



Texas Juvenile Justice Department Secure Facilities

Overview of Intake and Treatment Programs

Evan Norton, Psy.D

Director of Integrated Treatment and Supportive Services

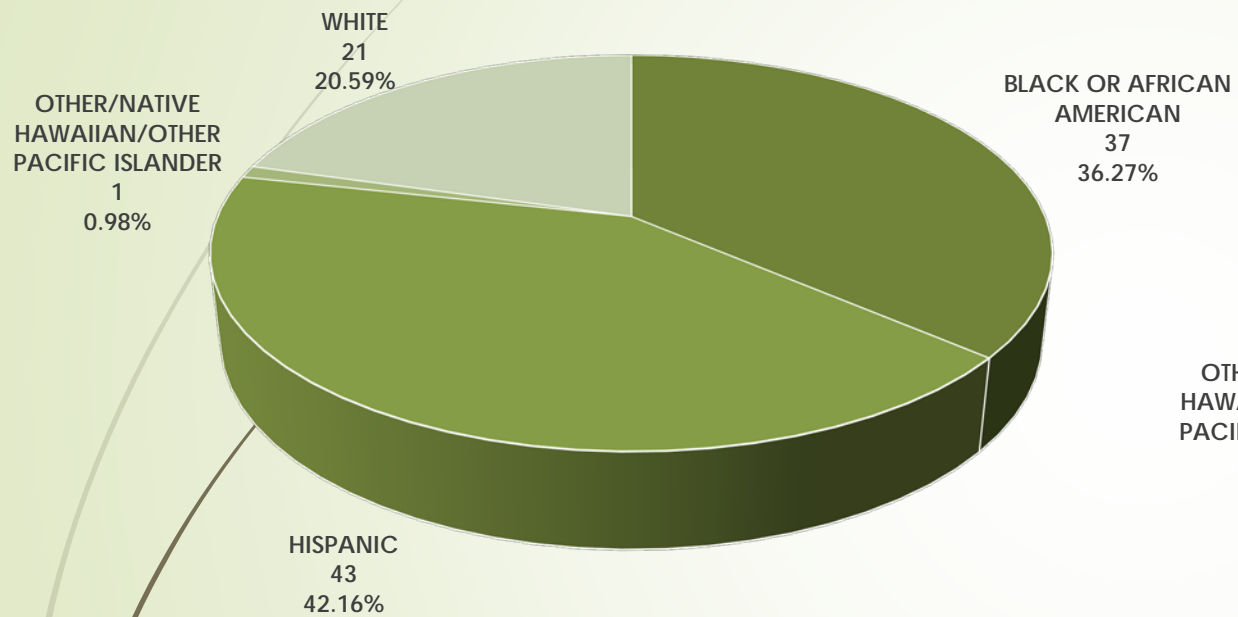




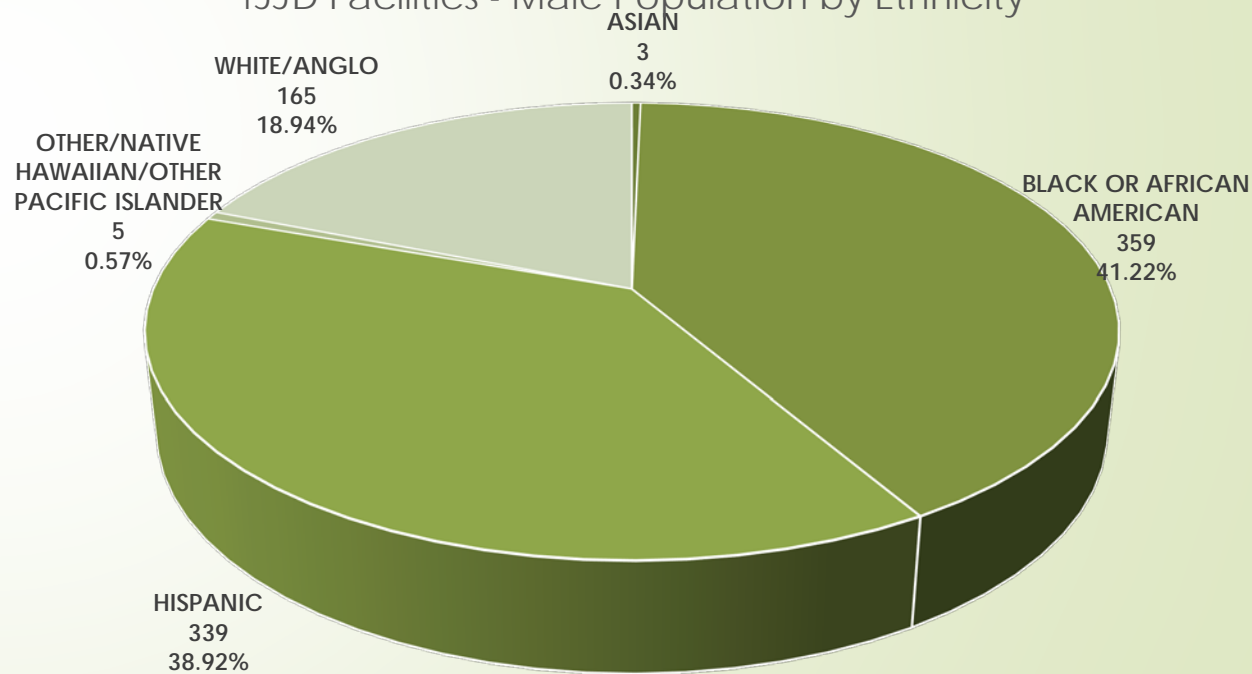
Overview of Texas Juvenile Justice Department (Secure)

- Screening and Assessment
- Secure Facilities
- Specialized Treatment Programs
 - Supplemental Intervention Programs

TJJD Facilities - Female Population by Ethnicity



TJJD Facilities - Male Population by Ethnicity



Mental health

Mental health concerns for youth in the system continue to grow

Growing mental health needs

Increase in youth with significant MH needs



5%

Youth in secure facilities with severe mental health needs*

These include diagnoses such as depression, anxiety, bipolar disorder, disruptive mood dysregulation disorder, and early onset psychosis.

Childhood trauma

Childhood trauma can disrupt normal development and cause youth to respond to stress in uncontrolled and socially unacceptable ways

- ▶ Adverse childhood experiences (ACEs) are complex early stressors that can disrupt the normal developmental processes.
- ▶ Youth often misinterpret reasonably normal stressors as threats and have heightened fight, flight, or freeze responses.
- ▶ They do not learn how to regulate their emotional and physical responses to stress and perceived threats.
- ▶ ACEs are associated with increased risk for a wide range of disorders, from mood and anxiety to psychotic and personality disorders.
- ▶ Youths who have experienced at least 1 report of abuse or neglect are 47% more likely to participate in delinquent acts.

People with 4 or more ACEs



Snapshot of TJJD youth under care March 2022

6.7

Average ACEs Girls

4.6

Average ACEs Boys

Risk, need, and responsivity

More placement options, including smaller milieus, will better enable our ability to tailor services to youths' specific risks and needs

Risk principle

- Services match the youth's risk to reoffend
- Different levels of facilities keep lower risk youth separate from higher risk youth

Need principle

- Assesses criminogenic needs and targets them in treatment
- Specialized treatment needs met throughout continuum

Responsivity principle

- Delivery of treatment meets ability of youth
- Services and expectations of treatment participation accommodate youth capabilities



Orientation and Assessment

- WHERE?

- Ron Jackson State Juvenile Correctional Complex in Brownwood, Texas
- McLennan County State Juvenile Correctional Facility in Mart, Texas

- WHO?

- All male and female youth adjudicated to the TJJD for felony offenses
- Determinate Sentenced and Indeterminate Offenders




Orientation and Assessment Process

Day 1

At Intake

- ▶ Assess for suicide alert status by a mental health professional within the first hour after arrival
- ▶ Initial Health Screening conducted by trained nursing staff
- ▶ Administered MAYSI-2
- ▶ Assess for risk of exploitation and victimization to ensure PREA standards are met
- ▶ Parole Officer assigned based on region
- ▶ Contacts made with Medicaid, Social Security, DFPS and ICE as required
- ▶ Intake Case Manager completes Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization
- ▶ Contact made with the youth's parents/guardian
- ▶ Youth transitions to assigned dorm and welcomed by Youth Development Coaches, dorm Case Manager and peers




Orientation and Assessment Process

Day 1-21

Education

- ▶ Youth's education records are requested within first 3 days of their arrival
- ▶ Youth is assigned courses based on available records
- ▶ All courses are offered through APEX learning
- ▶ Youth earns credits for the courses completed or completes courses at the next facility
- ▶ Test of Adult Basic Education (TABE), TOWRE, and Career Scope administered
- ▶ Youth is placed on Personal Opportunity Plan (POP) curriculum and Pathways to College and Career course
- ▶ Special Education services are provided based on the youth's need



Orientation and Assessment Process

Day 1-21 (continued)

Medical and Psychiatry

- Initial Physical evaluation conducted (hearing, vision, and TST)
- Initial Dental evaluation conducted
- Initial Psychiatric evaluation conducted within first 21 days, if indicated
- Optometry appointment, if indicated
- Immunization review within first week, entered into IMMTRC, and scheduled for immunizations, if indicated
- If a youth is under DFPS conservatorship, medical consent is requested from their DFPS caseworker.



Orientation and Assessment Process

Day 1-21 (continued)

- Contact with the parent/legal guardian within the first 7 days
- Dorm Case Manager meets with the youth within the first 7 days and once weekly after the initial session to review stage progression criteria
- Youth attends group five days a week
- A comprehensive mental health assessment is completed within 14 calendar days of the youth's admission to TJJD to identify diagnoses and specialized treatment recommendations
- R-PACT is completed
- Placement meeting is held with the youth and placement is assigned by Central Placement Unit staff based on youth's treatment recommendation
- Youth transitions to long-term placement



Secure Facilities

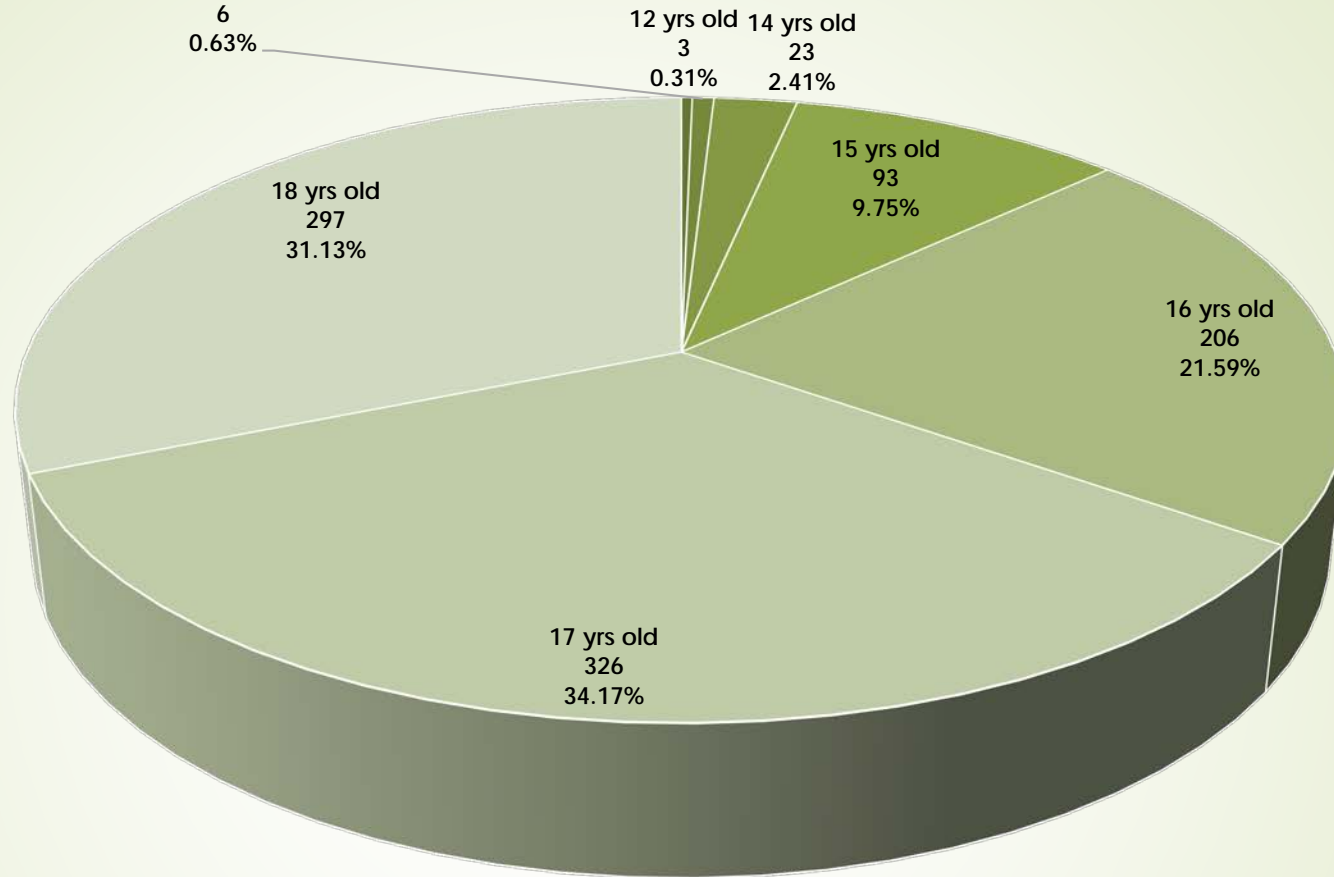
- ▶ McLennan County State Juvenile Correctional Facility
 - ▶ Location - Mart, Texas
- ▶ Giddings State School
 - ▶ Location - Giddings, Texas
- ▶ Evins Regional Juvenile Center
 - ▶ Location - Edinburg, Texas
- ▶ Ron Jackson State Juvenile Correctional Complex
 - ▶ Location - Brownwood, Texas
- ▶ Gainesville State School
 - ▶ Location - Gainesville, Texas



Specialized Treatment Programming

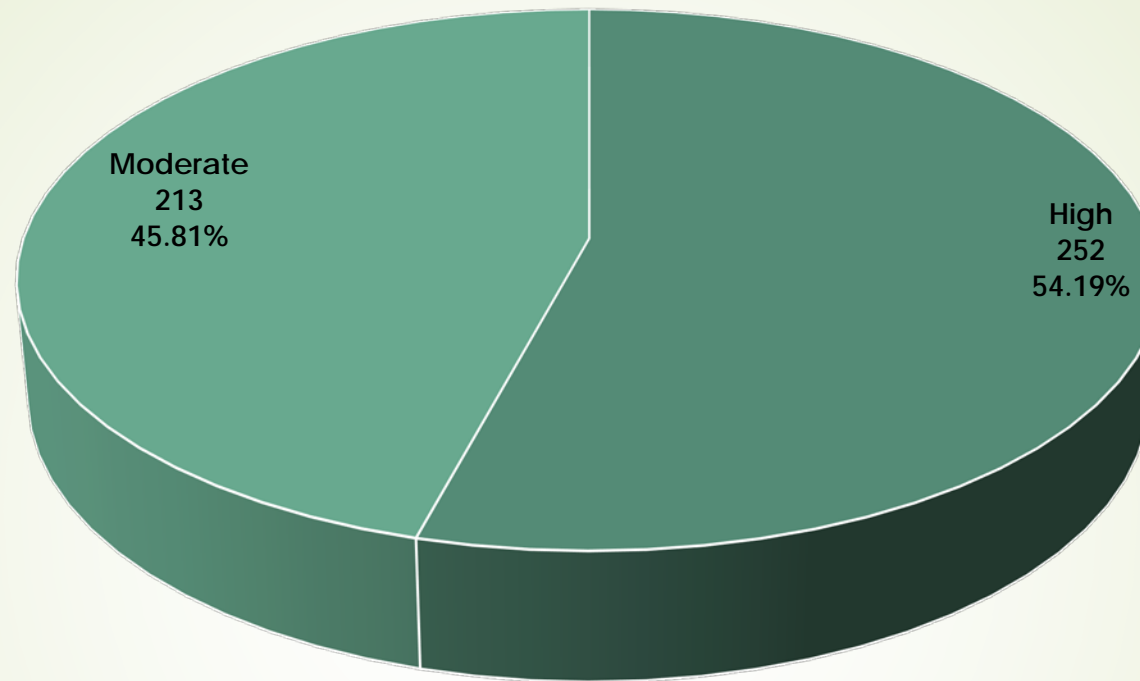
Secure Facilities

TJJD Facilities - Current Population by Age



Population by Age

As of June 2022



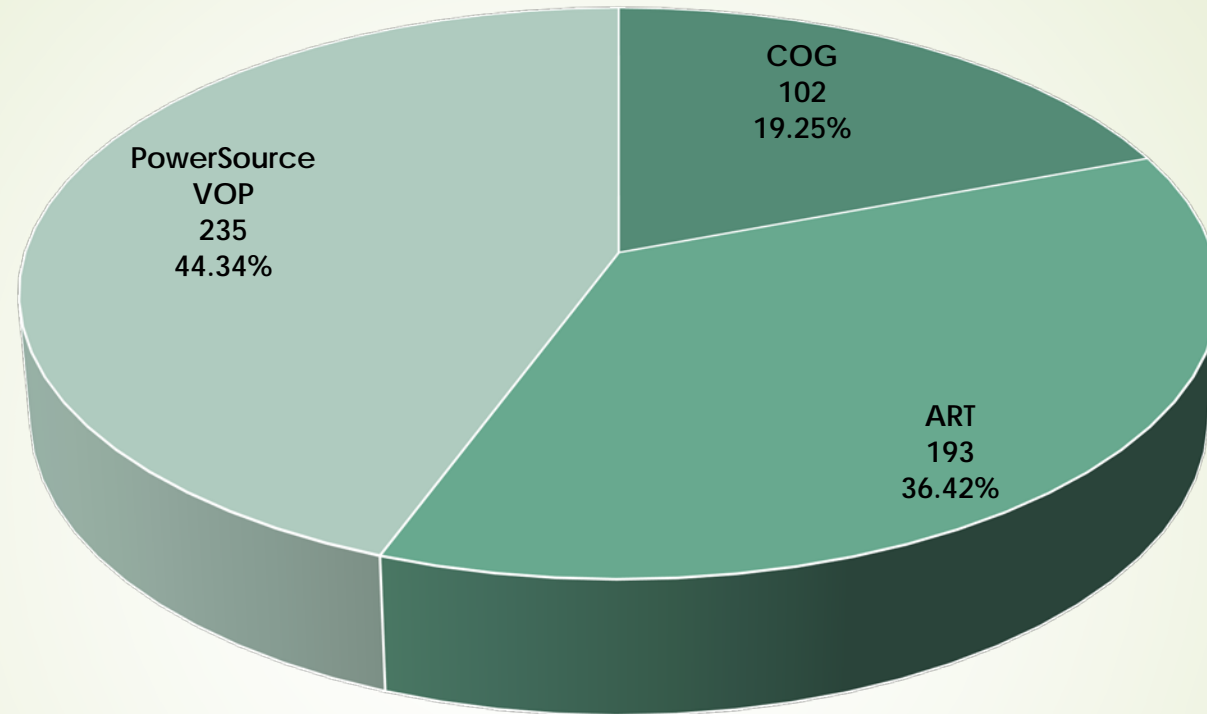
Substance Use Services Treatment Program

As of June 2022, 465 youth have high or moderate need for this program.




Substance Use Services (SUS)

- Moderate: approx. a 12-week program. Three groups and one individual session a month.
- High: approx. a 24-week program. Daily group and two individual sessions a month.
- Services provided by Licensed Chemical Dependency Counselors or interns under supervision
- Program focus: psychoeducation, understanding motivation behind substance use, coping skills to avoid use and relapse prevention planning.



Capital & Serious Violent Offenders Treatment Program
As of June 2022, 530 youth have high or moderate need for this program.



Capital and Serious Violent Offender Program (CSVOTP)

- ▶ Spectrum of intervention levels based on the youth's criminogenic risk factors and committing offense.
- ▶ Three Programs:
 - ▶ Aggression Replacement Therapy (ART)
 - ▶ Power Source (formerly known as VOP)
 - ▶ Capital Offender (COG)
- ▶ Providers are Mental Health Professionals or trained Case Managers

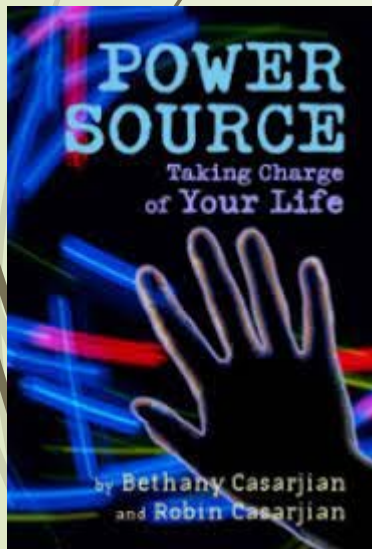
Capital Offender Program (COG)

- ▶ Program Focus: is designed to impact emotional, social and cognitive developmental processes. It seeks to facilitate empathic development, emotional regulation and appropriate expression of feelings, to improve interpersonal functioning and to correct cognitive justifications for criminal behavior based on disregard for the rights of others. The program integrates psychodynamic, social learning and cognitive-behavioral techniques in an intense therapeutic approach that facilitates redirection to a positive developmental pathway.



Power Source (VOP)

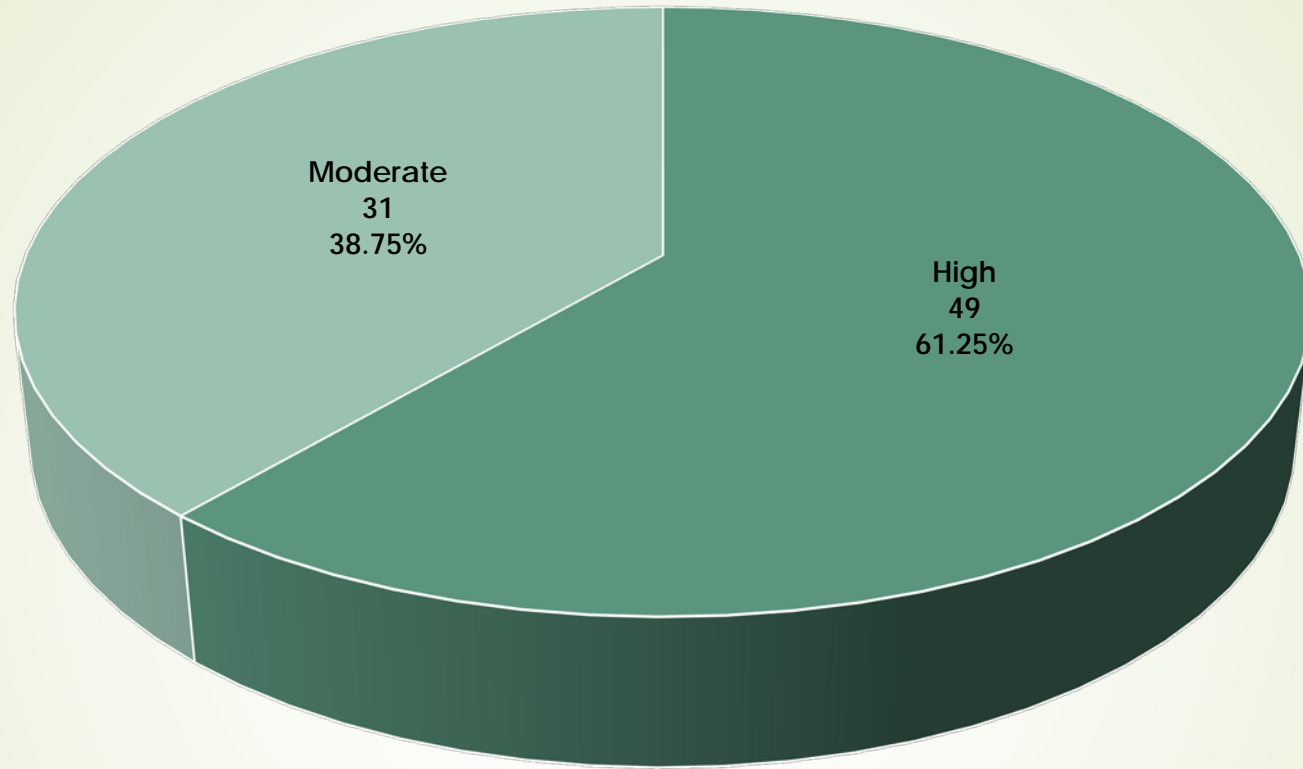
- ▶ Program Focus: The Power Source Program is an evidence-based program designed to empower at-risk youth with the social and emotional skills necessary to forge paths of healthy development and disengagement from high-risk and offending behaviors. Grounded in a belief in the intrinsic dignity and worth of each person, Power Source guides trauma-impacted adolescents and young adults in discovering their own resilience, while also building the skills associated with healthy social, emotional, and identity development.



Aggression Replacement Training (ART)


- Program Focus: Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents ages 12-17.





Sexual Behavior Treatment Program

As of June 2022, 80 youth have high or moderate need for this program.



Sexual Behavior Treatment Program (SBTP)

- Program Focus: The youth identifies the internal values, beliefs and life changes necessary and then demonstrates the skills and attitudes needed to maintain a healthy, law-abiding lifestyle free of problem sexual behaviors. The development of a realistic plan for the transition to the community or less restrictive placement by coordinating effective services that will reduce risk factors and strengthen protective factors for the youth and his/her family
- Moderate and Residential intervention levels
- Providers are Licensed Sex Offender Treatment Providers or ASOTP providers under supervision.
- Presentation on SBTP in August 2022.



Supplemental Intervention Programs

Violence Continuum Interventions

- Intensive Intervention Program
- Redirect Program
- Phoenix Program

Mental Health Interventions

- Mental Health Treatment Program
- Crisis Stabilization Unit
- Behavior Stabilization Unit
- Building Attachment & Resilience K9 Program (BARK)



IIP/RDP/Phoenix Program

- ▶ Population - Youth that have had incidents of aggression resulting in significant danger or injury to others.
- ▶ Focus - Youth to learn and utilize DBT skills in order to engage safely in their treatment and programming at TJJD.
- ▶ Specialized Interventions
 - ▶ Ratio of 1:4
 - ▶ Self-contained Unit (IIP day program)
- ▶ RDP and Phoenix placement can only occur after a due process hearing and the youth must complete the program successfully in order to transition to a less restrictive setting.

Mental Health Treatment Program

- ▶ Population - Youth that have a mental health diagnosis and require additional therapeutic support.
- ▶ Focus - Youth to improve skills and develop resiliency.
- ▶ Specialized Interventions
 - ▶ Ratio of 1:6
 - ▶ Individualized interventions as needed for specialized treatment and milieu interventions
 - ▶ Increased interaction with psychiatrist
 - ▶ More frequent clinical staffings
 - ▶ Weekly session with assigned Mental Health Provider
- ▶ Length of stay varies depending on needs. 30-day assessment period is completed upon admission and every 30 days thereafter. Assessment of needs continues to occur during clinical staffings.



Crisis Stabilization Unit

- ▶ Population - Youth with immediate and significant mental health issues that threaten the safety of themselves or others.
- ▶ Focus - Psychiatrically stabilize youth experiencing a behavioral health crisis.
- ▶ Specialized Interventions
 - ▶ Ratio of 1:4
 - ▶ Self-contained Unit
 - ▶ Weekly staffings
 - ▶ Increased psychiatric oversight
 - ▶ Follows a medical model including onsite unit support from nurses
- ▶ Youth go through a due process hearing based off of a report by a doctoral level mental health provider. Weekly staffings with the treatment team assess stabilization and reintegration plans to transition to MHTP.



Behavior Stabilization Unit

- Population - Youth with immediate and significant mental health issues that engage in frequent aggressive event.
- Focus – Behaviorally stabilize youth with an emphasis on increasing safety towards self and others.
- Specialized Interventions
 - Ratio of 1:2
 - Self-contained Unit
 - Weekly staffings
 - Increased psychiatric oversight



Questions?

- ▶ Evan Norton, Psy.D: Evan.Norton@tjjd.texas.gov