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REVIEW PANEL ON PRISON RAPE

HEARINGS ON SEXUAL VICTIMIZATION IN JUVENILE CORRECTIONAL FACILITIES

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Office of Justice Programs
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Dr. Allen J. Beck, Bureau of Justice Statistics

C O N T E N T S

P R O C E E D I N G S

(8:30 a.m.)

DR. WILKINSON: It's 8:30. I think we can get started. Thanks everybody, for being here this morning. Today is the second day of the second session. The first session included testimony from the Missouri and Rhode Island Youth Services Departments. We began the second session yesterday with the Indiana Division of Youth Services and this morning we will begin with Tennessee.

Just to remind you that each of us Panelists visited the three facilities that were listed as having the highest prevalence of sexual misconduct. Ms. Gwendolyn Chunn visited the Tennessee facility and later we'll hear from Texas and Sharon English visited the Corsicana facility there.

So welcome, ladies and gentlemen from Tennessee. We can begin the proceedings, unless any of the Panelists have any introductory comments. I think we covered that yesterday.

MS. CHUNN: No, I would just like to say, remind everybody again that the material that we are

talking about represents a point in time and certainly while there were high incidences in the facilities that we'll be talking about today, we are anxiously awaiting what has changed since the time that the study was done.

DR. WILKINSON: Thank you. Could I ask you to raise your right hands?

Whereupon,

STEVEN C. HORNSBY, ALBERT DAWSON,
CARLA AARON AND PATRICIA WADE

were called for examination and, after having been first duly sworn by the chairman, testified as follows:

DR. WILKINSON: Who will begin with the testimony?

MR. HORNSBY: Good morning, Mr. Chairman. I'm Steven Hornsby, or Steve Hornsby, and I am the deputy commissioner for the Division of Juvenile Justice and the Tennessee Department of Children's Services and I will be -- I'm sort of leading our team here from Tennessee and I will be -- I'll be the one starting off.

By way of prefatory remarks before I begin the presentation -- and I noticed yesterday that preface seems to be the sort of read into the record the presentation that we have, the written testimony, and I will do that, although I don't -- quite honestly, I don't always do the best just reading from a script.

DR. WILKINSON: Feel free to be extemporaneous.

MR. HORNSBY: Very good.

DR. WILKINSON: It doesn't matter. We have this for the written record, but we also have a court reporter who will take down whatever you say.

MR. HORNSBY: Very good. Thank you. I want to thank you all for providing this opportunity to have this discussion. As professionals in this very important field of work, I know really of no other important work that our nation does. It's more important than doing the very best that we can to reduce and eliminate juvenile delinquency in our society. And so I commend you all for creating this opportunity and in the spirit of continuous quality improvement and moving forward, we're glad to be here.

I also want to particularly thank Gwen Chunn and Joseph Swiderski for coming down to Nashville. They came when it was a little bit wet. We were experiencing an unexpected 500-year flood on the very day that they were -- that they had landed in Nashville and came out to see Woodland Hills and it was -- it took everybody by surprise. And so I appreciate you all's persistence in coming to do that.

And also for the Panel, I really think that -- I noticed yesterday in observing the testimony that it really did seem to make a difference to me when you all had the benefit of looking at the systems of facilities that were being discussed. So I'm really glad that you chose to do that. That speaks very well for the Panel, I think.

I also want to thank Dr. Allen Beck and the Westat staff. Immediately after the results came out in January -- of course, quite honestly, just for the record, because I heard Ms. English yesterday ask Indiana how it felt to be -- what their figures were, and we were -- quite honestly, for the record, we were shocked and I think my word was just flabbergasted.

And so we really want to try to get a handle on this and find out what in the world was going on, what happened, how did this happen and that sort of thing. So one of the first things that I did was to call Allen, whom I've known through CJCA. I've been on the executive committee of CJCA for several years, and so I knew all this was coming up. He met with us and would talk with us about what to expect. And so I took that opportunity and Allen and his staff met on a conference call with my team, all of our superintendents at all of our facilities, and other folks, Pat Wade and other people that are -- that we assembled on our task force, and they were very helpful in giving our folks a good, more than just -- you know, it's one thing to read a report, to read the study that comes out. It's much more informative to have folks actually sitting there sort of dissecting that with you.

So I don't know if Allen made it in this morning yet, but I did want to thank him for -- they're very, very much ladies and gentlemen in their staff and very professional, highly qualified professionals.

By way of introduction, I would like to start off with introducing to my left is Albert Dawson, who is the superintendent at Woodland Hills Youth Development Center. To my right is Carla Aaron, who is the executive director of Child Safety for the Department of Children Services. And to her right is Pat Wade, who is the director of children's program outcome review for the Tennessee Commission on Children and Youth, and they are our state advisory group, the JJDPA-designated SAG. Gwen got me used to saying that. We don't call them the SAG. We call them TTCY, so it doesn't roll off my tongue very easily.

But -- so I'll move right on into the prepared comments. And what I would like to do is just say that we believe very strongly in open, transparent operations with an attitude of continuous system improvement and the highest levels of professional integrity and it is in that spirit that we submit this testimony today.

I think it is helpful to give a little bit about the history and the organization of Tennessee. Tennessee has long recognized the need for a juvenile

justice system that is separate and distinct from the adult correctional system and which is focused on rehabilitation, treatment and training of young offenders. The code section that I've cited in my written remarks is the preamble to Title 37 and the very first opening paragraph of Title 37 says that the purpose of this section is to remove from children committing delinquent acts the taint of criminality and substitute therefore a system of treatment, training and rehabilitation.

That's what we have always considered our charge to be. Tennessee was one of the very early states in the beginning of the 1970s to recognize this and Tennessee has always maintained a very progressive posture in terms of viewing juvenile justice and juvenile delinquency as an entirely different body of work than adult corrections. In fact, juvenile corrections was separated from the adult corrections in 1987 by creation of a separate department. At that time, it was called the Department of Youth Development, which was later combined with child welfare and mental health services for youth to form

the Department of Children Services in 1996.

The current department handles all child protection, dependency, abuse, neglect, and delinquency children in custody of the State of Tennessee. About 1,700 youth with delinquency adjudications are in custody under the care of DJJ, 432 of whom are in five secure youth development centers, and that's our capacity. We've actually got fewer kids than that in care today.

The YDCs are small-to medium-sized facilities, varying in population from 96 youth at Taft Youth Development Center to 120 at Woodland Hills. The remaining delinquent youth in custody are in a variety of placements, including private and state-operated group homes, therapeutic foster care and adolescent mental health facilities.

Externalized investigations. As part of a larger child welfare organization, all investigatory functions are external to DJJ. Internal affairs is under the Office of Inspector General, which is headed by the Office of Inspector General, and the Special Investigations Unit is under the Division of Child

Safety, headed by the executive director of Child Safety, Ms. Aaron. Our reports of child abuse involving students are handled by either of these two offices and none are handled in-house by DJJ.

Annual external reviews. Each year the Tennessee Commission on Children and Youth leads a quality service review -- which is called QSR -- team that's composed of both external and internal staff who conduct an intensive onsite operations review at each youth development center. QSR includes intensive file reviews and private interviews with students, their families, contract service providers and our staff.

The review process includes a review of safety issues and concerns. The review team releases its findings at a meeting attended by all the participants, plus youth development center and central office leadership. All findings are openly discussed and recommendations given for improvements. Results are compared to previous findings and statewide results. Continuous improvement actions are agreed upon and the final report is released to DCS management and the entire department. Woodland Hills Youth

Development Center has scored either 100 or near 100 on child safety for the last three years.

External service providers. DJJ contracts with external providers for most of its behavioral health services, including individual and group counseling, substance abuse and sex offender treatment. Service provider staff are essentially embedded into each facility and are on campus five days per week and quite honestly, many times they are there more frequently than that, sometimes seven days a week if necessary. They have full access to all parts of the campus and all students. They're members of all the treatment teams and our child and family team meetings.

We are very fortunate in having Vanderbilt University, which is a nationally-recognized medical center, as the provider for Woodland Hills Youth Development Center.

For legal counsel on each youth development center campus, DJJ provides free legal services to any youth development center who requests it. DJJ contracts with private attorneys to provide free legal representation on each of our youth development center

campuses. Students may request to see the attorney simply by signing up for the appointment list or by notifying any staff member. Attorneys are on campus at least monthly and on call as needed.

ACA accreditation. All of our youth development centers are accredited by ACA, including Woodland Hills, and in their last accreditation cycle, Woodland Hills received a score of 99.5.

Prior compliance. Prior to the survey conducted by Westat on behalf of BJS, DJJ had already adopted the philosophy of PREA into its policies, training, and student relations.

Staff training. Standard pre-service training requirements include a two-hour course on PREA, its requirements and philosophy, as well as numerous other courses on state and federal laws, the Department of Human Resources and DCS policies regarding sexual misconduct, workplace harassment, ethics and professionalism.

Youth development center policies. Each YDC, including Woodland Hills, have policies designating a staff member as the responsible person to receive and

handle student reports of sexual abuse or youth belief of physical danger and access to legal counsel.

The student handbook. The student handbook contains specific instructions on how students may report concerns about any sexual activity or harm.

Camera. We recognize the need for greater surveillance capabilities in order to improve overall safety at all the youth development centers prior to the survey and we had begun the budget process, which in Tennessee can be rather laborious, for having cameras installed. We started that in 2007 and they were -- we are now fully operational with our cameras as of December 2009.

Specific actions that have been taken since the Westat survey occurred in 2008, and really since the results were released in January of this year, again, noting that we were all extremely shocked by appearing on the high-prevalence list, I immediately convened a PREA compliance task force work group and this work group has undertaken a comprehensive review of the current system to determine how the survey results occurred, any system deficiencies, what needs

to be strengthened or perhaps even discarded.

The group includes internal and external partners, including TCCY. Significant actions that have occurred include a policy review. We have reviewed our policies that were in place and a new PREA-specific policy has been drafted and has just almost as we speak, within the last few days, has been adopted and we'll begin implementation.

The new policy includes employee and student notification forms that must be explained to each staff and student and signed, which will then be made a part of the staff personnel file, as well as the student file. We initiated a PREA-awareness campaign. Each superintendent has met with every one of his staff, his or her staff, regarding PREA, the current policies in place, and state laws regarding child sexual abuse and departmental policies for -- as consequences for violations.

A frequently-asked-question sheet has been created and circulated, as well as a hotline-reporting poster, and a copy of that is included in, I think, volume two of the response. If you have not seen it, I

will be glad to get it out for you. It's nice and color and glossy and all that kind of thing. And we've got -- about 50, I believe, have been distributed, is that right, at Woodland Hills?

MR. DAWSON: Forty.

MR. HORNSBY: Forty. The student handbook is being revised to make it even more student friendly, and to expand the section about sexual abuse and how to report any violations. Our training curriculum is being reviewed for enhancing the PREA-related material, including training in about identifying and protecting vulnerable youth. PREA-specific medical staff training is also underway.

All of our nursing staff will be trained in sex abuse nursing examiner procedures. All of our external providers, our legal providers, as well as our healthcare providers, have been briefed about PREA and reminded of their role as statutorily-mandated reporters for any physical or sexual abuse violations. And I would like to note there that under Tennessee law, all medical providers in the State of Tennessee and all of our staff, and teachers, Tennessee has a

very broad mandatory reporting statute for any type of abuse, physical -- child abuse, physical or sexual, and they've all been reminded of their role in that.

We also conducted an external review of the prior investigations, going back to the time period that Westat was conducting the survey and for the response time that was requested in the DOJ request for information. SIU and Internal Affairs have undertaken an extensive review of all of those referrals, of any type of abuse, not just sex abuse, but all types of abuse, for accuracy and thoroughness going back for about two years.

We also wanted to determine, okay, what is -- what's going on out there now, because our biggest concern has been about our students. If this does indicate any type of high prevalence based upon the information collected by Westat, are any of our youth in jeopardy? And so we wanted to find out what is the current state, so we -- I asked again, SIU and TCCY if they would consider conducting an investigation of -- an interview of our current status, which they have agreed to do and have gotten underway.

It is a rather large undertaking. When it's all said and done, about 40 percent of all the youth in our youth development centers across Tennessee will have been interviewed by teams of interviewers, forensic interviewers. These are still underway. However, we do have preliminary results today available and Ms. Aaron and Ms. Wade will talk more about that in just a few minutes.

So having said that, you know, I'm coming down to the part of the presentation where to me it's -- I have to just be real honest about this. I don't want to appear defensive because I really don't feel like we are defensive. I am very interested in learning facts. My history is trained as a lawyer and I spent seven years as a trial lawyer and 13 years as a trial judge before I came to the department and came to work in this business, so -- and I remember very well growing up with Jack Webb as Officer Friday on television, just the facts, please.

So I like to look at what are the facts and what's actually happening on the ground. I do -- and having been involved in CJCA at a leadership level,

I've also been very aware of the process that Westat was using. So I don't want to seem -- I don't want to seem defensive, and yet at the same time, I feel like I have a duty for us to have a conversation about -- about the process and some things that we see that might be considered in order to make sure that it is being fair for everybody involved.

So on this part of this presentation, I'm going to just kind of give a checklist and then -- and we'll go through about that. I am not a statistician. In fact, I had a dabbling or two in statistics in college and studiously stayed away from it. So I rely on people that are very good at that sort of thing, because I am not.

But in terms of statistics, I did have some concern about whether or not the size of our facilities, being medium-sized facilities -- and we had a fairly good representation of students that took part in it -- if that might somehow create an anomaly within the statistics. Again, I'm not a statistician, but it may not -- in order for us to have gotten from what the mean number was up to being in a category that could

indicate over 30 percent, it may not have taken but about three or four students that decided to be talking about that. So I don't know that it could have been -- it necessarily represents a huge number or a high prevalence of students that could report that.

Also, the opportunity for students who have completed the survey, to take the survey and then go back and discuss it with their peers? Because of the way the process was set up, in looking -- and being a trial attorney, looking at what that might do to sort of taint the jury pool, could they go take -- go take the interview through the computer system then go back and talk to their peer, as we know kids are going to do? They love to have things to talk about, and could that possibly have tainted other students that may have gone in to take it?

The survey is based only upon the statements of youth and did not include any other persons who are present in the facility regularly and have any unfettered access to students and family. And the report does not take into account the overall operating environment or culture of the facility. Factors such

as the extent and degree of programming that's used, use of the grievance process, use of external resources, overall openness and opportunity of access to outside agencies are some things that we feel could be evaluated and could be looked at by the team while they're there, in the future.

After thoroughly reviewing all of the facts, we have significant concerns that Woodland Hills was identified and labeled as having a high prevalent -- prevalence of sexual victimization when there is virtually no corroboration of that by other factors. Despite the presence of external counselors, attorneys, investigators and reviewers, all of whom could file a report on behalf of any student, there were no students, zero reports, no reports of student sexual victimization during the time period of information that was requested by DOJ.

It seems unlikely to me that a high prevalence of such activity could exist without reports being made or some other form of corroboration. Further, initial results from the external review or external interview of students that has been conducted

by SIU and TCCY indicates that there is no pervasive culture of fear, intimidation or indifference that would allow a high prevalence of sexual victimization to exist and we'll be glad to share those -- those details more today in our testimony.

In conclusion, for the written remarks, I would just like to say that we do indeed regret having a facility on the list that was compiled by Westat and we've treated this matter with the utmost seriousness and will continue to do so as we move forward to make sure that we have the fullest and utmost compliance with PREA in the future.

Now I would like to ask my colleague and my friend Albert Dawson, superintendent at Woodland Hills, to comment.

MR. DAWSON: First let me say good morning and I want to express my sincere appreciation to Ms. Chunn and Joe Swiderski for taking the time to come down to visit Nashville. During the time that they were there, they spent considerable time talking with the students, meeting with my administrative staff and touring the facility. I think it's very safe to say

that they left with a good idea of the environment and the treatment offered at Woodland Hills Youth Development Center.

To a large degree, some of my comments are going to echo what Mr. Hornsby has already said. When we first had an opportunity to review the survey results, we were shocked. We just had no idea that we would show up as a facility with a high prevalence of sexual victimization simply because the factors that you would normally see are in the facility were not prevalent at Woodland Hills.

Let me give you two examples. First of all, with the ACA compliance rating, as Mr. Hornsby said, we scored a 99.5 percent on our ACA rating and the only two standards that we found in non-compliance had to do with air quality and the size of our confinement cells. There were no issues with regard to our quality of life, safety or security. In fact, we were complimented on our -- on the treatment services that we were providing at the facility.

So again, with that extensive review, no idea that there would be issues with sexual victimization.

DR. WILKINSON: Mr. Dawson.

MR. DAWSON: Yes.

DR. WILKINSON: Can I interrupt for a second?

MR. DAWSON: Sure.

DR. WILKINSON: I don't want to spend a lot of time kind of rehashing what you all think about the dispute between whether you had the same number as the DOJ study or not. I'm going to ask Dr. Beck, who is still here and still under oath, at some point if he wouldn't mind helping out with the explanation for that. We are not prepared to give you the statistical rationale for why Woodland was in this category. But if we can spend just a little time having him -- maybe you all can ask him questions directly about that. I think it might save us a little bit of time.

MR. DAWSON: Exactly. With that having been said, I guess it's appropriate to talk about what we have done in response.

DR. WILKINSON: Okay, that would be wonderful.

MR. DAWSON: In response to the survey. The first thing we did was to meet with each one of the

staff in small groups. We did not choose to meet with them in large groups. Instead, we met with them according to areas of responsibility. And during those meetings, we gave them the opportunity to ask questions about the survey, and of course, we drove the point home of zero tolerance and their responsibility not only according to a law, but according to state policy as well to report any abuse, whether it be sexual or physical abuse, with regard to the children.

Also, as Mr. Hornsby said, we have undergone an awareness campaign at the facility. There have been some 40 posters placed in strategic locations throughout the facility and it has information on what sexual victimization is, reporting responsibilities, as well as the number that can be called if there -- if there's any sexual abuse to report.

Also, we remind the students of the different avenues that they can use to report any type of abuse at the facility, and of course, that's through the grievance procedure. It's -- it can be reported to any staff, particularly the case managers. In fact, it's a good time to mention that our staff-to-student ratio,

as far as the case managers are concerned, is one to 12 or less. And the case manager offices are located within the dormitory, so there's more than ample opportunity for them to report to the case managers. Also, we have therapists that can be reporting possibilities and we have the legal aid or attorneys that were mentioned earlier.

So we have undertaken -- our mode at the facility has been to raise the level of awareness with regard to the study, with regard to the reporting procedures, and the rights that students have in that particular area. But one of the -- I think one of the more significant things that we've done was to conduct a survey at the facility using our external resources at the state so that we could test -- we could have a very good idea of exactly what was going on at the facility and whether or not our feelings were true in terms of the environment and what was or was not occurring.

We have Ms. Pat Wade and Carla Aaron. Their staff, under their leadership, were the ones that conducted the survey and I think the results to a large

degree would speak for themselves.

MR. HORNSBY: Carla Aaron will speak now about that -- that review process.

MS. AARON: Good morning. Again, thank you for this opportunity. I am the executive director for child safety and under my oversight is all of child protective services, our Special Investigations Unit, Centralized Intake and a few other programs that support child protection.

To kind of explain the role that I played in this process, after the survey was released, we were brought in to think -- to be a part of the task force and to think through how to proceed with that. My Special Investigations Unit is four teams that are located across the state, approximately 30 investigators and supervisors who do child protective services investigations in the facilities, in the group homes, with any child that's in the custody of Tennessee, and also what we call third-party investigations in Tennessee, daycare providers, teachers, coaches, that group of folks. So they are in and out of the facilities to do the investigations.

When the results were released, of course my first reaction was oh, my goodness, what could we have missed? If we had been in there doing investigations, did we miss something? So I immediately gathered my folks, looked at the past investigations. Particularly there were three investigations in that time frame that I personally reviewed the records, talked to the case managers, and with a high level of confidence feel like they were very valid and good investigations.

So then I thought then obviously there's something going on in terms of reporting. Maybe they don't understand how to report or don't know the proper channel of expressing concerns. So with Steve Hornsby, with Pat Wade and some others, we decided we need to interview these boys. We need to have some face-to-face conversations and just talk to them and see what really is going on in the facility.

We developed a survey. Actually, TCCY, who has expertise in that, used some of their expertise in the quality service review process in developing a survey. I pulled together a group of interviewers with a lot of experience, a lot of expertise in forensic

interviewing, and they know the youth population. Along with some of Ms. Wade's folks, we paired up and went into the facilities, or went into Woodland Hills and interviewed in one day, 39 boys. We did two follow-up interviews, so it was a total of 41 boys that we talked with.

Each interview was about 40 minutes, 40 to 45 minutes in length, so it was not a quick in and out hey, how are you doing? It was a pretty lengthy discussion ranging from do you feel safe, and not just necessarily from sex abuse, but in other areas too, physical abuse, harassment, you know, trying to get a comprehensive look at what's going on in the eyes or perception of these boys.

We did it in pairs. I had one SIU person and one TCCY person. We chose to do that so one person could kind of take the lead on the interview questions. The other person is also looking at body language and interjecting throughout the process so we don't miss anything.

After conducting that, we sat down and debriefed internally with just the interviewers, then

we sat down and had a debriefing with Mr. Dawson and his staff to share with them what we found. And I can say with a very high level of confidence, at the end of those interviews, we had no concerns that these boys were presently being victims of sexual abuse, really of any type of abuse. There were a few isolated comments that we did some follow-up with. There was one comment that a student made that we found out had already been investigated. It was a historical, a prior allegation that we had already looked into.

But really we had very little concerns at the end of the day when we finished with Woodland Hills that these boys had been victim -- were presently being victimized, had been victimized, and we also felt like they knew how to report sexual abuse if they should be exposed to it or had suspicions of it.

Some of our questions specifically ask, how would you report it? Who would you report it to? We gauged significant relationships that these boys felt they had with staff members or other folks in and out of the facility. So we frequently heard about strong relationships with some of the staff, with some of the

guards, their case managers.

Mr. Dawson's name was brought up very frequently as a prominent supportive, positive figure within that environment. We also talked about the grievance process. They all were aware of how to file a grievance. We had some concerns that they didn't always understand if it was being followed up or that obviously didn't always agree with the follow-up. But they all articulated that they understood there was a procedure to file a grievance and what to expect with that.

In addition to the face-to-face interviews that we conducted with the boys, we also thought it important to go back and look at our case record reviews, again to ensure that we didn't miss anything in the investigative process, and that is another area that the Tennessee Commission on Children and Youth are partnering with us to do. They are doing an independent case file review on the investigations, not only from Woodland Hills, but from the other youth development centers.

Again, taking this information, we want to

make sure we're doing our best in the investigative process. Once a report has been made to us, are we thoroughly, accurately investigating it to the best of our ability and getting results that help us to protect and ensure safety of our kids in the YDCs?

I'm going to ask Ms. Wade then if she has any additional information to share about the partnership we have and the interview process that we did together.

MR. HORNSBY: And I'd also like Ms. Wade to talk about her role as to in TCCY with DCS and DJJ.

MS. WADE: Good morning. I'm Pat Wade and I appreciate the invitation from the Department to participate in the hearings today. I would first like to explain our role and responsibility as a commission in the State of Tennessee.

The Commission on Children and Youth is an independent state agency with the -- that was created by the Tennessee General Assembly back in 1954. Our primary mission is advocacy for the improvements of the quality of life for children and families in Tennessee. We have various roles and responsibilities in that endeavor to ensure the safety and protection of all

children. We also sort of keep the finger on the pulse of all issues -- children's issues in that state related to health, mental health, et cetera, or education, et cetera.

To fulfill our mission, the staff of the commission gather and collect and analyze information through various processes that we use through our various divisions within our agency. Four of our divisions are as follows. We have the Children's Program Outcome Review Team over which I am the director and oversee the quality service review process in our state that has been in existence since 1994. We have the Juvenile Justice Division and the Regional Councils and the Kids Count Division.

The Children's Program Outcome Review Team again is responsible for implementing a comprehensive evaluation of service delivery in order to examine what is working and not working in practices, and I'll explain a little bit more about that later. Our Regional Council Division implements nine regional councils across our state. They provide an organizational structure that includes memberships of

about 300 members in each of those districts in order to network on behalf of children and families to determine what the local-level of need is for children and families and how they are being served.

The councils address the needs of children and families and offer local level feedback to the commission so that we can then put together the needs for coordinating better services, programs, policies, et cetera, so we work closely with the legislature in doing that as well.

TCCY is the state advisory group. The commission is the state advisory group responsible for implementing the provisions of the OJJDP, the Juvenile Justice and Delinquency Prevention Act in Tennessee, and therefore, the Juvenile Justice Division is responsible for assuring the compliance of the four core requirements of the JJDP Act. To ensure compliance with those requirements, we are responsible for conducting periodic onsite monitoring of all jails and detention facilities in our state.

Having said that, I would like now to go -- to talk about our Quality Service Review Process.

It's a very important piece. You have heard the QSR, as mentioned earlier. We have been conducting those since 1994 on a statewide level. The DCS is divided to serve 14 regions across our state and we conduct these comprehensive reviews in the 14 regions at the regional level.

The reviews are -- include an interview process where we interview all parties who are pertinent to the case. We test the system by testing it on a case-by-case basis. We use a random selection in order to choose 40 cases while we are there in order to review. We produce quantitative and qualitative results that can be used for continuous system improvement in order for the department to reinforce their best practices, to identify the strengths in their practice and to identify the opportunities for improvement.

These are conducted on a fiscal year basis. We measure 22 indicators that include the safety of the child, the emotional well-being, the child well-being, the physical well-being of children, their learning and development, et cetera. We are identifying the system

components that are in place in order to adequately assess and plan and strategize appropriate services to ensure the safety of children and to identify whether or not the system is adequately performing to meet the needs of those children and families.

We use the quality service review type of interview process that is used in our statewide to also conduct summer studies of the youth development centers. We have been doing that since 2005 and we have seen considerable improvement in the practices and in the culture of juvenile justice reform and we have seen a movement towards a more treatment-oriented model based on the results of our QSRs within the YDCs.

Because of our independence as a state agency and our role in advocating for children and families, we are often daily asked to assist in various aspects of how we can improve our systems in Tennessee. We have been involved in assisting with the department -- in the YDCs, as I said, since 2005, and after the report came out on sexual victimization, we were requested by the department to assist in the policy committee and to assist in developing and

designing an action plan in order to address a response to the PREA, and that's why we are here today.

The PREA project, as we call it at TCCY, consists of what Ms. Aaron has just identified or described for you, a two-phase process for evaluating current procedural safeguards that are in place at the YDCs. Our first phase does include a third-party file review of the SIU investigations that took place between November of 2008 and I believe November of 2009. We are using a random selection of 29 cases and we are currently implementing that process, so we do not have any results of that as yet.

The second phase that we established is the onsite reviews at YDC that our agency designed, the student safety interview survey. We put it through a rigorous test as a pilot initially at Woodland Hills. We do have some of those results for you today. The procedure included in that design we felt was very important and that it must be very pragmatic and it must be very rigorous in its design. And the design of it, the YDCs will be notified, or Woodland Hills was notified shortly before we were to arrive at the

facility. The children selected for the review were randomly selected. The pairing of the pairs of interviews were also randomly assigned and the children were sequestered into a congregate care area in order to reduce any type of risk of discussion about the survey.

We conducted an interview of 41 cases. We had 10 interview pairs who were onsite and children were brought to the interview pairs ten at a time and by the time we completed the interview process, we had completed 39 cases and two of which we had to go back later and do because they were in isolation, I believe, or something to that effect, and it would not have been appropriate to interview them at that time.

As each of the groups of ten were brought to the interviewers, they were then escorted back to the dorms, and not back to the congregate area, so that we would eliminate any kind of discussion about the survey and we felt that those procedures were very rigorous in maintaining the integrity of our process.

Our findings, as Ms. Aaron has discussed earlier, one of the important ones that we felt was of

value to us was that the children, 93 percent of the children did indicate that they did know their rights, that they knew how to report any types of abuse or neglect or any threats, they felt comfortable with the superintendent, in going to the superintendent, and that they were -- they felt that there was someone there that they could talk to in case they needed to report any type of threats or intimidation or they felt unsafe.

We have other analysis that we have done and based on the responses of that survey -- and we will be glad, or I will be glad to provide them for you. They are preliminary, however, but we have brought some of them here today in case you have questions about them.

We will continue as an independent agency to try and assist the department, improving their processes to ensure that the children are safe and protected, because as a commission, we have an obligation to do that for all children in our state.

MS. CHUNN: Thank you.

MR. HORNSBY: And that concludes our presentation.

MS. CHUNN: Thank you.

MR. HORNSBY: Thank you for your patience.

MS. CHUNN: I did visit you and one of the things over the years that I look for when I walk in a facility is sort of how I feel. I think I told you at the time, I would be talking to students as I walked through the tour and I did do that. And so I'm glad to see that you've done a follow-up to the work that was done with the survey.

I think though, the chairman's going to ask us to have Dr. Beck return just for a couple of minutes. I think we have to put to rest -- and this is instructive for the whole process -- the whole notion of some -- a couple of these things, like size and why other people were not interviewed while you were there, while the survey was being conducted. And so I'm just going to withhold my comments until the chair asks Dr. Beck to join us.

DR. WILKINSON: Dr. Beck, would you mind joining us again? Thank you very much. There's a live mic over to the right, I believe. Maybe we could sit the -- well, maybe, can you sit in the chair? Yeah,

that's good.

I just think that we don't want you to head back to Tennessee without having some relief about the statistics. I don't know if you were here yesterday when Dr. Beck gave his opening presentation on the process, but he's listened to your testimony, so maybe I'll ask him to maybe make some general comments and then spend a few minutes if there is some specific questions. I don't want to spend the entire time going back over the data, but I think it's worth spending at least a few minutes doing that.

MR. HORNSBY: Sure, and Dr. Wilkinson, I would just like to say too that we had -- we had the opportunity with Allen on the phone with our staff in January to kind of do some of the same things.

DR. WILKINSON: Well, I'd like to get something on the record.

MR. HORNSBY: Absolutely.

DR. WILKINSON: If that's okay.

MR. HORNSBY: We're glad too for that.

DR. BECK: Good morning.

DR. WILKINSON: Good morning.

DR. BECK: Sorry that I snuck in behind you, Steve, when you were testifying. I did hear your entire testimony.

Let me begin by saying that I am very impressed by Steve and the way he has responded to our work, particularly in his leadership capacity at CJCA. I think he has responded in a very professional way and I know he's been quite helpful in our work with CJCA and the rest of the membership.

As a follow-up to the initial release, he mentioned that we had an extensive telephone conversation with his executive staff, and I think the wardens from all the various institutions, and I found that a very positive interaction, very positive. I wish others had chosen to do the same because I think it's helpful to really hear directly from me what exactly we did and what was in the report and what was not, so I really need to put that on the record, because it is very much true that he's exercised a great deal of leadership and professionalism along the way.

I think in response, I think we need to

understand how Woodland Hills gets to the point of a high rate. First of all, we interviewed 55 kids. We were required to get parental/guardian consent, and so the response rates were necessarily lower.

DR. WILKINSON: I don't think some are able to hear you.

DR. BECK: Okay, I'll try a little harder. The response rates were necessarily a little lower than we would have had had we had local parents. I think the response rate though was fine relative to other facilities. We had about a 54 percent response rate and that's not bad when coming to the issues of parental/guardian consent, where many times it's not about the refusal to participate on the part of the parents or the guardians; it's just we can't find them. We can't just locate them, get contact with them.

So we interviewed 55 kids and we came up with a response with a prevalence rate of sexual victimization of 26 percent. That's not three, that's not four, that's 14 or 15 out of that group. That's a relatively high number and so obviously when we do our work, after adjusting for non-response, adjusting for

potential biases that could be introduced through the selective response rates, we can provide a confidence interval and be reasonably sure that if we were to do that again a repeated number of times, that the 95 times out of 100 we'd expect the true value to be somewhere between 18.8 percent and 34.6 percent.

So on a statistical basis, just simply sampling in a statistical basis, I think we have reasonable confidence that that's a very high number and it should be classified among the high -- among the high group. Now, when you start decomposing that 26 percent, it's all staff. There's no youth-on-youth sexual violence whatsoever that we detected or picked up.

So comparatively speaking, that 26 percent is compared to a national average of around 10, 10.4, again, a relatively high rate in comparison. And then we start looking at various aspects of other reported incidents and almost all of them involve no force. There's no indication that there was force, coercion, pressure, and so what we're picking up is kids reporting some kind of sexual contact with the staff

that involves -- that involves no force.

So the question is, can you believe these kids? Well, what do you make of those numbers? Are they of any value? And so the challenge of course is the whole issue of false negatives and false positives that I have talked about before earlier in my testimony. And so while we don't have any mechanism to validate these reports externally, they can look internally to the survey itself to look for consistency and to exclude cases based on kinds of flags that suggest that we shouldn't believe them.

That 26 percent is after that result. It's not -- does not include any of the cases in which we had some suspicion about. That doesn't take off the table that possibly some of these are false. And so we are left with that fact; that is, we talked to 55 kids. Fourteen to 15 of them reported something and we have no basis to suspect that those are all false. Even if half were false, and I'm not willing to concede that, even if half are false, that's a pretty high number. And so we -- I think what it means is that in the course of responding to this, have to look at your

policies, look at your procedures and give it a good look and then go from there.

The -- we had responses from various administrators of, if you will, dueling surveys, dueling survey results, and this survey says this, but our survey doesn't confirm that. And the challenge, of course, is to look at the survey methodologies and to look at all the procedures that one needs to take in order to ensure that kids are willing to come forward.

Obviously, when you conduct a personal interview, this was not. This was a self-administered survey. But when you conduct a personal interview, there's a personal dynamic that's very much a social dynamic and it's about embarrassment. It's about not wanting to reveal because there might be some consequences to revealing it.

So despite all of the professional efforts to read the body language perhaps or give kids a certain amount of confidence, there's a real challenge in trying to conduct a personal interview on a very personal -- very personal and private subject such as this. And so you have to look at the various

methodologies.

I'm not claiming that this survey is the gold standard for measurement, but I think you'll also have to subject other surveys to some degree of consideration and evaluation. So ultimately I think one of the lessons we learned in our survey were -- is that if you don't ask, the kids aren't going to tell you anything. And the more you ask, the more you find.

And so our methodology was really designed to try to set a condition where kids were comfortable, assured of confidentiality in what they reported, and that the kids were not asked simply one question, has anybody forced you to have sexual contacts against your will since coming to this facility? It's a whole series of questions based on activity, and then follow-up questions related to the nature of coercion or the context of that sexual activity and the questions related to with whom, with whom it did it occur?

So it's a staged kind of sequence of questions. So I don't think we're going to resolve today whether the kids were truthful or not, but I do

feel that it triggers a great deal of concern and ultimately you have to ask well, why do my kids exaggerate and lie and why did the kids in other facilities not?

And that's a hard question -- that's a very hard question to answer. It may be that they did lie, but then it may be a reflection of a whole lot of other things going on that are worthy of attention. Those are my comments related to -- related to that. I encourage surveys. I think you did a very admirable thing in trying to get behind these numbers, get down to earth and talk to those kids. I think that's a very appropriate -- appropriate response.

But at the end of the day, I'm not sure that it necessarily takes off the table the responses of the 14 and 15 kids that we -- that we heard something from.

MR. HORNSBY: And Allen, I would just like to say too, I wasn't referring that there were only three or four, and to deviate away from what the mean would have been, that it could -- or the mean may have been say 10 kids. It may have been another four or five. So that was the point I was trying to make.

DR. WILKINSON: Sharon?

MS. ENGLISH: I just want to clarify that with your survey there was no -- there was no way to capture the who of the perpetrator. I mean, there was no way where you could go back and say, gee, it looks like it was a certain -- like not a certain person by name, but a female who was -- there's no characteristics that are gathered, right, on who the perpetrator was?

DR. BECK: I believe they captured gender.

MS. ENGLISH: Gender?

DR. BECK: Yeah. I mean, obviously -- obviously, you got a number of issues there. You've got the repeated nature of things, so a kid --

MS. ENGLISH: A pattern.

DR. BECK: -- has had at least one experience, but they may have had a whole lot more experiences, and so trying to actually have the kids report on the -- on the incident is problematic when the incidents are multiple and serial in nature. We also had -- it's very difficult to have kids kind of

name names. You can't have that.

MS. ENGLISH: Right.

DR. BECK: We couldn't take those names because I think under certain conditions we'd have to provide them through mandatory reporting. And so we simply can't get to the kind of level of detail that would allow one to take that report and go back through an investigation, through your files, through -- through your roster of staff and say, that's the one.

MS. ENGLISH: The reason I ask the question is that when I look back through the materials, there was one person who was indicted, one person who was allowed to resign, and sort of begs the question of whether or not it was one of those two people doing multiple -- having multiple inappropriate relationships. I mean, I always look for a solution.

It just seems like with that fit, that during that same time period, that somebody -- two people were doing something.

DR. BECK: Yes. Obviously that's a source of frustration for facility administrators. The natural

reaction is we want more. We want to know. We want to be able to go back --

MS. ENGLISH: Name names.

DR. BECK: -- and identify because we want to get this person out of here. Our challenge is confidentiality, ensuring that the youth feel, understand that everything is confidential, having an absolute iron-clad guarantee. And even when we tabulate data at a facility level, when the numbers get a little small, it's very challenging for us to tabulate those things, to kind of give them back -- give them back to the facility without risk that with the few pieces of information, someone could -- could go in and find that kid who said those things.

MS. ENGLISH: Right.

MS. CHUNN: The other part of that is too, that's what I call the one bad apple idea. We only have one staff person who's really a problem. If we get rid of that one, then everything will be fine. We then don't look at the rest of the apples to see sort of where they are.

And I think what we really want is to make sure that we do enough scrutiny at all times so that we have some confidence that the quality of supervision and care is what we want it to be. I like to think that whenever we have even one case, we want to make sure that we do the right thing in looking at the system on a continual basis and it sounds like you've certainly done that.

One of the questions I have is about the conditions at the institution during the time that the survey was given.

DR. WILKINSON: Well, let me do this. Either let me ask if you all have one or two questions for Dr. Beck, otherwise, I will dismiss him from the witness chair here.

MR. HORNSBY: That's a good feeling, to be dismissed --

(Laughter.)

DR. WILKINSON: Yes, Your Honor.

MR. HORNSBY: It's not really a question. I don't -- Allen, again, he and his staff are just consummate professionals and I think that they were

doing -- they did a very good job with what they were working with.

My only comment about it really is this. You know, our -- I guess is that whole issue of corroboration, because when you're looking -- you're focusing on one aspect of a particular issue, the Hindu tale, the Hindu parable about the blind man and the elephant is very illustrative. I think that you got -- you're focusing on one aspect of a situation from a perspective of one of the participants.

And I think that it might be more beneficial for us to be willing to look at what are the perspectives of the other people that are there and involved in it. In our legal system, we require corroboration. I could go -- I could confess to assassinating President Kennedy, and people do confess to things all the time that they didn't -- they may not have committed, and that's why our legal system requires independent corroboration of something beyond testimony quite often.

And so I feel like if we're -- if we're going to really try to get at the root of this, and I don't

know what PREA, what the statute allows for flexibility for future surveys, but just in offering something we might -- could do to try and improve that process, I would offer that there be some other measure looked at that could verify or provide more salience to what -- to what the students are saying.

Because as Allen indicated, I mean, sometimes students will -- they will exaggerate. They will be untruthful about some things. And I'm not saying these kids were that day; I don't know. But I just -- I know that our legal system has developed this requirement for corroborating evidence and I would just offer that.

DR. BECK: Let me respond. We are -- we thought a lot about this. Our work at BJS is, if you will, multi-mode, multi-measure and really is, I think, exactly what you're speaking to. We do data collection, administrative data, and so we're trying to collect data on what you know, what gets reported to you and what gets investigated and substantiated.

We also do -- are doing work related to passive surveillance for medical indicators consistent with sexual violence. We're working with CDC and the

National Institute of Justice. We're out in the field right now in about 30 prisons and jails nationwide on a test basis to see if we can set up a system that would track things that come before medical staffs that are consistent with sexual violence.

All of those things are not the definitive measure of sexual victimization. None of them can overcome limitations of the method or of the design. You have administrative records that are limited in scope and comparability. You have self-record issues that can't be sustained through investigation and you have medical indicators that are very selective. Maybe five to ten percent of incidents result in some kind of traceable, visible indicator of sexual victimization.

We have also considered surveys of staff. We don't have a mandate under PREA to conduct such surveys. Such surveys are pretty darn challenging in and of themselves to get staff on a probabilistic way sampled and responsive. I think you have to look at PREA in the totality of all the work that's being done and there's no single survey that's going to break the die, going to be the definitive marker for things.

DR. WILKINSON: Thank you, Dr. Beck. You may step down.

MS. CHUNN: Mr. Chairman, is my question still on the floor?

DR. WILKINSON: Yes, it is.

MS. CHUNN: All right, thank you. We're going to get around to talking about specifics of Woodland Hills now. We appreciate that. We felt like that would be very instructive in terms of sort of how the process has gone and why it's important for people to leave this experience with some feeling of satisfaction of having not only been heard, but also have an opportunity to speak.

And so now to Woodland Hills. What was going on when the survey was taken?

MR. DAWSON: Well, reflecting back during that period of time, which was 2008, first of all, our population numbers were manageable. Our capacity is 144 and I believe at that time we were around 120, 125, which means we were -- we were under our highest level of students that we can handle. And any time you're under that number, all of your staff ratios and

supervision, case management, and so forth, your ratio numbers improve, and that was our status at the time.

As far as staff is concerned, our numbers were adequate. There was not -- we weren't low as far as security or supervision and so forth, so things were in order with regard to staff.

With supervision, if my memory serves me correctly, we had just implemented a new practice at Woodland Hills and that's where all students were -- would have to be escorted from one place to another. Now, let me explain that very carefully. In the dormitories, there's always supervision. In the school, there's always supervision.

But, Ms. Chunn, if you recall, when you leave our central operations and you go to our dormitories, there's a long hallway there leading into the dorm area and we had just noticed that there -- when a child went from point A to point B, that there were times when the supervision was not eye to eye. So we implemented a new procedure where at any given point in time when a child is going from any one location on the facility to another, that there will have to be eye contact and

that has been -- the results have been very, very positive.

What that did is it took away perhaps blind spots, if we may, but they were general areas, not blind spots in the dormitories, but general areas. So we had just implemented that. Also, we had just implemented a new program of incentives. We felt like it was very necessary to create a positive environment.

I might add, I'm the -- Woodland Hills is the only facility in Tennessee of its kind that does not have a special needs unit. We have worked hard to create that positive environment and we always give kids some -- an activity or something to strive for. So we have -- we've implemented a movie night. We've implemented a clean dorm contest. At least once a month there has to be an incentive activity from the school, from case management, and from security.

And this again reflects on the positive. It gives kids something to look forward to. It also causes that positive interaction between staff and students. So we had just implemented -- we were coming off implementing that program and it's been very

successful.

So those are the kinds of things that were going on at the time. Now, I don't want to create this aura of well, we never have any problems at Woodland Hills, because that's not the case. But what we had done was really try -- we had tried to address some of those things that had been problem areas at the facility, and it was just a part of changing the overall culture.

And I might add that that was -- I had been at Woodland Hills about a year and a half at that time.

MS. CHUNN: Mr. Dawson, do you have a PREA coordinator for Woodland Hills?

MR. DAWSON: Yes, I am.

MS. CHUNN: Talk to us a little bit about why you, as superintendent, chose to be the PREA coordinator.

MR. DAWSON: Well, the whole issue of PREA and student rights and responsibility for reporting abuse and everything that goes along with it is critically important and it's my responsibility to ensure that those things occur, as well as keep a pulse

on what's going on at my facility.

And so as far as staff awareness and making sure that staff's aware, kids aware and the right things are being done with regard to PREA, I see that as my responsibility. Now, at some point in time, when I get it to where I can feel comfortable delegating that responsibility, I'll consider doing that. But for the time being, I feel like it's my responsibility to do it.

MS. CHUNN: And how do you effect that on a day-to-day or week-to-week basis?

MR. DAWSON: Well, as I believe was mentioned earlier, I'm very present around the facility. I'm always talking with kids. I'm always talking with families. I'm in visitation and so forth. In the process of doing that, I'm very alert and I'm very aware to all the issues pertaining to Woodland Hills, not just PREA issues. That's one.

Also, every critical piece of paperwork with regard to incidents at the facility and so forth, it comes across my desk. So as part of my monitoring responsibilities, I always ensure that we're cognizant

of not just sexual victimization, but any kind of abuse issues at the facility. And this -- and I'll just say that since the survey results have come out, even my level of awareness has gone up and I've tried to pass that along to staff.

MS. CHUNN: When young people enter your facility, I believe they are assigned to Perry Dorm initially; is that right?

MR. DAWSON: It's Omega.

MS. CHUNN: Omega?

MR. DAWSON: Omega.

MS. CHUNN: Omega Dorm initially for classification. Talk about how any history of abuse or any information that relates to sexual assault may be used in the classification process.

MR. DAWSON: Well, as -- first of all, when a kid comes in and they're assigned to a dormitory, they're also given a handbook and as part of that handbook, we have in there what their rights are and the methodology for reporting any type of abuse.

That's not just given to the staff, given to the students rather, to read. There's also a case

manager who sits down with that staff -- with the student rather, and goes over that handbook, goes over that section, to ensure that they're aware of how they can report the different measures, the different means they can use to report and so forth.

As far as history is concerned, don't know that we really approached that at this point, but that's an excellent suggestion and we'll make sure that we keep that on our radar screen as far as using that with the students.

DR. WILKINSON: You said you got over 95 percent with your ACA accreditation. You didn't miss any of the quality of life standards.

MR. DAWSON: No. The actual number was 99.5.

DR. WILKINSON: I'm sorry, 99 percent. You missed two standards, an air quality index standard, a cell size. Did you challenge those during the commission hearings or anything?

MR. DAWSON: No, we did not, but the one with regard to air quality, we'll get that one this time because we've got a new HVAC system. So we're looking at at least 99.7 this time and we got a waiver on the

standard for the size of the confinement cells.

When the facility was originally constructed, we did comply with the ACA standards with regards to size, but there was -- historically, there was a lapse in our ACA compliance, so when we came back onboard and sought accreditation, they had to look at it as if it was an initial audit. So we couldn't -- we won't comply with that standard. So our 100 percent will be 99.7.

DR. WILKINSON: When was your last commission hearing?

MR. DAWSON: Two thousand eight, so we --

DR. WILKINSON: So it was around the time or maybe just before?

MR. DAWSON: I'm sorry. I'm sorry, it's 2007.

DR. WILKINSON: So the commission hearing --

MR. DAWSON: So we're a few months off.

DR. WILKINSON: -- was before the study was conducted?

MR. DAWSON: That's correct.

DR. WILKINSON: So there was -- the ACA

auditor would not have had the opportunity to kind of look at issues, nor would he or she have known that there were any issues like that, because you're obligated to report any kind of issues like that?

MR. DAWSON: That's correct.

DR. WILKINSON: If it was 2007, then you will have another one coming up this year?

MR. DAWSON: In August.

DR. WILKINSON: In August?

MR. DAWSON: Yes.

DR. WILKINSON: So, I mean, I think this will actually help you a little bit, given all that you're doing to not just improve quality of life, but the culture of the institution. Regardless of whether you have the same level of incidents that was reported in the BJS study or not, it's still about moving forward.

I think just given the testimony from all, it's very enlightening for me to hear that it's not just the correctional agency that's corroborating what's important and what to do to abate any problems in this case at Woodland Hills.

Mr. Hornsby, what about the rest of the

agency? I mean, the policies and procedures that were -- you're putting in place in Woodland are system wide? I mean, you talk a lot about continuous quality improvement and continuous system improvement. I presume that means the whole agency is impacted similar to Woodland Hills?

MR. HORNSBY: Yes, sir, absolutely. Everything that we've talked about with Woodland Hills today applies statewide to all of our facilities. Of course, we have our youth development centers, but then also we have nine group homes that are state operated across the state and we use that same philosophy and methodology of continuous quality improvement for all of our facilities.

DR. WILKINSON: And I think that's important because if you're using CQI the way I understand it, then you have staff involved in having process improvement teams and those kind of things to help make sure that you get the right kind of input from the right people.

MR. HORNSBY: Sure. You know, an important part of the QSR process, which is what Ms. Wade leads

in her role with TCCY, they come into each youth development center every year and they do -- they pre-select case files that they pull out. But what they do, it is much more than just a case file or paper review. They actually go out and interview, of course, the students. They interview students' families. They actually have phone conversations, or preferably one-on-one conversations with family members of the students that are there, as well as other people that may be involved, the counselors at Woodland Hills, the Vanderbilt counselors, people like that, to help shape, to really kind of do this larger picture review of what's -- what is actually going on.

So that -- yes, and I feel like that's a very important part of that. You know, again, I can't help but think if there -- if students had -- if students had been disclosing the possibility of victimization to people they trust, you would think that probably would be a family member, somebody that's on their visitation list that they have regular contact with, and that's who QSR many times is interviewing as part of their process.

You would think that would have come up, at least I would, and it would have made it back to Pat Wade. All of their staff are well aware of their role as statutorily-mandated reporters. I think that would have surfaced. So that's -- that's just where I'm coming from, again, looking for that -- I keep going back to the statistical part of this, but that is what we do. But overall, yes, this has been invaluable. We all felt like we were running very good facilities prior to 2005 when we started this, but it really has, as Pat indicated, taken it to a higher level of self-examination, self-awareness, and looking for blind spots.

And I know, like Albert said, we're not perfect and we do have some of those staff members, and like what Ms. English was saying, one or two could probably skew some of those numbers. We know that some of those folks have shown up and when they are identified we don't mess around. We have very active internal affairs and SIU investigators and they are -- they're terminated and they are -- then our case files are delivered to the local CPIT team, Child

Protection and Interview Team -- Interview Team, and local law enforcement and they're prosecuted.

So we feel like that's been a very useful process. In terms of what -- in terms of thinking like what my friend Tim Decker talked about yesterday from Missouri, what they're doing, if there's something that I would offer to other states is to do whatever you can to really open up the walls, open up the walls and bring people in that you have developed a relationship of trust with, and I trust Pat and her team not to BS me, not to help pull the wool over anybody's eyes, but to tell me the truth. And that would be my suggestion, is I think for any state, that's a critical, important piece to this.

DR. WILKINSON: Tell us a little bit about -- I know you outsource your clinical services, but maybe Superintendent and Mr. Hornsby, statewide, what kind of focus do you give to students who may have serious mental illness and how do you make sure that those persons are being properly treated and diagnosed? I mean, sometimes we misdiagnose people. We misunderstand bad from mad and vice versa.

I mean -- and I think there is a serious relationship between persons who have been diagnosed with mental illness, whether it's a serious mental illness or other types, and a person's propensity to be involved with sexual misconduct.

MR. HORNSBY: Yes, sir, absolutely. That process begins before our students ever get to a youth development center. All of our students have what's been called in the past descriptively a home county case manager -- we now call them family service workers -- that is part of the DCS team in their county. And so when a child comes into our care from commitment by the local court, one of the first things that's done is two assessments.

If they are juvenile justice kids, they get two assessments. One is a risk assessment instrument called the YLS, for Youth Level of Service. It's very much in wide use. The other is an instrument called the CANS, which stands for Child Assessment of Needs and Services, and that is a more clinical instrument. The YLS is more criminogenetically-based and focused. The CANS is a more clinical type. It's not -- it

doesn't -- it doesn't have to be administered by a clinician. A case manager can do it, but what it's looking for are red flags, things that we need to be aware of.

So when that child comes -- comes to Woodland Hills or any other YDC or group home, shortly after they get there, that CANS and the YLS is going to show up as well. So when they are going through the classification process, that information will be provided to them along with the other -- we do a full range of assessments, the usual assessments, at -- any classification intake unit would do.

Those things provide an informative look, again, coming not just from the viewpoint of the facility, but the home county case manager who has been out there working many times already. The child may have already been on probation, or they may have been working our dependent neglected side of our agency. Child welfare side may have been working with that family already for dependency issues.

So that -- when that information then comes in from the county, it helps inform us again from a

larger 360-type view approach as to what the needs are. When they come in -- and I'll talk specifically about Woodland Hills and let Albert pick up on this, but our relationship with Vanderbilt I cannot say too much about. We are so fortunate to be in the backyard of that university and medical center there in Nashville and for them to be our provider for those services.

They are -- they are extreme professionals in the utmost and they take a high degree of pride in their work, and so they come in, they work, they determine what diagnoses are available. Of course, we gather all the other things. If a child has a diagnosis from a school system, we receive those school records in and all that sort of thing, and then they take that and follow up from there. Albert, you want to give more detail about that?

MR. DAWSON: A variety of things happen once they get to Woodland Hills. First of all, our Vanderbilt staff is responsible for doing the psychological evaluation. As far as mental health issues are concerned, to a large degree, our actions from that point are led by the recommendations from the

psychological.

Most of our kids do have mental health issues, but there's a difference between mental health issues and actual mental illness. Now, with regard to mental health issues, if a child is identified in need of family therapy or individual therapy or group therapy or what have you, that's provided by our Vanderbilt staff. They're on campus five days a week, or more often if we need it.

Now, that's part one. Part two is at any point in time, whether it's during the classification process or during the child's stay at Woodland Hills, if mental illness becomes an issue, then we also have a psychologist onboard with us that's on call 24/7 so if there is that incident that will -- that will cause us to believe that there are mental illness issues, he's on call. He'll come in. He'll advise us in terms of what to do from that point on.

If there's a need for outside evaluation above and beyond what we've already done, then there's a referral process to get that child to a hospital for screening. Now, if after that early stay at the

hospital -- I think they have 72 hours to make a determination about what should happen from that point on -- if mental health is the -- mental health is the diagnosis and that's the need, then they don't stay at Woodland Hills, because we're not equipped to provide that type of service. They'll be transferred out to another facility.

MR. HORNSBY: If I could interject at that point too. We are also very fortunate in Tennessee to have located across the state centers of excellence that are located usually at the medical schools all across the state and they are -- they're recognized experts in a whole range of adolescent care issues, everything -- I mean, everything you can think of from neonatal issues all the way on up to -- sometimes I wish they would take on delayed adolescence. That might be a good topic for a lot of us to work on.

But what they do is when these children, as Albert was talking about, when we feel like that there's an increasing level of alarm with their conditions, we can call in a center of excellence and make a referral to them and they assemble their team of

experts from child psychiatrists to brain experts, brain injury experts, everything, and really give a thorough, quite honestly, it is the most thorough medical psychiatric and psychological workup I have ever seen, that really gives you a complete picture of what's going on with that child and what's in their best interest.

Do they need to be at a psychiatric hospital? If so, then we make arrangements for that to happen. Can they be effectively treated at Woodland Hills? Then we do that. A critical thing that I would like to bring up too, part of Tennessee's -- well, we are, I think, in the leading edge of doing some things. We employ group -- family group conferencing for all of our key decision-making processes. These are not decisions that are strictly made by staff. These are decisions that are made that involve the family, the home county case manager, and other key people. Anybody that has an interest in that child's life can attend a child and family team meeting and have input into it, football coach, minister, aunt, uncle, grandparent, whomever.

DR. WILKINSON: Ms. English?

MS. ENGLISH: It seems that we -- there's kind of been a theme throughout the hearings and the work that we've done about this issue about staff and inappropriate relationships. Again, like we said yesterday, attacks are pretty rare. It sounds like you've put together your process of what you would do if there was an attack.

On the other hand, it's this whole issue of inappropriate relationships of the kids with each other and with staff and the people that they're supposed to be supervising. I caught the thing about delayed adolescence for all of us. I think that was pretty good.

MR. HORNSBY: Do you have like a 20-something-year-old daughter as well?

MS. ENGLISH: No, no. No, no. And it seems to me that this whole issue about intervening with staff and inappropriate relationships is the big issue. Ms. Aaron mentioned that when you did your survey, there was indication about strong relationships. I'm not sure what strong means and when strong flips over

to being inappropriate. If you -- one second.

And then when I looked at -- we have a matrix that took all of the states -- we had all the data requests that -- and questions we sent out to you, and then we did a matrix of all the states so we could kind of see whose got what. For this issue about red flag training for supervisors, meaning early intervention when somebody is -- looks like they're going on the slippery slope, as another state called it, it said that there was no specific training in this area.

So if one of you could address that, I mean, get back to what are we -- I'm really impressed that you were so offended by the results of this survey that you actually took this thing and wrestled with it and came up with a whole bunch of stuff that you wouldn't have done if you wouldn't have been embarrassed.

But having that said, I'm concerned about this issue about relationships and the strong relationships that you found in the survey and what kind of training you're doing to make sure that strong doesn't flip over to wrong. That was good.

DR. WILKINSON: That was good.

MS. AARON: I'll comment on the strong relationship and probably the more accurate word would be significant. I think the way the questions were posed in the survey gave us the -- as the interviewers, gave us the perception that these were positive, trusting relationships, significant in supporting the child's development. They felt -- again, they felt trusted. They felt valued by these staff members and it ranged from teachers to guards to Mr. Dawson. I mean, it was the whole gamut, but it was a very positive type of relationship, more significant in their development.

One example of -- I'll throw out, one particular child talked to us and I'll reference Mr. Hornsby's teaming. We're very big on building a team around that child and he talked about his team and there was a very significant staff member. Well, there were several from Woodland Hills and this particular child talked about having the same case manager, the same teacher and I believe the same guard or some other person throughout his stay at Woodland Hills.

His team was very stable and that was very

important to him because those were people he could rely on. We didn't get the impression he had too many other folks, particularly family members, that he felt that significant. But this team, these folks were very significant and stabilizing in his life and that's what I was referencing.

MS. ENGLISH: Okay, so the training issue then of you can have -- when you go back and look at the incidents where you did have staff that either were indicted or resigned, they established a relationship. It may have started out as significant and moved on to inappropriate.

So what -- how do you train your staff to watch for that and when do you intervene and what do you do?

MR. DAWSON: Well, several -- several responses to that. As Mr. Hornsby indicated earlier, as part of the pre-service training at the academy, they do get two hours with regard to PREA. That's their first orientation and I think it's a very important point to do it because it's early on in their training process.

As far as afterward, or after the initial two hours, staff have -- they spend nine weeks in pre-service training, which is significantly longer than what we used to do. We've increased that training by six weeks. Part of that process, they actually come back to the facility to practice the things they've learned during the first two or three weeks at the training.

So what we've done is we very carefully selected people that they can shadow back at the facility, ones who have -- who have -- are veterans who are aware of staff/student relationships, who are aware of adolescent issues, who are aware of supervision issues, reporting responsibilities and that sort of thing. And that's probably been the best addition to our training that we could have ever done. And again, the focus is not just on PREA, but the focus is on relationships and supervision and all of those things that are critically important not only to the institution, but to the child as well.

MS. ENGLISH: So this issue about boundaries and then how -- especially the young men, how they see

women and that they see women in the institution, maybe like they have had relationships with women in the community which were not always positive. You know, James Smith and I have talked about this before. I mean, do they get training about that too so that when you see like these staff that have some personal problems end up telling their story to the offenders and then from there it goes on to being inappropriate? That's part of your training, or is it more the training about the laws about PREA?

MR. DAWSON: It's really handled as part of our program. We have -- our primary program methodology of working with the kids is through ART, Aggression Replacement Training. This is where kids have the opportunity to talk about honesty, integrity, respect and those kinds of things and they get the opportunity to lead groups, to tell stories and that sort of thing.

As part of that process, we talk about respect and so forth and really that's where that sort of thing is covered with the kids as part of the whole program and not necessarily with training. Now, as far

as staff is concerned, they have already gone through at least three weeks of training on ART on how to -- how to deliver that program.

MS. ENGLISH: How about for the supervisors of those staff, what would be the warning signs that maybe this staff person is getting out of her professional role and into a personal role? That would be the red flags that we have sort of identified.

MR. DAWSON: If a staff member has tried -- attempted to get with the kid on a one-on-one situation, early morning, checking that kid out to work or what have you, attempting to bring things into the institution to give to the kids, unusual attention, calling after hours and that sort of thing, those are all red flags that we look for.

MS. ENGLISH: And your supervisor, trained to watch for that?

MR. DAWSON: Absolutely.

MS. ENGLISH: And document it and intervene with it?

MR. DAWSON: Absolutely.

MS. ENGLISH: And what would you do with

somebody that you saw was kind of building that pattern; would they be reprimanded or transferred?

MR. DAWSON: Well, not reprimanded automatically, because you don't want to discourage something that may be a positive effort. Cautioned I think is a better word and there have been -- there have been several situations where we've had to caution our staff, male and female, this is -- you know, be very careful.

We remind them of policy. We have a policy on staff-to-student relationships and we'll have them review that policy and so forth. And I'll give credit at this point to my security manager, Michael Crutcher, and Ms. Chunn had the opportunity to meet him. He is very sharp in that regard and keeps a finger on the pulse at the institution, especially with the officers, and he's known to show up on any shift to work with them, to observe their behaviors and that sort of thing.

MS. ENGLISH: Okay, and back to Ms. Wade, you said you had a couple of other finds. Do you have maybe two -- the main findings you talked about was

that they know their rights and they know how to report. Are there any -- maybe two other key findings that really would be related to them reporting sexual abuse?

MS. WADE: Yes. We had -- 86 percent of our children felt safe to tell a staff member. Again, if there was any kind of inappropriate behaviors going on between student-to-student or staff-to-student, they also reported that. About 14 percent of them felt like they were in a good place. They did not always feel that they had someone that they could trust to talk to there, but they could talk to someone outside of the facility.

It might be parents. It might be some other relative or extended relative, to do so. And we also identified in the questions if there had been a report as to who, when, what happened, how the grievance procedure was followed.

MS. ENGLISH: You said you interviewed them in pairs?

MS. WADE: We interviewed the children, single child at a time.

MS. ENGLISH: Single child.

MS. WADE: But the interviewers were in pairs.

MS. ENGLISH: Oh, I got you. Okay. All right, thanks.

MS. CHUNN: When a child -- when a child makes a complaint, files -- whether it's in written form or tells a staff person that he is -- he -- it's all male, right? Your girls are separate, right?

MR. DAWSON: He only.

MS. CHUNN: Believes that the staff has acted inappropriately in terms of touching or some related sexual behavior, what are the advantages of having an outside investigation? I mean, it's still under the big umbrella of the department, but it is not the facility itself that's doing the investigation, right?

What are the advantages of having Child Protective Services to do the investigation? Do the same people come every time there is an issue at Woodland Hills? Exactly how does that happen and what is the lag time between when the child complains and when it is investigated by Child Protective Services?

MS. AARON: The -- I think the advantage is we are not -- we are very separate from juvenile justice. By nature, Child Protective Services is quite suspicious anyway. We're investigators, so we go in there. And we're very strong child advocates, so we go in there with that framework.

I do think in Tennessee we investigate all sex abuse, the most severe abuse allegations, as a multi-disciplinary team. We're statutorily mandated to immediately notify law enforcement, the District Attorney's Office and juvenile court when we receive an allegation of child sex abuse, and that occurs.

At that point, we strategize with local law enforcement about the best course of action. I would say 90 percent of the referrals that come in through Woodland Hills are responded to within 24 to 48 hours. We have a party response time that's assigned to every allegation and for children in custody, particularly in a facility, it would be a very immediate response.

We certainly strategize and want to make it the best opportunity for that child to feel safe and to feel comfortable in disclosing if there in fact is some

abuse. So an example, if we get a report at 3:00 in the morning, we may not go out there and rouse a child up out of bed, but we would be there very quickly after he gets up.

We also have child advocacy centers. We have an excellent one in Nashville. There -- they employ forensic interviewers. They're at our disposal as well if we needed a forensic interview. We have great medical professionals that are afforded to the youth if that's necessary.

So the team approach, I think, works very well in the State of Tennessee. Every case is staffed with a district attorney and then, of course, decision about prosecution is of course made by law enforcement or the District Attorney's Office.

MS. CHUNN: I'm back to this child again that's filed a complaint against a staff person. I believe we had maybe five or six during the reporting period that were provided to us in the information that you submitted. What happens to the child after having made this report? And what happens to the staff person who is allegedly involved in this? I mean are there

any -- go ahead.

MR. DAWSON: The steps involved are first of all, if they -- if a complaint is filed, first thing to do is report it. Regardless of whether it comes through the grievance procedure or directly to a staff member, what have you, the first level of responsibility is to report it and report it immediately.

Next, it comes to my attention. Those two are almost simultaneous. I mean, it's very quick. Following that, we make sure that that first-line supervisor is notified. And then it depends from that standpoint. If it's a one-on-one situation of where a child said well, this officer, while he was searching me, tried to touch me or whatever, then more than likely what we'll do is enforce a no-contact with that child, between that child and that officer.

If it's broader than that, then we have a no-contact period. We'll assign that staff person to the warehouse or to a post somewhere where they won't have contact with children and families, or we also have an avenue to put them on administrative leave and

that's -- we have also done that before. So that essentially removes the staff member from the situation.

Next step is to notify Internal Affairs, which again is an outside agency and we've already notified CPS, as I said earlier. As far as the child is concerned, if there's a need for medical attention, then we make sure that the medical attention is given. And then from that point, once we ensure the child's safety, we pretty much back off and allow the investigative process to happen from that point, because we don't want to do anything to -- that might cause problems with fact-finding and so forth.

And that -- I might add that that's -- that comes from historical learning. There was a time when we would try to do our own investigation and what we wound up doing was just tainting that whole process. So what we've learned to do, once it's reported, once we ensure the child's safety, once we ensure that the staff member is removed from the situation, then we leave it up to the investigative authority to do their job from that point.

MS. CHUNN: And if the child says, I fear retaliation by other people who are working in this unit, Steve may be no contact with me, but what about his friends who work this unit?

MR. DAWSON: Oh, of course, we'll consider moving that child to another living environment. And that's -- and let me say too, that's not a -- that's not necessarily an individual decision. Mr. Hornsby mentioned earlier the child and family team meetings that we have that involve all of the individuals. We also have a team within the institution that will participate in that decision and that team includes the child's case manager, the child's five-day officer, the child's teacher represented -- representative, the Vanderbilt therapist and anybody else that may be involved on campus, as well as population management. We'll all make that decision and then if need be, I'll also get involved in making the final determination.

MS. CHUNN: Do parents --

MR. HORNSBY: I would just like to -- I'd just like to add too that any student at any time can request protective custody. If they choose to be

placed in protective custody, then all they have to do is ask for it.

MS. CHUNN: Okay. Do parents ever get involved in this?

MR. DAWSON: Absolutely. They --

MS. CHUNN: Could you say a word or two about how that happens?

MR. DAWSON: Yes. Parents are involved early on and throughout the process, the -- once a -- when a child comes in, they are given a phone call within three or four hours just to let Mom, Dad, whatever, know that they've arrived safely at Woodland Hills. During -- after -- after two weeks in the facility, there is a child and family team meeting to make the -- make decisions about that child's program there.

The parents are invited to that child and family team meeting, the initial classification meeting. In fact, we won't have a child and family team meeting if the parents can't be present. Our whole schedule is dictated by parents' availability. So that's the first presence by the parents.

We also have monthly reviews and the parents

are invited to participate with the institutional team and monthly reviews. Then there are formal quarterly reviews and the parents are invited to participate in that as well.

Now, in addition to that, if there are any significant events at the institution, the child gets sick, has to go to the hospital, the child is injured playing basketball, whatever, then the parents are notified as well.

MS. CHUNN: Is the hotline used frequently?

MR. DAWSON: Yes. Yes, it is. I mean, that's our -- that's our means of reporting.

MS. CHUNN: So do you get more -- well, do you get kids using that more than telling staff or writing their complaints?

MR. DAWSON: It's -- most of our complaints come through either the grievance procedure or students actually telling staff and the staff immediately goes to the hotline and they'll report it. That's not to say that the kids don't have the option of doing that. They have access to the telephone. The numbers, as I said, are included in the poster that you have in your

packet, and those are posted in strategic locations throughout the facility.

DR. WILKINSON: Sharon, do you have anything?

MS. ENGLISH: No, I don't.

DR. WILKINSON: The Panelists don't have any more questions for you. We want to give you an opportunity to make a brief summary statement, Mr. Hornsby, if you'd like to do that.

MR. HORNSBY: I really, quite honestly, Mr. Chair, Dr. Wilkinson, I think we probably covered everything. I don't really know what it would be. I don't know if there's anything else. I'll defer to my Panelists, how about that?

Mr. Dawson, do you have anything, any final statements you'd like to make?

MR. DAWSON: Yes, I do. This really has been a valuable learning experience as far as a 36-year veteran in juvenile justice. Ms. Chunn and I talked, just when you think you've seen everything and you've experienced everything, then something else comes up and this has been one of those something else kinds of experiences.

I think looking back, what it's caused us to do is look inward and it's caused us to make some giant steps in terms of what we're doing with and for kids and for families. And I just appreciate the opportunity for being here. I appreciate the opportunity for -- of being able to sit in on the other hearings and witness what other states are doing in response to the survey. We're going to do all we can in Tennessee and Woodland Hills and so forth to make sure that when the next survey comes that we won't be a part of the -- a part of the high-prevalence list.

Just as a closing comment, Dr. Wilkinson, you asked questions about the -- about ACA and seemed to be interested in our audit and so forth. We have already started working on the fourth edition standards and we've already looked at the PREA standards and I think this is going to help us to be in compliance at the next level.

DR. WILKINSON: And not to mention the CJCA standards.

MR. DAWSON: That's right.

DR. WILKINSON: The PBS.

MR. DAWSON: That's right.

DR. WILKINSON: Ms. --

MR. HORNSBY: Ms. Aaron?

DR. WILKINSON: Aaron or Wade?

MS. AARON: And again, I just want to express gratitude for the opportunity to be here and to kind of echo what Mr. Dawson said. This really transcended through many areas of our department, not just the Juvenile Justice. I know in Child Protection, this really gave us an opportunity to evaluate our investigative responses and what we do to ensure the safety of our children in Juvenile Justice and in other areas. So it did have a lasting impact on several other programs.

MR. HORNSBY: Ms. Wade?

MS. WADE: Thank you. I would also like to say I appreciate being invited by the Department to be here and that it is our position from the state advisory group's perception and the commission's perception that we are to ensure the safety of children and we appreciate that when issues of this nature, such as -- that affect our most vulnerable children do come

to light that the department feels that they can call on us at any time in that collaboration to ensure that our children stay protected and are safe.

So we appreciate being here today. We will continue to conduct our quality service reviews, not to corroborate, but to improve the services for children and families.

MR. HORNSBY: And I would just say that no experience is wasted if you learn something from it.

DR. WILKINSON: There you go. Well, thank you all for being here and hopefully this exercise is helpful for you. But our purpose is to not just have it helpful for Woodland and Tennessee but for the entire country. So we know we don't like to be on lists. I don't like to be on any list, good or bad.

But nevertheless, I think this will be a best practices exercise and we appreciate you being here and being forthright with us and expressing your thoughts. So safe journeys back to Tennessee and good luck.

MR. HORNSBY: Thank you and come see us anytime.

DR. WILKINSON: Okay. We will reconvene at

about 10:50 with the Texas agency and just to let you know, their executive director will join us by telephone, but some of her very finest staff are here to join us as well. So we'll see you at 10:50.

(A brief recess was taken.)

DR. WILKINSON: I think we can get started with our last session. And of course, that's with the Texas Youth Commission. I understand that Executive Director Cherie Townsend is on the phone; is that right?

MS. TOWNSEND: That's correct.

DR. WILKINSON: Okay, well, welcome.

MS. TOWNSEND: Thank you.

DR. WILKINSON: Unfortunately, you can't experience the ambiance of the room we're in or any of that, but we understand. But your staff is here in due form and ready to participate.

But before we move on with the testimony, I must swear everybody in, so if you would raise your right hand.

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Whereupon,

CHERYLN K. TOWNSEND,

LAURA CAZABON-BRALY, CRIS W. LOVE, SR.,

LORI ROBINSON AND JAMES D. SMITH

were called for examination and, after having been first duly sworn by the chairman, testified as follows:

DR. WILKINSON: Thank you. So Director Townsend, thank you so much for agreeing to join us by telephone. We know you have some important family business you're taking care of.

MS. TOWNSEND: Thank you.

DR. WILKINSON: But if you would not mind, we would like to hear your testimony at this point.

MS. TOWNSEND: Thank you very much, Chairman Wilkinson. I am so grateful that you are allowing me to appear telephonically today. It was very important to my family that I be able to do this.

We have a great team, I think, in front of you today that will be able to answer most of your questions, James Smith, director of youth services; Cris Love, chief inspector general; Laura Braly,

superintendent of the Corsicana Residential Treatment Center; and Dr. Lori Robinson, who is director of clinical services.

We all appreciate all of the work that you and your staff have done to prepare for this hearing. We have also provided you with a great deal of information in written testimony and statements and I will not repeat what I have already submitted to you in writing.

I want to identify for you some of the challenges that I believe that we face and some of the things that have worked well for us and then want to be available to answer your questions. I'm sure that you're aware that the Texas Youth Commission has been undergoing a great deal of overall reform of our agency and those overall reform challenges have certainly also affected our response to the PREA most recent study.

The population that we are dealing with are seriously mentally ill youth at the Corsicana Residential Treatment Center and their trauma history has provided us with some unique in terms of treatment and in terms of making sure that they are safe. Their

prior history has made them even more vulnerable to possible sexual assault and we want to ensure their safety both physically and sexually and emotionally.

I think the greatest challenge that our agency faces, and certainly this is true at the Corsicana Residential Treatment Center, and that is, changing our culture from one of correctional focus only to one that also emphasizes treatment as well as accountability. I think that's the most important reform that we are making as an agency.

Some of the things that have worked well for us and that we will continue to focus on are our 24-hour Incident Reporting Center, the trauma-informed care that we are providing to our youth, and trauma-focused cognitive behavioral therapy, the physical plant changes that we've made, the increase in staff-to-youth supervision ratios, having a centralized Office of Inspector General to conduct investigations, and a Special Prosecution Unit to ensure consistency in our implementation of zero tolerance, and also I think our safe housing assessment to ensure that we are making appropriate assessments in terms of

vulnerability and placements accordingly.

Overall, I think organizational culture, both for our agency overall and by facility, is one of the most important things that we will be focusing on, have focused on, and will continue to focus on. The overarching culture is one of the things that we believe will make the greatest difference and where technical assistance will make the greatest impact on our agency.

Our goal certainly is to ensure the safety of our youth, the safety of our staff, the well-being and positive development of the young that we serve, ensuring that they have treatment, skill-building, and education and ultimately for us to produce successful outcomes.

We hope that we will be able to answer your questions today and that it will lead to improved services for the young people throughout the nation, as well as within TYC.

DR. WILKINSON: Okay, are the other Panelists going to provide any opening comments?

MS. TOWNSEND: I believe that some of them

have some opening comments that they may want to provide. We'll try to make sure that they're brief so that we answer your very specific questions today.

MR. SMITH: Good morning.

DR. WILKINSON: Mr. Smith, thank you.

MR. SMITH: I am James Smith. I am the director of youth services for the Texas Youth Commission and in that capacity, I oversee or supervise all of our residential facilities.

SPEAKER: Your mic's not on.

MR. SMITH: How about now? I typically don't use a mic.

DR. WILKINSON: We need it for the record.

MR. SMITH: I understand. Again, my name is James Smith. I am the director of youth services for the Texas Youth Commission and in that capacity I supervise our residential facilities, halfway houses, parole offices, and contract care facilities.

If I may, I wanted to talk a little bit about some prevention efforts and reporting and investigating efforts that the Texas Youth Commission made prior to the PREA and BJS report. I think it's important that

Texas was dealing with some allegations of sexual abuse from some staff members that was widely spread in the media and so our legislature took an opportunity to enact the reform bill, Senate Bill 103, in 2007.

Some of the actions and instances from that bill that the Texas Youth Commission took, we implemented a new treatment modality, or umbrella, the connections model, which we focused on using evidence-based models throughout our system which focused on positive youth development, which also was a more relational model from the staff to the youth. But it also empowered our youth. It was built around empowering our youth to self-direct their behavior and to work on their issues.

Our staff ration -- staff ratio increased to one to 12. We installed over 11,000 cameras in our facilities, 892 cameras at the Corsicana facility in particular. We mandated that all our direct care staff receive 300 hours of training, of which we actually provide 320, but the legislation called for 300 hours of training.

We implemented extensive background checks

for our employees, reduced the age of majority from 21 to 19 in our system. Of course, we developed a zero tolerance policy for sex abuse. We implemented additional training around PREA for our staff. We developed for the bill, the assessment for our youth at intake for a screening process for youth at intake.

We developed our safe housing policy, which allowed us to more effectively determine where our youth could be placed within the housing unit, for those youth who showed some vulnerable traits, that they would be close -- placed in close proximity to our staff. It created and published a handbook containing PREA guideline, PREA standards, information about the PREA standards actually, and we also published the parents' bill of rights, which our parents were empowered and knowledgeable of their rights.

One of the major focuses of our agency was parent involvement versus parents being informed. Many times parents are informed about what happens to their children. We enacted a policy of parents being involved at all of the different levels that their kids touch throughout TYC.

In the area of reporting and investigation, the Senate Bill 103 established the Office of the Inspector General, the Office of the Independent Ombudsman, which was a group of individuals who have unfettered access to our facilities, go in and assess conditions of confinement, talk with youth, talk with staff, and can then enact upon -- act upon those findings.

As Ms. Townsend said, our Incident Reporting Center, 24-hour live operator. We both -- we now have both criminal and administrative investigations. We established a special -- this legislation established a Special Prosecution Unit for juveniles and we developed access and work with advocacy groups to have access to our facilities. So we have members in advocacy groups who can go in our facilities at any time, and again, open the door of transparency for outside entities.

Post-BJS report, at the Corsicana facility, we continue to do additional analysis on our information, the data that we saw and looking at the time of day, location, staff on duty, some of the operational practices that were done by staff and it

allowed us to review where some youth were -- some youth were able to use restrooms. We were able to close off restrooms.

We installed some bubbled mirrors. We are looking at installing some cameras in rooms. We had some sleeping rooms that were multiple sleeping room, three youth in the room, that we hadn't originally installed cameras in, and since the report, we have -- we went back and we reviewed and certainly some of the suggestions that we received, we are now exploring an opportunity to put cameras in those rooms.

We've added some psycho-educational groups and Ms. Braly will talk some more about that, seeking safety groups. Ms. Braly implemented a brown bag luncheon, which she was able to talk with staff about boundary issues, different issues that were going on around the campus, to improve staff supervision.

I'm not going to go through all of it. And we also developed -- we are in the plan of -- finalizing our plan to have all the youth at Corsicana facility surveyed. We wanted to use an outside entity to come in and survey each individual

youth to ensure that we have good safety practice at our facility.

We've also brought in a consultant group to look at the effectiveness of all the strategies that we have employed to reduce or to eliminate allegations of sexual abuse or incidents of sexual abuse and we've done that systemwide. They were coming in and looking at all of our residential facilities, as well as our halfway houses. And so we've made truly a commitment to ensure that we have good, effective practices in place. And throughout the agency, I think Ms. Townsend has certainly, through her leadership, led us there. We won't tolerate it and we -- our zero tolerance policy is just that, zero tolerance.

So if something's wrong, we're not going to be defensive. We are going to address it and look at it. And what this report has done for us, it's allowed us to take, you know, advanced look at where we are and what we're doing and to make sure that things are working. We feel good about what we have in place, but we also know that there's always room for improvement, so that has truly been our focus.

And so again, I want to thank you all for an opportunity to present and talk to you. And if I may, I'd like to let my colleagues have an opportunity to present.

MS. BRALY: Good morning. My name is Laura Braly. I'm the superintendent of the Corsicana Residential Treatment Center and part of my opening comments are going to be a little bit about the facility.

We have approximately 145 male and female youth at our facility. Only 12 of those are female offenders. All of our youth at my facility carry a diagnosis of a serious mental health disorder or have a mental retardation need and once a youth is committed to TYC, we have to serve that youth regardless of a mental health or mental retardation need, so they do their stay with us.

Part of my unit is a 14-bed facility that's actually called the Crisis Stabilization Unit, which is similar to hospital-level care. So our kids are unique in the fact that they all carry a diagnosis.

As superintendent, I am responsible for the

overall management of the campus. I directly supervise my assistant superintendent and then I have dual supervision of a doctoral-level psychologist. That's the manager of Institutional Clinical Services. I supervise him jointly with Dr. Robinson.

We have 162 correctional officers. We employ eight psychologists, so we actually have mental health professionals on our campus that are employed by us. Psychiatric services are contracted out through the University of Texas Medical Branch. And then we have 20 caseworkers. As I said, all of our kids have diagnoses and most have significant histories of trauma and past abuse that come with those diagnoses.

Since the reform of our agency, our facility has greatly expanded specialized treatment groups on our campus and Dr. Robinson's going to talk a bit more about that. But some of the things we've done is we've educated and trained our staffs. We've actually moved our psychologists to the dorms, to the living units, so that they're more readily available to the kids to talk to. Instead of having them in our psychology building, they're physically in the dorms now.

We've done the brown bag lunches, as Mr. Smith discussed, and part of that is we take a current research article and we invite staff every week to bring their lunches in and we talk about current research in the field. Much of that has focused on PREA reforms and supervision efforts and specialized treatment efforts.

We have town hall meetings once a month in addition to the 300 hours of training. Town hall meetings are held once a month with all of our staff. At every town hall meeting we talk about supervision strategies. We've also done boundary trainings with the staff since the study. We've used our clinical staff to do an eight-hour training with the casework staff to talk about red flags with kids, how to deal with sexual abuse issues a little bit better.

And we're currently exploring the Darkness to Light curriculum for the kids -- or for the staff to utilize, which we may be moving towards in training. In addition to training our staff, we've also installed our cameras and we've made the physical plant changes that Mr. Smith has talked about.

In January of 2009, we started using safe housing assessment procedure and then the policy was actually finalized in August of 2009. And what this assessment does is it allows us to look at past vulnerability, past trauma, their propensity to offend, and we use this information to actually make housing assignments so that kids who are more vulnerable, or kids that have a history of aggression, are placed in single rooms with greater visibility.

In addition to doing all that, I work closely with Cris and his staff of investigators. When an allegation is made on our campus, it's my responsibility to have myself or a staff member call the Incident Reporting Center in Austin and then we have to send out a bunch of immediate notifications all the way up to the executive director that an allegation has been made.

Then it's my job to make sure the investigator gets out there immediately, that we have a SANE, a sexual assault exam, if necessary, and then we review camera footage. If there's a high likelihood, we may reassign a youth. We may reassign a staff

member. We may suspend a staff member. We take immediate action. And then once the investigator completes their report, it's my responsibility to ensure that follow-up occurs with both the students and the staff based on the investigation.

I think that the introduction of specialized treatments groups, such as Seeking Safety in the Cycle Educational Groups, are improving our culture. The staff are very complimentary and they think that they've benefitted from the increased training. In honesty, we do still struggle with the hyper-sexuality of some of our youth. Thirty-six percent or more of the kids at my facility have past trauma abuse and we're working to improve our culture and decrease some false allegations that we've had, yet still provide a safe and secure environment that fosters that use of the reporting system.

So I think we've made important gains over the last two years and we look forward to continuing in the reform efforts of the agency and learning from our discussions today.

MR. LOVE: Good morning, Dr. Wilkinson.

DR. WILKINSON: Good morning.

MR. LOVE: Ms. English, Ms. Chunn. My name is Cris Love. I'm the chief inspector general for the Texas Youth Commission. I've been employed with the Texas Youth Commission, Office of Inspector General since July of 2007. I was named the chief inspector general in February of 2009. Prior to my selection as chief inspector general, I served as the OIG, if I may use that acronym, the OIG captain and I was instrumental in developing and implementing and managing the Texas Youth Commission OIG Incident Reporting Center, which is commonly referred to as the investigation hotline.

I have 25 years of state -- State of Texas police, law enforcement experience, to include investigative and criminal justice experience, with 22 years of that being with the Texas Department of Public Safety, where I last served as a Texas Ranger. I received in excess of 5,000 hours of Texas Commission on Law Enforcement Officers Standards and Education, certified training. This is the licensing agency in Texas for peace officers and I currently hold a TCLEOSE

master peace officer and instructor certification.

The mission of the Office of Inspector General is to provide the primary law enforcement functions for the Texas Youth Commission and to monitor and report to the TYC board, the TYC executive director, the Texas legislature, overall compliance with the laws of the State of Texas. OIG is responsive to the needs of TYC, the board, the executive director and governmental agencies and authorities and the people of Texas by demonstrating a willingness and ability to impartially investigate violations of law and flagrant violations of TYC policy and procedure while protecting the rights of all persons involved.

In short, OIG was designed to be an independent investigative body to enforce, as James mentioned earlier, TYC zero tolerance policy. As an overview, as previously mentioned by James, in June 2007, following the 80th session of the Texas legislature, the enactment of Senate Bill 103 and House Bill 914, OIG was created within TYC for the purpose of investigating crime. These are crimes committed by commissioned employees, including parole officers

employed by or under contract with the commission, crimes committed at a facility operated by the commission, or at a residential facility operated by another entity under contract with the commission.

In addition, at this time in 2007, the legislature created an investigation hotline, as I mentioned, Incident Reporting Center. It was established to receive and document allegations of misconduct and serious incidents related to TYC. And also at this time, there were three apprehension specialists that were located within TYC prior to OIG's existence. Those apprehension specialists were placed underneath the authority and management of OIG.

The IRC, the Incident Reporting Center, currently, which is -- for the first seven months of fiscal year '10 documents approximately 1,100 incidents or allegations per month into the IRC database. Of those documented incidents, approximately 150 of those are assigned for investigation within the Office of Inspector General.

As an additional breakdown of the IRC entries and OIG investigation who sign up for the Corsicana

Residential Treatment Center, approximately 190 per month are being entered into the Incident Reporting Center database and, of those, OIG is investigating approximately 38 or assigning approximately 38 of those allegations or incidents per month, which is about 20 percent of those being reported to the IRC data -- or entered into the IRC database.

The majority of the incidents or allegations documented by the Incident Reporting Center were referred to the TYC Youth Services Division. Approximately 37 percent are the TYC Youth Rights, which is the grievance department. This is approximately 40 percent for resolution there.

In June of 2008, the TYC Alleged Mistreatment Investigations Division was reorganized underneath the Office of Inspector General to conduct investigations associated with allegations of administrative violations. These were formally called youth care investigators and they were located underneath TYC's umbrella at the time that OIG was created in June of 2007. So approximately a year after our creation is when they were reorganized underneath us.

In June of 2009, OIG -- I mentioned the investigative criteria earlier. This investigative criteria was expanded during the 81st legislative session to include crimes committed at any facility in which a child committed to the custody of TYC is housed or receives medical or mental health treatment, for example, at Texas State Hospital.

The Office of Inspector General currently employs 43 staff, of which 20 are peace officers as defined by the Texas Code of Criminal Procedure. The peace officers are commissioned by the entity I mentioned earlier, TCLEOSE, the Texas Commission on Law Enforcement Officers Standards and Education, and OIG is responsible for conducting investigations in 46 -- at 46 facilities or offices in 29 cities in Texas to include ten secure institutions, nine community-based halfway houses, 13 district and parole offices, 13 contract care programs and central office located in Austin.

In June -- on June 1, 2010, three days ago, there were -- there was an additional investigator, a criminal investigator, a peace officer, added to the

Corsicana Residential Treatment Center, which will put us at two criminal investigators and one administrative investigator at that facility.

I will go ahead and, if I may, mention at this time, OIG is -- what I believe to be OIG's accomplishments and challenges. The accomplishments would be the establishment and operation of the Incident Reporting Center, the establishment and effectiveness of the use-of-force monitor, which is located within the Office of Inspector General. This -- if I may, this individual reviews surveillance camera footage on a daily basis primarily dealing with use of force. If we need him to look at any other -- any other piece of film, he's free to do that, but we will primarily forward him use-of-force-type incidents.

The efficient and effective operation of three databases. OIG operates a -- the IRC, the Incident Reporting Center database, the criminal database and an administrative database. Increased efficiency and effectiveness in the apprehension of absconded youth, a reduction in response time to

initiate investigations, a reduction in time required to complete investigations without sacrificing quality for quantity, and response to and assistance with TYC-related disasters and emergencies. In Texas, sometimes we deal with hurricanes and OIG acts as escorts in those situations when the Youth Services Division will transport those youth to other facilities away from the coastline.

The challenges. Has been and continues to be. I think we're making extremely good progress as the number of investigations versus the number of investigators. OIG investigators and OIG management must and shall and are continuing to triage and prioritize investigations. OIG has requested additional investigative positions from the Texas legislature, and another challenge will be the maintenance and development of our staff with allocated resource.

Another item I would like to mention is equipment, the installation of quality surveillance equipment, approximately 12,000 digital cameras and approximately 500 digital video recording units in the

TYC facilities. This began in August of 2007. Has significantly assisted the OIG in conducting investigations.

I would also like to discuss training. OIG staff have received training related to the following course topics: sexual assault, Prison Rape Elimination Act, ethics, crisis intervention, use of force, interviewing and interrogation, report writing, and it's of utmost importance that OIG staff continue their training and several OIG staff members are scheduled this month to attend a gang conference in Houston and juvenile sex offender management conference in Corpus Christi.

MS. ENGLISH: Can I ask you just a quick question, a clarification on the 38 ongoing investigations you have right now at Corsicana? Are they mainly -- that's a wide variety of incidents, not just sexual assault; is that right, or are they only 38 sexual assault?

MR. LOVE: Are you discussing the information that I provided to you in this?

MS. ENGLISH: Yeah, when you said that you

have --

MR. LOVE: Oh, you're talking about 38 per month?

MS. ENGLISH: Thirty-eight ongoing right now? That could be use of force or other things, not just sexual assault; is that true?

MR. LOVE: That's absolutely true, yeah.

MS. ENGLISH: Of the 38, how many of those do you think are related to either inappropriate behavior or sexual assault, off the top of your head, a couple or a majority?

MR. LOVE: No, I wouldn't say the majority at all. I'd just -- I'm reluctant to give you a number.

MS. ENGLISH: Okay.

MR. LOVE: I can -- I will absolutely provide you with that.

MS. ENGLISH: But mainly it could be everything?

MR. LOVE: Right.

MS. ENGLISH: It could be a fight. It could be a number of things. Okay.

MR. LOVE: Yes, ma'am.

MS. ENGLISH: All right.

MR. LOVE: Use of force, youth-on-youth assaults.

MS. ENGLISH: Okay.

DR. ROBINSON: Good morning. I would also like to thank you for the opportunity to be here. It's an honor to speak before this esteemed Panel.

I'll introduce myself and tell you a little bit about my role in the Texas Youth Commission and then otherwise keep my comments brief. I think my colleagues have elaborated on a lot of the things that are important to us and ongoing activities.

But my name is Lori Robinson. I work for the Texas Youth Commission as the director of specialized treatment. My role in the agency involves the provision and oversight of the agency's specialized treatment programs, which include the mental health treatment program, the capital and serious violent offender treatment program, our sexual behavior treatment programs, and our alcohol and other drug treatment programs.

I'm a licensed psychologist, a licensed sex

offender treatment provider, a licensed professional counselor, a board-approved supervisor for licensed professional counselors in the State of Texas.

One of my primary jobs in the agency is to work with the agency's zero tolerance policy related to PREA, and myself and a psychologist in the agency work to ensure that youth who have been abused or report that they have been abused in the agency receive the mental health treatment services that they require. That involves an assessment and follow-up treatment of an intervention as required.

I also work closely with our contract providers, the University of Texas Medical Branch and their psychiatrist. As Laura said earlier, when the report came out in January of 2010, she; I; our manager of institutional clinical services, Randy Smith; and my supervisor, Dianne Gadow, met and developed a fairly extensive action plan in response to the report and those include several items that Laura has previously mentioned and the action plan is provided in your packet.

Thank you.

MS. ENGLISH: Want me to take the lead?

DR. WILKINSON: That's fine.

MS. ENGLISH: I'm going to take the lead on the questioning for this team today because I got -- I was the one who had the privilege of going to see the facility about a month or so ago. I just want to thank you again for the hospitality. I thought I really -- Chris and I both enjoyed our visit. We thought you were very candid. Everything was wide open.

Somebody made great onion dip. I don't know who that was, but that was good. You were very complete in your responses and the data requests that went out were pretty extensive and I have to say that for Texas, you gave us all of the information plus some, just lots and lots and lots of paper and reports. I thought you were totally open with providing information, lots of information about the training, the copies of your materials, all of it. I thought it was a very complete package, so I appreciated that.

I also wanted to say as introduction that I think that the survey results came out just about the

same time that everything else was peaking, that you had the reform legislation, you had a change in administration, bringing in new staff. You were given new resources to hire staff, to develop programs, to take care of the physical plant.

So I think that the survey time period was just about at the end of the old era and at the beginning of the new era, and so I think some of what we're seeing in your responses are very current and that you have plans now. You've hired The Moss Group and other -- you have other people you're contracting with to try to take these things on.

Because of that, I'm not going to ask a lot of questions about details about materials that were requested, because I think we have that and staff has a complete package. But I have a couple of more specific questions for you about a couple of cases, which is a little different than what we've done with some of the other states.

But before I do that, I wanted to get your reaction. When you did get the results of the survey in January, were you surprised or were you not

surprised? Maybe James, you can -- or Laura, one of the two.

DR. WILKINSON: Can I just find out if Ms. Townsend is still with us, because it's kind of hard to know?

MS. TOWNSEND: This is Cherie Townsend. I'm still with you.

DR. WILKINSON: Okay. Okay, just wanted to check. Thanks.

MS. ENGLISH: Wake up, now.

MS. TOWNSEND: What I will try to do is -- but I will try to do is not speak unless there's something that's directed at me, because I think it will be easier for the Panel to interact with the people that are appearing firsthand before you. But the staff know I'm not very hesitant to speak up when I need to.

DR. WILKINSON: Great, thank you.

MS. ENGLISH: Okay, so who wants to handle that question? What was the response when you first saw the survey results?

MR. SMITH: I think both of us will. I

certainly -- from an overall standpoint, we were very surprised to --

MS. ENGLISH: You were not very surprised?

MR. SMITH: No, we were.

MS. ENGLISH: You were surprised?

MR. SMITH: Surprised to be on the high list. But we have an active reporting system that our kids do use, so from that standpoint, we were not surprised, because we certainly encourage our kids to report any incident or wrong treatment or anything that they feel they need to. And we install the blue phones in all our units and our kids take advantage of it. They really use those phones to call into the hotline.

I know Cris talked some about the number of calls that come into the hotline, so our kids actually use the blue phones more than they do the other processes. Of course they have the YRS, the youth rights specialist, available to them. They have the case managers. They have a number of people, but actually use the blue phones to make allegations.

So we weren't surprised that we had high numbers of reporting. We were surprised that we are on

a high list, however.

MS. ENGLISH: Okay. Laura, were you going to respond?

MS. BRALY: Yeah. I think that sort of both, actually. I came in right, like, I think three weeks before the survey was done, to Corsicana. I had been at another facility.

I think we were a little bit surprised about the numbers, but part of, I guess, our obstacles, is the population that we have at our facility and their past trauma and sometimes how they interpret different things. So I think both. The thing that really impacted us, I think, was the reaction of my staff. They were very affected by it and they took it very seriously.

You know, when we've had consultants come in and things like that, they've expressed their concern. The majority of my staff care about the kids and when things like this come out, we want to change and be better. So I think both. I mean, it was at the rear of the reform, or the beginning of the reform, but I think we were shocked by the number, I think. But we

really want to learn more, especially in relation to our unique population and how to better serve our kids.

MS. ENGLISH: Okay, well one of the things --

MS. TOWNSEND: Ms. English? This is Cherie Townsend. May I respond to this question?

MS. ENGLISH: Yes.

MS. TOWNSEND: I think that the Texas Youth Commission was -- because of all the things that had occurred in our agency, was probably not as surprised that there was a higher level of reporting of allegations. I think that what surprised us was that Corsicana Residential Treatment Center was on the list that had the higher rate of response.

I think that it has really caused us to focus a lot more on making sure that we are getting an independent evaluation of the reforms. I think we had felt that we were -- we had been taking so many steps to address not only actual victimization, but perceived victimization, relationships appropriate, inappropriate. We had been doing so many things that I think we felt that we had made a lot of progress and the results of the survey sort of set us back to

reexamine that.

It was a very major piece though in us then going to our board and asking for an independent assessment of our reform efforts so that we would be able to have people talk with kids, with staff, with stakeholders, and really make an assessment of are the reform efforts we've made the right ones? Are we letting some of our technology replace supervision in relationships? What things do we need to do to really make sure that what we think is happening is in fact happening from the youth's perspective and not just from the staff and administrative perspective?

MS. ENGLISH: Okay, good. Thank you. One of the things, I did review a lot of the incident reports on the youth-on-youth -- this is part of the package -- and there were a couple of things that jumped out to me, and one of the things was that it looked like -- and I know your population is heavily mental illness, has issues -- and number two, sex offenders. You have a lot of sex offenders.

But I noticed that in these cases that I reviewed, which were 20 or so, that probably most of

them, either the victim or the perpetrator, had a history of sex offending and that just -- when we're looking for characteristics and demographics here for whatever report we have to provide, I think that jumped out to me.

At the same time, I looked at the safe housing assessment and it's real clear here that it says, adjudicated sex offender must be assigned to an open-bay dorm or single occupant room unless the assignment is approved by blah, blah, blah. In other words, you have it clearly that sex -- people with sex offender histories have to be housed in a dormitory or single room, but it allows for an override or an exemption.

And that just seemed odd to me that whenever you can show that a lot of your youth-on-youth assaults are being perpetrated by sex offenders, victim or perpetrator, but you still allow for an override, what -- give me an example of when you would recommend an override and why would you put your neck out on the line to do an exemption and override given the history?

MS. BRALY: I -- am I on? Okay. I can speak

to that. We've only done an override two times since this has been implemented. We don't do overrides very often and the only time that we have done an override is with our girls' population for the Stabilization Unit, because there's only one Stabilization Unit.

So if their mental health issues are so severe that they have to be on the Stabilization Unit, there's only one unit, so you can't put the different kids in separate units. But other than that, we haven't done any overrides.

MS. ENGLISH: So of the two that you did, they were both female and were they both committed sex offenders?

MS. BRALY: No, neither was.

MS. ENGLISH: Right.

MS. BRALY: It was an override based on age.

MS. ENGLISH: I understand that, an exemption for housing. But whenever it's clear that sex -- people with commit -- an offense of sex offenses could be override, that there would be an override.

MR. SMITH: When -- am I on? In the development of our policy, all of our facilities are

not equipped with single rooms, so we had to have a provision that allowed us to house kids. If we said single cell, we really didn't have that available at all our facilities. Some of our facilities have open bay or multiple sleeping rooms, and so if we couldn't manage the population otherwise, we had to have -- all of our rooms are not -- all our campuses are not single cell.

MS. ENGLISH: Then the other thing that occurred to me from looking at these is that almost all of them were in the sleeping rooms, whatever behavior was going on, were all in the sleeping rooms. When we were there, we talked about the cameras, that you have all these cameras. You got cameras everywhere, but not in the sleeping rooms.

I think that you were going to maybe look at some excess, cameras that were coming in from another place and you maybe were going to consider putting those in sleeping rooms.

MR. SMITH: Yes.

MS. ENGLISH: Were you going to put them in all sleeping rooms that are double bunked or multiple

bunked?

MR. SMITH: The multiple --

MS. ENGLISH: All the multiple rooms?

MR. SMITH: All the multiple rooms. We have -- you want to answer that Ms. Townsend?

MS. TOWNSEND: Yes. In my written statement I had indicated that with the closure of West Texas State School, we are redeploying several of the cameras and digital recorders from that facility and our first priority in the reallocation of that resource is to those multiple occupancy sleeping rooms.

MS. ENGLISH: Okay, good. Thank you. I'm just going to talk about two specific cases to see what your responses are. There was one that was real clear, that it was -- or it was dismissed as being consensual and it was dismissed as well, that's consensual, so off we go.

What is the policy about consensual sexual behavior?

MS. BRALY: Well, I'd like to say one thing. Just because they say in -- the OIG says in their case that it was -- and I'll let Cris answer about the

definition of consensual.

MS. ENGLISH: Yeah, no fighting among the --

MS. BRALY: But just because they say it was consensual, if the staff didn't have good supervision, in other words, two kids were able to get down the hall to the restroom, that doesn't mean that corrective action still wasn't taken on my part with the staff.

MS. ENGLISH: Okay.

MS. BRALY: Okay, so my actions, I read the investigation, but if there was negligent supervision, regardless of what the investigation said, if it was confirmed that they were able to get into the restroom together, then we still would take corrective action with the staff members.

MS. ENGLISH: That would not be -- we wouldn't have that information because that's a different --

MS. BRALY: No, you wouldn't have that.

MS. ENGLISH: Okay.

MS. BRALY: But the staff member would be -- corrective action would be handled, and we just had a case like that not long ago.

MS. CHUNN: But are the kids -- are the kids told that they are not to have sex?

MS. BRALY: Yes.

MS. CHUNN: That they cannot have sex even if it is consensual?

MS. BRALY: Absolutely, and that's in the handbook. That's what we tell them. That's what we discuss in our groups about health -- healthy sexual attitudes, that we don't do that in our facility. Absolutely, yeah, they're told that that's -- yeah, we don't do that.

MS. ENGLISH: And then the second case was 2183 and it was -- there was rape alleged and there was physical evidence of rape through the SANE investigation. It looked like it was then dismissed. But again, it may be that we just don't have the information of what went on.

Maybe you did something else. Do you remember that case, where there was -- it was actually a SANE physical examination?

MS. BRALY: I know there were a few, a couple, I think.

MR. LOVE: We talked earlier, there was some mention of a unit called the Special Prosecutions Unit. This is a -- this is a separate body in Texas to conduct -- that deals with investigations out of the Texas -- the adult prison system and the juvenile prison system in Texas.

So in 2007, a juvenile division, as was mentioned, was created within the Special Prosecutions Unit. So our case is -- our criminal cases are submitted primarily through the Special Prosecutions Unit for review upon completion.

The case that you're discussing, 2183, was -- was submitted to the Special Prosecutions Unit and presented to a grand jury and it was no billed.

MS. ENGLISH: What does that mean, for --

MR. LOVE: Meaning that -- meaning that the people who sit on the grand jury decided that a criminal offense was not committed. Regardless of -- as the definition goes, there's no such thing -- or the statement goes, there's no such thing as consensual sex in a secure correctional environment. Even though we may make a statement as a result of

interviewing all the parties involved, who state that they agreed to this act and a statement of consent or a consensual agreement may be made in the investigative report, we still understand that there is -- there is no such thing as consensual sex.

MS. ENGLISH: I want to flip over to the training issue. That seems to be one of our main themes today, about training for staff on red flags, on intervening early. And James, you and I had, I thought, an interesting discussion when I was touring there. Can you talk a little bit about the training that you do for staff and for supervisors about not only boundaries, but this whole issue about relationships with women and your perspective of that?

MR. SMITH: Sure. One of the areas that are becoming increasingly important is to talk to our staff about boundary issues, about manipulation by young people. Some of our staff come in and may have issues of their own and kids are sometimes subtle in their approach to gain the confidence of the staff and compliment them each day and saying something nice to them each day, then kind of baiting them into doing

niceties for them.

And then there becomes this perceived relationship between the youth and the staff and in the youth mind, sometimes that's real -- that's real. Unfortunately, in some cases, staff members have acted upon those and done inappropriate -- what we may deem as inappropriate. I think as you heard earlier, making phone calls, maybe taking mail out for the kid, bringing food in, all those kinds of things that lead the kids to perceive that there's an opportunity for an advanced relationship.

So the staff member may not be as quick to address inappropriate touch, inappropriate conversation with the young people, which all leads to what we think -- an inappropriate situation that could advance into a sexual allegation or even a situation where the staff member would take advantage of a young person.

So a lot of our information and training with our staff centers around understanding what those boundaries are, such things as terms of endearment with the staff, calling them mama this or they have some pet name that they use for the staff. And while initially

to the staff it's flattering or it sends a sense that they are developing a good relationship with the kid, unfortunately for the kid, it's a door opening for them to maybe perhaps take advantage of the staff or create a situation.

What we really find is making sure the staff understand that there's traps that you need to be aware of and while it may be well-intentioned on your part, it could certainly be perceived on the youth's part as an opportunity. And so we are looking to enhance our training, especially for our female staff, because we do have some young men who are very sophisticated, and making sure that they are aware of it. So we are working to bring in some additional training to train our staff on that.

MS. CHUNN: When you do your training, do you -- do you use real facility, relevant examples of things that have happened where people have actually gotten messed and trapped up in this kind of thing?

MR. SMITH: Yes, and typically it centers around an incident or an allegation that's been made and we talk about the decision points that the staff

should have been aware of and should have been conscious of. We're also looking at if or -- there is a training that's really practical training about personal dealings with -- it's really centered around adult inmates. C.C. Fain has been doing some training in terms of teaching female staff the traps to be aware of and personal dealings with kids and adult offenders.

MS. ENGLISH: What's the name of that training again?

MR. SMITH: Personal dealings.

MS. ENGLISH: And what's the author's name?

MR. SMITH: C.C. Fain.

MS. ENGLISH: F-a-i-n?

MR. SMITH: Yes. She is a former correctional officer out of the Georgia Department of Corrections. It's real life, practical information, instances that she witnessed as a supervisor she wrote down, she trained her staff on, and she's done a couple of presentations at ACA conferences. She recently did a presentation in Maryland in regards to that.

But it's a real practical approach and you see a lot of the staff members, the correction officers

going, hah hah, I've seen that. I didn't think about it that way. And so I think that's where we have to focus our energies at, because I think some of our staff come to work really well intentioned and really want to help the kids and they're not -- they lose sight of while this kid may appear to be really nice, they can sometimes be manipulating the situation. Sometimes just it's the way the kid has survived on the street, and so we have to teach them different.

DR. WILKINSON: But do you really -- I mean, in the training, I mentioned this yesterday, I mean, sometimes you have to shock the conscience of people. I mean, do you show them posters of staff who are not in TDCJ because they have had inappropriate relationships with the staff? Do you let them know that this is not just a hypothetical thing that happened, this is something that really happened, this is the name of the person, you know, this is what the person's situation was, this is what that person's post was, this is that person's assignment, when you're doing this training?

Because sometimes, and I know this, because

I've been a director of training, we kind of cutesie up what we're talking about without really giving the gory details of what happened. I kind of relate it sometimes when they like to show these graphic car accidents to seniors before they go out on a prom. We sometimes have to shock the conscience of people, otherwise they think it's something theoretical out there that happens.

MR. SMITH: I would agree that we do need to get to that level, but we have not gotten to that level. We have used real life -- unfortunately, we've used real-life instances from our agency where even just recently we have had a former staff member in prison behind the confirmation of sexual allegation and the number of years that we had a former staff member see 54 years in prison behind those incidents.

So we try and share those real life instances. And fortunately for some of our staff, they were at the facility and are aware. And so we hope that they use that as a guide to protect themselves and to be aware of their surroundings and hopefully the manipulations and just perceived inappropriate

relationships from the young people.

MS. TOWNSEND: I'd like to add one thing. One of the things that I think Mr. Smith has focused on is the training that we're providing to staff who interact directly with kids. We're also adding training related to the supervisors. We have a mid-level supervisor training and we're actually experimenting and piloting a program this summer where only our staff will attend this mid-level supervisor training.

And one of the areas of focus is on supervision to ensure safety, because sometimes our supervisors don't recognize things because a person is capable in some other ways and they don't want to believe that these things could happen. And it's also their responsibility to coach people to ensure appropriate boundaries and to also recognize red flags in any of their staff.

And so we want to make sure that we're able to do that as well so that it's direct youth-to-staff supervision. But it's also the next level up so that our supervisors also know what to look for and how to

coach appropriate boundaries in relationships as well.

MR. SMITH: Also, Dr. Wilkinson, I wanted to add, one of the practices that have been really successful for us, we talked about we have over 11,000, almost 12,000 cameras installed throughout our facilities. But one of the practices that we began to implement is a random -- the management team is assigned to take random samplings of video footage throughout the campus and review and report on what they saw. So it's not just the superintendent or the assistant superintendent, but the whole management team has a responsibility to review footage for three days and then report back on what they saw in the footage.

Unfortunately, we have been able to detect some inappropriate incidents in doing that and we've also been able to see some really good practices from our staff and they've been able to report that. I think that has been a tool that has empowered our management team to understand it is not just one or two people's responsibility, but it's everybody's responsibility to ensure that we have the appropriate kind of culture at our campuses.

DR. WILKINSON: I've got a couple of questions.

MS. ENGLISH: Yeah, go ahead.

DR. WILKINSON: Superintendent, you mentioned earlier that the majority of your staff care about the kids. Mr. Smith, you just said some of the staff care about the kids. That's a little shocking to me. I mean, do you know the ones who don't care about the kids? If it's a majority, is it 51 percent or 90 percent?

I mean, you can't -- I mean, if you have ten percent of the staff who don't care about the kids, that's a big problem, in my mind. How do you know who these people are who care and don't care about the kids?

MS. BRALY: Well, I think the overwhelming majority of my staff care about kids.

DR. WILKINSON: So you admit that there are some who don't?

MS. BRALY: I think that there is probably a staff or two that I need to keep an eye on, but I know those staff.

DR. WILKINSON: Maybe get rid of, maybe?

MS. BRALY: Perhaps. But those are the staff that we monitor on video. Those are the staff that we have the -- I mean, I don't think any facility doesn't have one or two staff that they're concerned about. If they -- if they think every single staff is always doing their job, I don't think they're probably in reality, because there's always somebody that we've got to be concerned about, and that's why we watch video footage. That's why we have hands-on management. That's why the supervisors are out there.

And we want to see what's going on and we want to stop things before they escalate to a serious situation. If I'm watching video footage and I see a staff member maybe touch a kid on the arm too much, proximity is maybe too close, they brought in something to the kid, they're calling the facility about the kid, that's a red flag for me, and that's somebody we're going to watch.

But I'm -- you know, I think outside consultants, me, yes, my staff, care about the kids. But is there a couple people? Probably, but it's my

job to make sure the kids are safe and I identify those people and either train them to be different or not have them around. Because our job is to treat kids and to care about kids.

DR. WILKINSON: Hopefully this isn't a theme, but I hear language and some of the language, I even cringe when we talk about our maximum security adult prisons. When you're talking about apprehension specialists, when you're talking about interviewing and interrogating people and secure correctional confinement issues, these are kids, and I know some of them are adultified and I know some of them are very sophisticated.

But you also have some very vulnerable persons in this institution. How do you make sure that you still have a culture of working with youth, persons who are vulnerable, persons who good -- you know, child theory on how to develop? Somebody mentioned developmental education earlier. I mean, I just worry about whether or not there is a difference between how you manage some of the TYC facilities and the TDCJ facilities.

MS. BRALY: Well, I think that our philosophy is that safety and treatment are not mutually exclusive. They work together. So we've done a lot of things in the past two years to move towards more treatments, you know, like we've --

DR. WILKINSON: It's more of a culture I'm talking about.

MS. BRALY: Right.

DR. WILKINSON: It's not just the treatment and I want to -- I got a couple of questions for Dr. Robinson about that too.

MS. TOWNSEND: Mr. Wilkinson, I think one of the things that -- I'd like to respond to that a little bit. I think that there was a time in Texas when the juvenile correction system was known as the youth prison system and there was an effort at that time probably to make our facilities more like the adult prison systems and less like a positive youth development culture of change for young people.

And I think that what we've seen, especially in the last two years, is a major shift back to not forgetting accountability, but really focusing on youth

development. As we've done that. We've really, I think, tried to hire a different kind of person. We've tried to train for something different. We have a lot more -- I think in terms of having that passion for kids, it starts at the top. It starts with the superintendent, like Ms. Braly, who is passionate about her kids. She role models that and everybody else has to role model the same thing.

And we have to make sure that we're supporting that through both the kind of people we hire, the kind of assessments that are done, the training that's provided and the ongoing sort of reinforcement for the culture that we want to have. And we have the ability to take corrective action and ultimately to terminate people who are not able to do that.

I think that when we talk about the vast majority of people caring about kids, I think that that doesn't mean always that some of our people aren't able to do a really good job. As you know, it takes a real passion to work with young people in the juvenile justice system and we have many, many people with that

passion.

We have some people who don't have that passion, but who are committed to doing a good job and who may have some special skills and be able to do that, and with time, they ultimately then develop a passion for really offering their skills in the juvenile justice system.

We have some people that don't do a good job or who act inappropriately toward kids or in an uncaring way and when they do, we have mechanisms to deal with that.

DR. WILKINSON: Maybe just a couple of questions for Dr. Robinson. Are the majority of the Corsicana youth SMI or other kinds of mental health diagnoses?

DR. ROBINSON: Yes, sir. We have an assessment and orientation unit, one for boys and one for girls. Upon admission, youth receive a full comprehensive psychological evaluation within 14 days. Within the first hour, they receive psychological screening by the psychologist for suicide assessment and if there's any concerns at that time, then

certainly we would follow through and monitor.

But youth can be identified at orientation and assessment as having a serious mental illness and as needing placement in a mental health treatment facility. Also, if a youth is sent to one of our other state schools and staff become concerned or are aware and feel like maybe the youth is decompensating or maybe was previously stabilized on their medications and is having a relapse, at any time a psychologist can evaluate or any staff can refer a youth for evaluation by the psychologist and we can usually arrange for transport to a mental health facility within hours or days at the most.

We always -- all of our facilities have licensed psychologists and associate psychologists on staff and 24 hours a day we have psychologists on call. Our policy requires that the psychologist on call be no more than two to three hours away from the facility and they are used to responding all hours of the day and night, Saturday, Sunday, holidays.

DR. WILKINSON: But are they seriously mentally ill mostly or is it just have personality

disorders or borderline personality disorders?

DR. ROBINSON: Most of the youth at Corsicana, it is reserved for our more seriously mentally ill, and as Ms. Braly was saying, we have one facility that's within that facility called the Crisis Stabilization Unit. If we get this very seriously decompensated, meaning maybe destabilized, has quit taking their medications, we do have youth who have psychotic disorders, border -- I'm sorry, bipolar disorder, major depressive disorder, anxiety disorders, PTSD and often times those youth can be managed fairly well and can be stabilized.

But if for some reason they become destabilized, then the process is to take them to the Crisis Stabilization Unit where we have extra staff, psychologists, psychiatric treatment. If for some reason they can't be managed there, then we have the state hospitals as an option.

DR. WILKINSON: So let's say a critical incident has taken place, someone's been raped or something, seriously assaulted, do you have a crisis team that will do PTSD for them, or what's kind of the,

you know, first responder kind of process that you have in place to deal with it?

DR. ROBINSON: Sure. Some of that is outlined in our policy 9337, which I think you guys have a copy of, but I'll talk about it. If an incident were to happen, the chief local administrator or the administrative duty officer on call would notify the superintendent or his or her designee, maybe the assistant superintendent, and then they have the responsibility for ensuring that the youth go to our infirmary, where they would be seen first by medical staff to ensure physically they're safe -- they're safe. And at that same time, they can call our mental health professional on call, who would come out and respond.

If for some reason a youth needed to go to the hospital and have a SANE exam -- I'm not sure if you're familiar with that language, but the SANE is the Sexual Assault Nurse Examiner -- the youth would go to the hospital. And then Cris might talk a little bit more about that procedure there, but my understanding is, of course, the SANE examiner could call somebody

from the Child Advocacy Center or local rape crisis center.

But certainly our staff and our psychologists take that very, very seriously. I believe -- you know, I worked very closely with all the psychologists in the agency. I don't think that there is anything more heartbreaking to a psychologist than to take a child into your care and say, let me help you get better, let me provide treatment for you, and then you be hurt while you're under my care, and my care expands into this agency.

And so I believe that they care very, very much and will do whatever we can to help our kids get well.

DR. WILKINSON: So there's a long-term modality?

DR. ROBINSON: Absolutely. We have a new draft in policy. It's a case management standard that's a result of some legislation. The responsibility from the legislation is that TYC track and provide services after TYC of youth who have been abused or injured while in our care. But we feel like

it's our responsibility not to just ensure that they receive care after they're in our custody post-release. We want to provide care for them while they're with us. And so it's a fairly extensive referral process and tracking and we can provide that to you if you'd like.

MS. CHUNN: Since the psychologists are in the housing units, do they have a role in that critical care response process?

DR. ROBINSON: Absolutely. Our connections program is really based on multi-disciplinary treatment teams and staffing and at Corsicana, it being a mental health treatment facility, I believe that the role of the psychologist is imperative. In fact, they're called managers of institutional clinical services, and a big part of my job is to continue to push and help them understand that you're not just a service provider. You are a manager and it is your job to ensure a wrap-around service and a trauma-informed culture and responsibility to these kids.

And yes, they participate in multi-disciplinary treatment team meetings, which is

the monthly staffing for the kids. The kid is on a Crisis Stabilization Unit. They have weekly staffing. But our psychologists also facilitate case manager meetings and trainings where they talk frequently. We have staffings with psychiatrists and psychologists so --

MS. CHUNN: I know they do that part.

DR. ROBINSON: It's pretty comprehensive.

MS. CHUNN: But as it pertains to a critical incident, like a kid's been assaulted --

DR. ROBINSON: Yes, ma'am.

MS. CHUNN: -- sexually assaulted, would they intervene at that point to provide some kind of response?

DR. ROBINSON: Yes, ma'am. If the -- if someone is -- whoever is in charge of the facility at a particular time, if it's 12 a.m. on a Sunday night, the administrative duty officer, whoever is in charge, will call -- can call the mental health professional. We have somebody on call 24 hours a day, and that person is dispatched and will come to the facility and talk with the kid at that time if they need to.

MS. TOWNSEND: I think also, Ms. Chunn, that if -- while we would have an individual, a crisis response based on who is assigned to provide coverage at that time, if an individual youth was in crisis and would only best respond to the person that had been working with them ongoing, our role is to try and get those people engaged, whoever they are, whether it's a psychologist or a nurse, or whoever, as quickly as possible to make sure that we're responding on an individualized basis to that child.

MS. CHUNN: Thank you. Mr. Love.

MR. LOVE: Yes, ma'am.

MS. CHUNN: You spoke of the high number of incidents that you have, responsibility for analyzing, and that you use a triage approach to deciding. Typically at a facility like Corsicana, how long would it be between the time that you get that complaint and when the facility or the person involved would have some notion of how it's going to be handled?

MR. LOVE: When the Incident Reporting Center, when OIG receives information regarding a sexual misconduct, a sexual incident, when it's

received, it's the Incident Reporting Center specialists that act as dispatchers, will most often, if not always, send out a separate e-mail from the Incident Reporting Center to executive staff and OIG staff advising that this has just been reported to the Incident Reporting Center.

Upon receiving that information, and on -- if it's after hours, if it's at 10:00 at night, the -- an on-duty investigator is contacted. Our supervisor is contacted, possibly even me, because I'll see the e-mail and we will respond. We will send an investigator to that incident, in particular, and it's happened more frequently at Corsicana where we will send our investigator to the scene, no matter what time of the day or night, and conduct -- begin an investigation.

One thing that was mentioned earlier is that the facility, the individuals, the staff located at -- the two IC staff located at the facility, will often do an assessment, an evaluation. They will often conduct interviews. What I wanted to make clear is that the Office of Inspector General, even though we

may look at this information provided by the facility, we don't -- we will conduct our own interviews. We will look at the video ourselves. The investigator will look at the video themselves and determine whether or not an incident did or did not occur, or could have, could not have occurred.

So it's designed to be an independent investigation, even though we do, as Ms. Braly referred to, we do work closely with TYC staff. That's extremely important. We're still created to conduct an independent investigation.

DR. WILKINSON: You have 20 sworn staff on your --

MR. LOVE: Twenty. I'm a commissioned peace officer. I have two deputy directors that are commissioned peace officers. I have two lieutenants who are immediate supervisors of the investigators who are commissioned peace officers and the investigators, actual investigators -- I mentioned apprehension specialists to you earlier. Those are commissioned peace officers, but they normally do not conduct investigations at facilities, at TYC facilities. They

normally spend their time looking for youth who have absconded.

DR. WILKINSON: At what point do you call the Texas Rangers or local law enforcement?

MR. LOVE: We normally don't. We conduct investigations since we are peace officers. In the beginning of -- before June of 2007, the Texas Rangers, the Texas Department of Criminal Justice Office of Inspector General and the Attorney General's Office, all commissioned peace officers, are part of a task force, if you will, prior to June 2007, that began this work. And then when OIG was created, then OIG became responsible for conducting these investigations.

Now, we can -- we can ask for assistance in the event of, say there's an escape.

DR. WILKINSON: You have your own law enforcement department within the agency?

MR. LOVE: Yes. Yes, sir. Yes, sir.

MS. ENGLISH: I have one more question. Part of our charge is to come up with characteristics, try to identify characteristics of both the victims and the perpetrators and it seems to me there are more than one

type of victim. I mean, you have maybe the youth is a victim, or maybe the staff members becomes a victim if they're assaulted.

But what about -- you mentioned about there were so many cases that were unfounded and there were false accusations. Have your staff talked about sort of the fallout of having false accusations on their career? Would you see them as a separate victim group or an additional victim group in sexual assault issues?

MS. BRALY: To some extent, yeah. They -- when an allegation's made and say they're assigned to a non-childcare area, like working the gate or something like that, sometimes they get frustrated with that. But what we've tried to roll out to them is that it's a precaution to keep our kids safe and that it's a necessity, and I think they're pretty accepting of that now.

MS. ENGLISH: You're talking when you give them another assignment, so pending whatever --

MS. BRALY: Right. They're accepting of that. I mean, they know it's part of what we do, that kids make allegations and sometimes they're true and

sometimes they're not. That's part of my job, to talk to staff about that. I try to be available if they're upset that an allegation was made. We can talk about it.

But that's part of keeping kids safe and they're very aware of the reform that we've gone through and that we have zero tolerance. And so, you know, we can't assume that anything's not true. We have to assume it's true and take safety precautions before Cris and his folks do the investigation.

So I think they're fairly accepting of that. At first there was kind of an attitude. They didn't like it. But we've talked about it and I think they're okay with it now.

MS. ENGLISH: Have you done any kind of an analysis of the incidents, because you have had so many in the past, of what is -- do you have some kind of characteristics or profile of who is maybe at risk, either that they -- that the kid was a victim or, for example, when staff get involved with the more sophisticated offenders, is there a profile or a -- are there characteristics of either, any of those?

If you haven't done it, that's fine. Nobody has. But if you had --

MS. BRALY: I don't think we have any data. I mean, we have our sort of overriding themes that seem to exist, but we haven't done any -- any data.

MS. ENGLISH: Well, tell me some overriding themes that seem to exist.

MS. BRALY: Well, on my campus, a lot of times it's the younger kids. A lot of times it's the kids that have a history of trauma. We talked about some kids that maybe have some gender identity issues that are real hyper-sexualized. They tend to have a high level of the allegations, true or false, because they sexualize everything.

And so that's kind of been where we've made our concentrated effort, for like our psychosexual educational groups, to talk about why it's important to tell if something happens to you, but to also tell the truth. So that's sort of been the area that Dr. Robinson and I have concentrated a lot on, because that seems to be sort of the characteristic of the kid at Corsicana that would do that.

MS. ENGLISH: And that fits with what Dr. Beck said too. How about on the staff side? Staff will become perpetrators. Do you have any kind of a feel for a profile or characteristics?

MR. SMITH: We haven't really done an in-depth study of that yet. However, we occasionally notice that some of the inappropriate relationships from our female staff may result from maybe some esteem issues or maybe something going on in their personal life, a broken relationship and maybe some discussion of a co-worker and a kid overhears it and they play upon it.

So we've kind of noticed some of those kinds of things and looking back at incidents, but we haven't done an in-depth analysis on that as of yet. But those are some of the things that we kind of look for.

MS. ENGLISH: And Lori Robinson, everybody has to have a Lori Robinson, I guess.

DR. ROBINSON: I think I told you I disappointed everyone at a recent conference, before even knowing them.

MS. ENGLISH: Do you have any comments about

profile or characteristics?

DR. ROBINSON: I would second what Mr. Smith and Ms. Braly have said. I think, you know, we do see that certain youth maybe have been victimized in the past and tend to be at a higher risk, and those are the kids that certainly we want to monitor and make sure we can provide individualized services to them.

MS. ENGLISH: Okay, thank you. I don't have any other --

DR. WILKINSON: I have a whole list of exemplary practices. It's easy for us to deep-dig you and come up with stuff that we see that can be improved. But maybe if you all have comments about the things that you think you really do well, I'd like to hear that.

I mean, issues here are youth rights. You mentioned about disaster preparedness, suicide prevention, juvenile health, understanding, I mean, the TDCY youth education, so forth. So we don't want to paint the picture that all is somehow not up to par.

Appreciate Ms. Townsend's opening comments about some of the things and Mr. Smith as well, but

sell the Texas Youth Commission to us. I mean, what's on the horizon? What is it that you see that's going to change the culture and the climate of the Texas Youth Commission and what's going to make people proud of the work that you do going forward?

MR. SMITH: That -- now you're talking my language. I am extremely proud to work for the Texas Youth Commission and certainly be under the leadership of Ms. Townsend, her passion, her commitment to ensuring that not only youth are safe and that we provide a safe environment for our youth, but she's equally passionate about ensuring that we provide a safe environment for our staff.

I have to say that we are really open to suggestions and trying new things and she constantly finds new literature and new language and refers it our way and we're open to trying things. One of the things that we -- you mentioned we had The Moss Group come in. That was a commitment to see where we are and to really improve practices. And so what I see on the horizon is our staff feeling a lot more empowered in terms of their job, professional lives.

Having started out as a direct care staff in my career, I sometimes felt that as a direct care staff my co-workers didn't appreciate my responsibilities. They didn't see it as a professional contribution to the overall environment. And so we have really focused in terms of our direct care staff, really feeling professionalized in the information that they provide in their observation, interactions with the youth, what they provide to our -- as Ms. Robinson mentioned, our multi-disciplinary team is of value, is of great value because they spend the most time with their kids.

I think the more that we work towards professionalizing that position, the better off our country's going to be as a whole, because they'll take it a lot more seriously. We are implementing some very new -- very good treatment models. We have also started to build evidence-based models in our parole services, reentry focus and our young people going home and making sure that there's continuity of services outside of TYC on the kid, and we really focus on the youth and their family, not necessarily just the youth.

So when we started focusing on reentry, we

focus on the youth and their family. We've brought in FFT. In the fall we'll start multi-systemic therapy, the MST services, as a part of reentry into the community. So those kids who perhaps may have had some issues or been involved in an abuse situation inside of the institution, their family will also receive services while the youth is receiving services and that transition back into the community.

So we have really made a commitment to make sure that young people get the services to address their needs, but we've also made a commitment to make sure that our staff are trained and feel confident in doing their job. And so we are all committed to making Texas Youth Commission a standout in this industry.

Having worked in Georgia and Maryland and been a part of some really innovative practices, I am just ecstatic to be in Texas and the work that I see going on on a daily basis. I've been there for two years now. I started in April of '08 and the progress that we've made from now to -- from then to now is just unbelievable and our staff have really started to have a real energy around them, so that's really exciting.

DR. WILKINSON: Hurricanes and all?

MR. SMITH: Hurricanes and all.

MS. CHUNN: You know, I think you have one of the most ambitious action plans we've seen. It really is. It's detailed. It's got dates. It's got people assigned to it, all kinds of things, so that's great. And I hate to say this, particularly on the record, but I bet you're doing something else beside PREA?

MR. SMITH: Oh, yeah, we're doing a lot.

MS. CHUNN: How are you going to stay on top of all of these things and keep everybody motivated, to make sure that this time next year you're on another list?

MS. TOWNSEND: I'll respond to that. I think one of the things that we do, obviously our staff are very tired, but they're also very enthusiastic. I think one of the things that we're trying to do now is not to isolate things and deal with them in silos.

We're not just focusing on PREA as PREA. We're looking at it as a part of our overall approach to our changing our culture and it contains many different things. We have had some experience in our

reform efforts of implementing things too quickly and in a disjointed way and so part of our effort is how to integrate things and try to deal with the whole and build upon the foundation so that we have a continuous improvement instead of stops and starts.

It is overwhelming at times, but I think we're trying to get better at improved communication, as well as improved actual -- one of the things we talk about is focusing on the finish, because we've started a lot of things and we've got to make sure that we're able to finish.

MR. SMITH: I also -- I do want to add that we are undertaking some other things. We -- our facilities are going through accreditation, through ACA accreditation. We recently had --

DR. WILKINSON: I'm sure that's music to Mr. Donald's ears.

MR. SMITH: And at the same time, we are participating in the performance-based standards. So we are using ACA as a structure and we're using PBS as a management tool to help guide our practices. So that has been two tools that have been really helpful for

us.

So yes, we have a number of fronts that we are working on, but I think it has helped to energize us as well to have a focus.

DR. WILKINSON: Do you know what the recidivism rate is of the Texas Youth Commission?

MR. SMITH: Well, we have a couple of different definitions for it.

DR. WILKINSON: Give me any of them; I don't care.

MR. SMITH: Ms. Townsend, do you want to --

MS. TOWNSEND: Well, I think in the specialized treatment programs you will see that the recidivism is about 25 percent. We look at recidivism at one and three years out in terms of both re-arrest, as well as re-incarceration and carried into the adult system.

When you look at long-term recidivism, it's "overall." For the total population, it's about 40 percent. And what we're trying to do is really target our efforts now to have an impact on both re-arrest and re-incarceration in the long term. All of our stuff

now, our recidivism rates today really measure what happened three years ago, because that's how much time has passed.

And so we don't yet know what the impact is of all of the reform efforts that we've implemented. Dr. Robinson has helped us to identify some short-term things that we can start to measure in our treatment programs and we continue to do a treatment effectiveness report annually. So it's an ongoing effort.

DR. WILKINSON: Do you have any more questions? Do you have any questions? Well, I think we've run out of questions. Well, we haven't run out of questions, but we think -- we're going to stop at least.

So what we'd like to do is maybe close out. Ms. Townsend, if you want to maybe have some closing thoughts for your team, and anybody else on the team for that matter, we'll begin that and we might just have a sentence or two as we begin to close out this session as well.

MS. TOWNSEND: Sure. I think just in terms

of closing thoughts, I hope that you can see through the testimony today, through your visit to our facility and through the information that we've provided to you that we're very serious about what we're doing, but we're also very passionate about what we're doing and the kids that we serve.

We really believe that we're here to make a difference and we want that to be a positive difference. We are absolutely committed to the safety of our young people, as well as to our staff. We're committed to their well-being and their ongoing development, both as adolescents and as kids who may need some specialized treatment.

We're invested in treatment and skill-building and education and their families and making sure that they successfully transition to the community. We know that we have a great obligation, especially when they're in our secure care, to provide a safe environment and that is an artificial environment. But we need to make sure that it's safe there and that we help build skills that will help them to be also safe in the community when they return and

are placed with their families or in alternative living environments.

We're going to continue to do whatever we need to do. We're currently going through a very significant assessment with The Moss Group. They are providing ongoing technical assistance and we expect to have their final report presented to our board, probably very publicly, in November. And we're going to continue to improve because what you said about where we want to be in the future, it's a much different place than we've been in the past and we absolutely believe we can get there.

And I think you can see from the staff who have presented from you -- to you today, we have people that are very passionate, skilled, confident. They just have everything we need, I think, to help us get there.

DR. WILKINSON: Thank you. Any other thoughts from staff?

MR. SMITH: Just thank -- I want to thank you all for this opportunity to come and present to you and certainly have an opportunity to go through this

process. It's been wonderful. As a matter of fact, Ms. Braly said she wished all the superintendents could come and go through the process.

But I think it has been really good for us to really reexamine ourselves and make sure that we're moving in the right direction. So to that, we certainly thank you all for allowing us to participate.

DR. WILKINSON: Any thoughts?

MS. CHUNN: More than anything else, we wanted this to be a positive experience and there are some who believe that the way this ought to be done ought to be sort of a gotcha thing. We should go through and find everything that we think might not measure up and then try to see if we can hang you high on it.

We, as practitioners, having been executives and practitioners with years of experience in the field, kind of know that when you go back to Corsicana, you're going to do what you want to do. What we want you to do is the right thing and the right thing by kids, particularly in protecting them, is the most important thing that we can do to ensure that we stem

that tide that's going on to adult corrections as much as possible.

So I would say to you, I'm glad to see you've been so passionate about it and ambitious about taking it by the --

DR. WILKINSON: Horn.

MS. CHUNN: Horns, yeah. You know, taking it by the horns and making a real difference and I hope you will continue, move forward. I know it's going to get to be really challenging, but I hope you'll stick with it and we look to hear great things from you.

MS. ENGLISH: I enjoyed being assigned to the Texas facility and I think you got your ducks in a row and we'll see -- be interesting to see what happens in the next couple of years. Good luck.

DR. WILKINSON: And I want to go back to one of the very first things that Executive Commissioner Townsend mentioned and that was moving from a culture of pure corrections to one of treatment and kind of doing the right thing for youth. I think it's the right thing. It should be the same thing for adult corrections in my mind.

We've had some testimony to say adult corrections is more security and control rather than rehabilitation. Well, that's wrong too, because adult corrections and all sectors of corrections should be about changing the adverse lifestyles of the persons under their supervision.

But PREA is why we're here and I look at PREA a little bit differently than some. To me it's not a program. If you fix issues related to PREA, you're fixing issues related to security. You're saving money. You're doing a number of things that I think is going to be very positive for the organization and particularly in your case, the youth.

So hopefully you will depart from here and debrief and come up with strategies that will work for the Texas Youth Commission and you won't be on the list anymore, at least not the one you're on right now.

So thank you so much, Ms. Townsend, and all of you for being here and wish you well.

MS. TOWNSEND: Thank you very much. We appreciate it.

DR. WILKINSON: You're welcome. Thank you.

George, are we officially adjourned or dismissed?

MR. MAZZA: Subject to (off mic).

DR. WILKINSON: Okay, we are recessed subject to future activities of the Panel. So thank you all very much, including the audience, and you will hear more about what the Panel is up to in the very near future.

Thank you.

MS. TOWNSEND: Thank you.

(Whereupon, at 12:24 p.m., the hearing was adjourned.)