

Overview of the Special Needs Diversionary Program for Mentally Ill Juvenile Offenders

Fiscal Year 2010



Texas Juvenile Probation Commission

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Executive Summary

The Special Needs Diversionary Program (SNDP) was created in 2001 to provide mental health treatment and specialized supervision in order to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system. The program is administered in a collaborative model by TJPC and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI). It has now been in operation for nine years.

This report examines the prevalence of mentally ill offenders in the juvenile justice system in FY 2008, the juveniles served and types of services provided in SNDP in FY 2010, and the outcomes of juveniles starting SNDP in FY 2009. Highlights of this report include the following:

- In FY 2008, an estimated 33% of juveniles under supervision were estimated to be mentally ill. Of those juveniles estimated to be mentally ill only 37% received mental health services in FY 2008.
- In FY 2010, SNDP served 1,400 juveniles with 19 programs that included 21 departments and 25 counties in Texas.
- The most common diagnoses of juveniles participating in SNDP in FY 2010 were Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder. A total of 16% had a dual diagnosis involving mental health and substance abuse.
- 73% of juveniles discharged from SNDP in FY 2010 successfully completed the program, while 76% of those starting in FY 2009 successfully completed the program.
- 2% of those starting SNDP in FY 2009 were sent to TYC within one year, while 17% of those starting were sent to residential placement within one year.
- 42% of those starting SNDP in FY 2009 re-offended within one year.
- 36% of those starting SNDP in FY 2009 and successfully completing the program re-offended within one year.
- Juveniles receiving four or more mental health services while in SNDP had a 34% re-offense rate. Juveniles receiving six or more mental health services while in SNDP had a 30% re-offense rate.
- Juveniles receiving Cognitive Behavior Therapy, Group Therapy, Psychological services, or Individual Therapy had much lower re-offense rates (28% - 34%) than other juveniles.
- Juveniles receiving Vocational or Educational/ Mentor services had much lower re-offense rates (32% - 33%) than other juveniles.

Background

Studies by the Criminal Justice Policy Council in 2001 indicated a substantial percentage of juveniles in the criminal justice system had mental health problems and only a small portion of these juveniles were receiving mental health services. To address this need for services, the Legislature in 2001 appropriated \$2 million in new funding to the Texas Juvenile Probation Commission (TJPC) and \$5 million in new funding to the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) formerly known as the Texas Commission on Offenders with Mental Impairments as a part of the Enhanced Mental Health Services Initiative for the adult and juvenile justice systems.

The intent of this specialized funding was to provide mental health treatment and specialized supervision in order to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system. The funding led to the creation of the Special Needs Diversionary Program (SNDP) administered in a collaborative model by TJPC and TCOOMMI.

The program involves specialized juvenile probation officers from local juvenile probation departments and professional mental health staff from the local mental health centers that work together to coordinate intensive community based case management services. The program offers both mental health services (including individual and group therapy), probation services (such as life skills, anger management, and mentoring), and parental support and education. It also requires frequent weekly contact with the juvenile, involvement with the family, and small specialized caseloads. SNDP began providing services in the 8 urban regions of the State September 2001 (the beginning of FY 2002) and expanded to 11 small and medium counties in January 2002.

Recent Changes to SNDP

After examining the program a number of changes were made effective September 2009.

- The maximum caseload was expanded from 15 to 20 cases.
- The duration of the program was changed from 3-6 months to the duration that the clinical team recommends based on the needs of the juvenile and family.
- The number of contacts was changed from three to five per week to a minimum of one face to face contact per week during the first 30 days in SNDP. The clinical team meets once per month to set the type and frequency of contacts. These contacts are dependent on the needs of the youth and family.
- Case plans, transition plans, aftercare plans, and discharge plans are now required to address both family and youth needs.
- Weekly documented communications are required between TCOOMMI and SNDP officers.

Prevalence of Mentally Ill Juvenile Offenders

There is no precise way to determine the number of mentally ill juvenile offenders in the community. TJPC has, however, developed an *estimate* for juveniles under deferred prosecution or probation supervision. A juvenile is estimated to be mentally ill if they met one of the following conditions:

- Had a registration date with the Texas Department of State Health Services (DSHS) prior to or within 91 days of starting supervision;
- Started SNDP prior to or within 91 days of starting supervision;
- Started a mental health program (not including counseling) coordinated through local juvenile probation departments prior to or within 91 days of starting supervision;
- Started a mental health placement coordinated through local juvenile probation departments prior to or within 91 days of starting supervision;
- Indicated "Yes" under mental health needs in the monthly data extract sent to TJPC.

This estimate of mental illness does not include mentally ill juveniles who have never been diagnosed; have only received private mental health services; did not have access to the public mental health system; or have a history of mental illness that predates records retained in the DSHS CARE computer system.

- Table 1 shows that the percentage of juveniles under supervision (deferred or probation) estimated to be mentally ill in FY 2008 was 33.2%. This is higher than in the past five years and appears to be due to departments doing a better job of filling in the mental health needs field in the monthly data extract sent to TJPC. The percent receiving mental health services declined 3% over the past three years.

Table 1
**Percent of Juvenile Offenders Under Deferred or Probation Supervision
 Estimated to be Mentally Ill and the Gap in Services**

Fiscal Year 2001-2008

	Percent Estimated to be Mentally Ill	Percent Mentally Ill Receiving MH Services	Percent Mentally Ill <u>Not</u> Receiving MH Services
FY 2001	24.6%	30.7%	69.3%
FY 2002	25.7%	35.2%	64.8%
FY 2003	26.1%	36.7%	63.3%
FY 2004	26.5%	32.8%	67.2%
FY 2005	26.7%	33.4%	66.6%
FY 2006	26.3%	40.5%	59.5%
FY 2007	29.2%	39.7%	60.3%
FY 2008	33.2%	37.4%	62.6%

- Table 2 reveals that almost half (45%) of those supervised in FY '08 who were also detained during that year were estimated to be mentally ill. Over sixty percent of those supervised and also in placement or sent to TYC were estimated to be mentally ill. Half of those supervised and also certified were estimated to be mentally ill.
- Mentally ill juveniles in secure placement were more likely than others to receive mental health services while under supervision. However, the percent of juveniles sent to TYC or certified receiving mental health services only reflects services received under juvenile supervision, not those received in TYC or in the adult system.

Table 2
**Percent of Juvenile Offenders Under Supervision Estimated to be Mentally Ill
 Among Juveniles in Detention, Placement, Sent to TYC, or Certified as an Adult**
*Fiscal Year 2008**

	Percent Estimated to be Mentally Ill	Percent Mentally Ill Receiving MH Services
Not in Detention, Placement, TYC, or Certified	25.7%	29.9%
Detention FY '08	44.8%	44.4%
Secure Placement FY '08	66.0%	56.3%
Other Placement FY '08	64.9%	49.5%
TYC Indeterminate FY '08	62.3%	39.1%
TYC Determinate FY '08	62.5%	13.3%
Certified as an Adult FY '08	50.0%	27.3%
All Supervised FY '08	33.2%	37.4%

* Other than the first row, many juveniles were in more than one category.

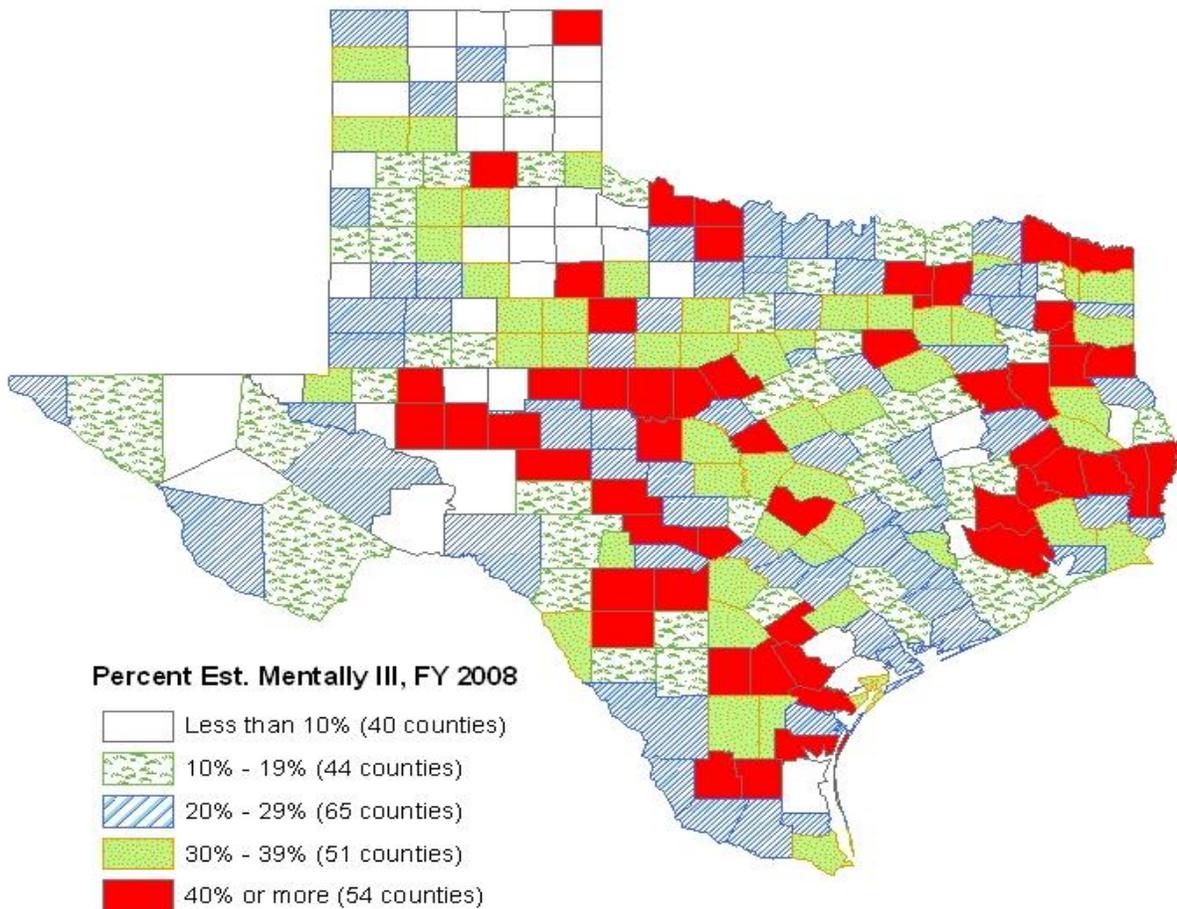
- Table 3 indicates that juveniles 10-11 years old at the start of supervision were more likely than others to be estimated to be mentally ill. Juveniles in that age group were also much more likely to receive mental health services while under supervision.

Table 3
**Percent of Juvenile Offenders Under Supervision Estimated to be
 Mentally Ill by Age at the Start of Supervision**
Fiscal Year 2008

	Percent Estimated to be Mentally Ill	Percent Mentally Ill Receiving MH Services
10 to 11 years old	38.5%	50.8%
12 to 14 years old	33.5%	41.1%
15 years old	34.3%	38.0%
16 years old or more	31.9%	33.0%
All Supervised FY '08	33.2%	37.4%

- Figure 1 reveals that the percentage of mentally ill offenders differs by county. These differences do not necessarily suggest that mental illness is less prevalent in certain areas. Instead it may reflect greater access to mental health services in certain areas which in turn results in better reporting of mental illness among juvenile offenders.
- Figure 1 also illustrates that in 54 counties (21% of all the counties in Texas) at least 40% of juveniles under supervision in FY 2008 were estimated to be mentally ill.

Figure 1
**Percent of Juveniles Supervised
 Estimated to be Mentally Ill by County**
Fiscal Year 2008



Description of SNDP

- The basic programmatic structure of SNDP includes a specialized juvenile probation officer teamed with a Mental Health Professional (MHP) carrying a caseload of 12 to 20 youth identified as meeting DSHS's standard for priority population diagnosis. The mental health professional may be either a Licensed Mental Health Professional (LMHP) or a Qualified Mental Health Professional (QMHP) depending on the needs of the family and the resources available in the community.
- SNDP guidelines require that an initial case plan be completed by the team within 72 hours of the juvenile's enrollment into the program. The plan must be completed with participation and input from the juvenile, the juvenile's parent/guardian, the specialized juvenile probation officer and MHP, at a minimum. A formal case plan review must be conducted on a monthly basis with input from the juvenile, parent/guardian, specialized officer and MHP.
- Each juvenile's case management/treatment plan includes a transition period which should begin no later than two months prior to the juvenile's projected discharge from the program. The intent of this process is to set up aftercare services and to assist the youth and family to become less reliant upon the formal supports provided by the probation officer and the MHP and more reliant upon informal supports available in the community.
- Bexar, Cameron, Dallas, El Paso, Harris, Hidalgo, Tarrant and Travis counties, which represent over 50% of the juvenile justice population, were identified to receive the first round of SNPD funding and began coordinating and providing specialized supervision and mental health services in September of 2001.
- Cameron and Hidalgo provided only specialized supervision in 2001 but began providing mental health services as well to some juveniles beginning in 2002.
- Angelina, Ellis, Ft. Bend, Hale, Jasper, Jefferson, McLennan, Nacogdoches, Randall, San Patricio, Smith, Tyler and Williamson received the second round of funding and began providing both specialized supervision and mental health services in calendar year 2002.
- Jasper ended its program in FY 2005, and Polk (which is the lead county for San Jacinto and Trinity counties) began its program in FY 2006. El Paso temporarily suspended its program in 2007 and resumed in 2008 with a model using a private provider for mental health services and a mental health court.

Historical Trends of Juvenile Served in SNDP

- Figure 2 indicates that the number of juveniles served by and starting SNDP has remained fairly constant since FY 2006. The number discharged remained fairly constant from 2006-2009, but then dropped 6% from 2009-2010. That decline is most likely due the change in the duration of the program (effective Sept. 2009) from 3-6 months to the duration that the clinical team recommends based on the needs of the juvenile and family.
- Figure 3 illustrates that the average length of stay remained constant as well from FY 2006-2009 before increasing 9% from 2009 - 2010. This also was likely to changes in the required duration of SNDP.

Figure 2
Juveniles Served, Starting and Discharged from SNDP
 Fiscal Year 2002-2010

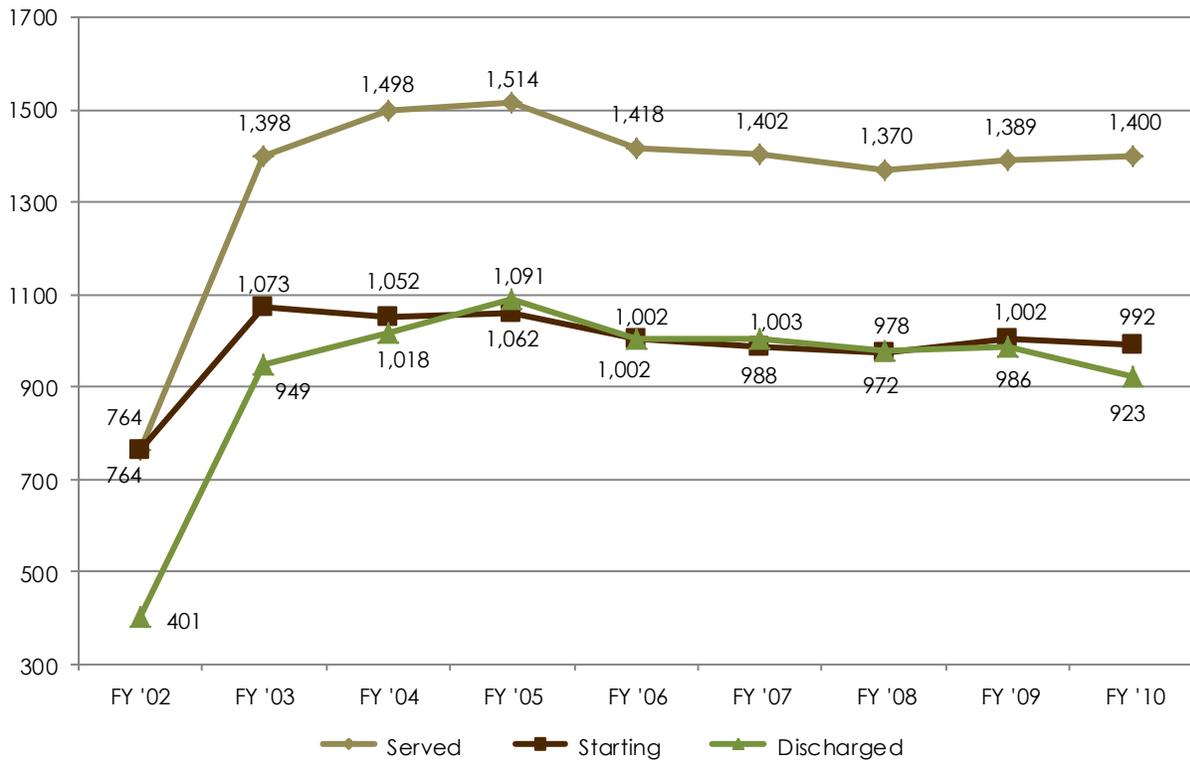
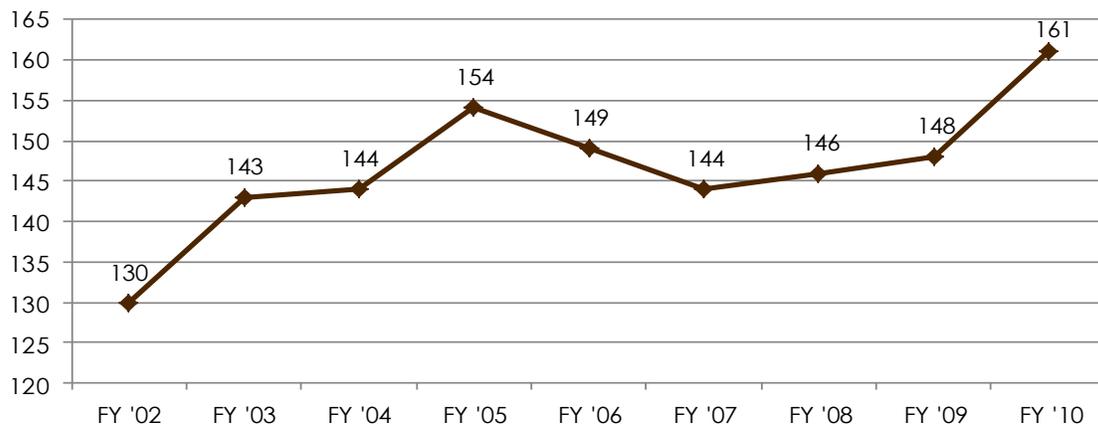
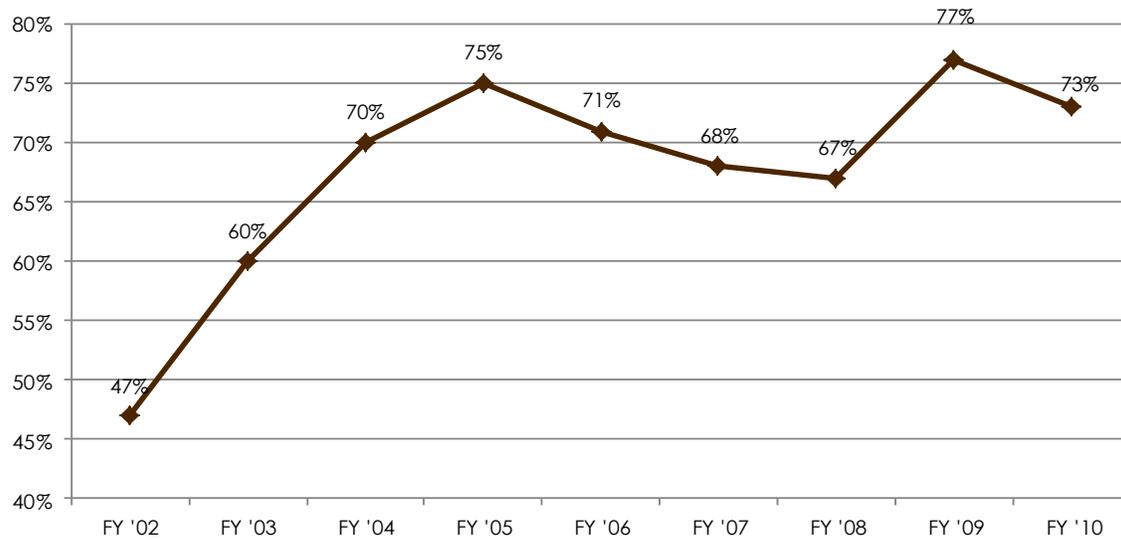


Figure 3
Average Length of Stay (Days) in SNDP
 Fiscal Year 2002-2010



- Figure 4 shows that the percent of juveniles successfully completing SNDP has fluctuated around 70% since FY '04, with slightly higher completion rates in FY '09 and FY '10.

Figure 4
Percent of Juveniles Completing SNDP
 Fiscal Year 2002-2010



Juveniles Served in SNDP in Fiscal Year 2010

- Most juveniles in SNDP in FY 2010 were between the ages of 15 and 16 years, Hispanic, and male. Almost 2/3's were on regular probation.

Table 4
Age, Ethnicity, and Gender of SNDP Participants
 Fiscal Year 2010

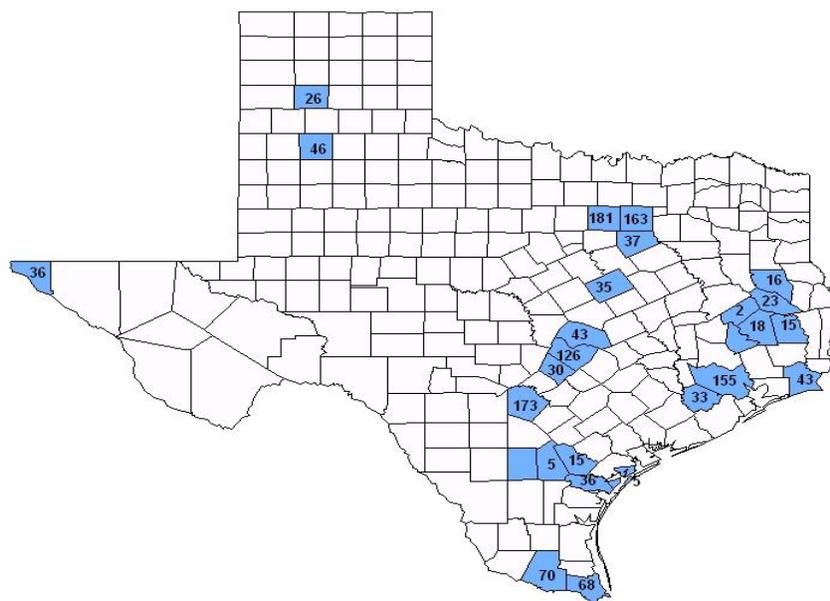
Age	N	%	Ethnicity	N	%	Gender	N	%
10 years old	8	1%	African American	441	32%	Female	442	32%
11 years old	31	2%	Caucasian	365	26%	Male	958	68%
12 years old	71	5%	Hispanic	585	42%			
13 years old	154	11%	Other	9	1%			
14 years old	268	19%						
15 years old	383	27%						
16 years old	371	27%						
17 years old	114	8%						

Table 5
Supervision Status of SNDP Participants of Program Start
Fiscal Year 2010

	N	%
Deferred Prosecution	181	13%
Regular Probation	917	66%
ISP	163	12%
Temp/ Cond of Release	139	10%
Total	1,400	100%

- A total of 42% of juveniles were placed on a waiting list before starting SNDP in FY 2010. That equates to 421 juveniles out of the 992 who started the program. The average time on the waiting list was 45 days. Approximately 19% (79 juveniles) of those on the waiting list were on the waiting list for two weeks or less, while another 24% (99 juveniles) were on the waiting list 60 days or longer.
- The average length of stay for the 923 juveniles discharged in FY 2010 was 161 days. A total of 15% (136) were in the program less than three months; 48% (441) were in the program three to six months; and 37% (346) were in the program six months or longer.
- Figure 5 portrays the number of juveniles served by county. The differences are in part a reflection of the number of SNDP officers in each county. Urban counties tended to have more officers while rural counties had fewer.

Figure 5
Juveniles Served in SNDP by County
Fiscal Year 2010



□ Counties without SNDP (227 counties)
 ■ Counties with SNDP (27 counties, 19 programs)

Total Juveniles Served in FY 2010 = 1,400

The following counties act as one program: Angelina & Nacogdoches; Polk, Tyler, San Jacinto, & Trinity; San Patricio, Aransas, Bee, Live Oak, & McMullen

No juveniles were served in San Jacinto or McMullen counties in FY 2010.

Mental Health History of Juveniles Served

- The most common diagnoses of juveniles participating in SNDP in FY 2010 were Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder.

Table 6
Primary DSM-IV Diagnosis of SNDP Participants
Fiscal Year 2010

Diagnosis	N	%
Attention Deficit Hyperactivity Disorder	315	23%
Oppositional Defiant Disorder	206	15%
Conduct Disorder	179	13%
Bipolar	165	12%
Other Mood Disorder	163	12%
Disruptive Disorder	109	8%
Major Depression	64	5%
Adjustment Disorder	58	4%
Depression NOS	45	3%
Other Disorder	20	1%
Other Childhood Disorder	16	1%
Substance-Related Disorder	14	1%
Impulse-Control Disorder	10	1%
Other Anxiety Disorder	8	1%
Post-Traumatic Stress Disorder	8	1%
Other Psychotic Disorder	6	0%
Generalized Anxiety Disorder	5	0%
Schizoaffective	4	0%
Cognitive Disorder	2	0%
Mental Retardation	1	0%
Pervasive Developmental Disorder	1	0%
Schizophrenia	1	0%
Total	1,400	100%

- A total of 16% (227 juveniles) had a dual diagnosis involving mental health and substance abuse.
- Participants entering SNDP are given the Global Assessment of Function (GAF). The GAF score corresponds to the juvenile's relative functioning psychologically, socially, and occupationally. Scores on this assessment can range from 1 to 100, with the lower scores indicating that a client may pose relative dangers to themselves or others and the higher scores indicating relatively good/superior functioning.
- 91 percent of juveniles had a GAF score of 50 or less. The average GAF score was 47.

Table 7
**Global Assessment of Functioning (GAF) Scores
of SNDP Participants**
Fiscal Year 2010

Score	N	%
40 or less	169	12%
41 - 50	1,104	79%
51 or more	127	9%
Total	1,400	100%

- 60 percent (839 juveniles) received mental health treatment prior to enrollment in the program.
- Eight percent (111 juveniles) had received mental health treatment from a private residential facility or state hospital prior to enrollment in the program.
- Table 8 shows that the most common reasons for referral into SNDP were Existing DSM-IV diagnosis, scores on the MAYSI-2 mental health screening instrument, and referral from a probation officer.

Table 8
Referral Reason of SNDP Participants
Fiscal Year 2010

	N	%
Court Order	117	8%
CPS Involvement	5	0%
Existing Diagnosis	362	26%
Family Mental Health History	21	2%
Juvenile Mental Health History	120	9%
MAYSI-2	302	22%
Offense Type	18	1%
Probation Officer Referral	274	20%
Special Education Student	14	1%
Other	167	12%
Total	1,400	100%

Criminal History of Juveniles Served

- Almost half (48%) of juveniles participating in SNDP in FY 2010 had three or more referrals (including the one that resulted in their participation in SNDP) when they started the program, and almost half had at some time been referred for a felony offense.

Figure 6
Number of Referrals Upon Starting SNDP
 Fiscal Year 2010

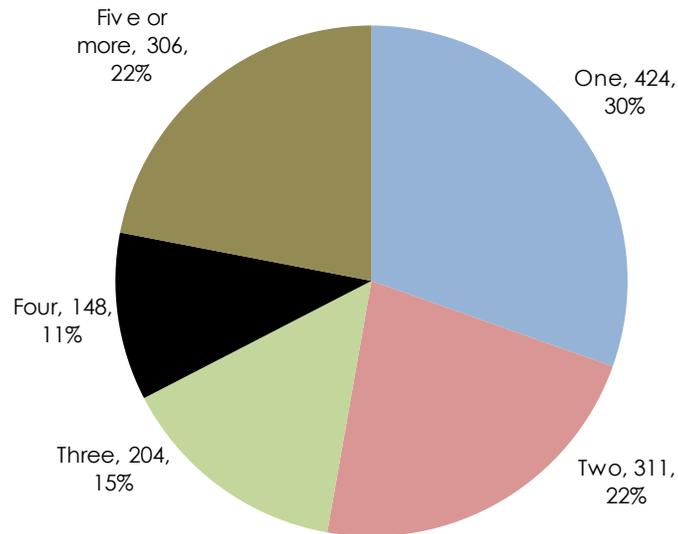
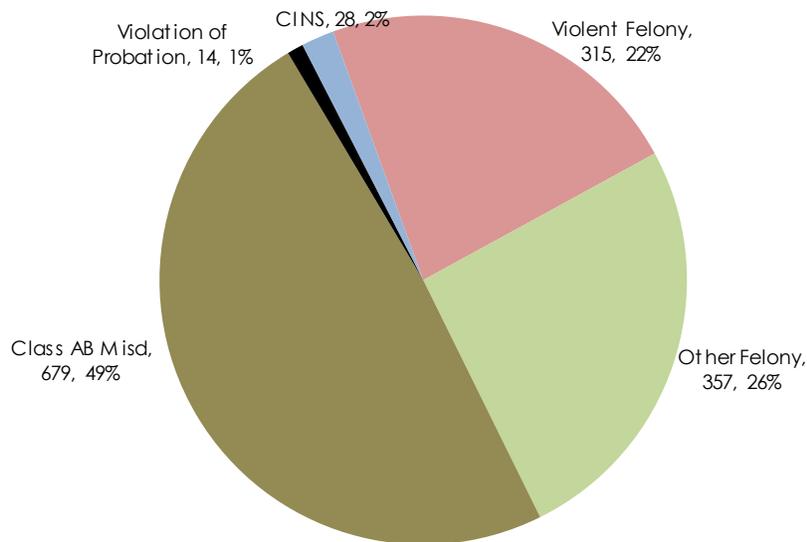


Figure 7
Most Severe Referral Offense Type Ever Upon Starting SNDP
 Fiscal Year 2010



*Criminal history was not available for seven juveniles.

- 11% of juveniles participating in SNDP in FY 2010 had previously been in residential placement coordinated through a local probation department.

Did Juveniles Served Meet Priority Population Criteria?

To meet MHMR priority population criteria, a juvenile must have a DSM-IV Axis I diagnosis other than mental retardation, autism, pervasive developmental disorder or substance abuse. In addition, they must have a GAF score of 50 or less, be at risk of removal from the home due to psychiatric symptoms, or be enrolled in special education due to mental illness.

- Approximately 97% (1,363 out of 1,400) of the juveniles participating in SNDP in FY 2010 met priority population criteria.
- 99% (1,384 juveniles) met the DSM-IV criteria.
- 91% (1,273 juveniles) met the GAF criteria.
- 79% (1,100 juveniles) were identified as at risk of removal from the home due to psychiatric symptoms.
- 24% (332) were classified as special education, emotionally disturbed.

Caseload Sizes

When SNDP began in FY 2002, the caseload was required to be 12 to 15 youth. In FY 2010, the maximum caseload was expanded from 15 to 20 cases.

- Over half of the programs had a caseload of 13.
- Only two caseloads were below the minimum of 12 (one was at 11; one was 9).
- No programs had caseloads of 15 or more.
- The average caseload for all counties combined was 12 juveniles. This is slightly higher than in FY 2009 when the average caseload was 11.

Table 9
Average SNDP Caseloads
Fiscal Year 2010

Average	N	%
Caseload less than 12	2	11%
Caseload of 12	5	26%
Caseload of 13	9	47%
Caseload of 14	3	16%
Total	19	100%

Contacts with the Juvenile

When the SNDP began in FY 2002, each juvenile and family was required to receive three to five contacts a week by the specialized SNDP team. Two of those contacts must have occurred in the home. In FY 2010, the number of contacts was changed to a minimum of one face to face contact per week during the first 30 days in SNDP. The clinical team meets once per month to set the type and frequency of contacts based on the needs of the youth and family.

Information was obtained on 903 juveniles who were discharged from SNDP in FY 2010, and who were in the program 31 days or longer. Contacts other than home include office, school, community, detention, court, non-custodial parents, and phone visits.

- On average each juvenile received one home contact per week, two other than home contacts per week, and three total contacts per week.
- 93% of juveniles received an average of two or more total contacts per week.

Sometimes officers attempt to make a visit, but no contact is made. For 200 of the 903 juveniles, or 22%, an average of at least one additional attempted contact was made per week.

Table 10
Average Number of Contacts Per Week for Juveniles Discharged
Fiscal Year 2010

Contacts Per Week	Home		Other than Home		Total Contacts	
	N	%	N	%	N	%
Less than 1	76	8%	42	5%	9	1%
One	562	62%	368	41%	55	6%
Two	256	28%	371	41%	282	31%
Three	9	1%	108	12%	333	37%
Four	0	0%	13	1%	168	19%
Five	0	0%	1	0%	46	5%
Six	0	0%	0	0%	10	1%

- On average each juvenile received two contacts a week from a probation officer and one contact per week from a mental health professional.
- 52% of juveniles received an average of two or more contacts per week from a probation officer, while 43% received an average of two or more contacts per week from a mental health professional.
- The average length of stay for these 903 juveniles discharged from SNDP in FY 2010 was 164 days. During that time they received an average of 28 home contacts and 67 total contacts.

Mental Health Services Provided

Table 11 lists the mental health services provided to the 923 juveniles discharged from SNDP in FY 2010.

- Table 11 shows that skills training, individual therapy, and medication management were the most common mental health services provided to juveniles.
- Table 12 shows that over two-thirds of juveniles received three or more mental health services while in SNDP.

Table 11
Type of Mental Health Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
Skills Training	645	70%
Individual Therapy	532	58%
Medication Management	470	51%
Parent Education	355	38%
Intensive Case Management	300	33%
Case Coordination	208	23%
Family Partner	207	22%
Psychological	132	14%
Substance Abuse Intervention	116	13%
Group Therapy	95	10%
Substance Abuse Treatment	80	9%
Cognitive Behavioral Therapy	79	9%
Other Mental Health Services	29	3%
Experiential Services	28	3%
Flex Funds	17	2%
Multi-Systemic Therapy	7	1%

*Each juvenile was counted in each service that they received, and most received more than one service.

Table 12
Number of Mental Health Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
One	113	12%
Two	178	19%
Three	203	22%
Four	201	22%
Five or more	228	25%
Total	923	100%

Probation Services Provided

Table 13 lists the probation services provided to the 923 juveniles discharged from SNDP in FY 2010.

- Table 13 shows that Anger Management, Life Skills, Substance Abuse Prevention, and Educational/ Mentor were the most common probation services provided to juveniles while they participated in SNDP.
- Table 14 shows that over half of the juveniles received two or more probation services while in SNDP.

Table 13
Type of Probation Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
Anger Management	357	39%
Life Skills	305	33%
Substance Abuse Prevention	228	25%
Educational/ Mentor	209	23%
Substance Abuse Treatment	154	17%
Early Intervention	120	13%
Electronic Monitoring	73	8%
Other	50	5%
Runaway/ Truancy	44	5%
Experiential Education	26	3%
Vocational	23	2%
Sex Offender	4	0%

*Each juvenile was counted in each service that they received, and most received more than one service.

Table 14
Number of Probation Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
None	170	18%
One	271	29%
Two	247	27%
Three	143	15%
Four or more	92	10%
Total	923	100%

Aftercare Services Provided

- 100% of the 923 juveniles discharged in FY 2010 were reported to have received either mental health or probation aftercare services or a referral to community services after exiting the program.
- 80% (739 juveniles) received either mental health or probation aftercare services.
- 70% (646 juveniles) received some type of mental health aftercare services, while 53% (490 juveniles) received some type of probation aftercare services, and 43% (397 juveniles) received both mental health and probation aftercare services.
- 36% (334 juveniles) received one mental health aftercare service while 34% (312 juveniles) received two or more mental health aftercare services.
- 29% (272 juveniles) received one probation aftercare service while 24% (218 juveniles) received two or more probation aftercare services.
- 24% (222 juveniles) received one mental health or probation aftercare service while 56% (517 juveniles) received two or more mental health or probation aftercare services.
- Medication Management, Psychiatric Services, and Individual Therapy were the most frequently provided mental health aftercare services.

Table 15
Mental Health Aftercare Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
Individual Therapy	291	32%
Group Therapy	57	6%
Medication Management	353	38%
Psychiatric Services	293	32%
Psychological Education	7	1%
Other Mental Health Services	99	11%

*The percentages exceed 100% since many juveniles received more than one service.

- Anger Management, Educational/ Mentor, and Life Skills were the most frequently provided probation aftercare services.

Table 16
Probation Aftercare Services Provided to Juveniles Discharged
Fiscal Year 2010

	N	%
Anger Management	171	19%
Early Intervention Services	48	5%
Educational/ Mentor	134	14%
Electronic Monitoring	9	1%
Experiential Education	14	2%
Life Skills	119	13%
Runaway/Truancy Prevention	13	1%
Sex Offender Treatment	4	0%
Substance Abuse Prevention	93	10%
Substance Abuse Treatment	115	12%
Vocational	34	4%
Other Probation Services	116	13%

- Counseling/ Therapy and Education services were the most common community services that juveniles were referred to upon exiting SNDP.

Table 17
Community Service Referrals Provided to Juveniles Discharged
Fiscal Year 2010

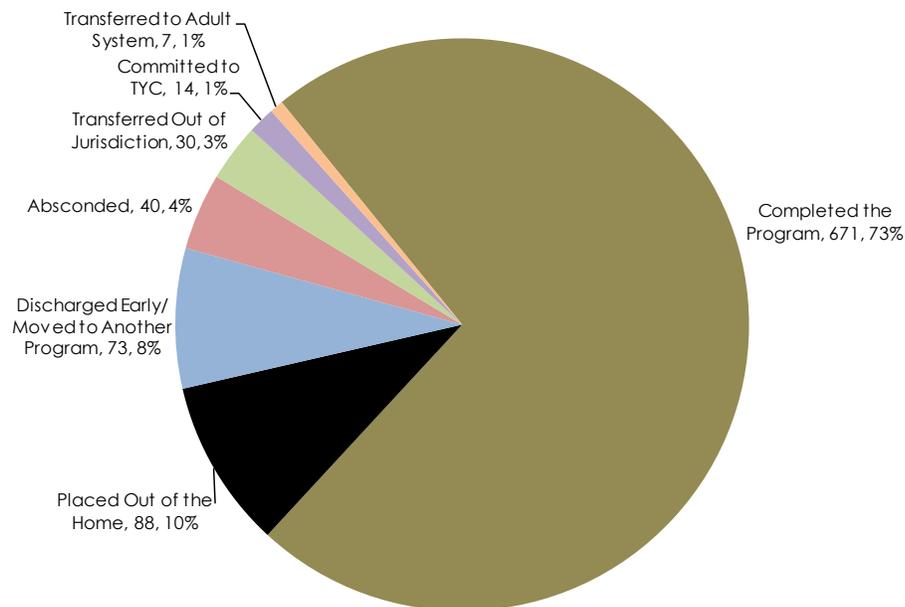
	N	%
Basic Needs/ Economic Assistance	153	17%
Counseling/ Therapy	540	59%
Educational	245	27%
Healthcare	36	4%
Parenting Skills	111	12%
Vocational	59	6%
Substance Abuse Prevention	92	10%
Substance Abuse Treatment	181	20%
Other Community Services	164	18%

SNDP Outcomes

Completion Rate in FY 2010

- 73% of juveniles completed the program.
- 2% were committed to TYC or transferred to the adult system immediately upon discharge from the program. This percentage does not include those sent to TYC or the adult system up to one year after they started or were discharged from the program.

Figure 8
Program Outcomes of SNDP Juveniles Discharged
Fiscal Year 2010

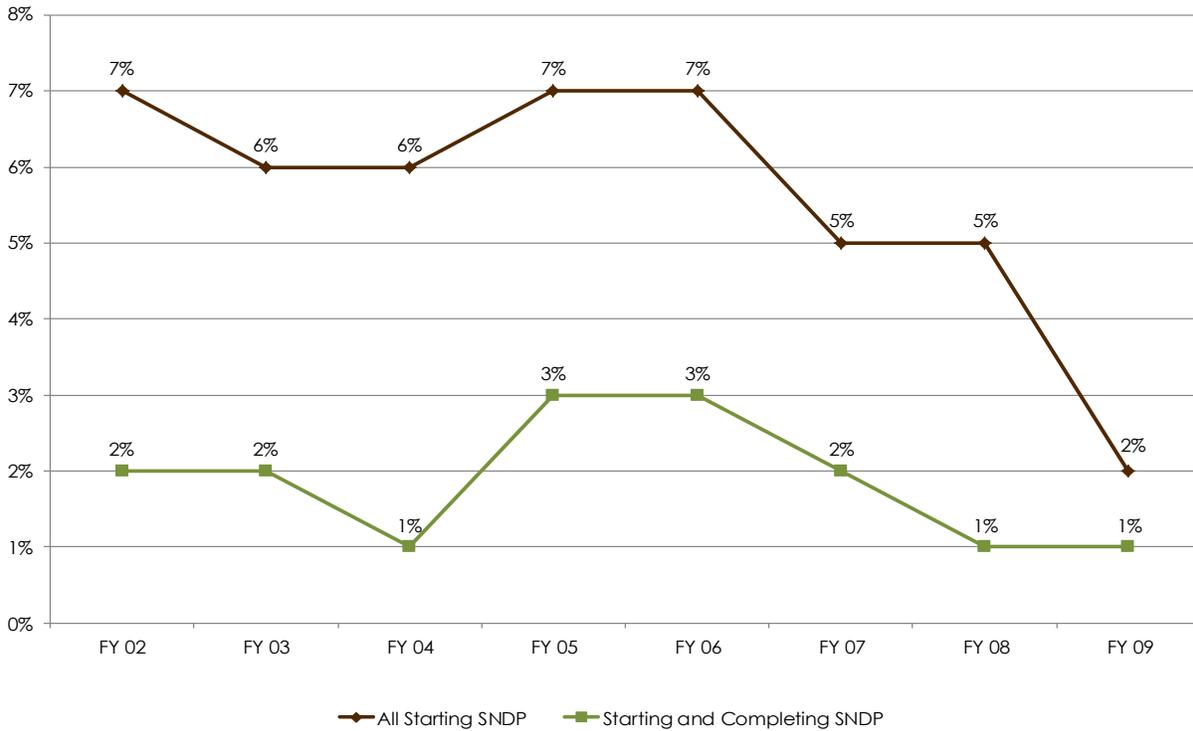


- 62% of those completing the program (416 out of 671 juveniles) were placed on either Deferred Prosecution, Regular Probation or Intensive Supervision following their participation in SNDP.

TYC Rate

- The percent of juveniles sent to TYC within one year of starting the program dropped to two percent in FY 2009, the lowest it has been since SNDP began in FY 2002.
- Juveniles completing the program had significantly lower TYC commitment rates than other juveniles. The completion rate for all juveniles starting in FY 2009 was 77%.

Figure 9
Juveniles Sent to TYC Within 1 Year of Starting SNDP
 Fiscal Year 2002-2009



- Table 18 shows that almost half of the 25 juveniles committed to TYC within one year of starting SNDP had at least five referrals at the start of the program.

Table 18
**Juveniles Sent to TYC Within 1 Year of Starting SNDP
 by Number of Referrals Upon Starting SNDP**
 Fiscal Year 2009

Total Referrals at Start of SNDP	Number Committed to TYC w/n 1 year	Percent Committed to TYC w/n 1 year	Total Starting SNDP, FY 2009
One	2	1%	299
Two	2	1%	228
Three	5	3%	163
Four	4	4%	101
Five or More	12	6%	202
Total	25	2%	1002*

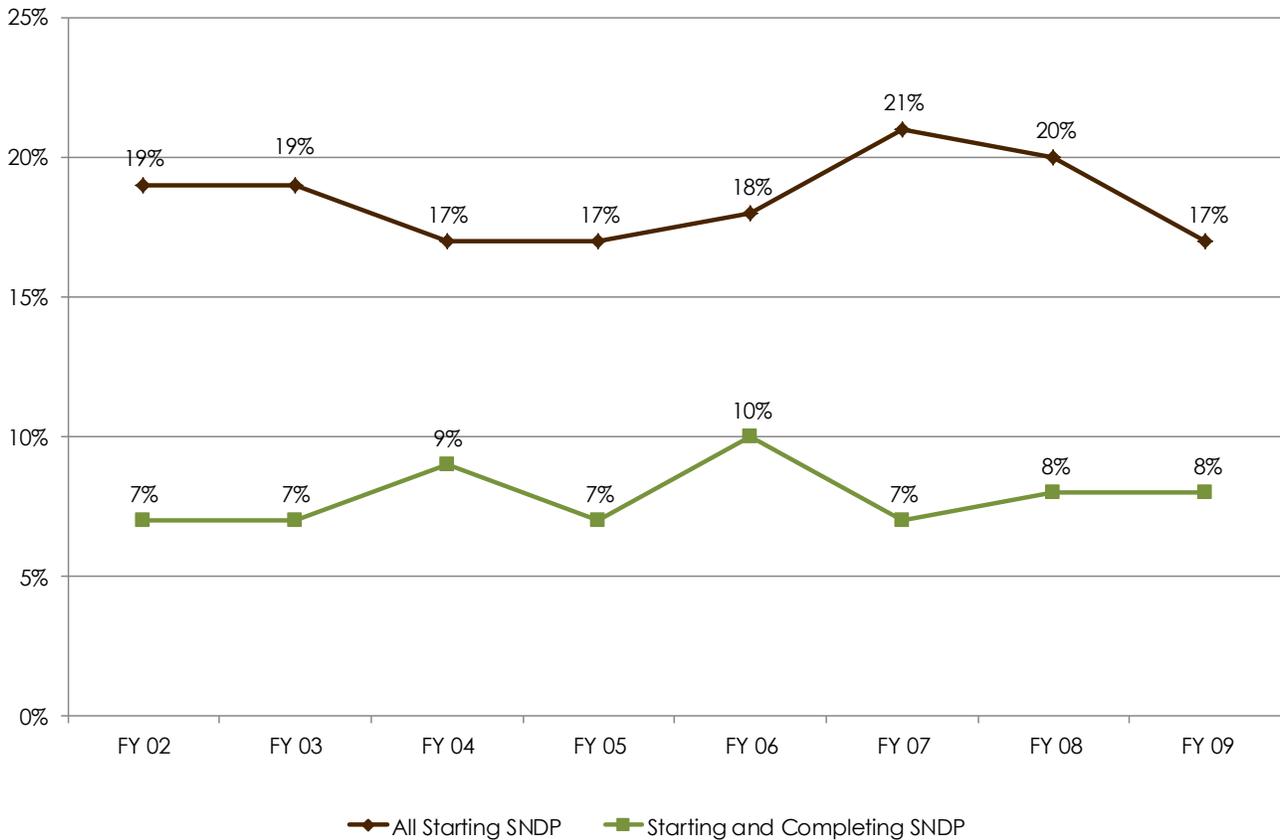
*Criminal history was not available for nine juveniles.

- Five percent of juveniles who had previously been in residential placement were committed to TYC within one year of starting SNDP while only two percent of juveniles with no prior placement were committed within one year.

Placement Rate

- The percent of juveniles sent to placement within one year of starting the program dropped to 17% in FY 2009, which is the lowest that rate has been in five years.
- Juveniles completing the program had significantly lower placement rates than other juveniles.

Figure 10
Juveniles Sent to Placement Within 1 Year of Starting SNDP
Fiscal Year 2002-2009



- Table 19 demonstrates that juveniles with more referrals at the start of SNDP were much more likely to be sent to placement than other juveniles.

Table 19
**Juveniles Sent to Placement Within 1 Year of Starting SNDP
 by Number of Referrals Upon Starting SNDP**
Fiscal Year 2009

Total Referrals at Start of SNDP	Number Sent to Placement Within 1 Year	Percent Sent To Placement Within 1 Years	Total Starting SNDP
One	29	10%	299
Two	31	14%	228
Three	32	20%	163
Four	26	26%	101
Five or More	49	24%	202
Total*	167	17%	1,002*

*Criminal history was not available for nine juveniles.

Re-Offense Rate

The re-offense rate was measured using any formal referral or arrest that was a felony or class A or class B misdemeanor that occurred one year after the juvenile started SNDP. Records from both TJPC and DPS were used to calculate this rate so that offenses that occurred when the juvenile was an adult could be included. For FY 2009, complete information was available on 661 juveniles starting between September 2008 and May 2009.

- The one year re-offense rate was 42%. For juveniles successfully completing the program the rate was 36%, compared to 58% for juveniles with all other outcomes.
- These rates are similar to those when the rates were measured in FY 2005, when the re-offense rate was 43% for all juveniles and 37% for juveniles successfully completing the program.

Table 20
Juveniles Re-Offending Within 1 Year of Starting SNDP
Fiscal Year 2009

	Completing SNDP	Not Completing SNDP	Total for All SNDP
Violent Felony	7%	16%	10%
Other Felony	7%	15%	9%
Class A&B Misdemeanor	21%	27%	23%
Total Re-offense	36%	58%	42%

- Juveniles with four or more referrals upon entering SNDP had a much higher re-offense rate than juveniles with one to three referrals upon entering the program.
- Juveniles in the program less than 90 days had a significantly higher re-offense rate than other juveniles.

Table 21
Juveniles Re-Offending Within 1 Year of Starting SNDP
by Number of Referrals Upon Starting SNDP and Days in the Program
Fiscal Year 2009

Total Referrals at Start of SNDP	Percent Re-Offending	Days in SNDP	Percent Re-Offending
One	35%	Less than 90	61%
Two	35%	90 to 180	38%
Three	40%	181 or more	39%
Four	56%		
Five or more	51%		

- Table 22 indicates that the one year re-offense rate was higher for juveniles with Conduct Disorder, Other Mood Disorders, and Bipolar disorder and lower for juveniles with Major Depression, and Attention Deficit Hyperactivity Disorder.

Table 22
Juveniles Re-Offending Within 1 Year of Starting SNDP
by DSM-IV Diagnosis*
Fiscal Year 2009

Diagnosis	Percent Re-Offending
Attention Deficit Hyperactivity Disorder	34%
Bipolar	47%
Conduct Disorder	48%
Disruptive Disorder	38%
Major Depression	32%
Oppositional Defiant Disorder	44%
Other Mood Disorder	48%

*The percent re-offending is only shown for those diagnoses with at least 20 juveniles in the sample used to calculate re-offense.

While in SNDP juveniles were given a number of different types of mental health and probation services. The tables below illustrate re-offense rates both by the number of services individuals received and by the specific type of services they received.

- Table 23 shows that juveniles receiving more mental health services had lower re-offense rates.
- Every one of the 661 juveniles used in the sample to calculate re-offense rates received at least one mental health service, while 85% received at least one probation service

Table 23
Juveniles Re-Offending Within 1 Year of Starting SNDP
by Number of Mental Health and Probation Services Received
Fiscal Year 2009

Mental Health Services	Percent Re-Offending	Probation Services	Percent Re-Offending
One to Three	47%	Zero	38%
Four to Five	36%	One to Two	44%
Six or More	30%	Three or More	38%

- Table 24 demonstrates that juveniles receiving Cognitive Behavior Therapy and Group Therapy had the lowest re-offense rates, while juveniles receiving Multi-Systemic Therapy had the highest re-offense rate.
- Juveniles in Individual Therapy also had very positive outcomes, with 34% of those receiving this service re-offending compared to 49% of those not receiving this service re-offending. This outcome is especially significant because of those individuals in the sample used to calculate re-offense, half received this service and half did not.
- Other services such as Psychological, Experiential, and Substance Abuse Intervention had re-offense rates substantially below the 42% rate for all juveniles starting in FY 2009 included in the sample.

Table 24
Juveniles Re-Offending Within 1 Year of Starting SNDP
by Type of Mental Health Services Received
Fiscal Year 2009

Mental Health Service	Re-Offense Rate of those Receiving Service	Re-Offense Rate of those Not Receiving Service
Cognitive Behavioral Therapy	28%	43%
Group Therapy	28%	43%
Psychological	31%	43%
Experiential Services	32%	42%
Substance Abuse Intervention	33%	43%
Individual Therapy	34%	49%
Case Coordination	35%	43%
Flex Funds	35%	42%
Intensive Case Management	37%	44%
Medication Management	39%	44%
Skills Training	41%	43%
Parent Education	42%	41%
Family Partner	44%	41%
Substance Abuse Treatment	45%	41%
Multi-Systemic Therapy	60%	40%

- Juveniles receiving Experiential Education, Electronic Monitoring, Vocational, and Educational/ Mentoring services had the lowest re-offense rates, while juveniles receiving Anger Management, Early Intervention, and Life Skills had the highest re-offense rates.
- Comparing tables 24 and 25 it's evident that 9 of the 15 mental health services (60%) had re-offense rates at least five percent below the 42% rate for all juveniles. On the other hand only 4 of the 10 probation services (40%) had re-offense rates at least five percent below the 42% rate for all juveniles.

Table 25
**Juveniles Re-Offending Within 1 Year of Starting SNDP
 by Type of Probation Services Received**
Fiscal Year 2009

Probation Service	Re-Offense Rate of those Receiving Service	Re-Offense Rate of those Not Receiving Service
Experiential Education	32%	42%
Electronic Monitoring	32%	42%
Vocational	32%	42%
Educational/ Mentor	33%	43%
Substance Abuse Prevention	39%	42%
Substance Abuse Treatment	40%	42%
Runaway/ Truancy	43%	42%
Anger Management	46%	39%
Early Intervention	47%	41%
Life Skills	47%	39%

- None of the mental health aftercare services had significantly lower re-offense rates than the 42% rate for all juveniles. Overall, juveniles receiving at least one mental health aftercare service had a 41% re-offense rate compared to 43% for those not receiving any mental health aftercare service.
- Results were similar for probation aftercare services, where only Vocational services (31% re-offense rate) had a significantly lower re-offense rate than the 42% rate for all juveniles. Overall, juveniles receiving at least one probation aftercare service had a 45% re-offense rate compared to 37% for those not receiving any probation aftercare service.
- Juveniles receiving either a mental health or probation aftercare service had a 42% re-offense rate compared to 41% for those not receiving a service.
- These results show that the current aftercare services must be closely examined and improved to make them more effective.
- Among Community Services that juveniles are referred to upon exiting SNDP, Vocational services had the best outcome, with 27% of those referred to this service re-offending within one year.

Statistics for Individual Programs

- Tarrant, Bexar, and Dallas served the most juveniles in FY 2010, while Randall, Hays, and Fort Bend counties served the least number.
- Juveniles in Hays, Hidalgo, and El Paso counties had the longest length of stay in the program, while juveniles in Ellis, Polk-Tyler, and Williamson had the shortest length of stay.
- Polk-Tyler had the smallest average caseload while Hale, Hidalgo, and Travis had the largest caseloads.

Table 24
Juveniles Served, Starting and Discharged from SNDP by Program
Fiscal Year 2010

Program	Served in FY 2010	Starting in FY 2010	Discharged FY 2010	Avg Length of Stay for FY 2010	Avg Caseload for FY 2010	% Completed in FY 2010
Angelina-Nacogdoches	39	26	28	156 days	13	68%
Bexar	173	121	119	160 days	13	83%
Cameron	68	53	44	181 days	13	59%
Dallas	163	114	105	149 days	13	68%
El Paso	36	24	22	197 days	13	73%
Ellis	37	28	25	129 days	11	52%
Fort Bend	33	20	21	167 days	13	62%
Hale	46	34	31	149 days	14	94%
Harris	155	120	99	148 days	12	74%
Hays	30	19	19	208 days	12	95%
Hidalgo	70	47	44	197 days	14	75%
Jefferson	43	29	28	153 days	13	71%
McLennan	35	22	22	183 days	13	77%
Polk-Tyler	35	25	27	134 days	9	78%
Randall	26	17	15	195 days	12	73%
San Patricio	61	43	34	171 days	12	68%
Tarrant	181	129	120	158 days	12	71%
Travis	126	90	89	161 days	14	72%
Williamson	43	31	31	143 days	13	65%
Total	1,400	992	923	161 days*	12	73%

*161 days was the average length of stay for all juveniles discharged in FY 2010.
 The average length of stay in any given program was 165 days.