

2013

THE ANNUAL REVIEW OF
TREATMENT EFFECTIVENESS

PUBLISHED DECEMBER 2013



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INTRODUCTION

The Texas Juvenile Justice Department (TJJD) is required by the Texas Human Resources Code to issue an annual report addressing the effectiveness of its programs for the rehabilitation, accountability, and re-establishment in society of youth committed to its care. Legislation enacted by the 83rd Texas Legislature made slight changes to the focus of these annual reports, depending on whether the report is issued in an odd- or even-numbered year. The report in even-numbered years must address certain specific topics, including a review of gender-specific treatment for female offenders and the sexual behavior, capital and serious violent offender, alcohol and other drug, and mental health treatment programs. However, in odd-numbered years, Rider 27 of the General Appropriations Act requires TJJD to provide an assessment of the effectiveness of specialized treatment, emphasizing rearrest rates of offenders receiving treatment.

REVIEW OF PRIOR FINDINGS

Major findings from last year's report include:

- *Youth treated and released in fiscal year (FY) 2010 through FY 2012 recidivated at rates lower than expected on all three measures of recidivism.*
- *Within a sample group of 1760 youths, 1090 (63%) successfully completed all rehabilitation goals prior to reaching their minimum length of stay and thus earned their release to parole without needing to be reviewed by the Release Review Panel.*
- *While the average daily population of TJJD-operated facilities and contract care facilities decreased by 42% from FY 2009 to FY 2012, TJJD increased the provision of specialized treatment services by 86% in that same time period. More youth than ever before received specialized treatment services within TJJD. Overall, there was a steady increase in specialized treatment enrollments in FY 2012.*

This year's report will focus on recidivism rates for youth who have participated in TJJD specialized treatment programs and were released by August 31, 2012. This includes the Mental Health Treatment Program, Sexual Behavior Treatment Program, Capital and Violent Serious Offender Program and Alcohol and Other Drug Treatment Program.

YOUTH CHARACTERISTICS

TJJD’s new admissions declined from 860 in FY 2012 to 818 in FY 2013. Of the FY 2013 new admissions, approximately 86% were 15 to 17 years of age, 84% had below-average IQ scores, 76% were on probation at the time of commitment, and 64% had a prior out-of-home placement. Median math and reading achievement levels were 5.5 years and 5.2 years, respectively, behind the expected grade level for the youths’ age. Thirty percent of TJJD new admissions were eligible for special education services, which is almost four times the typical rate in public schools. Forty-eight percent of new admissions had a need for mental health treatment and 98% had a need for specialized treatment. Table 1.1 shows an overview of the characteristics of youth admitted to TJJD in FY 2013.

This report focuses on outcomes of youth who were released from TJJD facilities in FY 2011 and FY 2012 (i.e., between September 1, 2010 and August 31, 2012). The majority had multiple, co-existing risk factors, or characteristics, that often required specialized treatment interventions. Although this report focuses on youth who were admitted before FY 2013, those youth share many of the same characteristics as the youth admitted in FY 2013. There has not been a shift in youth characteristics in the past year.

**TABLE 1.1
YOUTH CHARACTERISTICS ADMITTED TO TJJD IN FISCAL YEAR 2013**

| | |
|---|------|
| Sample Size | 818 |
| Committed for Felony Offense | 100% |
| Offense Dates for Felony or Misdemeanor (3 or more) | 76% |
| Adjudications for Felony or Misdemeanor (2 or more) | 67% |
| TJJD Risk Assessment Score | |
| Low | 33% |
| Moderate | 62% |
| High | 5% |
| Severity of Committing Offense | |
| Low | 39% |
| Moderate | 39% |
| High | 22% |

| | |
|--|-----------|
| Males | 92% |
| Females | 8% |
| IQ Less than 100 | 84% |
| On Probation at Commitment | 76% |
| Prior Out-of-Home Placement | 64% |
| Family History of Criminal Involvement | 37% |
| Need for Treatment by a Licensed or Specially Trained Provider | |
| Capital or Serious Violent Offender Treatment/ Aggression Replacement Training® | 62% |
| Sexual Behavior | 14% |
| Alcohol or Other Drug | 82% |
| Mental Health (includes low need) | 48% |
| Any of the Four | 98% |
| Known Gang Member | 48% |
| Known History of Abuse or Neglect | 36% |
| Special Education Eligible | 30% |
| Median Reading Achievement Behind | 5.2 years |
| Median Math Achievement Behind | 5.5 years |
| Committed at Age 12 or Younger | <1% |
| Committed at Age 13 | 3% |
| Committed at Age 14 | 9% |
| Committed at Age 15 | 20% |
| Committed at Age 16 | 43% |
| Committed at Age 17 | 23% |
| Committed at Age 18 | 2% |

*CRIMINAL HISTORY BASED ON COMMITMENT DATA FROM COUNTIES.

ASSESSMENT OF SPECIALIZED TREATMENT NEEDS

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

Specialized treatment needs, including type and intensity, are initially identified at the orientation and assessment unit and reviewed periodically throughout the youth's stay in TJJD. Specialized programs at TJJD include the Capital and Serious Violent Offender Treatment Program, Sexual Behavior Treatment Program, Alcohol and Other Drug Treatment Program, and Mental Health Treatment Program. The purpose of these programs is to promote successful youth re-entry and reduce risk to the community by addressing individual needs through programs that are shown to reduce risk to re-offend.

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

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

Once the assessment process is completed, placement decisions are made utilizing a multi-disciplinary team approach. Treatment needs identified through the assessment process are combined with demographic data and other factors to form the basis for choosing the most

appropriate program placement for the youth. For example, those with the most severe need and/or high risk for violent reoffending are assigned to secure program placements with intensive treatment modalities. Other youth may be best served by a short-term, supplemental, or outpatient program or through an educational curriculum. TJJJ Central Placement Unit staff makes placement decisions based upon all relevant factors.

Many youth have more than one specialized treatment need identified during the assessment period. TJJJ matches services and modalities to individual youth characteristics to ensure the best delivery of services. Some specialized treatments may be provided concurrently and others successively. Youth may have specialized needs addressed while in a high or medium restriction facility or on parole based on assessment results and treatment team recommendations. Sometimes youth are waived out of specialized treatment due to positive progress. The information below shows youth are enrolled and completing specialized treatment at higher rates than ever before. The enrollment data in the tables below includes youth released in the identified years. Youth depicted in these tables may have entered TJJJ prior to 2010.

PROGRAM DESCRIPTIONS

MENTAL HEALTH TREATMENT PROGRAM (MHTP)

The basic premise of the High Intensity MHTP is that stabilization of the mental disorder must occur before treatment of risk factors associated with their delinquent and criminal behavior can meaningfully occur. The MHTP is characterized by an increased availability of clinical services, smaller caseloads, increased individual psychological and casework interventions, specialized interventions and more specially trained direct care staff. The moderate intensity MHTP provides specialized mental health treatment, and general rehabilitative interventions at single program locations (Corsicana Residential Treatment Center for boys and Ron Jackson State Juvenile Correctional Facility for girls). The intensity of mental health programming depends on the youth's specific mental health need and current adaptive functioning. Some youth require medication management only. This is considered a low need and it can be provided at any facility. Ongoing assessments and

reevaluation of the youth’s mental health needs ensure youth receive the most appropriate services. While mental health treatment may not be “completed,” the goal of the program is to stabilize any acute mental health issues and teach youth techniques to manage their mental health issues as they reintegrate into the community.

The MHTP provides enhanced psychiatric and psychological assistance and smaller case manager-to-youth ratios. All youth also receive appropriate educational services and behavioral health interventions. 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. Youth with unstable mental illnesses who are also dangerous to themselves or others receive care at a Crisis Stabilization Unit, which is a self-contained unit located within the Corsicana and Ron Jackson facilities. The immediate goal is treating the unstable mental health issue and allowing the youth to regain control over his or her behavior. Once stabilized, the youth is better prepared to benefit from treatment that focuses on changing the delinquent and criminal patterns of behavior.

**YOUTH WITH HIGH OR MODERATE MENTAL HEALTH
TREATMENT NEED BY RELEASE YEAR**

| | FY 2010 | FY2011 | FY 2012 |
|-------------------------|---------|--------|---------|
| # of Youth with Need | 510 | 231 | 166 |
| % Releases with Need | 34.9% | 20.2% | 17.5% |
| # Enrolled in Treatment | 251 | 168 | 139 |
| % Enrolled Treatment | 49.2% | 72.7% | 83.7% |
| # Completed Treatment | 98 | 82 | 88 |
| % Completed Treatment | 19.2% | 35.5% | 53.0% |
| # No Treatment | 259 | 63 | 27 |

SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)

The agency offers a full complement of sexual behavior treatment services. These services include: assessment, supplemental psychosexual education classes, short-term treatment, pre- and post-treatment services, intensive residential treatment, and sex offender aftercare. 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. The treatment of youth with sexual behavior problems involves a multidisciplinary, collaborative approach utilizing techniques such as motivational interviewing, relapse prevention, impulse control, and self-regulation strategies. This model utilizes the communication, cooperation, and coordination between TJJJD personnel and outside invested partners to enhance community protection. The 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.

YOUTH WITH HIGH OR MODERATE SEXUAL BEHAVIOR TREATMENT NEED BY RELEASE YEAR

| | FY 2010 | FY2011 | FY 2012 |
|-------------------------|---------|--------|---------|
| # of Youth with Need | 136 | 153 | 135 |
| % Releases with Need | 9.3% | 13.4% | 14.2% |
| # Enrolled in Treatment | 120 | 151 | 134 |
| % Enrolled Treatment | 88.2% | 98.7% | 99.3% |
| # Completed Treatment | 71 | 124 | 109 |
| % Completed Treatment | 52.2% | 81.0% | 80.7% |
| # No Treatment | 16 | 2 | 1 |

CAPITAL & SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (C&SVOTP)

The Capital and Serious Violent Offender Treatment Program treats youth who are committed to TJJJ for crimes such as murder, capital murder, and other offenses involving the use of a weapon or deadly force. 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 associated with their violent behavior and to identify alternative ways to respond when faced with risky situations in the future. For youth with histories of violent behavior that is less severe than described above, the agency offers Aggression Replacement Training®, which is a structured curriculum designed to help youth identify the thoughts and triggers that lead to their aggression and ways to break their violent behavior cycles.

YOUTH WITH HIGH OR MODERATE CAPITAL & SERIOUS VIOLENT OFFENDER TREATMENT NEED BY RELEASE YEAR

| | FY 2010 | FY2011 | FY 2012 |
|-------------------------|---------|--------|---------|
| # of Youth with Need | 147 | 387 | 333 |
| % Releases with Need | 10.0% | 33.8% | 35.1% |
| # Enrolled in Treatment | 62 | 302 | 321 |
| % Enrolled Treatment | 42.2% | 78.0% | 96.4% |
| # Completed Treatment | 27 | 257 | 275 |
| % Completed Treatment | 18.4% | 66.4% | 82.6% |
| # No Treatment | 85 | 85 | 12 |

ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS (AODTP)

For youth with identifiable substance abuse problems, TJJD provides several levels of alcohol and other drug treatment programs, including psychoeducational classes, short-term treatment, supportive residential programs, and a relapse prevention program. All programs share similar treatment goals and differ only in the amount and type of services delivered to meet the needs of the youth. 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.

YOUTH WITH HIGH OR MODERATE ALCOHOL & OTHER DRUG TREATMENT NEED BY RELEASE YEAR

| | FY 2010 | FY2011 | FY 2012 |
|-------------------------|---------|--------|---------|
| # of Youth with Need | 949 | 771 | 674 |
| % Releases with Need | 64.9% | 67.3% | 71.0% |
| # Enrolled in Treatment | 463 | 635 | 648 |
| % Enrolled Treatment | 48.8% | 82.4% | 96.1% |
| # Completed Treatment | 332 | 559 | 591 |
| % Completed Treatment | 35.0% | 72.5% | 87.7% |
| # No Treatment | 486 | 136 | 26 |

METHODOLOGY

In order to determine the effectiveness of each specialized treatment program, youth in the analysis were tracked for one year after release from a residential facility to determine if they were rearrested for a felony or class A or B misdemeanor offense or rearrested for a violent offense. These actual rates were calculated for youth identified as having a high or moderate need for each treatment type. The rates were further separated by whether youth were enrolled in treatment and whether they completed treatment. The sample group includes all youth who entered TJJD facilities as new admissions on or after February 1, 2009, and were released by August 31, 2012.

RESULTS

YOUTH WITH HIGH OR MODERATE MENTAL HEALTH TREATMENT NEED

| | FY2011 | | | | | FY2012 | | | | |
|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|
| | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % |
| Treatment Complete | 52 | 23 | 44.2 | 6 | 11.5 | 84 | 39 | 46.4 | 12 | 14.3 |
| Treatment not Complete | 50 | 22 | 44.0 | 5 | 10.0 | 35 | 20 | 57.1 | 4 | 11.4 |
| Total Receiving Treatment | 102 | 45 | 44.1 | 11 | 10.8 | 119 | 59 | 49.6 | 16 | 13.4 |
| Not Receiving Treatment | 32 | 18 | 56.3 | 5 | 15.6 | 19 | 10 | 52.6 | 2 | 10.5 |

YOUTH WITH HIGH OR MODERATE SEXUAL BEHAVIOR TREATMENT NEED*

| | FY2011 | | | | | FY2012 | | | | |
|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|
| | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % |
| Treatment Complete | 57 | 15 | 26.3 | 2 | 3.5 | 93 | 25 | 26.9 | 3 | 3.2 |
| Treatment not Complete | 13 | 4 | 30.8 | 2 | 15.4 | 11 | 4 | 36.4 | 2 | 18.2 |
| Total Receiving Treatment | 70 | 19 | 27.1 | 4 | 5.7 | 104 | 29 | 27.9 | 5 | 4.8 |

* Only one youth released in FY2012 with a need for treatment did not receive treatment.

YOUTH WITH HIGH OR MODERATE CAPITAL & SERIOUS VIOLENT OFFENDER TREATMENT NEED

| | FY2011 | | | | | FY2012 | | | | |
|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|---------------|--|--|----------------------------------|----------------------------------|
| | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % | Sample Size # | Rearrest for a Felony or Misdemeanor # | Rearrest for a Felony or Misdemeanor % | Rearrest for a Violent Offense # | Rearrest for a Violent Offense % |
| Treatment Complete | 210 | 136 | 64.8 | 44 | 21.0 | 240 | 139 | 57.9 | 32 | 13.3 |
| Treatment not Complete | 26 | 14 | 53.8 | 3 | 11.5 | 19 | 9 | 47.4 | 3 | 15.8 |
| Total Receiving Treatment | 236 | 150 | 63.6 | 47 | 19.9 | 259 | 148 | 57.1 | 35 | 13.5 |
| Not Receiving Treatment | 64 | 38 | 59.4 | 11 | 17.2 | 10 | 4 | 40.0 | 0 | 0 |

YOUTH WITH HIGH OR MODERATE ALCOHOL & OTHER DRUG TREATMENT NEED

| | FY2011 | | | | | FY2012 | | | | |
|----------------------------------|---------------|--|-------------|----------------------------------|-------------|---------------|--|-------------|----------------------------------|-------------|
| | Sample Size # | Rearrest for a Felony or Misdemeanor # | % | Rearrest for a Violent Offense # | % | Sample Size # | Rearrest for a Felony or Misdemeanor # | % | Rearrest for a Violent Offense # | % |
| Treatment Complete | 501 | 314 | 62.7 | 88 | 17.6 | 553 | 315 | 57.0 | 59 | 10.7 |
| Treatment not Complete | 46 | 28 | 60.9 | 5 | 10.9 | 39 | 21 | 53.8 | 7 | 17.9 |
| Total Receiving Treatment | 547 | 342 | 62.5 | 93 | 17.0 | 592 | 336 | 56.8 | 66 | 11.1 |
| Not Receiving Treatment | 92 | 55 | 59.8 | 7 | 7.6 | 13 | 11 | 84.6 | 2 | 15.4 |

CONCLUSION

The results of the 2013 treatment effectiveness review show that the agency has notably increased the percentage of youth who enroll in and complete treatment for their specialized need(s) prior to release.

Particular areas of strength are the percentage of youth enrolled in and completing treatment with a high or moderate need for mental health treatment or alcohol and other drug treatment. From 2010 to 2012:

- enrollment of youth identified with a high or moderate mental health need went from 49.2% to 83.7%;
- completion of the specialized program for youth identified with a high or moderate mental health need increased from 19.2% to 53.0%;
- enrollment of youth with a high or moderate alcohol and other drug treatment need increased from 48.8% to 96.1%; and
- completion of the specialized program for youth with a high or moderate alcohol and other drug treatment need rose from 35.0% to 87.7%.

Another area of strength is in the recidivism rates for those who completed specialized treatment.

- *For youth completing treatment for a high or moderate capital and serious violent offender treatment need, the rate of rearrest for a felony or misdemeanor decreased from 64.8% in 2011 to 57.9% in 2012. More impressively, the rate of rearrest for a violent offense decreased from 21.0% in 2011 to 13.3% in 2012.*
- *For youth completing treatment for a high or moderate alcohol and other drug treatment need, the rate of rearrest for a felony or misdemeanor decreased from 62.7% in 2011 to 57.0% in 2012. The rate of rearrest for a violent offense decreased from 17.6% in 2011 to 10.7% in 2012.*
- *Youth who completed treatment for a high or moderate sexual behavior treatment need were rearrested for a violent offense at a rate of only 3% in both 2011 and 2012.*

These results indicate that TJJJ has been responsive in addressing the specialized treatment needs of the youth committed to its care.