

2014

*The Annual Review of*  
**TREATMENT EFFECTIVENESS**

PUBLISHED DECEMBER 2014



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**JUVENILE** ★ **JUSTICE**  
DEPARTMENT

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# EXECUTIVE SUMMARY

The Texas Juvenile Justice Department (TJJD), since its creation in 2011 has provided the Treatment Effectiveness Report annually to the Texas Legislature. This report serves to examine the effectiveness of the TJJD treatment and rehabilitative programs. There are five programs that the report must address: gender-specific programming for female offenders, sexual behavior treatment, capital and serious violent offender treatment, alcohol and other drug treatment, and the mental health treatment programs. While the law requires TJJD to examine the five specific areas of programming, the success of youth who leave TJJD is influenced by more than their participation in any one program. Therefore, in addition to traditional recidivism measures, the 2014 report includes outcomes related to other programming youth received under the agency's general rehabilitative strategy.

## YOUTH CHARACTERISTICS:

Although the number of new admissions to TJJD has declined steadily from 960 in FY 2011 to 860 in FY 2012, to 818 in FY 2013 to 782 in 2014, these newly admitted youth show an increase in committing more violent offenses, have a higher percentage of the population needing mental health treatment, and more youth have multiple treatment needs. In fact, 99% of youth admitted in FY 2014 had at least one specialized treatment need, as compared to 96% in FY 2012. In a review of admissions, TJJD found that 72% had a treatment need for violent behavior treatment and 82% had a need for alcohol and other drug treatment. Of the new admissions in 2014, there were 54% who presented with at least one psychiatric diagnosis, indicating a need for mental health care.

In 2014, TJJD again saw a rise in the number of youth who had a history of having been placed outside their homes. TJJD witnessed an increase to 41% of the youth admitted had a documented history of abuse or neglect. Of new admissions, 49% had families with criminal histories.

To address the continuing changes in the characteristics of its population, TJJD created new programs and modified existing programs for youth with serious aggressive and assaultive behaviors. These programs were designed to promote safety and security and optimize campus culture while providing effective treatment for youth.

## OUTCOMES:

Outcome data is provided for youth who received specialized treatment programs, educational services, and general rehabilitation programming. The primary recidivism outcome measured in this report is re-arrest within one year for a felony or misdemeanor offense.

The report analyzes a sample of 10,141 youth who entered TJJD facilities starting fiscal 2006, and exited these facilities on or before August 31, 2013. Youth in the analysis were tracked for one year after release to determine if they were rearrested for a felony or misdemeanor offense, rearrested for a violent offense, or reincarcerated. Recidivism outcomes are reported in terms of predicted vs. actual one-year rearrest rates.

*Major findings from last year's report include:*

- The percentage of youth enrolled in and completing treatment with a high or moderate need for mental health treatment or alcohol and other drug treatment increased. Completion and/or enrollment doubled in some of these treatment programs from 2010 to 2012.
- For youth completing treatment for a high or moderate capital and serious violent offender treatment need, the rate of rearrest for a felony or misdemeanor decreased from 64.8% in 2011 to

57.9% in 2012. More impressively, the rate of rearrest for a violent offense decreased from 21.0% in 2011 to 13.3% in 2012.

- For youth completing treatment for a high or moderate alcohol and other drug treatment need, the rate of rearrest for a felony or misdemeanor decreased from 62.7% in 2011 to 57.0% in 2012. The rate of rearrest for a violent offense decreased from 17.6% in 2011 to 10.7% in 2012.
- Youth who completed treatment for a high or moderate sexual behavior treatment need were rearrested for a violent offense at a rate of only 3% in both 2011 and 2012.

## **CONCLUSION:**

The results of the 2014 treatment effectiveness review show that the agency's rehabilitation programs and services are effective in reducing recidivism and enhancing positive youth outcomes upon initial release to the community. The dramatic increase in the frequency of service provision reflects the agency's growing awareness that specialized treatment programs contribute substantially to the success of the youth involved. The agency's confidence that youth with combined mental health history and alcohol and drug use disorders respond to integrated treatment approaches is guiding decisions about future programming aimed at further reduction of recidivism in the juvenile population. The results of last year's report suggested that re-arrest for violent offenses and felony offenses dropped dramatically during the period measured. For community stakeholders, TJJJ staff, families of TJJJ youth, and the safety of the community at large, the positive down-trend of violent juvenile recidivism over the last four years suggests that efforts of the TJJJ treatment programs contribute to creating safer communities in Texas.

# INTRODUCTION

The Texas Juvenile Justice Department (TJJD) is required by state law to issue an annual report on the effectiveness of its programs in rehabilitating and re-establishing in society the youth committed to its care. In compliance with Texas Human Resources Code §242.002, this annual review must address the effectiveness of programming for five specific groups: youth with sexual behavior treatment needs, youth with capital or serious violent offenses, youth who have alcohol or other drug treatment needs, youth with mental health treatment needs, and female youth. The 2014 Annual Review of Treatment Effectiveness is issued to meet this statutory requirement.

## SCOPE OF 2014 REPORT

Although the law requires TJJD to examine five specific areas of programming, the success of youth who leave TJJD to return to the community is influenced by more than their participation in any one program. Successful youth outcomes are also influenced by educational and vocational services, life skills training, family involvement, and transition planning. To reflect this understanding, the 2014 Annual Review of Treatment Effectiveness includes outcomes related to other types of programming provided under the agency's current general rehabilitative strategy, known as CoNEXTions. Additionally, since many youth have multiple, co-occurring treatment needs, this report examines treatment enrollment and completion for youth who received more than one type of specialized treatment.

To determine the effectiveness of agency programs, two kinds of measures are used in this report. The first and most traditional measure is recidivism. As used in this report, recidivism measures whether a youth has been rearrested or re-incarcerated after release from a residential facility. One limitation of this measure is that it reflects agency programs and culture as they existed some time ago. To allow for a sufficient sample size, this report uses recidivism data for the first year youth are back in their communities, which means the data reflects agency programming received up to one year prior. However, this report also highlights several current initiatives in the areas of safety and security and programming that show promise for improving future outcomes.

The second type of measure used in this report focuses on positive youth outcomes. This type of outcome--attainment of a GED or high school diploma, receipt of college credits, vocational certifications, and gains in reading or math achievement --reflects more than whether or not a person re-entered the juvenile or criminal justice system. It measures whether the youth has attained skills and tools that will contribute to a successful future as a productive member of society.

The 10,141 youth comprising the analysis cohort for this report are new admissions who entered TJJD facilities beginning in fiscal year 2006, and were released from TJJD facilities on or before August 31, 2013. The analysis does not include youth who were transferred directly from a TJJD facility to an adult prison or jail, as they were not released to their home communities. The primary limitation of the analysis is the lack of a control group. A control group allows for comparison of results against a similar, untreated group. However, all youth are exposed to the treatment environment and the majority of the population was identified to have at least one treatment need. Further limitations in analysis are evident when considering the overlap between the general rehabilitation strategy and specialized treatment.

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# YOUTH CHARACTERISTICS

TJJD's new admissions declined from 818 in FY 2013 to 782 in FY 2014. Of the FY 2014 new admissions, approximately 62% were between 15 and 16 years of age, 83% have below-average IQ scores, 73% were on probation at the time of commitment, and 69% had a prior out-of-home placement. Median math levels remain 5.0 years behind. However, the median reading achievement levels were at 5.2 in 2013 and decreased to only 3.8 years behind the average expected reading level of students in the community. Thirty two percent of TJJD youth require special education services; this is close to triple that of public schools, which typically have 8-10% of youth requiring special education services. Fifty four percent of new admissions had a need for mental health treatment. Ninety nine percent had a need for at least one area of specialized treatment and 82% had a need for two or more areas of specialized treatment.

**TABLE A.1** shows an overview of the characteristics of youth admitted to TJJD in FY 2014.

This report focuses on outcomes of youth who entered TJJD facilities starting fiscal year 2006 and who were released from TJJD facilities on or before August 31, 2013. Newly admitted youth in FY14 described in **TABLE A.1** are not included in this sample. However, the 782 youth in the sample share some of the same characteristics. The majority had multiple co-existing risk factors, or characteristics, that often required specialized treatment interventions.

**YOUTH CHARACTERISTICS: NEW ADMISSIONS FYS 2013 AND 2014**  
**TABLE A.1**

		FISCAL YEAR OF COMMITMENT	
		2013	2014
<b>NUMBER OF NEW ADMISSIONS</b>		818	782
<b>OFFENSE HISTORY<sup>3</sup></b>			
COMMITTED FOR FELONY OFFENSE	%	100	100
THREE OR MORE FELONY OR MISD REFERRALS	%	76	69
TWO OR MORE FELONY OR MISD ADJUDICATIONS	%	67	65
<b>TJJJD RISK ASSESSMENT SCORE<sup>3</sup></b>			
HIGH	%	5	4
MEDIUM	%	62	56
LOW	%	33	39
<b>SEVERITY OF COMMITTING OFFENSE<sup>3</sup></b>			
HIGH	%	22	25
MODERATE	%	39	38
LOW	%	39	37
<b>SEX</b>			
FEMALE	%	8	9
MALE	%	92	91
<b>IQ OF LESS THAN 100<sup>1</sup></b>		%	84
<b>PARENTS UNMARRIED, DIVORCED, SEPARATED, OR AT LEAST ONE DECEASED<sup>1</sup></b>		%	88
<b>ON PROBATION AT COMMITMENT</b>		%	76
<b>PRIOR OUT OF HOME PLACEMENT</b>		%	64
<b>KNOWN FAMILY HISTORY OF CRIMINAL INVOLVEMENT</b>		%	37
<b>KNOWN HISTORY OF ABUSE OR NEGLECT</b>		%	36
<b>SPECIAL EDUCATION ELIGIBLE</b>		%	31
<b>NEED FOR TRT BY A LIC OR SPEC TRAINED PROVIDER<sup>2,3</sup></b>			
CAPITAL SERIOUS VIOLENT TRT	%	62	72
SEXUAL BEHAVIOR TRT	%	14	14
ALCOHOL OR OTHER DRUG TRT	%	82	82
MENTAL HEALTH TRT (HI/MOD/LOW NEED)	%	48	54
ANY SPECIALIZED TRT NEED	%	98	99
MULTIPLE (2 OR MORE) SPECIALIZED TRT NEEDS	%	75	82
<b>MEDIAN YEARS BEHIND READING ACHIEVEMENT<sup>3</sup></b>		5.2 yrs	3.8 yrs
<b>MEDIAN YEARS BEHIND MATH ACHIEVEMENT<sup>3</sup></b>		5.5 yrs	5.0 yrs

<sup>1</sup> Data missing for 4-5% of youth. Percentages exclude missing data.

<sup>2</sup> 060s missing for 3 youth. Percentages exclude missing data.

<sup>3</sup> Measures taken at intake.

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# GENERAL TREATMENT DESCRIPTION

The fundamental philosophy behind the juvenile justice system in Texas, as in most of the United States, is to provide juvenile offenders with treatment. In fact, the roots of the juvenile justice system in Texas go back to the middle of the 19th century. In the 1850's the Texas Legislature passed laws to exempt children under age 13 from criminal prosecution in certain situations and authorized a separate facility to house children. The idea that motivated the nineteenth century reformers was that we should rescue children who are in danger of maturing into adult criminals. We should do it not by imposing on them the disabilities that result from a criminal conviction, but by placing them in protective environments and teaching them about discipline, morality, values and productive work. The fundamental idea that adjudication for delinquent conduct is not conviction of a crime is preserved today in the current Juvenile Justice Code.

A key piece of the 2007 effort to reform the Texas juvenile justice system called for the creation of a sound treatment system capable of providing individual youth the assistance and tools they need to leave behind their delinquent ways in order to become productive adults. Specifically, the reform requirements called for the new treatment program to be:

- Youth-centered;
- Evidence based;
- “Flexible” to account for individual youth needs and strengths;
- Implemented by appropriately experienced, trained and licensed staff;
- Accountable for program effectiveness; and
- Fully integrative with other Texas juvenile justice and community services.

Programming is delivered in classes, groups and individual formats addressing the identified individual risk and protective factors. Youth attend school, where they focus on increasing their academic and vocational skills for improved opportunities. Positive Behavior Interventions and Supports (PBIS) are used to support positive behaviors in the classroom and to address rule violations. After school, youth participate in skills building groups, behavior groups, psycho-educational and Skills Application Groups. Youth with identified risks in violent behaviors, sexual behavior, alcohol and other drugs (chemical abuse/dependency), and mental health are required to participate in groups specifically designed to address those risks (see the specialized treatment strategies for program descriptions). Youth attend additional supplemental therapeutic activities, recreational activities and leisure skills-building groups. The youth are assessed on their participation, progress, and completion of skills groups, supplemental groups, and daily practice of skills learned in those groups. Youth are expected to address relevant personal issues in the skills application groups and in individual meetings with the assigned case manager. Youth process behavioral issues and rule infractions with staff members, and sometimes with their peers under staff supervision, using “Thinking Reports” and “Check-Ins.” This process is designed to allow youth to become aware of the thinking, feeling, attitudes, values and beliefs which support their behavior, and to actively intervene when negative thinking, feeling and beliefs appear to get better behavioral outcomes. The majority of practices, interventions and assessments are Evidenced-Based Practices (EBP) such as the PACT, “Thinking for Change” and other treatment interventions.

Youth are evaluated at least once every 90 days by a multi-disciplinary team (MDT), which consists of their case manager, an assigned educator, and juvenile correctional officers who work with the youth on a regular basis. Psychology staff is also present in MDT meetings to provide input and assistance in the case planning process. Parents are invited to participate in the multi-disciplinary team meeting. The MDT

re-assesses a youth's treatment progress, changing treatment objectives as needed to meet the individual youth's needs and target building specific skills. The individual case plan (ICP) provides youth, family and staff with an assessment of the youth's progress in all areas of the general rehabilitation strategy and provides goals and action steps to build upon the skills learned. Every 90 days, following a re-assessment of the youth's risk and protective factors, a quarterly summary report is provided to the youth's parent/guardian. In this way, families are consistently engaged and connected to the youth's progress and better prepared to help the youth adjust to the community upon reentry.

Youth with identified needs for specialized treatment are enrolled in programs specifically designed to address the youth's presenting issues. As shown in the Youth Characteristics section, the overwhelming majority (99%) of youth committed in FY 2014 had at least one specialized treatment need. Table 2.3 shows that the average daily population (ADP) of state-operated programs has decreased by 49% since FY 2009. However, despite the reduced population, TJJJ has increased the provision of specialized treatment services by 81% over FY 2009 levels. .

# ASSESSMENT OF SPECIALIZED TREATMENT NEED

The assessment process is structured to ensure the youth's individualized needs are identified by looking at multiple areas including mental health issues, educational requirements, vocational preferences, medical and dental needs, and specialized treatment needs, some of which may have been ordered by the committing court. The vast majority of youth committed to TJJD require specialized treatment. TJJD's assessment and placement process is designed to identify each youth's specialized treatment needs and ensure that youth are placed in programs that can best meet their needs.

In accordance with TJJD policy and best practice, youth committed to TJJD are assessed for specialized treatment needs, which drive the youth's overall programming. Specialized treatment at TJJD includes programs designed specifically for the treatment of youth committed for serious violent offenses, sex offenses, youth with alcohol and other drug dependencies, youth with mental health impairments, and youth with intellectual and developmental disabilities.

Psychologists use the following screening and assessment tools to identify specialized treatment needs:

- Massachusetts Youth Screening and Inventory (MAYSI) to screen for all areas of treatment need
- Adolescent Self-Assessment Profile (ASAP-II) for alcohol and other drug treatment
- Juvenile Sex Offender Assessment Profile (JSOAP-II)
- Beck Anger Inventory
- Beck Depression and Anxiety Inventories
- Wide Range Achievement Test (WRAT)
- Wechsler Adult Intelligence Scale (WAIS)
- Brain Injury Screening Questionnaire (BISQ)

The agency's assessment and placement process strives to adhere to national best practices by utilizing the risk, need, responsivity model<sup>1</sup>. Classification and placement of each youth are therefore monitored not just at intake but at each MDT meeting where the youth's progress is considered and determinations are made about the suitability of the current placement, safe-housing assessment, eligibility for entry/discharge from specialized treatment program(s), transition or release to a less restrictive setting and/or return to a more restrictive setting. During the youth's intake process (which lasts approximately four weeks), youth participate in a series of assessments structured to identify the youth's risk to reoffend and criminogenic needs. The youth's risk level is determined based on static factors that have a demonstrated link to recidivism rates, such as age at first offense, number and severity of prior criminal referrals, and prior residential placements. The severity of the youth's committing offense and assessed level of risk determine the youth's minimum length of stay for services in the agency. Criminogenic needs are also identified through a battery of actuarial risk assessments that help determine each youth's risk and protective factors. These risk factors are used in conjunction with each youth's severity rating to determine placement for all youth. Factors identified include the youth's age, location of family,

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<sup>1</sup> In 1990, Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen published what many believe is the state of the art model for the assessment and rehabilitation of offender populations, called the *Risk-Needs-Responsivity (RNR) Model*. The clinical literature supports the belief that treatment can work with offenders, but that some programs are better than others, and that certain basic tenets of treatment should be followed. The literature indicates successful interventions focus on high risk offenders target specific criminogenic needs, utilize cognitive and behavioral models for treatment intervention demonstrate faithful implementation of program design, and maintain program integrity (Lowenkam and Latessa, 2005).

specialized treatment needs, least restrictive environment, gang affiliation, danger to others, and vulnerability to assault or predation. Results of these assessments also inform recommendations for supervision and treatment in areas such as mental health, education, medical and dental services, safe housing vulnerability, vocational training, and specialized treatment. Placement specialists use the results generated from each youth's assessment information to choose the most appropriate program to respond to a youth's individual needs. Following the intake process and based upon assessment outcomes, youth with commitment offenses of low or moderate severity may be placed in a non-secure setting dependent upon their identified risk assessment factors. In fiscal year 2014, out of the 781 youth committed to TJJD, 100 youth were initially placed from intake into a non-secure setting including 38 youth initially placed at McFadden Ranch for residential substance abuse treatment. As a youth's risk and protective factors change over time, program placement assignment may also change. TJJD has policies that allow youth the flexibility to move through a continuum of programs according to their demonstrated skills and abilities -- to the least restrictive program setting able to meet the youth's individual treatment needs while protecting public safety. One of the primary tools used in this process is the Executive Multi-Disciplinary Team Meeting (EMDT). EMDT is a higher level staffing conducted on selected youth who are lingering in treatment beyond their original length of stay or for youth whose individual circumstances and treatment needs warrant a higher level of monitoring and support during their commitment period. Individuals involved in this treatment meeting include TJJD personnel from the institutional and halfway house settings as well as TJJD parole staff. Areas covered during each youth's staffing include an update on the youth's treatment progress and the development and implementation of alternative treatment strategies in an effort to stimulate each youth's motivation to progress in treatment ultimately preparing them for transition to a less restrictive facility or parole. Suitability of each youth's current placement is also discussed in an effort to move youth who qualify to less restrictive settings.

# SPECIALIZED TREATMENT PROGRAM DESCRIPTIONS

Many youth have multiple specialized treatment needs identified during the assessment period. TJJJ matches services and modalities to individual youth characteristics to ensure the best delivery of services. Some specialized treatments may be provided concurrently and others successively. Youth may have specialized needs addressed while in a high or medium restriction facility or on parole based on assessment results and treatment team recommendations. The types of specialized treatment are:

## **SEXUAL BEHAVIOR TREATMENT SERVICES**

The agency offers a full complement of sexual behavior treatment services. The services provided to the youth are designed to target their specific treatment needs. These services include: assessment, supplemental psychosexual education classes, short-term treatment, pre- and post-treatment services, intensive residential treatment, and sex offender aftercare and outpatient treatment. Secure facilities provide all services except sex offender aftercare. Medium restriction facilities and parole offices provide only aftercare services or psychosexual educational classes. Programs are developed to be responsive to the unique issues of females, young offenders, or male adolescents with sexual behavior problems. Through a comprehensive assessment process, youth are matched with the appropriate treatment service. The treatment of youth with sexual behavior problems involves a multidisciplinary, collaborative approach utilizing techniques such as motivational interviewing, relapse prevention, impulse control, and self-regulation strategies. This model utilizes the communication, cooperation, and coordination between TJJJ personnel and outside invested partners to enhance community protection. The sexual behavior treatment program (SBTP) uses evidence-based case management and treatment strategies that seek to hold the youth accountable. Public safety, victim protection, and reparation for victims are paramount and are integrated into the expectations, policies, procedures, and practices of the program.

## **CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM**

The Capital and Serious Violent Offender Treatment Program (CSVOTP) treats youth who are committed to TJJJ for crimes such as capital murder, murder and other offenses involving the use of a weapon or deadly force. Staff includes case managers and mental health specialists who work within the high need CSVOTP at the Giddings State School and case managers who work at the Ron Jackson (female) CSVOTP. The program is designed to impact emotional, social, behavioral and cognitive developmental processes by integrating psychodynamic techniques, social learning and cognitive-behavioral therapy to create an intense therapeutic approach that aims to reduce individual risk factors and to enhance and build upon unique strengths of the youth. The program helps these young people connect feelings and thoughts associated with their violent behavior and to identify alternative ways to respond when faced with risky situations in the future. Capital Offender staff must have the necessary levels of education, experience in the delivery of treatment to juvenile offenders, and supervised training necessary to ensure the delivery of treatment services. The residential program promotes a coordination of treatment services and the continuity of care between capital offender therapists, caseworkers, and dorm staff.

## **AGGRESSION REPLACEMENT THERAPY**

The Aggression Replacement Therapy (ART) program is offered to youth with a moderate need for treatment to address violent and aggressive behavior. Treatment is offered by trained Case Managers and Dorm Supervisors in 30 group sessions provided over a ten week period. The program is based on cognitive-behavioral concepts and moral reasoning strategies aimed at helping youth make more conscious decisions about their emotional expressions and at developing pro-social values that help them function more safely in their relationships. Youth are expected to demonstrate a reduction in risk factors

for anti-social thinking and aggressive behavior by the end of treatment in order to successfully complete the program.

### **STRATEGIES FOR ANGER MANAGEMENT**

The Strategies for Anger Management curriculum is used by TJJD youth who present with a low need for violent offender treatment. This 12-session program is based on cognitive behavioral therapy concepts that assist the youth in identifying the triggers of their anger, the distorted thoughts that lead to their anger outbursts and substitute strategies to help them prevent further acts of aggression.

### **ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS**

The Alcohol and Other Drug Treatment Programs (AODTP) are designed to target the specific level of care based on the youth's treatment needs. The high intensity AODTP is designed for youth who have the most significant need. The moderate intensity AODTP is designed to address the needs of youth in a condensed programming schedule; many of these youth have co-occurring needs for other specialized treatment services.

For youth with identifiable substance abuse problems, TJJD provides several levels of alcohol and other drug treatment programs, including psycho-educational classes, short-term treatment, supportive residential programs, and a relapse prevention program. All programs are based on the philosophy that dependence on alcohol and other drugs is a primary, chronic disease that is progressive and influenced by genetic, environmental, and psychosocial factors. The approach to treatment is holistic and views chemical dependency as a family disease that affects everyone in contact with the addicted youth. Family and social supports are recognized as critical protective factors that will promote and sustain treatment gains during specialized treatment and community transition. Youth are encouraged to view chemical dependency as a lifelong process of recovery and to renew a daily commitment to their sobriety and interruption of self-destructive behaviors, including substance use and criminal conduct. All programs use evidence-based strategies and curriculum and are provided by appropriately licensed clinicians.

### **MENTAL HEALTH TREATMENT PROGRAM**

The Mental Health Treatment Program (MHTP) provides specialized mental health treatment, moderate intensity specialized treatments and general rehabilitative interventions at single program locations (McLennan Residential Treatment Center for boys and Ron Jackson for girls). MHTP provides enhanced psychiatric and psychological assistance, and smaller case manager-to-youth ratios (1:8). Programming within the MHTP may include trauma groups, Trauma-Focused Cognitive Behavioral Therapy, Seeking Safety curriculum, psychosexual groups, modified and moderate intensity sexual behavior treatment and Alcohol and Other Drug treatment, Aggression Replacement Training® (ART), Boys' Council, and Girls' Circle. All youth also receive appropriate educational services and behavioral health interventions by juvenile correctional officers. Having psychiatric and psychological staff focus on managing the symptoms associated with the youth's mental health issues allows the case managers to focus on risk reduction and protective enhancement strategies to reduce the risk of re-offending. This collaboration allows for holistic and individualized treatment for the youth in need of these services. Youth with unstable mental illnesses who are also dangerous to themselves or others receive care at the Crisis Stabilization Unit, a self-contained unit located within each of the MRTC and RJ facilities. Some youth require medication management only. This is considered a low need and it can be provided at any facility. Ongoing assessments and reevaluation of the youth's mental health needs ensure youth receive the most appropriate services. While mental health treatment may not be "completed," the goal of the program is to stabilize any acute mental health issues and teach youth techniques to manage their mental health issues as they reintegrate into the community.

### **FEMALE OFFENDER PROGRAM**

All general and specialized treatment services have been modified, as necessary, to ensure gender responsiveness. Female offenders have access to all needed specialized treatments, to include: Alcohol or Other Drug, Sexual Behavior Treatment, Capital and Serious Violent Offender Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Girls' Circle. All programs are provided by appropriately licensed clinicians or trained staff. The Girls' Circle, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. The PAWS program uses canines from the local animal shelter to teach empathy and responsibility and supports the community by providing a well-trained dog to a new owner.

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# METHODOLOGY

To determine the effectiveness of each specialized treatment program, the first analysis examined the extent to which youth with identified needs were enrolled and completed the appropriate programs prior to release from residential programs. Next, youth in the analysis were tracked for one year after release from a residential program to determine if they were rearrested for misdemeanor B or higher offense, rearrested for a violent offense, or reincarcerated. These actual rates are then compared to predicted rates. The method used to determine the predicted rates is similar to actuarial tables used by the health care industry to identify a person's probability of developing heart disease based on characteristics such as blood pressure, smoking, age, and gender; or by the auto insurance industry to identify a driver's probability of being involved in an accident based on age, prior accidents, marital status, and distance from work. Youth assessed with a need for each specialized treatment program were empirically given a predicted probability of recidivating based on identified characteristics or other variables within that group that correlate with recidivism. This predicted rate was then compared to the actual rate of recidivism for youth completing the treatment after statistically controlling for differences.

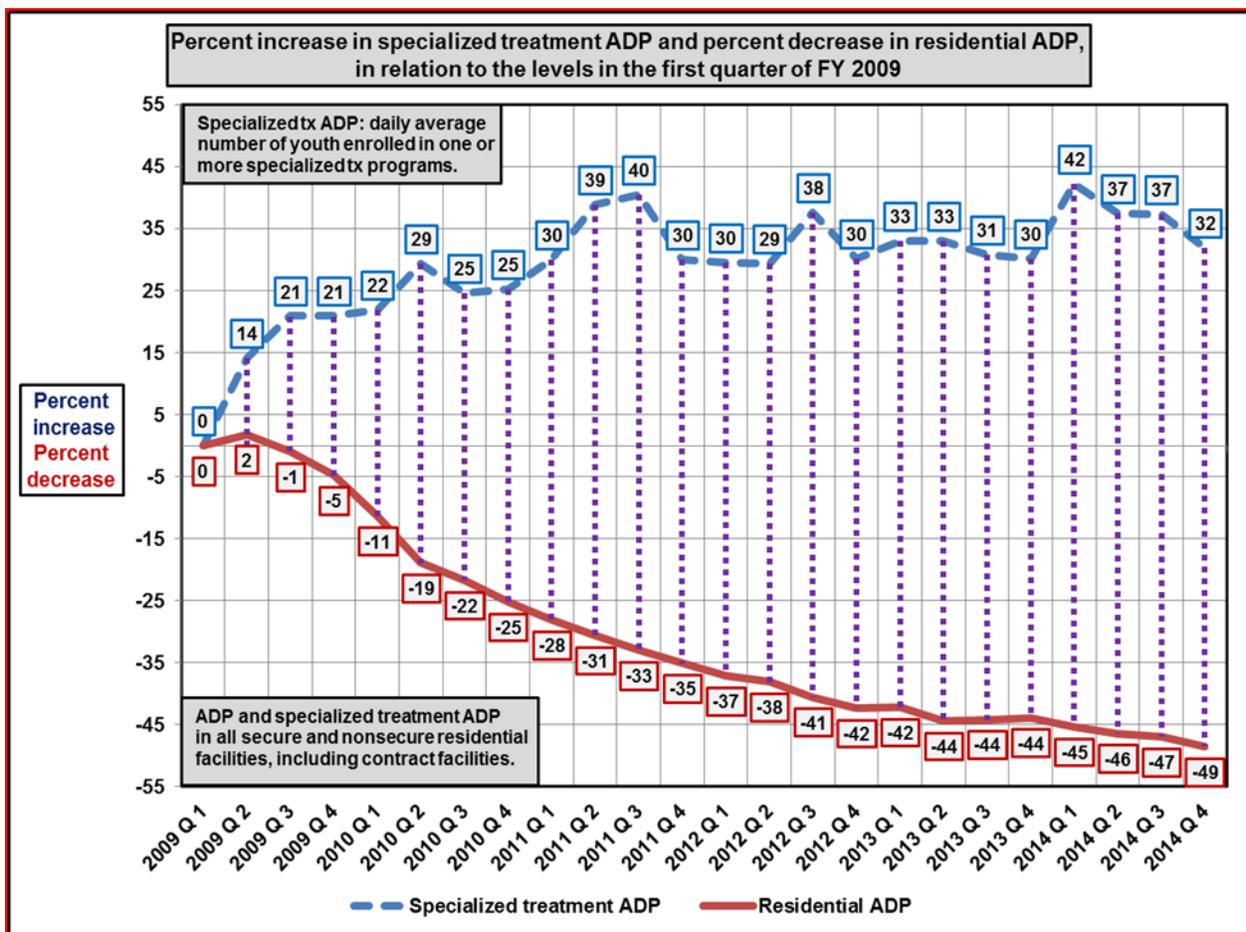
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# SPECIALIZED TREATMENT PROGRAM OUTCOMES

## SPECIALIZED TREATMENT ENROLLMENT AND COMPLETION:

TABLE A.1 shows that the average daily population (ADP) of state-operated programs has decreased by 49% since FY 2009. However, despite the reduced population, the average daily number of youth enrolled in at least one specialized treatment program has increased 30-40% in FY 2014.

TABLE A.1



The following tables and graphs show the percentage of youth enrolled and percentage of youth successfully completing each specialized treatment type.

**TABLE A.2**

SBTP	FISCAL YEAR RELEASED							
	2006	2007	2008	2009	2010	2011	2012	2013
PERCENTAGE OF YOUTH WITH NEED ENROLLED IN TREATMENT		47.4%	68.5%	78.4%	88.8%	98.7%	99.2%	100.0%
PERCENTAGE OF YOUTH WITH NEED SUCCESSFULLY COMPLETING TREATMENT		21.1%	32.9%	45.6%	56.9%	83.3%	86.7%	84.6%

**TABLE A.3**

CSVOTP	FISCAL YEAR RELEASED							
	2006	2007	2008	2009	2010	2011	2012	2013
PERCENTAGE OF YOUTH WITH NEED ENROLLED IN TREATMENT		11.1%	6.1%	12.8%	33.3%	78.0%	95.9%	98.1%
PERCENTAGE OF YOUTH WITH NEED SUCCESSFULLY COMPLETING TREATMENT		0.0%	2.0%	6.4%	16.0%	68.4%	87.6%	91.8%

**TABLE A.4**

AOD TREATMENT PROGRAM	FISCAL YEAR RELEASED							
	2006	2007	2008	2009	2010	2011	2012	2013
PERCENTAGE OF YOUTH WITH NEED ENROLLED IN TREATMENT	9.4%	27.0%	23.1%	35.0%	48.1%	83.4%	97.3%	98.9%
PERCENTAGE OF YOUTH WITH NEED SUCCESSFULLY COMPLETING TREATMENT	9.4%	18.4%	14.2%	23.3%	35.3%	74.6%	90.7%	93.5%

**TABLE A.5**

MENTAL HEALTH TREATMENT PROGRAM	FISCAL YEAR RELEASED							
	2006	2007	2008	2009	2010	2011	2012	2013
PERCENTAGE OF YOUTH WITH NEED ENROLLED IN TREATMENT	25.0%	35.1%	41.5%	50.1%	49.5%	75.4%	84.9%	79.9%
PERCENTAGE OF YOUTH WITH NEED SUCCESSFULLY COMPLETING TREATMENT	25.0%	11.2%	10.6%	15.8%	18.7%	37.5%	56.0%	59.1%

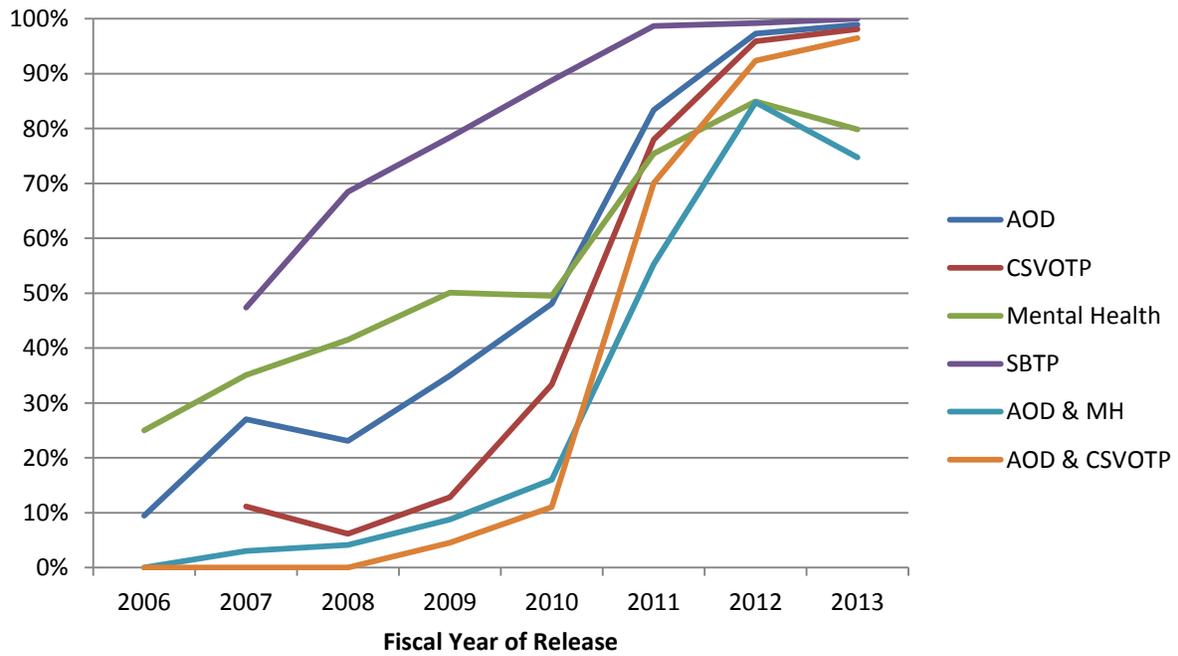
**TABLE A.6**

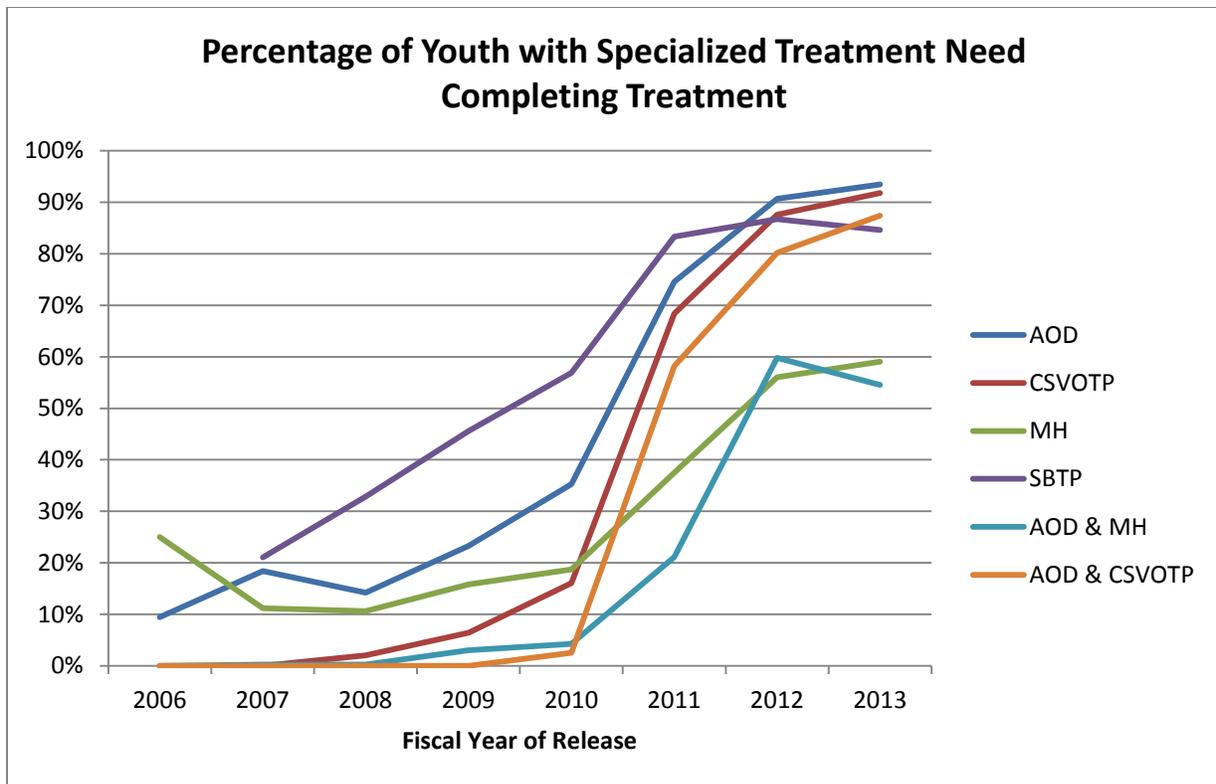
<b>YOUTH WITH HIGH/MOD NEED FOR BOTH MH &amp; AOD TREATMENT</b>	#	22	462	488	296	306	123	92	99
<b>YOUTH ENROLLED IN BOTH TREATMENTS</b>	#	0	14	20	26	49	68	78	74
	%	0	3.0%	4.1%	8.8%	16.0%	55.3%	84.8%	74.7%
<b>YOUTH WITH BOTH NEEDS COMPLETING AOD TRT</b>	#	5	71	69	58	98	72	80	88
	%	22.7%	15.4%	14.1%	19.6%	32.0%	58.5%	87.0%	88.9%
<b>YOUTH WITH BOTH NEEDS COMPLETING MH TREATMENT</b>	#	6	45	49	53	64	46	59	56
	%	27.3%	9.7%	10.0%	17.9%	20.9%	37.4%	64.1%	56.6%
<b>YOUTH COMPLETING BOTH TREATMENTS</b>	#	0	1	1	9	13	26	55	54
	%	0.0%	0.2%	0.2%	3.0%	4.2%	21.1%	59.8%	54.5%

**TABLE A.7**

		FISCAL YEAR RELEASED							
		2006	2007	2008	2009	2010	2011	2012	2013
<b>YOUTH WITH HIGH/MOD NEED FOR BOTH CSVOTP &amp; AOD TREATMENT</b>	#	0	7	32	66	118	287	222	254
<b>YOUTH ENROLLED IN BOTH TREATMENTS</b>	#	0	0	0	3	13	201	205	245
	%	0.0%	0.0%	0.0%	4.5%	11.0%	70.0%	92.3%	96.5%
<b>YOUTH WITH BOTH NEEDS COMPLETING AOD TRT</b>	#	0	1	4	14	41	241	196	237
	%	0.0%	14.3%	12.5%	21.2%	34.8%	84.0%	88.3%	93.3%
<b>YOUTH WITH BOTH NEEDS COMPLETING CSVOTP TREATMENT</b>	#	0	0	1	4	16	191	194	232
	%	0.0%	0.0%	3.1%	6.1%	13.6%	66.6%	87.4%	91.3%
<b>YOUTH COMPLETING BOTH TREATMENTS</b>	#	0	0	0	0	3	167	178	222
	%	0.0%	0.0%	0.0%	0.0%	2.5%	58.2%	80.2%	87.4%

### Percentage of Youth with Specialized Treatment Needs Enrolled in Treatment





As shown in the tables and charts above, the percentage of youth enrolled in the appropriate specialized treatment program prior to release increased dramatically from 2006 to 2013. By fiscal year 2011, over 75% of youth requiring treatment in each area were enrolled prior to release. The percentage of youth with a high or moderate need enrolled in sexual behavior treatment was over 98 % for youth released 2011-2013, with 100 percent of 2013 releases enrolled. The percentage successfully completing increased to at least 80% starting 2011. The percentage of youth with a high or moderate need for CSVOTP enrolled in and completing treatment increased to over 90% in 2013. The percentage enrolled and completing AOD treatment increased to over 90% by 2012. The percentage of youth with mental health needs enrolled in treatment increased to 80% in 2013, with 59% completing. The percentages of youth with co-occurring specialized treatment needs enrolling in and completing more than one type of specialized treatment have also increased substantially from 2006 to 2013.

As discussed in the Youth Characteristics section of this report, youth enter TJJD with static risk factors that cannot be changed. Many of those risk factors are closely associated with recidivism. Table A.8 shows the characteristics and recidivism rates of youth included in the analysis for this report. For youth released from 2006 to 2013, there has been an overall decline in recidivism on all three measures, despite increases over the same period in some of the risk factors associated with recidivism. The percentage of youth with high risk assessment scores increased every year from 2006 to 2012. In 2013, there was a slight decrease in the percentage of released youth assessed as high risk and a corresponding increase in the percentage assessed as moderate risk. There has also been a noteworthy increase in the severity of committing offenses among TJJD releases. Fewer than 5% of 2006-2007 releases had a high severity committing offense, as compared to over 20% in recent years. This indicates that, overall, youth entering TJJD institutions in recent years have committed more serious and violent offenses.

In addition to increases in risk assessment scores and committing offense severity, there has also been a notable increase in the percentage of TJJJ youth with specialized treatment needs (Table A.9). The percentage of releases with at least one specialized treatment need has increased from 82% in 2006-2007 to 95% in 2013, while the percentage with two or more specialized treatment needs has increased from 22% to 47%. This suggests a trend toward a TJJJ population with greater and more complicated specialized treatment needs. Despite serving youth with more complex and challenging treatment needs, the agency's recidivism rates have continued to decline steadily in recent years.

**YOUTH CHARACTERISTICS BY FISCAL YEAR OF RELEASE  
NEW ADMISSIONS ON OR AFTER 9/1/2005, RELEASED BY 9/1/2013  
TABLE A.8**

	FISCAL YEAR RELEASED								
	2006-2007 <sup>1</sup>	2008	2009	2010	2011	2012	2013	Total	
<b>NUMBER OF RELEASES</b>		<b>2275</b>	<b>2234</b>	<b>1540</b>	<b>1386</b>	<b>1071</b>	<b>862</b>	<b>773</b>	<b>10141</b>
<b>RECIDIVISM</b>									
1-YR REARREST RATE	%	50	53	49	47	49	47	44	49
1-YR REARREST RATE (VIOLENT OFFENSE)	%	10	12	11	11	12	10	8	11
1-YR REINCARCERATION RATE	%	13	19	18	16	15	16	15	16
<b>OFFENSE HISTORY<sup>3</sup></b>									
THREE OR MORE FELONY OR MISD REFERRALS	%	71	69	67	68	69	70	70	69
TWO OR MORE FELONY OR MISD ADJUDICATIONS	%	68	67	61	64	64	65	67	65
<b>TJJJ RISK ASSESSMENT SCORE<sup>3</sup></b>									
HIGH	%	1	2	2	3	3	4	3	3
MODERATE	%	56	57	54	57	56	57	58	56
LOW	%	43	41	44	40	40	39	39	41
<b>SEVERITY OF COMMITTING OFFENSE<sup>3</sup></b>									
HIGH	%	4	9	16	19	22	22	21	14
MODERATE	%	30	40	35	38	34	39	38	36
LOW	%	67	52	49	43	44	39	41	51
<b>SEX</b>									
FEMALE	%	11	11	7	9	8	9	8	9
MALE	%	89	89	93	91	92	91	93	91
<b>IQ OF LESS THAN 100</b>	%	83	84	83	84	83	85	84	83
<b>PARENTS UNMARRIED, DIVORCED, SEPARATED, OR AT LEAST ONE DECEASED</b>		81	83	83	83	83	83	86	83
<b>ON PROBATION AT COMMITMENT</b>	%	79	76	73	72	72	74	75	75
<b>KNOWN FAMILY HISTORY OF</b>	%	53	51	53	53	46	44	44	50

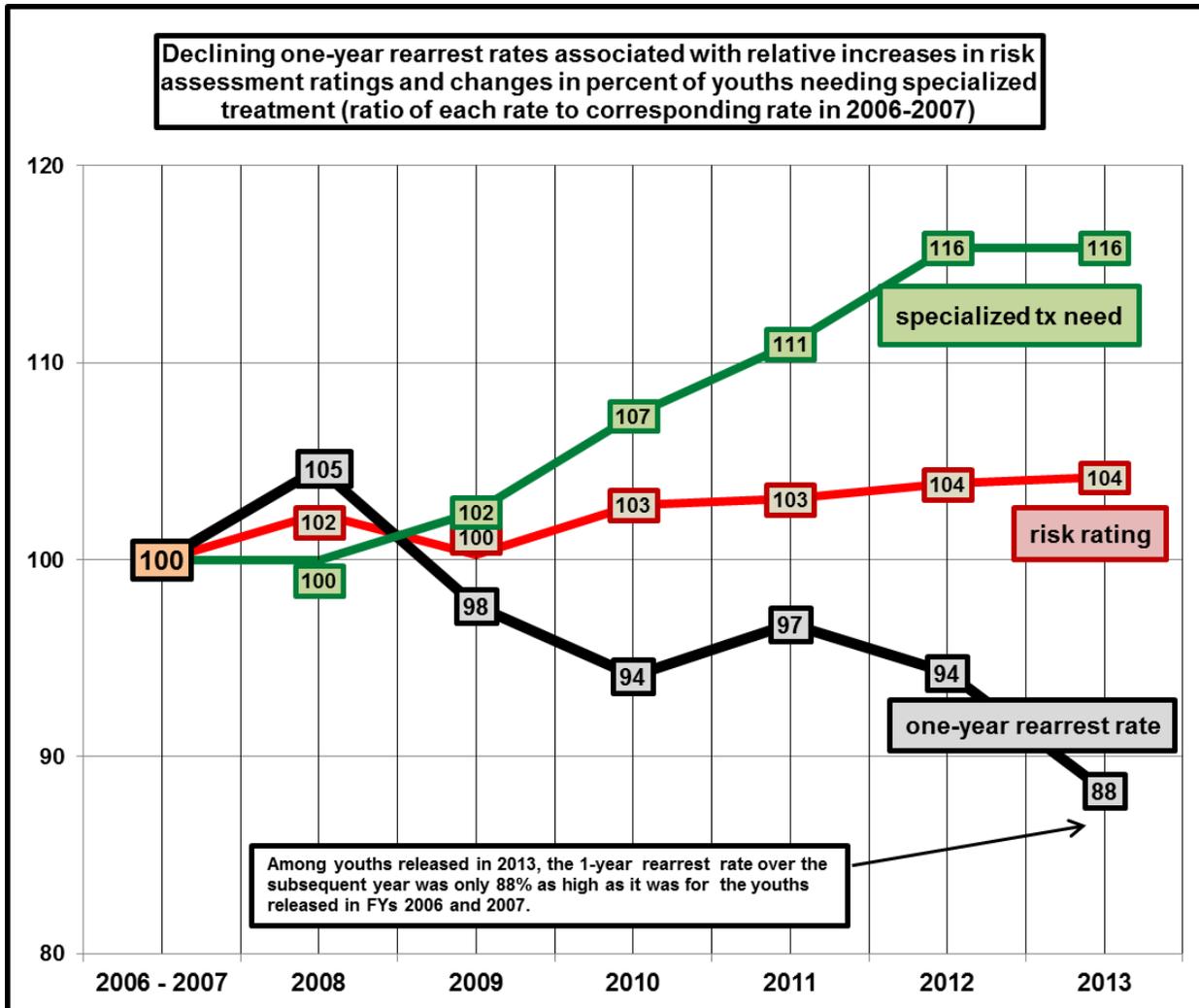
<b>CRIMINAL INVOLVEMENT</b>									
<b>PRIOR OUT OF HOME PLACEMENTS</b>									
AT LEAST ONE PRIOR OUT OF HOME PLACEMENT	%	61	65	60	60	62	65	64	62
THREE OR MORE PRIOR OUT OF HOME PLACEMENTS	%	7	8	6	8	8	11	8	8
<b>NEED FOR TRT BY A LIC OR SPEC TRAINED PROVIDER<sup>2</sup></b>									
CAPITAL SERIOUS VIOLENT TRT	%	0	2	7	12	35	34	41	13
SEXUAL BEHAVIOR TRT	%	1	3	8	8	14	15	15	7
ALCOHOL OR OTHER DRUG TRT	%	72	65	66	67	69	72	74	69
MENTAL HEALTH TRT (HI/MOD/LO NEED)	%	31	37	33	41	44	43	45	37
ANY SPECIALIZED TRT NEED	%	82	82	84	88	91	95	95	86
MULTIPLE (2 OR MORE) SPECIALIZED TREATMENT NEEDS	%	22	24	27	32	44	42	47	31
SUSPECTED GANG MEMBER	%	40	48	45	50	52	54	58	48
KNOWN HISTORY OF ABUSE OR NEGLECT	%	33	37	33	39	38	39	39	36
SPECIAL EDUCATION ELIGIBLE	%	39	39	36	36	35	32	30	36
MEDIAN READING ACHIEVEMENT BEHIND <sup>3</sup>		4.5 yrs	4.7 yrs	4.9 yrs	4.5 yrs	4.3 yrs	4.3 yrs	4.9 yrs	4.6 yrs
MEDIAN MATH ACHIEVEMENT BEHIND <sup>3</sup>		4.7 yrs	5.0 yrs	5.1 yrs	4.9 yrs	4.8 yrs	4.9 yrs	4.9 yrs	4.9 yrs

Note: Percentages exclude missing data.

<sup>1</sup> FY2006-2007 data includes 132 releases in FY2006 and 2143 in FY2007

<sup>2</sup> Highest level of need identified during commitment.

<sup>3</sup> Measures taken at intake.



## RECIDIVISM PREDICTORS

For the purposes of this report, recidivism within one year of release is measured in three ways: re-arrest for any offense (felony or misdemeanor A or B), re-arrest for a violent offense, and re-incarceration.

As described in the previous section, youth arrive at TJJD facilities with certain characteristics that cannot be changed (e.g. age at first contact with the juvenile justice system). These characteristics are known as “static risk factors.” Many of these static risk factors have been identified, by TJJD research and prior research, as strong predictors of recidivism. For new admissions fiscal years 2006-2013, released by the end of fiscal year 2013, the following characteristics were identified as strong predictors of re-arrest:

- Age at First Referral
- Number of Felony or Misdemeanor Referrals
- Race
- Gender
- Prior Placements
- Suspected Gang Membership
- Specialized Treatment Need

For re-incarceration, special education eligibility was also a significant predictor, while gender and specialized treatment need were not. These static risk factors were used to predict the probability of recidivism among releases in fiscal years 2006-2013, and to isolate the effect of TJJD’s specialized treatment programs on recidivism.

## RECIDIVISM BY SPECIALIZED TREATMENT PROGRAM COMPLETION

As described in the following sections, the specialized treatment provided to youth in TJJD residential facilities mitigates the risk of recidivism. Statistically significant<sup>2</sup> reductions in the likelihood of re-offense were evident for treated youth in all four specialized treatment areas, as well as for youth who participated in mentoring programs, attained a GED or high school diploma, or earned a vocational certification. The positive effects of specialized treatment persist even when controlling for specialized treatment need and the static risk factors described above.

As shown in **TABLE A.9** below, successful completers of any high or moderate intensity specialized treatment program recidivated at a lower rate than expected. Within the sample of 3,956 treated youth, the predicted rate of re-arrest (felony or misdemeanor A or B) within one year was 52.2%, whereas the actual rate of re-arrest was only 48.8%. There was also a statistically significant decrease in one-year incarceration rates for youth completing any specialized treatment program. Though the expected one-year re-incarceration rate was 17.8%, only 15.5% of youth completing a specialized treatment program were re-incarcerated within one year of release.

**TABLE A.9**

<b>One-Year Recidivism Rates</b>		
<b>Completion of ANY High/Moderate Intensity Specialized Treatment Program</b>		
	<b>Sample Size</b>	<b>Rearrest - Felony or Misdemeanor</b>
<b>Predicted if No Treatment</b>	3956	52.2%
<b>Actual</b>	3956	48.8%

Improved outcomes for youth are also apparent when each of the specialized treatment programs is examined individually. The sections to follow describe the reductions in recidivism attributable to TJJD’s

<sup>2</sup> All results described as statistically significant have a p value of .05 or less.

mental health, sexual behavior, capital and serious violent offender, and alcohol and other drug treatment programs.

**MENTAL HEALTH TREATMENT PROGRAM**

Successful completion of TJJD’s mental health treatment program significantly reduces the likelihood of re-arrest within one year. The actual re-arrest rate for youth successfully completing high or moderate intensity mental health treatment is nearly four percent lower than the predicted rate for these youth had they not been treated (TABLE A.10).

**TABLE A.10**

<b>One-Year Recidivism Rates Completion of High/Moderate Intensity Mental Health Treatment</b>		
	<b>Sample Size</b>	<b>Rearrest - Felony or Misdemeanor</b>
<b>Predicted if No Treatment</b>	961	49.3%
<b>Actual</b>	961	45.4%

**SEXUAL BEHAVIOR TREATMENT PROGRAM**

The actual re-arrest rates for completers of TJJD’s sexual behavior treatment program are significantly lower than predicted. As shown below in TABLE A.11, the actual rate of re-arrest within one year is 25.2%, as compared to a predicted rate of 36.2%. In addition, the actual rate of re-arrest for a violent offense (4.3%) is only half of the rate predicted if these youth had not received treatment (8.6%).

**TABLE A.11**

<b>One-Year Recidivism Rates Completion of High/Moderate Intensity Sexual Behavior Treatment Program</b>		
	<b>Sample Size</b>	<b>Rearrest - Felony or Misdemeanor</b>
<b>Predicted if No Treatment</b>	576	36.2%
<b>Actual</b>	576	25.2%

**CAPITAL & SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (CSVOTP)**

Recidivism rates were drastically lower than predicted for youth completing high-intensity C&SVOTP. Whereas the predicted re-arrest rate was nearly 40%, less than 20% were actually re-arrest within one year (TABLE A.12). Though the sample size is small (62 youth), these results are statistically significant.

**TABLE A.12**

<b>One-Year Recidivism Rates Completion of High Intensity Capital/Serious Violent Offender Treatment</b>		
	<b>Sample Size</b>	<b>Rearrest - Felony or Misdemeanor</b>
<b>Predicted if No Treatment</b>	62	39.7%
<b>Actual</b>	62	19.4%

### ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS (AOD)

Of the 1,292 youth in the study sample who completed a moderate intensity AOD treatment program, 51.3% were re-arrested within one year. The difference between this rate and the predicated rate of 54.4% (shown in **TABLE A.13**), is statistically significant.

**TABLE A.13**

<b>One-Year Recidivism Rates Completion of Moderate Intensity Alcohol/Other Drug Treatment</b>		
	<b>Sample Size</b>	<b>Rearrest - Felony or Misdemeanor</b>
<b>Predicted if No Treatment</b>	1292	54.4%
<b>Actual</b>	1292	51.3%

### FEMALE OFFENDER PROGRAM

All general and specialized treatment services have been modified, as necessary, to provide gender responsiveness in all programming for the female youth. Female offenders have access to all needed specialized treatments, to include: Alcohol or Other Drug, Sexual Behavior Treatment, Capital and Serious Violent Offender Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Girls Circle. All programs are provided by appropriately licensed clinicians or trained staff. The Girls Circle, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. The PAWS program uses canines from the local animal shelter to teach empathy and responsibility and supports the community by providing a well-trained dog to a new owner.

The table below reveals that, on the whole, female youth re-offend at lower rates overall than males, at a statistically significant level. This data indicates that the overall re-arrest rate for girls is 31.3%, with the re-arrest rate for violent offenses being extremely low at 4.28%.

**TABLE A.14**

#### NEW ADMISSIONS 2/1/09, RELEASED BY 9/1/13

#### RECIDIVISM BY GENDER

	<b>Female</b>	<b>Male</b>
<b>Number of Releases</b>	<b>259</b>	<b>2811</b>
<b>1-Year Rearrest (Misd B or Higher)</b>	31.13%	50.27%***
<b>1-Year Rearrest for Violent Offense</b>	4.28%	11.01%***
<b>1-Year Reincarceration</b>	16.22%	15.90%

\*\*\*Statistically significant difference  $p < .001$

As shown in the table below, recidivism rates vary widely among females with different treatment needs. Nearly 40% of females receiving only AOD treatment were rearrested within one year, as compared to 23% of females receiving only mental health treatment. One-year reincarceration rates were also lowest among females receiving only mental health treatment – less than 10% were re-incarcerated, as compared

to 22% of females receiving both mental health and AOD treatment. Violent rearrest rates, low for females overall, were lowest among those receiving both AOD and mental health treatment and highest among those receiving mental health treatment alone (1.5% vs 11.5%).

**TABLE A.15**

**NEW ADMISSIONS 2/1/09, RELEASED BY 9/1/13  
 RECIDIVISM BY IN AOD/MENTAL HEALTH TREATMENT**

IN HI/MOD AOD TRT	IN HI/MOD MH TRT	Count	Percent	
NO	NO	62	1-YR REARREST	29
			1-YR REARREST VIOLENT OFF	3.2
			1-YR REINCARCERATION	21
	YES	52	1-YR REARREST	23.1
			1-YR REARREST VIOLENT OFF	11.5
			1-YR REINCARCERATION	9.6
	Subtotal	114	1-YR REARREST	26.3
			1-YR REARREST VIOLENT OFF	7
			1-YR REINCARCERATION	15.8
YES	NO	78	1-YR REARREST	39.5
			1-YR REARREST VIOLENT OFF	2.6
			1-YR REINCARCERATION	11.8
	YES	67	1-YR REARREST	29.9
			1-YR REARREST VIOLENT OFF	1.5
			1-YR REINCARCERATION	22.4
	Subtotal	145	1-YR REARREST	35
			1-YR REARREST VIOLENT OFF	2.1
			1-YR REINCARCERATION	16.8

Note - Recidivism information missing for 2 youth. Percentages are of non-missing data.

# RELATED PROGRAMS AND SERVICES

TJJD focuses on an integrated approach to treatment and intervention. When reviewing the characteristics of youth committed to TJJD, one can see they present with many different but interrelated needs. These include education, transition and re-entry services, and family involvement and support. Although this report focuses primarily on rehabilitation and treatment services, it is important to remember that treatment outcomes are influenced by factors greater than any one program alone. For example, a youth may perform well in the sexual behavior treatment program, but his successful outcome will depend not just on what he learned in a specialized treatment program, but also on variables such as his ability to obtain a high school diploma or GED and find employment. Thoughtful reintegration into the community is also essential and relevant. If youth transition into community environments that do not support treatment gains, the likelihood of maintaining and using treatment skills is diminished. Information on related programs and services is provided below.

## EDUCATIONAL PROGRAM

During FY2014, the TJJD Education division focused on numerous interventions that align with core principles for reducing recidivism and improving youth outcomes. The division sustained its use of Positive Behavioral Interventions and Supports (PBIS), a proven framework that uses behavioral data for individual and targeted group student interventions, as well as system-wide improvements. The division also sustained its investment in building relational capacity through the Capturing Kids' Hearts program. A significant focus involved the use of the Facility-wide Evaluation Tool (FET) and Quick Visit Tool (QVT) to monitor fidelity of PBIS and Capturing Kids' Hearts program implementation, respectively. New hires were trained in each program as part of their on-boarding process. The agency also used an in-house database to capture "minor" behavioral incident data in a manner that local Professional Learning Communities (PLCs) comprised of teachers and administrators could use to design effective interventions. Additionally, Central Office support personnel researched additional secondary and tertiary interventions for youth who fail to respond appropriately to Universal interventions, and developed new processes for Educators to begin using them.

During the current school year, master schedules have included Aggression Replacement Therapy (ART), a proven targeted group, secondary intervention for youth with behavioral problems in schools. Coordination between treatment and school personnel to address student needs increases useful collaboration that better addresses an integrated, holistic view of each youth.

Multi-tiered intervention systems inherently monitor youth progress in response to interventions provided, and offer more intensive, individualized supports for youth who fail to respond well to previous interventions. TJJD Education uses multi-tiered intervention systems not only in the PBIS system, but also in its Response to Intervention program that monitors academic progress and its specialized Reading program for struggling readers. The concept of increasingly intensive and individualized supports parallels to some degree the important treatment concept of the Risk-Needs-Responsivity Principle. In both approaches, the intensity of supports provided matches the risks and needs presented by the individual youth.

Career Academies mark a new developmentally appropriate vocational opportunity implemented to further enrich the vocational skill development of youth who have earned their high school diploma or GED while in our secure facilities. Career Academies offer a unique opportunity for students to concentrate on vocational/employment skills development and to earn industry certifications. Accepted students can spend up to 6 hours in the Academy, time which is spent working in their designated shop area, preparing for certification exams, engaging in academic supports, attending college class, or learning and modeling employability and independent living skills. In addition, Saturday Career

Enhancement programs are available twice each month at every institution for students who qualify to participate.

**FUTURE FOCUS**

The coming school year will see increased focus on development of monitoring instruments to ensure fidelity within Career Academies, as well as a greater focus on data integrity and development of internal controls that support data-based driven decision making for system improvements. TJJJ is also exploring ways to create more dual credit opportunities and possible articulation agreements with vocational entities in Texas.

**Educational Program Outcomes**

**POSITIVE YOUTH DEVELOPMENT**

Education measures below reflect performance for FY 2014. Included are four agency performance measures with 5 year trends, a school attendance measure, industrial certification measures, and a measure for post- secondary success rates in college courses. Data reflect the performance of all students enrolled during the period.

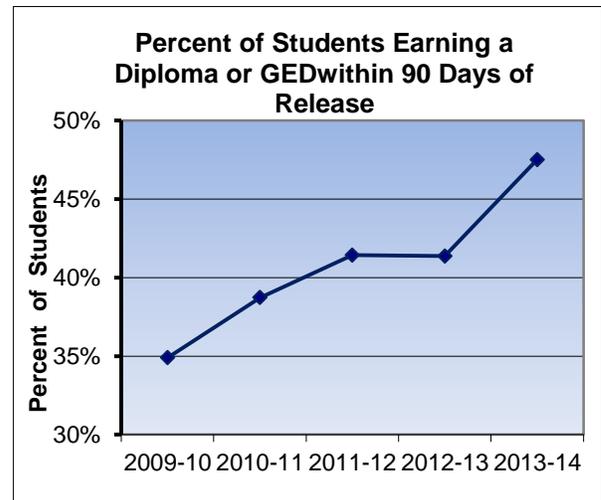
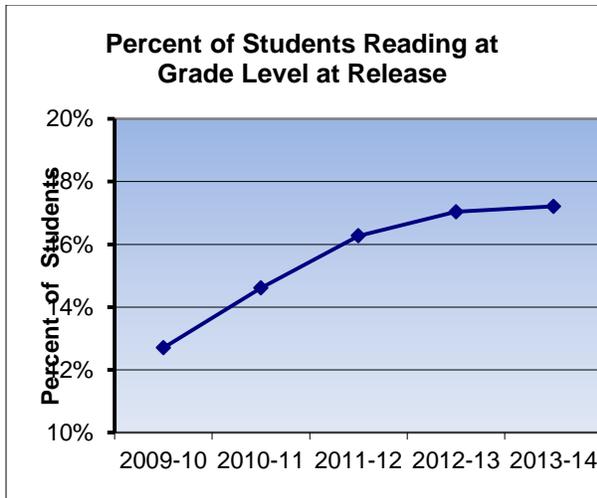
**DIPLOMA OR GED RATE**

47.51% of youth age 16 or older earned a high school diploma or GED within 90 days of release from a TJJJ institution. The percentage increased from 34.9% in FY 2010.

	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Percent of Students Age 16+ Earning a Diploma or GED within 90 Days of Release</b>	34.90%	38.72%	41.43%	41.37%	47.51%
<b>Percent of Students Reading at Grade Level at Release</b>	12.70%	14.61%	16.27%	17.04%	17.21%

**READING AT GRADE LEVEL AT RELEASE**

17.21% of youth were reading at grade level at the time of their release. The percentage increased from 12.7% in FY 2010.



### CAREER ACADEMIES

Career Academies are aligned with national and state career clusters made up of courses that create a clear pathway to industry certification and/or a college degree. TJJD currently operates five Career Academy tracks within its schools. Career Academy opportunities are available for both male and female students.

Current career academy tracks, their associated career clusters and industry certifications are:

CAREER ACADEMY TRACK	CAREER CLUSTER	INDUSTRY CERTIFICATION
<b>Technology</b>	Business Management & Administration	<b>MOS</b> – Microsoft Office Specialist
	Arts, A/V Technology & Communications	<b>ADOBE</b> - Photoshop, InDesign, Dreamweaver, and Illustrator
	Arts, A/V Technology & Communications	NA
	Information Technology	<b>A+</b> - CompTIA
	Information Technology	<b>C-Tech</b> – Network Cabling
<b>Construction</b>	Architecture & Construction	<b>NCCER</b> - National Center for Construction Education Research
<b>Culinary Arts</b>	Hospitality & Tourism	<b>ServSafe</b> - The ServSafe Food Handler Program
<b>Transportation</b>	Transportation, Distribution & Logistics	<b>ASE</b> – Automotive Service Excellence <b>I-CAR</b> – Collision & Repair

### AVERAGE DAILY ATTENDANCE RATE

98.7% of enrolled youth attended school daily as measured by protocols approved by the Texas Education Agency for student attendance accounting. The attendance rate has been highly consistent over time, and was 98.6% in FY 2010.

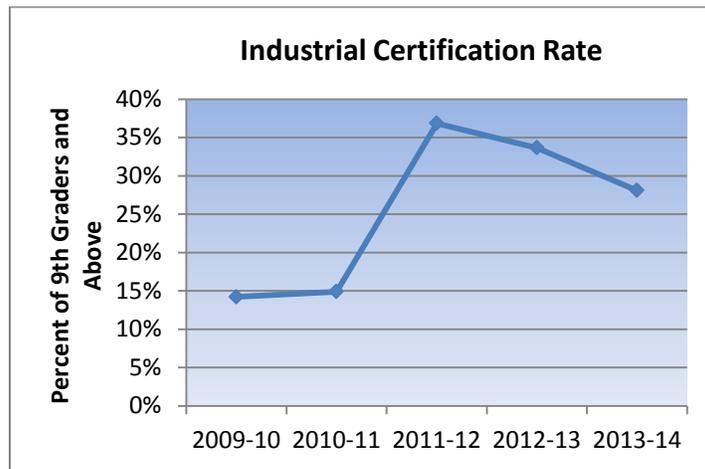
**INDUSTRIAL CERTIFICATIONS**

During FY 2014, 314 industrial certifications were earned by 1331 youth enrolled in career technology courses. This compares to 578 industrial certifications earned by 2107 youth enrolled in career technology courses during FY 2010.

**INDUSTRIAL CERTIFICATION RATE**

During FY 2014, the percent of students enrolled in 9th grade or above who earned an industry certificate was 28.08%. The certification rate increased from 14.21% during FY2010 and peaked in FY2012 at 36.85%, helped by full staffing. Paradoxically, the recent creation of Career Academies will decrease the industrial certification rate. Career Academies offer post-graduation opportunities for older students to develop expertise along a career path, thereby improving their chances for successful re-entry to the community. Available CTE instructional hours are capped by the number of CTE teachers available. Since post-graduate youth spend more time and use a relatively higher share of available CTE instructional hours in Career Academies, the total number of post-graduate and non-graduate students enrolled in CTE courses will decrease. If additional CTE teachers were available, CTE instructional time for students who have not yet earned their diploma or GED would increase, as would the industrial certification rate.

	2009-10	2010-11	2011-12	2012-13	2013-14
Industrial Certification Rate	14.21%	14.89%	36.85%	33.64%	28.08%



**COLLEGE COURSE ENROLLMENTS AND COURSE COMPLETIONS (PASSED)**

During the 2013-14 school year, 103 students completed 612 college courses for dual high school credit or straight college credit. This compare to the 2010-11 school year when 89 students completed 133 college courses for dual high school credit or straight college credit.

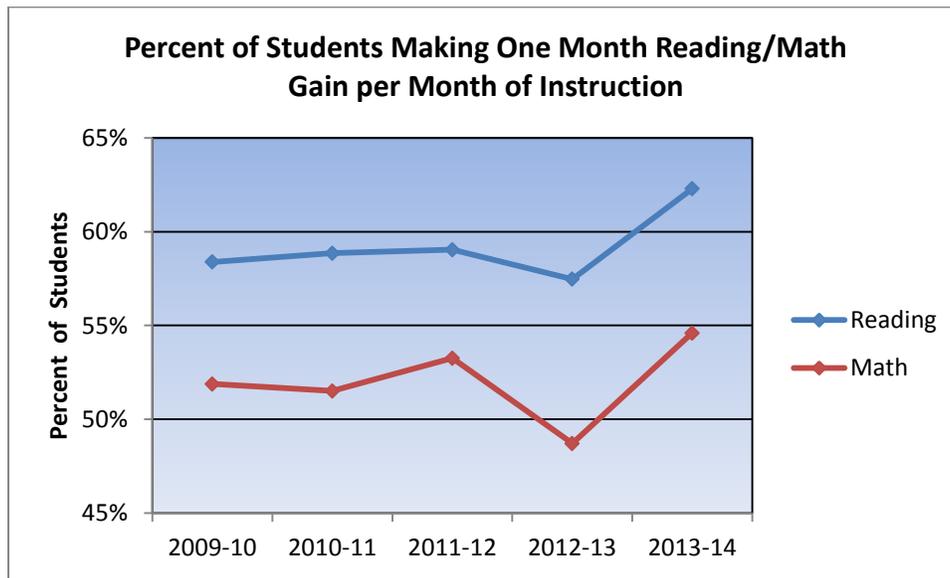
**READING GAIN PER MONTH OF INSTRUCTION**

62.29% of youth gained at least one month’s reading skills per month of instruction. The percentage increased from 58.39% in FY 2010.

### MATH GAIN PER MONTH OF INSTRUCTION

54.60% of youth gained at least an average of one month’s math skills per month of instruction. The percentage increased from 51.88% in FY 2010.

	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Percent of Students Making One Month Reading Gain per Month of Instruction</b>	58.39%	58.85%	59.04%	57.47%	62.29%
<b>Percent of Students Making One Month Math Gain per Month of Instruction</b>	51.88%	51.51%	53.26%	48.71%	54.60%



### IMPACT ON RECIDIVISM

Results are consistent with national studies that show the positive impact of educational achievement on incarceration and recidivism. TJJJ’s recidivism analysis indicates a significant reduction (3.9 percentage point) in the likelihood of re-arrest for students who had earned a diploma or GED. In addition, students who had earned vocational certification were found to be significantly less likely (5.6 percentage points) to be re-arrested within one year. Finally, students who qualified for special education services were significantly more likely to be re-incarcerated than were students ineligible for special education. The finding calls into question the effectiveness of supports available to youth who qualify for special education after re-entry to their home community.

One-Year Recidivism Rates		
GED or High School Diploma Attained Within 90 Days of Release		
	Sample Size	Rearrest - Felony or Misdemeanor
<b>Predicted if No GED/HS Diploma</b>	4085	49.4%
<b>Actual</b>	4085	45.5%

One-Year Recidivism Rates		
Vocational Certification Attainment		
	Sample Size	Rearrest - Felony or Misdemeanor
Predicted if No Certification	841	48.9%
Actual	841	43.3%

Note - TJJJ records for vocational certifications began in 2010.

## MENTORING AND VOLUNTEER SERVICES

The agency engages community volunteers as mentors to work with our youth who are in secure facilities, halfway houses, and on parole. The goal of mentoring is for an older, mature adult to establish a trusting relationship with a carefully matched youth, and to visit that youth consistently for a minimum of four hours monthly and a minimum duration of six months. The agency has invested dedicated personnel to the tasks of recruiting, screening, supervising, and supporting quality mentors. Mentors are provided continuing education to equip them to address the most challenging youth. Since 1997, over 3300 TJJJ youth have been matched with mentors. In 2014 alone, 316 youth were matched with a mentor in TJJJ residential facilities and on parole.

### Mentoring Program Outcomes:

The tables below illustrate the relationship between mentoring and improved outcomes for our youth. As shown in table A.16, youth with mentoring relationships in TJJJ facilities earn GEDs or high school diplomas at higher rates than youth without mentoring relationships. In addition, a higher proportion of youth with mentoring relationships are reading at grade level upon release from a TJJJ facility (TABLE A.16).

**TABLE A.16**  
**NEW ADMISSIONS AFTER 2/1/2009, RELEASED BY 9/1/2013**  
**AT LEAST 16 YEARS OLD AT RELEASE**  
**HIGH SCHOOL DIPLOMA OR GED WITHIN 90 DAYS OF RELEASE**

		FISCAL YEAR OF RELEASE				
		2010	2011	2012	2013	
MENTORING	GED/HS DIPLOMA					
NO	YES	%	38.4	47.4	48.8	48.8
YES	YES	%	43.3	48.8	48.3	56.8

**TABLE A.17**

**NEW ADMISSIONS AFTER 2/1/2009, RELEASED BY 9/1/2013  
AT LEAST 16 YEARS OLD AT RELEASE  
READING AT GRADE LVL AT RELEASE**

			FISCAL YEAR OF RELEASE			
			2010	2011	2012	2013
MENTORING	READING AT GRADE LVL					
NO	YES	%	7.7	10.7	15.7	16
YES	YES	%	11.7	11.4	18.4	18.8

Youth who participated in mentoring programs also showed improved recidivism outcomes. The one-year rearrest rate among youth matched with a mentor since 2009 was 39.9%, significantly below the predicted rate of 44.4% for these youth had they not participated in a mentoring program.

**TABLE A.1**

One-Year Recidivism Rates		
Participation in Mentoring Program		
	Sample Size	Rearrest - Felony or Misdemeanor
Predicted if No Mentor	579	44.4%
Actual	579	39.9%

Note - Includes youth matched with a mentor in fy 2009 or later.

## MEDICAL SERVICES

TJJD implements an integrated, holistic, and evidence-based treatment approach with youth to promote health and well-being. The University of Texas Medical Branch – Correctional Managed Care (UTMB-CMC) provides comprehensive medical, dental, psychiatric, and pharmacy services for youth at all agency-operated secure facilities and halfway houses; emergency and specialty services are provided via subcontracts with hospitals, urgent care centers, and health care specialists. UTMB-CMC provides primary health care and psychiatric care for youth on-site at each secure facility; onsite services are provided through face-to-face encounters or through the effective use of telemedicine and tele-psychiatry at institutions and halfway houses to promote timely, efficient, and cost effective access to health care.

The agency’s medical division, under the leadership of the medical and nursing directors, collaborates with UTMB-CMC and other TJJD departments in planning for comprehensive health care delivery, quality improvement initiatives, and health care oversight. Efforts in FY 2014 to improve program outcomes include the establishment of facility profiles which provide pertinent outcome information via a quarterly report submitted to secure facility and agency leadership.

Procedures designed to elicit feedback from case management and education staff have further promoted mental health treatment integration and individualized care.

Other initiatives include the development and implementation of procedures to promote effective communication and continuity of care for youth committed to a state-operated facility from a county

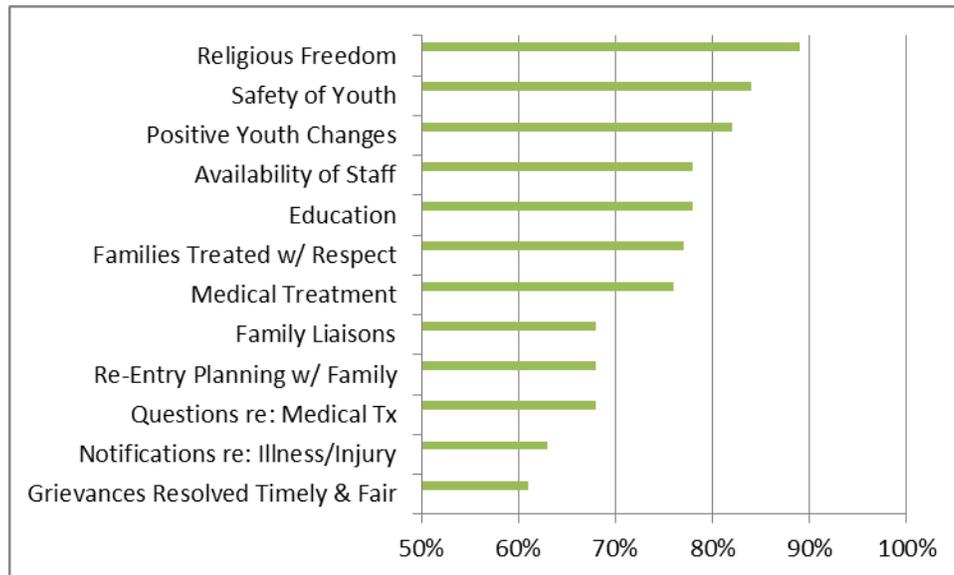
detention facility. Coordination with TDCJ and TCOOMMI prior to youth release has also resulted in improved continuity of care and transition planning for youth.

## FAMILY INVOLVEMENT

### Family Satisfaction Survey Results:

Youth placed in the juvenile justice system can increase their chances of a successful re-entry to their homes, schools and communities by having their families involved in their treatment and education plans. TJJD encourages families to get involved in their child’s rehabilitation by inviting them to participate in regularly scheduled campus activities such as Family Days, multi-disciplinary team meetings, family seminars, week-end visitations, web-based family reunification, and the on-line Family Satisfaction Survey.

Results from the 2014 satisfaction survey give the agency feedback on how it’s doing in providing services in various areas such as education, case management, medical treatment, and safety. The following bar graph summarizes the overall satisfaction ratings of the 12 evaluative questions:



The most favorable responses were regarding religious freedom, safety of youth and positive youth changes. Seven questions showed a marked improvement in overall satisfaction from the 2012 survey results. The question showing the greatest improvement regarded notifications when a youth is sick or injured. The two questions that showed a decrease in overall satisfaction related to families feeling respected and youth receiving proper medical treatment.

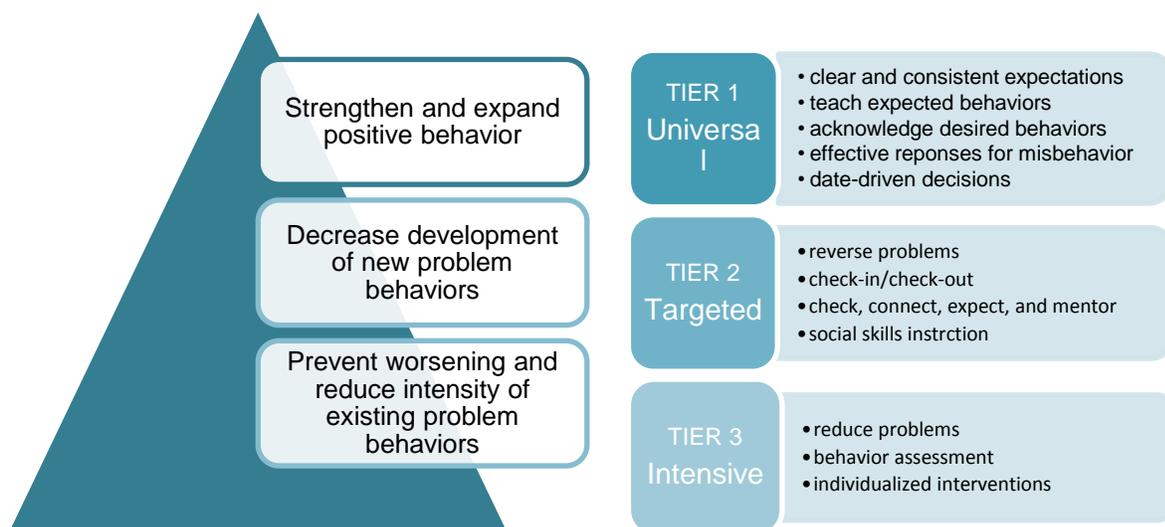
In early 2015 the agency plans to begin an analysis of the impact of family involvement on recidivism, with a specific emphasis on family visitation. Agency staff has begun talks of a research partnership with experts at Sam Houston University.

## POSITIVE BEHAVIOR INTERVENTION AND SUPPORTS (PBIS)

Positive Behavior Intervention and Supports (PBIS) is a conceptual framework for developing positive, proactive systems of support for desired youth behavior. The goal of PBIS systems is to minimize behavioral difficulties while teaching and enhancing prosocial, adaptive behavior through preventive systems change, rapid response to early signs of behavioral needs, and intense, long-term supports for high need individuals. PBIS is conceptualized around a 3-tier model of prevention/intervention originally based on a logic model from the public health/disease prevention and control sector. The method applies tiers of interventions to target populations and monitors responses to these interventions to measure effectiveness.

### POSITIVE BEHAVIORAL INTERVENTION & SUPPORTS (PBIS) MODEL

FIGURE 2



- Texas State University is currently providing consultation to the State Programs and Facilities Division of TJJJ in the form of a research project to evaluate the efficacy of extending the Positive Behavior Intervention and Support (PBIS) model facility-wide. This research project will be piloted in two secure facilities and evaluated before being implemented agency-wide. PBIS has already been implemented in the Education programs in TJJJ's secure facilities since 2010. TJJJ will also be pursuing a contractual agreement with Texas State University to provide onsite training of TJJJ's PBIS Coordinator and the secure facility dorm-based management teams to ensure implementation fidelity of the behavior management model.
- To further support the Division of Education's on-going implementation of the PBIS initiative, and to assist in PBIS implementation to facility dorm life, TJJJ utilizes services provided by staff and graduate students from Texas State University. Resources include evidence based research on best practices, implementation action plans, a Facility-wide Evaluation Tool (FET) and specialized training for TJJJ Staff.
- Dr. Michael Nelson provides additional program design and implementation technical assistance for the agency's PBIS initiative, which is designed to complement the mandated reading program above.

- The agency’s rehabilitative strategy includes a behavior component based upon the Positive Behavioral Interventions & Supports (PBIS) model and addresses treating the “whole child.” The rehabilitative strategy includes not only treatment programs, but also education, vocational training, medical care, skills building programs, case management with service continuity, family involvement, community re-entry planning, and re-integration assistance. Services are matched to individual youth assessed needs in a way that increases staff responsiveness to the youth’s characteristics. Treatment resources focus on the youth who are at the highest risk to reoffend, providing them with the appropriate length and intensity of treatment using proven interventions. The strategy emphasizes general rehabilitative and specialized treatment programs, leisure skill building groups, greater family involvement, education and vocational training, a multidisciplinary and case planning team, and a progressive system from entry to parole. A multidisciplinary team comprised of the youth’s case manager, an assigned educator, and JCOs who work with the youth on a regular basis, the youth, and the youth’s parent/guardian meet regularly to assess the youth’s progress, determine next steps, and develop a re-entry plan. As youth near completion of their minimum lengths of stay, case managers, parole officers, youth, and their parents or guardians formalize individualized Community Re-entry Plans for transition. These plans include the elements required for the youth to be successful upon return to the community. Medical input is also provided to ensure any medical issues are properly addressed in daily living and in case planning.

## **PBIS PILOT AND IMPLEMENTATION AT RON JACKSON STATE JUVENILE CORRECTIONAL COMPLEX**

The Ron Jackson State Juvenile Correctional Complex was selected as the first implementation site. A facility PBIS team has been formed, and meets regularly. Implementation began June 9, 2014 on the Success dorm, across all three shifts. Implementation on Hope, Pride, and Challenge dorms began September 8, 2014.

## **UNIVERSAL PBIS COMPONENTS BEING IMPLEMENTED**

To date, implementation is fully aligned with the PBIS model as conceptualized by the National PBIS Technical Assistance Center (National PBIS Technical Assistance Center, 2010). The components being implemented include:

- Facility PBIS leadership team
- Youth rules matrix
- Staff expectations matrix
- Structured lessons for teaching rules
- Environmental enhancement activities
- Positive verbal acknowledgements and Cougar Cash system for acknowledging correct youth behavior
- Consequence hierarchy for responding to minor rule violations

## Initial Evidence of Impact of PBIS

Evaluating PBIS typically involves monitoring of at least two areas: fidelity of implementation, and changes in youth behavior.

To evaluate implementation, Texas State University consultant Dr. Scheuermann and one additional PBIS coach make regular visits to the Ron Jackson facility to observe, provide feedback, and make recommendations. Structured observation tools are used to record evidence of correct implementation of PBIS activities. Dr. Scheuermann shares results of those observations with dorm supervisors and the PBIS Coordinator, and makes recommendations for strengthening fidelity of PBIS implementation. At the end of the first month of implementation, Success dorm data indicate the following:

### REDUCTIONS IN DISCIPLINARY INCIDENTS:

- 34% reduction in total number of disciplinary incidents (major and minor)
- 67% reduction in assault with bodily injury against staff
- 67% reduction in assault with no bodily injury against staff

### REDUCTION IN DISCIPLINARY ACTIONS:

- 53% reduction in incidents involving use of force
- 100% reduction in use of mechanical restraints
- Each of the following categories had 0 incidents pre- and during PBIS: use of chemical agent, fighting with bodily injury, fighting with no bodily injury

### CHANGES IN INCIDENTS ACROSS TIME PERIODS:

- Decreases in incidents during time periods: 12:01 am – 2:00; 2:01 pm – 4:00; 6:01 pm – 8:00; 8:01 pm – 10:00; 10:01 pm – 12:00
- No change in incidents during time periods: 2:01 am – 4:00; 8:01 am – 10:00
- Increases in incidents during time periods: 4:01 am – 6:00; 6:01 am – 8:00; 10:01 am – 12:00; 12:00 pm – 2:00

### INDIVIDUAL YOUTH DATA:

- 53% of youth on Success dorm (10/19) had fewer disciplinary incidents after PBIS was initiated (all of those reflected reductions of 25% or higher).

Informal data indicate a high level of staff acceptance of and responsiveness to PBIS. In fact, because of positive comments about PBIS made by staff in dorms where PBIS is being implemented, other dorm staff have asked to begin PBIS. Staff response during trainings has been largely very positive, with staff acknowledging the need for practical, positive, and effective tools for dealing with youth behavior. The vast majority of staff who have been trained in PBIS have provided constructive input, and good ideas for applying PBIS in their work environments and activities.

Of course, these are very preliminary data only, and represent only a limited exposure to PBIS. Caution against over-generalizing results is recommended. However, these preliminary data indicate the potential for positive effects on youth behavior. TJJD will continue to monitor impact of PBIS across multiple variables, including:

### IMPACT ON YOUTH:

- Disciplinary incidents
- Disciplinary actions

- Impact on individual youth, particularly high-needs youth
- Youth self-injury
- Youth grievances

#### **IMPACT ON STAFF/CLIMATE:**

- Staff absences
- Staff injuries caused by youth
- Staff turnover

#### **FIDELITY OF IMPLEMENTATION**

#### **SOCIAL VALIDITY (STAFF ACCEPTANCE)**

## **HOGG FOUNDATION INTERNSHIP GRANT**

In 2011, the Department was awarded a large grant from the Hogg Foundation for Mental Health in order to establish and seek accreditation for a pre-doctoral psychology internship. The Internship provides an opportunity for doctoral students to gain professional practice experience within the correctional and forensic environment while also providing the agency access to well-trained early career psychological staff who may choose to continue employment with the agency after graduation.

In the three years since its inception, the grant assisted the agency in filling eleven hard to fill positions. Nine interns remained to complete a postdoctoral residency and were hired into full-time employment, remaining in their post for between one and three years. Four current interns will be in TJJD funded positions the rest of the fiscal year, and four more will be identified by February, 2015.

The internship program is required to provide weekly didactic training sessions for the interns, but these sessions also provide for enhanced, high quality professional education for psychology and other treatment staff.

The Hogg grant allowed TJJD to apply for accreditation with the American Psychological Association. The initial self-study for this project was submitted to the APA in June of 2014. Requested revisions were made on the document, and it was resubmitted in December, 2014. Once the document is accepted by the APA, TJJD will undergo a site visit which will finalize approval for accreditation. It is believed that accreditation by APA provides the agency greater access to top level applicants for the internship.

## **RE-ENTRY**

The primary focus of reentry is to transition youth to the community from a secure facility with the skills needed to be a successful contributing member of society. Utilizing the halfway house as a step-down program in the transition process has proven very successful. Since 2009, youth who transitioned from secure facilities to halfway houses had a lower 1-year re-arrest rate than those who were released from a secure facility directly to a parole location. In 2012, the 1-year re-arrest rate for youth who transitioned to a halfway house was 44.7%, while the rate for youth released directly to a parole location was 58.6%. The step-down program provides youth in a halfway house the opportunity to field test the skills they have acquired prior to placement at home on parole.

TJJJ provides a continuum of care for all youth that begins at the Orientation and Assessment Unit and continues through their residential placements and on to parole. Specialized treatment is available in secure facilities and halfway houses with aftercare service available in halfway houses and parole locations. TJJJ operates eight halfway houses. Several of the halfway houses operate specialized programs. Willoughby House serves as the Mental Health transition program, Brownwood House serves the female population and York House serves youth who have had their parole revoked and youth with multiple release extensions. All halfway houses with the exception of York House may serve youth initially placed from the Orientation and Assessment Unit, youth transitioning prior to the completion of their MLOS, and youth transitioning as a result of the release review panel decision to release to parole.

TJJJ's continuum-of-care serves three primary customers: the youth, his or her family, and the community. TJJJ provides ongoing activities to youth in residential settings and upon returning to their communities. Services are provided by volunteers and faith-based programs. Victim impact panels are offered to share with youth the impact of their crime on victims and the community. Parole Services administers and directs programming and activities related to parole supervision and surveillance, family preservation and re-unification, encourages and promotes youths' involvement in constructive activities, and provides liaison activities related to sex offender registration. TJJJ develops innovative initiatives and programs along with policies, programming, and operations designed to improve outcomes for youth as they re-enter their communities.

## CONDITIONAL PLACEMENT

In April 2014, the agency made a revision to current policy to facilitate increased flexibility in moving youth out of high restriction facilities. The policy revision, which supports the Risk-Need-Responsivity model, allows for making conditional placements on a trial basis at lesser restrictive placements for some youth who have not met program completion requirements to go home and who are not eligible to go to medium restriction facilities by traditional policy avenues. The targeted audience for this policy change is twofold: (1) youth who, by policy, required placement in high restriction but have done so well since placement that the agency staff support movement to a home or home substitute prior to the typical time allowed for that movement; and (2) youth who have completed their original minimum length of stay assigned by policy and who have such complex treatment and re-integration issues that a more slow and creative re-integration plan is warranted. These youth might require placement out-of-home in a nontraditional placement setting. Youth who are moved out of high restriction under this Conditional Placement policy are tracked using a specific code for their movement. This will enable the agency to determine the effectiveness of this policy and the implications for its use in the future.

## YOUTHFUL OFFENDER PROGRAM

A growing need was identified within the agency and from external stakeholders in 2014 to provide a program specific to youthful offenders (ages 10-13/14) within TJJJ. The agency is required to accept any youth age 10 to 18 that is lawfully committed. On October 17, 2014, TJJJ began the Youthful Offender Program for male youth ages 10-13/14 housed on a single housing unit, at the Ron Jackson State Juvenile Correctional Complex, in Brownwood, Texas. The program provides an evidence-based best practice curriculum for approximately 20 youth, and allows young boys to interact and socialize in a lighter, more therapeutic environment. It also provides the same specialized treatment services available to all youth including: mental health, sexual behavior, anger management, and alcohol or other drugs.

The Ron Jackson facility currently has certified teachers to meet the needs of the additional Youth Offender males. Teachers provide education materials and subjects that are both age and developmentally appropriate. Depending upon the educational needs of youth in the program, the boys in the youthful offender program attend classes with girls in their same grade level during school hours. Doing so provides a developmentally appropriate educational setting while maximizing educational staffing resources. Enhanced juvenile correctional officer presence in the classroom is provided when co-educational classes are held.

Ron Jackson selected a dorm setting for all the youthful population. The youthful offenders are assigned to Courage dorm. This dorm is configured with 2 “wings” which have 20 individual youth rooms on each wing. The dorm can have up to 12 orientation youthful offenders on one “wing” and up to 18 long-term youthful offenders assigned to the other “wing.” The youthful offender dorm maintains a staffing pattern of one staff for every eight youth assigned to the dorm (1:8 ratio) during waking hours. Courage dorm will also have a dog living on the dorm through the Pairing Achievement with Service (PAWS) program. The TJJD therapeutic approach involves connecting youth with positive social forces and assets, drawing on community resources to engage youth, and engaging youth in pro-social activities and opportunities. PAWS is a natural fit to facilitate this approach with young males.

Two case managers are assigned to the youthful offender program. These case managers are responsible to orchestrate fully integrated rehabilitation services for their youth. Mental health services and specialized treatment services are provided by ancillary staff who currently provide treatment in other areas of the Ron Jackson complex. General and specialized treatment programs and services are reviewed and modified, as necessary, to ensure youth offenders receive appropriate treatment delivery based on each youth’s assessed risk and needs. Youthful Offenders have access to all needed specialized treatments, which include: Alcohol or Other Drug, Sexual Behavior Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Psycho-educational and Social Skill Development groups (Boys Council, Strategies for Anger Management, Social Skill Development Groups, etc). All programs are provided by appropriately licensed clinicians or trained staff. Boys Council, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem.

## MCFADDEN RANCH

McFadden Ranch is a community based residential program that provides Alcohol and Other Drug (AOD) treatment services to TJJD youth. This programmatic setting allows youth to give back to the community in a variety of ways. For instance, McFadden youth participate in the Red Ribbon Campaign annually. This campaign allows youths the opportunity to share the pitfalls of Drugs & Alcohol with other youth. This year the youth at McFadden Ranch visited two Schools within the Keller ISD and shared their stories with approximately 650 youth. Other community functions and collaborations include participation with the Southlake Carrol High School Coaches and football Team for a Football Clinic & Scrimmage, off-campus Equine Psychotherapy for students to facilitate emotional growth and learning and attendance at the Men’s Conference at Northwood. The McFadden Ranch students shared their stories with fathers to assist them in learning “How Teenagers Think”. The long standing McFadden Ranch Speaker Team makes regular presentations for the Denton County Sheriff’s Department and Lena Pope Homes to assist youth in understanding the costs of irresponsible behavior and how incarceration impacts them personally and their families. Similar presentations have been made for Allen High School, Tarrant County Community College and the University of North Texas.

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# CONCLUSION

The youth TJJD serves have become a higher risk population over the last several years. It is the mission of TJJD to provide evidence based rehabilitative programs that help each youth in its care improve his or her chances of living safely in the community. The rehabilitative strategy, the specialized treatment programs, the vocational and educational services and the transition planning efforts must result in improved outcomes for the youth and community, particularly in the area of reduced recidivism rates. This report has focused on the strengths of TJJD's treatment programs and has highlighted, at the Texas Legislature's direction, the effectiveness of programming for youth with sexual behavior treatment needs, youth with capital or serious violent offenses, youth who have alcohol or other drug treatment needs, youth with mental health treatment needs, and female youth. A brief summary of the one year recidivism results are as follows:

## **MENTAL HEALTH TREATMENT PROGRAM (MHTP):**

Youth who completed either the high or moderate intensity MHTP were rearrested at a rate 4% below the predicted rate. There is a statistically significant positive impact on youth completing the MHTP.

## **SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP):**

Youth who completed the high or moderate intensity SBTP had rearrest and violent rearrest rates significantly below the predicted rates. Though the predicted one-year rearrest rate for youth who completed SBTP was 36%, the actual rate was 25%.

## **CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (C&SVOTP):**

Youth enrolled in high-intensity C&SVOTP showed a rate for rearrest that was half the predicted rate. While it was predicted for these youth to reoffend at the rate of 39.7%, the actual rate was only 19.4%.

## **ALCOHOL AND OTHER DRUG TREATMENT PROGRAM (AODTP):**

Of the youth with an identified need for AOD treatment, 98.9% were admitted to a program. Of those youth admitted, 93.5% completed the program successfully. The youth who participated in moderate-intensity AOD treatment were predicted to reoffend at the rate of 54.4%, but actually, only 51.3% of the youth were re-arrested.

## **FEMALE OFFENDER PROGRAM:**

Female offenders recidivate at significantly lower levels than males on all three measures of recidivism. Those male youth considered in this study overall were re-arrested at a rate of 50.2% after one year, while the female youth re-offended at a rate of 31.1%. Only 4.2% of females were rearrested for a violent offense; whereas, males recidivated with violent offenses at a rate of 11%.

In summary, the evidence provided in this report points to the success of the TJJD treatment programming as having a measurable effect on the rate at which youth in the agency's care are re-arrested or re-incarcerated. The data establish that despite the increasing complexity of the needs of the youth, recidivism rates for committed youth continue to decline. Service delivery to all youth is affected with intention through a combined rehabilitation strategy and provision of specialized treatment modalities that clearly have a positive impact on multiple youth outcomes.