

DSHS Grand Rounds

July 20

Youth Violence in Texas

Presenters:

**Lori Robinson, PhD, Psychologist,
Texas Juvenile Justice**

**Kimberly Williams, Houston
Department of Health and Human
Services**



Logistics

Slides available at:

<http://www.dshs.state.tx.us/grandrounds>

Archived broadcast

Available on the GoToWebinar website

Questions?

There will be a question and answer period at the end of the presentation.

Remote sites can send in questions throughout the presentation by using the GoToWebinar chat box or email GrandRounds@dshs.state.tx.us.

For those in the auditorium, please come to the microphone to ask your questions.

For technical difficulties, please contact:

GoToWebinar 1-800-263-6317 (toll free)

Continuing Education Credit

To receive continuing education credit or a certificate of attendance participants must:

1. Preregister;
2. Attend the entire session; and
3. Complete the online evaluation which will be sent to individuals who participated for the entire event. The evaluation will be available for one week only.

IMPORTANT!

If you view the webinar in a group, or if you participate only by phone (no computer connection), you must email us before 5pm today at grandroundswebinar@dshs.texas.gov to get credit for participation.

Disclosure to the Learner

Commercial Support

This educational activity received no commercial support.

Disclosure of Financial Conflict of Interest

The speaker and planning committee have no relevant financial relationships to disclose.

Off Label Use

There will be no discussion of off-label use during this presentation.

Non-Endorsement Statement

Accredited status does not imply endorsement by Department of State Health Services - Continuing Education Services, Texas Medical Association, or American Nurses Credentialing Center of any commercial products displayed in conjunction with an activity.

Additional Readings

Cunningham RM, Carter PM, Ranney M, et al. Violent reinjury and mortality among youth seeking emergency department care for assault-related injury: a 2-year prospective cohort study. *JAMA Pediatr.* 2015 Jan;169(1):63-70.

David-Ferdon C, Simon TR, Spivak H, et al. CDC grand rounds: preventing youth violence. *MMWR Morb Mortal Wkly Rep.* 2015 Feb 27;64(7):171-4.

Duke NN, Borowsky IW. Youth violence prevention and safety: opportunities for health care providers. *Pediatr Clin North Am.* 2015 Oct;62(5):1137-58.

Howell KH, Miller-Graff LE. Protective factors associated with resilient functioning in young adulthood after childhood exposure to violence. *Child Abuse Negl.* 2014 Dec;38(12):1985-94.

Sood AB, Berkowitz SJ. Prevention of youth violence: a public health approach. *Child Adolesc Psychiatr Clin N Am.* 2016 Apr;25(2):243-56.



Introductions

John Hellerstedt, MD
DSHS Commissioner is pleased
to introduce our DSHS Grand Rounds speakers

Youth Violence in Texas



Lori Robinson, PhD
Psychologist, Texas Juvenile Justice

Kimberly Williams, MPP
Houston Department of Health
and Human Services



Learning Objectives

- Analyze the trends in youth violence in both the United States and Texas.
- Describe the range of individual, family and community level intervention strategies.

Youth Violence in Texas

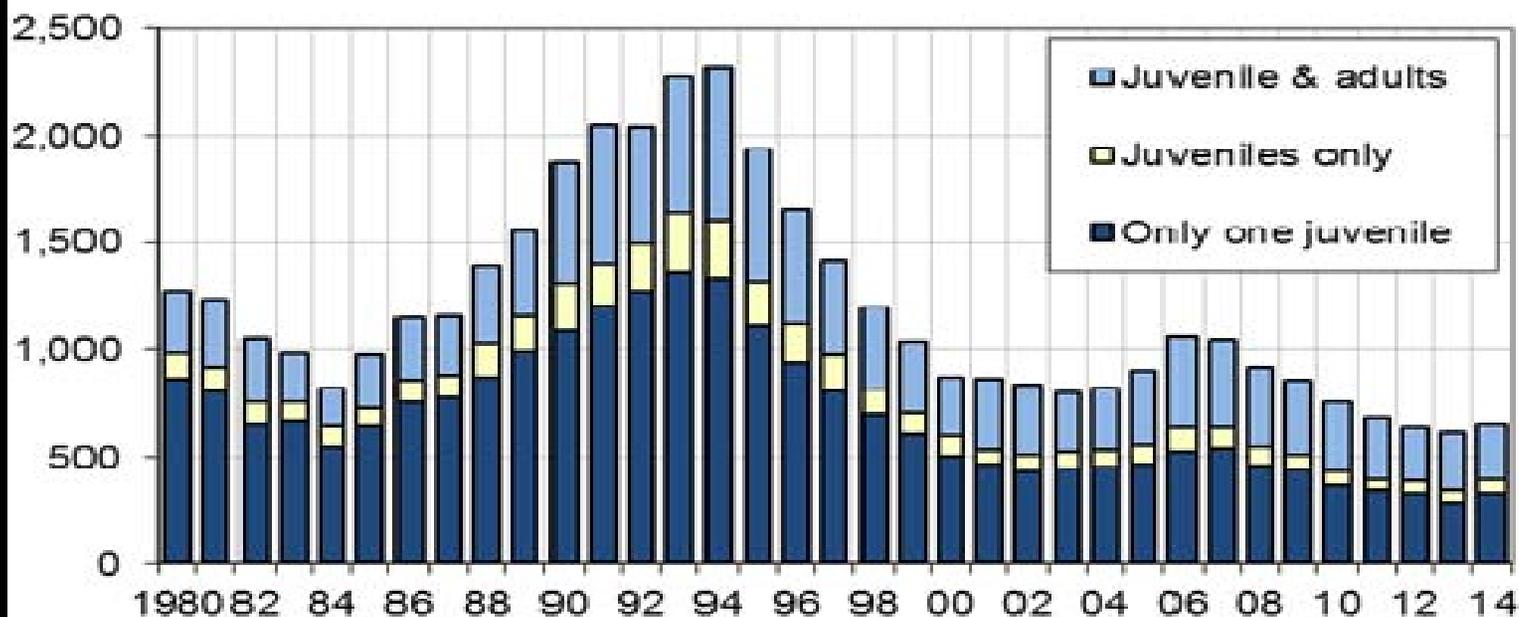
Lori Robinson, PhD
Psychologist, Texas Juvenile Justice



National Trends

- Between 1994 and 2003, the estimated number of murders involving a juvenile offender fell 65%, to its lowest level since at least 1980.
 - However, between 2003 and 2006, the estimated number of juvenile murder offenders increased 32%, then fell 39% through 2014
- In the 1980's 25% of the murders involving a juvenile offender also involved an adult offender. This proportion grew to 31% in the 1990s and averaged 41% during the last 10 years
- Known juvenile offenders were involved in about 650 murders in the U.S. in 2014, representing about 7% of all known murder offenders.

Number of homicide victims of known juvenile offenders, 1980-2014

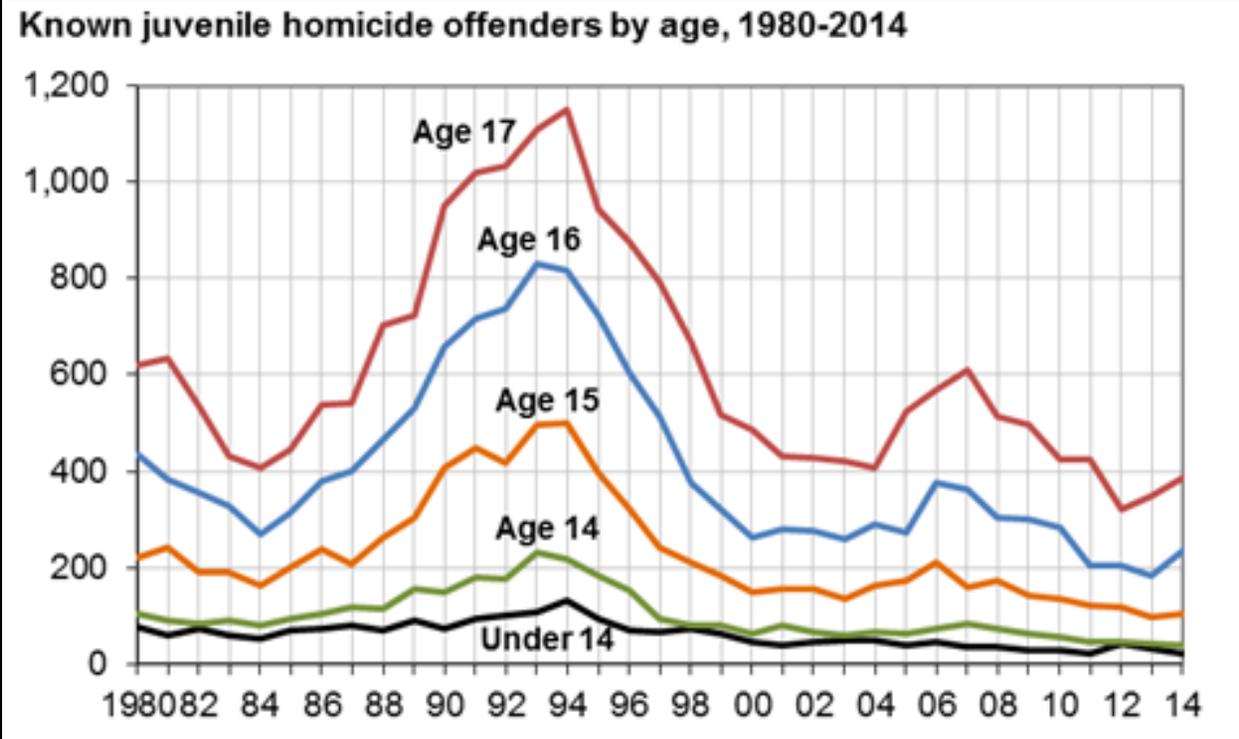


OJJDP Statistical Briefing Book. Online. Available:

<http://www.ojjdp.gov/ojstatbb/offenders/qa03105.asp?qaDate=2014>. Released on May 25, 2016.

Homicide & Age - National

Homicide offending increases with the age of the juvenile offender; in 2014, about 8% of known juvenile homicide offenders were under age 15, while 79% were ages 16 or 17.



OJJDP Statistical Briefing Book.

Available:

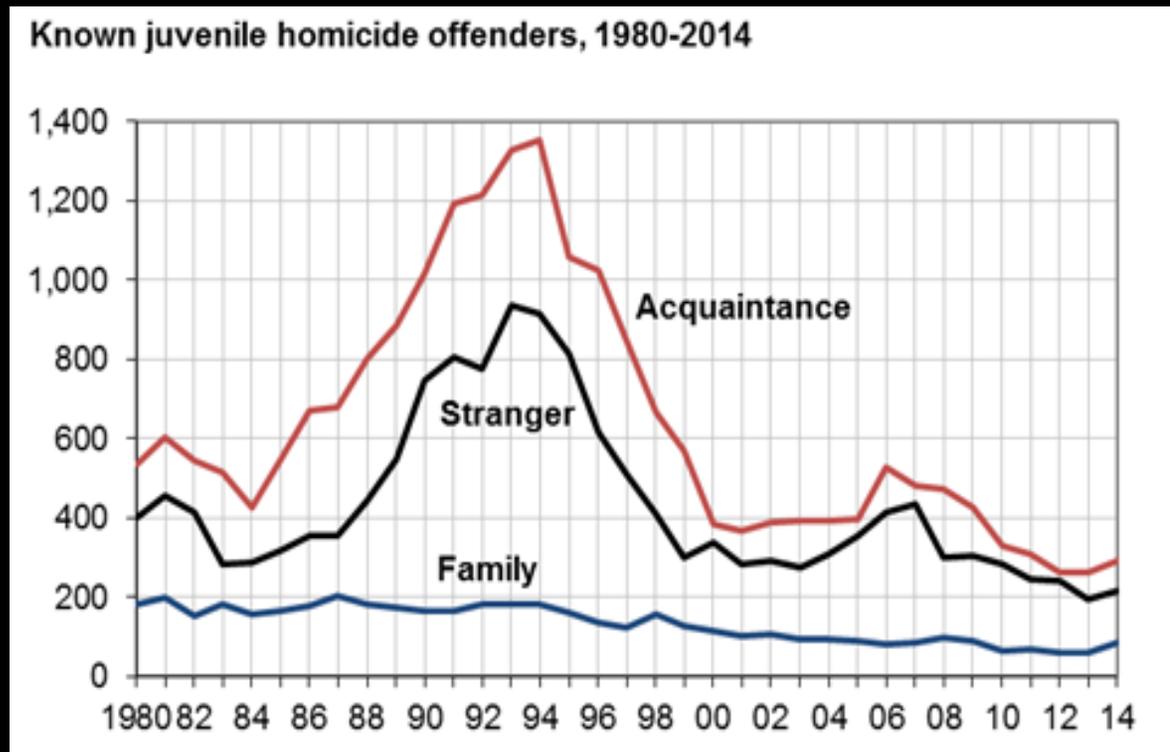
<http://www.ojjdp.gov/ojstatbb/offenders/qa03104.asp?qaDate=2014>.

Released on May 25, 2016.

Victim-Offender Relationship - National

Between 1980 and 2014, the decline in the annual number of known juvenile offenders who killed family members was slow and steady, in stark contrast to the number of those who killed acquaintances and strangers.

OJJDP Statistical Briefing Book. Online. Available: <http://www.ojjdp.gov/ojstatbb/offenders/qa03107.asp?qaDate=2014>. Released on May 25, 2016



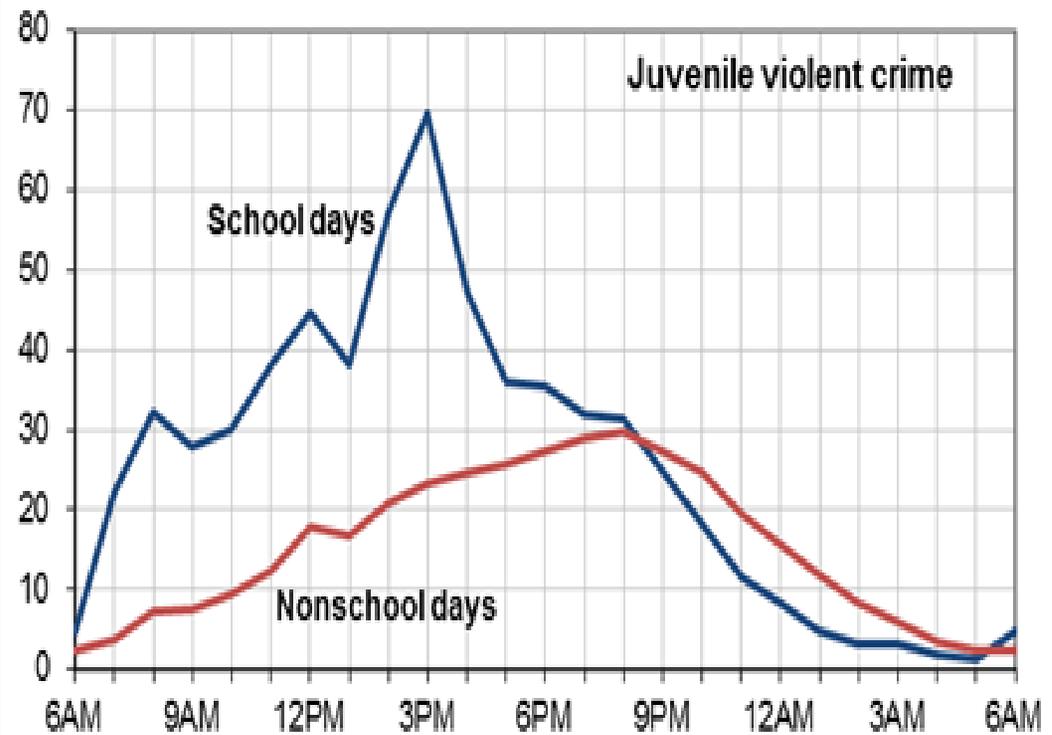
Other Serious Violent Crimes

- The rate at which juveniles committed serious violent crimes* changed little between 1973 and 1989, peaked in 1993, then declined to the lowest level since 1986.
- *Serious violent crime includes incidents involving rape and other sexual assaults, robbery, and aggravated assault. Murder is not included; data collected prior to 1992 were adjusted to be consistent with newer data collection procedures)
- *OJJDP Statistical Briefing Book* <http://www.ojjdp.gov/ojstatbb/offenders/qa03301.asp?qaDate=2010>. Released on May 22, 2014.

Violent Crime and Time of Day

- Violent crimes by juveniles occur most frequently in the hours immediately following the close of school on school days.
- On non-school days, the incidence of juvenile violence increases through the afternoon and early evening hours, peaking between 7 p.m. and 9 p.m.
- The rate of juvenile violence in the after school period is 5 times the rate in the juvenile curfew period (inclusive of both school and non-school days).
- **Consequently, efforts to reduce juvenile crime after school would appear to have greater potential to decrease a community's violent crime rate than do juvenile curfews.**
- Violent crimes include murder, violent sexual assault, robbery, aggravated assault, and simple assault. Data are from law enforcement agencies in 35 states and the District of Columbia.

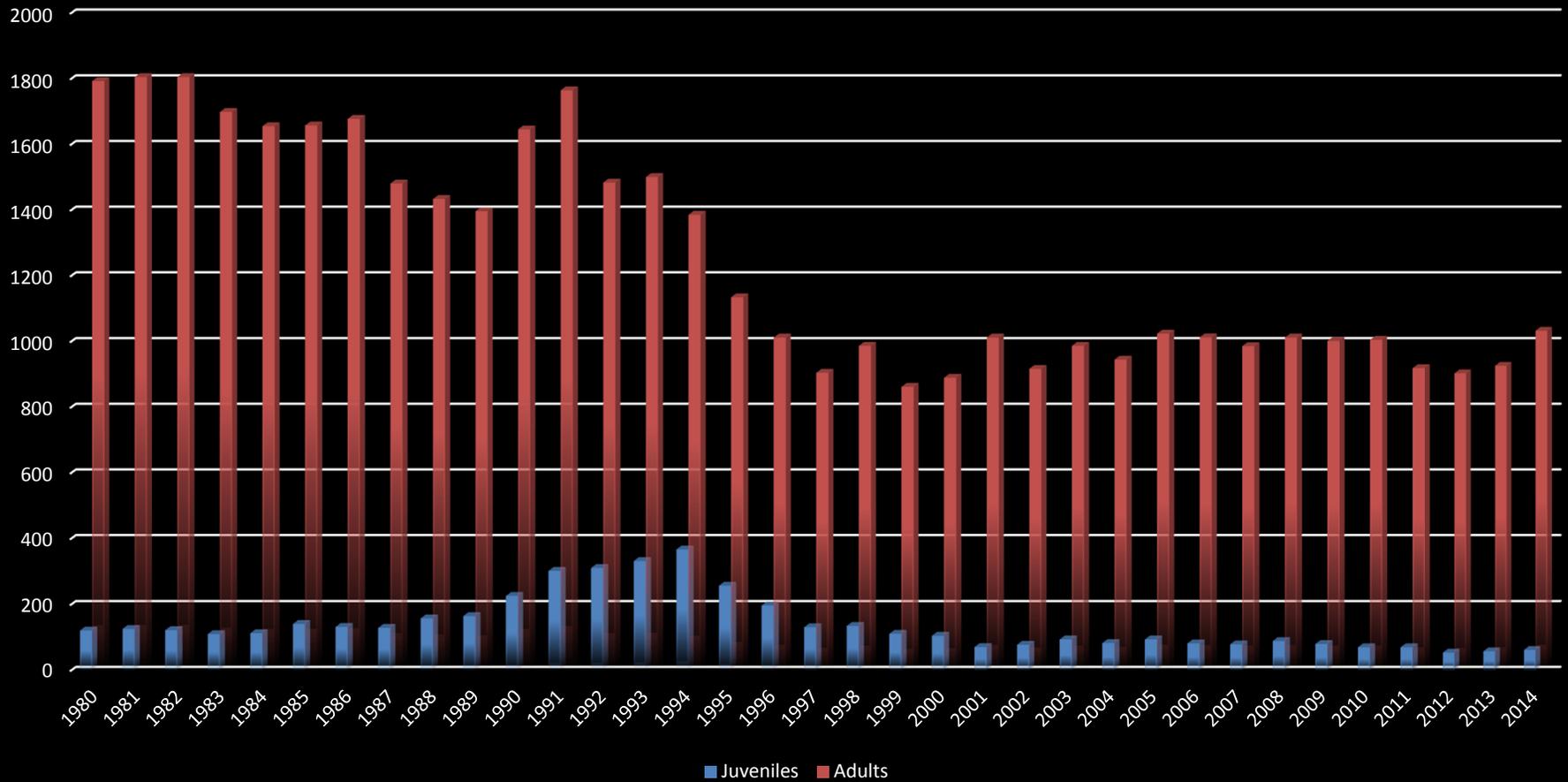
Offenders per 1,000 juvenile violent crime offenders



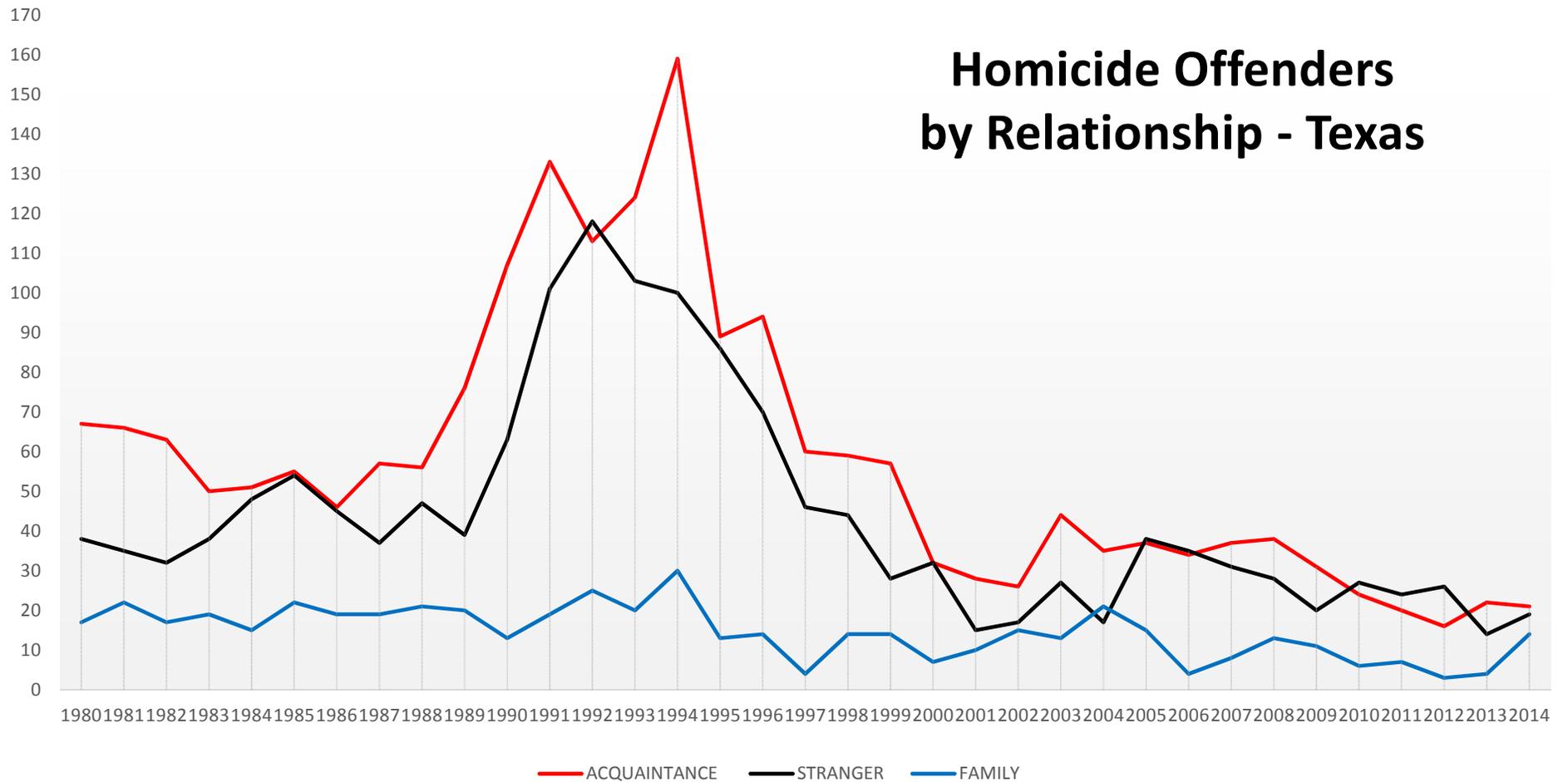
Texas

- Similar to national trends, juvenile arrests and referrals have declined since 2004 in spite of population growth
- Juvenile arrests declined since 2007 for all categories of crimes
- Decline in arrests similar to other large states

HOMICIDES WHERE AGE IS KNOWN- TEXAS

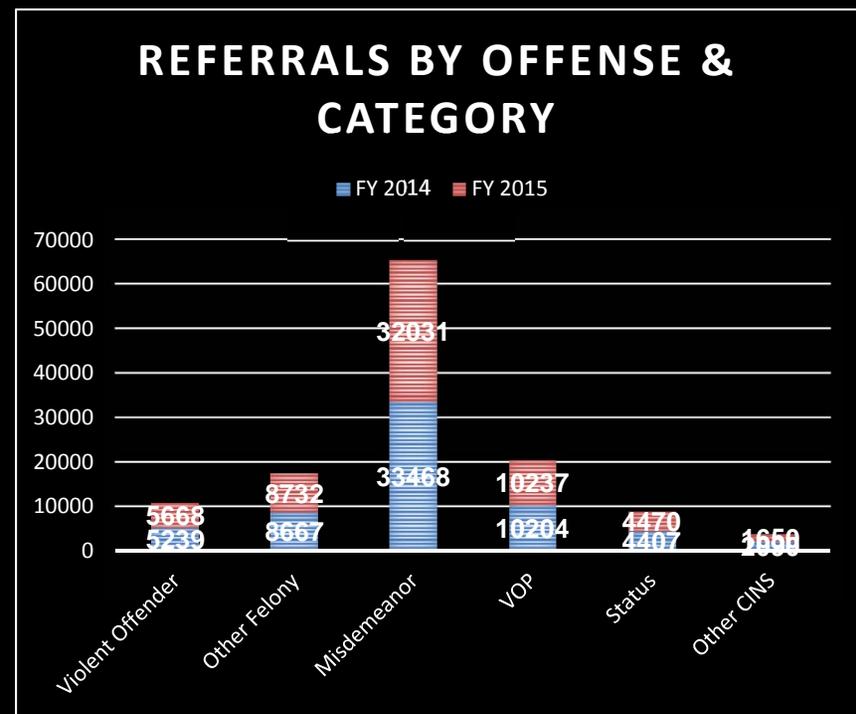


Homicide Offenders by Relationship - Texas



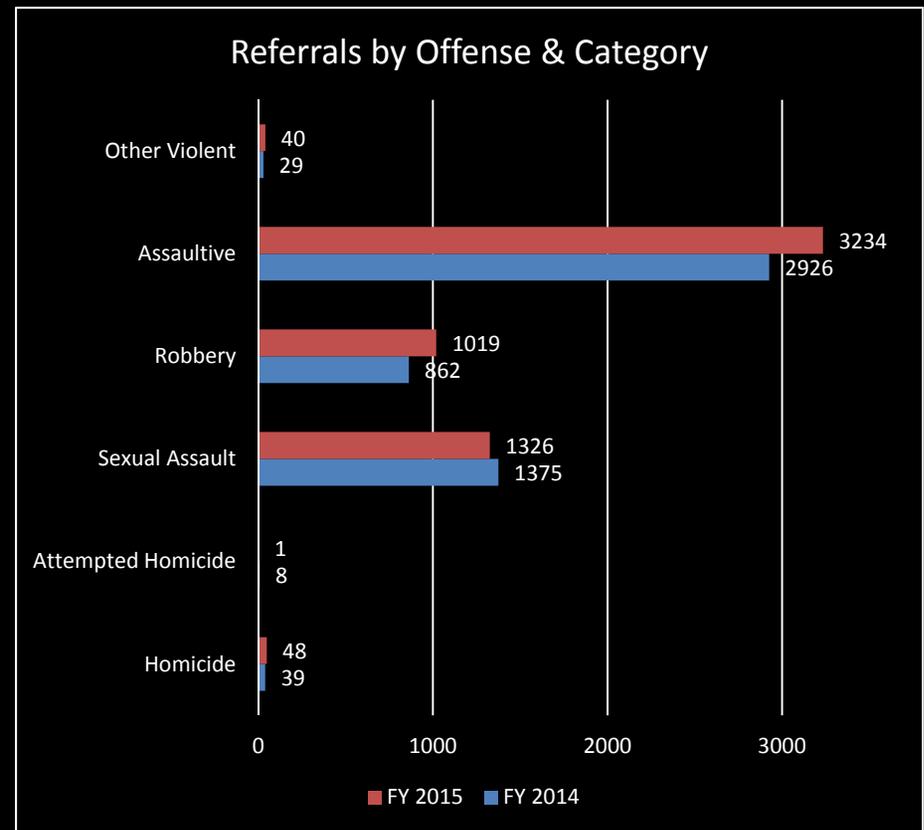
Recent Juvenile Referrals - Texas FY14-16 (YTD)

Referrals by Offense & Category Percent Change						
	FY 2014	FY 2015	FY 14-15 % Change	FYTD 2015	FYTD 2016	YTD % Change
Violent Offender	5239	5668	8.2%	3974	4048	1.9%
Other Felony	8667	8732	0.70%	5811	5878	1.20%
Misdemeanor	33468	32031	-4.30%	22690	20414	-10.00%
VOP	10204	10237	0.30%	7033	6319	-10.20%
Status	4407	4470	1.40%	2994	2405	-19.70%
Other CINS	2090	1650	-21.10%	1201	815	-32.10%
Total	64075	62788	-2.00%	43703	39879	-8.70%



Referrals in Texas - FY 14-16 YTD

Referrals by Offense & Category Percent Change						
	FY 2014	FY 2015	FY 14-15 % Change	FYTD 2015	FYTD 2016	YTD % Change
Homicide	39	48	23.10%	38	38	0.00%
Attempted Homicide	8	1	-87.50%	1	3	200.00%
Sexual Assault	1375	1326	-3.60%	875	898	2.60%
Robbery	862	1019	18.20%	672	830	23.50%
Assaultive	2926	3234	10.50%	2359	2267	-3.90%
Other Violent	29	40	37.90%	29	12	-58.60%



Sentencing Trends

- FY 14 and 15 data show that:
 - fewer youth were adjudicated with indeterminate sentences (2%; n=15)
 - Fewer youth were certified as adults and transferred into the adult system (20%; n=28)
 - more youth were adjudicated and committed with determinate sentences (52%; n= 40)

Interventions

- Large departments in urban areas offer more programs and services than small and rural departments
- Even with resources in rural areas, population of youth in need varies; and need for specialized programs is not consistently sufficient to be economically feasible
- 80% of the counties in the state are designated as Mental Health Professional Shortage Areas
- 172 of 254 counties are considered rural

Interventions- Risk, Need, Responsivity

- RNR serves as guiding principle
- Studies demonstrate that successful interventions focus on:
 - highest risk offenders;
 - target specific criminogenic needs;
 - are RESPONSIVE to the individual;
 - utilize cognitive and behavioral models for treatment intervention;
 - demonstrate faithful implementation of program design, and
 - maintain program integrity (Lowenkamp and Latessa, 2005).

EBP's in Community Settings - Rural

Varies greatly

- In rural areas services are primarily offered on an individual basis by contract providers, typically LPC's or interns
- Family services tend to be offered on an individual basis by contract providers, typically LPC's or interns
- Few group therapy/programs exist

EBP's in Community Settings - Urban

Varies greatly

- Individual services offered by either in-house or contract providers
- May offer group services such as skills building and other psychoeducational programming
- Family services offered through in-house or contract provider; some departments offer Functional Family Therapy or Multisystemic Therapy

Interventions Cont.

Anecdotal information:

- Interventions in communities tend to be targeted for youth with low to moderate risk and needs
- Evidence-based programs are difficult to implement
- Departments may have difficulty providing services to youth with high to moderate needs and/or multiple needs- ability to provide highly integrated, specialized services difficult

EBP's and Juvenile Corrections

- Juvenile correctional facilities (residential) are one setting for mental health care in which few treatments have been studied
- Little research exists to guide choice of approaches
- Treatments have generally not been designed for or tested within this setting
- The uniqueness of the population and milieu makes selecting an EBT developed for use in community settings (e.g. outpatient clinic, schools) very difficult

(Lopez, Molly- in press)

Evidence Based Practices

What works best for Juvenile Correctional Settings?

The OJJDP Model Programs Guide on Delinquency, Criminality, and Violence Prevention states, *“The most widely used approaches to treatment in criminal justice today are variations of CBT”* (Little 2005). Because:

- **Distorted cognition** is one of the most notable characteristics of chronic offenders (Beck 1999). Faulty thought processes include **self-justificatory thinking, misinterpretation of social cues, deficient moral reasoning, and schemas of dominance and entitlement** (Lipsey, Chapman, and Landenberger 2001).

Intervention Components - CBT

Victim impact and behavior
modification components
diminished
effectiveness.

*Source: The OJJDP Model Programs
Guide on Delinquency, Criminality,
and Violence Prevention*

Intervention Components - CBT

Landenberger and Lipsey (2005) meta-analysis looked at components of CBT programs and concluded that:

- better implementation (quality and fidelity), along with higher-risk offender populations, were associated with greater effect sizes.
- Anger control and interpersonal problem-solving components enhanced effectiveness.

Source: The OJJDP Model Programs Guide on Delinquency, Criminality, and Violence Prevention

Intervention Components - CBT

Lipsey (1998) performed a meta-analysis and found that treatment types were most consistently positive for:

- interpersonal skills interventions
- teaching family homes
- Behavioral, community-based residential, and multiple-service programs also appeared to reduce recidivism, BUT
- the small number of studies in each category makes it difficult to draw strong conclusions

Capital and Serious Violent Offender Treatment Program

Case Study 1

Family Characteristics

- Enmeshed
- Extremely physically, sexually, emotionally abusive
- Frequent moves
- Social isolation
- Family history of criminality
- Family includes child in criminal activity

Case Study 1

Youth specific:

- Suffered effects from trauma and abuse,
- Felt very hopeless
- Was socially isolated
- Tried to get help without success
- Tried to run away, commit suicide
- Bright, performed well in school, no behavioral problems in school or community

Case Study 2

Family Characteristics

Criminal behavior

Substance abuse

Violence amongst family members

Chaotic environment

Little structure, discipline skills lacking

Living in poverty

Case Study 2

- Issues of grief and loss
- Skills deficient
- Below average IQ
- Lack of pro-social involvement & relationships
- Easily succumbed to peer pressure
- Approval seeking; worked to please others
- Small in stature, shy
- Non-significant history of aggression or behavioral problems

Take-Away

- Consider the environment
- Prevention is better than Intervention, earlier is better
- Assess (formally or informally) for Risks AND Strengths, Protective factors
- Help youth engage with appropriate, positive, engaged adults
- Focus on Sustainability
- Locate services where youth are

Take-Away

- Work to engage the family
- Make services accessible and nonthreatening
- Integrate care and work towards consistency with providers and caregivers
- Make connections with trusted, skilled referral sources
- Get good assessments, don't accept poor quality

Redefining Youth Violence Prevention Strategies in Houston

Kim Williams, MPP, Division Manager
Office of Adolescent Health and Injury Prevention
Houston Health Department



About the Office of Adolescent Health and Injury Prevention

Vision: Elevate youth voice, emphasize youth health and ensure youth safety

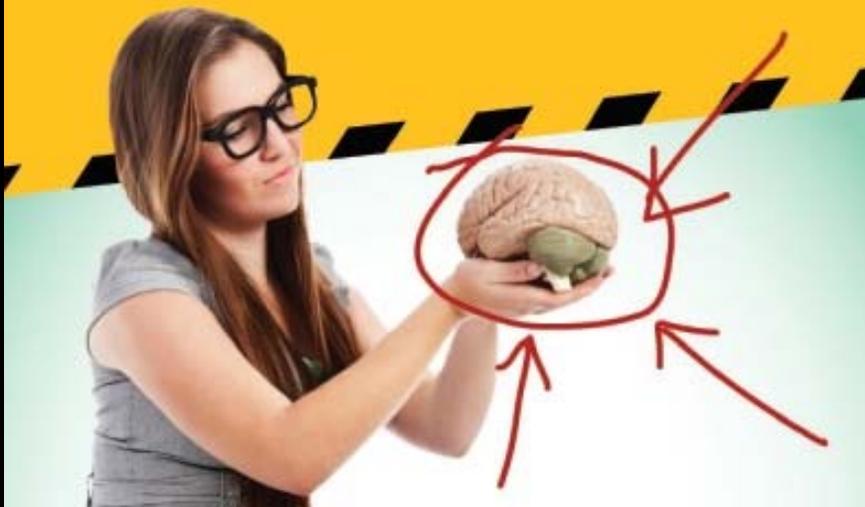
Mission: To increase protective and resilience factors through youth development.

Objectives:

- Increase youth leadership opportunities in community development and wellness activities.
- Promote and sustain the use of evidence-based strategies by internal and external partners.
- Increase youth access to healthy and safe environments through linkages.

The Teen Brain:

**STILL UNDER
CONSTRUCTION**



Youth Brain
Development

Youth By the Numbers

According to the federal Office of Adolescent Health

- 42 million adolescents between 10-19 in the US
- 8.2 million adolescents between 12 and 17 estimated to have special health care needs or disabilities
- 19% nationally live below the federal poverty line

According to the US Census population estimates, there are 2,134,707 people in Houston

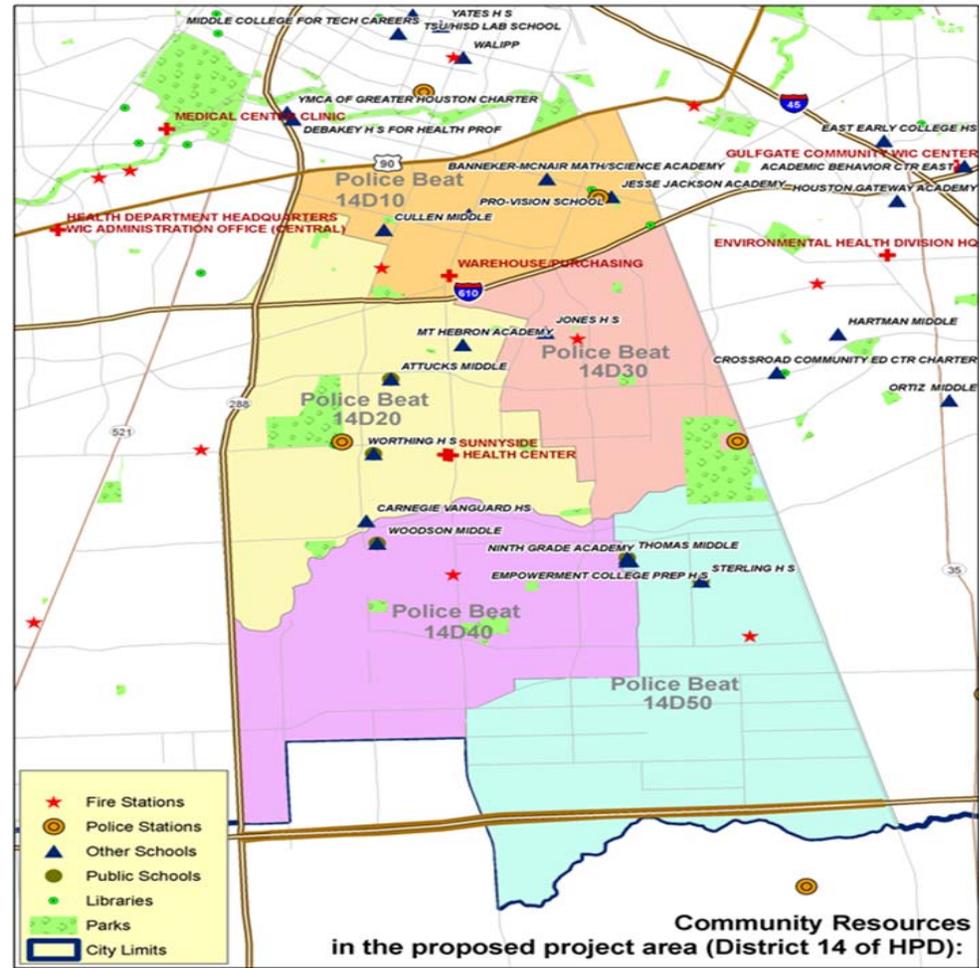
- 6.5% (138,756) of the population are 10-14 years old
- 6.5% (138,756) of the population are 15-19 years old
- 8.1% (172,911) of the population are 20-24 years old

TOTAL= 21.1% or 450,423 are 10-24 years old

History of HHD Efforts to Reduce Youth Violence

- STRYVE 2011
- THAI Community Based
- THAI Clinic Based 2015
- AIR
- Cities United
- Urban Networks to Increase Thriving Youth (UNITY) Network

STRYVE



YES

- Promotes pro-social behavior
- Engages youth in community activities
- 264 youth participated in YES and completed 34 community service projects from 2013-2015



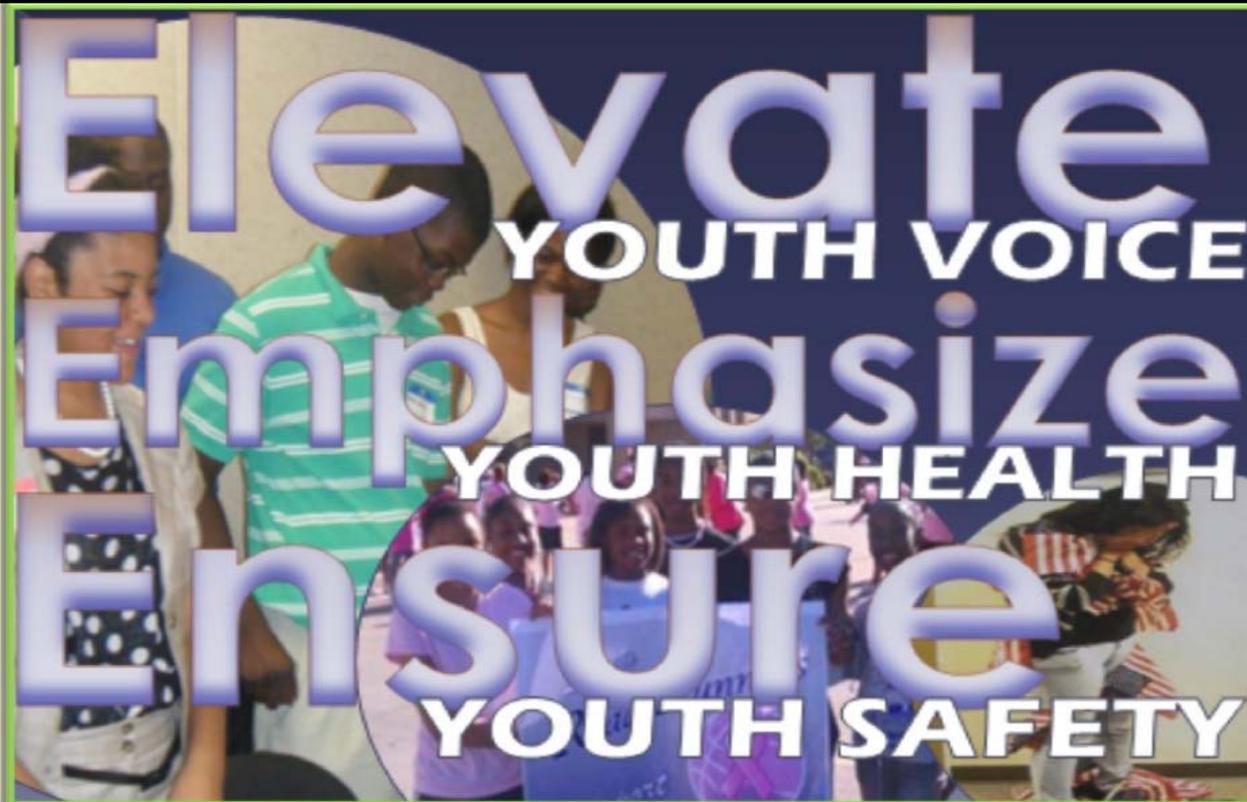


CPTED

- Raises awareness of crime prevention and safety
- Promotes grassroots techniques and civic engagement
- Improves standards and quality of neighborhood environments
- 87 youth participants in 2013-2015
- 12 community service projects, including community clean up that yielded 165,000 pounds of trash

STRYVE Partners

- YWCA
- Texas YMCA
- Houston Area Urban League
- Attucks Middle School
- Thomas Middle School
- Dream Academy
- Marcie Keys (Faith-based)
- Northshore (Faith-based)
- Alief Family YMCA
- Freedom School
- Sterling High School
- Nine Houston Health Department Multi-Service Centers
- Sunnyside Pride (Faith-based)
- Environmental/Tejano Community Center
- UT School of Public Health



A Call and Response Partnership
Among Youth and Adult Leaders in Houston / Harris County



Strategic Plan
for
Youth Violence
Prevention

THAI Community Based Grant

Created Youth and Adult Council

Addresses Adolescent Health Risk Factors
including

- Youth Dating Violence
- Juvenile Delinquency Prevention

THAI Clinic-Based

Increases the quantity and quality of adolescent health visits including comprehensive health screenings for teen dating violence and juvenile delinquency prevention.



Changing Directions

- Launched My Brother's Keeper Initiative 2014
- Reviewing current data on youth violence prevention efforts
- Revising YVP plan
- "Redeploying our resources"

My Brother's Keeper

- Milestone 1- Entering school ready to learn
- Milestone 2- Reading at grade level by 3rd grade
- Milestone 3- Graduating from high school ready for college and career
- Milestone 4- Completing postsecondary education or training
- Milestone 5- Successfully entering the workforce
- Milestone 6- Reducing crime and violence and providing a second chance

MBK Youth Advisory Council



“The Yellow Building”

Cameron Smith, 12th Grade Barbara Jordan High School

High School Youth Risk Behavior Surveillance System Houston, TX 2015 Results

- 24.6 % were in a physical fight
- 13.2% carried a weapon and 3.9% carried a weapon on school property
- 11.1% did not go to school because they felt unsafe at school or on their way to or from school

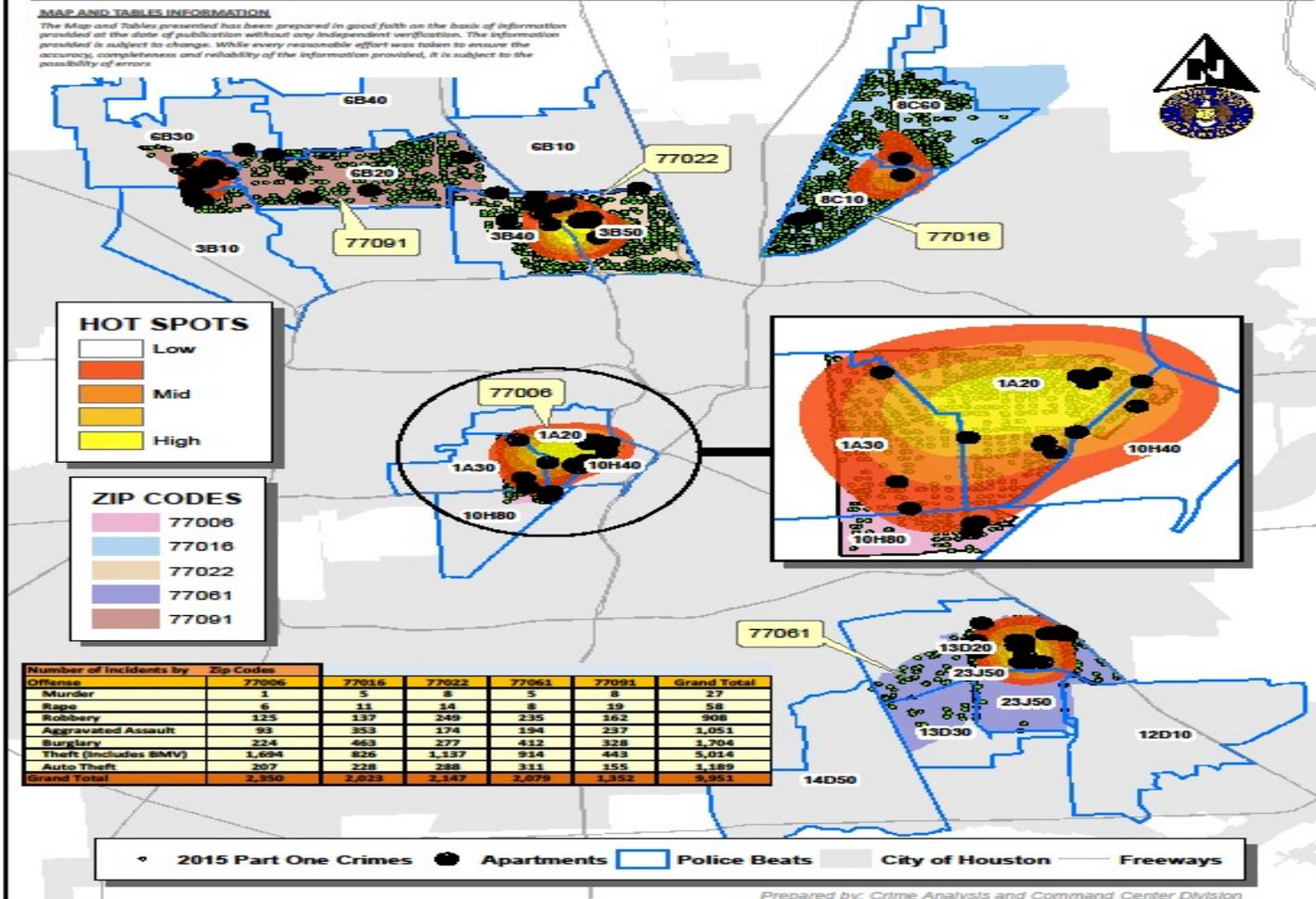
High School YRBS Houston, TX 2015 Results

- 10.1% experienced physical dating violence
- 8.5% were threatened or injured with a weapon on school property

MAP OF 2015 PART ONE CRIME BY ZIP CODES

MAP AND TABLE INFORMATION

The Map and Tables presented has been prepared in good faith on the basis of information provided at the date of publication without any independent verification. The information provided is subject to change. While every reasonable effort was taken to ensure the accuracy, completeness and reliability of the information provided, it is subject to the possibility of errors.



Youth Justice Council

- Houston Police Department
- Houston Health Department-Community Re-entry Network
- City of Houston Department of Neighborhoods – Mayor’s Anti-Gang Office
- City of Houston Municipal Courts
- Houston Independent School District
- Spring Branch Independent School District
- Harris County Protective Services
- Harris County Juvenile Probation
- Harris County District Attorney
- Harris County Public Defender
- Harris County Attorney
- Harris County Constable Precinct 1
- Prairie View A & M University
- Baylor College of Medicine
- University of Houston School of Law
- Texas Southern University – Earl Carl Institute
- University of Texas School of Public Health
- Houston ReVision
- Pace Youth
- Greater Houston Partnership
- Change Happens
- SER-Jobs for Success
- Teach for America
- Ministers Against Crime
- Rockwell Fund
- TAPS Academy

Engaging Non-Traditional Partners

- Apartment Management Association
- Hobby Area Livable Studies
- Hobby Area Management
- Apartment Managers
- Moms Demand Action for Gun Sense



Next Steps

- Collective Impact Education for Partners
- Revising strategic plan with technical assistance from AIR
- Engaging youth and other top 100 partners to target “hot spots” for youth violence

Questions and Answers



Evelyn Delgado
Q & A Moderator

Remote sites can send in questions by typing in the *GoToWebinar* chat box or email GrandRounds@dshs.state.tx.us.

For those in the auditorium, please come to the microphone to ask your question.

DSHS Grand Rounds



Fall Semester

Six consecutive Wednesdays running
October 5th through November 9th

October 5th Presentation

Down Syndrome in the 21st Century,
featuring Ms. Suzanne Shepherd,
Healthcare Chair and Past President,
Down Syndrome Association of Central
Texas