't on the very lowest end, weren't on the very highest end, they tended to be in the middle in terms of risk. And this, by the way, is risk for engaging in general criminal behavior. More than half had a prior offense, and a third of those were felony-level offenses. And I think this is important to point out because these aren't, and as Stu mentioned, right, we're not necessarily looking at the very highest end, the tip of the iceberg, but these kids were not kids that were super easy to maintain in the community, so they did have prior criminal records, right? They were hitting risk factors on a risk assessment. So, to me it's easy to say I can keep low risk in the community. I can divert low risk, you know, out of jail, and off of, you know intensive caseloads. But can we do that for populations that aren't low risk? And populations that, again, have engaged in crimes that you know, have a lot of impact on society, like sex offending behaviors? Okay so what were the findings of the study? Here were the main points that we found. One is that with the contemporary model, Lucas County was successful in cutting placements by half, and as Stu mentioned, not only did this produce cost savings, that could be reallocated to other kind of treatment services, but we were keeping kids close to home, so they were effective at doing that. From 14 to about 6%, so you again, still had some high-end kids that were placed, but most were able to be kept in the community. We also found low rates really across the board. So when we talk about these juveniles reoffending at low rates, nationally in a three-year period, the rate tends to be around less than 10% for juvenile sex offenders, meaning 90% of juvenile sex offenders never go on to sexually recidivate, right? We know that nationally. And in this population, you see it was about 6.5% in the historic, which was also dropped down to just 2% in our contemporary sample. This, to me, is important. I would have been thrilled even if we maintained the same recidivism rate, because again, we're keeping these kids in the community. So if we can even maintain the same recidivism rate by doing that, to me that says something about effectiveness. But they were actually able to drop the reoffending rate by maintaining even these more moderate-risk youth in the community. Also, the rate, if we look at general offending. One of the mistakes we also make with, and I will talk a little more about this, with juvenile sex offenders is, you hear the word sex, and what do you think the focus needs to be on? Sex, right? So we need to focus on their sexual deviance, right? These kids are acting out in inappropriate sexual ways, but we know that effective practices looks much more holistically at the kids, right? So one of the things we also want to look at is, does our treatment practices also impact the ability of these kids to remain law violation free? Right? To desist from general kind of offending behaviors. So what we found was the rate of any new arrest was 52%, almost 53% in the historic, then that dropped to about

44% in the contemporary. And what I will say about that, because I was actually a little surprised, that seemed a little high for me, right? Half the kids were getting re-arrested for a new offense. So then I dug a little deeper, and say well what are these kids getting in trouble for? And what we found is, in that historic sample, about three-quarters of those kids, the offenses they were getting in trouble for were mainly falling under this other category that included safe school ordinances, like



truancy problems, like, you know, like maybe disorderly conduct because of fights at home, or you know, offenses that weren't even at the misdemeanor level, a lot of status offenses there. So that is something to consider, and is why it is important to look at, you know, not just these rearrests or not, but what does that actually look like. Now, felony re-arrest tells us something more about the quality of the kinds of crimes. And here, you see about 18% in the historic dropped to 12% in the contemporary sample, so we were able to decrease that. Now, what I will say, our population or our sample size was about 400, so not significant differences there but you still see kind of this progression toward lower rates. So one thing that I also did is I wanted to control, right, for risk level, because what a low-moderate reoffends at, and a high looks different. We have to compare. Make sure we're comparing in our two groups, kids of similar risk level. So I looked at a model where we considered risk, we also considered completion status. So the kids who were successful versus not successful in that treatment, because that can impact recidivism. And there, we found that after controlling for those that the kids in the contemporary sample did have a significantly lower rate of new felony arrests. So for the more serious crimes, the county was definitely able to produce significantly lower rates. Okay, so what are the implications of this? This certainly supports that even among this very scary group of individuals which, you know, if you talk to anyone who has done work with juvenile sex offenders, they describe these kids as kids, right? These are kids like other kinds of kids, right? But despite the crime that they've been labeled with committing, right, that they can be safely managed and maintained in the community if there's good comprehensive services, and wrap-around services, which tells us that we really need to reserve confinement for kids that are the very highest risk. And there are kids that are going to fall into that category. And those are kids that we need to reserve, again, confinement for. And that certainly collaboration is key. So part of this contemporary model is a juvenile sex offender court, where the kids see the judge on a regular basis,



the judge is involved in the programing that they're engaging in, in the community. The other really cool thing about the Lucas County Program, which I really love this model, is that they have linked with a behavioral health agency, so a mental health agency in the community that is linked with probation, and they co-facilitate their groups. So their treatment groups are co-facilitated



by both an officer and a clinician, right? So you have this not only kind of collaboration, but to another level, people are on the same page with where these kids are. And I often brag about Lucas County, that if I walk into a meeting, right, I can't tell who the officers are from the clinicians, right? They're really on the same page with how are we helping these youth be successful? So that collaboration is definitely important. So, just some kind of leaving remarks about some foundations we know generally when we look at effective treatment and management practices with

this population. One to keep in mind, it is a very diverse population. I teach a sex crimes class here at UHD, it's my favorite class to teach, right? Because I always say if you make that a boring class, you're a terrible teacher, [laughter] right? Like, it has got to be a little interesting. So one of the things that I preach over and over, this is a very heterogeneous population. Stu and I worked with the youth that, you know, ended up murdering a family member. And you will have those kinds of rare exceptions. This youth had been in the Ohio Juvenile Prison System for a couple of years before he got back out, and came back to the community in Ohio. And so you have those exceptional cases. But you've also got the--you know, I mooned someone on a bus, right? Cases when we went to school never would be entering a justice system, right? So you've got a very diverse population. Both in terms of crimes, in terms of race and ethnicity, in terms of income level. This is definitely a crime that hits a wide range. And so your services, and supervision practices, really need to match that diversity. Also the, as I mentioned, the interventions and the assessments need to be very holistic. We need to look at the whole youth, and not hone in. One thing we know about youth development is sexual, you know, tendencies, are not fixed, right? It's not like we can identify a pedophile at age 14, right? Because in youth who engage in even sexual behaviors with younger children, that may not be something that lasts into adulthood. So we have to be really careful about how we label youth, and how we, you know, look at treatment of this population. Management supervision should still be geared toward community safety. You never hear Stu mention that, when we keep kids in the community, we are going to pat them on the head, and send them home, right? There are safety plans. There are monitors, there are, you know, lots of things in place to ensure, right, that our eye is still on the victim, and that the victim is still safe within the community with this population. So that becomes really important. And again, more and more data is showing that we can really treat kids in the least restrictive environment. We don't have to go even to, you know, even to residential treatment facilities that are geared toward treatment, not incarceration. Still create issues with the kids transferring the skills that they're learning, back at home in the community. We know kids learn best when they're at home and they can use the skills they're being taught with the people they're living with, and then certainly more therapeutic-based interventions are important. Okay, so that's all that I have, thank you.

[Applause]

Houston: reVision

Ms. Janet Kasper, Panelist >> Good morning everyone. Again, my name is Janet, and I have the privilege of working with youth from various backgrounds. I've worked with youth who are involved in the child welfare system, in the juvenile justice system, youth and young adults who then grew into the adult criminal justice system, as well as youth who are experiencing homelessness, and then youth who are unfortunately--have been involved in sex trafficking, either as youth or adults, they're easy targets, they're preyed upon. And so I have the privilege of doing various different types of frontline work with these kids. And one thing that I will tell you that I've learned over my time working with these kids, that what they really, really need is strong supportive relationships based in unconditional, positive regard. And if we can offer them that, then we can become the bridge, to kind of build them into--to bring them back into the community. Many of these kids that I've worked with have no social capital. You know, they've grown up in systems, if they've been in the foster care system, they've grown up in a system that has very much controlled their relationships, who they can connect with. It's a hard system to grow up in. They're not kids who can easily spend the night at a friend's house, you know, after school. They have to have background checks done on everyone in the household. They can't jump on trampolines. There are all these things put in place to protect them, but actually what it ends up doing is creating more stress and more difficult seasons in their life to be able to connect and engage with people. They lack permanency. They transfer from home to home to home to home, and every time they do that, studies show us it's quite traumatic for them. And so unfortunately many of these kids then end up in the juvenile justice system. As a CPS worker, I worked with a kid who got in a fight with his foster sibling, and ended up in the juvenile justice system, because technically he was 15, and he beat up a 13-year-old, and it wasn't as horrible as it sounds. They got in a fight. They broke them up, but he went to juvenile justice system. And I don't know if any of you guys have had the opportunity to visit those detention centers, but they are kiddie jails. It's heartbreaking. I'm involved in an organization currently called Houston ReVision, and their focus really is on the dual justice youth, juveniles who are involved in both the foster care system, and the juvenile justice system. And they have created an incredible mentoring program, that really focuses on building relationship. Because again, we know that relationships bring stability, which heals trauma, and can be that bridge into the community to help them build social capital, so that they can go back into the community and be a success, and not be engaged in these negative systems, but rather in positive systems. And so part of my work with ReVision is we do go into the detention centers, juvenile justice system in Harris County has been wonderful to work with. They have a really hard job. And through this role that I'm in now, I've been able to build relationships with some of the directors there in that department, and they really truly love these kids. But their goal is, how do we keep them safe? And how do we keep the community safe? Similar to what you talked about. And so constantly looking for innovative ways to be able to do that. When Harvey hit, just a few months ago, our agency was very involved in working with the juvenile justice system here in Harris County to bring support to the families of these kids who were detained. The big fear was that these kids are going to be at time to be released, and they're not going to have a place to go home to, because their homes were devastated. Many of the kids, their families lost everything. And unfortunately, a lot of these families were living in poverty to begin with. And so



when you have a major disaster like that, it's very easy to lose everything, and we saw that a lot. So we worked really hard to support these families. We came in, and assisted with clothing, with food, financial assistance, as we could, furniture, we had one young man that I was able to get to know who was in detention and he

was involved in a pretty serious crime, I mean, he was hanging out with some people he probably shouldn't have been hanging out with, and participated in a robbery, and stole a car. It was not good. And so he needed to have some strong interventions, but unfortunately, while he was in detention, his family lost everything. And were relocated to another city. His mother. Single parent. Loves him incredibly, and is at her wit's end as to know how to best support him. And so we had the opportunity as we're talking about community involvement to really wrap our arms around this family. Mother was relocated to another city, but we made sure that she had bus tickets to get here for his court hearings, attended court hearings with them, and then he was actually released on probation just a few weeks ago to his adult brother who lives here in the community. And it's still going on, but we really believe in order to help these kids move past this, the delinquency issues, is that we have to really surround them with supportive relationships based in unconditional positive regard, and are encouraging them, and help them meet their basic needs. In fact, last evening, I got a call from him, and he is staying with his brother. Mother is in another city. And he made the school basketball team. He is going to school, he is becoming engaged, he is very excited about that, but he was short bus money to get to school. And if he doesn't get to school, he is going to be in trouble with his probation officer. So I did get a bus card for him, but I was in this dilemma, here I am, I'm going to love this kid unconditionally, I'm going to support him because that's what we do. He doesn't have a strong safety net. We still have to build social capital. So I'm going to make sure he gets that bus card so he gets to school. Then I'm thinking as I am getting ready to go, this is a really bad neighborhood. It's kind of dark. He did steal someone's car, at gunpoint [chuckles], what am I thinking? So I put my wonderful mixed lab/pit-bull dog in the car with me, and we drove down over to that part of town, and we dropped off his card, and he was incredibly gracious. Then it just reminded me again, you know, Janet, you can be street smart, you want to protect yourself, but I really believe the bottom line, when you meet people where they're at, and when you help them get their basic needs, they're really--the things that they participate in, the things that they do that are delinquent are because they're trying to get their needs met. You know? And he had no intention of harming me, or you know, I'm part of his lifeline, to help him get his needs met. He does not want to go back to detention. And so that is what we do at ReVision. We come alongside these kids that are involved in the juvenile justice system, and the foster care system, and we support them in very, very practical ways. And help to regain their--build social capital. And I could just tell you story and story and story after that, and give you practical examples, but I want to

honor our time. One of the new programs that I'm specifically working on with Houston ReVision is the Child Sex Trafficking Team Program. I'm not sure if you guys have heard or not yet, but Governor Abbott is launching a statewide initiative to address child sex trafficking. And he is starting in Houston, and he is starting in Dallas. And so what he has done is really put a strong collaboration of law enforcement, juvenile justice



system, hospitals, non-profit NGO agencies, to come together and realizing that we can do more together. We can close gaps, if we have this community-based response. Then we can help these kids who are being trafficked. And stuck in that system of trafficking. So that is what I'm working on currently. And there is a lot of involvement with the juvenile justice system for these kids who have been victims. And as we like to call them, survivors of child sex trafficking. And the old way of doing things was, similar to what you'd said, Stu, is we don't really know what to do with them. Because if you have been a victim of child sex trafficking, you don't necessarily accept the fact that you're being sex trafficked. So a lot of the kids that are--have aged out of the foster care system, who are experiencing homelessness, kids who are involved in the juvenile justice system, are very vulnerable. And they're just preyed upon. And so that is what happens. These kids feel powerless. And they feel like they're alone, and they don't have anyone there who has their back, so to speak. So you have opportunists, called pimps, who come in and say "I'm here for you," you know? "I'm your daddy. I'm going to take care of you. I'm going to love you unconditionally. I'm going to have what you need here for you, but I need you to help me. This is what I need you to do. And what it does, is these kids feel very loved by this pimp, and they feel like they're doing this work to be able to pay back their pimp. So they don't feel like they're victims. They feel that they're loved, and this pimp is taking care of them, even though they get beat up by their pimp, you know, it's this trauma-bond that happens with them and their pimp, and so what that looks like is when they get picked up, if there is a bus that goes down, there is a recovery. There is identification of a teen or a child who is being sex trafficked. How do we keep them safe? How do we keep them safe? Because historically you take them away and say you're a victim, they're not going to believe you. They've been trained by the pimp that they're going to tell you I don't love you, I don't care about you, but who is buying you clothes? Who is taking care of you? It's me. And so very frequently they just run back. They keep running back. So in an attempt to keep them safe, they're locked up in the juvenile justice system, and they're charged with, you know, prostitution charges, and all kinds of things to hold them, to keep them safe. But what we are learning is that just doesn't work. It's very punitive, and these victims are being treated as criminals, and as you had stated earlier, that we know is that they can be rehabilitated. If they have those loving relationships. So what we say at ReVision, and YMCA is another agency that was selected by the governor's office to play the youth advocate role, so we will be the frontline people with law enforcement when these kids are recovered, and our goal is to humanize these kids first, and love them more than their pimps, and we're there for them, they can call us anytime, and we are going to respond to them. And

there have been other cities across the country who have been utilizing this approach, and who have been incredibly successful with it. The recidivism rate has been very low. They've been able to put these children into supportive, loving environments, connected with a youth advocate, and these kids have not ran. And so that is what we're moving to. In the state of Texas, we're launching at the end of this year in Houston, the goal is not to send them to juvenile justice first. We have other places that are--hospitals that are going to be stepping in, that they can go to. We are not disclosing those, just because we want to keep that quiet as much as possible from the pimps. Eventually it will get out, but that is kind of what we are working on to help these children who have been victims of sex trafficking to get the support, get the healing, leave that lifestyle. So I believe that is all I have to say about that [laughs]. So thank you.

[Applause]

[Inaudible Comments]

Suffolk County Sheriff's Department

Dr. Laura van der Lugt, Panelist >> Good morning. My name is Laura van der Lugt, and I am the Director of Research and Innovation for the Suffolk County Sheriff's Department, in Boston, Massachusetts. So I am here from the east coast. And there is the Sheriff in Suffolk County, Stephen Tompkins, my boss. So first, I wanted to just give a brief overview of who we are as the Suffolk County Sheriff's Department. As you may or may not know, Sheriff's Departments across the country have drastically different mandates. From one county to another, the jobs that that Sheriff's department accomplishes are very different. In Suffolk County, we are the jailers in Massachusetts. For those of you who haven't been to Boston, or been to New England [clears throat], you'll have to excuse me, I'm on the tail end of a cold, so bear with my voice, I apologize. But we are a very densely populated in that part of New England, and Boston really is kind of like the capitol of New England, in terms of population center. So during the day, we have about a five million person population that swells back out into the suburbs in the night, as you all know, living here in Houston. But we are the jailers. We have lots of overlapping police jurisdictions in Boston. It's a small square foot area, and so we don't need another law enforcement agency with policing duties on the streets. So we don't have that power. But we do faithfully confine those individuals for both pre-trial detention, as well as sentence individuals. And we have men and women. But we do not have juveniles. They are with the Department of Youth Services. But it's really the care piece that our department, and the sheriff in particular, have taken on as his focus as we embrace being what he calls a community institution as opposed to a law enforcement agency. So I wanted to give you a couple of patterns that exist in our population currently. I'm going to go through our population dynamics fairly rapidly so I can talk about some of our more innovative community partnerships. Like we focus on what we're talking about today. But one thing, so the majority of our population are with us in pre-trial detention status. When I say majority, I mean 86%. So 86% of the people who are confined on any given day in year over year in Suffolk County have not been convicted of anything. I personally find that problematic. As does the sheriff, as do many of our partners in Suffolk County. I should mention what Suffolk County incorporates. That's the city of Boston, and three smaller cities to the north of it,

Chelsea, Revere, and Winthrop. They're much smaller. Boston is certainly the heavy-hitter there in terms of population. We have a dramatic racial disproportionality problem. So I mean, I go onto a couple of slides to show you just how dramatic that is, but it is certainly an issue with what you are demonstrating as well. Substance use and mental health, like most other county jails and state prisons, we are the de facto substance use and mental health treatment center, not only for Suffolk County but for the region. As I mentioned, Boston tends to be the capitol of New England. If you're coming from any of the more rural locations in Maine, Vermont, New Hampshire, all roads lead to Boston, and unfortunately that is for guns, that is for drugs, that is for crime. That is also for opportunities in education and jobs. Right? So you think about--that is the entire spectrum, but we are the capitol sort of regardless for whatever activities you want to talk about. And so that is also in terms of available resources for treatment, right? We have some of the world's best hospitals located in our city, in our county, we have some of the world's best universities. So it's this really dramatic juxtaposition that we have in terms of especially the opioid crisis. It's hitting New England particularly hard, and I'm going to talk some more about that in what we're doing to combat that. But additionally we are a county jail. So we are a community institution, 75% of the individuals in our care are from addresses in Suffolk County, they're going to return to addresses in Suffolk County, and like I said, Boston is a very small city in terms of geography. You can walk from one end to the other in 45 minutes [laughs], done it, lots of times. And so the individuals who are leaving our care are often going two blocks away. And so it makes for an interesting dynamic. So, this is our population. Like I said, you can see the dramatic difference in the status of those who we have incarcerated with us, that pre-trial detention number is the one you're seeing, that's the largest. This is over fiscal year 14, and fiscal year 15. You can see the dates at the top of the slide. As with incarceration nationwide, we're overwhelmingly male. In 2016, our female population jumped from being 10% to 15%. I'm really interested to see if that pattern continues over time, but that is something that is most likely an artifact of the opioid epidemic. It is hitting women differently than it is hitting men. And that often has something to do with the sex for drugs transactions. And the degree to which we are willing to criminalize the survival tactics of women who are living on the street. Our age median, excuse me, so average age of booking is between 18 and 24 typically, 23% of our overall population is in that age category. I gave all three measures of [inaudible] tendency there. Just so you can see that the most frequent or the modal age of booking is 23, whereas our average ages are much higher than that. So you can see that while, you know, average age I think has been misleading for us, but you see the large population of 18 to 24. Then it's really that race number that sticks out as problematic. If you imagine Boston, right, you know, being diverse is not something we are known for. We have a fairly Caucasian population and so I break that down here, when we look at the Suffolk County general population versus the Suffolk County Sheriff's Department population. So you can see, if you look in the column with the proportion of the population that is black, our Suffolk County Sheriff's Department is 46% black, our Suffolk County general population is 20% black. We're doing great. And so it becomes even worse when you look into the 18 to 24 population, that 46% jumps to 65% black. So again, it's that distillation of okay yes, we are diverting more individuals, we are keeping more people out of incarceration, we are using incarceration as a selective tool, but who are we selecting, and why is that the case? And I think of it almost as like, almost a coffee filter, right? Again, you



know, the sort of, patterns we've seen over time is who can escape, you know, the criminal justice system unscathed, and who can't? And we are seeing a real distillation of that problem in Massachusetts in particular. So that's just what I was saying. I got ahead of myself. Mental health and substance use. So here is sort of our continuum, and some information along that, for those

who come into our care. Like I said, we're the de facto medical mental health and substance use treatment provider in the county. Forty percent of our individuals self-report mental health concerns at intake, and 30% self-report substance use. That's self-reporting of highly stigmatized statuses for people, and if the self-report is that high, the actual rate is astounding, right? And once we do go through our intake processes, and we do the Texas Christian University Drug Screen test, and our medical and mental health teams assess people, those numbers do jump dramatically, and so you will see in that detox box, 67% of males, and 75% of females experience co-morbidity of substance use and mental health diagnoses. Now, that mental health diagnosis is on a wide spectrum, right? That can be anything from anxiety and depression to, you know, serious mental health disorders, but typically we are looking at posttraumatic stress, we're looking at trauma responses, and a lot of that has to do with life on the streets, with either untreated mental diagnoses, or addiction. Additionally, about 100 individuals per month, we place on a detoxification protocol at intake. Increasingly, that is a polysubstance use detoxification that we're doing. We're seeing people coming in using opioids, methamphetamine and alcohol is the typical triple cocktail that we're seeing. And so that particular detox process takes about three weeks of 24-hour care. So you can imagine, that is a very expensive prospect for us as well. So, then the care, we do have 24-hour medical and mental health teams, and that mental health alone cares for 50% of our population that do have a mental health diagnosis, and that is 600 people in any given day. We have 12 full-time mental health clinicians on staff, and that is in addition to our medical staff. We have trained our entire officer population with the use of Narcan, which is the opioid reversal drug. It can be administered nasally. And so they are all equipped to revive individuals who have overdosed on opioids, and we also have a medically assisted recovery through Vivitrol, and I'm going to talk some more about that on future slides. And then critical partnerships with our community-based service providers. But that is our current system information about what sucks up our continuous care around substance use. So, like I said, so this is a map of Boston. On the right, there, those random pieces of land, those are islands, that is the Atlantic Ocean, so the other, on the left side, that's land, that just isn't part of Suffolk County. So this is from a study that I did with a local think tank called Mass Inc, and another non-profit organization, called The Boston Foundation, and we mapped the releases from our institution around the city of Boston and what we wanted to do was really help people to understand that this isn't a new problem. We have known four decades in Boston that our incarceration is not proportionally distributed across the landscape, it is just proportionally concentrated in some

neighborhoods. And those neighborhoods have, you know, intractable issues with poverty. They have intergenerational criminal justice experience, and they are the majority minority neighborhoods, that have limited access to resources. And so the circle that is there, that is a neighborhood called Dorchester, and in Boston, neighborhoods are then further broken down by blocks, and people have a lot of identity tied to those blocks. And when I say identity, often that comes with gang identity in Boston. In parts of Boston. So in Grove Hall, one in six male residents aged 25 to 29 were incarcerated between 2009 and 2015, and even worse, literally two blocks down, Franklin Field, the figure is one in five. So we have a real serious problem by age, and by race. However, right now, we have a climate of reform in Massachusetts. The state, the Governor, the Senate President the Chief Justice, the Speaker of the House, have engaged with the Council of State Governments, to go through a justice reinvestment process. So we are trying to reform our criminal justice system, and look at ways in which we can decrease incarceration, and increase the amount of resources that go into the community to help support individuals, and keep them out of the criminal justice system. So while that is fantastic, and we are very much a part of that process, something that becomes challenging for the Sheriff's Department is that the narrative is, well the counts are down. Right? So since you have fewer people, you need less money. Right? Well [laughs], see, the thing is, when you use incarceration appropriately and as a selective tool, the individuals that you have are needier, they have more--they have longer histories with substance use, they have more serious mental health issues, they have been in and out of the system for maybe decades, and so you're talking about a riskier population. One that maybe the general population doesn't want under community supervision. There's a "not in my backyard" kind of thing that starts to happen, right? And so what we've done, been tasked to do, is think okay we've got to think outside the box, right? Because we don't have the resources to do everything that we've been doing in the past, and the state isn't going to give us the resources, okay. So what do we do? And so, I'll skip this slide because there's so much on it [laughter], so what the Sheriff said to me when I came on, and that was about two years ago, just a little bit of history--I'm the first of my kind at the Sheriff's Department. We hadn't had a Director of Research ever before. And so in some ways, that's really fantastic. I get to build my position in a lot of ways. But in other ways, really coming against a lot of culture change, right? How do you get an institution that is paramilitary and does things the way that it does things, right? To think about, how do we use data? How do we examine what we're doing? We need to use core correctional practices, and evidence-based practices, and once we get to there, then we can innovate, right? So it's a question of, you know, getting people to understand, and people like elected officials who are your boss, that things happen over time. So first what we did is said okay, we need to have a better intake process. Right? We need to have a validated risk assessment tool that is going to allow us to appropriately deliver our services to those who need them most, right? Operating by the risk principle. And



so what we're using now is the LSCMI, which is the Level of Service Case Management Inventory, plus an in-house classification tool, plus the TABE, which is the Test for Adult Basic Education, which assesses your literacy level. And all of those create our ISP, which is the Individual Service Plan. Then that service plan brings people into our orientation period, which is the first 30 days for men, and first 21 days for women, and that is for the sentence population, where we have dramatically drilled down our programming. When I came on, we were delivering 97 programs. I put that in quotation marks. That is a little bit judgmental, but it's okay. So it was mostly services, right? It was services, and classes, and all very well intentioned, however, right, we didn't have any standardization about lesson plans or curriculum, or what we were trying to drive toward in terms of outcomes, right? And so it was, okay, we need to do this. Right? And we need to know what we're all working toward as a team, then how we can be a great trampoline for setting people up for community-based services, where they're actually going to engage in most of their behavior change. So that orientation period, really serves for us to get our assessments completed, and give them an introduction to the services that we offer, in terms of education. CBT, we're actually using the University's [inaudible] tool, and yeah, we're really pumped about it, I love it too [coughing], excuse me, then setting people up for our core curriculum. The Sheriff said "I want to run a vocational high school inside of our jail," and I said "Okay, that sounds easy" [coughing] excuse me, my goodness. So with the ISP and individually driven programming, we're working on having an emphasis toward employability and I'm going to get to that slide in a second, but, so what are the outcomes that we're driving toward? Obviously we want to reduce recidivism. My soap box is I'm sick of measuring failure. I want to measure success, and recidivism is a failure measure. So I want to know more about what are the pathways that people are taking out of here toward never coming back, and then that is what we are going to drive toward as an organization, not having them not fail, which seems like driving toward a negative. Right? And so we are really working toward that, and working on formalizing our community partnerships, as opposed to having them be ad hoc, and really based on grant phased funding streams, and thinking about how we can efficiently use our services, and our budget to then operationalize those partnerships, and keep the funding streams strong, as opposed to having them be on a yearly or two-year cycle. So a couple of our innovative partnerships that we have going right now--I mentioned the opioid crisis, it's really the crisis epidemic, we just don't have the right word for it. Thank you so much, you're so sweet. So our jail, the Suffolk County House of Correction, is located on Methadone Mile. It's what it's called [laughter], I know, it's--there was a National Geographic Drugs, Inc., episode about it. They called it the Methadone Mile, and it stuck. The mayor has tried to rename it Recovery Road. It's not as catchy [laughter], and it doesn't adequately describe. Just as a quick anecdote, and I know I'm probably running up on time, so to get to work every day, I have to drive down Methadone Mile, right? And I see on the average four to five really blatant drug deals per day, I see people shooting up on the street, I see people passed out on the street, people having intercourse on the street, people defecating in the street. It's every single day. And we have four methadone clinics, three homeless shelters, and then a whole range of treatment, you know, facilities and availability and there is a major trauma center one block away. And so it is the degree to which it has become normalized to me is upsetting, right? And the degree to which people can avoid it, who never want to see it is just as equally upsetting, right? Because it's so localized, and it's all in one place. But it does remind us every

single day that, you know, this is the population that we're working to try and help. So we were given--well, we earned a grant, from the Commonwealth of Massachusetts, to start a pre-trial detoxification unit, at the Suffolk County House of Correction, which we called OASIS, which is Opioid and Addiction Services Inside Southbay. Southbay is the nickname of our jail. I don't like it, but it is what it is. So the four elements of our plan. Open up pre-trial detoxification unit. Provide medically assisted recovery to all who qualify. Those who qualify are those individuals who are going to be with us in pre-trial detention for at least 45 days. Why 45 days? Because we have to, by mandate, have someone in our custody for 45 days before they qualify for our Vivitrol program, which is the medically-assisted treatment option that we offer inside. So we are providing detoxification services, we are linking them to the continuum of care on Vivitrol, in order to responsibly deliver it as a service provider, the individual needs to be under intensive supervision in terms of mental health supervision as well. Because what Vivitrol is, it's an opioid blocker. And so it doesn't matter how much, you know, how much of an opioid you take--it also works for alcohol, so opioids and alcohol, you will not feel like you're getting high. Right? But if you are not educated to that, and you're not in the care of a professional, right, what happens? Oh, I'll just take more. I'll just keep taking more, and you overdose and die, right? And so that's obviously a pretty big contraindicator for Vivitrol, so we want to make sure that we don't do that. We hired a wellness navigator to oversee our continuum of recovery inside and outside the wall. So that is recruiting individuals into this program, making sure that there is a seamless connection between the detoxification services into the therapeutic community that we have on the unit, then into the Vivitrol program, and then connections with our community-based service providers. It's that connection to community-based service providers that is the most important part of this initiative. We realize that in recovery, just as in reentry, you need that system of supports, and it needs to be, you know, a positive system of support. And so we have, at this point, through the Office of Recovery Services, which is a City of Boston Mayor's Office that was recently created within the last two years, they--we entered a partnership with them to start recovery panels that happen for all individuals who have identified as having a recovery need through our assessment process. We hold the panels twice a month at the House of Correction, and once a month at the jail, where pre-trial detainees, and we are building those relationships with right now we have 47 community-based organization partners who come in and offer a wide range of recovery based services to help us build those connections pre-release, then we are following them through data sharing and MOU agreements, and we're building the data to understand whether people are using those referrals, if they're staying clean, if they're staying with their plan, and we just started that in the panel started in March. We started collecting data in July, so unfortunately, I don't have much to show you, but it's still exciting. Then we worked really hard to get the judges on board, since we're trying to get mandatory holds to the detoxification unit, then looking at changes in their sentences, if they are, you know, compliant, and have a plan, and therefore they can avoid coming in to serve a sentence, and they can just be released after their pre-trial detention in the unit. Same thing with our partners at the Community Health Centers, then various organizations around the city employ recovery coaches and they really serve as those community-based navigators to help people when they're navigating their early reentry. The second thing is our employment pipeline. Like I said, we're really focused on employability. Of our population. That is really the Sheriff's passion. And so I worked really hard this



summer to not try and reinvent the wheel of workforce development. There is a huge world of that, of people who are experts in it, in our area, and I just went to them, and I said look, we want to be a better pipeline. We want to be training people for jobs that exist in Boston right now, and in industries that are going to be increasing in Boston in the next 10 years. What do we need to train them to do? What certifications should we be trying to start them on a pathway toward? And then, what are the industries that will actually hire

them with their criminal records, and so we're not training them for something that they then can't do. And so these are the areas in which we have job skills training. Culinary, retail, construction and maintenance, auto repair, and small engine repair, and then we have some growth areas, and one of those is hospitality. And so we are trying to expand our culinary training to include front of the house restaurant work. But we have created partnerships with our communities, that the employers, as well as the trade unions, community colleges, and we said come in and help us build the curriculum, because we want to train people for what you need, not for what we think you need. And so the measures that we have in place right now are placements in jobs, retention in jobs, and then, to the extent we have the ability to do rapid rehire. And we are linking into an existing system. Right? So that existing system has data, especially the Department of Labor. Because one thing that is really difficult for Sheriff's Departments, and correctional institutions in general, is that once people leave our facility it's like a black box of information. We have no idea what happens after that. And if we are trying to drive forward outcomes where is the data? And so that is the Office of Community Corrections, which is Probation in Massachusetts, the Department of Labor, the Executive Office of Labor and Workforce Stability, and we have two really strong community colleges within Boston proper. Then the last thing I'll mention is we also are--have identified through focus groups with our incarcerated individuals that their families have almost no idea what to do to get services when someone gets incarcerated. They have no idea how to navigate that system, don't know how to access it, and so we know that because incarceration is so disproportionately concentrated in some areas of Boston and of Suffolk County, said we need to be able to help with that a bit, right? That we can't just keep sending people back to the same, you know, resource-depleted areas, and resource depleted families, and expect something different. You know, we want to be able to bolster those sources of support where they are. So we created a Family Matters Program. And it is an entire casework team that is dedicated to individuals who are interested in family reunification. It is self-identified. You don't have to be a parent. You can want to reunify with your mother, with your sister, with your brother, but it's looking at how to strengthen those relationships and those positive relationships, and then also increasing access to community-based services for families, because you'd be surprised that when, you know, the Department of Transitional Assistance, that handles, you know, access to food stamps or SNAP or WIC or various other things, when they get a call from the Sheriff's Department, what gets done versus what they

get a call from a community member, right? Shouldn't work that way, but it does. And we're happy to be the heavy. We don't mind. And so lastly, this is, you know, my last pitch, and sort of my soap box, is that all of this is done with an eye toward evaluation, right? That all of these initiatives that I mentioned have implementation evaluation plans that go along with them. I do some of them, I can't do all of them. We do partner with many of the world class academic institutions that exist, you know, within a five-minute walk, and so we are working to make sure that we decrease, or increase transparency of corrections, which can tend to be a black box of information. People don't understand what happens there. We have a ton of data, and we are willing to share it, you know, so I welcome any academics in the room, call me, if you have a project, we have a lot of data. And so one just to mention, a project that I'm working on, it's with the City of Boston's Department of Neighborhood Development, their Chronic Homelessness Office. So we are marrying this really fantastic data warehouse that the homelessness office has created, that takes information from any organization that has a touch on a homeless individual, to try and create a profile of that individual as they move around our city, and so we're marrying our release data onto those individuals to see the degree to which they overlap, but also when they overlap, because we are one of the only organizations that has really reliable timestamps over time, for people and their movement around systems. So we are going to look into the ways in which our--you know, who are the high utilizers of both systems? And then how can we come up with a proposal to best allocate resources to those high risk individuals for both chronic homelessness, and for jail utilization. So. That's it.

[Applause]

Q&A

Dr. Smith >> Okay so looks like we've got maybe about 20 minutes for our Q&A. So the timing worked out very well, thank you all. So let's see, we've got several questions. Okay we've got one for Lori. What do I specifically do to reduce rates of sexual reoffending, and what treatment was implemented?

Dr. Lovins >> We talked about this. One of the things Laura talked about is the implementation of cognitive behavioral programming in the jail, and what is interesting is, what we know to be effective, generally with an offender population, sex offenders aren't much different from that. So using behavioral strategies, even adherence to, and in Laura's slide, she mentioned the R&R model, where we pay attention to the risks, the criminogenic needs which really drive offending, then an effective model. Those are really applicable to a sex offender population just like they are any criminal justice population, so, so I think part of it is using a good model for effective treatment and cognitive behavioral models are very skills based. So it really looks at how can a youth get himself or herself out of a situation that really poses a risk for criminal behavior, or for sexual offending behaviors? So you know, less talk therapy, more action in how to really manage your situation effectively. The other piece, when you're talking about kids is, again, that more family based approach, right? Where we're involving, you know, systems, and families, in working with the kids to make--to make treatment effective. And honestly, Stu, you get--if there is anything to add, because you certainly oversaw in other treatment providers as well.

Mr. Berry >> So I've been involved in development and operation of three juvenile sex offender programs, in three different jurisdictions. Each one is kind of build up upon the previous ones, but I can tell you some of the commonalities. So, I think Lori is exactly right, that cognitive behavioral treatment is what works with juvenile offenders, family engagement is really important, so in the system, in Lucas County, other counties I've been involved in, parents go to groups once a week, and kids go to groups twice a week, then every other week combine parent and kids groups. Parents are required by the court to participate. We also have the, as Lori had mentioned in her spiel, we have probation officers and mental health clinicians co-facilitating the groups, which really is a groundbreaking changer, in terms of how kids respond to both the clinicians and the POs. The POs don't seem like exclusively authority figures any longer, but potentially agents of change. We also offer in-home services, so all the kids get, and families get, in-home case management services. We have a weekly docket, so it's a specialized docket that is much more focused on support and treatment than it is accountability. Can be accountable when it needs to, but I think it's based on kind of the best of the drug court models, where the judicial person represents a parental figure, that often kids and parents want to please, and creates an environment in which the kids and parents feed off each other, so they celebrate each other's successes. We have dedicated probation staff. So the probation officers who handle juvenile sex offender cases only handle juvenile sex offender cases. The magistrate who handles--magistrate is--not sure if you have that term here, it's an appointed judge. So under the legal auspices of the judge, you appoint a magistrate or referee. And the person who is assigned to the juvenile sex offender court is consistent. In other words, it doesn't change, it doesn't switch. So I think there are a number of pieces. And along with really, really significant efforts to educate the community. Going out to block watch programs, at the beginning of the school year meeting with school principals, assistant principals, guidance counselors, special ed people, at their pre-annual meeting, to educate them about kids, and create partnerships to be active in the schools, work very closely with law enforcement, that we work very closely with victim's agencies. So one of the premises that we have, that maybe is a little different than historically these kinds of programs have been is that we need to also have responsibility for victims. So we do a lot of different things to address victims. Our probation staff meets with family, victims and their families prior to court, to explain to them why we recommend what we recommend, why we keep kids in the community, why it's not soft. And usually when people hear what kids will be responsible for--for instance, they're going to have on average about 14 contacts a week, and 12 hours of engaged activity, people begin to think differently about that. And when we tell them what the success rates are as well. But I can tell you, just anecdotally, in the ten years I've been associated with the program, I've probably seen two dozen kids get up in court at disposition, when they were remanded to this program for treatment and management, asked to be able to just go do their time, because it would be a lot easier to go do their 6 or 12 months, and come back out, than what's going to be required of them in the program, which often lasts two years.

Dr. Smith >> Thank you. So there is another very popular question, about four people have asked this question, this question is for Stu. And this particular card comes from Tammy Lang Campbell from the Honey Brown Hope Foundation.

Mr. Berry >> Okay.

Dr. Smith >> So what are some tactics being used to address race equity?

Mr. Berry >> Well, I am sure you're all familiar with the efforts that DMC, Disproportionate Minority Contact, which is a later-day endeavor



of what originally was disproportionate minority confinement. So there are--there is a DMC institute in San Francisco. There is not a single site that Kansas City is involved in and to my knowledge, I'm not currently working for MacArthur, but that doesn't get involved with race equity issues, so, for instance, Kansas City has taken the JDAI approach, the detention approach, to what they call the deep end. And what the deep end means, post-disposition. JDAI, the detention initiative, kind of ended at disposition. So post-disposition. So, to be involved as a JDAI deep end site, which there are about 20 of them around the country now, excuse me, including two that are called Probation Transformation Sites, trying to reinvent how juvenile probation is done. Toledo, Ohio, and Pierce County, Washington. A big chunk of going into these sites is looking at racial disparity and creating plans. So we use an index that measures the level of disproportionality. So, in other words, if the population of a given community is 30% kids of color, then the population of kids involved in every stage of the system of color should be about 30%. So the measurement looks for and creates a value, plus one, minus one, zero. Zero means equal what it should be. Often we're in the plus one, two, three, range, and it also seeks to gain data to look at where that disparity occurs. So is it at the arrest level? Is it where the majority of disparity for kids of color, coming into the system, occurs? Is it at the prosecutorial decision making? Is it at the detention decision making? Is it at the intake decision making for probation? Is it based on dispositional decision-making? Or is it based on incarceration and placement? I can tell you that generally speaking, what we find in most places is the greatest incidence of disproportionality is at the front and the back end. So it's at a rest, and that means dealing with law enforcement. We've gone so far as to have people keep logs of who they interact with, and what they did about it, during shifts. So it means looking at times, specific times that disproportionality occurs most greatly, at zip codes, because disproportionality is zip code based. It's based on neighborhoods. And then trying to give that feedback, it's a difficult undertaking. I think there is kind of a vicious cycle to it, where law enforcement often feels this is a result of rough neighborhoods they go into, that are centers of poverty and drug use, and that it's not really a racial issue, even though the data suggests it is. The other end is the deep end, and the deepest end means judicial decision making about incarceration and placement. So now, frankly, you put two kids in front of a judge, one white, and one of color, the same offense, with the same background, and the kid of color is a lot more likely to be placed somewhere than the white kid is. So those are the two ends. I think we've actually made a fair amount of progress. A lot of progress on the probation end. So, kids getting treated similar with probation, although kids of color get violated a lot more quickly and a lot more often. But in terms of kids being placed on probation, being exposed to programs, even being

diverted. I think there is a heavy amount of progress, and some degree of good progress on the prosecutorial level. So it's kind of a sequence, of where this occurs, but we have good data. Right? We have good ability to collect data. It's not always complied with, because this is a defensive issue. This is a really defensive issue. So, when you look at law enforcement, or prosecutors, their willingness to comply with data is often compromised by their sense of being attacked on this issue. So it's a difficult issue. But I can tell you that any single site that KC is now going into, to begin work on deep end, which means giving them money, and giving them technical assistance, one of the first things that has to happen is a race equity conversation amongst all the stakeholders, about race equity both with clients, and race equity within the organization. You know, and not shockingly, a lot of organizations the top level of administration are very white bread.

[Inaudible] – *Question from an audience member*

Mr. Berry >> If you want to send me an email, I will send you some people to contact that will help with that, that have national information databases.

An Audience Member >> Okay.

Dr. Smith >> Thank you. Go ahead.

Dr. Van der Lugt >> I completely agree with Stu, I think that there are a ton of data out there, jurisdiction by jurisdiction, it doesn't even really kind of matter how you want to slice it. I mean, we have data, like he was saying, you know, police departments it's even--I use the reference that I know, but for the Boston Police Department, we have FIOs, right? It's field investigation and operational reports, I think. But it's even--it's when, any contact to the police officer has with an individual on the street, they have to record that. It's part of their job, right? And so you know, how granular do you want to get? Because those data exist as well, right? But I think to his point, the sticky wicket becomes how do you cultivate a willingness in the organizations that have this kind of really institutionalized racism, and whether it's on purpose or not isn't the conversation you want to have when you're starting that out, right? Because people do become defensive, but it's a willingness to even examine the data, right? And for individuals who are in those positions of power, to want to embrace it, and then also be willing to then do something about it. Right? So there are multiple steps there, and I think that it's a very delicate dance between, well, here are the facts. Here are what the data say, we know that's an issue, that isn't always enough. And for someone with an academic background, that is enough. I'm like that's it, that's the whole thing right? It's the whole ballgame folks, like that's a fact, right? But that's not necessarily how it works, right? And so then, okay, note like, what is the audience, what is the goal you want to reach, and how do you get there? And I think that is something that I've had to learn in switching from being in academia to being in practice, and being in a shop where I have an elected official as a boss and all those kinds of things, right? It's how do you--how do you do that? And how do you start to engender some of that change? And I think a lot of it is community organizations for who are champions, for the population that is most impacted, have a voice, but they also need allies. Right? And they need allies who are also willing to step up and say, you know, their voice is important. I want that person's voice at the table, right? Because often times, that community isn't going to get a voice unless somebody stands up and says, you know, they have a place here,

right? And so I think that even in our process in Massachusetts, right, where Boston in particular prides itself on being the shining city on a hill, and it is, you know, wonderfully liberal and all these things. Well no, we have the same problems everybody else does, and we just are better at ignoring them, you know? And so it's - it's how do you have those conversations? And I think that it's really important.

Dr. Smith >> Thank you.

Dr. Van der Lugt >> Yeah.

Dr. Smith >> So Laura, since you're talking, I've got a question for you. Do you experience resistance from families to treatment, or experience resistance from, with your clients?

Dr. Van der Lugt >> We do. Yeah, so it is interesting right? There is, so I will sort of answer both avenues of that question. Unfortunately, for individuals, especially those who it is not their first time with us, right? And unfortunately we have a recidivism rate in Suffolk County of 50%, right? Within three years, that's a three-year recidivism rate, so we get people back, and we get them back frequently. And so we have people who come through our system, and they say like, "I've done this already." You know, "I've done that program that you have already, what else do you have for me?" Or that didn't work the last time. Or I've been to that program, it didn't work for me. And I've done that, I've done this, I've done that, what else do you have...so that is where the CBT and really effective CBT modules have become really critical to what we're doing, because it is that less of a focus on talk therapy and thinking about, you know, sort of that approach to here are some real skills that we can think about. You know, how do you change your thinking to change your behavior. And what does that look like behind, you know, while you're incarcerated, what does that look like in the community right? And really giving people some tools that then prepare them to be more receptive, I think. That's the critical piece that we're seeing. To be more receptive to then the more concrete advancement tools, like employment, like job skills. Because if you don't have the truly cognitive ability to get and then hold a job, you're not going to keep it, right? If we don't prepare you for that, if you don't have great interpersonal ability to have interpersonal skills, respond to anger appropriately, have emotional regulation, right? All those kinds of things, never mind knowing how to show up somewhere on time and if you have the money to do so. But if you can't interact with you co-workers, game over. But there is true resistance, and I think a lot of that resistance comes from fear. Fear of you know, what is it like to live a life that doesn't involve substance use. What is it like to live a life that doesn't involve everyone I know being involved in criminal behavior, right? And that is the norm, you know, that's the reality. And so I think that there is that for our individuals who are released back into the community. And then for their families, there's a lot of feeling burned. Right? Feeling burned by that family member, feeling like they've been down this road before with this family member, what makes this time different, right? And some real reticence to being willing to do that again. And so we work a lot with that. Our caseworkers and in the Family Matters Unit in particular, I mean, they are really, I've truly admired their work. They're using some really great evidence-based parenting curriculum really, but it focuses on family reunification as well. But there is also a very interesting gender dynamic, in that men and women, again general categories, but men and women do not have the same interactions with their social support networks when they're

incarcerated. Women tend to come to incarceration having social support networks that are populated with more negative supports. So that is a formerly abusive significant other, or a pimp, or you know, someone that you are doing drugs with on the street, and those are still the people that, regardless of whether it's a negative source of support, they're the only people that are there, right? So okay when you get released, do you have to call that former pimp, or that former client, that John, you know, who that is the only source of money you have? I mean that is really, truly soul-crushing, right? If you're trying to do something new, and you have to rely on that because it's all you have, right? And it's--there is a different dynamic to that than the men. And the women, also, they don't want people to come visit them. They don't want to have contact. They don't want their children to see, they don't want their mother to see. Right? It's a very different perspective than the men, where it's, you know, I'm leaving work on Tuesday and Thursday nights, which happen to be our evening visitations, not the only visitation, but evening visitation, Saturdays and Sundays as well, but it is an entire lobby filled with women who are coming to visit incarcerated men, specifically right? And it's with women, babies and children. And it's hard not to see that reality. But it is hard. You know, and it's hard because the resources that exist to help people in the community, some of them are really great, and some of them aren't, right? And we, as the Sheriff's Department know which ones are really great, and we try and refer people to them, but they get overwhelmed, right? And people end up going to places that maybe aren't as great, so they do get burned. So it's trying to, in our process, of maybe trying to tow a line of more evidence based process. It is also trying to get the whole service provision community to do that, and that is a harder conversation. You don't want to try to tell people how to do their jobs [laughs].

Dr. Smith >> Thank you Laura. This question is for Janet. Janet, you made a powerful statement about the fact that your goal is to humanize victims of sex trafficking, then to love them more than their pimp. This is really important. And this general area has about 6 million people in it, you know, outside Houston Harris County and surrounding areas, are there programs similar to ReVision in other counties around the area, or is it just centralized?

Ms. Kasper >> I would say this approach is fairly new, and so unfortunately there aren't a lot of other programs currently, but our goal is that will change, so this is an approach that we've modeled out of Los Angeles. There is an organization there that has partnered with the Los Angeles Police Department, and really have seen the difference that it has made in these kids' lives. And so it is kind of a new approach. Again, it's Houston ReVision with YMCA International. But there are drop in centers in Houston, the Landing is one that has this approach, that our clients will go in and out of, and get that support. And really what we are trying to do is create a full continuum of support with that approach, and we just had a training two weeks ago, trauma, TBRI, are you guys familiar with that? Trust-Based Relational Intervention? It's evidence-based model for working with those who have been severely traumatized, specifically children, and it was exciting to see, we had our advocates there, but we also had HPD officers there. We had people from the DA's office there, and other social service agencies, people from juvenile justice were there. And we're really creating this approach that is trauma-informed across the board, because we want, again, to humanize these kids, and we want to love them more than their pimp. That is what they need for healing and stability.

Dr. Smith >> Okay, I think we've got time to just squeeze in one last quick question, and this one would be for Stu. The question is, how difficult was it to get political support for the program in the beginning?

Mr. Berry >> I think a lot of that has to do with having judicial support. Judges have a lot of political sway, a lot of political capital, so I think if you can get judges on board, that paves the way fairly significantly. I think then you've got to beat the pavement. So, when we started this, it was a road show. Met with the county sheriff, chief of police, district attorney, who was not supportive. Not supportive in any way, shape or form. Victims' entities, not supportive. Other parts of the juvenile justice probation system that could be kind of make it or break it in kind of sharing resources, and really shared a lot of data, and a lot of--one of the things we used to do in our road show was we had like a two-page list of true or false questions that were kind of mythic about juvenile sex offenders, like for instance, offenders usually select people that they don't know, that are strangers and get data about them, and follow them, which is like one in a million for juveniles, I mean, this is kids they know, they're family members, this opportunistic--it's often a function of cognitive limitation, it's a function of family history, that they've been exposed to that themselves, that pornography is on all the time in the house. There is lack of supervision. A whole variety of factors that have nothing to do with raincoats and the school yard, and or that juvenile sex offenders are very similar to adult sex offenders, they're mini sex offenders. Well, they're nothing. There is no comparison whatsoever in terms of histories, in terms of prognosis, in terms of needs, in terms of family engagement, the idea that kids who commit juvenile sex offenses will become adult sex offenders. Almost miniscule. Miniscule. But I think these are the kinds of ideas that we see a lot of on TV, and perpetrated with the tough on crime political stances of people wanting to get elected, and so we did a lot of dispelling of that with data, and encouraging people. The best example I can give about this, I mentioned earlier, beginning of the school year, we go into the school districts. Have principals, system principals, superintendents, guidance counselors, special ed people, walk in to talk about juvenile sex offenders, and they'd all be sitting there, sometimes rooms of 50 or 100 people, like this. Arms crossed. Legs crossed, eyes rolling. And after three hours of presenting them with data on this myopic sort of idea we have about these kids, and then presenting them with information about what we do, and why it's not soft, and why it has nothing to do with--and I'll often say to people, you show me where locking kids up has effective results, and you can get me on board. I'm not going to sit here and just be adamantly against that solution if you can show me it works, but you can't. And that is kind of my premise with everything. I go in and talk to judges, juvenile justice systems, the first thing I have to say is, are you satisfied with the way things are going? Because if you are, there is no point in our talking. If you're satisfied with your 65% recidivism rate, and you're cycling back through, and your lack of parental involvement, and your 75% of cases being kids of color, all those sorts of things, then there is nothing I can say to you. But if you're not satisfied, let me suggest a different way, and so I think that is the approach we take, and often when we left, we have lines of people at the door saying what can I do? School people, right? How can I be involved? Can I meet with these kids? Can I be your secret person at school? Because one of the things we do in schools, one of the worst things you have, kid who commits a sex offense goes back to the school and has the scarlet letter. Everybody knows it. Never going to succeed.

So, on the other hand, you have safety factors, right? You have a kid who might have committed a sex offense, and again, I'm not talking about the kids who look through peep holes, the kids who might expose a piece of themselves, the junior high school boy who snaps the girl's bra in gym class and gets charged with a sex offense, but I'm talking about kids who have committed some offense which was in some degree oppressive to somebody else. And so in those situations, we do want to consider safety, certainly. So, how do we balance that with the fact that we want a kid and family to succeed, and not defeat, because then that just creates a cycle of more criminality, less safe for the community, so we find key people in school, we get them on board, as two things. One is to keep an eye on the kid, to make sure they're not doing anything that risks safety, but also to provide a resource for the kid to succeed. Both ends. It's a double cycle. So I'm not going to say this is easy. A prosecutor who when we first started, I met with the prosecutor, I gave her 20 pages of reports and data to look at, and she said "I don't believe in this data stuff." Okay, well, what do you do with that? You know? [Laughter] But over time, we kind of convinced her, we keep showing her, these kids don't come back, the families are happy, the victims are happy, you know? And a million dollars of savings a year in county funds, see, it's a big one [laughter], it's a big one, so, so when I go in to talk to a group of people, you know, I mentioned the beginning of my talk, the three hallmarks of juvenile justice. Community safety, best interest of kids, cost-efficiency. Depends who I'm talking to which is my number one, right [laughter], county commissioners I'm talking about that money stuff, right? Right? Law enforcement, I'm talking about community safety. Bunch of social workers I'm going to talk about the best interest of kids. So you know, I'm a chameleon, I just want to go with what is going to work.

Ms. Kasper >> That's right.

Mr. Berry >> So, I think we can get people on board but not all initially. We've got to build credibility. We have to convince them that what we do is sincere, that it works, that people will be engaged, and that it's going to meet those three goals.

Dr. Smith >> Wow, you know, we spend so much time talking about the problems, and what a great day today is that we've had an opportunity to hear about some solutions. Why don't you help me in thanking our panel.

[Applause]



LUNCHEON AND PLENARY ADDRESS

Innovation in Criminal Justice: Lunch Presentation University of Houston-Downtown College of Public Service



Thank you all for being here and here among the cities and the country's leading experts on criminal justice. In addition to the faculty members of our noted criminal justice program here at UHD we're happy to welcome scholars and practitioners from across the country and I met our guest here from our Boston, she said Boston, Suffolk County. It's also in honor of course, to welcome our Harris County District Attorney Kim Ogg and let me tell you a little something about her. Kim Ogg was elected to this role just a year ago and so in this case we're both nascent to our roles a little bit, I've been here now eight months. She's a native Houstonian and served our city in a variety of roles before becoming DA. She was a chief felony prosecutor for the Harris County DA's office and was the head of the City's anti-gang task force. And we both have an affinity for the film *American Me*, that film was made right where I grew up in you know the technical, the nomenclature was the Ramona Garden Projects, but in the neighborhood, we just called it big hazard, big hazard not little hazard. And so, she also served as the as the executive director for Crime Stoppers. In her first year Kim has made significant impact in several important areas, including as you heard the sheriff earlier this morning talk about drug policy, as well as bail reform. And so, during an introductory meeting and Dean Van Horn mentioned this when Kim and I first met we began to talk about sort of things that we had in common and things that we were concerned about and we began to conceptualize the possibility of a regional symposium to examine things like incarceration practices, preventative services, diversion initiatives and this a growing subject of restorative justice efforts and definitions. So, here's the point about what's different here in Houston, this conversation which we hope will not be the last is a result of personal commitment and personal relationships. Personal relationships and professional commitment and your reputation matters, right? And when you work together with people that are like-minded and equally committed you have this kind of event and this kind of outcome.

So, UHD is honored to serve as a host to this distinguished group who is equally committed to addressing critical issues facing our criminal justice system and facing our city right. Meaningful universities serve as catalysts to critical conversations, but it requires leadership with the courage to speak. Our Harris County DA Kim Ogg is categorically one such leader, so please help me bringing her to the microphone.

[Applause]

Kim Ogg, Harris County District Attorney >> That was a very humbling introduction Mr. President, thank you so much. Thank you for making this happen, thank you for taking on the issues of criminal justice that many of us have spent our lives in this sector and it is so refreshing to have a leader of a major institution, educational institution in this county say four months ago we can do that and it's done.

[Applause]

And let me say Dean Van Horn thanks for getting it done.

[Laughter]

[Applause]

And if I mentioned Dean Van Horn I better mention Shakira Dennis, our community outreach director.

[Applause]

I brought a number of prosecutors today and they have been among you at the different breakout sessions because they are involved in our community. And as I looked up the definition of restorative justice, which is it repairs the harm caused by crime. When victims, offenders and community members meet to decide how to do that the results can be transformational. So, this is a symposium about transformation and interestingly I wanted to read you the mission statement that I wrote one year ago for our office. The paramount goals of the Harris County District Attorney's Office are public safety and evidence-based justice for all. This means obtaining a just result for the victim, the accused and the community in every case and the guiding principles for achieving these goals are fairness, integrity and transparency. And the more you read about criminal justice reform the more you'll read those words. So, let me tell you how this set of values came into being. First of all, Dr. Pelz, I'm old somehow it happened, but I got to be 58 years old with 30 years of experience in the criminal justice sector. And my friend Ed Gonzales now sheriff 20 years, our friend chief Art Acevedo nearly 30 years, our assistant chief this morning from the fire department 23 years. So, what has happened is that your criminal justice practitioners that either came out of this very school or taught here because many of us have passed through the halls of University of Houston-Downtown are finally in a position with a mindset that is similar and it creates an opportunity Leonard Kincaid in Houston, Texas for us to do what is truly a transformational thing in criminal justice. And that is, we're looking at everything we've done and the way we've done it for the last 50 years and saying, we can do better, we have to think outside the box, but I think we can be safer, we can spend less money, we can build trust in our communities. And so, I want to talk to you just few minutes about some of those things. I realize that this audience is practitioners, scholars and students and how I got among that group I'm not sure, but I will tell you that when I was a young person at a school dance this young man came up to a friend of mine who was at the same dance, she was very pretty and he said I've been watching you all night your eyes are so blue, your hair so blonde will you please



dance with me and she said no. And this crestfallen young man looked at me like he would rather die and said well how about you. So, I just want you to know however I got here amongst practitioners, scholars and other really smart people I'm just happy to be at the dance. So, I believe that this movement in Houston, this like-mindedness of our leadership in criminal justice springs from our experience. I want you to know I was part of the 1980's District Attorney's Office, hard-core, hard-charging, tough on crime criminal justice

and I want you to know the reason for that. First of all, we were in the middle of a crime wave, Harris County was the epicenter. We were the murder capital of America. Now for us regular citizens that's terrifying, but for the Chamber of Commerce that is bad news for our economy right. And so, we had to get a grip on that and that was happening all over America. Think about the movies that's what Dr. Munoz said, President Munoz talk about a lot how art really shows us what's happening in our community. When I taught the gang class here Dr. Pelz my book [inaudible] that's what they gave me the opportunity to do was teach my own book, that is so cool. Thank you for that and Dr. Belbot too. I had the kids watch all of the gang movies so they could get a good history of what was going on in that arena. And the same is true I think what we're seeing is we've tried tough on crime, we've seen all the movies about it. Think about the movies that spurred that Death Wish, a lot of movies where people were innocently victimized, you know, they were innocent people they were victimized by hardcore criminals. And it led to this thought that and a lot of truth to the fact that crime victims didn't have much voice in the system. And so, we pushed the pendulum and we pushed it right here in Houston and the thing about change is it can't stop, we can't ever stop growing. And it seems like we've pushed that pendulum over into tough on crime for about 25 years. And tough on crime got the hardcore off the street initially, but it had a broad dragnet and with it came lots of other people from the community who were not truly criminals, they were offenders who had violated a law as we all have. Anybody who drives a car in Houston I promise you if there's amnesty for me there's amnesty for you, so I won't tell if you won't tell. But every law offender is not a criminal and we find this to be especially true when it comes to things like addiction, when it comes to things like mental illness and because of that in my own mission statement I say one of our strategies is we recognize that mental illness is a public health concern. We prioritize violent crime. Well how do we prioritize it, we have to de-prioritize other types of things out of the system. So, addiction for example, we have a 65% recidivism rate in our state jails right now on low-level crack cocaine cases. You know that's an F 65% and so we're not doing something correct. We were incarcerating 10,000 people a year every year for possession of marijuana. Well, it is a law, it was being violated, but I wouldn't say we were equally enforcing it. You didn't have 5,000 kids from the west side and 5,000 kids from the poor neighborhoods in town you had a disparate and disproportionate group of minority men, mostly young who those laws were being enforced against. And because of the disparity and because of the cost, the cost which nobody had at least ever publicized and we used all previously published numbers about the cost of four hours of cop time on the street to arrest somebody for a joint, book them into the jail, get charges filed, do the report. We knew the cost of incarcerating them in jail, average of five days at \$75 a day. We knew the cost of probation, you know, X number

of dollars per offender for the time they were on probation. We knew the cost of prosecution \$475 a case. We knew the cost to the labs, a total of about \$2 million a year. But the people who knew those costs were in different silos in the justice system and that's really where leadership comes in. Leadership to me is about surrounding myself with people who are a lot smarter than me, but who are like-minded. And so, we added up those numbers, you know what they added up to, \$27 million a year to prosecute 10,000 offenders for marijuana. Now the unseen costs were that our labor force, which is a critical component of a vibrant economy too much of our labor force was being disqualified from jobs they were absolutely qualified for, wanted to serve in, but couldn't make it because of their past criminal record. And to date I haven't been able to do anything about expulsions for those type of crimes, but you'll see that on the list of coming attractions in the Ogg administration for the 2019 legislative session.



[Applause]

I love the executive branch because I don't have to ask please I can do, but to change the laws we have to go to the legislative branch and we do have to say please and it helps to say please with a lot of people around you who are friends and like-minded individuals. And so, we are going to start trying to clean up people's records because I personally believe, as do many of the people who work with me and for me, that we are a safer society when we put people back to work. So, what are we doing about that and what are we doing in terms of restorative justice? Well we're clearing our plate of smalltime drug offenders by sending them to a class, it is more cost-effective, the compliance rate is about 75%, people say 25% not complying that's right and they will go to jail and then we'll try and head them back into the right direction again by sending them to class and their punishment will be they didn't have to go to jail, but they didn't comply so they did. But we're still not going to try and tag them with an additional criminal conviction for simple possession of marijuana. In other words, we're going to keep working with them. Now once we clear our plate of those 10,000 cases that leaves another 100,000 on average that we file each year, so it's been about 110,000 jailable crimes that we prosecute each year. Think about that, you know in 10 years you've got a million one. And so, it's a lot of people running through our justice system. So, what are we looking at? We're looking at now mental illness and the people who fill our jails that shouldn't. I'm looking at the populations that don't pose a great public safety threat to our community, but who soak up a lot of the resources. And why do we care about use of criminal justice resources for mental illness? Well because that is a public health concern, if we are to truly protect people from violent crime we need every one of those dollars. And yet, we have a mentally ill population that we understand can't be left in the door stoops of buildings, can't be left to be victimized in camps under the freeway and they are victimized more than they are victimizers because they are a vulnerable population. And they soak up a lot of the secure facilities and cost of maintaining them on medication in the worst possible setting for success. I mean, try convincing somebody who's mentally ill that the jail was really a good place to treat them, you can't convince people who are

perfectly healthy that that is a good idea. And that is why that's where you'll see us heading in the next few months, that's what I was so feverishly talking to Leonard Kincaid about at lunch, it saves me a phone call, it saves him a meeting, it's awesome. Thank you for getting us together to do that. But we're talking about how to divert more and more of the repeat offenders, the people who go to jail 17 times in a year. That's why Anthony Robbins is here representing our mental health division, Anthony raise your hand so they know who you are. He does a great job, that division is soon to be a bureau. Why, because one fourth of our population in the criminal justice system has some kind of mental health concern, one fourth. So, if we are to do our job which is to protect people we have to prioritize how we spend the money, that is what public policy is about and there's a human toll. By the way, both Republicans and Democrats agree it is inhumane to treat truly mentally ill people in a jail setting. Both Republicans and Democrats agree that jailing people for marijuana is not a cost-effective crime deterrent. They both agree on many things in criminal justice. Now if you can think of anything else that the parties agree on send me a note because I'll take that to the legislature. You see the frustration in our public service sector with the turnover in politics right now. So, let us use this to our advantage, let us consider candidates that have our well-being at heart when it comes to true public safety. And that means we are going to need to put the resources that we have in criminal justice to the most dangerous, but to do that we can't abandon everyone else who has been filling the beds of the criminal justice system. We've got to find better ways of reintegrating them into our community and what is the best way. Well, the Red Hook Community Center shows us that using the community as part of the system when they are wanting to do this that that is a way we build trust back in our community between us and them. And so, there should be no us and them, law enforcement and the community or criminal justice prosecutors and the community, but we're not the most trusted group right now and why? Because we have lost a lot of that trust and how have we done so? Through our action and through a failure of transparency and accountability on our side of the ledger. And so, it also requires I think this job in terms of rebuilding trust in the community it's not enough to tell the community hey you elected me trust me. I think people want to see action and that's why I am working at such a feverish pace, that's why our prosecutors and staffers at the DA's office feel the pressure that I put on them because time is of the essence. You know moments are people's lives, this is critically important to the health and well-being of our community, including the economy. And I give this same talk at the Chamber of Commerce which we call the Greater Houston Partnership why? Because they are invested in our community and they need to understand that the way we're spending dollars in the public sector could be better and that they need to support programs like mine which are not soft on crime, they're clearing our table so that we can get to the element that must be separated. But to do so we can't just ignore everyone else.

[Inaudible Comment]

[Applause]

Thank you, Miss Tammy. So, it is the job – by the way, there's no instruction manual that they gave me when I became the district attorney of Harris County. In part, I became the district attorney because I got tired of yelling at the television, why are you people doing that, that's crazy, that's nuts why are we doing that. I got up off the sofa and I want to make this pitch to you all. Your country needs you, they need every one of you, we need every one of you. It is time to give to our community, to treat our

fellow not just Houstonians but that's where we live, the way we want to be treated. As I often say about the influence that my church has had on my life, I go to St. Andrews in the Heights, it's an Episcopal Church, I leave my religion at home when I come to work, but I don't leave my spirituality there and we believe that everyone is connected. And that to me is the spirit with which we must, we saw it with our hurricane response, it's organic to Houston. I've



lived here all my life why, I love the people, it's a good place to live, it's a good place for my child to be. We can do anything we set our minds to just look at our history. And so, with that in mind we can transform our criminal justice system into a restorative one. And although there was no playbook, I went to my predecessors, Johnny Holmes, Pat Lykos, all of them I sought their advice. I went to my priest, I pray a lot more than I used to, I do, I do. Like please God let this be the right decision right and give me strength and please give me wisdom and please send the people around me that will educate me about what I need to know. And I asked people to join me in the hard decisions that we make because I need their help. And so, if we recognize that we are really limitless in what we can do together then we can heal our community from crimes, we can target the people and separate those too dangerous to live among us, and we can treat with humanity, with dignity and respect those who are offenders and those who are offended, the crime victims. And we must we must, we must try to restore both and when we do that that is your community. And so, bringing the community in was also part of my strategies, these are what we've been talking about since the day I was elected. Shakira Dennis, our community outreach director was my first solid commitment to this strategy, we will actively promote input and participation by the diverse communities of the greater Houston area. These are not words I meant it and Leonard thank you when you said if anybody's been watching my career they shouldn't be surprised about what happened. I could not sit by and watch us continue the madness of running a criminal justice system that did not make us safer and seemed to hurt a lot of people in the process. I was talking to Dr. Kelly earlier and I enjoyed his talk so much in the breakout session about putting students, education students into the real classroom, which is the juvenile detention center. And I don't know about you all, but it was the very internships that I got when I was a student that determined my career. And so, we have to bring the young people into the reality of the justice system early when they're still in school and we will separate the wheat from the chaff, they will be people who are interested and people who aren't. But if we can cultivate those minds and hearts that are interested in this work and we can provide them an infrastructure and a system that is sustainable beyond my administration or the next or this administration, President Munoz and the next then, you know, then that's a rewarding life and it'll benefit everyone. We all have to be part of it, you each have something to give. So, if you're here's as a volunteer there are so many opportunities, look around you, every single one of us will have some kind of opportunity for you. If you're an academic reach out to those of us who are practitioners and let's enjoy each other's knowledge and benefits. I mean we get the experience, you guys have classroom, it's a good combination. For my fellow practitioners and lawyers out here, I really think while there's a legal definition in terms of what my job is, it's in that code of criminal



procedure and it says a district attorney's job is not just to convict, but to see that justice is done. Now the tricky thing about that is that means different things to different people and it's loosely been translated by different predecessors to doing the right thing, but we don't always agree on exactly what the right thing. So, I'll tell you what I think our job is. Our job is to get to the truth, to seek the truth, to get to the truth of what happened in criminal

instances. And it's also to seek restoration for the community, to try and heal the wounds that have been caused by that incident, and to reap the benefits. And I'll close with a story about my life. I was about 45 years old and I was doing an exit interview with the Houston Chronicle and they said, I was leaving Crime Stoppers and going back into the private sector and they said why are you leaving public service and I said well, you know, I miss practicing law. I enjoyed running Crime Stoppers, I loved being in policy for[inaudible] when I was the anti-gang director, but I love the law. And the reason is there's always, if you make the picture big enough and long enough, there's always the opportunity not for a happy ending, but for justice. And that's about the closest we get to a happy ending when something bad happens. And the reporter asked me, well you know why did you choose this field in life, why did you go into law and public service and why criminal law. And for the first time I told my mother's story. So, she was a young, beautiful, legal secretary, it was 1962, I was three years old and she was forced into a kidnapper's car at a downtown bank, he assaulted her in the parking lot with big buck knife. He was a very handsome guy, therefore, probably didn't come to the attention of the security guard at the bank, shoved her in the car and was stabbing her in her side as he was speeding down Main Street telling her how he was going to rape her and then how he was going to murder her. And my mom jumped out of the car at about 35 miles an hour and saved her own life. And so, I was raised by somebody who would rather die than be killed. And while she didn't whine about it she would make comments as we were growing up, you know, be sure and be careful, look around you, remember what that guy did to me or you know I'd be talking about one of my cases, etcetera. Long story short, I was 45 before I realized that one incident my mother escaped, two other women were raped, the rapist who was a serial rapist was caught and incarcerated. And although my mother didn't suffer the ultimate consequence of rape or death, in that instant it had long-term ripple effects and one of those long-term ripple effects was my interest in the criminal justice system, my interest in crime victims' rights, my interest in a safer community. So not every bad thing has to have a bad ending. Now I think the difference in that equation is us. Thank you very much.

[Applause]

UHD President Munoz >> Again, we'd like to thank Kim thank you again and all of her staff for sharing that with us and sharing that charge with us that *we* are the difference. The University of Houston-Downtown wants to be part of that us, wants to be part of the difference, wants to be part of the solution, a humane restorative solution where we are all restored, yes, yes? We are going to publish these proceedings. One thing that I would like to do next is reconvene this symposium, so

as we set these recommendations and these expectations two years from now somebody can hold us responsible for having done better and having been part of the solution and having moved the needle because that's what great leaders challenge us to do and that's what great universities respond by doing. We want to thank you again and hope that you have a very productive remainder of the day.

[Applause]



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