

U.S. COMMISSION ON CIVIL RIGHTS

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PUBLIC BRIEFING

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MENTAL HEALTH IN JUVENILE JUSTICE FACILITIES:
CIVIL RIGHTS IMPLICATIONS,
ACCESS, AND RACIAL DISPARITIES

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FRIDAY, JUNE 12, 2026

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The Commission convened at 1331
Pennsylvania Avenue, Northwest, Suite 1150,
Washington, D.C. 20425 at 9:00 a.m., Rochelle
Garza, Chair, presiding.

PRESENT:

ROCHELLE GARZA, Chair
VICTORIA NOURSE, Vice Chair
J. CHRISTIAN ADAMS, Commissioner
SARA FRANKENSTEIN, Commissioner
STEPHEN GILCHRIST, Commissioner
MONDAIRE JONES, Commissioner
PETER KIRSANOW, Commissioner*
GLENN MAGPANTAY, Commissioner*

MARIK XAVIER-BRIER, Acting Staff Director
DAVID GANZ, General Counsel and Parliamentarian

1 STAFF PRESENT:
DAVID BELL
2 JULIAN NELSON-SAUNDERS
MICHELE YORKMAN-RAMEY
3 ANTONIO FAUNTEROY
ESSENCE PERRY
4 LATRICE FOSNEE
PRINCE OLUBAKINDE
5 PILAR MCLAUGHLIN-VASQUEZ
BRIDGET BREW
6 HEATHER HICKS
JACOB SWANSON
7 JOHN RAFCLIFFE

8 COMMISSIONER ASSISTANTS PRESENT:
THOMAS SIMUEL
9 IRENA VIDULOVIC
YVESNER ZAMAR

10 *Present via teleconference
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1 P-R-O-C-E-E-D-I-N-G-S

2 9:04 a.m.

3 CHAIR GARZA: Good morning everyone.
4 The Briefing of the United States Commission on
5 Civil Rights comes to order at 9:04 a.m. Eastern
6 on June 12th, 2026. And it takes place at our
7 headquarters on, I'm sorry, at 1331 Pennsylvania
8 Avenue, Northwest, Suite 1150, Washington, D.C.
9 20425.

10 Again, good morning, everyone. I'm
11 Chair Rochelle Garza. And there are
12 participants in person for this briefing. We
13 have Vice Chair Nouse in person, Commissioner
14 Adams, Commissioner Frankenstein, Commissioner
15 Gilchrist, and Commissioner Jones. And on the
16 phone I believe we have Commissioner Kirsanow
17 and Commissioner Magpantay.

18 Will the court reporter please confirm
19 that you're present?

20 COURT REPORTER: I am here.

21 CHAIR GARZA: Thank you. Mr. Acting
22 Deputy Staff Director, will you confirm for the
23 record that you are present? He has confirmed
24 he is present.

25 Again, welcome everyone to our public

1 briefing entitled, Mental Health in Juvenile
2 Justice Facilities: Civil Rights Implications,
3 Access, and Racial Disparities.

4 This month marks the 14th Anniversary
5 of the Landmark Supreme Court decision in Miller
6 vs. Alabama. In that case the court held that
7 mandatory life without parole sentences for
8 children violate the Eight Amendment.

9 The court made clear what every parent,
10 teacher and community member knows to be true,
11 that children are different from adults. Their
12 brains are still developing. Their lives are
13 still unfolding. And our legal system must
14 account for that before it decides a child has
15 no meaningful chance to come home.

16 But this month also we mourn the 11th
17 anniversary of the death of Kalief Browder. In
18 2010 Kalief was arrested after being accused of
19 taking a backpack. He was 16 years old. And
20 what began as an allegation over a backpack
21 became years of confinement, trauma and system
22 involvement.

23 Because his family could not afford the
24 \$900 bail he was sent to Rikers Island. He was
25 confined for about 1,100 days with more than 800

1 of those days in solitary confinement all while
2 he waited for a chance to prove his innocence.

3 Kalief was brutally beaten by guards
4 and other detainees during that time. And
5 despite the trauma he faced he refused plea
6 deals multiple times because he maintained his
7 innocence and wanted his day in court.

8 After three years prosecutors dropped
9 his case, but his story did not end there.
10 After his relief -- release, Kalief Browder
11 enrolled at Bronx Community College, but he
12 continued to struggle with the trauma, what
13 happened to him at Rikers. He battled severe
14 depression and paranoia. And just two years
15 after his release in 2015 he died by suicide at
16 the age of 22 in his mother's home.

17 His family and lawyer attributed his
18 death to the trauma, isolation and neglect that
19 he endured during a confinement as a child.
20 While Kalief was not held in a juvenile
21 facility, his story is emblematic of the broader
22 issues that we are going to be discussing today.

23 And he is one of many.

24 In 2024 the Commission's Texas Advisory
25 Committee issued a report on mental health care

1 in the juvenile justice system. And after
2 hearing from families, advocates, professionals
3 and people with direct experience in the system,
4 the Committee found serious concerns about
5 access to mental health care, conditions of
6 confinement and racial disparities.

7 Today we will hear from panelists who
8 will help us understand how these problems show
9 up across the country. We will hear about
10 children who enter these systems already
11 carrying trauma. Children who need care but
12 instead experience punishment. And children
13 whose race, disability, language, immigration
14 status or economic circumstance may shape how
15 they are treated.

16 No child should have to enter the
17 juvenile legal system to receive mental health
18 care. No child should be placed in conditions
19 that deepen trauma instead of healing it. And
20 no child should be treated as disposable.

21 Today's briefing is an opportunity to
22 listen, to learn and to focus on solutions. If
23 rehabilitation is truly the goal then mental
24 health care cannot be secondary, it must be
25 prioritized, fully accessible and centered on

1 the needs of children. Our responsibility is to
2 understand where the system is falling short and
3 what must change so that children are protected,
4 supported and given a real chance to thrive.

5 Now, we're going to turn to our
6 briefing. We're going to hear from four panels,
7 each bringing a difference perspectives to these
8 issues. On Panel 1 we will hear from research,
9 legal and policy experts about the legal and
10 mental health issues facing youth and juvenile
11 detention.

12 On Panel 2 we will hear from federal,
13 state and local juvenile justice officials about
14 how mental health care is provided in the
15 juvenile criminal legal system.

16 On the third panel we will hear from
17 directly impacted persons and families about
18 their experiences with mental health in the
19 juvenile criminal system.

20 And finally on the fourth panel we will
21 hear from community advocates and system
22 stakeholders about concerns with the current
23 system and possible reforms.

24 Following the conclusion of the hearing
25 the Commission will accept written comments,

1 which can be submitted to, this is an email
2 address folks should write down,
3 juvenilejusticebriefing@usCCR.gov. Again, I'll
4 read that one more time,
5 juvenilejusticebriefing@usCCR.gov.

6 Folks can submit written public
7 comments until, no later than July 13th of 2026.

8 So if there is anything additional you all
9 would like to submit please do so.

10 I'd like to thank all the individuals
11 who join us today to focus on this critical
12 topic. Your testimony will help us fulfill our
13 mission to be the nation's eyes and ears on
14 civil rights.

15 And finally, I'd like to thank the
16 Commission Staff, including our special
17 assistance, specifically Yvesner Zamar, who has
18 helped lead this effort on my behalf. The
19 Office of Civil Rights Evaluation, General
20 Counsel, our technology team. And all of the
21 individuals that made this briefing
22 substantively and logistically possible. We
23 cannot do it without you all.

24 So before we begin this briefing I do
25 want to address a few housekeeping matters.

1 During the course of the testimony and the
2 question and answer period I caution all
3 speakers, including our Commissioners, to
4 refrain from speaking over each other for ease
5 of transcription, and to allow for sign language
6 translation.

7 I'd ask that we allow for any
8 individuals who might need that support to sit
9 in the front. To avail themselves of that
10 opportunity.

11 For any member of the public who would
12 like to submit materials for our review, again,
13 our public record will remain open until July
14 13th of 2026. Materials can be submitted by
15 mail. And the address is U.S. Commission on
16 Civil Rights, Office of Civil Rights Evaluation,
17 1331 Pennsylvania Avenue, Northwest, Suite 1150,
18 Washington, D.C. 20425 or by email, as I said
19 earlier. And again, that email address is
20 juvenilejusticebriefing@usccr.gov. We really do
21 want to hear from you all.

22 During the briefing each panelist will
23 have seven minutes to speak. And after each
24 presentation Commissioners will have the
25 opportunity to ask questions, with the allotted

1 period of time. And I will recognize
2 Commissioners who wish to speak.

3 I will strictly enforce the time
4 allotments given to each panelist to present his
5 or her statement. And unless we did not receive
6 your testimony until today, you can assume that
7 we have already read it. So please, use your
8 seven minutes and focus your remarks on the
9 topic of our briefing.

10 And I ask my fellow Commissioners to be
11 cognizant of the interest of each Commissioner
12 to ask questions. We should be brief. Make
13 sure we ask the questions that we want to ask,
14 but move quickly and efficiency through today's
15 schedule because we've got a lot to cover.

16 Panelist, please notice the system of
17 warning lights that you have, we have setup
18 right here. When the light turns from green to
19 yellow that means you have two minutes
20 remaining. And then when the light turns red
21 you should just kind of wrap up your statement
22 so you don't avoid -- so you can avoid me
23 cutting you off. My fellow Commissioners and I
24 will do our part to keep our questions and
25 comments concise.

1 And now we're going to turn to our
2 first Panel, Research, Legal and Police Experts.

3 I'll go ahead and introduce our speakers in the
4 order in which they will speak.

5 We have Dr. Elizabeth Barnert,
6 Associate Professor, School of Medicine,
7 University of California Los Angeles.

8 Dr. Diane Terry, Director of Psychology
9 Applied Research Center, Loyola Marymount
10 University.

11 Christina Buttons, Investigative
12 Reporter with the Manhattan Institute for Policy
13 Research.

14 Oliva Peña, Co-Director for the Child
15 Advocate Program, youth center -- Young Center
16 for Immigrant Children's Rights.

17 Dr. Matthew C. Aalsma, Jonathan and
18 Jennifer Simmons Professor of Pediatrics,
19 Indiana University School of Medicine.

20 And Matthew Cavedon, Director of the
21 Project on Criminal Justice at the Cato
22 Institute.

23 I'm going to ask each of our speakers
24 to raise their right hand so we can swear you
25 in. Will you swear and confirm that the

1 information that you are about to provide us is
2 true and accurate to the best of your knowledge
3 and belief?

4 (Chorus of I dos.)

5 CHAIR GARZA: Okay. All in the
6 affirmative for the record. All right, we're
7 going to get started with you, Dr. Barnert.

8 PANEL 1: RESEARCH, LEGAL, AND POLICY EXPERTS

9 DR. BARNERT: Good morning. Thank you
10 so much. I thank the Commissioner for
11 addressing juvenile justice mental health care.

12 I'm a pediatrician, researcher and certified
13 correctional health professional. I provide
14 clinical care in juvenile justice facilities and
15 serve on the board of the National Commission of
16 Correctional Health Care and as chair of its
17 juvenile health committee.

18 And I have to learn how to advance
19 slides. Okay. There are three things I want
20 you to see with this photo. First, when
21 children are confined, like these children, they
22 can't leave of their own free will to seek care
23 elsewhere and their parents have limited access
24 to them. The juvenile justice system is their
25 only option for access and care. Although

1 children in custody have the right to adequate
2 care under the Eight and Fourteenth Amendments,
3 the available data indicate that most do not
4 receive adequate care.

5 Second, as reflected in this photo
6 there are stark racial disparities in the
7 juvenile justice system.

8 Third, juvenile confinement facilities
9 are harsh to humanizing environments that erode
10 the mental health of children. Given the
11 substantial document and harms of juvenile
12 confinement, the available evidence supports
13 that children should only be confined as a last
14 resort. Great efforts should be taken for
15 prevention, including by bolstering community
16 mental health supports. When children are
17 confined, mental health care is vital and can be
18 life saving.

19 Each year about 400,000 children are
20 arrested. Attention to the mental health of
21 court-involved non-incarcerated children is
22 important. Additionally at this moment, about
23 29,000 children are confined. 400 of them are 12
24 or younger. And more than half are locked up
25 for non-violent offense.

1 And the disparities are widening.
2 Black children are confined at 5.6 times the
3 rate of White children and American Indian, at
4 nearly four times the rate.

5 Children in confinement carry a heavy
6 burden of trauma. About half have experienced
7 four or more aces or adverse childhood
8 experiences. Such as abuse, neglect or parental
9 incarceration. Too often children carrying this
10 trauma and facing disparities related to
11 disability status, race, ethnicity, gender and
12 other factors are met with confinement rather
13 than care.

14 Two and three children in detention
15 have at least one diagnosable psychiatric
16 disorder. Common diagnoses include depression,
17 PTSD, ADHD, anxiety and substance use disorders.

18 Medicine has a clear standard for what
19 mental health care should look like in the
20 juvenile justice system. Care should be trauma-
21 informed and developmentally appropriate as
22 defined by national health standards from groups
23 like the American Academy of Pediatrics,
24 American Academy of Child and Adolescence
25 Psychiatry and the National Commission on

1 Correctional Health care.

2 Key to the health standards and
3 juvenile confinement are, one, the mental health
4 care itself. This involves screening all
5 children to identify unmet mental health needs,
6 conducting diagnostic assessments for positive
7 screens, and providing clinically indicated
8 evidence-based treatment.

9 Two, the conditions of confinement.
10 Ensuring a safe environment as aligned with
11 adolescent development as possible. And three,
12 supporting continuity of care. And all of this
13 requires adequate health and custody officer
14 staffing and the appropriate use of clinical
15 interventions.

16 So that's the clinical standard. But
17 the reality is that few children receive it.
18 Mental health screening is generally
19 inconsistent. Treatment wait lists can run
20 months long. And depending on the setting, a
21 child in crisis may be more likely to be met
22 with isolation than with care.

23 Research has found that children in
24 confinement with serious mental needs, of these
25 only about 15 percent receive treatment before

1 the release. The question is why. And that
2 brings us to the topic of accountability.

3 So, why does this gap persist? The
4 federal floor sits far below clinical
5 guidelines. As shown in this figure mapping
6 state juvenile confinement medical care
7 standards, state standards vary but are
8 generally low. And there is limited enforcement
9 and little transparency about the care actually
10 delivered. The result is wide variation and
11 quality with many facilities falling short of
12 accepted health standards.

13 Inadequate care has serious
14 consequences. Suicide is the leading cause of
15 death for children in juvenile confinement.
16 Effect evidence-based treatments, like
17 medications for opioid use disorder too often go
18 unused. And continuity of care -- is often lost
19 at reentry when risk for overdose is highest and
20 many children seek to do well but may lack the
21 support to do so.

22 The harms of incarceration reach into
23 adulthood. Incarceration in childhood is
24 associated with four times the risk of early
25 death and twice the risk of depression and

1 suicidal thoughts later in life. Delivery of
2 mental health care may help reduce these harms
3 and support healthier futures.

4 So, what can the Commission do? A new
5 federal law creates an important opportunity to
6 improve care. The Consolidated Appropriates Act
7 of 2023, for the first time brings Medicaid
8 funding into juvenile justice facilities as a
9 federal requirement. It mandates that all
10 Medicaid eligible incarcerated youth under 21,
11 for these use, states must now provide mental
12 health screening and diagnostic services in the
13 month before release, along with case management
14 in the month before and after release.

15 Additionally, states can choose to
16 extend full Medicaid coverage to youth held
17 before adjudication. This is a crucial
18 opportunity to transform care. And the issue
19 now is making sure it is implemented well with
20 proper oversight.

21 To improve care I encourage the
22 Commission to make the following
23 recommendations. One, confine children only as
24 a last resort. For children who are just as
25 involved in the community providing strong

1 mental health supports close to home as possible
2 is important. And for children who are
3 confined, ensure conditions support their mental
4 health. Meaning, they are safe, trauma-informed
5 and as developmentally appropriate as possible.

6 Two, set enforceable federal minimum
7 standards for mental health care aligned with
8 national pediatric and correctional health
9 standards.

10 Three, support the establishment of
11 national quality measures for juvenile justice
12 mental health care publicly reported and tied to
13 children's outcomes.

14 Four, recommend independent oversight
15 of mental health care delivery and full
16 implementation of the Medicaid provisions of the
17 2023 Consolidated Appropriations Act.

18 And five, engage young people, families
19 and providers in improving juvenile justice
20 mental health systems.

21 In closing, whether a child in juvenile
22 confinement receives mental health care should
23 not depend on geography, race or disability
24 status. These are children in the government's
25 custody and their care is a civil right and an

1 urgent pediatric priority. Thank you.

2 CHAIR GARZA: Thank you, Dr. Barnert.
3 We are going to hear from Dr. Terry. You can go
4 ahead and proceed.

5 DR. TERRY: Good morning. Thank you
6 for this opportunity today. My name is Dr.
7 Diane Terry. I'm a researcher. I'm also a
8 Commissioner with the LA County probation
9 oversight commission, a former social worker,
10 and also a family member of individuals who have
11 been incarcerated. And so I bring all of those
12 perspectives into my work and into the statement
13 I'm providing today.

14 I want to speak specifically about the
15 experiences that justice involved youth of color
16 have when it comes to engaging mental health
17 care. Many come into the system with mental
18 health conditions, but many don't receive the
19 help they need. Part of the reason why youth
20 don't get the help they need has to do with the
21 broader context that surrounds communities of
22 color in general and our relationship with the
23 mental health care system.

24 Historically youth and families of
25 color have experienced persistent and equalities

1 when it comes to accessing mental health
2 support. Reasons for this can include cultural
3 differences and how mental health and illness is
4 understood and treated. A lack of culturally
5 and spiritually grounded treatment models. Fear
6 and distrust of mental health care providers or
7 systems due to years of mistreatment,
8 misdiagnosis and weaponization of our express
9 mental health needs.

10 Now consider the point that on top of
11 having negative experiences with the mental
12 health care system, many justice involved youth
13 of color have also experienced harm with large
14 scale systems they have encountered prior to
15 ever entering a detention setting. So it is not
16 uncommon for formerly or for incarcerated youth
17 to have experienced instability in the foster
18 care system, school push out, sorry, I don't
19 know if this is messing up.

20 School push out where they're pushed
21 into the school to prison pipeline. And also,
22 negative experiences with law enforcement due to
23 over surveillance and over policing in their
24 daily environments.

25 So when a young person comes to a

1 juvenile hall or a probation camp and they have
2 a mental health need, they bring all of this
3 past systemic harm and history with them.
4 Understandably many are going to be weary about
5 even seeking support and making themselves
6 vulnerable to yet another system when they've
7 been failed by so many systems in the past.

8 Those who do try to access mental
9 health care won't get it because it's not
10 readily available. And worse, the experience of
11 incarceration itself can trigger new mental
12 health conditions or worsen existing ones.

13 I want to provide a few specific
14 examples of what this looks like in some of the
15 facilities I interact with in my role as a
16 Commissioner in LA County. So in 2025 the
17 probation department initiated a massive
18 relocation plan that involved relocating girls
19 and gender-expansive youth.

20 Prior to the move all of these youth
21 were housed at difference facilities based on
22 the nature of the sentencing or their mental
23 health needs. So you might have had some in
24 juvenile hall, some who were receiving intensive
25 mental health support. With this plan all of

1 these youth were then moved into one facility
2 and it caused massive upheaval, disruption and
3 disappointment.

4 So following this relocation here is
5 some of what we observed as Commissioners as we
6 went out into this new all girls and gender-
7 expansive youth facility. Mental health service
8 provision was disrupted. Youth went from
9 receiving daily clinical support at their old
10 facilities to receiving almost none in their new
11 facility.

12 Youth reported having less
13 opportunities to programming, less contact with
14 substance abuse counselors. And in their own
15 words they felt that they had regressed in their
16 own coping. They experienced disruptions in the
17 relational ties that they had built with past
18 providers who didn't follow them to the new
19 facility.

20 And youth and staff reported incidents
21 of violence occurring within the facility. Some
22 of it which had a racial component. And many
23 speculated that it was because so many youth
24 with so many distinct backgrounds were now
25 altogether in one facility.

1 So even outside of the specific
2 example, I see many instances of this in other
3 facilities where youth are faced with persistent
4 challenges in their daily environments that
5 threaten their social, mental and spiritual
6 well-being. It includes things like not having
7 regular access to family visits, exposure to
8 racial trauma through interactions with youth
9 and staff, insufficient staffing so they're
10 often confined to their rooms for unlawful
11 amounts of time. And inconsistent access to
12 culturally and spiritually affirming
13 programming.

14 Brain development research establishes
15 that adolescents need regular exposure for
16 optimal growth. And they need exposure to
17 things like being able to build their decision
18 making and having opportunities to have meaning
19 and contributing to their society.

20 And when you think about some of the
21 conditions I've described, what does that mean
22 for a young person's mental health when they
23 don't get those developmental needs met? It can
24 look like youth fighting. It can look like
25 youth using substances or disengaging from

1 programs and schools.

2 And too often what I see is that young
3 people are punished for this behavior. So
4 they're pepper sprayed as a means for de-
5 escalating behavior problems. There is
6 excessive uses of force. They're suspended from
7 class. In other words, they're not consistently
8 retrieving, receiving treatment that addresses
9 the root causes of their behavior.

10 I'll conclude by offering a few
11 recommendations for how we can better support
12 mental health and wellness for justice involved
13 youth. First, data regarding the number of
14 youth with mental health service needs and their
15 participation in services isn't readily
16 available it's often a black box and only some
17 have access to it.

18 We need more transparent data tracking
19 systems so that we can provide better oversight
20 and recommendations.

21 Also, states can explore the usefulness
22 of instituting community defined evidence
23 programs into justice spaces. And those are
24 culturally anchored mental health prevention and
25 early intervention programs that reflect the

1 cultural practices of the communities they
2 serve.

3 There is an initiative like the
4 California reducing disparities projects which
5 has demonstrated that CDEPs can effectively
6 reduce psychological distress among vulnerable
7 youth. And a project like this really offers a
8 cost effective model for reducing mental health
9 disparities.

10 Last, the age criteria for mental
11 health service eligibility can differ within and
12 across departments, counties and states. So,
13 you know, different systems have different
14 definitions of who's consider a youth versus
15 who's considered an adult.

16 So when a young person is in need of
17 mental health care and they exist a detention
18 facility, sometimes they're cut off from
19 services once they leave because they might not
20 meet the age criteria of a provider. So it
21 results in gaps in care. And that heightens the
22 risk for future recidivism.

23 So providers need programmatic and
24 funding flexibility so they can continue serving
25 young people who are returning home rather than

1 being bound to strict age cutoffs. Thank you.

2 CHAIR GARZA: Thank you so much, Dr.
3 Terry. We're going to now hear from Ms.
4 Buttons. You can proceed.

5 MS. BUTTONS: Thank you to the
6 Commission for the opportunity to testify today.

7 My name is Christina Buttons, I'm an
8 investigative reporter with Manhattan Institute
9 and I cover youth mental health, child welfare,
10 residential treatment and juvenile justice. My
11 opinions are my own.

12 I want to make three points. Juvenile
13 detention is serving a more acute population in
14 part because residential treatment has declined.

15 Staffing shortages are driving many problems
16 now framed as civil rights failures. And
17 reforms should rebuild treatment capacity,
18 staffing and the legitimacy of juvenile justice
19 work.

20 There will always be youth with severe
21 emotional and behavioral needs that cannot be
22 safely managed throughout patient care alone.
23 They may be suicidal, self-harming, assaultive,
24 repeatedly running away or having frequent
25 police contact.

1 Youth residential treatment exists for
2 this population. It is a broad category of 24-
3 hour out-of-home care and programs vary widely
4 in quality, structure, security, clinical
5 intensity and length of stay.

6 But this category of care has become
7 much less available. One national analysis
8 found a more than 60 percent drop in youth
9 residential mental health treatment program
10 since 2010.

11 SAMHSA has separately reported that
12 since 2010 94 percent of states saw reductions
13 in the number of youth served in residential
14 psychiatric treatment facilities. When
15 treatment beds disappear the children do not
16 disappear, they are displaced to other settings
17 often cycling in and out of emergency services.

18 Some are sent to unsecured short-term
19 programs that cannot handle their needs. Some
20 become homeless, are sexually exploited or die
21 while waiting for a secure treatment.

22 Juvenile detention is absorbing part of
23 this unmet treatment need. Some enter after
24 their behavior escalates into assault. Others
25 are held there simply because no treatment bed

1 can be found. A recent bipartisan investigation
2 found that 75 public juvenile detention
3 facilities across 25 states reported holding
4 youth who are eligible for release but could not
5 access residential treatment.

6 Texas provides a clear example of how
7 much more acute this population has become. The
8 share of youth with moderate to severe mental
9 health needs rose from 21 percent in 2014 to 53
10 percent in 2019, to 85 percent in 2022.

11 Taken together these facts point to a
12 clear conclusion. Juvenile detention is being
13 asked to manage youth who should have access to
14 treatment sooner. Any serious reform effort has
15 to include rebuilding secure residential
16 treatment capacity.

17 My second point is that many problems
18 described as civil rights failures are better
19 understood as consequences of staffing collapse.

20 In recent years residential treatment centers,
21 foster care facilities and juvenile justice
22 systems have faced highly adversarial media
23 coverage advocacy campaigns and government
24 investigations.

25 These accounts often portray

1 institutional care as a place where youth
2 routinely experience abuse and trauma. Abuse
3 occurs at some non-zero rate in any large child
4 serving system. Each incident is a serious
5 failure that requires accountability. The
6 isolated incidents do not establish that abuse
7 is pervasive to institutional care.

8 The Department of Justice's 2024 report
9 on the Texas juvenile justice department
10 illustrates the problem. The report examined
11 the agency during the period of chronic staffing
12 shortages when conditions were at their worse.

13 In discussing abuse it highlights
14 selected incidents and characterizes them as
15 regular routine or part of a broader pattern
16 without providing the quantitative context
17 needed to support those conclusions. Its claims
18 were then repeated widely in media coverage.

19 The available national data tell a
20 different story. From 2013 to 2018 juvenile
21 justice authorities substantiated 487 staff on
22 youth sexual victimization incidents. A
23 category that includes harassment, misconduct
24 and both consensual and non-consensual
25 incidents.

1 That amounts to roughly 1.5
2 substantiated incidents for every 1,000 youth in
3 custody per year. Each incident is a serious
4 failure, but the data do not support the notion
5 that youth are routinely at risk of
6 victimization from staff.

7 The primary safety problem is staffing
8 shortages. The Counsel of State Government
9 Justice Center has described juvenile justice
10 systems as in crisis because agencies cannot
11 hire and retain enough front line staff. Nearly
12 90 percent of correction agencies reported
13 moderate or severe staffing problems.

14 Mental health staffing is also
15 strained. In Texas only 52 percent of juvenile
16 justice mental health positions were filled as
17 of September 2023. This is not because the
18 United States has a shrinking mental health
19 workforce, mental health care is growing.

20 Juvenile justice facilities are
21 competing for clinicians and front line staff in
22 a labor market with easier, safer, better paid
23 and less stigmatized options. They don't want
24 to work in facilities that have become
25 synonymous with abuse.

1 When facilities lack mental health
2 clinicians youth receive less treatment. When
3 they lack enough capable direct care staff
4 safety deteriorates.

5 The result is a self-reinforcing cycle.
6 Under staffing means less supervision, more
7 lock downs, less treatment, fewer normal
8 routines and more safety failures. Those
9 incidents then become evidence for the next
10 abuse narrative further damaging recruitment and
11 retention. The cycle continues and youths are
12 the ones who suffer most from it.

13 My final point is that the Commission
14 should center its recommendations on rebuilding
15 the juvenile justice workforce and restoring the
16 legitimacy of this work. That means avoiding
17 claims of routine or systemic abuse unless they
18 are supported by strong data. It means
19 scrutinizing media advocacy and government
20 claims rather than repeating them. And it means
21 taking a collaborative rather than adversarial
22 approach drawing on the knowledge of people who
23 work directly with these youth.

24 Restoring workforce capacity should be
25 the first priority. States should raise pay to

1 reflect the difficulty and risk of the work,
2 offer better training, create career ladders and
3 consider credentialing systems for juvenile
4 justice and residential treatment professionals.

5 This work also needs positive
6 recognition for its purpose in helping youth in
7 serious trouble turn their lives around. If
8 policy makers want these settings to be safer,
9 they have to support the people who operate them
10 and not further stigmatize the work. Thank you.

11 CHAIR GARZA: All right, thank you, Ms.
12 Buttons. We're going to now hear from Ms. Peña.
13 You can go ahead and proceed.

14 MS. PEÑA: Thank you, Chair, and
15 distinguished Commissioners for the opportunity
16 to testify today. My name is Olivia Peña and
17 I'm representing the Young Center for Immigrant
18 Children's Rights.

19 Just very briefly about the Young
20 Center. We are dedicated to promoting and
21 protecting the rights and best interest of
22 unaccompanied immigrant children. And we are
23 the only organization in the United States who
24 are providing independent child advocates for
25 immigrant children. And we do this pursuant to

1 the Traffic and Victims Protection
2 Reauthorization Act. We are appointed to the
3 most vulnerable children in federal custody.

4 I would like to bring to this briefing
5 the importance of being mindful of children's
6 immigration status when intersecting them with
7 the juvenile justice system. By definition, an
8 unaccompanied child is a child who is under the
9 age of 18 without immigration status and who
10 comes to the border without the parent or legal
11 guardian, or who is apprehended in the interior
12 without a parent or guardian present.

13 And after apprehension by local law
14 enforcement they are immediately transferred to
15 immigration authorities, often times before
16 there is even any education or finding of guilt.

17 They are automatically placed in detention.
18 And they are placed in the custody of the Office
19 of Refugee Resettlement, which is an agency
20 under the Department of Health and Human
21 Services.

22 The ORR, for short, operates a network
23 of facilities across the country, most of which
24 are shelters or large congregate facilities.

25 And including some juvenile detention facilities

1 as well.

2 Historically we have seen them placed
3 in these juvenile detention centers. And we
4 want to bring awareness to how deeply harmful
5 they can be.

6 In our experience, the vast majority of
7 unaccompanied children and youth who are placed
8 in these facilities after being directly
9 transferred from local law enforcement without
10 any finding of guilt experience significant
11 harm. There is very little training and
12 cultural awareness, as well as linguistic
13 competence in these facilities.

14 We have to remember that children come
15 from very difficult backgrounds with severe
16 trauma. Extensive trauma that hasn't been
17 addressed. And so then they are placed in these
18 facilities where they are supposed to be taken
19 care of by individuals who received the
20 appropriate training to be able to determine and
21 make appropriate interventions before deciding
22 to call law enforcement, which should be a last
23 resort measure.

24 The Young Center's experience make it
25 clear that immigration detention does not exist

1 in isolation. It sets in motion a change of
2 harm that runs directly from detention through
3 deteriorating mental health and into the
4 criminal legal system. And it's important for
5 us to understand how this pipeline is showing
6 that there is, the system is failing immigrant
7 children very profoundly.

8 Many children who enter ORR custody are
9 already arriving with significant trauma, and
10 with some mental health diagnosis. Including
11 post-traumatic stress disorder, traumatic brain
12 injuries, attention deficient hyperactivity
13 disorder and cognitive disabilities.

14 Rather than providing the therapeutic
15 support to these children urgently, that they
16 urgently need, often times these facilities have
17 historically offered little mental health care
18 aimed at understanding the root causes of
19 children's behavior or trying to help them heal
20 their trauma.

21 There is the Office of the Inspector --
22 the HHS Office of Inspector General has
23 documented the longstanding failures in mental
24 health care within government custody.

25 Meanwhile, prolonged attention and continued

1 family separation generate daily uncertainty and
2 anxiety that actively worsen these children's
3 mental health conditions.

4 And rather than ensuring that they are
5 promptly released to family into our loving
6 community, they are prolonged -- their prolong
7 detention deepens these wounds and continues to
8 enable them to be in a heightened sense of
9 anxiety and fear.

10 Children in detention who are not
11 receiving adequate mental health support
12 naturally exceed that behavioral responses as an
13 adaptative mechanism to the trauma that they
14 receive because we believe that detention is
15 also a form of trauma. A child who acts out
16 shuts down or resists is not a child who is
17 dangerous, it is a child who is suffering and
18 they require appropriate mental health support.

19 Trained care providers with language
20 and culture competency, trauma informed training
21 and knowledge in appropriate therapeutic
22 intervention should be equipped to recognize
23 these behaviors and respond accordingly and see
24 them as symptoms of trauma. Instead, facility
25 staff too often respond by calling law

1 enforcement. And this simple decision, rather
2 than treating the mental costs, can permanently
3 alter that child's life.

4 And they have been children that are
5 already at a disadvantage. Any engagement with
6 the criminal legal system further exacerbates
7 their risk of being returned to their countries
8 of origin where they could experience serious
9 harm.

10 Pending criminal charges that could
11 have been avoided if the facility staff that is
12 supposed to be taken care of them had the
13 adequate training could have been, you know,
14 helpful at that time before sending them to
15 local law enforcement.

16 It's also a risk of stricter vetting
17 process. When a child is exhibiting behaviors
18 deemed as problematic then the burden is put on
19 the parents to demonstrate that they're better
20 equipped to care for them rather than working
21 with them while they're in detention to ensure
22 that they have the support, services and the
23 skills to be able to succeed in the community.

24 Then with the stricter vetting process,
25 that means that there is a prolonged detention,

1 and the risk of children stay in there until the
2 age of 18 and then being transferred over to
3 adult immigration custody, right, maybe a day
4 after turning 18. And as we recognize, because
5 you turn 18 doesn't necessarily mean that you're
6 less vulnerable.

7 Moreover, after being released from
8 federal custody immigrant youth still face
9 heightened scrutiny for their behaviors. If
10 they're apprehended in the area for things like
11 skipping school, they are easily right away
12 transferred back into immigration detention.
13 And there are federal laws that make this even
14 harder.

15 So we want to make sure that we also
16 highlight the distinction, if it hasn't been
17 made through what I previously mentioned, is
18 that for non-citizen children they don't get the
19 opportunity to go before a judge to be afforded
20 bond if they're in a state where they're,
21 someone who is 17 is already considered an
22 adult. They don't get the opportunity for
23 community based supervision, they don't get the
24 opportunity for those programs that focus on
25 rehabilitation, they immediately go into

1 detention system. A detention system that is
2 definitely flawed. And we continue to work to
3 advocate every day for these children.

4 Finally, the recommendations to the
5 Commission. We would like for an end to
6 unnecessary protected detention for the agencies
7 to adhere to all legal requirements. The time
8 to place children with their parents and their
9 loved ones following the rigorous vetting
10 process, ensure that youth and custody receive
11 appropriate mental health and that referral to
12 law enforcement is of the law resort, and limit
13 the sharing of information with Department of
14 Home and Security. Thank you.

15 CHAIR GARZA: Thank you, Ms. Peña.
16 We're going to go ahead and hear from Dr.
17 Aalsma. You can begin.

18 DR. AALSMA: Good morning. Very
19 thankful the Commission is tackling this
20 important topic. I'm trained as a juvenile
21 forensic psychologist and I've done over 500
22 psychological evaluations with young people in
23 Indianapolis, Indiana. Often those reports were
24 used pre-adjudication as the court was wondering
25 about sentencing and where the young person

1 should be best placed as they were locked away
2 from their family, school and community.

3 During these assessments I would ask
4 young people about their family, mental health
5 burden, accessing treatment. And variably I
6 would hear stories about how they didn't know
7 about care offered in their community. How they
8 would get that care, the expenses associated
9 with it. At best they were receiving behavioral
10 health services in the community that was
11 fragmented.

12 So although trained as a psychologist
13 I'm primarily a researcher. And I have been
14 focusing on young people in carceral settings,
15 behavioral health care for over 25 years and
16 progress has been made.

17 We have more diversion opportunities,
18 fewer young people are incarcerated for long
19 periods of time. And yet, as you have already
20 heard, the work is not done. The mental health
21 needs of young people remain quite high. We
22 know that young people with behavioral health
23 problems experience increased victimization,
24 continued psychological problems in adulthood.

25 And we know that there are treatments

1 that work for young people. And many of those
2 evidence-based mental health interventions have
3 been developed for young people involved in the
4 juvenile justice system.

5 The field of implementation science has
6 made great strides in addressing some of this
7 behavioral health crisis. Interventions moving
8 from the academy of what works into the
9 community tends to save 17 years.
10 Implementation of science is really moving to
11 try to bring these evidence-based interventions
12 into the community much more quickly.

13 So for the last five years we were
14 funded by the National Institute for Drug Abuse
15 for the justice community opioid intervention
16 network. We tested in eight different
17 communities, how can we improve the connection
18 between the legal system as well as the
19 community to improve access to services?

20 One of our focuses was to train
21 community mental health providers in MET CBT.
22 Motivational enhancement cognitive behavioral
23 treatment.

24 Because young people with a substance
25 abuse problem aren't really wanting to seek

1 services, you have to focus on their motivation
2 and refusal skills. And we found really great
3 outcomes. We had more trust in the legal system
4 and community when we focused on developing more
5 evidence-based services. So improved trust
6 means improved outcomes with young people.

7 Young people continue to need services.

8 So by the time of 18 about 20 percent of youth
9 in the community will meet their criteria for
10 mental health and/or substance use problem.

11 Young people in detention and correctional
12 facilities are closer to 60 to 80 percent.

13 So that really comes to bear, like
14 really points this need that young people have.

15 And confinement can exacerbate young people's
16 behavioral health problems.

17 So I have personally felt the pressure
18 of this obligation of caring for young people
19 whenever I have conducted a psychological
20 evaluation, detention staff survey, interviewed
21 young people and their families when they are in
22 legal custody. And this is an incredible
23 responsibility that we all bear. And one that I
24 believe requires a concerted multi-pronged
25 approach for success and improvement.

1 So I'm going to use my remaining time
2 to focus on three broad suggestions of
3 improvement for young people and getting the
4 services that they need. First is a national
5 survey assessing the quality of mental health
6 and substitute services available to youth in
7 carceral settings.

8 Comprehensive information on the
9 behavioral health treatment available for youth
10 in legal settings has rarely been systematically
11 assessed. When it has been assessed it's clear
12 that young people are an underserved population.

13 So the Juvenile Residential Facility
14 Census conducted by the ops of Juvenile Justice
15 and Delinquency Prevention assesses screening,
16 but they really don't get into depth on the
17 quality of services. So we really wanted to
18 understand, are young people getting the best
19 care possible?

20 A rare meta analysis, so a combination
21 of all of the research in the field, found that
22 roughly 33 to 40 percent of young people
23 received mental health services while in
24 detention. And that's acknowledging about 80
25 percent have a mental health need. So already

1 there is under service.

2 And then, are they receiving an
3 evidence-based intervention that actually works?

4 Chances are not. So I think we really need to
5 understand this landscape and this justice
6 geography.

7 Secondly, we've already heard from Dr.
8 Barnert on studying the adoption and impact of
9 Medicaid policy reforms to really understand
10 what quality evidence-based behavioral health
11 services, their reach and how to improve that
12 within carceral settings. Most young people are
13 already eligible for Medicaid while in the
14 community. And our own research has found that
15 most young people in carceral settings are
16 eligible for Medicaid.

17 And with the Consolidated Appropriates
18 Act of 2023 there is more opportunity for
19 exploring ways to meet those needs for young.
20 Medicaid 115 waiver is one of those great
21 examples.

22 And I think is where the centers for
23 Medicaid and Medicare services can continued to
24 innovate and really focus, not just on provision
25 of services but how to make sure that they're

1 quality evidence-based services. So I think
2 those two things need to come together to really
3 understand how we can invest and improve
4 outcomes for young people.

5 And lastly, improving behavioral health
6 care services for youth in custody is going to
7 require expansion and refinement of national
8 care standards for juvenile detention and
9 correctional facilities. Currently the U.S.
10 lacks comprehensive health care standards or
11 policies for youth in carceral settings.

12 Existing guidelines pertaining to
13 mental health have been limited largely to risk
14 screening, crisis services and a management of
15 psychopharmacology. These guidelines are less
16 stringent than most of the governing behavioral
17 health care provided to youth in traditional
18 health care settings such as hospitals,
19 residential facilities.

20 The national commission on correctional
21 health care has provided guidelines for
22 behavioral health services, and yet they don't
23 really focus on quality and evidence-based
24 services. And very few correctional and
25 detention settings meet those guidelines. So

1 again, guidelines, adherence of focus on
2 quality, evidence-based interventions is a broad
3 overarching recommendation.

4 In closing, if we are to effectively
5 address the adolescent behavioral health crisis
6 through scientific progress we really have to
7 prioritize youth in carceral settings. They
8 have great unmet treatment need and they have
9 great potential for addressing those treatment
10 needs while in these settings. Responsibility
11 rests with us. Thank you so much.

12 CHAIR GARZA: Thank you so much, Dr.
13 Aalsma. We're going to now go to Mr. Cavedon.
14 You can go ahead and proceed.

15 MR. CAVEDON: Over a decade after
16 Kalief Browder's death juvenile justice remains
17 in the headlines for all of the wrong reasons.
18 New Hampshire has had breaking news of over a
19 thousand cases of sexual and physical assault
20 upon youth committed by officers to whom those
21 young people were entrusted. It is the largest
22 juvenile justice scandal in the country and one
23 of the largest government scandals in New
24 Hampshire history.

25 In addition, 30 corrections officers in

1 Southern California at a single facility have
2 been arrested for arranging gladiatorial combat
3 style arena matches among kids as young as 12
4 years old who are in their care.

5 These systemic problems. This is not a
6 matter of a few stingy state governments or just
7 finding extra money. Politicians will always
8 have, decision makers will always have more
9 popular things to spend money on than running.
10 Places that triple as homes, schools, and
11 detention centers, secure facilities 24 hours a
12 day to hold young people in.

13 Whenever you have a lack of adequate
14 oversight, a lack of adequate resources, a lack
15 of adequate political will, combined with
16 extraordinary power, abuse is going to follow as
17 a matter of course. If there were not a good
18 enough reason to have these facilities at all,
19 the simple answer would be to shut them down.
20 But of course there are kids and teenagers who
21 create problems for people in their community
22 who commit robberies and assaults of their own.
23 Who kill people.

24 These young people, I don't believe,
25 can be judge irreparable corrupt at such a

1 tender age. Nevertheless, their problems are
2 not ones that can be safely addressed in the
3 community without creating more problems and
4 failing to hold people properly accountable.

5 That means that detention centers are
6 going to have to continue to exist. And so must
7 oversight. And so must the work that this
8 Commission and others are doing.

9 As a number of the other experts who
10 have spoken this morning have said, these
11 facilities have to be used as a last resort.
12 Juvenile courts still do not have the mind set
13 in many parts of the country that if a young
14 person's problems are best addressed in the
15 community, that is where those young people
16 belong. Detention is still a default for far
17 too many court systems throughout the country.

18 There is still a mentality that young
19 people cannot be adequately rehabilitated and
20 that scaring them straight is the best answer.
21 Louisiana was in the news just a couple of years
22 ago for transferring 25 young, mostly Black
23 children and teenagers, into the former death
24 unit at Angola State Penitentiary because that
25 was where the state believed that they belonged.

1 That was fortunately corrected after, again,
2 oversight took place.

3 Systems and officials have to be
4 pressed again and again to treat personnel
5 issues throughout facilities no less seriously
6 then they would in schools, hospitals, senior
7 care settings. Anywhere where you have
8 vulnerable people and strong power and balances.

9 That means adequate pay, background
10 checks, supervision and discipline. A system
11 that cannot police its own officials and its own
12 officers cannot be entrusted to police those who
13 are sent to its care.

14 And the last thing that kids and
15 teachers who are inclined to disorder, violence
16 or crime, need to see is that doing wrong can be
17 overlooked as long as you're powerful enough and
18 hold positions of responsibility.

19 Rehabilitation has to be the driving principle
20 for facilities. That's the entire reason we
21 have a juvenile justice system is out of
22 confidence that kids and teenagers still have
23 potential. That perhaps adults have worked
24 their way out of through their habits.

25 Religious chaplaincy, psychological

1 care, family repair, mental health, substance
2 abuse treatment, like you heard earlier. These
3 aren't the gold standard. They're the bear
4 minimum for a passing grade and many systems and
5 facilities are failing to meet them.

6 I wish that I could leave here
7 confident today that more oversight and reports
8 and public scrutiny are going to lead to those
9 problems being cleared up. But after nearly a
10 century of work on juvenile justice systems
11 these problems appear to be baked in.

12 So here is one more bear minimum that
13 this Commission can recommend. One that's
14 achievable through policy design, and that's
15 accountability. The people who have been harmed
16 in juvenile justice facilities, the thousand
17 plus victims of New Hampshire system, the
18 hundred kids who are set to combat with each
19 other at the direction of officers in
20 California, and by the way, these are hardly the
21 most cash-strapped or indifferent states in our
22 country.

23 New Hampshire and California, they
24 can't handle this. That itself should give us
25 some reason for doubt as to how tangible reform

1 will be.

2 Those who have been harmed, those who
3 are still being harmed today, and those who will
4 be harmed tomorrow, they deserve something.
5 They deserve ways to have their complaints heard
6 and the injustices that they suffered recognized
7 and vindicated in the court of law. They
8 deserve some measure of compensation for the
9 problems that they incurred by a system that was
10 meant to help with their problems.

11 I am asking this Commission to lend its
12 voice to supporting the abolition of qualified
13 immunity, the adoption of supervisory and
14 government liability. And other means of
15 meaningful redress for people who have been
16 victimized.

17 When there is no remedy there is no
18 such thing as a meaningful right. And for all
19 the rhetoric of civil rights, and it is
20 important rhetoric and examination, unless there
21 are meaningful ways to enforce those rights, not
22 just from government officials, but tools that
23 are placed in the hands of those who have been
24 affected then reforms reached is going to
25 continue to be limited.

1 Again, the moral reason for this is
2 that the last lesson in the world that young
3 people should receive is the impression that
4 their sins are unforgivable and will be punished
5 severely, but adult brutality will be swept
6 under the rug. Thank you.

7 CHAIR GARZA: Thank you. Thank you
8 very much to all of our panelists. We have
9 concluded with the statements. We're going to
10 be transitioning to questions. I can open the
11 floor to Commissioner questions. I know I have
12 many, but happy to let others ask one first. If
13 not, I will go ahead and get us started.

14 I wanted to kind of backup on, and have
15 like a baseline understanding of adverse
16 childhood experiences as a starting point
17 because I think that's something that has come
18 up in a lot of the testimony. And that children
19 that are in confinement find themselves having
20 at least four or more. And I was hoping, Dr.
21 Barnert, you can kind of get us started on that.

22 And then I do, I know that there is an
23 immigration component to this piece as well.
24 Immigration status and the special experiences
25 around there. So, Ms. Peña, if you would answer

1 after, after we hear from Dr. Barnert.

2 DR. BARNERT: Thank you for the
3 question. Adverse childhood experiences were
4 defined in research. And then clinically there
5 is generally about ten accepted, what we call
6 ACEs. And now in many pediatric and mental
7 health practices and in some juvenile justice
8 facilities there is actually screening for ACEs.
9 So these are exposures to childhood adversity
10 at less than age 18.

11 The prevalence in the juvenile justice
12 population of exposure to ACEs, four or more
13 ACEs is a lot because these are severe exposures
14 experiencing domestic violence. About 80
15 percent of kids in the juvenile justice system
16 report that, parental incarceration, significant
17 mental illness in the household.

18 And the rate is about four-fold
19 compared to the general adolescent population.
20 In my pediatric practice in the community, when
21 we screen kids report zero ACEs. And my ears
22 just opened because I have never heard that in a
23 juvenile justice facility. I've never had a kid
24 when I start asking about trauma not report
25 significant trauma.

1 I also want to take a moment to
2 mention, this drawing here is by a young man who
3 is currently incarcerated. And he's been in
4 prison since he was a child. And he actually
5 reached out to Human Rights for Kids, a
6 nonprofit organization, and offered his artwork
7 when he learned about the concept of ACEs and
8 said, I wish somebody had told me about this, I
9 wish somebody had offered this to me. Nobody
10 ever offered help.

11 So trauma is, what I think for a lot of
12 the kids is what gets them into the facilities
13 compared with intersectional disparities. And
14 then the system itself is highly traumatic. So
15 that is really, I think, the basis for
16 understanding what these kids need. Because as
17 Dr. Aalsma shared, there are evidence-based
18 therapies and approaches to address trauma.
19 Thank you.

20 CHAIR GARZA: Commissioner Jones.

21 COMMISSIONER JONES: Thank you, Madam
22 Chair. And many thanks to all the panelists for
23 being here today.

24 My question is for Dr. Barnert and
25 Terry. Starting with you, Dr. Barnert. What

1 are the effects of solitary confinement on the
2 developing child and that child's brain?

3 DR. BARNERT: That is a really good
4 question. It is a profound trauma. You know, I
5 don't know of functional MRI studies where we're
6 actually looking at the effects of the brain,
7 but it is very clear that solitary confinement
8 is very damaging to children's health and should
9 be prohibited or used as little as possible.

10 I think something is also important to
11 understand is that they're solitary confinement
12 intended as seclusion. And then as Dr. Terry
13 alluded to, lack of programming.

14 A lot of times kids are maybe not
15 necessarily in official solitary confinement but
16 end up locked up into their cells, in their
17 cells, alone for many other reasons. We,
18 humans, are social animals. And we need
19 physically, emotionally, spiritually to be in
20 contact with other people. And it reinforces a
21 criminal identity. And it is very hard to heal.

22 As Chair Garza opened, the point of the
23 facilities is intended to be rehabilitation.
24 And so, when we're not providing mental health
25 care but instead traumatizing children through

1 solitary confinement we're setting them farther
2 back.

3 DR. TERRY: Same question, sorry, can
4 you repeat it?

5 COMMISSIONER JONES: What are the
6 effects of solitary confinement on a developing
7 child and that child's brain?

8 DR. TERRY: In addition to what was
9 already stated, I think that it makes a young
10 person lose hope. And I think that once you
11 lose hope and you're inside one of those
12 facilities you tend to disengage from every
13 other opportunity that's offered. And I think
14 it can result in a cycle where then you engage
15 in more behavior problems with peers, with
16 staff. You're then punished for that.

17 You may not be engaging in visits,
18 you're not getting programming. So I think that
19 when you're experiencing so much time alone, and
20 as a young person that reinforced message that
21 you aren't capable of healing, you're constantly
22 told that your family is part of the reason why
23 you're troubled, your community is terrible, all
24 of that is a cycle that then makes someone, you
25 know, un-invested in their own healing and

1 growth. And I just don't think that facilities
2 are setup to really speak to that.

3 And just to echo, you know, facilities
4 are under staffed and so as a result that's why
5 young people are spending often so much time in
6 their rooms. I mean, you have facilities that
7 are actually being investigated by state boards
8 because they're been in their room for such long
9 periods of times, often even having to urinate
10 in their rooms because there is no one there to
11 let them out so that they can even go out and
12 get fresh air. And so those are some of the
13 impacts that I see.

14 CHAIR GARZA: Commissioner Gilchrist.

15 COMMISSIONER GILCHRIST: Thank you,
16 Madam Chair. And let me thank all of you for
17 your testimony here today. I have just a couple
18 of questions. One specifically for Dr. Terry,
19 but the Medicaid question I've heard some up a
20 couple of times today.

21 If a child is incarcerated and their
22 released to a foster care family, for whatever
23 reason, does Medicaid, can that family access
24 Medicaid to support that child? I don't care
25 who answers, it doesn't matter. Answer that,

1 yes.

2 DR. BARNERT: They should be able to.
3 So about 70 percent of kids in the juvenile
4 justice system are eligible for Medicaid. And
5 then for kids who are in foster care, there is
6 also Medicaid eligibility.

7 The challenge is just the kind of
8 bureaucratic steps involved. So kids who come
9 into the system with Medicaid get their Medicaid
10 turned off. That is -- that is because of the
11 federal inmate exclusion. I would be glad to
12 explain that more if that's helpful.

13 COMMISSIONER GILCHRIST: Sure.

14 DR. BARNERT: Okay. So in 1965 when
15 the Medicaid and Medicare Social Securities Act
16 was established, the legislation stipulated that
17 Medicaid could not be used for inmates of public
18 institutions. And so for years, and this is fax
19 machines, before, you know, facilities turn off
20 people's Medicaid when they come into the system
21 with Medicaid. And did very good at turning off
22 the Medicaid and not good at turning it back on.

23 And so, there has been reform in the
24 past ten years, especially on the youth side, to
25 improve that. And that's why the Consolidated

1 Appropriations Act is such a big deal because
2 it's basically a partial repeal of the federal
3 inmate exclusion for youth. For all youth less
4 than 21.

5 Which means every juvenile justice
6 facility, every jail and every prison needs to
7 identify these kids. So the foster youth
8 definitely.

9 And actually, the Consolidated
10 Appropriation Act that age cut off of less than
11 21 is actually less, age less than 26 for former
12 foster youth. So jails and prisons are going to
13 have to do a lot to be able to implement this.

14 But yes, that young person should be
15 able to get connected to care. And should have
16 access to great social workers and great case
17 managers to get that child very plugged into
18 services.

19 COMMISSIONER GILCHRIST: Thank you,
20 that's very helpful.

21 DR. TERRY: Can I add something?

22 COMMISSIONER GILCHRIST: Yes, sur.

23 DR. TERRY: Yes, that often times when
24 young people are released to family members,
25 sometimes relative caregivers, and there is so

1 much research that talks about the importance of
2 keeping youth with family as a protective
3 factor, relative caregivers don't always get the
4 same access to resources that foster families
5 might receive. Or because families are often
6 seen as part of the problem, there might be
7 services that they're eligible for but they
8 don't know about.

9 COMMISSIONER GILCHRIST: Sure. No,
10 thank you for that. Dr. Terry, you mentioned in
11 your testimony faith-based organizations,
12 spiritual engagement. I certainly would agree
13 with that. Can you give me any examples from
14 across the country where there have been some
15 programs that have really done good work in that
16 space?

17 And you don't have to give me a list,
18 you can give me some examples of what they have
19 done, but I certainly, if there is a list, I
20 would love to be able to see that at some point.

21 DR. TERRY: Sure. I can share a report
22 with you as part of my statement. But just to
23 give some examples, in California there is
24 programs that are operating in churches that try
25 to do even just mental health stigma reduction

1 work so that people even know if they're young
2 person is having a problem or youth they work
3 with are having a challenge, where do you even
4 go for help.

5 There is also culturally based
6 practices. Healing circles, talking circles,
7 things like that, where a young person who might
8 never set foot into a therapist's office but
9 they're going to engage in a practice like that
10 because they feel supported by their community.

11 So practices like that.

12 There is a Sweet Potato Project in
13 Fresno that teaches young Black youth how to
14 harvest sweet potatoes. And as a process of
15 working with the land and teaching them about
16 the importance of farming within our communities
17 it serves as a prevention effort for young
18 people who are vulnerable.

19 COMMISSIONER GILCHRIST: Thank you very
20 much.

21 MS. PEÑA: Commissioner, if I may
22 follow-up --

23 COMMISSIONER GILCHRIST: Sure.

24 MS. PEÑA: -- on what's been --

25 COMMISSIONER GILCHRIST: Absolutely.

1 MS. PEÑA: -- shared? And I know that
2 Chair, you asked about ACEs and some of the
3 things that we may see in immigrant children who
4 are in government custody.

5 Just for context, the children who come
6 into government custody have survived
7 significant trauma. It can be trafficking,
8 sexual exploitation and any other different
9 forms of abuse, abandonment and neglect.

10 And when they come in and they're
11 placed in confinement, which might not be
12 exactly like solitary confinement but it is
13 detention, their ability to move is very
14 limited, they're very structured, and they don't
15 have all the support that they need, they do
16 start experiencing anxiety, depression, suicidal
17 ideations. And unfortunately once they're
18 released, immigrant children do not have access
19 to Medicaid or other services.

20 And so they are even put in a harder
21 position after having endured detention, having
22 endured the uncertainty of whether they would
23 ever be released to family or returned to an
24 unsafe condition, their home countries. They
25 don't get the support.

1 And so we are always very mindful and
2 encouraging that children who are released,
3 aren't immediately provided the appropriate
4 services. And unfortunately they do not have
5 access to medical or Medicaid as many people
6 wrongly believe.

7 COMMISSIONER GILCHRIST: Thank you.

8 CHAIR GARZA: Yes, I think, I just want
9 to follow-up on that. Thank you for bringing --
10 bringing attention to that, Ms. Peña.

11 I did want to ask a little bit more
12 about this aspect of family separation. I think
13 it's really, I mean, I have two young kids and
14 I, they're both under the age of 4 and it really
15 just, the idea of family separation in any
16 context is really difficult for me to think
17 about as a parent. And, you know, I know, I've
18 seen this in the immigration context because I
19 used to practice immigration, defense law. I
20 have seen it.

21 I have practiced criminal defense law,
22 so I have seen it in many context. And I was
23 wondering if you would kick us off and start
24 talking about that piece of it when you're
25 talking about confinement? And then I'd like to

1 open it up to others, including Dr. Aalsma.

2 MS. PEÑA: Thank you, Chair. And for
3 us we witnessed family separation in a variety
4 of different ways. So the family separation
5 that happens at the border where children come
6 in with parents, but for some reason are
7 separated. And often times it's not a reason
8 that rises to the level of a child welfare
9 concern. It might be something that's very
10 minimal, but they've determined that they need
11 to separate.

12 And so then that creates their right in
13 the moment. Family separation for children,
14 children as young as 2 years old who are walking
15 into these facilities by themselves. And when
16 we come across them they are just in tears
17 wondering where their parents are and if their
18 parents abandoned them. And that is not true,
19 right? They did not make the choice to separate
20 themselves from these children.

21 The children then start exhibiting, you
22 know, different behaviors. Like, you know, a
23 lot of crying, bed wetting. And they don't
24 necessarily know or understand the systems that
25 they're not being forced to be in, which is both

1 the system of being in detention pending
2 reunification with someone in the community, but
3 also the system of going through immigration
4 court proceedings, which doesn't recognize
5 children as children and treat them as adults.
6 And has a requirement to continue in completing
7 immigration proceedings despite the age that
8 they may be.

9 Family separation has also happened
10 currently right now through the increased
11 enforcement that's happening in the interior.
12 As I mentioned, there are children who are in
13 contact with both criminal and non-criminal
14 issues that have parents in the community who
15 are able to provide for their care. And those
16 parents are not contacted.

17 In the juvenile justice system
18 typically you would call the parent to come and
19 pick them up at the local police station. For
20 immigrant children they don't do that. The
21 first person they call is the Immigration
22 Customs and Enforcement.

23 And so that is also the one way that
24 they're separating children who have families,
25 who have been in this community, who have been

1 children attending high school about to
2 graduate, ready to start to college and now are
3 separated from family and detention at the risk
4 of being deported to a country that is no longer
5 safe for them. And so, I hope that answers some
6 of your question in regards to family
7 separation.

8 DR. AALSMA: The role of parent is so
9 fundamental for teens. This is how teens learn,
10 how they connect. And there are many parents
11 with young people that are incarcerated that
12 want support and want to help understand how
13 they can help their young person come back into
14 the community.

15 So there are more court systems that
16 are employing parent navigators. So parents
17 that have had a young person in the system
18 connect with other parents to help them
19 understand how to get their young person through
20 probation, back into reentry.

21 Marion County in Indianapolis, where
22 I'm from, have a parent advisory council that
23 have been there for five years. Really think
24 about more parent forward practices.

25 So I think this is one of those aspects

1 that many courts and detention centers are
2 really thinking about with reentry and how to
3 support parents as they begin to think about
4 welcoming their young person back home.

5 MR. CAVEDON: And if I may, Madam
6 Chair? Anytime that a juvenile is incarcerated,
7 that is a family separation of course. Parents
8 don't go into these facilities with their young
9 people.

10 So anytime that there is unnecessary
11 detention of a youth who, again, has issues that
12 could be resolved in a community setting, that
13 should be the preference. There are court
14 systems that have begun to be more proactive
15 about sometimes ordering parents to make changes
16 rather than juveniles.

17 I've heard recently from a defense
18 attorney who was representing a young person,
19 who is in trouble for not getting mental health
20 treatment as ordered by juvenile probation. And
21 they were up for detention as a result.

22 At the court hearing it was crystal
23 clear the kid doesn't have a car, the kid
24 doesn't have a driver's license, who is it who
25 is supposed to make the call, it was mom. The

1 judge let the kid go and put mom under a
2 supervision order saying, you will comply. The
3 defense attorney reported, that kid never came
4 back to court. That was all that was necessary.

5 In addition, federal grant funding for
6 juvenile justice prevents states from
7 incarcerating kids and teenagers for what are
8 called status offenses. Those are offenses that
9 only a kid can commit, that if an adult does it,
10 it's not a crime. Being truant from school,
11 running away, being ungovernable or
12 incorrigible.

13 Nevertheless, in preparing my testimony
14 I spoke with attorneys who said that there are
15 jurisdictions where it is routine to detain
16 youth before and after adjudication for status
17 offenses. The Office of Juvenile Justice, the
18 Department of Justice, is responsible for
19 administering those grants.

20 One of this Commission's
21 recommendations should be auditing for
22 compliance. Any jurisdiction that's out of
23 compliance loses the funding for incarceration,
24 which by apparition of law is then transferred
25 to community services.

1 This Commission should ask OJJ to step
2 up and police those funding conditions. And if
3 necessary, redirect the money. As congress
4 envisioned.

5 MS. PEÑA: Chair, if I may make one
6 more point regarding family separation, if
7 that's okay?

8 CHAIR GARZA: Sure.

9 MS. PEÑA: As I mentioned, children who
10 enter immigration custody are trying to get out
11 of the immigration custody. And there are
12 parents trying to sponsor them out of
13 immigration custody.

14 Right now they're spending more than
15 120 days. And when parents coming forward,
16 these parents are at the risk of detention.
17 When the parents are detained, they are not
18 given the opportunity to return with their
19 children, their children are remaining in the
20 United States separated from their parents.

21 This creates a much harder issue for
22 the children because then now you're working
23 with two different processes trying to
24 understand what's going to happen with the
25 parent but also how to make sure that they

1 remain as a family unit. And often times we
2 hear of parents who are detained who are missing
3 important developmental milestones for their
4 children.

5 Children who are walking and their
6 parents are not able to witness that because
7 they're in detention. And that is really
8 difficult for us to be in the middle of that,
9 but also at the same time ensuring that family
10 unity is at the forefront of, you know, both the
11 children and the parent's situation.

12 CHAIR GARZA: Thank you. Thank you for
13 that. I know that there are a lot of
14 Commissioners that want questions, want to ask
15 questions. And we'll go ahead and start with
16 you, Commissioner Adams, and then we'll go to
17 the Vice Chair and then Commissioner Jones.

18 COMMISSIONER ADAMS: We'll get a report
19 draft that may have a number of terms that were
20 in the testimony today. I was hoping I could
21 get a really quick definition, quick, quick,
22 quick, because you just heard, as to what these
23 means. Dr. Terry, you referred to culturally
24 affirming programming. What is that?

25 DR. TERRY: Those would be programs

1 that really speak to the ways that communities
2 of color tend to have always treated our own
3 mental health needs. So it may not look like
4 standard clinical practices.

5 COMMISSIONER ADAMS: Gender-expansive?

6 DR. TERRY: Gender-expansive youth is a
7 term that can kind of refer, it's an umbrella
8 term. So it can refer to gender non-conforming
9 youth. They can confirm, for example,
10 transgender youth. And they tend to be housed
11 with girls.

12 COMMISSIONER ADAMS: Community defined
13 evidence program?

14 DR. TERRY: Yes. Those are those
15 culturally anchored interventions that have
16 reached consensus within communities, that
17 they're effective.

18 COMMISSIONER ADAMS: Last one.
19 Disruption of relational ties or providers that
20 did not follow them to their new facility, what
21 does that mean?

22 DR. TERRY: So the time it takes to
23 build a relationship with a provider. All of
24 that is disrupted, broken, right, if your
25 provider didn't go with you to a new facility.

1 So you've lost all that relationship, that
2 trust, everything that's needed for clinical
3 success.

4 COMMISSIONER ADAMS: All right, thanks.

5 CHAIR GARZA: I believe, Vice Chair.

6 VICE CHAIR NOURSE: Yes, I'll just be
7 very quick. Thank you to the doctors on the
8 panel and for all of you to give us some focus
9 on evidence-based ways in which to address some
10 of these terrible problems.

11 It is the saddest thing in my life to
12 have ever seen the fact that a 12-year-old, in
13 my personal life, wanted to commit suicide.
14 There is nothing more heartbreaking, so thank
15 you for your work.

16 Just, since I'm a law professor, Mr.
17 Cavedon, thank you so much for calling out
18 qualified immunity, which is a scandal. It is,
19 to think of people not only being in detention
20 is a trauma but then being sexually assaulted is
21 just beyond, right? We have to change that to
22 increase accountability, so thank you very much.

23 Over to my fellow Commissioners.

24 CHAIR GARZA: Commissioner Jones,
25 you're recognized.

1 COMMISSIONER JONES: Thank you. A
2 number of you on the panel have spoken to the
3 vitality of the federal state partnership known
4 as Medicaid. And vitality, specifically in the
5 context of the provision of lifesaving and
6 otherwise necessary medical care to juveniles in
7 incarcerated settings, it's not lost on me that
8 last year Congress enacted the so called, One
9 Big Beautiful Bill, which will cut Medicaid to
10 the tune of approximately \$1 trillion over the
11 next decade.

12 And I was wondering if any of you would
13 be able to speak to your own assessment, or the
14 assessment of the community of practitioners of
15 medical care to juveniles about the impact of
16 those cuts will be in the next decade?

17 DR. BARNERT: I think that legislation
18 is likely to have a significant impact on
19 worsening access to health care. What I've
20 seen, and what I've asked my pediatric
21 colleagues who are really experts at the
22 national Medicaid landscape more broadly, it
23 seems that this Consolidated Appropriations Act
24 Reform is still intact and that children will
25 still be qualifying and still mandated to

1 receive Medicaid services at the level of care
2 in the community.

3 As Dr. Terry shared, for youth and for
4 youth of color, it can be very difficult to
5 access health services in the community for a
6 number of reasons. And the cuts in Medicaid are
7 going to make it even harder for children to
8 have available health care. So this juvenile
9 justice conversation is following in much
10 broader landscape of significant Medicaid cuts.

11 And of a huge pediatric mental health crisis,
12 the likes of which we haven't seen.

13 So it's very important, I think, that
14 we use the juvenile justice as best as we can to
15 provide mental health care because it really is
16 an opportunity to get children care. And the
17 system is so difficult to navigate, and
18 community health care can be so difficult to
19 navigate that those reentry supports available
20 through Medicaid are very important. It's going
21 to get harder, but with dedicated Medicaid
22 funding to this very targeted population I
23 really think there is a chance for very
24 effective linkages to care.

25 DR. AALSMA: I mean, I think this is

1 where Medicaid and the community is so vital.
2 And to be clear, Medicaid is not covering the
3 vast majority of health care within detention or
4 correctional facilities at this time.

5 There is this waiver for us to really
6 understand, can we improve outcomes with a 30
7 day prior to release screening providing of
8 Medicaid and then connection to care in the
9 community. And I think this is where CMS can
10 really think about how to innovate more to
11 really have guidelines and quality based
12 services going forward. Thanks.

13 CHAIR GARZA: Well I have one last
14 question. And then, Dr. Terry, in your
15 materials you discuss the lack of data in youth
16 in the systems and note that there is data
17 sometimes kept in a black box making oversight
18 and tracking very difficult, both for the public
19 and oversight bodies, like this one. What are
20 your recommendations to address that problem in
21 particular?

22 DR. TERRY: Oh gosh. I think that, for
23 example, in the LA County probation department
24 they're understaffed. I think the last time
25 someone came to speak to our department to

1 present data it was a staff of three people.
2 And LA County has a huge probation department
3 that's managing so many youth. So if you only
4 have three people, first of all, you're not
5 going to be able to get done what you need to
6 get done.

7 I think there is outdated data systems.

8 I think there should be publicly available data
9 dashboards where people can regularly access
10 even something as basic as how many youth are
11 incarcerated in a facility on any given day.
12 What is their racial background.

13 There is poor outdated tracking for the
14 types of services youth receive. Sometimes it's
15 not even digitized. So I think even some basic,
16 you know, making things electronic would help
17 with that.

18 And then there needs to be ways for
19 oversight commissions to be able to actually
20 access data. Often times we're told that we
21 can't see any data because it's confidential.
22 But I think there is ways to remove identifying
23 information so that you can see aggregate
24 counts. And so that you can track a young
25 person's experience over time.

1 CHAIR GARZA: Mr. Cavedon?

2 MR. CAVEDON: And on that note, a
3 number of states do track recidivism, which is,
4 due people who went through the system get
5 rearrested? That's in fact a really important
6 metric here. A lot of them cut it off at 18.
7 So if you're 17 and a half and you go into the
8 system, you come back out, you get arrested a
9 year later, you didn't recidivise, the state
10 considers that a success.

11 Every state should be required to track
12 for several years after release. Say five years
13 or something like that, if you want an accurate
14 picture of whether or not state systems are
15 actually rehabilitating the youth that are
16 entrusted to it.

17 DR. AALSMA: In Indiana we have 92
18 counties and 19 detention centers. And on any
19 given day the Office of Supreme Court does not
20 know the number of young people detained in our
21 state.

22 This is a problem at a state level,
23 much less at a national level. And I think this
24 is where innovation around case management
25 systems, similar to electronic health record

1 systems and hospitals, would be really important
2 to understand the lay of the land and what's
3 really happening to young people across the
4 nation.

5 DR. BARNERT: You can tell I had
6 something in my mind. I just wanted to say
7 that, echo what Dr. Aalsma said earlier. That a
8 lot of progress has been made in the last 20
9 years. There is still much more work to do.

10 And to your question on Medicaid
11 Commissioner, there are some very important
12 bipartisan wins to be had. I've been watching
13 the messaging from the federal administration,
14 and I really have seen that this is a bipartisan
15 issue where we can make a lot of progress.

16 CHAIR GARZA: Thank you. Go ahead.

17 MS. PEÑA: If I may just add, when it
18 comes to data, some of the things that we
19 concerned with data is that often times this
20 data is biased. And unless they're getting
21 training to do that data from a strength-based
22 trauma-informed perspective the data can often
23 times be harmful for the children in accessing
24 support services, and even being released into
25 the community because they are depicting these

1 children in a non from a deficiency standpoint
2 from a disruptive standpoint.

3 And so data is going to be part of the
4 work that gets done. Training those individuals
5 and how they're entering data, how they're
6 describing children and their behavior. And
7 then also, implementation of that data and being
8 able to share that data publicly, publicly,
9 would be very helpful for us.

10 At the young center we're always trying
11 to identify the data as it relates, like how
12 many children are in custody, what are their
13 vulnerabilities, what are the things that
14 they're experiencing, where are they being
15 placed because we want to make sure that we have
16 the visibility and the ability to provide our
17 child advocate services to be able to advocate
18 for their best interest.

19 And fortunately right now we don't have
20 that much visibility. And it would be great if
21 that is something that could be, you know,
22 brought back to, as a priority, right, for us to
23 be able to know how many children are in
24 immigration custody and what are their
25 vulnerabilities and what services are they being

1 offered or not offered.

2 CHAIR GARZA: And how many transfers
3 between immigration custody to juvenile
4 detention --

5 MS. PEÑA: Correct.

6 CHAIR GARZA: -- correct?

7 MS. PEÑA: We don't know the numbers of
8 like how many times they're being, one, picked
9 up internally, and then being transferred into
10 immigration facilities. But then also, how many
11 children, while in immigration custody, are
12 transferred then to local law enforcement either
13 just for a scare, like okay, we're going to
14 scare you 8 year old even though we know you're
15 not going to go into the juvenile justice system
16 because you have to come back to immigration
17 station.

18 But we have seen children as young as 7
19 or 8 year olds, have interactions with local
20 police as a way to deter them from engaging in
21 what they call disrupted behavior. And we don't
22 have that data. And we are not -- we don't have
23 the visibility because we have, we are limited
24 to being appointed to the most vulnerable of the
25 vulnerable. And it's a very small percentage

1 compared to the number of children in
2 immigration custody.

3 CHAIR GARZA: Thank you. Thank you for
4 that. Well, I think this, we're coming to a
5 conclusion with this panel. Thank you all so
6 much for your testimony. Thank you for setting
7 the tone this morning.

8 We have a full day of panels to learn
9 more about this issue. And really appreciate
10 your expertise. This is a really important
11 issue I think to everyone on this Commission.
12 And again, appreciate your time.

13 We're going to take a brief break. We
14 will be back at 10:38 a.m. Eastern time.

15 (Whereupon, the above-entitled matter
16 went off the record at 10:28 a.m. and resumed at
17 10:41 a.m.)

18 PANEL 2: FEDERAL, STATE, AND LOCAL JUVENILE
19 JUSTICE OFFICIALS

20 CHAIR GARZA: All right, good morning
21 we're going to go ahead and get started. We are
22 back in session. We're coming back to order at
23 10:41 a.m., Eastern. We're going to proceed
24 with our second panel.

25 Again as a reminder, each of our

1 panelists will have 7 minutes to speak.
2 Following the conclusion of the panel
3 presentation, Commissioners will have an
4 opportunity to ask questions within the allotted
5 period of time.

6 I'll recognize Commissioners who wish
7 to speak, and I'll strictly enforce the time
8 allotments given to each panelist to present
9 their statement.

10 And unless we did not receive your
11 testimony until today, you can assume that we've
12 read it.

13 We appreciate you being here; very much
14 so. So, please make the use of your time, of
15 the whole 7 minutes, and focus your remarks on
16 the topic at hand.

17 Panelists, please notice the system of
18 warning lights that you have right here in front
19 of you.

20 When the light turns from green to
21 yellow, that means that you have 2 minutes
22 remaining. When the light turns red, you should
23 just go ahead and conclude your thoughts so I
24 don't cut you off.

25 And, my fellow Commissioners and I will

1 do our part to keep our questions and comments
2 concise.

3 Now to our panelists, we are going to
4 hear from the federal, state, and local juvenile
5 justice officials about how mental health care
6 is provided in the juvenile criminal legal
7 system.

8 In the order in which they will speak,
9 our panelists are Judge Renee Rodriguez-
10 Betancourt, of the 449th Judicial District
11 Court, in Hidalgo County, Texas.

12 Jamie Gravett, the Director of the
13 Minnehaha County Regional Juvenile Detention
14 Center, Sioux Falls, South Dakota.

15 Mark Jordan, the former Executive
16 Director of Office of Independent Juvenile
17 Justice Facilities Oversight, in Washington,
18 D.C.

19 Joe Guttierrez, Commander, Western South
20 Dakota Juvenile Services Center, Rapid City,
21 South Dakota.

22 And, Judge Katherine Lucero, retired,
23 Director of the California Office of Youth and
24 Community Restoration.

25 Just a note here before we go ahead and

1 proceed. Hold on. I'm going to ask each
2 panelist who raised their right hand, to be
3 sworn in.

4 Will you swear and confirm that the
5 information that you are about to provide us is
6 true, and correct, and accurate, to the best of
7 your knowledge and belief?

8 (No audible response.)

9 CHAIR GARZA: Okay, all the panelists
10 have confirmed yes.

11 So we're going to go ahead and begin
12 with Judge Rodriguez-Betancourt. You can go
13 ahead and begin.

14 JUDGE RODRIGUEZ-BETANCOURT: Good
15 morning. Chairperson and members of the
16 Commission, thank you for the opportunity to
17 testify today.

18 I serve as a judge of the 449 Judicial
19 District Court in Hidalgo County, Texas, where I
20 preside over all juvenile cases.

21 Every day I make decisions that impact
22 the lives of children and families. Every day I
23 stand on the frontlines of the juvenile justice
24 system. And it is from that perspective, that I
25 offer my testimony today.

1 When people hear the words juvenile
2 offender, they often think about the offense
3 that brought a child before the court.

4 What I see is something very different.
5 I see children carrying trauma; depression,
6 anxiety; grief; abuse; neglect; family violence;
7 and, untreated mental illnesses.

8 Many of the youth who appear before me
9 are not bad children. They are hurting. They
10 are sad. The juvenile justice system often
11 becomes a first space where they receive a
12 meaningful mental health assessment, or access
13 to behavioral health treatment.

14 The reality should concern us all.
15 When a child enters detention, the state assumes
16 responsibility for that child's care and safety.

17 That responsibility extends beyond
18 physical custody. It includes protecting the
19 child's mental, and emotional well-being.

20 Many youth arrive at detention already
21 suffering from serious mental illness, trauma
22 related disorders, substance abuse disorders,
23 I'm sorry, suicidal ideations, emotional crisis,
24 and the stress of confinement just magnifies
25 that.

1 Detention facilities today are
2 increasingly asking to function as mental health
3 providers, while maintaining safety and
4 security.

5 The challenge is that many facilities
6 were never designed to meet the behavioral
7 health needs we see today.

8 Children need immediate screening,
9 timely psychiatric evaluations, counseling,
10 medication management, when appropriate, crisis
11 intervention, and trauma informed care through
12 their confinement.

13 Mental health care should not be viewed
14 as an option service. It is essential to both
15 the safety of the child, and the safety of the
16 facility.

17 In Texas, juvenile courts, probation
18 departments, detention facilities, behavioral
19 health providers, school systems, and community
20 organizations, all share responsibility for
21 youth with mental health needs.

22 The challenge is that these systems
23 often operate independently, rather than
24 collaborating.

25 In Hidalgo County, we have worked to

1 strengthen these partnerships through multi-
2 disciplinary teams, and specialty court programs
3 that connect youth treatment, while maintaining
4 accountability.

5 Judicial oversight plays a huge roll by
6 ensuring that children receive appropriate
7 evaluations, treatment plans, educational
8 services, and continuum of care while involved
9 with the juvenile justice system.

10 No single agency can meet these needs
11 alone. Success requires collaboration across
12 every level of government, and community
13 service.

14 One of the greatest challenges we face,
15 is a shortage of behavioral health
16 professionals. Border communities like mine,
17 often experience shortages of child
18 psychiatrists, psychologists, counselors,
19 residential treatment providers in crisis, I'm
20 sorry, stabilization resources.

21 Many youth require services that are
22 simply not available when they need them.

23 The other thing is continuity of care
24 often remains a significant challenge. Children
25 may receive services while detained, but quickly

1 lose it after they return home because of
2 transportation barriers, provider shortages,
3 insurance limitations, or long waiting lists.

4 Despite these challenges, I have
5 witnessed remarkable success when treatment is
6 prioritized.

7 Our juvenile drug court treatment court
8 addresses substance use disorders, and occurring
9 mental health conditions through evidence-based
10 treatment, family engagement, accountability,
11 and again, judicial oversight.

12 Our Lifelines Program serves girls with
13 significant trauma and behavior health needs,
14 through individualized treatment and mentoring.

15 These programs have shown that when
16 underlining mental health needs are addressed,
17 youth are more likely to succeed both inside,
18 and outside the justice system.

19 Based upon my experience on the bench,
20 several practices consistently improve outcomes.

21 Early mental health screenings upon entry into
22 detention, trauma informed care through
23 confinement, and family engagement whenever
24 appropriate.

25 Integrated treatment for co-occurring

1 substances and mental health disorders. And
2 again, continuing care upon release.

3 Judicial oversight that combines
4 accountability with rehabilitation. These
5 specialty court programs address a root causes
6 of delinquent behavior, rather than focusing
7 solely on punishment.

8 These practices improve public safety
9 because they reduce recidivism, and help
10 children become healthy, productive members of
11 their community.

12 We need greater investment in
13 community-based mental health services before
14 children enter the juvenile justice system.

15 We need additional child psychiatrists,
16 psychologists, counselors, and behavioral health
17 providers serving detention facilities, and
18 under served communities.

19 We need to expand crisis stabilization
20 services, and residential treatment options for
21 youth with serious mental illnesses.

22 We need stronger continuity of care so
23 treatment does not end when detention ends. We
24 need culturally responsive and bilingual
25 services that reflect the communities we serve.

1 And finally, we must continue investing
2 in diversion programs, and specialty courts that
3 combine treatment, accountability, and family
4 engagement.

5 Throughout my tenures on the bench, I
6 have learned that no child wakes up one morning
7 and decides they want to end up in juvenile
8 court.

9 The children who appear before me are
10 someone's son, someone's daughter, someone's
11 grandchild.

12 Many arrive carrying burdens that would
13 overwhelm most adults. Yet despite everything,
14 they have endured; they continue to show
15 extraordinary resilience.

16 I have watched children who stood
17 before me angry, addicted, hopeless, and broken.

18 They have graduated from high school, reunited
19 with their families, overcome addiction, attend
20 college, and become productive members of their
21 communities.

22 Not because someone excused their
23 behavior, but because someone recognized that
24 accountability and treatment must go hand-in-
25 hand.

1 The true measure of the juvenile
2 justice system is not how well we punish
3 children when they fail. It is how well we help
4 them succeed when they still have time to
5 change.

6 Every child who enters our juvenile
7 justice system is more than the worst thing they
8 have ever done.

9 When a government assumes custody of a
10 child, it assumes responsibility again not only
11 for the child's safety, but for the child's
12 opportunity to heal.

13 This is not simply good public policy.
14 It is a moral obligation. It is a public
15 safety imperative, and it is a civil rights
16 issue.

17 So thank you for your time.

18 CHAIR GARZA: Thank you, Judge
19 Rodriguez-Betancourt. We're going to go ahead
20 and hear from Mr. Gravett, is that correct?

21 MR. GRAVETT: Gravett.

22 CHAIR GARZA: Gravett, there you go.

23 MR. GRAVETT: Yes.

24 CHAIR GARZA: Please proceed.

25 MR. GRAVETT: All right. Chair,

1 Commissioners, thank you for this opportunity.
2 My name's Jamie Gravett, I'm the Director of the
3 Minnehaha County Regional Juvenile Detention
4 Center, in Sioux Falls, South Dakota.

5 We serve 17 counties in South Dakota,
6 and one county in Minnesota. A majority of our
7 clients are from Sioux Falls, which is the
8 largest city in South Dakota.

9 And it encompasses Minnehaha, and
10 Lincoln County. Lincoln County is one of the
11 largest growing counties in the nation, and we
12 have a population of around 300,000.

13 We hold 10-18 year olds. We've have
14 mental health, 24-hour emergency mental health
15 youth as young as 7.

16 And, that needs to stop. We need to
17 quit finding ways to charge a kid with a crime
18 so that they can be held in a detention center
19 when everyone knows that it's a mental health
20 problem.

21 We have a capacity of 48 kids. Today
22 we have 35 kids. We have 10 of those kids that
23 are being tried in adult court for crimes that
24 are higher level. Rape, murder, those types of
25 things.

1 Our average length of stay is 35 days,
2 which shows that we don't have a lot of time to
3 work with these kids.

4 But those kids that are there longer
5 term, those adult cases, they're going to take
6 longer to come to a conclusion. We need to be
7 able to provide services to them that we just
8 can't, because we can afford.

9 What we do do for kids, when they first
10 come in, we do a suicide risk inventory. We
11 don't have the capability to do assessment as
12 suggested by many people.

13 We have qualified mental health
14 professionals that come in and work through
15 crisis situations.

16 We have an outside service that comes
17 in and provides medication management for youth
18 that are on medications.

19 Before we were able to get that in
20 place, we'd have kids coming from other
21 placements, or coming in from the community that
22 needed medication, and we couldn't provide it to
23 them because we couldn't have a service provider
24 see them and give us the medications that we
25 could provide to them.

1 So, every day we're looking for better
2 ways to serve these kids, but it all comes down
3 to money. And, there's just not enough of it.

4 You can talk about mandates and all
5 those types of things, but if they're unfunded,
6 they're going to fail.

7 And, that's what I've seen too many
8 times in my 33 years of doing this.

9 Other things that we do. We do have
10 some grant-funded non-profit agencies that come
11 in to provide weekly counseling to some of the
12 kids.

13 We can't, they don't have enough
14 resources. We don't have enough resources for
15 every kid that needs it.

16 In the 12 years that I've been the
17 director of this facility, I've seen the amount
18 of mental health increase substantially.

19 When I started there, we had one small
20 drawer that had medications in it, and one
21 Kardex that wasn't even full of kids and their
22 meds that they take.

23 Today, we have a cart that has over 50
24 drawers full of medications. We have four of
25 those Kardexes full of the different medications

1 that kids have to take.

2 I wish there was more we could do; we
3 just can't. In South Dakota, they're constantly
4 talking about how we have to reduce property
5 tax.

6 That's how the counties are funded.
7 And we constantly have people complaining about
8 how much we charge them to hold a kid in the
9 facility.

10 That's what it takes. And, we just
11 can't do it. In South Dakota, we also run into
12 the problem of keeping professionals in South
13 Dakota to provide the services.

14 We struggle to try and get the
15 legislature to pass incentive packages to help
16 pay for their school, or do whatever to keep
17 them in South Dakota, and provide those
18 services.

19 South Dakota has an access problem for
20 long-term care needs, too. We have a state
21 hospital that's severely understaffed, and
22 underfunded.

23 They provide incentives to employees to
24 stay, and they don't. They keep leaving. But
25 we have psychiatric residential treatment

1 facilities that are always full.

2 And they're run by non-profits. It's
3 too easy for them to kick kids out at the first
4 sign of trouble.

5 We need something that is secure, and
6 that can handle the kids with the severe
7 emotional disorders. And, we just don't have
8 it.

9 There was some talk earlier in the
10 panel about, or the earlier panel, about status
11 offenders, and how the U.S. fought to get them
12 out of juvenile court, and keeping them out of
13 juvenile detention facilities.

14 We need to do the same for mental
15 health. We've done it over time in different
16 subjects. In the 60s it was getting kids out of
17 jails.

18 It took till the 90s to finally really
19 get that rolling. The status offenders out of
20 detention. We're doing the best we can.

21 There is oversight on that. We do get
22 violations that happen. And if the states get
23 too many, they do lose funding.

24 I've had two in the last three months,
25 and it was all because of a mental health hold

1 with no charges, sitting in my detention center
2 waiting to get to the state hospital.

3 And, I had no control over that. I
4 couldn't say no, I can't take him; I can't throw
5 him out on the street.

6 So, Medicaid is a resource. And there
7 was a slide on the video about how there was the
8 part of it being optional for states to fund
9 kids while they're in detention.

10 Get rid of the word optional. Make it
11 mandatory. We can do so much more if we got the
12 Medicaid funds to do it.

13 I could talk all day on this. I'm
14 running out of time. I thank you for everything
15 that you're doing, and I look forward to
16 answering some questions for you.

17 CHAIR GARZA: Thank you so much, Mr.
18 Gravett. We're going to have Mr. Jordan, if you
19 would like to proceed?

20 MR. JORDAN: Good morning Commissioners
21 --

22 CHAIR GARZA: Oh, sorry. And I'm
23 sorry, if you would just turn off your mic after
24 you speak. Can we run his clock again, or it
25 hasn't started? There you go.

1 MR. JORDAN: Good morning
2 Commissioners, I am Mark Jordan, and I
3 appreciate the opportunity to testify before you
4 today regarding mental health services, and
5 secure juvenile facilities.

6 Overwhelmingly incarcerated juvenile
7 justice involved juveniles, are eventually
8 released to the community.

9 Here in Washington, D.C., the stated
10 goal of the juvenile justice system, is
11 rehabilitation.

12 Effective behavioral health services
13 are central to achieving that goal, but too
14 often, fall short.

15 Much of what I present today is based
16 on a report my office released in October 2025.

17 Today, I will emphasize four topics.

18 One, the importance of a facility's
19 mission to the behavioral health program design
20 and service delivery model.

21 Two, the prevalence of behavioral
22 health problems among incarcerated youth.

23 Three, the need for individualized
24 mental health services as an integrated, core
25 component of effective rehabilitation.

1 And four, the obstacles to effective
2 service delivery.

3 First, every facility should have a
4 clearly defined mission and program design with
5 appropriate resources to support that mission.

6 Detention facilities, which generally
7 house youth while their cases are adjudicated,
8 operate differently than secure residential
9 treatment facilities, which house youth who have
10 been committed to custody for a longer period of
11 rehabilitation.

12 Admission volumes, lengths of stay, and
13 youth profiles, have a dramatic impact on the
14 ability of an agency to provide services.

15 To give a practical sense of the
16 difference, in D.C.'s juvenile detention
17 facility, there were generally over 200 monthly
18 admissions in 2025.

19 An analysis of 2024 demonstrated that
20 over half of admitted youth were released within
21 a week, and nearly 80 percent were released
22 within a month.

23 Only 10 percent of youth remained at
24 the facility for more than two months.

25 This illustrates that in detention

1 facilities, there can be high turnover and many
2 youth leave soon after arrival.

3 And because youth are often admitted
4 directly from the community, facility staff may
5 initially know nothing about their mental health
6 state, and needs.

7 In settings like this where
8 incarceration itself may be destabilizing,
9 timely mental health screenings are critical to
10 ensure youth do not present risks to themselves,
11 or others.

12 And to identify whether there are signs
13 of mental health needs requiring urgent follow
14 up assessment, or emergency services.

15 Behavioral health programs in detention
16 facilities, must account for the volume of youth
17 admitted, generally shorter lengths of stay, and
18 that some of the youth have not been found
19 involved in delinquent behavior requiring
20 rehabilitation.

21 Further, for youth with diagnosed
22 mental health problems, providers must take into
23 consideration, the risks associated with
24 beginning treatment that could end abruptly and
25 prematurely, upon a youth's release.

1 In contrast, secure facilities for
2 committed youth present different opportunities.

3 My office's 2025 study documented that in the
4 District's facility for committed youth, 72
5 youth were admitted in 2023 with a median length
6 of stay, of 261 days, and a maximum of 679.

7 With fewer admissions, longer lengths
8 of stay, managers have opportunities to conduct
9 in-depth assessments on each youth, develop
10 plans responsive to individual needs, and design
11 programs and implement treatments to meet those
12 needs.

13 And, update those plans in response to
14 youth behaviors.

15 The 2025 assessment illustrated a high
16 prevalence of complex behavioral health needs
17 facing incarcerated juveniles.

18 Based on a review of 17 of the 64
19 admitted youth, the cohort presented a
20 staggering density of behavioral health needs.

21 Eighty-eight percent of youth were
22 diagnosed with substance use disorders, 82
23 percent presented significant histories of
24 trauma, and nearly 93 percent showed cognitive
25 limitations.

1 Many individuals were diagnosed with
2 conduct or depressive disorders. Most youth in
3 the sample were committed for serious and
4 violent offenses, including assaults,
5 carjackings, and firearm use.

6 Every youth in the sample was
7 prescribed one or more psychotropic medications,
8 for at least a portion of their incarceration.

9 These figures illustrate that youth who
10 penetrate the deepest end of the juvenile
11 justice system, secure facilities, are highly
12 likely to have serious behavioral health needs.

13 Effective rehabilitation requires that
14 each youth's problems be diagnosed, evident
15 problems documented, and treated through
16 evidence-based individualized plan, which should
17 be updated over time.

18 In addressing the spectrum of needs
19 among these youth, demands a sufficient number
20 of qualified providers operating in an
21 environment that can encourage, and support
22 behavioral change.

23 Importantly, it is critical that
24 behavioral health plans are individualized to
25 each person's problems, and cognitive

1 functioning level.

2 Generic programs one size fits all
3 solutions, do not work.

4 Some youth require psychiatric
5 intervention and medication management, many
6 need supporting, support processing trauma to
7 mitigate impacts of adverse experiences, and
8 help achieve healthy, cognitive and behavioral
9 development.

10 Others needs support learning new
11 behavioral responses and emotional regulation
12 skills.

13 Helping incarcerated youth navigate
14 these challenges requires trained professionals.

15 But neither my medication alone, nor
16 periodic talk therapy, will solve delinquency.
17 Incarcerated youth spend most of their days
18 interacting with peers and staff charged with
19 supervising them; not with behavioral health
20 providers.

21 As my office expert consultant stated,
22 rehabilitation cannot be compartmentalized into
23 a few hours of individual and group therapy each
24 week.

25 Any and all interactions between youth

1 and staff should be viewed as opportunities for
2 teaching, and skills training.

3 Behavioral change requires teaching
4 youth skills, reinforcing those skills, and then
5 allowing them to practice self-regulation skills
6 in situations that may historically have
7 triggered anti-social behaviors.

8 For many youth, the goal is family
9 reunification upon release. However, delinquent
10 behavioral patterns are frequently linked to
11 family relational dynamics, and to prepare youth
12 for re-entry, those dynamics must be addressed
13 through family therapy.

14 The challenges of coordinating family
15 therapy can be daunting, but delinquent youth
16 behavior should be understood and addressed in
17 the context of each youth's family and social
18 environments.

19 Even in well-resourced facilities,
20 delivering service effectively is a challenge.
21 And well designed policies and programs are
22 insufficient, if they are not implemented as
23 intended.

24 In my report, we saw evidence of
25 disconnects between behavioral health

1 assessments, and the derivative problem with
2 treatment plans.

3 In some cases, problems were not
4 documented; in others, documented problems not
5 treated.

6 We also saw evidence of overly generic
7 programming that did not specify clear goals,
8 treatment frequencies, or address specific
9 problems of youth.

10 Finally, in carceral settings there can
11 be a conflict between the security first
12 operational mentality, and the therapeutic goals
13 of rehabilitation.

14 Security staff spend most of the time
15 with youth, who spend most of the time with
16 youth, may be trained to focus on supervision,
17 rather than clinical engagement.

18 Thus, while secure facilities could
19 present an opportunity for youth to practice
20 pro-social skills in a controlled environment,
21 often rule breaking behaviors are met with
22 security-based sanctions, rather than clinical
23 modifications to treatment plans, reinforcing a
24 cycle of failure.

25 I appreciate the opportunity to testify

1 and would be happy to answer any questions.

2 CHAIR GARZA: Thank you so much, Mr.
3 Jordan. Mr. Guttierrez, you can go ahead and
4 begin.

5 MR. GUTTIEREZ: Hi, my name is Joe
6 Guttierrez. I serve as Commander of the Western
7 South Dakota Juvenile Services Center, under the
8 Pennington County Sheriff's Office in Rapid
9 City, South Dakota.

10 We're a holding facility for juveniles
11 between the ages of 10, and their 21st birthday.

12 We offer, excuse me. We are, I'm
13 sorry. The Western South Dakota Juvenile
14 Services Center has been a nationally accredited
15 by the American Correctional Association.

16 We're one of three local detention
17 centers in the nation, contracted to hold
18 juveniles for the Bureau of Prisons.

19 We also contract with the U.S. Marshal
20 Services, the U.S. Probation, and the South
21 Dakota Department of Corrections.

22 The average age in our facility is 16,
23 consisting of 60 percent male, 40 percent
24 female. Seventy-five percent of our population
25 is American Indian.

1 In our region, minority are indigenous
2 youth, are disproportionately swept down a
3 correctional path, rather than a medical path
4 for underlying traumas.

5 Alongside core education and life
6 skills, we integrate culturally responsive
7 programming. We offer full-time medical and
8 mental health staff, mental health counselor on
9 staff.

10 We set up individual counseling for all
11 long-term juveniles in our facility. We
12 contract with community agencies, supplemented
13 by federal grants, to provide evidence-based
14 group and individual therapies such as cognitive
15 behavior therapy, and moral recognition therapy.

16 Every youth undergoes an immediate
17 suicide screening by a booking officer upon
18 arrival. Within 24-72 hours, the mental health
19 counselor conducts a full dependency and
20 clinical depression assessment.

21 Youth presenting acute self-harm risk,
22 are placed on what we call an active close
23 watch. I think close to 80 percent of the
24 juveniles in our facility, are on an active
25 close watch.

1 This involves safety clothing, suicide
2 resistant bedding, daily clinical assessments
3 and medical referrals, for psychiatric
4 medication and treatment management.

5 We are routinely forced to house
6 juveniles formally adjudicated, legally
7 incompetent to stand trial.

8 And, these youth lack cognitive
9 capacity to understand their charges. They
10 belong in a restorative environment, but due to
11 the lack of alternative placements, they sit in
12 detention cells sometimes for months.

13 We are using detention as a waiting
14 room for a courtroom they cannot understand, or
15 comprehend.

16 It's hard to believe that there are
17 zero federal secure mental health facilities for
18 juveniles in the United States.

19 We have a statement of work with the
20 Bureau of Prisons, and we offer a lot of
21 services for them.

22 South Dakota suffers from a critical
23 shortage of long-term in-patient resources. Our
24 state psychiatric hospital is 6 hours away, and
25 limited to staffing shortages.

1 When clinical pathologies are managed
2 through a jail cell, the youth do not get well,
3 they just get older.

4 At 18, they age out and transition
5 directly into adult jails or prisons. Federal
6 statutory guideline abruptly terminate Medicaid
7 eligibility the moment a juvenile enters a pre-
8 trial detention facility.

9 This shifts the massive financial
10 burden of acute medical and psychiatric crisis,
11 entirely on to a local county property taxes and
12 volatile grant funding.

13 To protect the fundamental rights of
14 justice involved youth, I urge the Commission to
15 recommend the following reforms to Congress, and
16 the President.

17 Number one. Allocate funding to build
18 secure regional clinical centers, managed by
19 medical professionals, ending the reliance of
20 local county detention intakes, for acute
21 psychiatric placements.

22 Number two, implement a strict federal
23 mandate prohibiting the holding of legally
24 incompetent juveniles beyond the 72-hour window.

25 Number three, amend federal law to

1 maintain continuous Medicaid eligibility for
2 juveniles held in pre-trial detention.

3 There should be no pause in coverage.
4 And it was stated earlier, there's some options
5 for the last 30 days before they go back to the
6 community.

7 But I think if you have Medicaid before
8 you come into a detention center, when you're in
9 detention, we have so it's well to say a captive
10 audience to get them well, to get them mental
11 health, get them whatever medical they might
12 need.

13 Number four. Fund more psychiatric
14 residential treatment facilities in historically
15 under served rural minority, and tribal
16 communities.

17 We are being asked to run secure
18 correctional environments and intensive
19 psychiatric wards under the same roof. It
20 compromises public safety, staff welfare, and
21 civil rights of the youth in our charge.

22 Solutions require expanded treatment
23 capacity, sustainable funding, improved access
24 to medical reimbursement, and additionally,
25 regional mental health resources closer to the

1 communities that we serve.

2 Every youth that enters our facility
3 represents an opportunity for intervention, and
4 positive change.

5 And as many people talked about,
6 juveniles are impulsive. From one day to the
7 next, any time they're in their housing or their
8 room, they're more vulnerable to suicide.

9 Leaving to come to D.C., I had a
10 juvenile who is 14 years old, a football player
11 at a local high school, and has, works with the
12 Department of Social Services, and he just, he
13 just gave up.

14 So, we found him hanging in his cell.
15 So luckily our staff who do their policies and
16 procedures, and follow the rules, caught this
17 juvenile before he can continue to kill himself.

18 When I talked to him, he told me, I
19 just don't know what to do. He goes, I hear
20 voices all the time. I don't have any parents
21 to talk to; I don't have any family. I'm with
22 the Department of Social Services, and I'm just
23 lost.

24 So, mental health is huge in detention
25 centers. And any time a juvenile is alone,

1 they're more vulnerable.

2 So, we have guidelines set up to make
3 sure that when kids are in our facility, we do
4 what we can and bring in resources from the
5 community, to help them deal with their medical
6 needs.

7 But again, funding is a big thing. And
8 I'd like to echo what Director Gravett said
9 about South Dakota.

10 We're a rural area, but we have some
11 big time challenges that other big states have,
12 as well.

13 Thank you for your time. Open to
14 comments.

15 CHAIR GARZA: Thank you so much, Mr.
16 Guttierrez. Judge Lucero?

17 JUDGE LUCERO: Good morning, I was a
18 judge for 22 years, who specialized in working
19 with families in crisis. So child welfare
20 court, JJ court, and family court.

21 I was appointed to lead this office,
22 OYCR, in late 2021. I began my tenure in
23 January of 2022.

24 Our office was launched specifically
25 because SB Senate Bill 823, closed our state

1 youth prison scheme, and realigned the
2 qualifying youth back to the 58 counties for
3 care that was close to home, and in smaller
4 congregate facilities.

5 In the 1990s, the Department of
6 Juvenile Justice state run facility had roughly
7 10,000 kids in their average daily population.

8 Today, those same kids that were
9 realigned back to the counties, last I looked it
10 was more like 600, now in 38 facilities
11 throughout California.

12 California has done an amazing job at
13 making sure only the right kids are incarcerated
14 for the longest time. Close to home, near their
15 families, and in small congregate care.

16 Accountability for harm caused, is
17 critical. But just as critical is our response
18 as a society for a developmentally appropriate
19 manner, based on brain science and research to
20 the adolescent offender.

21 And, that's the work of my office.
22 That's the driving force of my office to look at
23 what policies are best for youthful offenders.
24 I'm talking in California, a 12, 13, 14, 15, 16,
25 17 year olds who commit a crime.

1 California also has jurisdiction for
2 juvenile offenders up to the age of 25. Kids
3 under 12 cannot be arrested unless it's for the
4 most heinous offenses, like murder and forcible
5 rape.

6 The framework reflects California's
7 approach to a rehabilitative behavioral health
8 lens for juvenile justice reform, that
9 emphasizes trauma informed responsive care,
10 individualized treatment, behavioral health
11 access, family engagement, and community
12 capacity building.

13 This is to provide a continuity of
14 care. Youth who enter the justice system as we
15 have heard, suffer from very high prevalences of
16 mental health issues.

17 In California like the rest of the
18 state, they are Black, Latino, and Native
19 American youth, are disproportionately over
20 represented.

21 On any given day, 73 percent of the
22 incarcerated youth in California, have an open
23 mental health case, and 40 percent are receiving
24 psychotropic medication.

25 And childhood trauma fuels the anti-

1 social and delinquent behavior, and the self-
2 medication that comes with that, and the use of
3 drugs and alcohol.

4 And so, what can we do to make sure
5 that when we have the kids with us, to take that
6 opportunity to help that transformation, get
7 them back on track, and become law abiding adult
8 citizens?

9 I want to caution that it's unwise for
10 us to think just improving the mental health
11 access, will really, truly make it so that our
12 kids are well.

13 And, I say that because we really need
14 some parallel priorities. For example, one,
15 reduce reliance on confinement in our youth
16 justice systems.

17 Providing interventions that address
18 young people's mental health needs, and support
19 their desistence from delinquency before they
20 enter our systems, while keeping a vast majority
21 of those kids at home.

22 The second thing is to create safe and
23 positive environments within juvenile
24 facilities, that make effective treatment
25 possible for the small number of youth that do

1 have to be separated from society.

2 And ensure a support system, third,
3 ensure a support system when that adolescent re-
4 enters our community, which includes mental
5 health access, family engagement access, and
6 positive youth development programs.

7 Overwhelming research shows that
8 incarcerating youth only makes things worse.
9 And so, if we're, as Dr. Barnert said, if 50
10 percent of those youth are there for really not
11 the highest and most need public safety risk, we
12 need to keep those kids at home. Keep those
13 kids in the community.

14 Police-based diversion works. For low-
15 risk first time offenders, it's highly
16 effective. And after these types of
17 interventions, a majority of kids do not go on
18 to re-offend.

19 If we give adolescents the support and
20 redirection they need, they will become
21 community assets, rather than a high-cost to our
22 general budget in carceral settings.

23 Not to mention the cost to society
24 itself by losing human capital, taxpayers,
25 talent, loved ones, and much more.

1 Incarceration doesn't work for two
2 reasons. One, because this is the period of
3 human development where kids are going to make
4 mistakes.

5 Kids are impulsive. It's very
6 difficult for them to delay gratification. And
7 when we put them in jail, we stop their psycho-
8 social maturity.

9 So only putting those at highest risk
10 to our public safety in society, is why we
11 really need to look at that as a parallel
12 policy.

13 Because that is a mental health
14 approach. That's a behavioral health approach.

15 Not to put them in jail, a low-risk offender in
16 jail, so they can access mental health services.

17 System accountability should drive
18 youth justice improvement. In California, we
19 have an ombuds division that's independent.

20 We field hundreds of investigations a
21 year. And what we can tell you about that, is
22 that kids know they can call somebody and say
23 what is happening to them. And that they will
24 be heard.

25 And, county facility chiefs know that

1 we are there to help them improve that facility
2 so that they, too, can have staff that is
3 experiencing well-being. And they're not just
4 policing and punishing.

5 Facility climate is very important and
6 we really need to pay attention to it. I'll
7 just wrap up by saying that we have a stepping
8 home model that we have designed with Dr.
9 Barnert, where we get kids home even when
10 they're doing their baseline commitment, with
11 high touch wraparound services.

12 California is implementing a high
13 fidelity wrap scheme, as well. We are, I'm
14 within the California Health and Human Services
15 Agency.

16 We are drawing on every thread that we
17 can pull in, to make sure kids that do enter the
18 justice system, aren't looked at as mini
19 criminals, but as an adolescent that had a
20 social/emotional disruption.

21 If we want our adolescents to be well
22 and welcome in our society, we must treat them
23 as adolescents, humans in process, age
24 appropriately so that they can be well.

25 Thank you.

1 CHAIR GARZA: Thank you so much. We're
2 going to go ahead and transition to questions.
3 I know I have many, but I'm going to defer to
4 Commissioner Jones first --

5 (Simultaneous speaking.)

6 COMMISSIONER JONES: Thank you for --

7 CHAIR GARZA: -- for the first
8 question.

9 COMMISSIONER JONES: -- your deference,
10 Madam Chair.

11 CHAIR GARZA: Okay.

12 COMMISSIONER JONES: And thanks again
13 to our panelists for their testimony, and their
14 attention to this really important matter, and
15 the time that they've spent in traveling here.

16 It is my sense that not enough
17 policymakers, particularly at the federal level
18 here in Washington, D.C., understand the
19 importance of the Medicaid program.

20 I say this as someone who grew up on
21 Medicaid. It was life changing for me and my
22 family. And, Director Gravett, I hope I'm
23 pronouncing that correctly.

24 MR. GRAVETT: Yes, you are.

25 COMMISSIONER JONES: I've been

1 struggling with that. Okay, thank you. You
2 said that you wish that you had more Medicaid
3 funding at your disposal.

4 What I would like to hear from you is,
5 what are you currently using Medicaid funding
6 for? What are you unable to do that more
7 Medicaid funding would allow you to do?

8 How has the availability of Medicaid
9 funding changed in your job, if at all, over the
10 past year?

11 And, what is your understanding of the
12 availability of such funds in the next couple of
13 years? Thank you.

14 MR. GRAVETT: So we really haven't had
15 Medicaid available to us because as previously
16 stated, it was shut off when kids would come
17 into our facility.

18 Now it's changed to where it's paused
19 to make it easier for them to get restarted when
20 they leave, but it still doesn't afford us any
21 opportunity to use that while they're in our
22 facility.

23 I would love to be able to do it, have
24 it available so I can meet medical needs that
25 kids come in with.

1 We're starting to see more and more
2 diabetic kids. And, they're dangerous. And
3 usually they come in untreated. Our county
4 funds to get them back on track, they get out,
5 and then they're untreated again.

6 Even with Medicaid because they don't
7 always get restarted, or they have to jump
8 through the hoops to get restarted.

9 COMMISSIONER JONES: Can I just, when
10 you say they're dangerous, is it because, can
11 you talk about what --

12 (Simultaneous speaking.)

13 MR. GRAVETT: Because diabetes is just
14 dangerous.

15 COMMISSIONER JONES: Okay, that's what
16 I thought you meant.

17 MR. GRAVETT: Have someone come in
18 untreated, try and get them treated, yes,
19 dangerous to their health. Not to my facility
20 so much, but.

21 I would love to meet their medical
22 needs. I'd love to be able to offer individual
23 counseling, group counseling. Make sure that
24 they have all their proper medications, and be
25 able to pay for them.

1 We've recently implemented an
2 interdisciplinary team to try and address kids
3 that are acting out.

4 We have a qualified mental health
5 professional. We have our nurse, and then we
6 have our case managers and our correctional
7 officers working in a team to try and address
8 how to deal properly with the kids, to meet
9 their needs both mental health and then
10 corrective, or learning opportunities as well.

11 That's something that we've implemented
12 and want to, would probably expand further.

13 Most of our services like I said, are
14 non-profit coming in and providing services to
15 us on grants that they were able to receive.

16 I think if the kids' Medicaid was
17 available, we could start doing a lot more
18 individual work with youth to meet their needs.

19 COMMISSIONER GILCHRIST: Madam Chair.

20 CHAIR GARZA: I was going to ask a
21 question.

22 COMMISSIONER GILCHRIST: Go ahead,
23 please.

24 CHAIR GARZA: And then I know
25 Commissioner Adams had a question as well.

1 COMMISSIONER ADAMS: I'll go later.

2 CHAIR GARZA: You'll go later? Okay.
3 Judge, okay, thank you for being here because I
4 feel like we can get a real sense of the
5 facilities.

6 There's just so many aspects of this
7 process that I think you all are experts on that
8 can really provide us with information.

9 I did want to talk about the judiciary
10 and that particular aspect, because these
11 diversion courts, Judge Rodriguez-Betancourt,
12 you worked on a program specifically for young
13 girls with mental health and trauma needs.

14 You've worked on creating these
15 diversion courts. I would love for you to
16 explain some of this for folks that don't know
17 about it.

18 How did you do that? Why are those
19 needs so particular for the young women that you
20 see in your court?

21 JUDGE RODRIGUEZ-BETANCOURT: So
22 although we lack a lot of policy in our great
23 state of Texas, I will give some credit where
24 credit is due.

25 The governor's office provides grants

1 to those jurisdictions that want to create
2 specialty courts.

3 So through a grant funded through the
4 governor's office, we are able to apply for
5 these funds.

6 So for about 3 years, I applied, third
7 time was a charm, and I got granted funding for,
8 to both, create both the juvenile drug court,
9 and the specialty girls court.

10 In Texas, mostly all jurisdictions have
11 a juvenile drug court, especially the bigger
12 counties. But we didn't have that in Hidalgo
13 County when I got on the bench.

14 So using that funding, what we were
15 able to do is I was able to hire a case manager.

16 I was able to have that case manager work with
17 the probation department, probation officers.

18 And then we were able to do
19 collaborations with other outside resources,
20 such as behavioral health individuals, and then
21 of course, bring in our own psychologist, our
22 child trauma informed psychologist.

23 She specializes in specifically
24 identifying trauma, and the needs of those young
25 ladies.

1 And so, we meet, it's a whole process,
2 through the specialty court programs that kind
3 of teach us and show us.

4 So we've been able to sustain that for
5 about 4-5 years already, and it's all through
6 grant funding.

7 And therefore, I think it's very
8 important to do this because, and let me go
9 back. The way it happens is basically it is the
10 last opportunity for a child before I decide to
11 send them into a placement.

12 So a placement in the state of Texas,
13 can be a stay anywhere between 9 months to a
14 year. It doesn't mean that that placement is
15 qualified to provide them any type of care.

16 It basically can be another just
17 detention facility. There are some that do
18 provide treatment, but I think as one of the
19 panelists said here, any little thing gets them
20 kicked out right away.

21 They're not qualified to do that. But
22 to go back, so that is what these programs do.
23 They divert them from me having to send to a
24 placement, or unfortunately to TJJD.

25 What TJJD is, is basically a prison for

1 juveniles in the state of Texas. And, that is
2 what I try to prevent by utilizing these
3 diversionary programs.

4 Did I answer your question?

5 CHAIR GARZA: Yes, and if you could
6 just kind of talk about what you've seen in your
7 courtroom, right, with the girls?

8 What are the drivers to --

9 (Simultaneous speaking.)

10 JUDGE RODRIGUEZ-BETANCOURT: So, and I
11 don't mean to cut you off, Chairwoman. So, the
12 reason I created it was because I was seeing
13 that more and more young girls were not given
14 any type of resources.

15 There were these treatment facilities,
16 but they weren't catering to young girls. And
17 so, these young girls unfortunately, come in
18 with so much trauma.

19 They've been victims of physical abuse,
20 emotional abuse. Some have been trafficked.
21 And so, that is why we created this, so that we
22 can give them these resources.

23 So we could help them, empower them,
24 and show them that this is not the way of life.

25 Because unfortunately, a lot of this was also

1 learned behavior from their environment, or
2 their home.

3 And so, that is kind of the basis as
4 why we created it because of the lack of care
5 that we, the lack of resources we had for
6 females in our area. And I think it's
7 throughout Texas.

8 CHAIR GARZA: Judge Lucero?

9 JUDGE LUCERO: Thank you. In Santa
10 Clara County, we had an initiative to end girls'
11 incarceration and gender expansive youth as
12 well.

13 And we were able to achieve that. My
14 last day on the bench, January 14, 2022, we had
15 zero girls incarcerated.

16 We had habitually had about 15-20
17 percent of the girls incarcerated in Santa Clara
18 County, which is common for jurisdictions.

19 Their issues are different. They are
20 on any given day in California, over 50 percent
21 of the girls in custody are there on
22 misdemeanors and status offenses.

23 And many judges including myself at one
24 time, believed that I was doing that for their
25 own good.

1 But we can do better as a society. So
2 we developed, the Young Women's Freedom Center
3 came in, and we developed ways for them, the
4 girls to immediately get a life coach.

5 Also, they got hired. And they were
6 making more than minimum wage and so they
7 didn't, I believe they didn't feel the need to
8 go into the underground street economy.

9 We have had very high success. In
10 fact, the Young Women's Freedom Center's annual
11 report says 80 percent of the girls stopped
12 recidivating with that program.

13 As the director of OYCR, we have gone
14 into four other counties. We're doing a state-
15 wide pilot in Los Angeles, Sacramento, San
16 Diego, and Imperial County.

17 And what we we're doing is we're, it's
18 a systems change effort that involves the DA,
19 the defenders, the courts, mental health,
20 Department of Social Services.

21 Many, many girls go from foster care to
22 JJ, and it is because of the, it's actually
23 status offending behavior, or behavior related
24 to crimes with older folks.

25 So, we have, this is a whole kind of

1 slice of academia that we could really dig into.

2 I would invite you to read the report called,
3 The Sexual Assault to Prison Pipeline, that was
4 put out by Georgetown.

5 This is a, there's many little ways to
6 dig into this big problem, and this is
7 definitely one of them. Thank you for asking
8 about that, Chairwoman.

9 CHAIR GARZA: And just so for clarity,
10 for our clarity, status offending, what does
11 that mean?

12 JUDGE LUCERO: Well, runaways, again
13 offenses tied to age. So curfew, and that's
14 very common that girls are pulled in for the
15 runaway behavior because they're not staying
16 where we ordered them to be staying.

17 So it's again, it's an age-related
18 offense.

19 CHAIR GARZA: Okay, thank you. Mr.
20 Jordan, did you want to add something?

21 MR. JORDAN: In my office's capacity,
22 we tracked very closely incidents in the secure
23 facilities. And one of the things that we
24 observed was the behavior by girls was
25 categorically different than the behavior from

1 the boys.

2 One of the things that we really
3 noticed was that the incidents of self-injurious
4 behavior was very high among the female
5 population.

6 So there was a lot of not necessarily
7 suicidal gestures, but maybe lower intensity, a
8 lot of cutting, a lot of self-harm in other
9 ways.

10 And it just speaks to within these
11 facilities, really addressing individual
12 behaviors of the population that you're dealing
13 with.

14 CHAIR GARZA: Thank you for that. Oh,
15 okay, Commissioner Adams, go ahead.

16 COMMISSIONER ADAMS: Judge Lucero, you
17 indicated some, that we should reconsider
18 incarceration in certain circumstances.

19 And, I'm trying to get a sense of where
20 you think that line falls. Obviously, I don't
21 think you think murder should be reconsidered,
22 right?

23 JUDGE LUCERO: Yes, Commissioner, in
24 certain circumstances, we absolutely need to
25 separate youth offenders from society.

1 Absolutely murder --

2 (Simultaneous speaking.)

3 COMMISSIONER ADAMS: And murder is one
4 of them?

5 JUDGE LUCERO: Yes, of course, yes.

6 COMMISSIONER ADAMS: Okay, I have a
7 series of. Shoplifting is probably a no?

8 JUDGE LUCERO: Right, exactly.

9 COMMISSIONER ADAMS: Okay. How about
10 possession? That's a status offense, possession
11 of a handgun by a minor is illegal. So what
12 about that one?

13 PARTICIPANT: That's not a status
14 offense.

15 COMMISSIONER ADAMS: It sure is. A
16 minor cannot own a handgun. That is an absolute
17 law in many places.

18 JUDGE LUCERO: It's not the legal
19 definition of status.

20 COMMISSIONER ADAMS: I don't know why
21 we're getting into a quibble over this, I just
22 had a series of questions.

23 JUDGE LUCERO: Well --

24 (Simultaneous speaking.)

25 COMMISSIONER ADAMS: It's a status

1 offense for a minor to possession a handgun.

2 JUDGE LUCERO: I think every case is
3 individual, and that would definitely be a case
4 that I would have to look very carefully at.

5 COMMISSIONER ADAMS: Okay. Breaking
6 and entering?

7 JUDGE LUCERO: I think again, well,
8 that's not a misdemeanor or a status offense,
9 that's a felony.

10 COMMISSIONER ADAMS: So incarceration's
11 appropriate?

12 JUDGE LUCERO: I think a period of
13 separation so we could address root causes so it
14 doesn't happen again.

15 COMMISSIONER ADAMS: Malicious
16 wounding?

17 JUDGE LUCERO: Malicious wounding?

18 COMMISSIONER ADAMS: Is that
19 incarceration appropriate, or not?

20 JUDGE LUCERO: Well, off the top I
21 would say let's get this youth separated so that
22 we can find out what happened, and why.

23 Because we don't, I mean there's just a
24 context for everything.

25 COMMISSIONER ADAMS: But no clear --

1 JUDGE RODRIGUEZ-BETANCOURT: Can I --

2 COMMISSIONER ADAMS: -- line on that
3 charge?

4 JUDGE RODRIGUEZ-BETANCOURT: Can I
5 interrupt? I know you're a retired judge --

6 JUDGE LUCERO: Yes, yes.

7 JUDGE RODRIGUEZ-BETANCOURT: -- but I'm
8 a presiding judge. I'm current on the bench,
9 and I can address all those questions.

10 COMMISSIONER ADAMS: Right, but my
11 question is where the line is that she has as to
12 whether these are incarceration or not.

13 JUDGE RODRIGUEZ-BETANCOURT: Well, but
14 that's, but you, that's not fair because you
15 have to understand. So, let me go back.

16 I preside over all detention hearings
17 in Hidalgo County. Every child that is detained
18 from the age of 10 to 16 who is being charged
19 with a criminal offense, comes to my court.

20 So when they present me with charges
21 such as burglary of a habitation, possession of
22 a firearm, we don't just see the charge, we have
23 to see the entire -- well first of all, probable
24 cause.

25 But also see the involvement of the

1 child. Sometimes these children are actually
2 with older individuals.

3 But you're right, there are some
4 charges that should constitute detention, or
5 should constitute them being incarcerated.

6 And actually, this is why we're here
7 today. The reason they need to be incarcerated
8 because of those charges, is because they're not
9 getting the right type of services.

10 They're coming into these detention
11 centers and they've never even been evaluated.
12 So this is the first time they're evaluated.

13 So yes, we do detain on those charges.

14 But I don't detain because of the seriousness
15 of the charge, I detain because I want to know
16 why they're even in my courtroom.

17 COMMISSIONER ADAMS: I'm more focused
18 on what California. You were interested in
19 recommending to this Commission that we
20 recommend a reevaluation of incarceration.

21 JUDGE LUCERO: Of the use, yes.

22 COMMISSIONER ADAMS: And I'm trying to
23 get a sense of where the line ought to be. Car
24 theft, non-violent car theft?

25 JUDGE LUCERO: I don't know that this

1 is a bright line solution, Commissioner.

2 COMMISSIONER ADAMS: I see.

3 JUDGE LUCERO: I just think that we
4 over use incarceration.

5 COMMISSIONER ADAMS: Well, I'm trying
6 to see where our report ought to recommend the
7 line ought to be, based on your experience.

8 JUDGE LUCERO: Well, it's a case-by-
9 case analysis. If it's the 10th car theft --

10 COMMISSIONER ADAMS: Right.

11 JUDGE LUCERO: -- that's a problem.
12 So, it's again, it's a case-by-case analysis
13 with no bright line.

14 COMMISSIONER GILCHRIST: Madam Chair?

15 CHAIR GARZA: We'll let Commissioner go
16 first.

17 COMMISSIONER GILCHRIST: Okay, thank
18 you. So if a child is in care or in your
19 facility, and they happen to be harmed beyond
20 what you can address within your facility, what
21 happens to that child?

22 Do they go to a hospital? What
23 happens, and how is that taken care of?

24 MR. GRAVETT: In our facility, they
25 wouldn't go to a hospital. They would send

1 someone to come and do an evaluation, to see how
2 far along they are.

3 And we'd hope to get them into that
4 state hospital that has severe limits, and could
5 take forever.

6 I gave an example in my written
7 statement of a young man that 12 days into his
8 24-hour hold --

9 (Simultaneous speaking.)

10 COMMISSIONER GILCHRIST: I read that.

11 MR. GRAVETT: -- he finally got to the
12 state hospital.

13 So, we do everything we can to get them
14 the services that they require, but it takes
15 longer than it should and sometimes it's not
16 there at all.

17 COMMISSIONER GILCHRIST: Yes, sir?

18 MR. GUTTIEREZ: We've had to send out
19 juveniles to the ER to get screened and cleared
20 as well.

21 We've had juveniles where they would
22 take chunks and bite chunks of skin off their
23 bodies, and do what they can just to get
24 attention as well.

25 But we want to make sure that they're

1 safe, so we do take them to the emergency room
2 and get them checked out as well.

3 Going to psychiatric facilities in our
4 state is pretty tough, especially for us in
5 western South Dakota.

6 You have to send somebody 6 hours away
7 and when they get there, they're probably
8 beating the bus back, back to where we're from.

9 So it's pretty tough to get the
10 services for them.

11 COMMISSIONER GILCHRIST: I see.

12 MR. GUTTIEREZ: What we do if we have
13 issues, we send them out for screening.

14 COMMISSIONER GILCHRIST: Thank you for
15 that. So, there was a conversation about the
16 suspension of Medicaid versus the termination of
17 Medicaid, particularly when kids are coming into
18 your facilities.

19 Has that been a longstanding practice?
20 How long has that been going on?

21 MR. GUTTIEREZ: It's been a
22 longstanding practice.

23 COMMISSIONER GILCHRIST: Do you have an
24 idea of how long it's been?

25 MR. GUTTIEREZ: I've been working in

1 juvenile justice probably close to 30 years, and
2 I have not seen where when a juvenile goes into
3 a correctional facility, it shuts off.

4 And I think it's unfair that when a
5 juvenile is in the community and he's getting
6 services for mental health, or for even just to
7 go to the doctor to get cleared, that shuts off
8 when you come to detention.

9 And it puts a burden on your county,
10 and it puts a burden on your taxpayers to pay
11 that, when it was already on the first time.

12 So I think that we have to find a way
13 to make sure that doesn't shut off when they
14 come in.

15 MR. GRAVETT: Just to answer that, it's
16 always been shut off. It's just been I think
17 the first of 2025 where they changed it to where
18 it was just paused, instead of shut off.

19 COMMISSIONER GILCHRIST: Right.

20 MR. GRAVETT: So then, when they get
21 out, it's automatically back on. They don't
22 have to go through all the hoops to get it
23 started up again.

24 So it's just been recent that it's a
25 pause versus the stopping has happened.

1 COMMISSIONER GILCHRIST: Okay. So to
2 be clear, it was recent that the pause occurred
3 versus the stoppage, is that right?

4 MR. GRAVETT: Correct.

5 COMMISSIONER GILCHRIST: Okay.

6 MR. GRAVETT: I want to say January 1,
7 2025.

8 COMMISSIONER GILCHRIST: Okay, thank
9 you for that. Okay, Madam Chair?

10 CHAIR GARZA: Commissioner Jones?

11 COMMISSIONER JONES: Thank you, Madam
12 Chair. What I've heard from a number of
13 panelists today is that in evaluating the risk
14 of a juvenile to public safety, that context is
15 important when you're looking at the commission
16 of various crimes, or the alleged commission of
17 various crimes.

18 And so my question for Judge Rodriguez-
19 Betancourt, is in the event that probable cause
20 is established that someone has done a breaking
21 and entering into say, a grocery store.

22 Would it be important context in your
23 assessment of an individual's risk to public
24 safety, that that juvenile was homeless and
25 starving, and in need of food, and was breaking

1 and entering into that supermarket or grocery
2 store, for the purpose of obtaining such
3 sustenance?

4 JUDGE RODRIGUEZ-BETANCOURT: So when
5 they come into detention, in my detention
6 hearing I require the probation department to
7 give me a full detail report on the child.

8 That's not just his name, the charge,
9 and how old he is. That includes even to the
10 point where whether they have Medicaid, or not.

11 Also, what's their school records?
12 What is their attendance record? What is their
13 past mental health information that is obviously
14 has to be received by the parent because
15 unfortunately, we don't have a data sharing
16 process in the state of Texas.

17 Or I don't think in any other
18 jurisdiction because that's very important if we
19 knew what the child had, or was dealing with
20 when they came in, that would make my job a lot
21 easier.

22 So, I require all that information
23 before I make my finding. After I make my
24 finding of probable cause to determine whether
25 I'm going to detain that child or not.

1 Unfortunately, sometimes I have to,
2 especially in that situation you just gave me,
3 because they don't have a home.

4 There's nowhere they can go, so without
5 lack of supervision, I'm required to detain
6 them. But also while they're in detention,
7 they're getting evaluated by a psychologist and
8 psychiatrist that I order.

9 And then, therefore, I'm also trying to
10 find another method or another way for them to
11 reside somewhere.

12 So again, if I didn't, wasn't, if he
13 came from a great family, he messed up, I see
14 all that. If he's homeless, then unfortunately,
15 I still have to detain not because of the
16 seriousness of the charge, but because again, we
17 need to get him some help and some resources.

18 CHAIR GARZA: Go ahead, Mr. Gravett did
19 you have something to say?

20 MR. GRAVETT: So, in South Dakota, we
21 have a risk assessment instrument that we use to
22 determine whether or not they're held in secure
23 detention, or some other kind of alternative can
24 be used.

25 So that's what kind of opens the door

1 to detention. Once they're in detention, we
2 have what's called a temporary custody hearing
3 within 48 hours on a delinquency.

4 And, I have a staff on hand in the
5 detention center that they're responsibility
6 before that hearing, is to collect as much of
7 that information that she's talking about.

8 They contact the schools, they talk to
9 the parents. They talk to probation or
10 Department of Social Services, if they're
11 involved.

12 And they put that report together and
13 it's provided to the judge, the prosecutor, and
14 defense attorney, all before that temporary
15 custody hearing so that the judge has some more
16 information other than the name and the charge.

17 And then, even at that hearing, they're
18 looking at what alternative is available to get
19 them out of secure detention, if possible.

20 It's not just once you're in, you're in
21 type situation. It's looking for options.

22 CHAIR GARZA: Vice Chair Nourse, and
23 then I'm going to close this up.

24 VICE CHAIR NOURSE: Thank you very much
25 to all of you for coming this long way, and I

1 think Mr. Gutierrez, Director Gutierrez,
2 explained how serious this is with this recent
3 experience.

4 This is life and death for some of
5 these kids. Not all of them, but for at least
6 for some of them. And we certainly have a
7 responsibility to try to avoid that, at all
8 costs.

9 I was really fascinated by the judge's
10 testimony about girls. I've worked a lot on
11 trying to prevent sexual assault, and I want you
12 to talk, it seems that the other panelists also
13 understand that there's a difference between
14 girls and boys.

15 And, I wonder if the other panelists
16 could actually talk about their experience, and
17 if that confirms what the judges have said.

18 MR. GUTTIEREZ: I agree with what the
19 judges are saying. There is a difference
20 between the boys and the girls.

21 Our girls are, they're coming from
22 sometimes generational trauma, and they have a
23 lot of bags that comes with them.

24 And so by having someone to talk to in
25 the facility such as a mental health counselor,

1 or somebody in the community that comes into
2 work with them, it makes a big difference.

3 We see girls, they don't forget.
4 Things happen, they don't forget, they linger on
5 it for a long time.

6 Where boys could sometimes have an
7 issue, they maybe an altercation, and they move
8 on. But our girls are pretty vulnerable to
9 that, as well.

10 And we don't see as many girls in our
11 facility, but it's starting to pick up in the
12 last probably year and a half.

13 MR. JORDAN: I will say that in
14 Washington, D.C., there is a much smaller
15 population of incarcerated girls.

16 And, that actually has created
17 logistical problems for the system because
18 there's only two facilities.

19 There are not that many beds, and over
20 time there has been this sort of ping-ponging of
21 girls between facilities.

22 And for a long time, they were housed
23 only in the detention facility, even though some
24 of these girls were committed.

25 And because there was no longer term

1 facility option locally, placements were
2 difficult. Some of these girls would stay in
3 the detention facility for in excess of a year,
4 approaching 2 years.

5 And these facilities are not designed
6 for that. There's not the physical space,
7 there's not the programming. The educational
8 system is different.

9 So, there are very much operational
10 issues at stake, too.

11 MR. GRAVETT: We are also seeing an
12 increase of girls. One of the main things that
13 we get girls for is possession of a controlled
14 substance. And, I believe it's because they're
15 self-medicating with the trauma that they carry
16 with them.

17 We're trying to identify girls that are
18 trafficked, and bring in local resources to help
19 them while they're there.

20 But most of it, they're either like I
21 heard before along with older kids, or other
22 kids, and getting caught along with them doing
23 stupid acts. And charged the same.

24 Or, they're dealing with trauma and
25 it's usually self-medication with

1 methamphetamine.

2 CHAIR GARZA: I'm going to turn off
3 people's mics. Thank you so much for all the
4 work that you do with so much heart.

5 I can tell that each of you on a
6 personal note, just what I can see, that all of
7 you deeply care about the children that you are
8 serving.

9 Thank you for being here in this space
10 to educate us, give us a glimpse of what this
11 looks like on the ground and how policy really
12 impacts the everyday, right? And whether or not
13 these children get the care that they need.

14 Prior to breaking for lunch, I just, I
15 want to make a note here for the record. The
16 Commission had hoped to hear directly from the
17 Office of Juvenile Justice and Delinquency
18 Prevention today, about its role in supporting
19 and overseeing youth in the juvenile criminal
20 legal system.

21 Although they did not respond to our
22 request to participate today, we have received
23 some written responses from them to our
24 interrogatories.

25 And, staff is continuing to seek

1 additional information from the Department. We
2 do appreciate the information that has been
3 provided, and we look forward to incorporating
4 that information into the Commission's work.

5 But it should be noted the absence of
6 federal agencies from this Commission's briefing
7 is becoming a concern.

8 The briefings are an important
9 opportunity for agencies to explain their work,
10 answer public questions, and help the Commission
11 assess whether civil rights protections are
12 being fully enforced.

13 And when agencies don't appear, it
14 limits the public's ability to hear directly
15 from the entities responsible for these systems.

16 It also sends the wrong message about
17 the importance of these civil rights concerns,
18 especially where health, safety, and children
19 are at stake.

20 And with that, we're going to go ahead
21 and break for lunch. We will return promptly at
22 12:30, it's going to be a little abbreviated but
23 we will be back at 12:30 p.m. Eastern Time.

24 (Whereupon, the above-entitled matter
25 went off the record at 11:46 a.m. and resumed at

1 12:42 p.m.)

2 PANEL 3: DIRECTLY IMPACTED PERSONS AND FAMILIES

3 CHAIR GARZA: Welcome back everyone,
4 the time is 12:42 p.m. Eastern time. We're
5 going to continue on with our briefing on the
6 mental health needs of young people in the
7 juvenile criminal legal system.

8 We're going to turn to our third panel,
9 where we will hear directly from impacted
10 individuals and families about their experiences
11 with mental health care in the system.

12 Their testimony reminds us that behind
13 every policy question are young people,
14 families, and lives that are forever changed.
15 So, thank you for being here, panelists.

16 As I have indicated to our previous
17 panels, each of you will have seven minutes to
18 speak. And following the conclusion of the
19 presentation, Commissioners will have the
20 opportunity to ask you all questions within an
21 allotted period of time. It's about twenty
22 minutes that we get to ask you questions.

23 And I'll recognize Commissioners who
24 wish to speak before they actually speak, and
25 I'll strictly enforce the time allotments given

1 to each panelist.

2 I do not wish to cut you off, so use
3 the seven minutes that you have allotted to talk
4 about what's in your statement. You can
5 summarize it, you can also assume that if you've
6 submitted a statement, we've already read it.

7 All right. So panelists, please notice
8 the system of warning lights that we have set up
9 right up here.

10 When the light turns from green to
11 yellow, that means that you have two minutes
12 remaining, and when the light turns red,
13 panelists should conclude your statement so you
14 do not risk me cutting you off.

15 As I said, my fellow Commissioners and
16 I will do our part and keep our questions and
17 comments concise.

18 Before I introduce our panelists, again
19 I want to thank you for joining us today, for
20 sharing your experiences with the Commission.

21 We recognize the weight of this
22 testimony and are grateful for your willingness
23 to help inform the work that we do.

24 And then in the order in which we will
25 have our panelists speak, we have Amnesty

1 Freelen, Joshua Beasley's mother, we have Lester
2 Young, the Executive Director of Path2Redemption
3 Training and Consulting, Samuel Quiles, Program
4 Coordinator from the Newark Community Street
5 Team, John Bunn, the Founder of A Voice for the
6 Unheard, Dieter Cantu, Director of Juvenile
7 Rights.

8 I'm going to ask that each of you all
9 raise your right hand to be sworn in. Will you
10 swear and confirm that the information that you
11 are about to provide us is true and accurate to
12 the best of your knowledge and belief?

13 Okay, all panelists in the affirmative.

14 We are going to go ahead and get
15 started with Ms. Freelen, if you would begin.

16 MS. FREELEN: Is that on? Okay, I
17 first want to start by welcoming God into this
18 place. Just let your presence flow through here
19 today.

20 My name is Amnistry Freelen and I thank
21 you for the honorable invite to come here today.

22 I'm Joshua Beasley's mother. He
23 entered in the juvenile system at eleven years
24 old. He was incarcerated in four of the five of
25 the facilities. He was never close to home. He

1 was five to ten hours late.

2 Joshua began to self-harm and live in a
3 daily distress of suicide ideation, to ligatures
4 around his neck, to self-mutilation, to putting
5 foreign objects into his urethra, drank floor
6 stripper.

7 I have requested for many years for
8 Josh to be sent out to a hospital, and they kept
9 denying that request. Said that he didn't meet
10 criteria.

11 When they finally sent Joshua, after
12 four years of him living in this terminal and
13 this distress of the fear of my child dying
14 there -- because his self-harm and his mental
15 health issues were real live experiences going
16 on in that facility -- everything that they did
17 completely disintegrated him even more. There
18 was no mental health help there. It was
19 inadequate the whole time he was there.

20 He got moved to a state hospital. He
21 was doing very well. He was excelling, he quit
22 self-harming.

23 Two months of him being there, they
24 decided, oh, he's stable, we're going to send
25 him back.

1 Within twenty-four hours of him coming
2 back, they were sending him out to a hospital
3 for self-harming.

4 It continued just to disintegrate and
5 down-spiral to the point to where sometimes I
6 was getting calls daily of self-harming.

7 Joshua was left in his cell with
8 shackles on. Joshua was pepper-sprayed for
9 having a ligature around his neck, which is
10 cruel punishment for our children. They need so
11 much more from the State of Texas.

12 It did not end there. Joshua turned
13 sixteen, they decided to send him to TDCJ. He
14 spent seven months there in a more harsh system,
15 more inadequate mental health services. They
16 cut him off contact with his mother, and that
17 was the end for Josh.

18 On March 24, 2023, I got a phone call
19 that they found my son unresponsive in a single
20 cell with a ligature around his neck. Life
21 saving measures, they were not able to save
22 Joshua.

23 Now, he is six foot in the ground, and
24 his story is being shared all over the world to
25 make a difference for other children that need

1 people to step up. They need eyes to open, as
2 we need ears to hear that our children need
3 more.

4 I am briefly going to speak about some
5 other young people. I have their permission to
6 speak about them, and I have permission to share
7 their stories.

8 Tyrese is a young man that spent many
9 years in incarcerated with Joshua. He didn't
10 receive inadequate mental health services
11 either. He self-harmed a lot.

12 He is now home, still struggling.
13 Mental health services outside of the facilities
14 isn't that great.

15 Another one is Kiara. She was fourteen
16 when she got sent to the juvenile system. When
17 she turned seventeen, she was moved into TDC,
18 which she sent ten years in solitary confinement
19 there.

20 The isolation is a real thing here.
21 It's not helping our young people at all.
22 Isolation, to hearing voices, to seeing things,
23 to self-harming.

24 Kiara is now home. October of 2025 she
25 came home. She was another young one that

1 excessively self-harmed. Self-mutilation,
2 ligatures.

3 Brooklyn. Brooklyn is a young lady
4 that entered in the juvenile system at age
5 fourteen.

6 If adequate mental health services
7 would be offered to these young people, we would
8 not be burying our children.

9 She got moved out of the juvenile
10 system when she was seventeen, and into TDCJ,
11 continuing to get inadequate mental health
12 services between two failing, broken, miserable
13 systems.

14 A year after Josh died -- April 19,
15 2024 -- she was found hanging in her cell. She
16 was sent to an outside hospital and lived on
17 life support for a few days, and her mom had to
18 put her six feet under the ground, because of
19 inadequate mental health for years and years.

20 I have come to this daily struggle with
21 what will help our children the most? Building
22 more prisons is not the answer. Building
23 centers in their community where they can get
24 the mental help that they desperately need, like
25 hospital settings.

1 Joshua did very well and excelled very
2 well in the two months that he was there. He
3 had hope, I had hope, we felt like Joshua was
4 going to come home alive.

5 I had prayed for many years for God to
6 open up prison doors, free my son, and bring him
7 home. I didn't realize what I was praying for,
8 because I thought he had walked back through my
9 door, with that big, beautiful smile, and big
10 brown eyes.

11 Mom, I'm home. No, State of Texas did
12 not give us that chance. They sent him back and
13 it led to his death.

14 If our kids were getting the mental
15 help that they desperately need in a hospital
16 setting, that proved to me that that's what's
17 working for our children.

18 When my son quit self-harming, and he
19 had hope that he was going to live with his mom
20 again and be with his family -- Joshua had
21 separation issues since he was a young child.

22 Being separated from his mother, and
23 being cut off contact with his mother, is what
24 made Josh decide to end his life.

25 Thank you all very much for having me

1 today. Chairman, thank you so much for the
2 invite, and for always thinking about Josh
3 first.

4 COMMISSIONER ADAMS: Madam Chair,
5 before the next witness.

6 CHAIR GARZA: Thank you.

7 COMMISSIONER ADAMS: Are our screens
8 able to work so we can see these pictures?
9 Like, our screens aren't working down here.
10 It's hard to see the pictures. Any idea?

11 CHAIR GARZA: Well, I do not have a
12 screen in front of me. We can ask the tag team
13 about that.

14 COMMISSIONER ADAMS: Oh, okay. All
15 right, never mind then.

16 VICE CHAIR NOURSE: What pictures?

17 CHAIR GARZA: There are pictures in the
18 -- thank you for your testimony, Ms. Freelen. I
19 really appreciate that from the bottom of my
20 heart. We could probably leave the photos up,
21 unless somebody else has a presentation that
22 they're showing.

23 VICE CHAIR NOURSE: Okay.

24 CHAIR GARZA: We'll make sure to show
25 those images. Mr. Young? I know this is heavy,

1 and I appreciate it. Thank you for all the
2 heart that you bring.

3 MR. YOUNG: I just wanted to say may
4 God continue to comfort you in this journey.

5 And thank you all for this opportunity
6 to have a chance to share a little bit about my
7 journey. As you mentioned, you may have
8 received my written statement, so I'm not going
9 to expound upon that part of it in detail.

10 My name is Lester Young. I'm a
11 formerly incarcerated person from Columbia,
12 South Carolina. Was sentenced to life at the
13 age of nineteen years old.

14 During my incarceration, I remember
15 sitting inside of my prison cell wondering what
16 happened. Not about the sentence, but what
17 happened and what was missed.

18 And that was something that I've tried
19 to figure out my entire incarceration. I was
20 sentenced to life with never a question asked
21 about what happened, only about the crime. And
22 I take full responsibility for my crime.

23 But sixteen years old something
24 happened. Something shifted in my life that put
25 me on this trajectory that unfortunately placed

1 me in prison, caused me to be placed in prison
2 for life at nineteen.

3 And I want to go back there, is that I
4 think that is so imperative that when we're
5 thinking about how do we empower our young
6 people, how do we prevent this continuous
7 overcrowding of the correctional system
8 nationally, is that we have to look at it from
9 the lens of what we call trauma-informed care.

10 We have to stop looking at what
11 happened to the individual, versus the crimes
12 that the person did.

13 So, sitting in prison at nineteen,
14 twenty, twenty-two -- I spent all my twenties
15 and thirties in prison -- I kept asking that
16 question. What if they would have asked me that
17 one question at sixteen, when my mother died and
18 one of my best friends was killed?

19 No one ever asked, because four months
20 after that, I found myself in the criminal
21 justice system, spinning out of control, because
22 of the trauma, that experience, the guilt, the
23 grief, everything.

24 And we speak about trauma, I'm speaking
25 about it from an environmental trauma. As a

1 young black male in this country, dealing with
2 community violence, seeing it every day, seeing
3 gun violence has become the norm, how do I
4 process that?

5 So, at nineteen, I found myself being
6 convicted of murder, killing someone over a drug
7 dispute. And in that, I've said if someone
8 would have asked me at sixteen what happened --
9 because four months after my mother died and my
10 best friend got killed, I was already locked up.

11 And it was not that I chose drugs, it
12 was just that the environment, I didn't know how
13 to express what I was feeling. Didn't get the
14 counseling, didn't get anything at that
15 particular time.

16 And that put me on this journey of
17 finding my redemption in prison, because in
18 prison you're sentenced in prison to just serve
19 time, and no one never asks the question again
20 what happened.

21 Not what happened to the victims of the
22 crime, but what happened to you. How can we
23 help you.

24 We know that the prison system is set
25 up. We assume that it's set up to rehabilitate,

1 but in most cases, it isn't.

2 I've learned in that system that we
3 have recriminalization and decriminalization
4 levels of prison. Most of us in prison, we live
5 in a recriminalization, because there's nothing
6 to help us unpack our bags of trauma.

7 So, in that, I started figuring out,
8 and I said, hey, Lester, what happened to you
9 happened to so many other young people inside of
10 the prison system.

11 From there, I began this journey of now
12 bettering myself, focusing on bettering myself
13 so when I walked out of prison in 2014, I spent
14 all of my time preparing to go back in the
15 juvenile facilities and empower our young
16 people, because I wanted to let them know, one,
17 representation matters.

18 When we're talking about black boys in
19 this country, there's a lack of representation
20 in the juvenile justice system. Now, we hear
21 this thing called "credible messengers" --
22 people with live experience going inside of the
23 system.

24 So, now I go back into the system, and
25 now I'm able to help these young black boys, and

1 other colors of people, unpack their challenges,
2 their trauma, and realize that a lot of it comes
3 from the environmental.

4 And I think that if we want to talk
5 about mental health, and before we sentence our
6 young people, we have to start thinking about
7 happened to them.

8 There's a great book -- I'm not
9 advocating this book, but it's a great book --
10 called "The Body Keeps Score," right? And it's
11 to let you know that a lot of our young people
12 come from urban communities. They body keeps
13 score.

14 When they have witnessed gun violence,
15 they have normalized this particular form of
16 trauma, and now they find themselves engaging in
17 these various behaviors that unfortunately place
18 them in an adult juvenile facility.

19 And they're sentenced, like you
20 mentioned. And now you're placed in solitary
21 confinement and you have not had opportunity to
22 deal with your grief.

23 Seeing one of your best friends get
24 shot in the head, and now they're telling you,
25 said it's okay, that's trauma. I don't think

1 any of you could actually deal with that, seeing
2 someone, or seeing your mother passed away after
3 an argument, and not having an opportunity to
4 grieve that. They just say, go on, let's move
5 on with your life

6 All of those things shape us. And when
7 it shapes us, it shapes us sometimes and places
8 us in the criminal justice system. And we've
9 built prisons saying that prisons are built to
10 help rehabilitate, but it's only there to
11 continue to exacerbate the mental health issues
12 that individuals carry.

13 I'll close with this, is that I
14 remember -- this is a young man that I work with
15 in the juvenile justice system in South
16 Carolina. He's thirteen. He's sixteen years
17 old now. And I heard something earlier where
18 someone asked about guns and stuff like that.

19 This young man, who experienced a level
20 of trauma at twelve years old, seeing his mother
21 being raped, and he ran into the room and shot
22 this person.

23 Shot this person, this person
24 unfortunately got injured. They sentenced this
25 young person to the juvenile justice system, and

1 this person sat there for years, never got the
2 treatment that he needs.

3 Now, I went to an adult prison. He's
4 there now. And he invites me into his cell, and
5 he had put wallpaper on his walls. And I was
6 like, man, what are you doing?

7 He's like, man, this is the first time
8 I ever had my own room.

9 In prison.

10 This young man never had an opportunity
11 in his life, being sentenced to juvenile at
12 twelve, thirteen. Recidivism, recidivism,
13 recidivism.

14 So, I close with this. That whatever
15 you all are doing, please be more intentional
16 about how do we address the trauma and begin to
17 deal with it? And I'm speaking as a black male
18 in this country, raised in urban communities.

19 We deal with a whole lot of trauma, and
20 we normalize it because it has become the norm.

21 When I see gun violence, I see
22 violence. I see death. We normalize it, but we
23 carry it. So, as I said, our bodies carry this.

24 But if we can begin to help young
25 people before sentences, unpack their traumas, I

1 think that we can be able to create a more safer
2 community, and most importantly, create a more
3 healthier young person, so that they don't have
4 to sit in an adult prison due to their traumas
5 that shape them.

6 And again, I'm not making excuses. I
7 take full responsibility for what has happened
8 in my life. But just saying, looking at it from
9 a thirty-foot view, I believe that we can do a
10 whole lot better when we start focusing on
11 trauma-informed care. And that starts with
12 educating correctional staff members as well,
13 right?

14 We have to focus on how do we train
15 them outside of just doing security, but how do
16 we inform them, and helping them understand what
17 trauma-informed care looks like in their role as
18 staff members. Thank you all.

19 CHAIR GARZA: Thank you so much, Mr.
20 Young. We're going to go to Mr. Quiles, if you
21 want to get started.

22 MR. QUILES: So, good afternoon,
23 everyone. Thank you for allowing me to share my
24 testimony here today.

25 My name is Sammy Quiles, and I'm

1 hypervigilant. Hypervigilance is a system
2 common to those who suffer from post-traumatic
3 stress disorder. You see although I have never
4 been in the battlefield, my house resembled that
5 of a battlefield.

6 I would like to elaborate today for
7 everyone here, I was born in Santurce, Puerto
8 Rico. But prior to my third birthday, my
9 parents migrated to New York City. All of you
10 are familiar with the story immigrants who
11 traveled to America in search of a better life.

12 My parents were no different.

13 Mom landed a job at a local Brooklyn
14 hospital. But for dad, the opportunities were
15 grim. He was hampered by a language barrier,
16 and by the fact that he was illiterate.

17 His inability or refusal to work
18 towards overcoming these barriers, resulted in
19 his return to Puerto Rico, never to be seen or
20 heard from again. I was five years old and my
21 little sister was just two.

22 I can remember waiting for what seemed
23 like an eternity, for him to return. More
24 importantly, I remember that no one took the
25 time to explain to me that he was gone forever,

1 or why he was gone forever. Again, I remind
2 you, I'm hypervigilant.

3 My mother, now a single parent, had to
4 care for two small children with no help. As a
5 result, she worked longer hours, and my sister
6 and I were relegated to staying with
7 babysitters, or at times left to fend for
8 ourselves.

9 My father's departure did not dampen my
10 mother's desire fulfilling the American dream.
11 She devoted her time not just to her career, but
12 also to find a mate that could assist her in
13 fulfilling that dream.

14 Of course, in her relentless pursuit,
15 my sister and I were neglected. There was very
16 little time for love, affection, family outings,
17 or any of the luxuries known to children.

18 This neglect was compounded further
19 when mom met her mate. Again, I remind you, I'm
20 hypervigilant.

21 Mom and this man's relationship, like
22 the song said, went from zero to a hundred real
23 quick.

24 Within the first year, mom became
25 pregnant with my baby sister, and soon after,

1 they were purchasing a home in a suburb of New
2 Jersey. The house had three bedrooms, two
3 bathrooms, a huge backyard, trees, and grass.
4 All the things we did not have in New York City.

5 While on the outside the house was
6 indeed beautiful, on the inside it resembled the
7 House of Horrors.

8 My sister and I were banished to the
9 basement portion of the house, the only dark,
10 cold, and unfurnished area. We were forced to
11 perform a variety of regular chores.

12 So, raking leaves, pulling weeds,
13 shoveling snow, and the like, became our sole
14 purpose in that home.

15 The slightest deviation from following
16 this man's rigid rules would result in the
17 cruelest verbal, emotional, and physical abuse
18 imaginable.

19 I often interjected when this abuse was
20 directed at my sister Jessica, or at my mother.

21 So, I became this human punching bag, even
22 though it wasn't always punches I was hit with.

23 Again, I remind you, I am
24 hypervigilant.

25 Consequently, I resented my mother, my

1 extended family members, I did not trust any
2 government agency charged with protecting
3 children. To this day, it is difficult for me
4 to decipher friend from foe.

5 I was punished through exile
6 retribution, incapacitation, violence, and
7 retributive methods, for behaviors I exuded.

8 The public school system was one of the
9 greatest perpetrators of these methods of
10 punishment -- in-school suspension, detention,
11 expulsion, placement in alternative school,
12 which very much resembled the prison I would end
13 up with later.

14 I became so disillusioned with school
15 that I dropped out altogether in the tenth
16 grade. I also left my home for the streets,
17 because I felt like the streets were safer than
18 my very own home.

19 As a self-fulfilling prophecy, at the
20 age of sixteen, homeless and broke, and I
21 committed an act of irreparable harm.

22 Eventually, the criminal legal system
23 would wave me up to adult courts and sentence me
24 to thirty years without the possibility of
25 parole.

1 I was released in 2023, without ever
2 having received meaningful mental health
3 treatment, despite carrying an ACE score of
4 eight, and years of unresolved trauma.

5 At forty-seven years old, I finally
6 began therapy and started the difficult process
7 of peeling back the layers of trauma in order to
8 heal.

9 More importantly, I began learning how
10 to move beyond survival mode, and allow constant
11 fight-or-flight response to finally settle for
12 the first time in my life.

13 As someone formerly incarcerated, I
14 never received meaningful mental health
15 treatment during my youth, incarceration, or
16 later, as incarcerated as an adult, despite
17 carrying significant trauma long before entering
18 that system.

19 My childhood was shaped by abandonment,
20 domestic violence, instability, neglect,
21 constant hypervigilance, experiences now
22 commonly understood as adverse childhood
23 experiences, something that everyone spoke about
24 prevalently today.

25 Rather than receiving support, I was

1 repeatedly labeled problematic, suspended,
2 placed in alternative education settings, and
3 pushed further into systems of punishment,
4 instead of care.

5 By the time I entered the criminal
6 legal system as a teenager, I was already
7 navigating unresolved trauma, grief, and
8 survival behaviors that had never been properly
9 addressed. What I experienced mirrors what
10 research continues to show.

11 I'm not going to elaborate on the
12 research, because as you eluded to, everyone was
13 provided the testimony today. I think I put
14 that in my facts that I addressed.

15 I just would like to add that as
16 someone recently released from in carceral
17 space, I'm here to tell you that the majority of
18 incarcerated persons I encountered while in
19 prison have several of these experiences in
20 common. So, my story is not an anomaly of any
21 sort.

22 Many of the experiences, of course,
23 begin at the home. My experience reinforces how
24 deeply interconnected childhood trauma,
25 education, exclusion, mental health, and

1 incarceration, truly are. It showed me that
2 what is often viewed as criminal behavior, is
3 frequently the manifestation of untreated
4 trauma, unaddressed mental health needs, and
5 systems that respond with punishment, rather
6 than healing.

7 It also showed me the importance of
8 building systems rooted in healing,
9 intervention, and community support, long before
10 people ever enter the causal system.

11 So, again, I'm the Program Coordinator
12 from Newark Community Street Team's community-
13 based violence intervention program. I'm also
14 one of the founders of the New Jersey Coalition
15 to Treat Kids like Kids, that attempts to end
16 juvenile waivers outright, because we understand
17 the adolescent brain development and things like
18 that.

19 I'm also a certified credible
20 messenger, also a certified peer recovery
21 specialist in mental health, also one of the
22 members of the returning citizens support group
23 that provides trauma-informed care and
24 wraparound services to formerly incarcerated
25 individuals, despite of age, in Newark, New

1 Jersey. Thank you.

2 CHAIR GARZA: Thank you so much, Mr.
3 Quiles. Mr. Bunn, if you're ready.

4 MR. BUNN: Thank you for everyone, all
5 the Commissioners for having me here today.

6 I wrote a speech, but I'm not going to
7 say my speech because I probably wouldn't be
8 able to recite it anyway.

9 But my name is John Bunn. I started a
10 non-profit organization called The Voice for the
11 Unheard maybe ten years ago.

12 And the reason why I started this
13 organization is because since I was fourteen
14 years old when I was wrongfully convicted, I
15 always felt like my voice wasn't being heard.

16 I felt like I was bleeding on the
17 inside, and crying for so much help, but nobody
18 was hearing me. Nobody cared to help me, right?

19 My trauma began in my mother's womb.
20 As my story goes, I never met my father, because
21 he was a victim of gun violence. The day that
22 my mother went into labor with me, was the day
23 they was burying my father.

24 I grew up in the same community that
25 killed my father, and the crime was never

1 solved. Fourteen years later, I'm out there
2 being wrongfully accused of a crime I didn't do.

3 And my community let me go through that same
4 cycle. And no one stepped up to say anything,
5 or do anything.

6 They let me go to jail, to prison, for
7 a crime I didn't commit. They never convicted
8 my dad's father, and I grew up in that same
9 toxic environment in a concrete jungle.

10 Mental health is a massive issue for me
11 today, and it has been for many, many years,
12 right?

13 Going into the system, accused of
14 killing a correctional officer, I had a bulls-
15 eye on my back.

16 Within the first two weeks of me being
17 incarcerated, it was a staff member that weighed
18 two hundred and something pounds, 6'4", that
19 found me to be his personal punching bag.

20 The way that they dealt with that was
21 to put me in a glass room for the next six
22 months and told me they had me in protective
23 custody, which they said was suicide watch.

24 I spent my next sixteen months in a
25 youth detention holding center called Spofford,

1 right? Going back and forth thinking I was
2 going to go to court and have my day in court.

3 I did have a day in court. I had a
4 one-day trial, right? And I sat there that one
5 day trial with shame and embarrassment, because
6 my lawyer told me to write down any questions
7 that I had.

8 But I couldn't read or write. And I
9 sat there and watched my life flash before my
10 eyes, with shame and embarrassment. But even
11 more shame and embarrassment that I learned
12 twenty years later, that my lawyer that I was
13 assigned to was suffering from the beginning
14 stages of dementia.

15 Somebody let this happen to me. I went
16 into a fixed fight and no one saved me. They
17 all knew this. It was more than just the
18 detective that actually arrested me. It was a
19 lot of things in place that no one came to ever
20 bring me any kind of help.

21 My mother went to every organization
22 you can think of -- from the Al Sharptons to all
23 of them -- they all turned their back on her
24 when she went to them.

25 Nothing helped her, gave her any

1 resources. I went through all of this. If it
2 wasn't for a reporter from the New York Times
3 that did her due diligence investigation, I
4 never would have had a voice. But her article
5 in 2013 is what gave me a voice and what changed
6 my life, where other individuals could see what
7 actually was going on with me.

8 What I ask for you guys today -- right?
9 -- is that the only reason why I didn't do what
10 her son did, because I was afraid to die.

11 I was afraid to kill myself. The
12 prison approach was meant to help support as
13 medication. The medication that they gave me
14 made me feel like a zombie. I didn't want to
15 take the medication. So, it's either you take
16 the medication, you kill yourself, or you fight.

17 Part of that reality made me, my
18 thinking, my behavior, animalistic being in the
19 penitentiary. I had to survive inside of there.

20 I'm not sitting here acting like I'm
21 better than nobody. I started to become the
22 same individual that they tried to make me be.
23 Because that environment will make you a monster
24 if you're trying to survive in that place.

25 It's predator or prey. I could sit

1 here and give you all the snow, the make-it-
2 look-good and dress it up because I do a program
3 now, but I'm still hurting inside.

4 I do what I do because it makes me feel
5 as if my life is not in vain. That all this
6 didn't happen for no reason, and that maybe I
7 could stop another kid from going through what I
8 go through.

9 I sit here and cry, I say all of that
10 and I let it out openly. And I don't care who
11 judge me about none of that. I come from a
12 place where it's not cool for me to do this.

13 People want to judge me and criticize
14 me and ridicule me because of what I do today.
15 But it's somebody that's going to benefit from
16 this, and I feel like it's a greater cause for
17 me to be on that level, than anything else that
18 matters, and to me a life right now.

19 I'm fifty years old and I doubt I have
20 another fifty years to live. But I feel like if
21 I do the right thing, I'm going to have a
22 purpose, and I think that my life will have a
23 purpose if all of this didn't happen to me.

24 I could keep going, but I'm going to
25 cut it short right now, because I feel like

1 there's nothing for me else to say.

2 CHAIR GARZA: Thank you, Mr. Bunn.
3 We'll go to Mr. Cantu.

4 MR. CANTU: Hi, my name is Dieter
5 Cantu, and today I'm speaking about my
6 experiences while incarcerated.

7 At the age of sixteen, I was sentenced
8 to ten years for my first, last, and only
9 arrest.

10 While I was serving that sentence in a
11 Texas youth commission, a facility case worker
12 reviewed my file and believed an error had been
13 made during my sentencing.

14 She contacted central office and I was
15 informed that it appeared a mistake had been
16 made in the county that sentenced me.

17 From the information they reviewed, it
18 appeared as though I had been sentenced as if I
19 were a repeat offender returning to court, when
20 in reality, it was my first offense.

21 The case worker attempted to help me
22 challenge the issue, but because I had already
23 signed a plea agreement accepting responsibility
24 so my co-defendants wouldn't have to serve time,
25 there was nothing that could be done.

1 Over the course of my sentence, I spent
2 time in three facilities. Two of those three
3 facilities have been closed due to abuse,
4 corruption, and poor living conditions.

5 I was sent eight hours away from home
6 to a prison where temperatures exceeded a
7 hundred degrees during the summer, and snow
8 during the winter.

9 We were required to pass a physical
10 fitness test before being allowed to go home,
11 and if you failed to meet the required time, you
12 remained incarcerated beyond your sentence.

13 Damn. When I became - man. When I
14 became sick with illnesses, such as strep throat
15 or staph infections, I was only offered faucet
16 water as solution.

17 I learned that if I wanted rest, I had
18 to become disruptive enough to be removed from
19 the unit.

20 That meant throwing my personal
21 property around so I could be sent to security.

22 While in security, I would be stripped down and
23 allowed to wear a pair of boxers.

24 My mattress was removed every day at
25 6:00 a.m., and a food tray would be pushed

1 through a latch in a door and thrown on the
2 ground, as I was called racial slurs. And I
3 would either have to pick that food up and eat
4 it, or I wouldn't eat at all.

5 The officers created compliance by
6 instructing us to fight in places that were off-
7 camera, such as in the bathroom or storage
8 closets that were where cleaning supplies were
9 kept.

10 In exchange, you were either promised
11 drugs, permission to tattoo, food from the free
12 world, and extra phone calls.

13 As a sixteen-year-old sentenced
14 offender having ten years, I was housed with
15 twenty-year-old general offenders, meaning they
16 only had nine months.

17 So, I had to be creative not only in
18 how I avoided getting called to be sent to the
19 adult prison system, but also how I would
20 actually protect myself, because fighting was
21 unavoidable.

22 Many youth did not have the ability to
23 offend themselves. And as a result, they became
24 vulnerable to abuse from both staff and other
25 youth.

1 I witnessed kids go through extortion,
2 sexual acts through intimidation, and public
3 humiliation used to establish power and control.

4 For these children, the damage was not
5 limited to what happened to them physically, it
6 was a psychological impact of learning that
7 their safety, dignity, and humanity, could be
8 taken from them without consequence.

9 And I can wholeheartedly say that now
10 as an adult, I'm still healing from experiences
11 that no child should ever have to endure.

12 What I know to be true is that youth
13 are not asking for another prescriptive check-
14 the-box counseling session. They're acting for
15 connection, guidance, and a safe space to tell
16 the truth about what they're carrying.

17 They're asking for someone to take
18 their pain seriously, before it becomes a
19 disciplinary issue, a criminal charge, or a
20 prison sentence.

21 More than anything, they're asking to
22 be seen before their pain turns into a permanent
23 part of their identity.

24 Mental healthcare should not be viewed
25 as a supplemental service within correctional

1 facilities. It should be treated with the same
2 level of urgency and institutional commitment
3 that is given to discipline and compliance.

4 We have entire systems dedicated to
5 tracking misconduct, documenting violations, and
6 enforcing compliance. We should be equally
7 committed to identifying trauma and emotional
8 distress.

9 If we can recognize when youth breaks a
10 rule, we should be able to recognize when a
11 youth is asking for help. Every young person
12 who enters a facility is telling something wrong
13 through their behavior.

14 The question is whether we're willing
15 to listen before that behavior follows them into
16 adulthood. Thank you.

17 CHAIR GARZA: Thank you so much for
18 your testimony. Thank you for sharing about
19 your life and where you are right now. It's
20 really powerful. I'm very touched by it on a
21 personal level.

22 I want to start with a question for all
23 of you. What do you wish that your community
24 had in place to prevent these tragedies and the
25 things that occurred to you. And I could start

1 on this side, if that's okay with Ms. Freelen,
2 and for anyone who wants to answer next.

3 MS. FREELEN: In our communities, we
4 need more psychiatric help in not just
5 medication, but down to family, to break
6 generation curses, and to actually get to the
7 root of these problems.

8 Joshua wasn't a bad kid. His
9 grandmother died of breast cancer in a year, his
10 grandpa was killed in a car wreck, and his
11 mother and father was divorcing. And he started
12 acting out.

13 And I couldn't control him, didn't know
14 what to do. And in the community, the police
15 need better training with our children, because
16 it's all starting with them. That's the root of
17 the problem is the police officers in our
18 communities, not knowing how to handle our
19 children.

20 MR. YOUNG: Thanks for that question.
21 I think it's two parts. One, of course, when I
22 mentioned trauma-informed care, when we look at
23 training across the board with staff members,
24 it's about security, how to protect, how to
25 prevent violence in prison.

1 But they never understand how trauma
2 happened, and how to help young people process
3 trauma.

4 And then the second part of that, we
5 need it on the backend too. It's like all of us
6 have experienced some form of incarceration --
7 what's called "post-incarceration trauma."

8 Hypervigilant, not able to acclimate
9 back into the world, going into a prison and how
10 to like take on these behaviors. And now to
11 come out of prison, act like nothing never
12 happened. And then there's nothing there.

13 And then you have these standards that
14 you have to uphold, but no one understands that
15 you're still living in post-incarceration
16 traumas that happened.

17 So, I think that we need to create a
18 better trauma approach on the front end and on
19 the backend, when individuals transitioning out
20 of their twenty years, fourteen -- like, we need
21 more of that counseling that help -- that at
22 least should be done in the prisons.

23 But unfortunately, you actually would
24 have to like do some of the most violent stuff
25 before anyone take you serious in prison. You

1 have to act out in prison. You have to get on
2 medication. As the brother mentioned, you got
3 to get on medication, and the medication makes
4 you slow. And you're in an adult prison when
5 everything is moving fast. Now, that puts you
6 in danger.

7 Staff members don't see that. That's a
8 blind spot across the system. We need more
9 individuals to be trauma-informed care, and then
10 people with lived experience who have survived
11 it, we need to be able to go back into these
12 systems to help train and educate staff members
13 on what it takes and what we went through, and
14 what we wish that could happen, that could have
15 been in place to prevent a lot of the trauma
16 that's happening.

17 Because if not, we continue to
18 perpetuate the trauma, then we walk out of
19 prison, then a person gets in JUVEE, he gets
20 out, and right back into adult prison for thirty
21 years because the trauma was never addressed on
22 the front and the backend.

23 MR. QUILES: Yes, I appreciate the
24 question. And to Mr. Young's point, kind of
25 stole my answer. However, it's definitely to

1 employ and use more credible messengers,
2 directly impacted individuals, certified peer-
3 recovery specialists, that are very close to the
4 problem.

5 So, that's something that we do in the
6 City of Newark. I'm an example of that, because
7 it's no secret that these systems have harmed
8 these individuals.

9 And there's this level of mistrust that
10 if you represent an institution, or if you're
11 part of that credentialed class, you're not
12 going to make any headway with that young
13 person.

14 However, if I come in, even though I'm
15 not part of the credentialed class, I have that
16 lived experience, that credible messenger, that
17 type of credibility in that community, to where
18 I can reach the young person to even access the
19 services that he or she may need.

20 MR. BUNN: I think we need more
21 credible messengers that are culturally aware
22 and can relate to what's going on with our youth
23 in the community.

24 But what we need also, is to redefine
25 the relationships between law enforcement and

1 the youth in the community.

2 Inside the urban communities, law
3 enforcement are considered our enemy, versus the
4 individuals that we look to protect us. They
5 become the individuals that we look at, and if
6 we're pulled over at a late night, we worried
7 about them.

8 We should look at officers in our
9 communities as resources for us to be able to
10 feel safe in our communities. And I think we
11 should create more programs that allow the youth
12 to interact with law enforcement from an early
13 age on.

14 And for me, I'm speaking for the odd.
15 That was very important to me. I loved playing
16 basketball when I was a kid. I used to play for
17 PAL.

18 My basketball coach was a detective for
19 the precinct. He was my hero. I looked up to
20 him. And the crazy thing about it -- it's not
21 even funny -- is that he was the detective that
22 actually led the gang of officers to my house
23 that morning, that arrested me.

24 And the reason why he say he came is
25 because he told my mother he didn't want them to

1 kill me.

2 So, without that relationship, without
3 that report of him even knowing that, they might
4 have would've killed me that morning.

5 MR. CANTU: I mean, I believe we just,
6 we need accessibility, and we need equity and
7 equality, because we want to do this work. And
8 I think we know the best solutions that we need
9 for us.

10 I think that having a master's degree
11 and having a GED from incarceration, I can go
12 right now and say I want to advocate in the
13 adult system.

14 They're going to try to put me through
15 a volunteer system, they're going to try to put
16 me through the chaplain's department, and
17 they're going to try to get all of my expertise
18 and my skill sets for free. Right? Or they're
19 going to offer me a position that doesn't fit my
20 level of expertise, and say I should be happy
21 and content with it, because I've been
22 incarcerated. Right?

23 And even when you try to do better, you
24 try to pay it forward, you try to return, they
25 make it very hard.

1 I was incarcerated from 2005 to 2015.
2 I'm still dealing with that. And as somebody
3 that's a grant writer -- wrote meanings in
4 grants, policy, legislative action, you name it,
5 all across the board, I've done it.

6 And they still want to try to minimize
7 you, and minimize your efforts. And I think we
8 need to have more coaches instead of referees.
9 Referees looking for penalties to take you out
10 the game, coaches are people that keep you in
11 the game and try to pour into you, right?
12 Instead of these, like, this cookie-cutter
13 approach thinking that everything works for
14 everybody.

15 We need individualized outcomes. We
16 need people to be hands-on and pay attention,
17 and just stop throwing us to the side, and then
18 we repeat, repeat, repeat, and then say what's
19 wrong with them. Don't make sense.

20 CHAIR GARZA: Thank you all so much.
21 Do other Commissioner have questions?
22 Commissioner Gilchrist?

23 COMMISSIONER GILCHRIST: Madam Chair.
24 Let me thank all of you for your comments today.
25 Mr. Young, it's great to see you, South

1 Carolina. Thank you for what you have been able
2 to accomplish in South Carolina.

3 Mr. Bunn from the other Carolina -- we
4 like that Carolina too, by the way.

5 PARTICIPANT: But not as much.

6 COMMISSIONER GILCHRIST: But not as
7 much, that's right. But I want to thank all of
8 you for your testimony. I had a lot of
9 questions, but I want to make a statement.

10 And the statement that I want to make
11 to all of you is that I hear you. I hear you.
12 And I think that as this Commission begins to
13 look at whatever we're going to look at in this
14 space, I just need you to know that we hear you
15 today. Okay?

16 So, thank you again for allowing us to
17 hear your testimony about your stories. Thank
18 you.

19 CHAIR GARZA: I have additional
20 questions. Mr. Bunn, I do want to ask you a
21 specific question. I think you speak to an
22 issue that's often overlooked.

23 Kids are in facilities without a
24 personal or a legal advocate with them. They're
25 left with no way to appeal their adjudications,

1 or to speak out.

2 What do you think youth inside who have
3 been wrongly convicted, need to truly have their
4 right to maintain their fight for their own
5 innocence?

6 MR. BUNN: It needs to be something
7 implemented. From being held in the detention
8 center, to me going to court, it was nobody in
9 between to help me navigate that. It was no one
10 there.

11 So, I was dealing with the abuse in the
12 facility, and then I would go to court. And I
13 was accused of killing correctional officer. I
14 was going into the hell's pit by going to court,
15 right?

16 A lot of times I sat in court, and the
17 terms that was being used was, I didn't even
18 understand, right? My mind, the way I thought
19 about it, was I was innocent.

20 So, an innocent person don't go to
21 jail. No matter how it play out, I had a chip
22 on my shoulder already, because I think
23 everything with my father and all that.

24 So, I had that chip on my shoulder.
25 But I thought that I wasn't going to go to

1 prison, because I didn't really do this. And I
2 didn't think people that didn't do crimes, I
3 thought that's how the system operated, that if
4 you didn't commit a crime, you couldn't go to
5 prison for it.

6 So, I was under that mindset at the
7 time. And me being illiterate, and my mother
8 being naive to the law, I had no one to help me
9 navigate no way through that.

10 I remember the first woman that did my
11 probation report after I got sentenced to twenty
12 years to life and she did my probation report,
13 right?

14 And she said -- it was something, like,
15 different about her interview, from all other
16 people I came in contact with.

17 When I had my hearings in recent times,
18 just now, right before my conviction got
19 overturned, that same lady called in to the
20 judge and told him that she had information that
21 could prove my innocence back then, but she
22 ain't want to come forward because she was
23 scared to.

24 We need people that's not willing to
25 turn a blind eye in the system because they

1 worried about how they colleague is going to be
2 looking at them.

3 Because we don't get our lives back.
4 We don't go home and punch the clock, and then
5 tomorrow we wake up.

6 When I woke up the next day after they
7 came and arrested me, I thought it was a
8 nightmare. When I woke up, it was my reality,
9 and it never changed. It ruined my life forever
10 then. And I can't get none of that back.

11 My niece told me last week, the way
12 that she learns more about me, the way the
13 learned how I am by watching my interviews on
14 TV. I don't even know how to deal with my own
15 family in the house. They look at me like a
16 stranger. Thank you.

17 CHAIR GARZA: Thank you. Thank you for
18 shedding light on that. I don't think people
19 get to see the realities of something like that
20 you experienced and what all of you experienced
21 in your own different ways.

22 And I think it's just incredibly
23 powerful for you to have the strength to share.

24 So, I want to thank you again for that, truly,
25 from the bottom of my heart, for showing us your

1 heart.

2 I do have a question for Mr. Cantu. I
3 know you work with kids. What do these kids
4 tell themselves when you work with them? What
5 are you hearing these kids say about themselves?

6 MR. CANTU: They feel unheard, they
7 feel unseen, and they feel abandoned.
8 Specifically, in a detention center recently, I
9 did an exercise, and it's called, "Where Did
10 Sadness Go." And this classroom, it's kind of
11 co-ed between young boys and young girls.

12 And I teach them emotional regulation,
13 things of that nature. And on two sheets of
14 paper, one sheet I ask them to write everything
15 positive, and on the other sheet everything
16 negative that they say to themselves. Like,
17 that internal voice that they have.

18 And so, with the young girls, it was
19 about the even split of -- and at the end, I
20 tell them, okay, take the negative one and ball
21 it up. Ball it up and throw it away.

22 And so, with the young girls, it's
23 about even split of positive things and negative
24 things. But with the males across the board, it
25 was all negative. Didn't have one positive

1 thing to write down on a piece of paper.

2 And I asked them to share only the
3 positive, and not the negative part. And they
4 didn't have anything to write down.

5 And I said, well, with the things that
6 are negative, would you say that to somebody you
7 love? And they say, no. I say, so why do you
8 say that to yourself?

9 And they didn't have no response. They
10 said, well, I guess it's because I don't love
11 myself. That's a fact. This was two weeks ago.

12 And I had to pour into them. And I
13 shed tears in front of them. Like, I'm, you
14 know. But I had to, like, bring it back in and
15 stay composed, because every young male --
16 black, brown, white, Latino, whatever -- nobody
17 had anything positive to say to themselves, and
18 they sit with these thoughts all day inside of
19 themselves.

20 And that's what I'm seeing from Texas
21 Juvenile Justice Department, from these county
22 youth detention centers, to Division 11 Cook
23 County, and the adult -- everywhere I go, same
24 narrative. It's the same narrative, that they
25 feel unsupported, unseen, unheard, and

1 voiceless.

2 They ask for help. They're asking for
3 some kind of support, and you get Seroquel, you
4 get medication to sedate you, put you to sleep,
5 treat you like a zombie, and push you to the
6 side. That's it.

7 CHAIR GARZA: I don't know if anybody
8 else would like to share a little bit about what
9 you see with the folks you work with.

10 MR. YOUNG: I work in the juvenile
11 facilities as well. And I've just been upstate
12 in one of the facilities.

13 And seeing, again, young black boys in
14 these facilities, that doesn't have the
15 representation. These young boys don't feel
16 heard, and then that allows them to continue to
17 carry out their anger, the trauma amongst one
18 another in the situations.

19 I think it's so important for those who
20 have survived this system, that we have to find
21 ways in all of our own traumas, we pulled out,
22 like, been in the mud and really pulled
23 ourselves and rebuilt ourselves.

24 Even though we're still dealing with
25 things, we need these individuals in these

1 spaces to help young people navigate.

2 When you're talking about the courts, I
3 remember when I was going to court, I wish I had
4 someone that helped me understood what the
5 language was. I wouldn't have went through a
6 jury trial of pleading guilty to something.

7 To have someone that -- again,
8 representation matters -- to have a credible
9 messenger to work with these young people
10 outside of correctional staff, and helping
11 correctional staff understand that it's not an
12 us-against-you thing, it's about us who have
13 been in the system, helping you identify what
14 your blind spots are.

15 We've been in the system. Identify the
16 blind spots and let's work together -- not in
17 competition, but collaboratively -- to be able
18 to create a better, safer system for our young
19 people.

20 I believe that once we create more
21 representation, using individuals like ourselves
22 who have survived it, how we can now empower
23 these individuals by using that lived
24 experience.

25 He can go back and help a young person

1 navigate that in a different way I can. I can
2 go and help another person navigate. It's about
3 using our voices, not just for these hearings,
4 but also to be able to go and reconstruct the
5 entire system by using the people with lived
6 experiences.

7 MR. QUILES: And just to echo that
8 point, so there are investments being made in
9 that space, but we need more of.

10 So, for example, the Office of the
11 Prosecutor's Office now in New Jersey, has
12 special advocates that are directly system-
13 impacted, that work with individuals that find
14 themselves in the criminal legal system, youth
15 or not, and they employ -- it's a non-profit
16 organization called, "Partners for Justice."
17 And they go in and explain the rights to the
18 young person.

19 And of course, again, because they have
20 lived experience, they're credible messengers,
21 they've been in that same interrogation room
22 before, under those same circumstances, it's a
23 lot easier to build that trust. So, that's just
24 one example. But more of that is certainly
25 necessary.

1 And then for the young people that I
2 work with in the community of Newark, the worst
3 thing you can have is them buy into the labels
4 that were ascribed to them. And that's
5 something that I've seen with myself.

6 So, they have this term now called,
7 "YNs." And they're going to be the worst YNs
8 that you could be, because everybody calls them
9 this term, so, "I'm going to be the baddest and
10 the biggest," and they buy into that term.

11 Like the brother said, brother Cantu
12 said, they have no positive characteristics to
13 apply to themselves. They've done bought into
14 these labels.

15 And that's dangerous. That's
16 definitely dangerous and self-destructive. And
17 something that we have to do more.

18 MS. FREELEN: For Joshua, I believe
19 that he'd seen himself the way a lot of the
20 staff seen him -- worthless, he'll never get out
21 of here -- a lot of the verbal abuse that these
22 staff members are portraying to our children,
23 are the real way they really feel. And that's
24 got to stop.

25 CHAIR GARZA: Thank you so much.

1 Commissioner Adams, you have a question?

2 COMMISSIONER ADAMS: I do. One of you
3 guys used the term, "credentialed class." I'm
4 sorry, I can't remember who, it might have been
5 you.

6 Would that include, like, people in the
7 facilities who are, like, counselors,
8 psychologists, and therefore, people inside
9 don't want to deal with them? Is that kind of
10 what you were getting at? That it doesn't work
11 as well then? Is that like an impediment to
12 effective treatment?

13 MR. QUILES: Yes, sir. So, that's an
14 impediment because, for example, you have
15 psychologists, social workers, and things like
16 that, they're members of the credentialed class.

17 But a lot of youth were harmed by those
18 same systems. For example, let's say I have a
19 community member. I served him and his family,
20 and they've been involved in the Division of
21 Youth and Family Services at some point in their
22 life.

23 And that Division of Youth and Family
24 Services psychiatrist/counselor/case worker that
25 they send out to the home broke up the family,

1 for example. And then that was the start of
2 this cycle of incarceration that we see.

3 So, no, youth does not want any dealing
4 with anyone, even though they may be a helpmate,
5 even though they may have the youth's best
6 interest, the family's best interest at hand,
7 they're not going to speak to that person.
8 However, they'll talk to individuals like us.

9 CHAIR GARZA: If I can jump in here, I
10 think that goes back to what we heard in the
11 first panel, about, like, community -- I'm going
12 to mess up the acronym -- Community-Centered,
13 sort of like meeting the kid where they're at,
14 right?

15 And I think that's -- one final point
16 here, because you all are sparking something for
17 me. It sounds like there needs to be, like, a
18 hybrid of an advocate.

19 Because, I mean, I come from, like, the
20 family law. I practice family and criminal
21 defense. I practice everything under the sun.

22 And we have advocates that are
23 appointed to children in certain circumstances.

24 And we do not have that in the criminal legal
25 system, in the juvenile justice system.

1 And it sort of -- you all are doing
2 that work, right? Go ahead.

3 MR. QUILES: I wanted to say something
4 about that. Because I think it's important for
5 us to point out the hypocrisy, right?

6 So, the hypocrisy in that is
7 individuals, at least in the State of New
8 Jersey, and in my local -- I can't talk for
9 every state, obviously, I don't want to
10 misrepresent anything -- but what happens is, is
11 they'll send youth that they have deemed at-risk
12 -- of course, I'm not a fan of that term, we
13 call them "at-promise" youth -- and they'll send
14 them to our return to support group and have us
15 mentor them.

16 But they won't let us go into the
17 schools and be a counselor on-site because we
18 have a felony conviction on our jacket.

19 Or they'll allow us to provide
20 mentorship to facility youth, but we won't be
21 staffed there 24/7 to provide 24/7 help, and
22 receive compensation in the same way a
23 psychologist, case manager, social worker would,
24 despite having the credentials now.

25 So, that's something problematic, but

1 it's also a hypocrisy in that, because they
2 trust us enough to send those same young people
3 to us after school.

4 And that's something that definitely
5 needs to be addressed, in my opinion.

6 MR. YOUNG: I deal with that in South
7 Carolina as well, is that if you have a felony
8 conviction, you're able to provide mentoring
9 outside of the system, but we've found that the
10 hotspots, our schools, is that most of this is a
11 hotspot, as well as a safe space, by young
12 people. And we're being denied that access.
13 And I think that when we're talking about how do
14 we help them, that's one way we can.

15 There's another part of that too.
16 Again, I'm always looking at the backend.
17 Because these young people enter into the
18 juvenile system, they are shaped different.

19 You go in at fourteen, you come home at
20 fifteen, you're not the same Lester again. You
21 don't know, and they don't know, what happened
22 to them. And they're wild and out in the
23 community, and they don't know. And we need
24 these individuals on that backend, that credible
25 messenger, to walk with that young person.

1 If they have to go back into the
2 school, we should be in that school with that
3 young person, guiding them through that process,
4 helping them understand the acclimation back.

5 Because if not, he's going to rebel,
6 he's going to find himself going back into
7 another juvenile facility, because that's a safe
8 space for him. He understands that environment.

9 But the outside world? If he been in
10 prison ninety days, you are not the same person.

11 A year? Two years? You're not.

12 I've been there for twenty-two years.
13 When I went in '19, I'm not the same person at
14 nineteen. When I got out, I was forty-one.
15 Prison shaped me different. So, I think that's
16 important for us to understand that.

17 CHAIR GARZA: Okay, we're running
18 against time. This has been incredible. Did
19 you have a question?

20 COMMISSIONER JONES: Yeah, just
21 quickly. I wanted clarification on the rule
22 against people with prior felonies being in a
23 school environment. Is that like an across-the-
24 board rule, or does it depend on the kind of
25 felony?

1 MR. QUILES: So, I can only speak about
2 New Jersey. So, it's across-the-board felony
3 convictions.

4 So, even though I've never committed,
5 like, what they call a Megan's offense, or harm
6 towards children, or anything like that, I'm
7 still precluded because it's a felony offense
8 that's a violent crime. So, in New Jersey I can
9 only speak about.

10 COMMISSIONER JONES: is that true in
11 South Carolina as well? Okay.

12 CHAIR GARZA: Do you have a question.

13 COMMISSIONER ADAMS: That was going to
14 be my question.

15 CHAIR GARZA: Oh, thank you.

16 COMMISSIONER ADAMS: The same question.
17 Yeah.

18 CHAIR GARZA: Wonderful. Last
19 question.

20 COMMISSIONER ADAMS: Yeah. You talk
21 about landing spots to help people, one being
22 they won't let you in schools.

23 Does anybody work with, like, juvenile
24 courts? Like, in other words, for you to get a
25 lower sentence, or maybe to get out, they have

1 to work with someone like you to understand?

2 I don't know. I'm thinking about
3 places where you could land that aren't
4 necessarily schools, and I'm wondering if
5 anybody does this with the court system? Do
6 they let you into the facilities to talk to
7 kids? I mean, where do you get to do your
8 thing?

9 MR. YOUNG: I currently do some work in
10 South Carolina at the Department of Juvenile
11 Justice.

12 But this is the things again when you
13 mentioned the hypocrisy, is that people have a
14 tendency of still judging us based upon the
15 crimes that we committed, versus who we have
16 become and how we now become the medicine to
17 your young people.

18 And for years, we find that no matter
19 how much we see the need, it is the individuals
20 who are in certain powers and positions,
21 prevents that from really happening.

22 And that means finding ways to remove
23 us out of the situation, because they still see
24 us as the criminals of the crimes that we
25 committed.

1 So, again, I think it's important that
2 we sign understanding that people like us are
3 the medicines to our young people, as well as
4 we're working with you all to bring about the
5 situation.

6 But you first have to start humanizing
7 us who have went through the criminal justice
8 system. Some people still see us, the stigma
9 prevents them from seeing as the medicine, as
10 some who survived it.

11 And as I said, we went through a lot to
12 get where we're at today, and we can help our
13 young people, as well as working you all, to do
14 it. But you have to start humanizing us first.

15 That opens the door to us to walk into a
16 school, or to walk into a juvenile court system,
17 and not being judged for the past, but rather,
18 the person that we are today, that we can
19 empower our young people.

20 CHAIR GARZA: Absolutely beautiful.

21 VICE CHAIR NOURSE: Just had one quick
22 comment. You know, the only virtue of being a
23 vintage person like me if you've seen a lot of
24 people testify.

25 And I just want to say that that was

1 some of the most heartbreaking testimony I've
2 ever seen. So, thank you for your bravery.

3 CHAIR GARZA: Thank you very much.
4 Thank you for sharing, again, your heart with us
5 and your story. I look forward to hearing from
6 you all if there's anything you have to add to
7 the record.

8 We have our record open for another
9 month, as we consider the report and future
10 recommendations on what can be done to address
11 these issues.

12 So, with that, we're going to take a
13 ten minute break. We will be back at 1:53 p.m.,
14 Eastern Time.

15 (Whereupon, the above-entitled matter
16 went off the record at 1:43 p.m. and resumed at
17 1:59 p.m.)

18 PANEL 4: COMMUNITY ADVOCATES AND SYSTEM
19 STAKEHOLDERS

20 CHAIR GARZA: It is now 1:59 p.m.
21 Eastern Time. We're going to proceed with our
22 fourth and final panel. Each panelist -- well,
23 first of all, welcome. Thank you for being
24 here.

25 Each of you all will have seven minutes

1 to speak, and following the conclusion of your
2 presentation of every panelist, the
3 Commissioners will have an opportunity to ask
4 questions. We'll have an allotted period of
5 time for that and I'll recognize Commissioners
6 who wish to speak.

7 I will strictly enforce the time
8 allotments given to each panelist to present
9 their statement, and unless we did not receive
10 your testimony until today, you can assume we've
11 read it. And we appreciate you making the best
12 use of your seven minutes, so please focus your
13 remarks on the topic of our briefing.

14 Panelists, please notice the system of
15 warning lights. It's right here in front of me.

16 When the light goes from green to yellow, that
17 means you have two minutes left. When the light
18 turns red, you should just wrap up your
19 statements. And then my fellow Commissioners
20 and myself will do our part to be as concise as
21 possible in our comments and questions.

22 For this panel, we're going to hear
23 from community advocates and system stakeholders
24 about concerns with the current system and
25 provide possible reforms. Their testimony will

1 help us consider where the system is falling
2 short, what changes are needed, and how we can
3 better protect the mental health and civil
4 rights of young people in the juvenile criminal
5 legal system.

6 In the order in which they will speak,
7 our panelists are, I believe, well, I'm going to
8 start from this side: Dr. Janelle Ridley,
9 National Vice Chair, Coalition for Juvenile
10 Justice; Andrea Harrell, Child & Youth Division
11 at The Assessment Center, Department of
12 Behavioral Health, Washington, D.C.; Vincent
13 Schiraldi, Visiting Fellow from Pinkerton
14 Foundation; Dr. Jennifer Parker, Director of the
15 Center for Resilient Schools and Communities at
16 Spartanburg Academic Movement; Joshua Rovner,
17 Senior Research Analyst at The Sentencing
18 Project; and then we have Abd'Allah Lateef,
19 Deputy Director, Campaign for the Fair
20 Sentencing of Youth. So, we're going to go
21 ahead and get started with Dr. Ridley if you
22 would come off of mute.

23 DR. RIDLEY: Thank you. Good
24 afternoon, Madam Chair and Commissioners. Thank
25 you for the opportunity to appear before you

1 this afternoon.

2 My name is Janelle Ridley, and as
3 mentioned, I serve as the National Vice Chair
4 for the Coalition for Juvenile Justice and as a
5 member of the Massachusetts State Advisory
6 Group.

7 Across the country, and as we heard in
8 the last panel, one thing is very clear, the
9 urgent message around unmet mental health needs
10 and behavioral health needs are consistently
11 remaining as a system that is being unmet.

12 You have a copy of my statement, and
13 after the last panel, each individual
14 beautifully stated what the problem was and
15 provided sound solutions. One of the things I
16 would like to take a moment to do is sort of
17 elevate what they said in terms of their
18 messages, their purpose, their ability to reach
19 the population that so many systems are trying
20 to reach but are failing in the process.

21 There is the science that says you can
22 live three to seven days without water, and
23 based upon your body temperature, and your
24 health and your age, that fluctuates. You can
25 survive a week or longer without food depending

1 on your body mass, and your body fat, and your
2 body index.

3 Hope is a psychological necessity.
4 Research shows that people who have higher
5 levels of hope tend to recover from illnesses
6 and injury quicker, they experience lower rates
7 of depression and anxiety, and they engage in
8 healthier behaviors, but purpose, purpose is one
9 of the strongest predictors of well-being.

10 Purpose refers to an individual and
11 that their life has meaning, and as each of the
12 panelists before had shared in terms of the
13 words that were spoken to them, the words that
14 they consistently heard on a daily basis, and
15 the impact that has played on their mental
16 health.

17 One of the panelists mentioned that his
18 story is not an anomaly, and it isn't. And so,
19 one of the things that I want to propose and
20 really sort of highlight are solutions as they
21 mentioned.

22 At the Coalition for Juvenile Justice,
23 one of the things that is validated are mental
24 health screenings. Massachusetts does this very
25 well with the MAYSI intake behavioral screening

1 instruments. Roughly 61 percent are flagged for
2 behavioral health concerns, 45 percent have
3 ADHD, and roughly 11 percent live with a serious
4 mental illness.

5 A majority of those are prescribed
6 psychotropic medication, and that rate is far
7 higher among youth in detention than those
8 committed to care where it is closer to 38
9 percent, suggesting that detention has become a
10 holding place for young people in acute crisis.

11 Second is to stand up mental health
12 partnerships. With community health centers and
13 universities, one of the reasons facilities
14 don't provide service is workforce, and
15 facilities holding mostly youths of color have
16 the fewest clinicians.

17 Telehealth can easily address that gap
18 and do so in a timely manner, and New York is
19 actually doing that as a possible way of using
20 their example and their model across more than
21 just one state.

22 Third would be to train frontline
23 staff, not just clinicians, because they are the
24 ones who are always proximate to the young
25 people within the facilities, addressing the

1 trauma, the root of a young person's life that
2 shapes the behaviors that --

3 As the panelists mentioned, they come
4 from environments that are problematic, that are
5 systemic in nature and structural in how they
6 filter into not just the education system, but
7 the education system as a pusher into the
8 detention facilities.

9 And if frontline staff, as well as
10 educators, as well as clinicians, had an
11 understanding of those systemic structures and
12 how to address those, and to move and navigate
13 differently, we would see different outcomes,
14 but I would also propose educating the young
15 people.

16 I heard all of the panelists said that
17 if they knew differently, if they had the
18 education and the language to advocate, they
19 would do differently, and I propose that the
20 education is out there. The answers are out
21 there.

22 The solution is how do we ensure that
23 everyone who needs that information has that?
24 Because you can't do differently if you don't
25 know differently.

1 And fourth is protecting the Title II
2 formula. It is up for -- sorry, it's on the
3 ballot for funding, and so protecting and
4 restoring the Title II formula grant is where
5 the community needs each and every one of you.

6 It allows state advisory groups to keep
7 investing in community-based programs such as
8 the Credible Messengers, and a continuum of
9 care, a gap that exists not because solutions
10 don't, but because stable funding does not exist
11 in a lot of these communities.

12 And so, with that, I would just propose
13 that each and every one offered a solution, and
14 really highlighting and taking into
15 consideration what they said is where I believe
16 most of the work continues to be done. Thank
17 you.

18 CHAIR GARZA: Thank you so much, Dr.
19 Ridley. We'll go to Ms. Harrell.

20 MS. HARRELL: Good afternoon, Madam
21 Chair Garza and Commissioners. First of all,
22 I'd like to thank you for this opportunity.
23 It's truly an honor to be before you today. I'm
24 Andrea Harrell, and actually today marks 32
25 years of service for me with the District

1 government.

2 As a social worker here in the
3 District, I have seen a lot. Some things that
4 especially stand out for me are the names of the
5 children and the youth that we have seen more
6 than once, or the youth that have been later
7 seen as adults, and saddest of all to me is to
8 hear a name or read a news story of a youth that
9 was a victim or a perpetrator of a heinous
10 crime.

11 My thoughts are, could anything have
12 been done differently? Was there a service that
13 could have helped? And as we say in our line of
14 work, did this one fall through the cracks?
15 When young people fall through the cracks, it
16 indicates that entities in place to serve and
17 protect them have not done enough to ensure
18 their safety and security.

19 I'm sure you all have heard enough
20 today, not enough, but a lot about ACEs today,
21 adverse childhood experiences, so I won't go
22 into statistics about that, but we know that
23 they occur before the age of 18 and the impact
24 of ACEs can lead to --

25 Sure, sorry. The impact of ACEs can

1 lead to many negative effects that include
2 mental health issues. These issues can lead to
3 at-risk behaviors in which adolescents have
4 involvement with the juvenile justice system.

5 In 2025, there were 1,287 new juvenile
6 case filings with the D.C. Family Court.

7 Currently, there are a number of programs and
8 services in place to address mental health
9 issues in vulnerable young people.

10 Across the nation, many jurisdictions,
11 including the District, have developed school-
12 based mental health programs. These programs
13 collaborate with students, families, schools,
14 and community-based organizations to provide
15 behavioral health prevention and treatment
16 services that reduce barriers to learning and
17 maximize students' potential to become
18 successful learners.

19 In 2020, Congress designated the 988
20 dialing code to be operated through the existing
21 National Suicide Prevention Lifeline. Here in
22 the District, the Child Guidance Clinic provides
23 comprehensive psychological and
24 psychoeducational evaluations.

25 The Department of Behavioral Health has

1 multiple core service agencies throughout the
2 city that provide a variety of evidence-based
3 treatment modalities to address behavioral and
4 mental health.

5 DBH also has the Assessment Center,
6 where they provide the D.C. Superior Court with
7 court-ordered, comprehensive, forensic
8 psychiatric evaluations for adolescents, whether
9 they are detained or in the community.

10 There is also the Hope Court and the
11 Juvenile Behavior Diversion Program. These are
12 voluntary diversion treatment court programs
13 where eligible youth are connected to behavioral
14 health and other community-based supportive
15 services. Youth may have their charges
16 dismissed altogether or probation shortened
17 through successful completion of these programs.

18 Also here in D.C., the Mayor's Services
19 Liaison Office at the D.C. Superior Court is a
20 multidisciplinary multi-team working
21 collaboratively to support social workers,
22 probation officers, attorneys, and judicial
23 officers by identifying and facilitating the
24 delivery of services to youth involved in the
25 juvenile justice court.

1 But what more can we do? We have to be
2 proactive and not reactive. A study by the
3 Annie E. Casey Foundation found that youth who
4 participate in support programs exhibit better
5 academic performance, improved mental health,
6 and decreased involvement in criminal
7 activities.

8 Safe homes and communities are
9 paramount in promoting mental wellness. Parents
10 and families are or should be the first models
11 of wellness and foster safe environments for
12 growing children and adolescents. Families
13 should create a safe space for children to want
14 to share and express their feelings freely.

15 Schools should provide safe and
16 supportive environments and recruit, train, and
17 retain appropriate staff members and support
18 their professional growth and mental health and
19 wellness, and regularly review policies to
20 ensure equity and fairness for all students
21 regardless of abilities, race, and income.

22 Healthcare providers should also not
23 only be concerned about a child's physical
24 wellness, but their mental health as well.
25 Pediatricians across the country have

1 implemented depression screenings for children
2 and adolescents.

3 Juvenile monitoring agencies and
4 detention facilities must also recruit, train,
5 and retain appropriate staff, including
6 certified clinicians, that meet the physical and
7 mental health needs of adolescents in a safe,
8 culturally competent, and timely manner, and
9 ensure that transition services are in place
10 once youth are released.

11 Juvenile court judges should ensure
12 that the safety and mental health needs of
13 adolescents on their caseload are met in a
14 timely manner, especially for detained youth who
15 may be held for longer periods due to pending
16 mental health care and evaluations.

17 In closing, yes, there are policies,
18 programs, and initiatives in place to address
19 mental health and wellness, but we as
20 individuals can help as well. We can help fight
21 the stigma associated with mental health.

22 In our daily conversations, we should
23 use non-stigmatizing words and language when
24 discussing mental health. If you know that
25 someone may have a mental health condition,

1 treat them with understanding, empathy, and
2 acceptance, and encourage others in your circle
3 to do the same.

4 Refer someone in need to the 988
5 Suicide and Crisis Lifeline. Remember and
6 acknowledge Mental Health Awareness Month every
7 May. Wear your green pin to show your support
8 and alliance. Let's all remember that mental
9 health matters. Thank you again for this
10 opportunity.

11 CHAIR GARZA: Thank you so much, Ms.
12 Harrell. We're going to now hear from Mr.
13 Schiraldi. You can please begin.

14 MR. SCHIRALDI: Thank you. Thank you
15 for inviting me here today. I'm currently a
16 visiting fellow at the Pinkerton Foundation and
17 will soon start a Doris Duke Fellowship at
18 Georgetown, and was a senior research scientist
19 at both Harvard and Columbia Universities.

20 I've run juvenile and adult systems in
21 Washington, Maryland, and New York City. While
22 I was at Columbia, I founded Youth Correctional
23 Leaders for Justice, an association of 75 youth
24 correctional administrators reforming youth
25 justice.

1 And I'm now an advisor to the Forgotten
2 Children Initiative, which is engaged in the
3 tragic work of acknowledging dozens of hidden
4 burial grounds adjacent to youth correctional
5 facilities throughout the U.S., including here
6 at the nearby House of Reformation and
7 Instruction for Colored Children. As Youth
8 Services Secretary, we uncovered 230 Black boys
9 who were secretly buried there in a potter's
10 field, reminding us of how traumatizing this
11 system can be.

12 If we hope to improve the behavioral
13 health of young people in trouble with the law,
14 we should minimize their system touches.
15 Instead, we should steer them towards health
16 activities that build their social capital,
17 therapy to improve their outcomes, and place the
18 few who must be held in custody in home-like
19 facilities close to family.

20 I'm going to start with a hopeful story
21 of the progress made in youth justice over the
22 past two decades, then explain how the system
23 currently addresses young people who are often
24 deeply traumatized and face complex challenges.

25 Finally, I'll discuss some promising

1 approaches.

2 The 1990s were a punishing decade for
3 young people. Crime was increasing for both
4 adults and young people, but instead of
5 innovating, those on both sides of the aisle
6 began picking on kids.

7 Princeton professor John Dilulio
8 provided deeply flawed backing to this war on
9 young people, dubbing them super predators and
10 stating that, quote, all that's left of the
11 Black community in some pockets of urban America
12 is deviant, delinquent, and criminal adults
13 surrounded by severely abused and neglected
14 children, virtually all whom were born out of
15 wedlock, end quote.

16 Then, First Lady Hillary Clinton
17 subsequently explained that super predators were
18 kids with no conscience, no empathy, who needed
19 to be brought to heel, and Florida Congressman
20 Bill McCollum introduced the Violent Youth
21 Predator Act of 1996.

22 Almost every state passed laws making
23 it easier to try juveniles as adults. By 1999,
24 109,000 young people were incarcerated in
25 juvenile facilities, and nearly 15,000 more were

1 incarcerated in adult prisons.

2 Almost the entire increase in youth
3 detention was made up of youth of color. In
4 Maryland, a higher percentage of our adult
5 prisoners enter prison prior to age 18 than
6 every state except Alabama, and 90 percent of
7 those are youth of color.

8 Once confined, mental health,
9 recidivism, and educational outcomes all worsen.

10 Research has revealed that incarcerated youth
11 were less likely to return to school and more
12 likely to suffer behavioral disorders, and
13 matriculate into adult incarceration.

14 Research by the CDC found that youth
15 processed in the adult criminal justice system
16 were 34 percent more likely to recidivate, and
17 experienced higher rates of physical and sexual
18 victimization, psychological trauma, and
19 suicide.

20 In turn, young people with behavioral
21 health disorders are disproportionately youth of
22 color and stay incarcerated longer due to their
23 challenges navigating the system.

24 When I started running D.C.'s juvenile
25 system, staff were beating the kids up, placing

1 them in solitary confinement, sexually
2 assaulting them, and sexually assaulting one
3 another. Kids would stuff their shirts around
4 the toilets to keep rats and cockroaches off
5 them at night.

6 Youths with behavioral health issues
7 received pathetic services, and this was after
8 19 years under court oversight for
9 unconstitutional conditions. Every single kid
10 placed with us during my five-year tenure was a
11 youth of color, almost all Black.

12 As terrible as this time was then, it
13 stopped. Well, it didn't just actually stop.
14 People made it stop. Advocates organized in the
15 streets and packed hearing rooms.

16 Think tanks pushed best practices that
17 reduced incarceration. Model program developers
18 deployed evidence about new programs that
19 improved outcomes. Foundations like Casey and
20 MacArthur promoted best practices and systems
21 reforms.

22 Developmental psychologists and
23 neurobiologists published nuanced research on
24 adolescents and effective ways to address
25 delinquency. They found that, as every parent

1 knows, young people are more malleable and less
2 culpable than fully mature adults.

3 They're not just little versions of
4 adults. They're more impulsive in emotionally-
5 charged settings, more prone to peer influence,
6 and less able to delay gratification, and the
7 good news is they'll all grow out of that.

8 The best way to address delinquency
9 then is to engage them in developmentally-
10 appropriate activities rather than placing them
11 in institutionalizing, recidivism increasing,
12 crazy-making correctional facilities.

13 As a result, stakeholders became
14 comfortable diverting low-risk youth out of the
15 system through evidence-based programs and
16 institutional populations plummeted. The number
17 of young people in juvenile facilities dropped
18 75 percent, while the number of young people in
19 adult facilities plunged 83 percent.

20 Did youth crime mushroom as a result?
21 Nope, it dropped by 78 percent, four times the
22 percentage decline in adult arrests during the
23 same time period. This decarcerated many less
24 risky kids, leaving us with a somewhat higher
25 severity group currently incarcerated.

1 So, some are tempted to say mission
2 accomplished, but I suggest that for these high
3 risk, hard to reach, or HR-squared youth, we
4 need to innovate the way we did as we emerged
5 from the super predator era.

6 HR-squared youth have numerous ACEs, as
7 someone mentioned, numerous prior contacts with
8 the law, high absentee rates, learning
9 disabilities, and often suffer from behavioral
10 health and substance abuse disorders.

11 They have weak social ties and
12 experience family violence and homelessness.
13 Often, someone in their social network has been
14 involved in gun violence. Their families may be
15 too overwhelmed to participate in standard
16 therapy.

17 A small number of HR-squared youth
18 drive a disproportionate share of gun violence,
19 generally geographically concentrated. For
20 example, in Chicago, gun violence in the four
21 most dangerous police districts was 26 times
22 higher than in the four least, and in Oakland,
23 just one tenth of one percent of residents were
24 responsible for over half of homicides.

25 In Maryland, we analyzed 30,000 youth

1 cases and developed criteria for acceptance into
2 the Thrive Academy. We enlisted Credible
3 Messengers with small caseloads trained in
4 cognitive behavioral therapy and partnered with
5 staff providing trauma-informed therapy.

6 We funded them to develop life plans
7 with the youth residing in the four counties
8 that accounted for 80 percent of our youth gun
9 violence. We resourced them to send kids to
10 vocational training or college, provide them
11 with paid apprenticeships, take them on fun
12 outings, and if their families were in danger,
13 to relocate them.

14 We had no kids killed since last
15 September on that program, and fewer than two
16 percent have been shot. In Chicago, they did
17 something similar and it yielded 39 percent
18 fewer arrests and 32 percent less misconduct.

19 Today's young people are again under
20 attack, but we know more about adolescents and
21 best practices than we previously did. We
22 shouldn't throw up our hands, but should instead
23 effectively dispense justice with wisdom,
24 decency, and fairness.

25 CHAIR GARZA: Thank you so much. Thank

1 you for that, Mr. Schiraldi. We're going to now
2 hear from Dr. Parker.

3 DR. PARKER: Madam Chair and
4 Commissioners, thank you for this opportunity to
5 speak today on the urgent need for reform and
6 sustained investment in the juvenile justice
7 system, and particularly as it relates to youth
8 mental health.

9 I serve as Director for the Center for
10 Resilient Schools and Communities at Spartanburg
11 Academic Movement in Spartanburg, South
12 Carolina. I work across educational systems and
13 community partnerships to ensure that our youth
14 have access to coordinated supports that promote
15 healthy development and long-term success. We
16 work in very vulnerable areas of place and
17 across our school systems.

18 Part of my current role, just to give
19 you a little professional insight, I worked with
20 the Spartanburg Department of Juvenile Justice
21 and the Upstate Evaluation Center where I
22 evaluated adjudicated youth and helped to make
23 treatment recommendations.

24 That was abysmal. What I saw
25 consistently were young people carrying

1 significant trauma, as my fellow panelists have
2 addressed, and experiencing serious mental
3 health distress, and the worst part of that was
4 there was a lack of appropriate care to refer
5 them to. It was a throw up your hands, what do
6 we do? These youth are in trouble and we don't
7 have effective solutions to help them.

8 One case fundamentally shaped my work.
9 You've heard a lot of trauma cases today.
10 There was one that especially affected me when a
11 young lady, probably about the age of 12, was
12 referred to me for assessment.

13 She had been adjudicated for truancy,
14 and when I just asked her why she stopped going
15 to school, she very quietly said she had been
16 violently assaulted and raped on the way to
17 school by a stranger.

18 She lived in a vulnerable community,
19 walked to school, lived with a single mom who
20 was addicted. She simply went back home, closed
21 the door, and told no one. She didn't think
22 there was anyone to tell to reach out for help.

23 She was overwhelmed with fear and with
24 trauma, so her absence from school was not
25 defiance. Her absence was a result of untreated

1 trauma, and that's what I saw over and over,
2 children who were arrested, adjudicated, judge
3 shamed, blamed, and they had a horrible self-
4 narrative based on the trauma they had
5 experienced, and the biases and system
6 responses.

7 Her story is not unique, as you've
8 heard many others. It reflects a broader issue.

9 Too often, the system simply responds to
10 behavior. Even in therapy sometimes, we simply
11 respond to the behavior.

12 You've got to change these behaviors.
13 You've got to straighten up and fly right if you
14 want to get through life. You've got to be able
15 to heal and recover, and have some tools before
16 you can change that behavior.

17 So, the scope of this problem you've
18 heard about. We know about 90 percent or more
19 of the youth in the justice system have
20 experienced trauma and often repeatedly.

21 Those that have experienced the most
22 trauma, that have had the more traumatic
23 experiences, more different experiences and more
24 frequently, are going to have the worst
25 outcomes, and nearly 65 to 70 percent of our

1 youth meet criteria for at least one mental
2 health disorder.

3 Those mental health disorders that are
4 more internalizing, anxiety, depression, we have
5 very high rates of. We've got serious rises in
6 those disorders, as well as hopelessness.

7 Despite this growing need, fewer than
8 one in five are receiving the mental health
9 services they need, especially when they leave
10 detention. They're not getting adequate care in
11 detention, and when they are released, oh, well.

12 They're going back to the same experiences
13 without the continuum of care and support
14 system.

15 And those who have more externalizing
16 disruptive behaviors or substance abuse, they're
17 not even being a mental health problem. It's a
18 behavior and even more harsher, punitive
19 responses. So, we've got some systemic
20 failures.

21 These barriers are several key barriers
22 driving these outcomes. First, youth of color,
23 as you said too, are more likely to be referred,
24 detained, and held longer, and less likely to
25 receive high-quality mental health care.

1 Second, many of our youth come from
2 communities more rural where early mental health
3 services are scarce, particularly some of these
4 vulnerable restricted neighborhoods.

5 Third, services are split. They're not
6 equally continued across systems, say from
7 schools to juvenile justice, to community
8 providers. There's almost little coordination
9 of care. I believe my colleagues have spoken to
10 that.

11 Although we know trauma-informed care
12 works, we have inconsistent trauma-informed
13 care. Many of our systems do not screen
14 consistently. They do not have trained staff.
15 They do not have adequate staff and do not
16 provide evidence-based interventions.

17 I heard you refer to cognitive
18 behavioral therapy, that there is trauma-
19 informed CBT that is effective. I personally
20 like to work with youth, as you mentioned, and
21 educate them around what happened to them.

22 It is not your fault. Some of your
23 decisions are bad and they've gotten you in
24 trouble, but what happened to you is not your
25 fault. You need to heal from that, and then you

1 need to have people believe in you and help you
2 write a better narrative.

3 Because you believe the story you've
4 been told about yourself, and often when you
5 come from very traumatic backgrounds, it's a
6 poor narrative, one of shame and blame, and
7 shame on us when we continue that systemically
8 in the justice system and the educational
9 system.

10 We must take a comprehensive approach
11 that includes system reform and prevention,
12 integrate trauma-informed care, universal mental
13 health screening, ensure access to appropriate
14 evidence-based treatment, improve coordination
15 of services, and at the same time, reduce entry,
16 and that's where I try to spend my time,
17 strengthening the schools and the communities.

18 When we expand behavioral mental health
19 in our schools, increase earlier identification,
20 promote restorative and trauma-informed
21 approaches, our kids can heal. Too often,
22 they're not doing well at home, so they're not
23 welcome at school and they're put on that
24 pathway early, and that's especially true for
25 boys of color. That's a core part of my work,

1 and we're fortunate that we have two federal
2 grants to support some of that work. It's not
3 enough.

4 So, just to close, I know I'm running
5 out of time, we need to prevent system
6 involvement, reduce recidivism, improve long-
7 term outcomes by expanding trauma-informed
8 systems, increasing the behavioral health
9 workforce, scaling culturally responsive,
10 evidence-based interventions, strengthening
11 coordination and data sharing across agencies,
12 and investing in early intervention and
13 prevention in our school systems.

14 Our schools can do a lot to keep our
15 children out of care. We can build a system
16 promoting healing, resilience, and opportunity,
17 building that hope, rewriting that narrative,
18 and then our children can have hope for the
19 future.

20 Thank you for the time and commitment
21 that you are investing to improve outcomes for
22 our young people. I appreciate the opportunity
23 to share this perspective today.

24 CHAIR GARZA: Thank you so much, Dr.
25 Parker. Mr. Rovner, you can get us started.

1 MR. ROVNER: Thank you so much. My
2 name is Josh Rovner. I'm the Senior Research
3 Analyst at The Sentencing Project. It's a
4 nonpartisan research and advocacy think tank on
5 criminal and juvenile justice reform. I've been
6 there 12 years.

7 The Sentencing Project advocates for
8 humane and effective responses to crime that
9 minimize imprisonment and criminalization of
10 youth as well as adults. Thank you so much for
11 this opportunity to testify.

12 While my written remarks address
13 multiple topics, including new and compelling
14 evidence of horrid and abusive conditions,
15 bolstering the testimony from Matthew Cavedon on
16 the first panel earlier today, as well as the
17 need to provide mental health care outside of
18 the walls of these facilities, on the other
19 hand, my oral remarks are going to focus on data
20 regarding racial and ethnic disparities in youth
21 placement and decisions to detain and commit
22 youth.

23 The federal government has taken an
24 interest in racial disparities in juvenile
25 justice since the passage of the Juvenile

1 Justice Delinquency Prevention Act of 1974 by an
2 overwhelming and bipartisan Congressional
3 majority before being signed into law by
4 President Gerald Ford.

5 That law required states make efforts
6 to reduce disproportionate minority confinement,
7 the racial disproportionality in post-
8 adjudication commitment where it existed.

9 The JJDPA was reauthorized and expanded
10 in 1977, 1980, 1984, 1988, 1992, 2002, and most
11 recently, as the Juvenile Justice Reform Act of
12 2018, and as in 1974, that law again passed by
13 an overwhelming bipartisan majority before being
14 signed by a Republican president.

15 Disparities persist at multiple points
16 of contact, however, and I urge the Commission
17 to not lose sight of the other inequities that
18 contribute to the unjust placement disparities
19 that I'll now discuss.

20 As of 2023, Black youth were five and a
21 half times as likely to be in placement in
22 juvenile facilities as their white peers. That
23 disparity is at an all-time high, with data that
24 starts in 1997.

25 And it's important to understand this

1 isn't a localized problem. In all of the states
2 with significant populations of African American
3 youth, those youth are two and a half times as
4 likely to be in placement as their white peers.

5 Native youth were almost four times as
6 likely to be in placement as their white peers,
7 and that disparity too is at an all-time high.
8 Latino youth were 25 percent more likely to be
9 placed in juvenile facilities.

10 These disparities in youth placement
11 combine two components, pre-adjudication
12 detention and post-adjudication commitment. In
13 general, youth in detention have been accused of
14 a crime, but not convicted of one, and youth in
15 commitment facilities have been adjudicated
16 delinquent, which is the juvenile justice
17 system's equivalent of a conviction.

18 Overall disparities mask the inequities
19 in detention and commitment. Disparities are
20 larger in detention. For example, I mentioned
21 that Black youth are five and a half times as
22 likely to be in placement than their white
23 peers, but they're almost eight times as likely
24 to be detained pre-adjudication.

25 Once again, pre-adjudication is

1 reserved for youth who have been accused of a
2 crime, but not convicted of one. And as
3 troubling as overall disparities are, large
4 disparities in detention reflect a growing
5 willingness to incarcerate youth who are,
6 legally speaking, innocent of any crime.

7 Overall, approximately one in four
8 youth were detained upon their referral.
9 Likelihoods of detention are much higher for
10 youth of color than for their white peers.

11 So, while 18 percent of white youth are
12 detained upon their referral to juvenile court,
13 29 percent of Black youth, 28 percent of Latino
14 youth, 26 percent of Native youth, and 22
15 percent of Asian American youth are similarly
16 detained.

17 Thus, even setting aside the
18 disparities among those referred to juvenile
19 court, youth of color are treated more harshly.

20 These same patterns persist almost regardless
21 of the initial charge.

22 And similar patterns emerge among
23 committed youth. Overall, more than one in four
24 youth who are adjudicated delinquent are
25 committed post-adjudication. For white youth,

1 it's 24 percent. Twenty-four percent of white
2 youth are committed post-adjudication.

3 That compares to 32 percent of Native
4 youth, 30 percent of Black youth, 29 percent of
5 Latino youth, and 25 percent of Asian American
6 youth. In short, when white youth are convicted
7 in juvenile court, they receive leniency that
8 youth of color do not.

9 Detention disparities are important to
10 this conversation because youth incarceration
11 increasingly means detention. Looking at annual
12 totals of confined youth reveals the scope of
13 youth placement, which is increasingly defined
14 by pre-adjudication detention, not post-
15 adjudication commitment.

16 Over the course of 2023, roughly
17 175,000 youth were detained or committed, or
18 both, on a new delinquency charge. Of those
19 youth, roughly 158,000 were detained and roughly
20 43,000 were committed.

21 In short, more than three and a half
22 times as many teenagers are detained as
23 committed over the course of a year. Youth
24 incarceration increasingly means detention.

25 Corrections facilities are more suited

1 to ongoing therapy, while detention facilities
2 are not equipped to do so. Compared to
3 commitment, detention is generally brief.

4 We've heard from many panelists today
5 that detention facilities have a faster churn of
6 their population. And so, while detention
7 facilities can offer screening, assessment, and
8 referrals, but they will struggle to offer
9 meaningful, effective, ongoing therapy.

10 Many of these youth are held for a
11 handful of days. They are scared and
12 vulnerable, and unlikely to build trusting
13 relationships with adults that they do not know.

14 In conclusion, due to the vast and
15 unjust racial and ethnic disparities in youth
16 incarceration, The Sentencing Project recommends
17 reducing youth incarceration by investing in
18 diversion programs and alternatives to
19 confinement.

20 Juvenile justice facilities,
21 particularly the detention centers that
22 increasingly define youth incarceration, are
23 ill-equipped to provide the necessary services
24 in an appropriate setting to help youth
25 rehabilitate. Moreover, the abusive conditions

1 in these facilities make this issue urgent and I
2 really thank the Commission for looking at this
3 issue today. Thank you.

4 CHAIR GARZA: Thank you so much, Mr.
5 Rovner. Now we'll hear from our last panelist,
6 Mr. Lateef.

7 MR. LATEEF: Thank you, Madam Chairman
8 and distinguished Members of this Board. Before
9 introducing myself, I just feel it important to
10 think about and reflect about what we've heard
11 throughout the day, but especially in the last
12 panel.

13 And ordinarily, professionalism
14 requires setting emotion aside and dealing with
15 what we have been called to address today, which
16 essentially is about politics and policy, and
17 what we can do to better assist children in
18 particular who are suffering harms, and abuses,
19 and experiencing a mental health deficit.

20 And while all of that is true and all
21 of that is important, the human being in me
22 cannot set aside what I've heard today and what
23 I know to be true, and that is the pain, the
24 suffering, the deliberate indifference, and
25 unfortunately, the untimely death, not just of

1 Joshua and so many like them, but hundreds, if
2 not thousands of children over the decades
3 because of a benign neglect and choices that
4 usually adults make.

5 With proper introduction, my name is
6 Abd'Allah Lateef. I currently serve as the
7 Deputy Director of the Campaign for Fair
8 Sentencing of Youth, which is a national
9 organization that works locally, headquartered
10 here in Washington, D.C., and our specific
11 charge is to end life without possibility of
12 parole and other extreme sentences for children
13 who have been disappeared from society for harms
14 that they committed before they're 18 years of
15 age.

16 While I think about the testimony that
17 I am about to offer, I will acknowledge the
18 input of my co-panelists, which is incredibly
19 important and helpful, but I also think about
20 today we've heard about ACEs. We've heard about
21 trauma.

22 We've heard about epidemiology and the
23 statistics around racial disparities. We've
24 heard about structural deficits relative to
25 staffing concerns, as well as funding. We've

1 heard of the horrific incidences of organized
2 fight gangs, sexual abuse, neglect,
3 psychological abuse.

4 All of those things we have heard about
5 that children experience in detention. We've
6 heard the good, we've heard the bad, and we've
7 heard the ugly relative to lived experience with
8 those who have survived these systems.

9 As we draw to a conclusion this
10 afternoon, I invite you to indulge me in a
11 different mental exercise, one that requires
12 imagination. So, indulge me if you will and
13 imagine yourself as a ten-year-old child born
14 into a family with a father, ex-war vet, who is
15 experiencing mental health concerns, who is
16 physically abusive to you as a ten-year-old
17 child and to your other family members.

18 Imagine if you will as a ten-year-old
19 child no more than 97 pounds, witnessing the
20 people who are most close to you be killed, a
21 cousin that is most close to you be killed.

22 Imagine if you will having a bicycling
23 accident that leaves a physical deformity and to
24 be teased and called aardvark, platypus, big
25 lip, Bibblicious, and no one intervenes, no

1 adult, no school bus driver, no teacher.

2 Imagine if you will dropping out of
3 society, getting into a place where you engage
4 with people who are unsavvy, and you find
5 yourself in front of the criminal justice system
6 as a young child sentenced to life without
7 possibility of parole.

8 Imagine what it means to be deprived of
9 growing up to go to a prom, to go to a senior
10 dance, to graduate, to marry, to have children,
11 to spend 31 years in prison. That is my story,
12 but it didn't end there.

13 Serving 31 years in prison, I certainly
14 understand what it means to be subjected to
15 mental health deficits, both within the juvenile
16 system that carries through to adulthood. I see
17 how that is exacerbated within the prison
18 system.

19 I see and understand quite well
20 hopelessness and despair, and how that can lead
21 to the loss of life. I also understand quite
22 intimately that we have the ability to survive
23 those injustices, those indecencies that we have
24 been subjected to.

25 And though many of us carry some form

1 of depression even after that, I think we would
2 be remiss to not acknowledge the fact that we
3 can, in fact, survive, that we have left prison,
4 many of us, and done remarkable things for our
5 families, for our communities, in service of
6 those people who we often have hurt and abused.

7 And so, while we're talking about
8 mental health, and the disparities, and all of
9 those things, which are important, I also think
10 that it's important that we don't lose sight of
11 the fact that just as children are not
12 incorrigible, they can reform. They can heal.
13 They can also be well if given the opportunity
14 and the resources to do so.

15 Thank you for indulging me and your
16 imagination, and I look forward to any further
17 follow-up conversation through question and
18 answer. Thank you.

19 CHAIR GARZA: Thank you so much for
20 your testimony, Mr. Lateef. I'm going to go
21 ahead and open -- and thank you to all our
22 panelists. Thank you for all of your testimony.

23 I'm going to open up the floor to
24 Commissioners. I see Commissioner Jones first.

25 COMMISSIONER JONES: Thank you, Madam

1 Chair, and once again, thank you to all the
2 panelists for your really insightful testimony
3 today and the time that you have spent with us.

4 I know that many of you were here listening to
5 the earlier panels and it demonstrates your
6 commitment even more than being on this one.

7 Given our focus as a civil rights
8 agency on the matter of civil rights, I do want
9 to get some more testimony on the subject of
10 these racial disparities and maybe to a person
11 you each at least alluded to in your respective
12 commentary.

13 And I want to start with you, Mr.
14 Rovner, because I understood you to say, and
15 correct me if I'm wrong, that there are racial
16 disparities in terms of the likelihood of pre-
17 adjudication detention, as well as commitment
18 post-adjudication, even when you control for the
19 crime that has been alleged and determined in
20 certain contexts. And I want to make sure that
21 I was correct in understanding that and if
22 there's anything else you'd like to add to it
23 and if there's anything else anyone else on the
24 panel would like to add to that, I'd love to get
25 that on the record.

1 MR. ROVNER: Yes, I appreciate the
2 question and there are so many opportunities for
3 choices in the juvenile justice system. There's
4 no mandatory minimums. There's a lot of
5 discretion in the juvenile justice system and
6 that's really one of the strengths of it.

7 But along with that, we see that White
8 youth are given opportunities for exit ramps
9 that youth of color are not. And that's how we
10 get to a point where even though Black youth
11 are about two and a half times as likely to be
12 arrested as White youth are in this country
13 truly does not reflect differences in behavior.

14 It reflects differences in how we respond to
15 those behaviors. But Black youth are two and a
16 half times as likely to be arrested, and five
17 and a half times as likely to be incarcerated as
18 White youth. And the disparity is even bigger
19 when you look at those youth who are sent to
20 adult facilities which is not part of today's
21 topic.

22 What we can do and what I did in the
23 research here is to look at both pre-
24 adjudication detention and post-adjudication
25 commitment. So we look at the kids who have

1 been, in fact, referred to juvenile court where
2 there are significant disparities. White youth,
3 about 18 percent of the time, are detained upon
4 their arrest. Black youth, it's about 29
5 percent of the time that they're detained upon
6 their arrest. And we can go charge by charge
7 and that's what the data that's available from
8 the Office of Juvenile Justice Delinquency
9 Prevention offers. You can look at violence
10 offenses. You could look at car theft. You
11 could look at shoplifting. And charge by charge
12 by charge, you see Black youth being treated
13 more harshly than White youth. You see Latino
14 youth being treated more harshly than White
15 youth. You see Asian and Tribal youth being
16 treated more harshly than White youth.

17 The same is true with the decision to
18 commit. So kids who are adjudicated delinquent,
19 that's a conviction in juvenile court, and
20 there's a choice, right? Like you could let a
21 kid off with a warning. You could have the kid
22 write a letter of apology. You could have some
23 community service, probation, incarceration, any
24 number of responses there. White youth are so
25 much more likely to get the things that I

1 started of that list and Black youth and other
2 youth of color are much more likely to be
3 incarcerated at the end. And so that's how we
4 end up with the system where despite the fact
5 that the differences in behavior are not
6 enormous, but youth of color are so much more
7 likely to be incarcerated. There's a leniency
8 for children who look like mine compared to
9 children who do not look like mine.

10 MR. SCHIRALDI: I just want to comment
11 on that. So I ran probation in New York City at
12 30,000 on my case load and again in Maryland at
13 1800 kids on my case load, just juveniles. In
14 New York, it was adults and juveniles.

15 I just want to expand just a little on
16 what Josh said as to how this plays out. In
17 Maryland, as an example, totally reasonable
18 policy, if a kid's on probation or court ordered
19 to be in the system, and their family has
20 insurance, use the insurance to pay for the
21 mental health, right? For any services the kid
22 is going to get, to the degree you are able to.

23 So how this kind of twists itself
24 around in is kids whose families have insurance
25 have easier access to mental health services.

1 If you're a judge and you have got two kids
2 sitting in front of you and you can release one
3 today and they'll go right into mental health
4 services, you might be leaning a little more
5 towards releasing that kid than the other one
6 who is going to go on a waiting list. And I
7 started in Maryland in '23, so it was kind of on
8 the way out of the pandemic. Psychologists and
9 psychiatric social workers were really in scarce
10 supply and they were going more towards the I
11 get paid my insurance rather than I work for the
12 place where you get government sort of
13 resources. And also that was true in my
14 facilities. My facilities were mostly in rural
15 areas. We had a hell of a time finding
16 psychologists and social workers to be on our
17 mental health staff.

18 So ironically now you got young people
19 who are getting detained because they couldn't
20 easily access mental health services in a system
21 that didn't have enough mental health services
22 to help them out. And it doesn't explain all of
23 what Josh is saying. I think there is
24 unconscious bias. But there's way more to it
25 than that.

1 And I guess finally, I said a little
2 bit about this, but like the kids who suffered
3 from behavioral health problems had a really
4 challenging time navigating all the rules in the
5 juvenile justice system. They were missing
6 court appointments. They were showing up late
7 to their POs. They were kind of a pain in the
8 neck on their case loads, not because they were
9 trying to be a pain in the neck, but they had
10 behavioral health challenges that were unmet and
11 that -- drip, drip, drip on that, it gets you
12 locked up for technical violations. And so you
13 add all that stuff together and it starts to
14 help explain some of the data that Joshua was
15 talking about.

16 DR. RIDLEY: If I could also just
17 address that question and I think a co-panelist
18 addressed this as well is that there is a
19 correlation between the education system and the
20 juvenile detention system and those same
21 disproportionalities you see that in suspensions
22 and expulsions between Black and White students.
23 I'm happy to send that data further along after
24 this testimony, but just recently graduated --
25 my doctorate -- and my whole research was on

1 education being a feeder system into the
2 juvenile detention system. And you see that
3 data play out in terms of who is entering in the
4 school suspension, expulsion, and even before
5 they even get into the detention, the diversion
6 pipeline. And those numbers look starkly
7 different between Black students and White
8 students.

9 DR. PARKER: I can add to that on the
10 educational system. We start early with
11 suspensions and youths that are most likely to
12 be suspended are Black boys and especially if
13 they have trauma. So the justice system, I
14 believe in Washington State did a study for a
15 year and looked at adjudicated youth and they
16 found the ones that four or more traumatic
17 experiences were first suspended from school in
18 the second grade. So all of that trauma, they
19 weren't doing well at school. At times, they
20 weren't welcome at school. They didn't have
21 adequate treatment at school. We were really
22 focusing on reform and yes, we need it in the
23 justice system, but we need it in our
24 educational system by strengthening those
25 systems and support so that they're getting the

1 supports they need early on in school, those
2 social, emotional and mental behavioral health
3 supports can prevent that escalation, can keep
4 them out of the justice system.

5 If you look at the data, you'll see
6 high suspension rates early for high ACE
7 children and especially if they're Black boys.
8 And we have data even as early as pre-school
9 suspensions in South Carolina. Black boys. And
10 if they're bigger in size, they're deemed more
11 aggressive. So size, color, and gender are the
12 predictors. And when you start early with that
13 narrative, it escalates so that your path
14 becomes -- it becomes determined for you. We
15 need to do a lot of work in our educational
16 system.

17 CHAIR GARZA: Commissioner Gilchrist?

18 COMMISSIONER GILCHRIST: Thank you,
19 Madam Chair.

20 Let me again thank all of you for your
21 testimony all day today. It's been certainly
22 interesting and eye opening and informative.

23 Dr. Parker, it's great to see you again
24 from South Carolina. Please give my regards to
25 Dr. Booker.

1 I guess I wanted to ask you about the
2 whole issue of resilience. I think we heard a
3 lot about resiliency today. Now from your
4 perspective and from your work, what do we do to
5 help reinforce that in our communities and among
6 our community organizations? You know I didn't
7 hear a lot talked about regarding parents today
8 and the role that parents should have or do have
9 in some of this.

10 So if you could speak to that I would
11 so appreciate it.

12 DR. PARKER: I wish I had all day to
13 speak to that. We have several initiatives. We
14 work in place which is really going deep in
15 community that are the most vulnerable, that
16 have had the most challenges and under resourced
17 to help families. So providing those resources
18 for the children so the children are doing well,
19 but looking at the parents as well. Many of our
20 parents that weren't parenting well had their
21 own traumatic childhood experiences that they
22 never healed from.

23 When you don't know better, it's hard to do
24 better. So we need to provide those family
25 resources as well and we're really leaning in to

1 supporting parenting programs while we're
2 focusing on bringing those resources to the
3 children as well.

4 Nobody is born resilient. It is
5 something we learn. Many of us have had the
6 opportunities to learn them in our homes, with
7 our families, the skills that help us be
8 successful adults, putting us on a path towards
9 economic mobility and thriving. But it has to
10 be taught and these children where it's not
11 taught, who's going to teach them?

12 So we have a perfect opportunity in our
13 schools to really lean in and then embed those
14 skills into our schools and support those
15 children who need it the most. All of us
16 benefit from that. We can all be resilient. We
17 can all heal. We can all become like Mr. Lateef
18 who, unfortunately, had to take an unfortunate
19 path to get there. If you have not been to the
20 Harlem Children's Zone I think that's a picture
21 of resilience.

22 Geoffrey Canada is one of our advisors.
23 We've been there multiple times. Decades ago
24 with millions of dollars of investment,
25 federal/private whatever investments he could

1 find, put into that community literally
2 transformed the lives for children, multiple
3 blocks of children who were born into crime and
4 had very little hope for graduation and success.

5 And now if you go to the schools and visit and
6 talk to the community members, they're going to
7 college. And it's not just the community
8 college. Many of them are going to universities
9 and going on to higher ed and they're resilient.

10 So it's what we're able to bring to the
11 children and families and communities that makes
12 the difference.

13 Again, no one is born that way. It's
14 something taught. So it's up to us to infuse
15 that in our systems and communities, so all of
16 our children can be resilient. Thank you for
17 asking.

18 CHAIR GARZA: Questions? I would like
19 to pivot towards solutions. I think I heard you
20 correctly, Mr. Shiraldi. You were talking about
21 the distinction with the type of healthcare
22 insurance that the kids have. I mean earlier we
23 were talking a lot about Medicaid and making
24 sure that that is available to the children so
25 that they can have some kind of continuous care.

1 But that only addresses while they're in
2 detention.

3 So I'm starting to think of this, okay,
4 pre-detention, during detention, post. What are
5 the solutions here not just in terms of like
6 mental health care support and insurance in
7 order to get access to that kind of support, but
8 what other opportunities do you think there are?

9 Advocates, somebody who can work directly with
10 the children that has the same shared-lived
11 experience, but also maybe a court advocate,
12 specifically assigned to the children, not the
13 lawyer, but a specific court advocate.

14 I mean what are the solutions here?
15 And I'm happy to open the floor to whoever would
16 like to start.

17 DR. PARKER: So I think -- sorry, did
18 someone else want to go first? Is it okay if
19 you start? Do you want to start?

20 MR. LATEEF: Certainly. Thank you for
21 the question, actually, I think it's also
22 connected to the parent question just in terms
23 of what resources looks like, right?

24 So interestingly, just from my
25 perspective, I think it's important to realize

1 we've moved into a place of de-
2 institutionalization which was part of the
3 reason why mental health facilities would get
4 closed and instead, they would use prisons to
5 house people with mental health concerns. That
6 was a choice.

7 While we're talking about policy,
8 recommendations, and all of the things that are
9 important, I will always be grounded and try to
10 remind us that it really starts with heart work.

11 If you ask any child what they need, it's not
12 immediately policy this, that, or that. It's
13 love, empathy, care, concern, nurturement.
14 That's heart work. So it starts with the heart
15 work.

16 Connected to the issue of parents, the
17 state is usually supposed to step in and act as
18 the parent when the parents are incapacitated in
19 some way that can't provide proper nurturement
20 for children. Unfortunately, our institutions,
21 state-run institutions look like care, custody,
22 and control without the care. So you're only
23 left with custody and control.

24 So what does it look like for remedies?

25 It looks like trying to ensure that if a state

1 or federal agency is going to be engaging with
2 children, that they fulfill the role of parent,
3 not as a custodian, but as a parent. None of us
4 want ill for our children and especially those
5 who are vulnerable to emotional instability,
6 emotional instability, unemployment instability,
7 and special needs. None of us as parents would
8 want anything except the best care for our
9 children. So it starts from that place.

10 Moving from that, I can access my
11 organization which is the National Campaign for
12 Fair Sentencing of Youth and part of our
13 initiatives with the Formerly Incarcerated
14 Children's Advocacy Network is that we do stand
15 in the gap and that we do help to do outreach
16 with children. This is both in terms of walking
17 through the legal process for those who are
18 system-impacted, system-involved. It also means
19 going into schools, as well as juvenile
20 facilities, and acting as mentors for those
21 children, but it also means introducing a lens
22 of transformative healing justice where it is
23 about accountability and responsibility for
24 wrongs done, but it's also looking at what the
25 needs of the individual are, not focusing on the

1 behavior, but focusing on what the needs are so
2 that there is both accountability, reparation,
3 and repair for the harm that is committed, but
4 it has also been utilizing community to help
5 heal and to help repair and to help restore and
6 to bring the resources to bear that are
7 necessary for individual children to access
8 pathways to prosperity, to self-efficacy, and to
9 their own sense of agency and we've seen a lot
10 of success with that direct type of engagement,
11 and also bringing in community to help support
12 that when institutions don't always do that in
13 the best way.

14 CHAIR GARZA: Dr. Ridley.

15 DR. RIDLEY: Thank you, and just to add
16 along with that statement, one of the things
17 that I've learned and I don't think I shared
18 this earlier, but as a former social worker for
19 the Child Welfare Institution, as a former
20 educator, as someone who worked with the
21 juvenile detention systems, I have literally
22 worked with every system either in it or
23 adjacent to a system that touches a young
24 person. And three things that I found as the
25 solution was owning the fact that I don't know

1 everything, right? And what I mean by that is
2 even in the education space, I couldn't assume
3 that just because academically this is what
4 testing, this is what classroom behavior should
5 look like, that this exactly what the students
6 before me needed. So I co-created the
7 environment in every space that I held with the
8 people that I worked with from the parents to
9 the young people before me. And I think the
10 solutions sometimes is sometimes we just have to
11 take a step back, right, whether we're in a
12 position, whether we're in a role of
13 responsibility and sincerely act.

14 One of the parents earlier mentioned
15 generational cycles and I think at the
16 foundation of everything, education, but also
17 communicating that education to the population
18 we're working with in a manner they can
19 understand is one of the ways to be most
20 effective in order for them do differently.
21 They can't do differently if they don't know it.

22 And as someone who is in research and
23 policy and we have all these journals and
24 articles that are geared towards certain
25 populations, but they don't understand it and

1 how are we breaking that down for them? How are
2 we explaining the system, like instructional
3 challenges that have placed them in the
4 environments that allow them to make the choices
5 that they've made. And as someone said, they're
6 not bad people, they just made poor decisions
7 with what they knew.

8 And so I think the solution is just
9 really owning the fact that we need to do better
10 around co-creating those changes that we need to
11 make.

12 CHAIR GARZA: I don't know if anyone
13 else has anything to add?

14 MR. SCHIRALDI: One thing I wanted to
15 add because you asked about the insurance, I
16 just want to get back to -- we've gone from
17 having 109,000 kids in custody to having 27,000
18 kids in custody. Almost 2,000 juvenile
19 correctional facilities closed during that 20
20 plus year period in Red States and Blue States.

21 This is double digits everywhere.

22 We've got to capture some of those
23 savings. Yes, we should look to Medicaid, but
24 we should capture some of those savings and re-
25 deploy them in the kinds of things that are

1 going to help young people turn their lives
2 around like you mentioned mainly. But like when
3 I talk about this Thrive Academy, you've got a
4 mom with seven kids. Dad is not in the picture.
5 There's guns all over their neighborhoods.

6 Baltimore was crazy with gun violence
7 when I got there. We were like 380 murders my
8 first year in the City of Baltimore which is a
9 pretty small city. And so there's guns all over
10 the place including probably in this kid's
11 underwear drawer, right? So that's we're
12 walking into now. And the judge has sentenced
13 him to one of my facilities, and now he's home.

14 So this is not an alternative. He's home in
15 this neighborhood and we put a substantial
16 amount of money into this, to engage credible
17 messengers to bring on trauma-informed
18 therapists to sit with the kid like you describe
19 and their mother and anybody they want to bring
20 to that meeting. They could bring a minister, a
21 coach, an auntie, whatever. Because we're
22 trying to figure out what your life plan is
23 going to be, how are you going to get from here
24 to where you want to be in life which is not a
25 kid looking over their shoulder with a gun in

1 their hand, right? They already know how to do
2 that.

3 So now we're going to get them
4 someplace else. We had to put very serious
5 resources and some of them are behavioral health
6 resources, but some of them are just a credible
7 messenger who is going to answer at the 2
8 o'clock in the morning because their best friend
9 just got shot and what they're thinking of doing
10 is going into the underwear drawer, pulling that
11 gun out, and going to shoot the guy that they
12 think shot their best friend. And as we're
13 looking at that happening, in Oakland,
14 California, in Chicago, in New York City, in all
15 these different places, we're seeing that that
16 kind of combination substantial resources which
17 you should have because you didn't put the kid
18 in the \$250,000 a year correctional facility,
19 credible messengers, combined with therapists
20 and resources to help the kid chart a better
21 path, to go to college if they need to, to get
22 an apprenticeship, the kinds of things that I
23 paid for my own kids, but their families don't
24 have for them.

25 When you combine a lot of that stuff,

1 you're picking off a lot of kids who need to be
2 in custody. And I think we're still going to
3 need custody at the end of the day. There's
4 going to be some kids who are doing something so
5 bad or so many bad things that they have to be
6 in some building. They won't necessarily be able
7 to go home, but we can carve what we already
8 have carved off and I still think we can carve
9 off more. We just have to do do it carefully
10 and be honest about like you said, we don't know
11 everything and measure it and report out
12 honestly on it.

13 CHAIR GARZA: Thank you. I keep
14 thinking about like truancy charges and
15 probation and sort of all the things that a
16 family has to now take on once their child has
17 that touch point with the juvenile justice
18 system and what kind of supports are given to
19 that, to that mom or that dad or the family that
20 really needs the support. Is there anything
21 else to say on that front especially when you're
22 talking about now you have to see a probation
23 officer and meet all these standards. It's not
24 something we really dug into earlier, but it was
25 thrown out there. I don't know if folks have

1 any comments on that that can help us understand
2 it. I don't know, Mr. Schiraldi, I think you
3 might.

4 MR. SCHIRALDI: You know, part of this
5 was bringing the credible messengers and the
6 families and my probation staff. Well, frankly,
7 my probation staff were the least important part
8 of that. The families and kids didn't want
9 their probation officer sitting around the
10 kitchen table. They didn't. But the credible
11 messengers really served as a nice bridge to
12 that because they were paid for by us. They
13 were our team, but they could go and sit around
14 the kitchen table. They tended to be more
15 culturally relevant from the same neighborhoods
16 as the families and the kids and they were
17 providing enormous supports. And at that point,
18 the moms are starting to pick up the phone to
19 us. The moms almost never call in a PO. Some
20 did, but mostly did not because you feel like
21 you're snitching on your kid. But if you're
22 calling somebody that's a formerly incarcerated
23 guy that went to the same church as you and
24 graduated from the same high school, it feels
25 like a different act and it is a different act

1 and that was very helpful.

2 There's some really good evidence-based
3 practices, multi-systemic therapy, family
4 functional therapy, that also help intervene in
5 families to help them manage themselves and more
6 challenging kids. Some families don't want any
7 part of that. They don't want a therapist
8 coming into their house and so it's just a
9 different quiver in the bow or bow in the quiver
10 -- I always mess that one up -- to be able to
11 have access to train credible messengers because
12 they can get places that a lot of us White
13 social workers can't get.

14 CHAIR GARZA: Mr. Rovner, anything you
15 want to add?

16 MR. ROVNER: You know, I think that
17 what we heard from Dr. Parker earlier with the
18 story of the girl and truancy and this
19 understanding that people's lives are more than
20 the worst thing that they've ever done as Brian
21 Stevenson put it, that this was a red flag in
22 this girl's life. And the idea that like that
23 that truancy was a mark of something awful that
24 had happened to her, that she wasn't Ferris
25 Bueller going to a Cubs game and catching a foul

1 ball. She was terrified of going to school.

2 And I think that we really need to
3 understand that so many of the kids who are
4 caught up in the system who really in many cases
5 really cause some real harm in the community and
6 whether that's stealing cars or shooting someone
7 or being part of organized retail theft cause
8 some harm. They themselves so often have been
9 victims themselves. We've heard about adverse
10 childhood experiences that is overwhelmingly the
11 kids who we are locking up in this country.

12 I definitely hear the message about the
13 importance of parents, the importance of caring
14 adults. Putting kids in locked facilities
15 interferes with the ability of parents to be
16 part of the healing process. Family functional
17 therapy requires family. They need to be
18 present and if you're sending a kid 400 miles
19 from home which is often the case for rural
20 residents, you know, kids from New York City who
21 used to be sent to Rochester to get locked up,
22 like how are you supposed to get there if you
23 don't even have a car, right?

24 So the idea that we're going to help
25 heal these kids when they are all coming home,

1 like these are not kids who are being charged as
2 adults that we're talking about. These are not
3 kids who are inexcusably being sentenced to
4 extreme sentences. Chances are they are coming
5 home before their 21st birthday and the family
6 has to be part of that process. Sending them
7 into facilities, but even short stints in
8 detention is going to mess up that relationship
9 and it's going to mess up the healing. So yes,
10 family has to be a part of it and every time
11 that you lock a kid up, you are sending the
12 family on the other side of that wall from the
13 child.

14 CHAIR GARZA: And as we've heard, there
15 has been testimony regarding it being used as
16 punishment. You know, you're not going to get
17 to call your mom today or your dad today.

18 Well, thank you so much to this panel.

19 I appreciate everything that you all do and
20 coming here and bringing it home for us so that
21 we can fully understand this issue as we
22 investigate it, as we work on finding some kind
23 of recommendations in the future. So this does
24 conclude the briefing portion of our call.

25 We will have a comment, a public

1 comment section in just a moment, but I want to
2 again thank all of our panelists, those in
3 attendance both in person and on line, everyone
4 who has been watching on line, thank you for
5 spending time with us today. Today has just
6 been incredibly informative and on behalf of the
7 entire Commission and my Commissioners today, I
8 want to thank all of you for being here.

9 And I also want to thank my fellow
10 Commissioners for your thoughtful, engaging
11 questions. I think this is a topic that means
12 something to each of us and I appreciate my
13 colleagues. I just want you all to know how
14 much I appreciate this.

15 As a reminder, the recording for this
16 briefing shall remain -- I'm sorry, the record
17 for this briefing will remain open until July
18 13th, 2026 so panelists, members of the public,
19 if you would like to submit additional materials
20 for the Commission's consideration, we welcome
21 them. Please mail them to the U.S. Commission
22 on Civil Rights, Office of Civil Rights
23 Evaluation, 1331 Pennsylvania Avenue, NW, Suite
24 1150, Washington, DC 20425 or you can email them
25 to juvenilejusticebriefing@usccr.gov.

1 commission.

2 Today, we're going to hear from
3 individuals participating in person, as well as,
4 I believe, one or two individuals participating
5 virtually.

6 We're here to listen and to ensure that
7 your comments are received as part of the
8 commission's public record. So, this session is
9 being recorded.

10 Each speaker will have three minutes
11 for their comments. I'll provide a 30-second
12 warning -- in person, I'll just kind of raise
13 my hand -- when the time expires and we'll move
14 immediately to the next speaker.

15 Before beginning your testimony, please
16 clearly state your full name, your affiliation
17 or organization for the record.

18 If you have additional comments, I will
19 say this again for the millionth time, please
20 submit them to the commission. We are accepting
21 written testimony.

22 You can send it via email to juvenile
23 justice briefing at usccr.gov by July 13th of
24 this year, 2026.

25 We'll go ahead and begin with our

1 speakers in person, if you want to kick us off.

2 MS. CASTILLO: Sure. Thank you so much
3 and good afternoon. My name is Alycia Castillo.

4 I'm here representing the Texas Civil Rights
5 Project.

6 And I also come to you today as a
7 mother of three young children and a former
8 teacher before I got into policy work, which is
9 what I do at the Texas Civil Rights Project.

10 I taught at a specialized school for
11 elementary, middle, and high schoolers who all
12 had learning disabilities and behavioral health
13 challenges.

14 And so, that work really inspired me to
15 get into policy and make sure that all children
16 have access to what they need to be successful.

17 And so, you know, today, something I've
18 realized is just, like, with the rich diversity
19 that there is on this commission of experience,
20 of expertise, and certainly of ideological
21 differences, I think there's one really
22 important through line -- two really important
23 through lines that I've noticed.

24 And that's, one, that we all have a
25 deep value for the well-being of children in

1 this nation and also a deep value of public
2 safety.

3 And so, I thank you for both of those
4 things and my humble asks and recommendations
5 will be with those two things in mind.

6 So, number one, I want to thank you for
7 taking this on, taking on this investigation now
8 because it is so timely.

9 We're seeing a trend nationally,
10 despite the fact that youth crime is actually
11 decreasing and has been decreasing for a while,
12 quite in line with some of the reforms that de-
13 emphasize incarceration and emphasize diversion,
14 we're now seeing sort of a narrative shift and a
15 rhetoric shift back to some of the things that
16 we heard in the '90s, which were really
17 responsible for a prison boom and sort of a
18 moment of mass incarceration.

19 So, we did some course correcting and
20 it's been very successful. Youth crime is down.

21 And I would encourage us to keep that in mind
22 as this investigation goes on and just thank you
23 for that timeliness because I think it is
24 important to be responsive to that narrative,
25 but number two is really the urgency.

1 So, you heard today of the trauma, the
2 harm, the abuse that children face in many
3 facilities and no government agency is above
4 scrutiny, not even our law enforcement agencies
5 or correctional agencies.

6 So, it is urgent that we address the
7 abuse that's occurring in these facilities as a
8 pattern in practice.

9 DOJ has reported that about different
10 states. The Texas Advisory Committee of this
11 commission reported that as well. And so, it is
12 very important.

13 And then just, finally, a humble
14 recommendation that as you all continue your
15 research and investigation into this urgent
16 critical issue, that you visit the youth prisons
17 in your home states and in your cities and you
18 meet the children, and you look into their eyes
19 and see the light that still remains, that you
20 see the blood on their sweatshirts and hear the
21 story of how that came to be or you see that
22 they're wearing two sweatshirts and ask why that
23 might be and find out that that might be because
24 they know that OC spray burns less if there's
25 more barriers. And they're so used to that that

1 they've created these survival mechanisms. So,
2 I encourage you to do that.

3 Speak with the correctional leaders and
4 the children themselves. And thank you all,
5 once again, so much for your attention to this
6 issue and your time today.

7 CHAIR GARZA: Thank you very much.
8 Our next speaker?

9 MR. GARZA: Yes. Good afternoon and --
10 good afternoon, Madam Chair and commissioners.
11 Thank you all very much for having me this
12 afternoon.

13 I want to thank all of you for the fine
14 work that each of you are doing today. It is an
15 extremely difficult position that you all face
16 particularly with juveniles.

17 I'm Robert Garza and I am a state
18 retired judge from Texas. I've served as a
19 state district judge for over 22 years -- 21
20 years -- almost 22 years.

21 One thing I noticed today that I'd like
22 to kind of say, is that I didn't realize when I
23 was a young judge back in 1985, that some of
24 these issues are still going to be the same
25 issues that we face today.

1 Really, the juveniles have been
2 neglected, were neglected then, are still being
3 neglected today, and some of the same issues
4 that were there are still here.

5 Being from Texas, I think the problems
6 that we faced then are still being faced today.

7 We have a lot of overcrowding, and I think
8 that's one of the issues that I saw today.

9 My jurisdiction back then was general
10 jurisdiction and I presided over all felony
11 cases, all major civil cases, family law cases,
12 and I also did juvenile cases. So, you can
13 imagine the amount of work that I was doing at
14 that time.

15 I was also the liaison for the juvenile
16 department for over 13 years and served as their
17 director.

18 During my tenure, I witnessed the
19 struggles that the juvenile department
20 underwent. We did have a lot of people that
21 cared deeply about the juveniles that were being
22 detained and the facilities they were being
23 housed in.

24 I also remember the times that we used
25 to go to South Padre Island because we had to go

1 certify a room to detain juveniles because the
2 juveniles had to be separated from the adults,
3 and the police departments didn't have any space
4 for them. So, we had to certify a room to keep
5 them locked up during the time during spring
6 break.

7 Also, in the juvenile facilities, they
8 were ill-equipped to handle any of these
9 juveniles. And during our time -- during my
10 early years as a judge, we had a kid that was --
11 well, he ended up being killed during one of the
12 detentions -- or at our detention center.

13 He was being put in the shackles and
14 they broke his neck. And so, we ended up
15 getting sued in federal court.

16 I did finally get to a point of my
17 early years, I finally got fed up and I closed
18 the facility down because it was just too much,
19 and I remember shutting it down. I said, you
20 know what? We're not going to allow any more
21 juveniles.

22 And so, because of my procedure or
23 because of what I did, the facility was finally
24 closed down. I closed down the facility and a
25 new facility was built. So, we do have a new

1 facility.

2 We got a new facility, but now, even
3 then, it didn't take long for it to be over full
4 or filled. And so, now the facility is kind of
5 having issues where we have more kids now there
6 than we can handle.

7 I think the biggest thing that we've
8 gotten now in the last two years is that we got
9 a new district judge. A district judge that
10 only handles juveniles.

11 Texas, I think, finally did something
12 for us there in our area. We have a district
13 judge that does only juvenile cases, which is a
14 great accomplishment.

15 The district judge there that does that
16 is a kind of -- is a woman that -- kind of like
17 a mama, and she takes care of kids like -- she
18 treats them like her kids.

19 I'm hopeful that this will help out our
20 area because that is our kids, because she does
21 spend a lot of time with them.

22 I think the facility does have a lot of
23 work with mental health division. She has a
24 mental health coordinator.

25 We have in-house clinicians. We have a

1 lot of things now that we didn't have before.
2 However, these issues still persist and I feel
3 like, I don't know, you know, I feel like
4 sometimes I feel like what are we doing?

5 When I'm listening to all of you today,
6 I feel like -- all of these folks that spoke
7 today, I feel like, you know, I feel like, wow,
8 we really are back to the same issues we had
9 before and I feel sorry for some of these kids
10 that ended up being -- going to prison.

11 But I really want to thank all of you
12 from the bottom of my heart. You have a hard
13 job, but your recommendations, I think, will
14 make a big difference.

15 So, thank you all very much and I'm
16 sorry I took a little more time than I was
17 supposed to.

18 CHAIR GARZA: That's okay. Thank you.

19 MR. GARZA: You didn't shut me down?

20 CHAIR GARZA: No.

21 (Laughter.)

22 CHAIR GARZA: I was going to. Just for
23 the record, he's my father.

24 (Laughter.)

25 CHAIR GARZA: I never appeared before

1 him in Court.

2 COMMISSIONER JONES: Madam Chair, I
3 kept looking at you like, is she really -- is
4 she really going to do this?

5 (Laughter.)

6 CHAIR GARZA: No, I couldn't do it.
7 I'm sorry, Daddy.

8 All right. Our next speaker. Thank
9 you all so much for your patience.

10 MS. CARPENTER: Hi, you all. I just
11 wanted to say thank you again for holding space
12 for us.

13 I was not anticipating speaking today,
14 but I was invited by the exonerated John Bunn.
15 And after so many emotional testimonies today,
16 it's my honor to be up here as well.

17 So, my name is Tristan Carpenter. I'm
18 a paralegal, a community organizer and an
19 administration of justice major at UDC. But
20 before I was those things, I was a formerly
21 incarcerated person.

22 And before that, I was a child. I was
23 a kid who, excuse me, coped with substance abuse
24 and who didn't have access to mental health
25 resources and never really knew what was wrong,

1 but I had to figure it out myself.

2 So, I made ten years free on May 26th
3 of this year. The real tragic irony of that is
4 that I went to prison for possession of a single
5 Adderall pill at 19 years old.

6 And guess what, y'all, I was only just
7 diagnosed with ADHD, which Adderall is used to
8 treat, last year, at 30 years old.

9 So, I unknowingly had a warrant because
10 I had an unpaid traffic ticket. And upon my
11 arrest for the ticket, the Adderall pill that I
12 had on my person back in 2014 was discovered.

13 So, I think so often that if I had
14 earlier behavioral health intervention, I might
15 not have ever seen incarceration.

16 So, besides student visits to juvenile
17 justice facilities and punitive jail visits to
18 be scared straight, I can't speak from personal
19 experience about juvenile incarceration, but I
20 can testify that the lack of transformative and
21 restorative justice that I received as a kid had
22 direct and negative effects on the adult that I
23 am today.

24 At 19 years old, after a year of
25 pretrial probation in my Adderall case, my

1 sentencing judge said she didn't like my
2 attitude and remanded me into custody.

3 So, I was sent to Mabel Bassett
4 Correctional Center in Oklahoma for a delayed
5 sentencing program.

6 So, we put so much responsibility on
7 young offenders in the way of court dates,
8 check-ins, drug tests, classes, community
9 service, fees, employment and school attendance
10 requirements, and then lock them up for
11 technical violations like having an attitude,
12 being late to court or being behind on fees.
13 Ask me, I know.

14 So, I went to prison without ever or
15 since being convicted of felony and for
16 possession of a single pill that I should have
17 been prescribed. Mental health, right?

18 I was first offered a five-year
19 deferred sentence, but I ended up dealing with
20 one year of probation, six months of
21 incarceration, another year of probation, and
22 many collateral consequences of criminal
23 convictions and a lifetime of trauma.

24 So, what was meant to be, because I
25 know I heard many people speak today about

1 diversion programs and the importance of those
2 as it relates to not just sending people
3 directly to prison, right, but, for me, what was
4 meant to be a diversion program for first-time
5 offenders was actually a boot camp at a medium
6 security prison.

7 And there, I learned even worse
8 survival skills to navigate incarceration and we
9 were met with almost no real preparation for re-
10 entry.

11 Before I had even touched the yard, I
12 learned how to use batteries and wire to make a
13 lighter, how to use the wrappers of commissary
14 toilet paper rolls as rolling paper, and I went
15 from studying French at the University of
16 Oklahoma to sitting in 23-hour lockdown
17 tattooing -- and it's still here ten years later
18 -- la vie est belle, life is beautiful -- tragic
19 irony, right -- on my fingers using pen ink
20 mixed with state soap and a sharpened staple
21 stuck into a golf pencil.

22 So, I have to say, jails and prisons do
23 not make us better people and they do not ensure
24 safer communities if they don't prepare us to
25 rejoin those communities.

1 So, I just wanted to say -- I know I'm
2 wrapping up on my time, but even though I was
3 able to, you know, have a second chance, delayed
4 sentencing opportunity and go home and have a
5 felony-free record at that time, you'd think
6 that would be my last arrest, but it was far
7 from it.

8 I've been incarcerated a couple
9 different other times in a couple different
10 states because, during my last chance/first
11 chance diversion program, I was not given the
12 tools to succeed.

13 I was just given, you know, a paid
14 stay, because I had to pay for it afterwards,
15 and I was also given the experience that it
16 doesn't matter what I do in the free world or
17 behind bars, that the system will always have
18 the power to determine my worth.

19 And I began to think that the system
20 failed me, but then I realized that it is doing
21 exactly what it was designed to do, kill, steal,
22 and destroy.

23 And thank you for your time, but I just
24 wanted to leave you with this: We need to meet
25 kids and parents where they are and not leave

1 them there.

2 So, if we don't treat issues like the
3 criminalization of poverty, substance abuse,
4 lack of access to mental health resources at the
5 source, we will never fix this problem and we
6 will continue to fail the future leaders that we
7 know right now as children. Thank you so much
8 for your time.

9 CHAIR GARZA: Thank you so much. I
10 think we can transition to the folks that we
11 have on the call if we have anybody available.

12 OPERATOR: Bill, go ahead and unmute.

13 MR. BUSH: Just did.

14 OPERATOR: We can hear you. Go ahead.

15 MR. BUSH: All right.

16 OPERATOR: State your name.

17 MR. BUSH: My name is William Bush. I
18 am a professor of history at Texas A&M
19 University, San Antonio. In my speaking today,
20 I'm speaking only for myself and not for the
21 university.

22 I contributed to the Texas report that
23 this commission published about two years ago.
24 I'm a historian and I'm an author. I've written
25 widely about the history of juvenile justice in

1 Texas, as well as other places.

2 This is an issue that I've been focused
3 on for about 20 years. And with respect to
4 Judge Garza, I hate to tell him, but the
5 problems that this committee is investigating go
6 back much further than the 1980s.

7 I wish it were different, but the
8 historic ongoing nature of the abusive
9 conditions of confinement in juvenile
10 institutions, the lack of educational and mental
11 health services, the negative outcomes for youth
12 who are incarcerated in these places, goes back
13 over a hundred years.

14 And in the limited time that I have, I
15 just want to harp on two things really that I
16 hope the Commission will consider, and I guess I
17 should apologize if others spoke about this
18 earlier today.

19 The first, is investing in community-
20 based versus prison solutions to youth
21 offending. This is something that's been a
22 struggle really for much of the juvenile justice
23 system's existence.

24 In the report I wrote for the Texas
25 report, I noted that the State of Texas was

1 advised as far back as the 1940s to de-
2 institutionalize its system and to set up
3 community-based programming.

4 And I would just say, as Mr. Schiraldi
5 commented earlier, the money from those
6 institutions, when they are shut down, really
7 needs to follow the kids and the services back
8 into the communities to have any kind of a long-
9 lasting effect.

10 And that segues into my second point,
11 which is that the history of juvenile justice is
12 replete with cycles of reform and retrenchment.

13 So, there have been moments in the
14 history of juvenile justice where humanitarian
15 reforms have taken place that have signaled
16 progress in the treatment of youth in the
17 juvenile justice system, and then usually a
18 moral panic over violent juvenile crime will
19 lead to a pendulum swing back towards
20 retribution and the building of more prisons.

21 And, as I like to say, if all you have
22 is a hammer, then every problem is a nail, and I
23 can't think of a better analogy for juvenile
24 justice. We don't need to keep building prisons
25 for youth.

1 And I would just ask the commission to
2 really think about what types of policy reforms
3 will survive these kinds of cycles and create
4 the true lasting change that I think everybody
5 in the room would like to see.

6 Thanks very much for your time.

7 CHAIR GARZA: I appreciate it. If the
8 next speaker can come off of mute if we have an
9 additional speaker.

10 OPERATOR: We have one more speaker.
11 Please press star 6 to unmute now. I believe
12 that's Michale Taylor. Star 6 to unmute.

13 (Pause.)

14 OPERATOR: We can hear you now. Go
15 ahead and state your name.

16 MS. TAYLOR: Okay. Wonderful. Hi, my
17 name is Michale Taylor. I was like, oh, wait,
18 are you saying my name? My apologies.

19 So, yes, I am with the Juvenile Justice
20 Coalition of Ohio, and I am on speaking on
21 behalf of just interactions with youth and other
22 experiences that I've encountered along my path
23 working with youth that have lived experience
24 incarcerated.

25 And one of the main reoccurring themes

1 that continues to come up are those adverse
2 childhood experiences, many of which youth don't
3 understand or have the capacity to make some of
4 those decisions because we understand that their
5 amygdala and their prefrontal cortex and the
6 hippocampus are all firing at rates that they're
7 not able to fully grasp at the age -- at a young
8 age.

9 So, with those adverse childhood
10 experiences and just the environments that they
11 grow up in and all other external factors that
12 they're faced with, it just makes it a lot more
13 difficult for them to be in confinement at that
14 mental state and just hearing the hope -- the
15 lost hope from many of the youth, but the
16 brightness in their eyes that they want more.

17 And as a person that has been in
18 detention centers and spoken and met with many
19 different youth, the reoccurring theme that I'm
20 noticing is that many of the youth feel like the
21 system, and as many of us also have, you know,
22 discussed today, is just not getting them the
23 things that they need.

24 And as others have mentioned, having
25 that community-based alternative solution is

1 really where it's at because they're closer to
2 home. They're not sent away where their
3 families are already struggling to provide and
4 then having other obstacles like transportation
5 to get there to visit them. So, now they're not
6 getting visits.

7 And then other issues with their
8 academics and their ability to have their
9 credits transferred to their home school, and
10 all of that just causes a huge burden on the
11 students and the youth that are being impacted.

12 But if there's other options that are
13 out there that will allow them, which there are,
14 to, you know, be close to home, have that more
15 trauma-informed approach that's going to allow
16 them to really set their life up for success and
17 not continue down that same path that maybe
18 their parents or their grandparents or someone
19 in their family has experienced, but really get
20 to see that there is hope on that other side.

21 And just in closing, there's one young
22 fellow that, you know, just comes to mind every
23 time I just think about these adverse childhood
24 experiences.

25 And another -- I want to share both

1 quick stories. So, one story is from a young
2 fellow. He was about 17 years old and just a
3 lot going on.

4 And he got caught up in the wrong
5 crowd, was in the wrong place at the wrong time,
6 and now he's facing some significant time.

7 And another young lady, she was a
8 foster child and her parents were never there.
9 She didn't know them. And her foster parents
10 were not the best examples for her. So, she
11 continued to run away.

12 And when I asked her, why do you keep
13 coming back, she told me that this is the only
14 place I feel safe.

15 And when you think about that at 16
16 years old -- so, she had been in and out for
17 five years. At 16 years old, a child cannot
18 feel like being incarcerated is the only safe
19 space for them.

20 So, that is an indicator to me that the
21 community can help and that there are other
22 solutions.

23 But if children don't know that those
24 solutions exist, and their brain capacity isn't
25 able to allow them to draw the distinction

1 between their behaviors and what is out there,
2 then they're going to continue to fall down that
3 same cycle that, as we've already heard, hasn't
4 benefitted anyone.

5 So, thank you for you guys' time and I
6 appreciate you guys for listening.

7 CHAIR GARZA: Thank you. Thank you
8 very much.

9 One last check to see if we have any
10 additional speakers. And if we do --

11 OPERATOR: No other callers --

12 CHAIR GARZA: Sorry, go ahead.

13 OPERATOR: No other callers have called
14 in at this time.

15 (Pause.)

16 CHAIR GARZA: As I understand it,
17 there's one last person who will be joining us
18 to give public comments and we're going to give
19 them a second to see if they can sign on.

20 (Pause.)

21 CLOSING REMARKS

22 CHAIR GARZA: All right. It sounds
23 like we cannot get the person on the call. So,
24 thank you. We're going to -- we've heard from
25 everyone who has registered and able to log on

1 to speak in the public comment period.

2 On behalf of myself and all of the
3 commissioners, I want to thank each and every
4 one of you for taking the time to share your
5 experiences, your concerns and recommendations
6 with us today.

7 Again, if you did not get the
8 opportunity to speak today, or if you were a
9 speaker and you want to submit more information,
10 we, again, encourage you to submit written
11 comments -- and I'll say it again for y'all,
12 juvenile justice briefing at usccr.gov -- by
13 July 13th of this year, 2026. So, several weeks
14 from now.

15 So, this concludes the public comment
16 session for the commission's briefing on mental
17 health in juvenile justice facilities: Civil
18 rights implications, access, and racial
19 disparities.

20 So, I hereby adjourn us at 4:02 Eastern
21 time. Thank you again and have a great
22 afternoon.

23 (Whereupon, the above-entitled matter
24 went off the record at 4:02 p.m.)

25

1 C E R T I F I C A T E

2 This is to certify that the foregoing transcript
3 was duly recorded and accurately transcribed
4 under my direction; further, that said
5 transcript is a true and accurate record of the
6 proceedings; and that I am neither counsel for,
7 related to, nor employed by any of the parties
8 to this action in which this matter was taken;
9 and further that I am not a relative nor an
10 employee of any of the parties nor counsel
11 employed by the parties, and I am not
12 financially or otherwise interested in the
13 outcome of the action.

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20 James Cordes

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