2015

The Annual Review of

TREATMENT EFFECTIVENESS

PUBLISHED DECEMBER 2015

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TEXAS JUVENILE JUSTICE DEPARTMENT

The Annual Review of

TREATMENT EFFECTIVENESS

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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. TJJD administers five programs that the report must address: gender-specific programming for female offenders, sexual behavior treatment, capitol and serious violent offender treatment, alcohol and other drug treatment, and the mental health treatment programs. While the law requires TJJD to examine these five specific areas of programming, the success of youth who leave TJJD is often influenced by more than their participation in any one specialized treatment program. Therefore, in addition to the five required programs, the 2015 report addresses the Positive Behavior Intervention and Supports (PBIS) youth received under the agency's general rehabilitative strategy, as well as the most common combinations of specialized treatment programming.

This report shows detailed data indicating a long trajectory of improvement since FY2009 in the availability of rehabilitative programming. Treatment enrollment and completion rates continue to improve, providing TJJD youth with opportunities to seek a future without justice system involvement.

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INTRODUCTION

The 2015 Treatment Effectiveness Report will not examine TJJD operations as thoroughly as did the report from FY2014. The agency reserves more comprehensive reports for even-numbered years, and provides more concise reports during odd-numbered years. This report will focus on treatment access and recidivism, and will describe initiatives that are believed to impact youth wellbeing and overall functioning positively.

Major findings from the 2014 report are as follows:

Mental Health Treatment Program (MHTP):
Youth who completed the high or moderate intensity MHTP were rearrested at a rate 4% below the predicted rate, indicating 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 re-arrest rates significantly below the predicted rates. Though the predicted one-year re-arrest rate for youth who completed SBTP was 36%, the actual rate was 25%.

Capital and Serious Violent Offender Treatment Program (CSVOTP):
Youth enrolled in high-intensity CSVOTP showed a re-arrest rate that was half the predicted rate. The projected re-arrest rate for high-intensity CSVOTP participants was of 39.7%, but the actual rate was only 19.4%.

Alcohol and Other Drug Treatment Program (AODTP):
Of 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. 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. Male youth in this study were re-arrested at a rate of 50.2% after one year, while the female youth were re-arrested at a rate of 31.1%. Only 4.2% of females were re-arrested for a violent offense; whereas 11% of males were re-arrested for a violent offense.

In sum, evidence provided in the FY2014 report showed TJJD treatment programs have a measurable positive effect on the rate at which youth in the agency's care were re-arrested. The data established that despite the increasingly complex needs of the youth, recidivism rates for committed youth continue to decline from previous years.

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SCOPE OF 2015 REPORT

The FY2015 report focuses primarily on recidivism rates for youth who have participated in TJJD specialized treatment programs. As used in this report, recidivism measures whether a youth has been rearrested within the first year back in his or her community after release from a residential facility. The data therefore reflect programming received over a year ago, and thus a limitation of the recidivism measure is that it reflects agency programs and culture as they existed some time ago.

The 4,452 youth comprising the analysis cohort for this report are new admissions who entered TJJD facilities beginning in fiscal year 2009, and were released from TJJD facilities prior to August 31, 2014. As in prior years, the analysis excludes youth who transferred directly from a TJJD facility to an adult prison or jail.

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YOUTH CHARACTERISTICS

Characteristics for youth admitted in FY2015 remained largely consistent when compared to youth admitted in FY2014. TJJD's new admissions increased from 782 in FY2014 to 808 in FY2015. Of the FY2015 new admissions, approximately 68% were between 15 and 16 years of age. When 17 year old youth are included, this figure rises to 87%. Most youth, 82%, have below-average IQ scores. Nearly three-fourths, 73%, were on probation at the time of commitment, and two-thirds, 67%, had a prior out-of-home placement. Median reading and math levels rose slightly from 4.9 to 5.2 and 4.9 to 5.3, respectively. Median years behind in reading decreased from 3.8 in FY2014 to 3.6 years in FY2015. Three in ten TJJD youth, 30%, were eligible for special education services; more than triple the ratio in public schools, which typically have 8-10% of youth eligible for special education services. Half of new commitments had a need for mental health treatment, a slight decrease from 2014 which was at 54%. Nearly all youth, 99%, had a need for at least one area of specialized treatment and 83% had a need for two or more areas of specialized treatment.

TABLE A.1 shows an overview of the characteristics of youth committed to TJJD in FY2014 and FY2015.

This report focuses on outcomes of youth who entered TJJD facilities on or after 2/1/2009 and who were released from TJJD facilities on or before 8/31/2014. Newly committed youth described in **TABLE A.1** are not included in this sample because recidivism data by definition reviews youth who have been released from residential facilities for at least one year. However, the 808 youth in the sample share many of the same characteristics. The majority had multiple co-existing risk factors, or characteristics, that often required specialized treatment interventions.

YOUTH CHARACTERISTICS: NEW ADMISSIONS FY2014 AND FY2015

TABLE A.1

		FISCAL YEAR OF COMMITMENT	
		2014	**2015**
NUMBER OF NEW ADMISSIONS		782	808
DETERMINATE SENTENCE	%	10	15
OFFENSE HISTORY[1]			
COMMITTED FOR FELONY OFFENSE	%	100	100
THREE OR MORE FELONY OR MISDEMEANOR REFERRALS	%	69	70
TWO OR MORE FELONY OR MISDEMEANOR ADJUDICATIONS	%	65	64
TJJD RISK ASSESSMENT SCORE[1]			
HIGH	%	5	4
MEDIUM	%	56	56
LOW	%	39	40
SEVERITY OF COMMITTING OFFENSE[1]			
HIGH	%	25	27
MODERATE	%	38	39
LOW	%	37	34
SEX			
FEMALE	%	9	10
MALE	%	91	90
IQ OF LESS THAN 100[2]	%	82	82
PARENTS UNMARRIED, DIVORCED, SEPARATED, OR AT LEAST ONE DECEASED[2]	%	85	87
ON PROBATION AT COMMITMENT	%	73	73
PRIOR OUT OF HOME PLACEMENT	%	70	67
FAMILY HISTORY OF CRIMINAL INVOLVEMENT	%	49	54
NEED FOR TREATMENT BY A LICENSED OR SPECIALLY TRAINED PROVIDER[1,3]			
CAPITAL SERIOUS VIOLENT TRT	%	72	75
SEXUAL BEHAVIOR TRT	%	14	15
ALCOHOL OR OTHER DRUG TRT	%	82	82
MENTAL HEALTH TRT (HI/MOD/LOW NEED)	%	54	50
ANY SPECIALIZED TRT NEED	%	99	99
MULTIPLE (2 OR MORE) SPECIALIZED TRT NEEDS	%	82	83
SUSPECTED GANG MEMBER[4]	%		19[5]
SUSPECTED HISTORY OF ABUSE OR NEGLECT	%	40	38
SPECIAL EDUCATION ELIGIBLE	%	32	30
MEDIAN YEARS BEHIND READING ACHIEVEMENT[1]		3.8 yrs	3.6 yrs
MEDIAN YEARS BEHIND MATH ACHIEVEMENT[1]		5.0 yrs	4.7 yrs
AGE OF ADMISSION			
12 OR YOUNGER	%	1	1
AGE 13	%	4	2
AGE 14	%	9	8
AGE 15	%	23	22
AGE 16	%	39	38
AGE 17	%	23	27
AGE 18	%	2	2

[1] Measure taken at intake. Risk assessment indicates risk to reoffend. [2] Data missing for 6-7% of youth. Percentages exclude missing data. [3] Treatment needs data missing for 4 youth. Percentages exclude missing data. [4] To improve effectiveness and efficiency of security and gang intelligence, the Office of Inspector General (OIG) retooled the agency's methodology for identifying confirmed gang members during FY2014. [5] OIG assessed percentages of gang confirmations in accordance with Chapter 61 of the Code of Criminal Procedure, and included all youth rather than new admissions only.

GENERAL TREATMENT DESCRIPTION

A general rehabilitative treatment program is any state-operated secure correctional facility, halfway house, or contract residential program for which case management services are funded by Strategy B.1.7, General Rehabilitation Treatment. Program services funded from other strategies (assessment, orientation and placement and programs and services designated as totally specialized treatment) are excluded for the LBB performance measure.

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 consequences 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 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. Youth are assessed on their participation, progress, and completion of skills groups, supplemental groups, and daily use of skills learned in those groups. Youth are expected to address relevant personal issues in the skills application groups and in individual meetings with their 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 Positive Achievement Change Tool (PACT), "Thinking for Change," Aggression Replacement Therapy (ART), Girls Circle, etc.

PBIS: POSITIVE BEHAVIORS, INTERVENTIONS AND SUPPORTS

Positive Behavioral Interventions and Supports (PBIS) is a multi-tiered system of supports (MTSS) model that is used most commonly to address student and youth behavioral outcomes in more than K-12 schools and districts and alternative education programs. In the last five years, it has begun to be implemented in juvenile justice agencies in several states (i.e., Georgia, North Carolina, and Colorado) and has been implemented in Education within TJJD since 2010.

Critical components of the PBIS model include

- evidence-based practices in prevention, treatment, and training
- a distributive leadership model that promotes staff engagement and decision making
- data-based decision making that occurs in teams that have specific goals
- a tiered system of supports that can address youth needs rapidly when preventative efforts fail
- continual measurement and assessment to improve implementation and outcomes

Within TJJD there are numerous interventions and programs that are made available to youth. The way youth are referred for program participation is based on need as evidenced by behavior (incident reports) or youth self-nomination (self-referral) and as approved by the youth's MDT, which includes the youth. This responsiveness to needs is an essential building block of the PBIS model.

However, within the model, the most important component is prevention at the Tier 1 level, where low-level, universal interventions are presented for any of the youth. Without proper preventative practices in place, the treatment system will run the risk of being overloaded with "false positives." In a behavioral model, these Tier 1 preventative practices include evidence-based best practices such as teaching, posting, and reviewing behavioral expectations with youth, acknowledging the appearance of expected behaviors, providing high rates of positive feedback to youth, proximity control, pre-correction, and other antecedent adjustments. Failure to install a wide range of such evidence-based preventative practices can lead to similar escalations in the number of youth who will later require (short-term) Tier 2 interventions to correct misbehavior.

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 also invited to participate in the multi-disciplinary team meeting. In most meetings, the assigned parole officer will conference in by telephone to work with placement staff and the youth to consider community re-entry planning so that the youth's ultimate transition back into the community and his home are fluid and well supported. The MDT re-assesses a youth's treatment progress, changing treatment objectives as needed, to meet the individual youth's needs and targets 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.

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SPECIALIZED TREATMENT PROGRAM DESCRIPTIONS

Most youth have multiple specialized treatment needs identified during the assessment period. TJJD embraces the Risk-Needs-Responsivity model, and accordingly matches services, dosages, and modalities to individual youth characteristics to ensure the optimal 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. Different specialized treatment programs are described below:

SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)

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. 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 uses the communication, cooperation, and coordination between TJJD 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 (CSVOTP)

The Capital and Serious Violent Offender Treatment Program (CSVOTP) treats youth who are committed to TJJD 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 requisite levels of education, experience in the delivery of treatment to juvenile offenders, and supervised training necessary to ensure the delivery of treatment services with fidelity. The residential program promotes a coordination of treatment services and the continuity of care between capital offender therapists, caseworkers, and dorm staff.

VIOLENT OFFENDER PROGRAM (VOP)

The Violent Offender Program (VOP) aims to provide treatment to youth who are committed for violent offenses, such as aggravated robbery, aggravated assault, but who did not cause death or substantial bodily injury to the victim(s) of their offense. Thoroughly trained and experienced staff with a clinical background provides individual, group and family therapy for the youths in the program. The program is designed to impact emotional, social, behavioral and cognitive developmental processes by teaching emotional regulation techniques, processing trauma and delinquent behavior histories and challenging the thinking and behavior patterns that support this illegal behavior.

AGGRESSION REPLACEMENT THERAPY (ART)

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 to 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.

ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS (AOD)

The Alcohol and Other Drug Treatment Programs (AODTP) are designed to target a specific intensity 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 (MHTP)

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 (MRTC) for boys and Ron Jackson (RJ) 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), Cognitive Life Skills, 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 can be provided at any facility. Ongoing assessments and reevaluation of youths' mental health needs ensure youth receive the most appropriate services. 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 in the Female Offender Program have been modified, as necessary, to ensure gender responsivity. 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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AVERAGE LENGTH OF STAY FOR EACH TREATMENT PROGRAM

AVERAGE LENGTH OF STAY IN TREATMENT

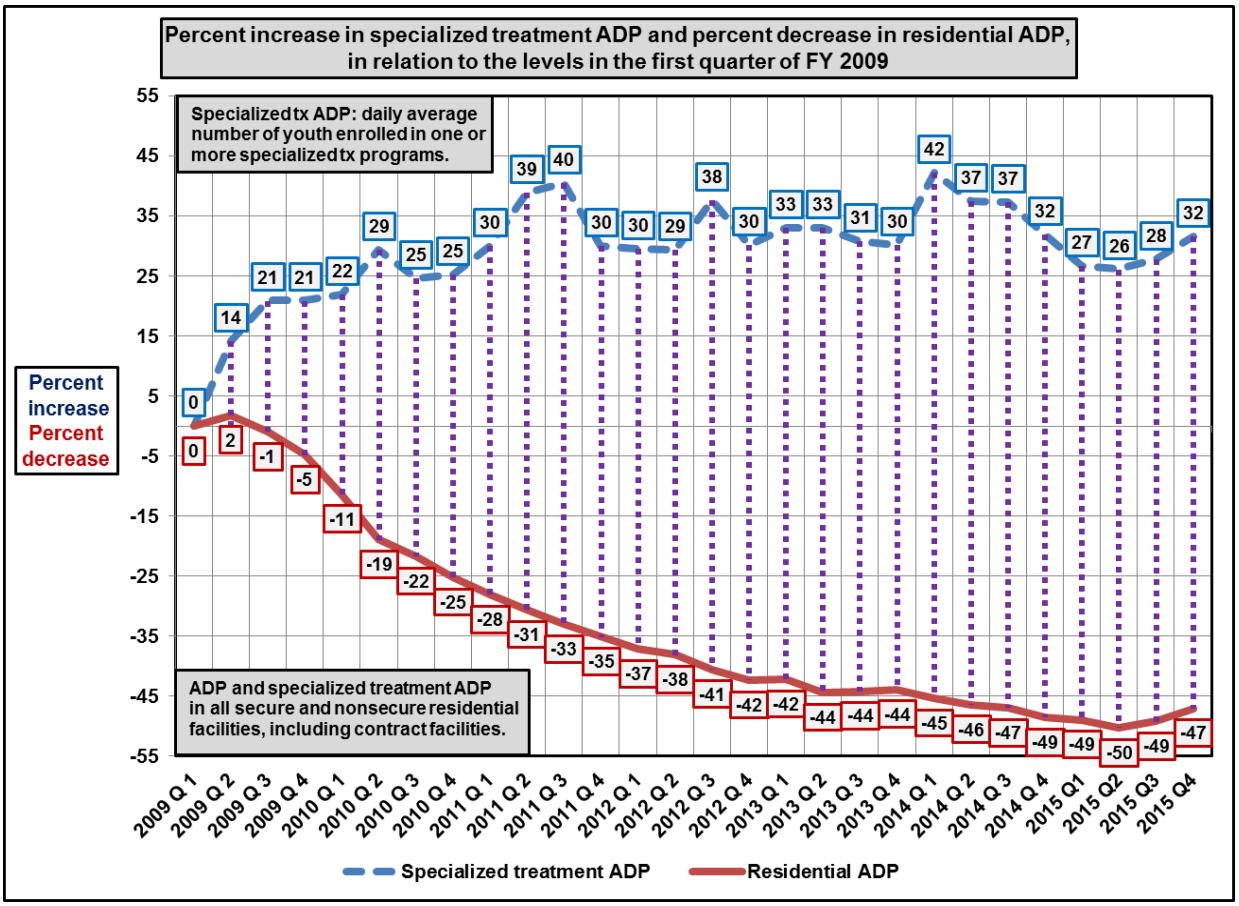
As shown in **TABLE A.2** below, the average length of time in treatment varies considerably by treatment type and level. TJJD's intensive sexual behavior treatment program (SBTP Residential) takes an average of more than a year (399 days) to complete successfully. TJJD's residential capital offender (CSVOTP) and moderate intensity sexual behavior programs also take considerable time to complete – youth spend an average of 272 days and 232 days, respectively, in those programs. Average number of days to successful completion is shortest for individual alcohol and other drug treatment (AOD) and aggression replacement training (ART).

AVERAGE LENGTH OF STAY IN TREATMENT
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
SUCCESSFUL COMPLETERS
TABLE A.2

DAYS TO SUCCESSFUL COMPLETION	
PROGRAM	**ALOS (DAYS)**
AOD Residential	201
AOD Moderate	108
AOD Individual	99
SBTP Residential	399
SBTP Moderate	232
SBTP Individual	182
CSVOTP Residential	272
CSVOTP Moderate	117
ART	91

The chart below, **TABLE A.3** depicts the commitment trends from 2009 to present, as compared to the numbers of youth who are enrolled in the specialized treatment services discussed above, in Table A.2. Despite the decrease in overall population, it is evident that the numbers of youth enrolled in treatment services remains high.

TABLE A.3



ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – TREATMENT ACCESS

As shown in **TABLE A.4** and **EXHIBIT A.5**, the percentage of youth with a need for chemical dependency treatment who enrolled in the Alcohol and Other Drug Treatment Program (AOD) has increased dramatically in recent years. Among youth released from TJJD facilities in fiscal year 2009, less than half (41%) of those with a need for AOD treatment were enrolled in treatment and only one third (33%) of youth with a need successfully completed the treatment. The percentage of youth enrolled and completing treatment increased each year from FY2009 to FY2013. In FY2014, nearly all youth needing treatment were enrolled and 92% completed their treatment prior to release.

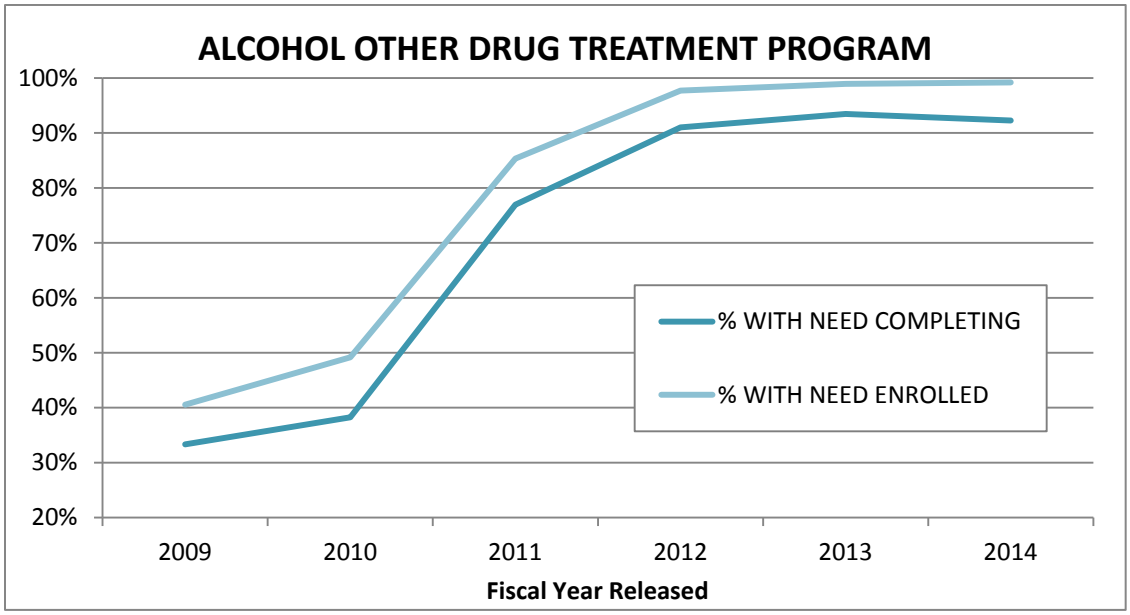
YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
AOD TREATMENT PROGRAM
TABLE A.4

	FISCAL YEAR RELEASED					
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
TREATMENT COMPLETED	37	277	514	558	529	584
TREATMENT NOT COMPLETED	8	79	56	41	31	44
PERCENTAGE OF YOUTH WITH NEED COMPLETING	33%	38%	77%	91%	93%	92%
TOTAL IN TREATMENT	45	356	570	599	560	628
PERCENTAGE OF YOUTH WITH NEED ENROLLED	41%	49%	85%	98%	99%	99%
NOT IN TREATMENT	66	368	98	14	6	5

Only youth with a need for treatment included.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
AOD TREATMENT PROGRAM

EXHIBIT A.5



Though access to AOD treatment has increased considerably in recent years, and overall treatment completion rates are quite high, there are apparent differences between males and females. Compared to girls released in FY2013, a smaller proportion of girls who enrolled in AOD treatment successfully completed the treatment prior to release in FY2014. Also in FY2014, 95% of enrolled males completed treatment, whereas only 65% of enrolled females completed treatment (**TABLE A.6**). It should be noted that this represents a large decrease in completion from 2013, and is potentially an anomaly due to the relatively small sample size of girls with any given specialized treatment need.

YOUTH ENROLLED AND COMPLETING TREATMENT BY SEX
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-14
AOD TREATMENT PROGRAM
TABLE A.6

		FISCAL YEAR RELEASED			
		2013		2014	
FEMALE	TREATMENT NOT COMPLETE	4	9%	17	35%
	TREATMENT COMPLETE	40	91%	31	65%
MALE	NOT IN TREATMENT	6		5	
	TREATMENT NOT COMPLETE	27	5%	27	5%
	TREATMENT COMPLETE	489	95%	553	95%
ALL	NOT IN TREATMENT	6		5	
	TREATMENT NOT COMPLETE	31	6%	44	7%
	TREATMENT COMPLETE	529	95%	584	93%

Only youth with a need for treatment included. Percentages may not sum to 100 due to rounding.

ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – RESULTS

As shown in **TABLE A.7**, about half of all youth enrolled in AOD treatment were rearrested within a year of returning to their communities. Among youth released in FY2013 and FY2014, 51% and 49% of those who had received some AOD treatment were rearrested, respectively. As is the case across all specialized treatment areas, girls receiving AOD treatment were rearrested at lower rates than boys receiving AOD treatment. Fifty-two percent of males released in FY2014 were rearrested, as compared to 21% of females. Comparing re-arrest rates for youth enrolled and not enrolled in treatment is difficult, as nearly every youth with AOD treatment needs received treatment. However, year- to-year comparisons are possible. From FY2013 to FY2014, the percentage of both males and females recidivating decreased, from 27% to 21% for females and from 53% to 52% for males.

YOUTH ENROLLED AND COMPLETING TREATMENT BY SEX
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-14
AOD TREATMENT PROGRAM
TABLE A.7

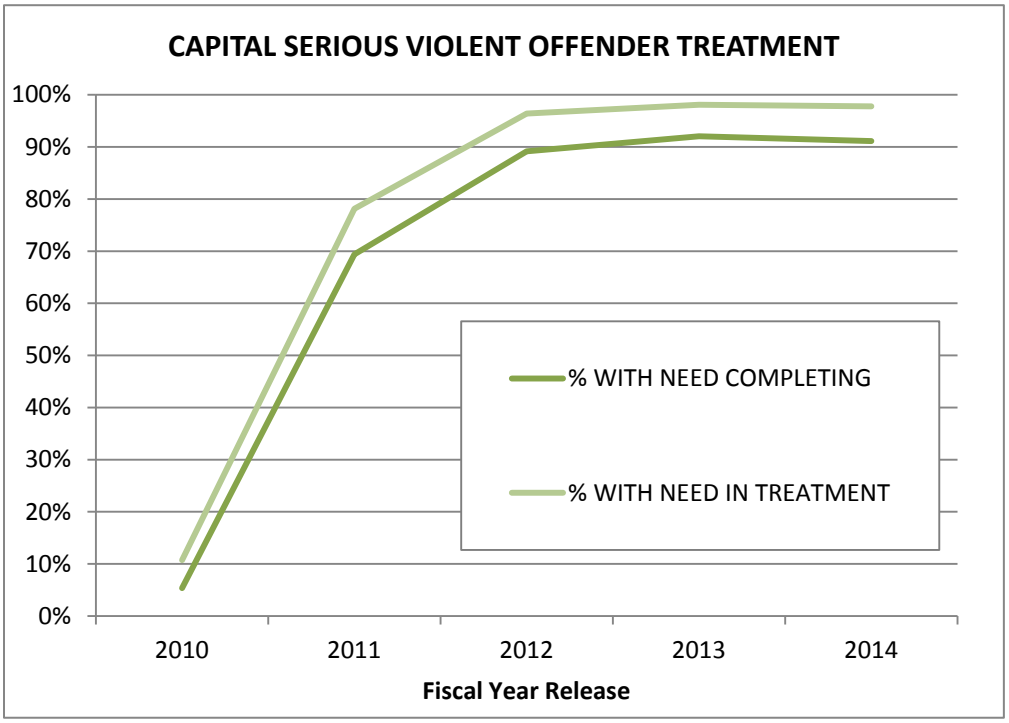
		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN TREATMENT	44	12	27%	48	10	21%
MALE	IN TREATMENT	516	274	53%	580	299	52%
	NOT IN TREATMENT	6	2	33%	5	2	40%
TOTAL	IN TREATMENT	560	286	51%	628	309	49%
	NOT IN TREATMENT	6	2	33%	5	2	40%

Only youth with a need for treatment included.

CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM – TREATMENT ACCESS

EXHIBIT A.8, below, indicates a sharp increase in enrollment in the Capital and Serious Violent Offender Treatment Program (CSVOTP) in recent years. The percentage of youth with a need accessing treatment has increased from 78% of youth released in FY2011 to 98% of youth released in FY2014 (**TABLE A.9**). There has been a comparable increase in the percentage of youth successfully completing treatment over the same period. Whereas in FY2011, 69% of youth with a need for CSVOTP successfully completed the treatment prior to release, by FY2014 that number had grown to 91%.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM
EXHIBIT A.8



YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM
TABLE A.9

	FISCAL YEAR RELEASED				
	2010	**2011**	**2012**	**2013**	**2014**
TREATMENT COMPLETE	3	222	247	289	410
TREATMENT NOT COMPLETE	3	28	20	19	30
PERCENTAGE WITH NEED COMPLETING	5%	69%	89%	92%	91%
TOTAL IN TREATMENT	6	250	267	308	440
PERCENTAGE WITH NEED IN TREATMENT	11%	78%	96%	98%	98%
NOT IN TREATMENT	50	70	10	6	10

Only youth with a need for treatment included.

As shown in **TABLE A.10**, treatment completion rates for youth in CSVOTP vary by sex. Less than three quarters of enrolled females (71%) successfully completed the treatment prior to release in FY2014. This rate is well below the 95% completion rate for males released in FY2014, and also well below the completion rate for females in FY2013, when 100% of enrolled females successfully completed treatment. For males and females overall, the percentage of youth completing treatment has remained high in recent years, ticking down just slightly to 93% in FY2014, from 94% in FY2013. As noted above in the discussion of completion rates for youth enrolled in AOD treatment, the relatively small number of girls enrolled in violent offender treatment may explain the wide fluctuation year to year in completion rates for females.

YOUTH ENROLLED AND COMPLETING TREATMENT BY SEX
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2013-14
CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM
TABLE A.10

		FISCAL YEAR RELEASED			
		2013		**2014**	
FEMALE	NOT IN TREATMENT	-		3	
	TREATMENT NOT COMPLETE	-	-	10	29%
	TREATMENT COMPLETE	25	100%	24	71%
MALE	NOT IN TREATMENT	6		7	
	TREATMENT NOT COMPLETE	19	7%	20	5%
	TREATMENT COMPLETE	264	93%	386	95%
ALL	NOT IN TREATMENT	6		10	
	TREATMENT NOT COMPLETE	19	6%	30	7%
	TREATMENT COMPLETE	289	94%	410	93%

Only youth with a need for treatment included.

CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM – RESULTS

From FY2013 to FY2014, the percentage of CSVOTP youth who were rearrested within a year of release decreased slightly from 50% to 48% (**TABLE A.11**). Among females receiving violent offender treatment, the percentage recidivating within a year of release from TJJD facilities decreased from 20% in FY2013 to 18% in FY2014. Re-arrest rates for youth who did not receive treatment vary considerably year to year due to very small numbers of youth with treatment needs not receiving treatment.

ONE YEAR REARREST BY TREATMENT ENROLLMENT
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-2014
CAPITAL SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM
TABLE A.11

		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN TREATMENT	25	5	20%	34	6	18%
	NOT IN TREATMENT	-	-	-	3	-	0%
MALE	IN TREATMENT	283	148	52%	406	207	51%
	NOT IN TREATMENT	6	4	67%	7	1	14%
TOTAL	IN TREATMENT	308	153	50%	440	213	48%
	NOT IN TREATMENT	6	4	67%	10	1	10%

Only youth with a need for treatment included.

SEXUAL BEHAVIOR TREATMENT PROGRAM – TREATMENT ACCESS

As shown in **TABLE A.12** and **EXHIBIT A.12**, the vast majority of youth with sexual behavior treatment needs are enrolled in the agency's Sexual Behavior Treatment Program (SBTP). Each year since FY2011, at least 98% of youth with a need for SBTP received treatment prior to release. Youth also successfully complete the treatment at high rates. Each year since FY2011, at least 84% of those with a need for SBTP successfully completed the treatment.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
SEX OFFENDER TREATMENT PROGRAM
TABLE A.12

	FISCAL YEAR RELEASED				
	2010	**2011**	**2012**	**2013**	**2014**
TREATMENT COMPLETE	9	83	97	95	93
TREATMENT NOT COMPLETE	7	13	12	18	14
PERCENTAGE WITH NEED COMPLETING	53%	85%	88%	84%	85%
TOTAL IN TREATMENT	16	96	109	113	107
PERCENTAGE WITH NEED ENROLLED	94%	98%	99%	100%	98%
NOT IN TREATMENT	1	2	1	-	2

Only youth with a need for treatment included.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
SEX OFFENDER TREATMENT PROGRAM
EXHIBIT A.12

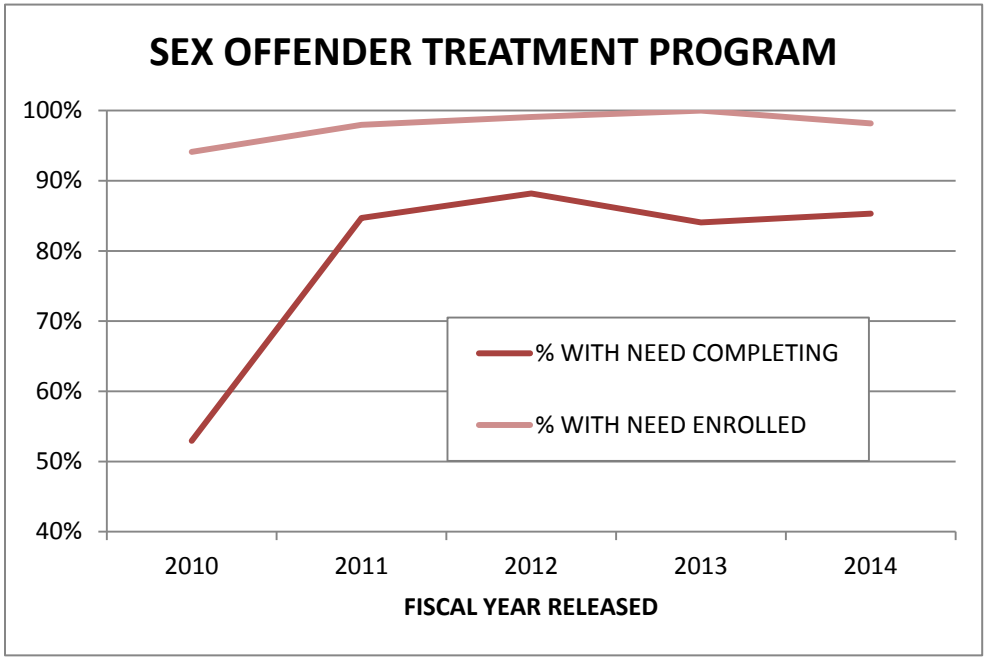


TABLE A.13 below, shows an increase from FY2013 to FY2014 in the percentage of enrolled youth completing SBTP. Overall, 87% of those enrolled in the treatment successfully completed prior to release in FY2014, up from 84% in 2013. Note the overall completion rate and the completion rate for males are nearly identical, as so few females are enrolled in SBTP.

YOUTH ENROLLED AND COMPLETING TREATMENT BY SEX
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-14
SEX OFFENDER TREATMENT PROGRAM
TABLE A.13

		FISCAL YEAR RELEASED			
		2013		2014	
FEMALE	TREATMENT NOT COMPLETE	-	-	1	100%
	TREATMENT COMPLETE	2	100%	-	-
MALE	NOT IN TREATMENT	-	-	2	-
	TREATMENT NOT COMPLETE	18	16%	13	12%
	TREATMENT COMPLETE	93	84%	93	88%
ALL	NOT IN TREATMENT	-	-	2	-
	TREATMENT NOT COMPLETE	18	16%	14	13%
	TREATMENT COMPLETE	95	84%	93	87%

Only youth with a need for treatment included.

SEXUAL BEHAVIOR TREATMENT PROGRAM – RESULTS

Recidivism rates for youth receiving sexual behavior treatment are quite low relative to rates for youth receiving other types of specialized treatment. Among youth released in FY2013, 21% of those in SBTP were rearrested within a year of returning to their communities (**TABLE A.14**). In FY2014 this number decreased further - only 18% of those who had been in SBTP were rearrested within a year. As noted above, rates for all youth in SBTP are nearly identical to rates for males, as few females are enrolled in SBTP.

ONE YEAR REARREST BY TREATMENT ENROLLMENT
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-2014
SEX OFFENDER TREATMENT PROGRAM
TABLE A.14

		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN TREATMENT	2	-	-	1	-	-
MALE	IN TREATMENT	111	24	22%	106	19	18%
	NOT IN TREATMENT	-	-	-	2	-	-
TOTAL	IN TREATMENT	113	24	21%	107	19	18%
	NOT IN TREATMENT	-	-	-	2	-	-

Only youth with a need for treatment included. Percentages exclude youth not in treatment.

MENTAL HEALTH TREATMENT OUTCOMES

Access to mental health treatment in TJJD facilities has increased considerably since FY2009. Among youth released in FY2009, only 48% of youth with mental health treatment needs were enrolled in TJJD's Mental Health Treatment Program (**TABLE A.15**). Since FY2011, the percentage of youth receiving mental health treatment prior to release has been 80% or more each year. The percentage of youth successfully completing mental health treatment has also increased considerably, from around 20% of youth with need in FY2009-FY2010 to 55% or more FY2012-FY2014.

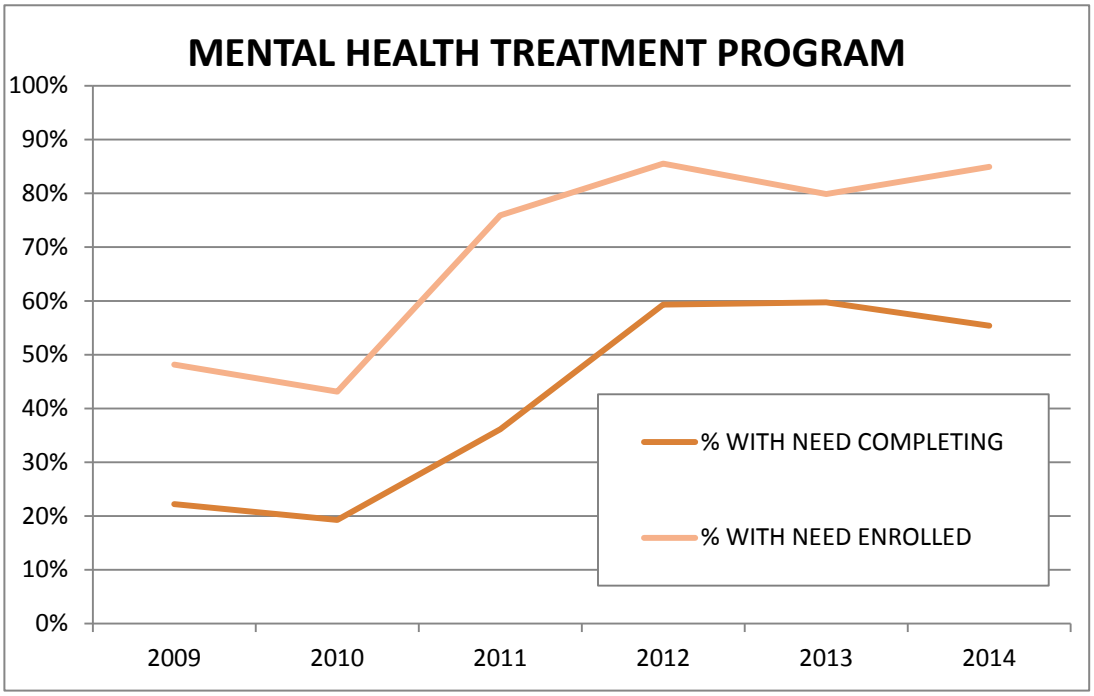
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
MENTAL HEALTH TREATMENT PROGRAM
TABLE A.15

	FISCAL YEAR RELEASED					
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
TREATMENT COMPLETE	6	63	60	86	86	103
TREATMENT NOT COMPLETE	7	78	66	38	29	55
PERCENTAGE WITH NEED COMPLETING	22%	19%	36%	59%	60%	55%
TOTAL IN TREATMENT	13	141	126	124	115	158
PERCENTAGE WITH NEED ENROLLED	48%	43%	76%	86%	80%	85%
NOT IN TREATMENT	14	186	40	21	29	28

Only youth with a need for treatment included.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2014
SEX OFFENDER TREATMENT PROGRAM

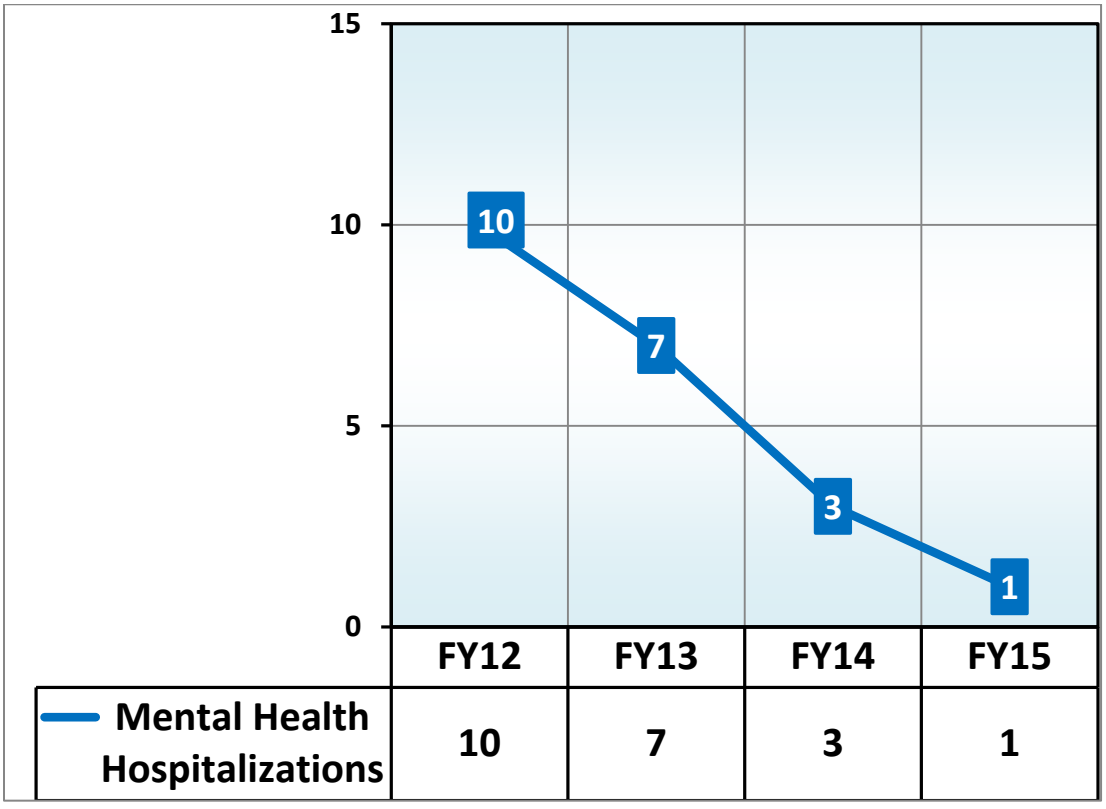
EXHIBIT A.15



While it appears from these numbers that a substantial number of youth who are offered mental health services do not actually complete treatment, it is important to know that mental health symptoms are not static. A youth may have periods in which his symptoms remit significantly, no longer requiring intervention. Just as easily, they may relapse and the youth may experience symptoms of the disorder, even when he or she is projected to return to the community. In that circumstance, the youth will be referred to mental health providers in the community rather than extending the youth's stay in high restriction for services that can be provided in the home community. That being said, other indicators of the success of mental health treatment services are depicted below.

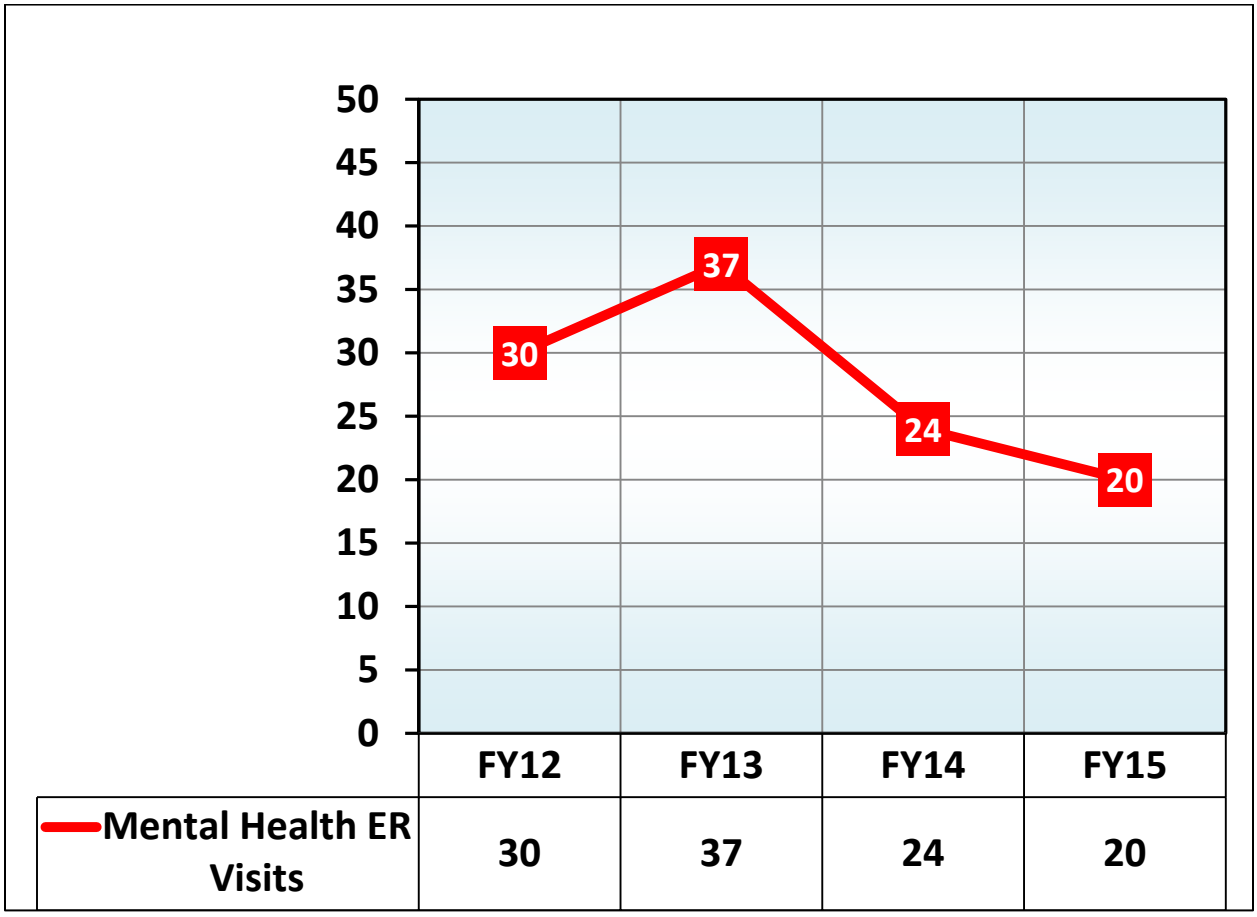
In the first graph of youth outcomes, one will note that over the last four years, the need for off-site psychiatric hospitalizations has decreased steadily to the point that in FY2015, only one youth required hospitalization. This is due in large part to early detection and treatment of mental health symptoms and effective maintenance services being made more readily available at all facilities so that youth symptoms are assessed and treated early, thus preventing serious exacerbation of an illness.

MENTAL HEALTH HOSPITALIZATIONS FY12-FY15



The table below reveals an overall decline in the incidence of emergency medical care needed because of a mental health exacerbation. The frequency of self-harming incidents have declined in large part due to the increased expectation that youth with a documented mental health condition, either moderate or high, will receive on-going therapy services, monitoring, psychiatric services and referral to community mental health providers during their stay and upon release.

MENTAL HEALTH ER VISITS FY12-FY15



	FY12	FY13	FY14	FY15
Mental Health ER Visits	30	37	24	20

MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – TREATMENT ACCESS

As access to TJJD's mental health and chemical dependency treatments has increased, the percentage of youth enrolled in a combination of both treatment programs has also increased. As shown in **TABLE A.16** and **EXHIBIT A.17**, the percentage youth with a need for both types of treatment who were enrolled in both programs rose sharply from only 16% in FY2010 to 88% in FY2012. After rising to 88% in FY2012, the percentage dropped to 76% in FY2013 before rebounding to 81% in FY2014.

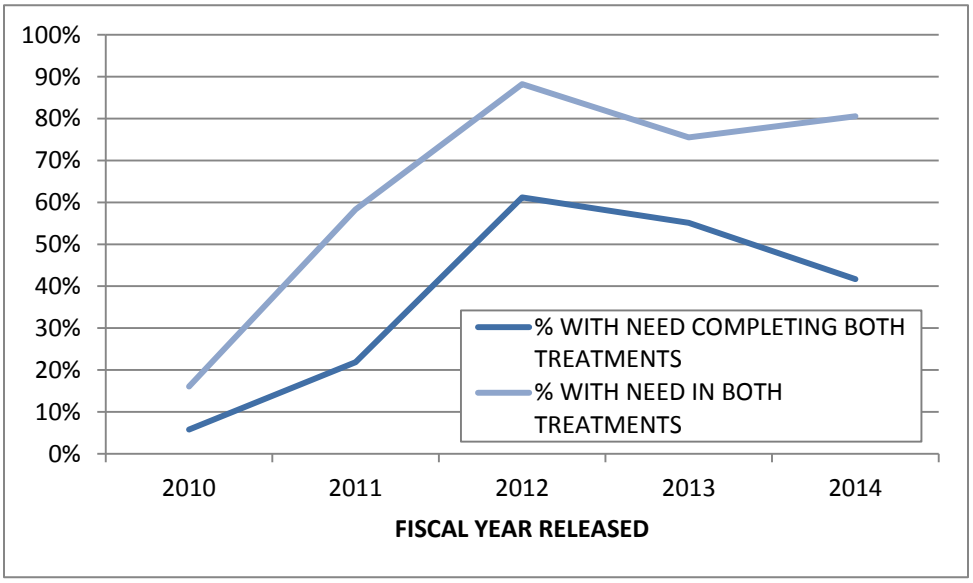
Also shown in **TABLE A.16** and **EXHIBIT A.17**, there is room for growth in the percentage of youth completing both treatment programs prior to release. Fewer than half (42%) of those with both treatment needs completed both programs in FY2014, down from 55% in 2013 and 61% in FY2012.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2010-14
AOD AND MENTAL HEALTH TREATMENT PROGRAM
TABLE A.16

	FISCAL YEAR RELEASED				
	2010	**2011**	**2012**	**2013**	**2014**
BOTH TREATMENTS COMPLETE	13	21	52	54	60
TREATMENT NOT COMPLETE	23	35	23	20	56
PERCENTAGE WITH NEED COMPLETING BOTH TREATMENTS	6%	22%	61%	55%	42%
TOTAL IN BOTH TREATMENTS	36	56	75	74	116
PERCENTAGE WITH NEED IN BOTH TREATMENTS	16%	58%	88%	76%	81%
NOT IN BOTH TREATMENTS	188	40	10	24	28

Only youth with a need for both treatments included. Percentages are of youth with the need for treatment.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2010-14
AOD AND MENTAL HEALTH TREATMENT PROGRAM
EXHIBIT A.17



Though the percentage of youth with both mental health and drug treatment needs completing both programs was only 42% in 2FY014 (**TABLE A.16**), a slight majority (52%) of those actually enrolled in both treatments did successfully complete them both in FY2014 (**TABLE A.18** below)

		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN BOTH TREATMENTS	12	3	25%	23	3	13%
	NOT IN BOTH TREATMENTS	6	2	33%	11	4	36%
MALE	IN BOTH TREATMENTS	62	40	65%	93	44	47%
	NOT IN BOTH TREATMENTS	18	12	67%	17	8	47%
TOTAL	IN BOTH TREATMENTS	74	43	58%	116	47	41%
	NOT IN BOTH TREATMENTS	24	14	58%	28	12	43%

Only youth with a need for both treatments included. Percentages are of youth with the need for treatment.

The completion rate among youth enrolled in both programs varies somewhat by year and gender (**TABLE A.19**). Roughly half of males and females – 53% and 48%, respectively – successfully completed both mental health and AOD treatment prior to release in FY2014. These figures are down from 83% of girls and 71% of boys in FY2013. It should be noted that variation in completion rates by year and gender is also evident when looking at the mental health and drug treatment programs separately (**TABLES A.7** and **A.13** above).

YOUTH ENROLLED AND COMPLETING TREATMENT BY SEX
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-14
AOD AND MENTAL HEALTH TREATMENT PROGRAM
TABLE A.19

		FISCAL YEAR RELEASED			
		2013		2014	
FEMALE	NOT INBOTH TREATMENTS	6	-	11	-
	TREATMENT NOT COMPLETE	2	17%	12	52%
	BOTH TREATMENTS COMPLETE	10	83%	11	48%
MALE	NOT INBOTH TREATMENTS	18	-	17	-
	TREATMENT NOT COMPLETE	18	29%	44	47%
	BOTH TREATMENTS COMPLETE	44	71%	49	53%
ALL	NOT INBOTH TREATMENTS	24	-	28	-
	TREATMENT NOT COMPLETE	20	27%	56	48%
	BOTH TREATMENTS COMPLETE	54	73%	60	52%

Only youth with a need for both treatments included. Percentages are of youth enrolled in treatment.

MENTAL HEALTH AND ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – RESULTS

As shown in **TABLE A.20**, one-year re-arrest rates for youth enrolled in TJJD's mental health and AOD treatment programs also vary considerably by year and gender. Overall in fiscal year FY2014, 41% of youth in both treatment programs were rearrested within a year, compared to 43% of youth with both treatment needs who were not enrolled in both treatment programs. This rate is down considerably from the overall re-arrest rate in FY2013, when 58% of youth enrolled in mental health and AOD treatment were rearrested within a year. Re-arrest rates are particularly low for females receiving both types of treatment – just 13% of those released in FY2014 recidivated.

NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-2014
MENTAL HEALTH AND AOD TREATMENT PROGRAMS
ONE YEAR REARREST BY TREATMENT ENROLLMENT
TABLE A.20

		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN BOTH TREATMENTS	12	3	25%	23	3	13%
	NOT IN BOTH TREATMENTS	6	2	33%	11	4	36%
MALE	IN BOTH TREATMENTS	62	40	65%	93	44	47%
	NOT IN BOTH TREATMENTS	18	12	67%	17	8	47%
TOTAL	IN BOTH TREATMENTS	74	43	58%	116	47	41%
	NOT IN BOTH TREATMENTS	24	14	58%	28	12	43%

Only youth with a need for both treatments included. Percentages are of youth enrolled in treatment.

CAPITAL SERIOUS VIOLENT OFFENDER AND ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – TREATMENT ACCESS

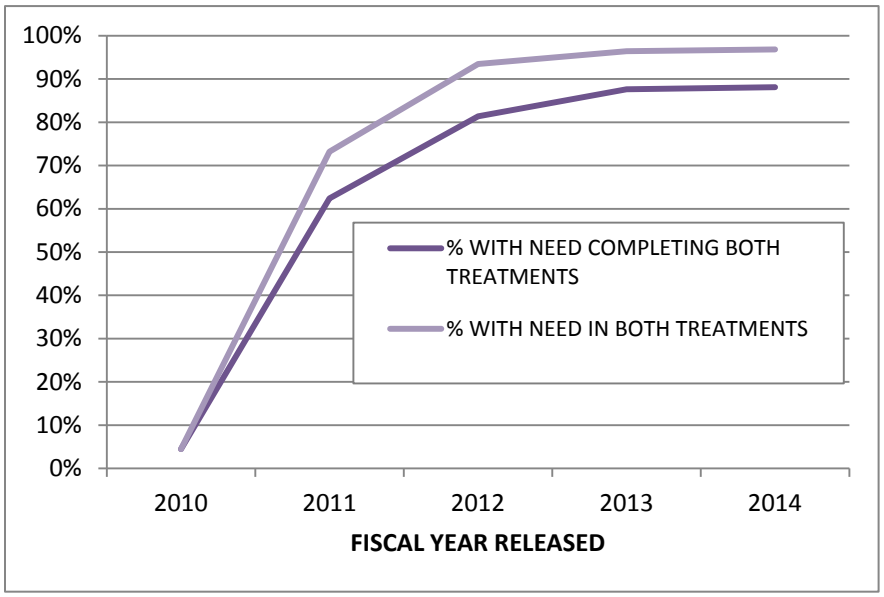
The most common combination of treatment needs among TJJD youth is the need for capital serious violent offender treatment and chemical dependency treatment. As shown in **TABLE A.21** and **EXHIBIT A.22** below, access and completion rates for this combination of treatment programs have increased considerably in recent years. Among youth with a need for both types of treatment, 72% of those released in FY2011 were enrolled in both treatments and 62% completed both treatments. These percentages have risen each year to FY2014, when 97% of youth with both treatment needs had access to both treatments and 88% completed both.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2010-14
CSVOTP AND AOD PROGRAM
TABLE A.21

	2010	2011	2012	2013	2014
BOTH TREATMENTS COMPLETE	2	156	175	220	334
TREATMENT NOT COMPLETE	-	27	26	22	33
PERCENTAGE WITH NEED COMPLETING BOTH TREATMENTS	4%	62%	81%	88%	88%
TOTAL IN BOTH TREATMENTS	2	183	201	242	367
PERCENTAGE WITH NEED IN BOTH TREATMENTS	4%	73%	93%	96%	97%
NOT IN BOTH TREATMENTS	43	67	14	9	12

Only youth with a need for both treatments included. Percentages are of youth with the need for treatment.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2010-14
CSVOTP AND AOD PROGRAM
EXHIBIT A.22



Though overall completion rates are high for youth in CSVOTP and AOD treatment, they vary by gender. Among youth released in FY2014, the vast majority of boys enrolled in both treatments (93%) completed both treatments, whereas less than two-thirds of girls (62%) completed both treatments (**TABLE A.23**). This rate for girls in FY2014 was down from 83% in 2013.

YOUTH ENROLLED AND COMPLETING TREATMENT BY FISCAL YEAR OF RELEASE
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2010-14
CSVOTP AND AOD PROGRAM
TABLE A.23

		FISCAL YEAR RELEASED			
		2013		2014	
FEMALE	NOT IN BOTH TREATMENTS	-	-	3	-
	TREATMENT NOT COMPLETE	3	17%	10	39%
	BOTH TREATMENTS COMPLETE	15	83%	16	62%
MALE	NOT IN BOTH TREATMENTS	9	-	9	-
	TREATMENT NOT COMPLETE	19	9%	23	7%
	BOTH TREATMENTS COMPLETE	205	92%	318	93%
ALL	NOT IN BOTH TREATMENTS	9	-	12	-
	TREATMENT NOT COMPLETE	22	9%	33	9%
	BOTH TREATMENTS COMPLETE	220	91%	334	91%

Only youth with a need for both treatments included. Percentages are of youth enrolled in treatment.

CAPITAL SERIOUS VIOLENT OFFENDER AND ALCOHOL AND OTHER DRUG TREATMENT PROGRAM – RESULTS

As shown in **TABLE A.24**, one-year re-arrest rates are actually lower for youth with CSVOTP and AOD treatment needs who are not enrolled in both treatments, though this is likely due to small sample sizes for youth not receiving treatment. Among youth receiving both treatments in FY2014, half of all youth were rearrested within one year of release from a TJJD facility. This represents a decrease from 56% in FY2013. As is the case across all treatment types, females enrolled in a combination of CSVOTP and AOD treatments were rearrested at lower rates than males. In fiscal year FY2014, 19% of girls were rearrested within one year, versus 53% of boys. Both males and females saw a decrease in re-arrest rate from FY2013, when 28% of females and 58% of males were rearrested.

ONE YEAR REARREST BY TREATMENT ENROLLMENT
NEW ADMISSIONS SINCE FY2009, RELEASED IN FYS2013-2014
CSVOTP AND AOD TREATMENT PROGRAMS
TABLE A.24

		FISCAL YEAR RELEASED					
		2013			2014		
		SAMPLE SIZE	REARRESTED		SAMPLE SIZE	REARRESTED	
FEMALE	IN BOTH TREATMENTS	18	5	28%	26	5	19%
	NOT IN BOTH TREATMENTS	-	-	-	3	-	0%
MALE	IN BOTH TREATMENTS	224	130	58%	341	179	53%
	NOT IN BOTH TREATMENTS	9	5	56%	9	3	33%
TOTAL	IN BOTH TREATMENTS	242	135	56%	367	184	50%
	NOT IN BOTH TREATMENTS	9	5	56%	12	3	25%

Only youth with a need for both treatments included. Percentages are of youth enrolled in treatment.

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FAMILY SATISFACTION SURVEY RESULTS

A family satisfaction survey is available in English and Spanish on the agency website. Families give feedback based on their perception of how services are being provided to their youth in the areas of education, case management and treatment, medical treatment, safety and security, youth rights, religious freedom, and family liaison support.

Families' over- all ratings are favorable. Results of the Family Satisfaction Customer survey should be used as benchmarks for setting department goals and measuring customer service to this group of stakeholders. TJJD hopes that as the Family Customer Satisfaction Survey results improve, family engagement in our facilities will also increase. Nationally, youth who stay connected with their families have fewer behavior incidents per month and a higher grade point average according to a study by the Families as Partners group published by the Vera Institute of Justice in 2013.

Although the Texas Government requires state agencies and institutions of higher learning to develop and implement customer service standards and customer satisfaction assessment plans only on even numbered calendar years, TJJD values the information enough to annually conduct the survey.

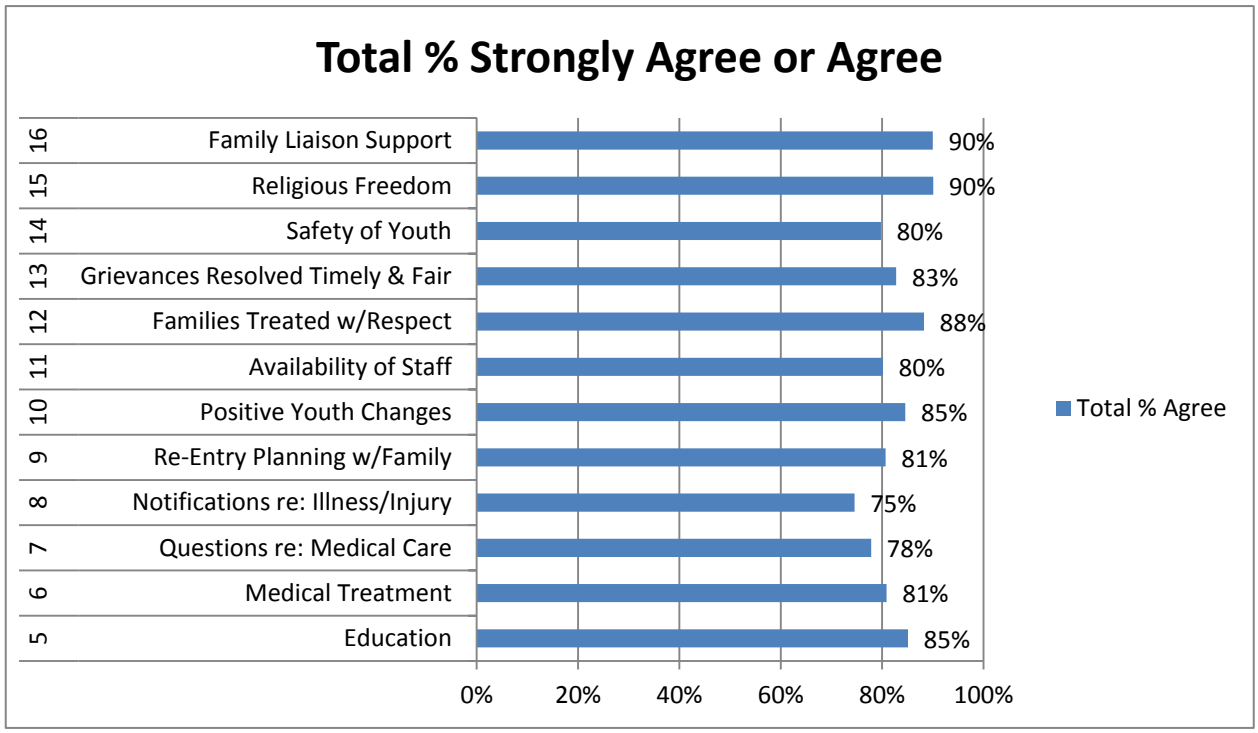
In March 2008, TJJD administered the first satisfaction survey to families regarding their perception of TJJD services. Those survey results established a baseline from which to measure improvements. In an effort to boost participation, this year's survey was accessible on-line throughout the collection period of September 1, 2014 through August 31, 2015. Questions showing the greatest improvement regarded the assistance of the family liaisons in communicating the youths' needs to other staff (+26 points), receiving notifications when their child is ill/injured (+12 points), and including the family in re-entry planning efforts (+11points).

The table summarizes the overall satisfaction rating (agree and strongly agree) of the twelve evaluative questions among those who responded for secure facilities and halfway houses. Not all participants answered all 12 questions below, and only the responses for "agree," "strongly agree," "disagree," and "strongly disagree" were included in the analysis. Responses of "does not apply" were excluded from the results.

Family members were asked to indicate their level of satisfaction in response to the following statements:

5. My child has made progress in education while in TJJD.
6. My child receives the necessary medical treatment.
7. I get timely responses to my questions about my child's medical care.
8. I am notified in a timely manner when my child is seriously sick or injured.

9. The case manager has involved me in my child's individual case plan and the planning for his/her return to the community.
10. TJJD is helping my child make positive changes.
11. I am able to reach staff when I have questions.
12. I am treated with respect when I visit TJJD facilities.
13. Grievances that my child has filed are handled in a timely and fair manner.
14. My child is safe at the current TJJD facility.
15. My child is given the opportunity to worship in the religion of his/her choice.
16. The family liaison assists me in communicating my child's needs to other TJJD staff.



Although the lowest satisfaction rating is listed in the area of notification to families of an illness/injury to their youth, it is an area where the satisfaction rating had significant improvement.

Some trends noted in the survey:

- Families want better and more frequent communication regarding their child from all departments.
- GED attainment and vocational training is valued by families.

- The Spanish speaking families give more favorable responses when compared to the English speaking families
- The number of families participating in the survey continues to increase
- The agency's ratings on services as perceived by families is improving

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CONCLUSION

In conclusion, this report shows detailed data indicating that treatment programs provided in TJJD facilities are effective in reducing recidivism rates. Many FY2015 outcome measures continued a long trajectory of improvement since FY2009 and in particular since FY2014.

The program for youth with substance abuse problems shows a treatment completion rate of 93% overall and demonstrated a reduction of recidivism rates from last year. Males who completed were re-arrested at 52%, while females were re-arrested at 21%. Youth who participated in Violent Offender programs completed treatment at a rate of 91%, and experienced an improved re-arrest rate from FY2014, decreasing from 50% to 48% for males and from 20% to 18% for females. Youth who participated in Sexual Behavior Treatment program completed treatment at a rate of 87%, and experienced an improved re-arrest rate from FY2014, decreasing from 21% to 18% overall. Youth with a mental health treatment need, completed treatment at a rate of 55%. Psychiatric hospitalizations and emergency room visits also hit an all-time low in FY2015, indicating that mental health services provided in the agency are meeting the needs of the youth.

An interesting finding in this report showed that youth whose combined treatment services included both mental health and substance abuse treatment experienced reduced recidivism rates compared to FY2014, decreasing from 58% to 41%. Additionally, females and males whose combined treatment services included both Violent Offender programming and substance abuse treatment had re-arrest rates of 19% and 53%, respectively. Both percentages are lower than rates achieved in FY2014.

In sum, programs available for the rehabilitation of TJJD youth are providing opportunities for the youth enrolled to seek a future without justice system involvement.

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