



TEXAS
JUVENILE★JUSTICE
DEPARTMENT

TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

Special Needs Diversionary Program Outcomes

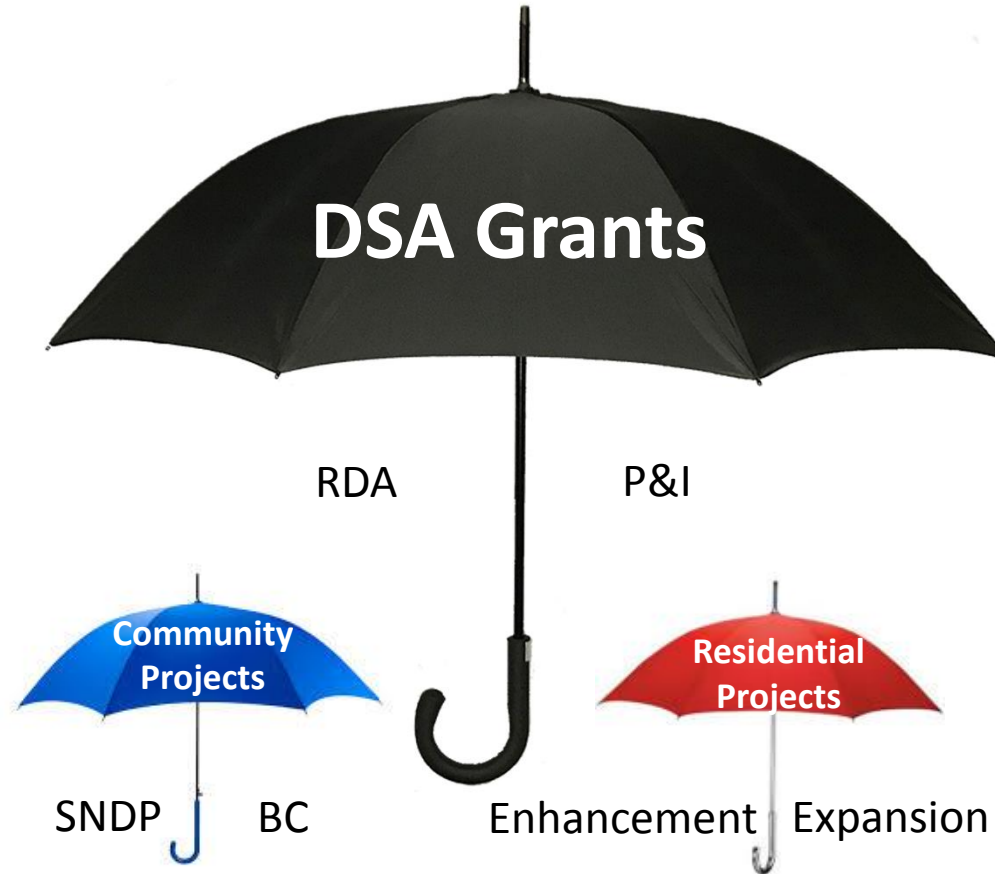
November 4, 2021

OVERVIEW

- Reorganization of Grants
- SNDP Outcome Data
- Regionalization
- Grant Monitoring Process
- LMHA/LIDDA/CRCG/DFPS Partnerships



Grants Overview



SNDP Outcomes



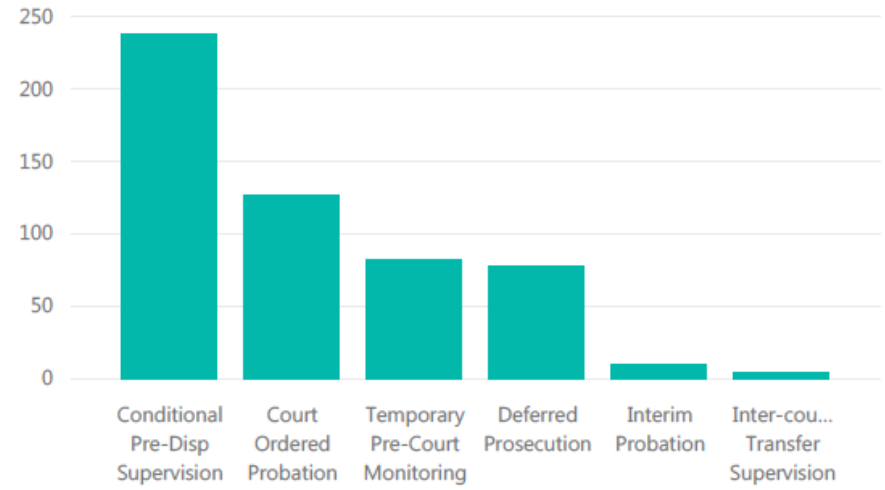
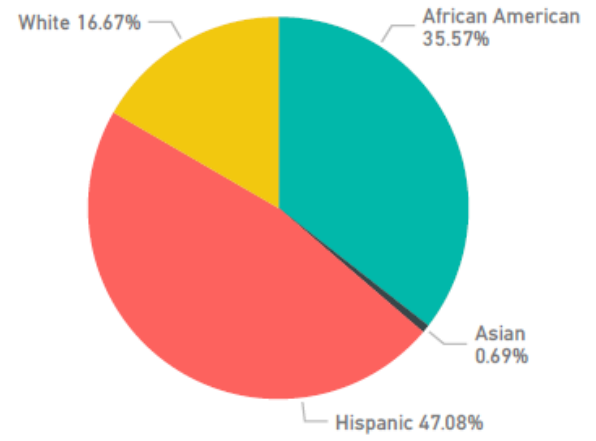
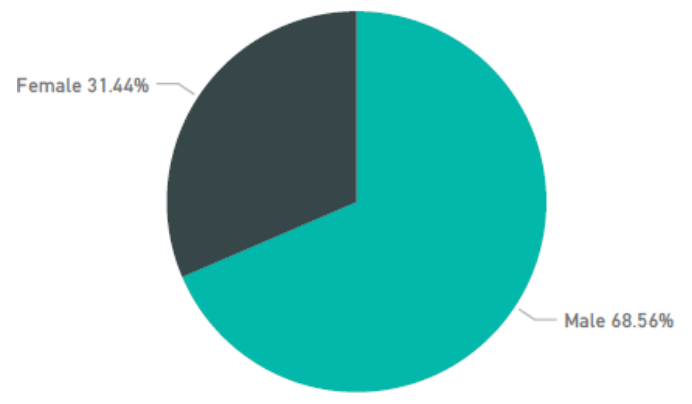
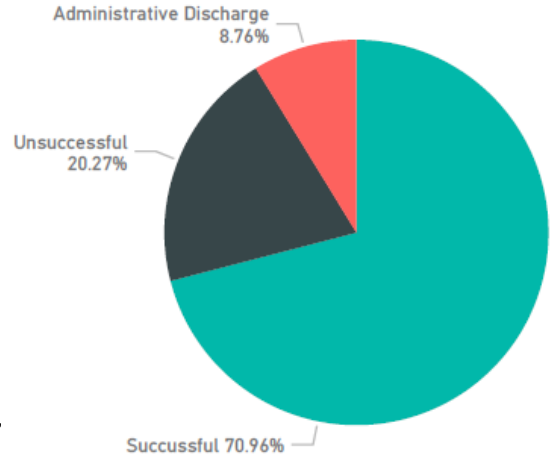
SNDP Data

- All outcome data was pulled from the EDI
- All EDI data is due to TJJD the 10th of the month
- SNDP funding source must be designated **“TM - Special Needs Diversionary Grant”**



Statewide SNDP Programs FY 2021

Total Youth Discharged: 582

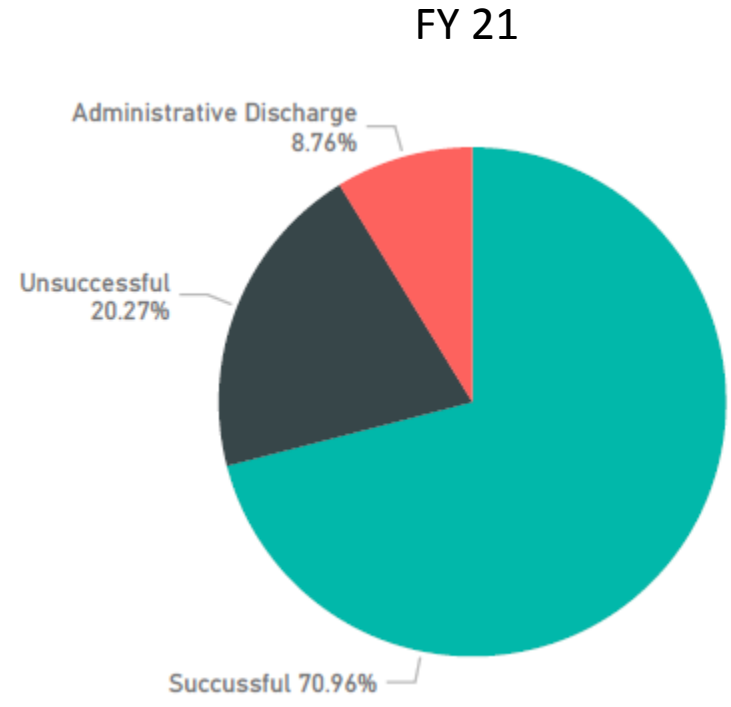
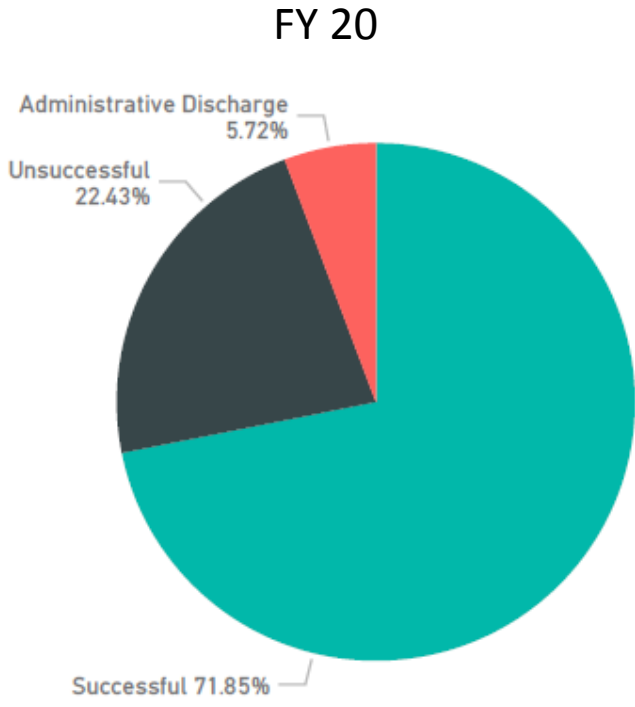


Population Description	Avg.
Average Age of Juvenile at Program Entry	15.30
Average Length of Stay in Program (days)	222.03

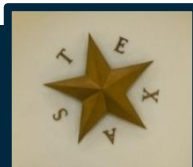


Statewide SNDP Programs FY 2021 v FY 2020

Total Youth Discharged:
FY 20: 689
FY 21: 582



Population Description	FY20	FY21
Average Age of Juvenile at Program Entry	15.08	15.30
Average Length of Stay in Program (days)	190.74	222.03



Statewide SNDP Programs FY 2021

Reoffense with Misdemeanor B or Higher	2019	2018	2017
No Reoffense	68.2	61.0	59.4
Reoffended Within One Year	31.8	35.2	32.2
Reoffended Within Two Years		3.9	6.4
Reoffended Within Three Years			2.0

Secure Placement	2019	2018	2017
Not Placed	85.7	75.9	75.7
Placed Within One Year	14.3	18.4	17.2
Placed Within Two Years		5.7	5.3
Placed Within Three Years			1.8

TJJD Commitment	2019	2018	2017
Not Committed	97.6	95.7	93.1
Committed Within One Year	2.4	1.7	2.6
Committed Within Two Years		2.5	2.6
Committed Within Three Years			1.8



Regionalization



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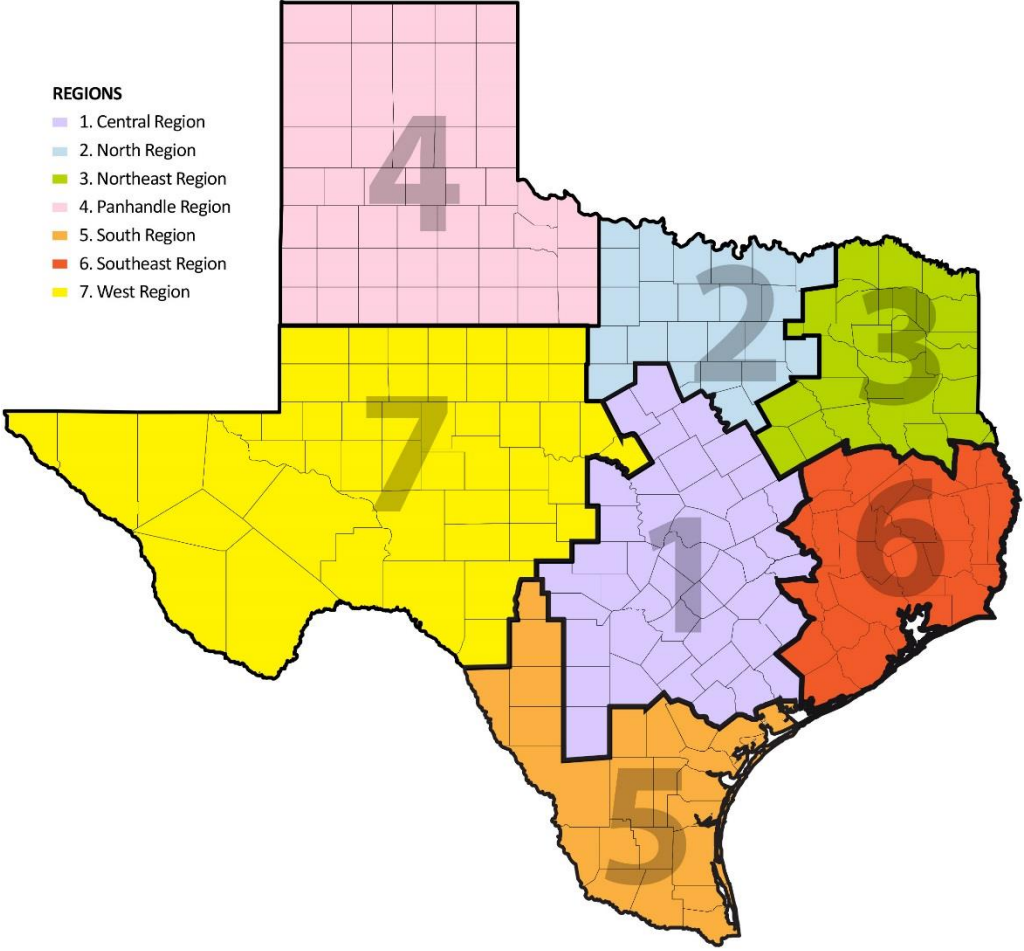
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SNDP and Regionalization

- All SNDP programmatic questions will continue to be directed to your Regional County Program Administrator
- Dr. Susan Palacios can provide assistance with staffing and/or mental health questions.
- Dr. Palacios serves as a liaison between TJJD, TCOOMMI and the LMHA's
- All monitoring will continue to be conducted by Paul Alamo



Probation Regions



Monitoring Process

- SNDP has been combined in a single visit for all grant programs (i.e. Prevention, Community Projects, Residential Projects, and Fiscal)
- Initial sample size based on juvenile population
- Sample records monitored are determined on a pro rata basis by the grant's percentage of the department's total state funding
- Risk assessment will be used to determine audit frequency



LMHA/LIDDA/CRCG/DFPS Partnerships



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Community Resource Coordination Groups (CRCG)

- Local resources
- Tailored to meet individual need
- Ongoing
- Family needs can be addressed
- Helps keep youth shallow in the system

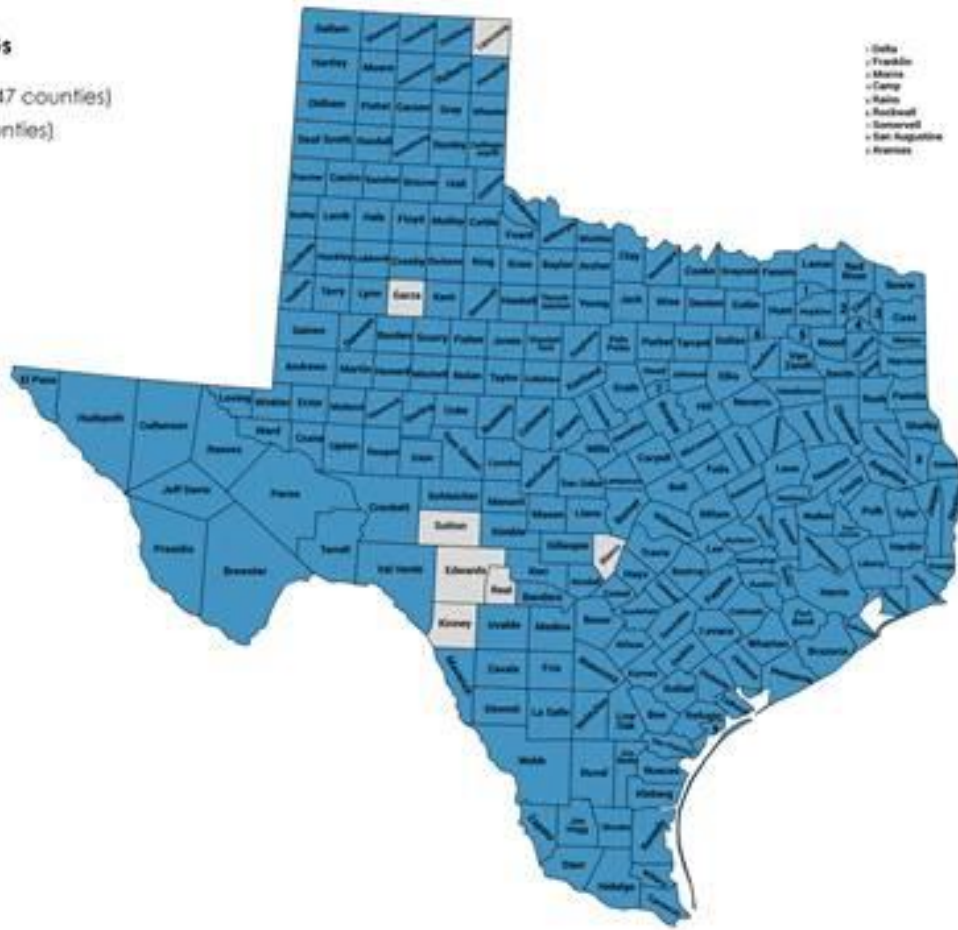
<https://crcg.hhs.texas.gov/>



Counties with CRCGs

- Active CRCGs (247 counties)
- No CRCGs (7 counties)

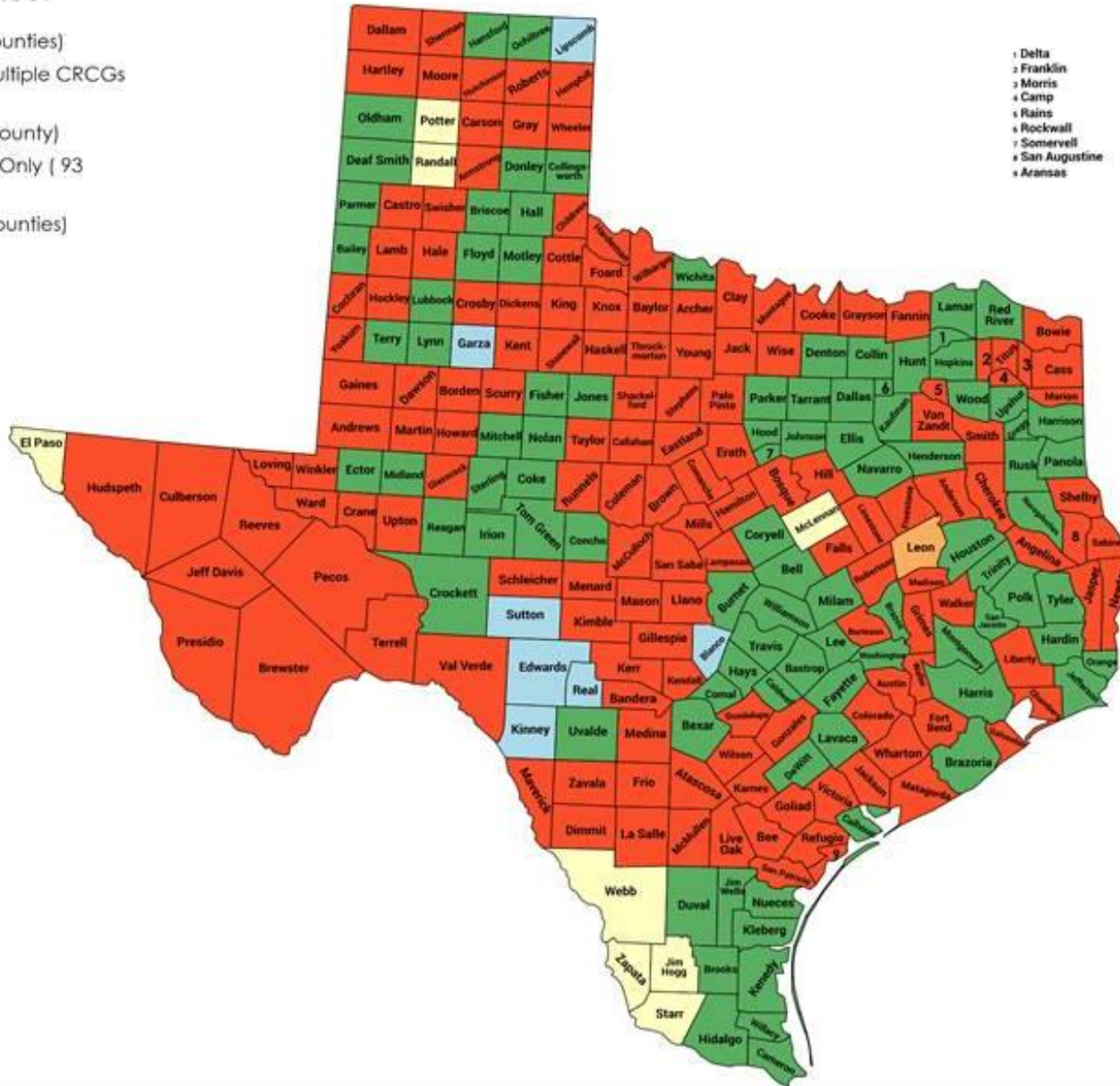
- Delta
- Franklin
- Moore
- Camp
- Rains
- Redwood
- Somervell
- San Augustine
- Aransas



Ages Served by CRCGs

- All Ages (145 counties)
- All Ages with Multiple CRCGs (8 counties)
- Adults Only (1 county)
- Children/Youth Only (93 counties)
- No CRCGs (7 counties)

- 1 Delta
- 2 Franklin
- 3 Morris
- 4 Camp
- 5 Rains
- 6 Rockwall
- 7 Somervell
- 8 San Augustine
- 9 Aransas



Local Mental Health Authority

- Continuity of care
- Family engagement
- Spectrum of services
- Ongoing care into adulthood

<https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>



Local Intellectual and Developmental Disability Authority (LIDDA)

- For youth with suspected or diagnosed Intellectual or Developmental Disability
 - IQ , adaptive behavior, diagnosis of autism spectrum disorder, under 18
- Specialized Therapies, Behavioral Supports, Respite Care, Vocational Training
- Necessary for those needing adult support

<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/local-idd-authority-lidda>



Health and Human Services Commission (HHSC)

- Reasons to reach out:
 - Issues with LMHA engagement
 - Residential Bed Project
 - Hospitalization Assistance
 - Inpatient Care Waitlist
 - Emergency Hospitalization



Department of Family and Protective Services (DFPS)

- Many of our youth are involved in multiple systems
- Building proactive relationships is essential
- Avoids duplication of services
- Continuity of care for youth

https://www.dfps.state.tx.us/child_protection/state_care/juvenile_justice.asp



Questions?



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Contact Information

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<p>Deborah Harris-Wiggins (Southeast) Regional County Program Administrator 254-722-2450 Deborah.Harris-Wiggins@tjjd.texas.gov</p>	<p>Mark Williams (Panhandle and West) Regional County Program Administrator 512-460-0849 Mark.Williams@tjjd.texas.gov</p>
<p>Jim Wilson (Central) Regional County Program Administrator 737-990-9063 James.Wilson@tjjd.texas.gov</p>	<p>Javier Aguilar (South) Regional County Program Administrator 956-245-7406 Javier.Aguilar@tjjd.texas.gov</p>
<p>Susan Palacios, PhD, LPC Community Mental Health Program Administrator 512-420-3923 Susan.Palacios@tjjd.texas.gov</p>	<p>Paul Alamo County Grants Monitor 512-490-7109 Paul.Alamo@tjjd.texas.gov</p>



ReOffended with Misdemeanor B or Higher^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No reoffense	480	68.2	68.2	68.2
	Re offended within one year	224	31.8	31.8	100.0
	Total	704	100.0	100.0	

a. CohortYear = One year analysis - 2019

Recidivated with Placement^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Placement	603	85.7	85.7	85.7
	Recidivated with a placement in one year	101	14.3	14.3	100.0
	Total	704	100.0	100.0	

a. CohortYear = One year analysis - 2019

Recidivated with Commitment^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No TJJD	687	97.6	97.6	97.6
	Recidivated with TJJD in one year	17	2.4	2.4	100.0
	Total	704	100.0	100.0	

a. CohortYear = One year analysis - 2019

ReOffended with Misdemeanor B or Higher^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No reoffense	458	61.0	61.0	61.0
	Re offended within one year	264	35.2	35.2	96.1
	Re offended within two years	29	3.9	3.9	100.0
	Total	751	100.0	100.0	

a. CohortYear = Two year analysis - 2018

Recidivated with Placement^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Placement	570	75.9	75.9	75.9

Recidivated with a placement in one year	138	18.4	18.4	94.3
Recidivated with a placement in two years	43	5.7	5.7	100.0
Total	751	100.0	100.0	

a. CohortYear = Two year analysis - 2018

Recidivated with Commitment^a

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No TJJD	719	95.7	95.7	95.7
Recidivated with TJJD in one year	13	1.7	1.7	97.5
Recidivated with TJJD in two years	19	2.5	2.5	100.0
Total	751	100.0	100.0	

a. CohortYear = Two year analysis - 2018

ReOffended with Misdemeanor B or Higher^a

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No reoffense	438	59.4	59.4	59.4
Re offended within one year	237	32.2	32.2	91.6
Re offended within two years	47	6.4	6.4	98.0
Re offended within three years	15	2.0	2.0	100.0
Total	737	100.0	100.0	

a. CohortYear = Three year analysis - 2017

Recidivated with Placement^a

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No Placement	558	75.7	75.7	75.7
Recidivated with a placement in one year	127	17.2	17.2	92.9
Recidivated with a placement in two years	39	5.3	5.3	98.2
Recidivated with a placement in three years	13	1.8	1.8	100.0
Total	737	100.0	100.0	

a. CohortYear = Three year analysis - 2017

Recidivated with Commitment^a

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No TJJD	686	93.1	93.1	93.1
	Recidivated with TJJD in one year	19	2.6	2.6	95.7
	Recidivated with TJJD in two years	19	2.6	2.6	98.2
	Recidivated with TJJD in three years	13	1.8	1.8	100.0
	Total	737	100.0	100.0	

a. CohortYear = Three year analysis - 2017

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Reoffense with Misdemeanor B or Higher
No Reoffense
Reoffended Within One Year
Reoffended Within Two Years
Reoffended Within Three Years

Placement
Not Placed
Placed Within One Year
Placed Within Two Years
Placed Within Three Years

TJJD Commitment
Not Committed
Committed Within One Year
Committed Within Two Years
Committed Within Three Years

2019	2018	2017
68.2	61.0	59.4
31.8	35.2	32.2
	3.9	6.4
		2.0

2019	2018	2017
85.7	75.9	75.7
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	5.7	5.3
		1.8

2019	2018	2017
97.6	95.7	93.1
2.4	1.7	2.6
	2.5	2.6
		1.8

Community Project - DSA

2022-23 Biennium

Effective date 09/01/2021

Latest Revision

I. GRANT DESCRIPTION.

- A. **Description.** Community Project is a Discretionary State Aid (DSA) grant created to comply with Section 223.001(c), Human Resources Code. Juvenile probation or regional programs and services provided in a non-residential setting that are evidence based and meant to that improve a juvenile probation department's ability to serve youth locally, improve outcomes, and decrease the likelihood of out of home placement or commitment to TJJD.
- B. **Goal.** The goal of the Community Project grant is to encourage the development or enhancement of programs and services in the community that:
1. implement research-driven practices based on the principals of risk need responsivity;
 2. use data to evaluate and inform program design;
 3. are trauma-responsive;
 4. keep youth closer to home; and
 5. result in demonstrable recidivism reduction.
- C. **Objective.** The objective of the Community Project grant is to increase the availability of probation programs and services and decrease the likelihood of youth commitment to the Texas Juvenile Justice Department (TJJD).
- D. **Target Population.** Juveniles appropriate for participation in a Community Project grant-funded program are those with characteristics of the target population for the program who have been referred to a juvenile probation department.

II. PROGRAMMATIC COMPONENTS.

- A. **Eligibility Requirements.** Grantee shall ensure that each youth enrolled in the grant-funded program meets the characteristics of the target population.
- B. **Documentation.**
1. Documentation concerning programs shall be maintained online where specified, as well as by Grantee, is subject to review by TJJD during on-site visits or upon request, and shall include:
 - a. entry of each program in TJJD's online "Program Registry";
 - b. date, time, and duration (expected length of stay) of program;
 - c. intended target population, including risk level and primary criminogenic needs of target population;
 - d. program goals and description, including program activities and/or program components, program outputs, and intended program outcomes;
 - e. location of program; and
 - f. number of intended participants.
 2. Grantee shall open a program record with the appropriate funding source in the department's individual case management system for any juvenile placed in a community project.
- C. **Performance.** Grantee performance under the grant shall be determined using the following measures:
1. number of juveniles served by the program during the grant period;
 2. percentage of juveniles enrolled in the program who successfully complete the program;

Community Project - DSA

2022-23 Biennium

Effective date 09/01/2021

Latest Revision

3. achievement of the program's identified outcome measure goals; and
4. achievement of the program's identified one-, two-, and three-year recidivism reduction goals.

D. Reporting.

1. **Annual Reports.** No later than October 1 of each year, the Grantee shall complete an end-of-year report in a format specified by TJJD. The report shall include the percentage of achievement toward identified program output goals for the last two quarters of the current fiscal year.
2. **Semi-Annual Reports.** No later than April 1 of each fiscal year, Grantee shall complete a mid-year report in a format specified by TJJD. The report shall include the percentage of achievement toward identified program output goals for the first two quarters of the current fiscal year.

III. CONTRACT APPLICABILITY.

Grantee shall be bound by the duties, responsibilities, and requirements of each part of the State Aid and Targeted Grants Contract. If a provision contained in the General Grant Requirements of that Contract conflicts with a provision in this Targeted Grant, the Targeted Grant provision controls.



SPECIAL NEEDS DIVERSIONARY PROGRAM

Program Specific Requirements for 2022 - 2023

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I. GRANT DESCRIPTION.

Special Needs Diversionary Program (SNDP) is a Discretionary State Aid (DSA) grant created to comply with Section 223.001(c), Human Resources Code. The SNDP is a grant designed to increase the availability of effective services to juveniles with mental health needs. The Texas Juvenile Justice Department (TJJD) is working in coordination with the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) and in cooperation with designated mental health providers to implement programs that provide services to juveniles under the supervision of the local juvenile probation departments.

II. GRANT SPECIFIC DEFINITIONS.

- A. **Community.** The geographic region in which the juvenile's parent, guardian, or custodian resides.
- B. **Community Supports and Services.** The people and organizations outside of the juvenile probation department that the family may need to access for help in the future. They may be formal supports, such as other local agencies or child serving organizations, or informal, such extended family members or neighbors.
- C. **Contact.** An in person, verbal, or written interaction regarding a particular SNDP case or the SNDP program as a whole. Types of contacts are:
1. **Collateral Contact.** Any contact that is not conducted with the juvenile and/or family but is in reference to the juvenile and/or family.
 2. **Community Contact.** A contact with the juvenile and/or family that occurs in the community other than at the school, juvenile's home, or office/program headquarters.
 3. **Detention/Confinement/Court Contact.** A contact with the juvenile and/or family that occurs while the juvenile is confined or is appearing in court.
 4. **Home Contact.** A contact with the juvenile and/or family that occurs in the home of the juvenile.
 5. **In-Person Interaction.** A contact that occurs in the same physical location with the person.
 6. **Joint Contact.** A contact with the juvenile and/or family conducted concurrently by the specialized juvenile probation officer and MHP.
 7. **Juvenile Probation Contact.** Any contact conducted by the specialized juvenile probation officer or designee.
 8. **Mental Health Contact.** Any contact conducted by a mental health professional.
 9. **Non-Custodial Contact.** A contact with the juvenile and/or non-custodial family member while the juvenile resides with that family member.
 10. **Office/Program/Headquarters Contact.** A contact with the juvenile and/or family in any office setting, including the therapist's office, juvenile probation officer's office, or the SNDP Team's office.
 11. **Phone Contact.** A contact with the juvenile and/or family that is conducted via the telephone.
 12. **School Contact.** A contact with the juvenile and/or family in the school of the juvenile.
 13. **Verbal Interaction.** A contact that involves speaking with the person in real time but not in person. Verbal interactions may include telephone conversations, Skype or FaceTime calls, or video conference meetings.
 14. **Written Interaction.** A contact that is conducted in writing, such as via e-mail, letter, or text.
- D. **Core Team.** The SNDP juvenile probation officer and Mental Health Professional (MHP) assigned to the juvenile's case.
- E. **Designated Mental Health Provider.** A local mental health authority or contracted mental health provider serving the juvenile and family enrolled in the SNDP.
- F. **Enrollment Date.** The date when the core team initiates and coordinates services.

- G. **Grantee.** The juvenile board and/or juvenile probation department receiving funds under this grant.
- H. **Licensed Mental Health Professional (LMHP).** An individual who is licensed or certified by the state of Texas to diagnose, evaluate, or treat any mental, emotional condition, or disorder including, but not limited to, a psychiatrist, psychologist, licensed social worker, licensed professional counselor, and marriage and family therapist.
- I. **Mental Health Professional (MHP).** An individual who is designated to provide mental health case management and related services for which licensure is not required. An LMHP is able to perform the functions of an MHP, but an MHP may not be qualified to perform the functions of an LMHP.
- J. **Non-Core Team Member.** Any service provider who participates in the treatment, case plan, and/or case plan review of the juvenile and/or family.
- K. **Out-of-Home Placement.** The placement of a juvenile in a residential setting outside the home, including: foster home, pre-adjudication secure detention facility, post-adjudication secure correctional facility, non-secure correctional facility, residential childcare facility, or other public or private institution or agency placement. There are two types of out of home placements:
 - 1. **Non-Probation Out of Home Placement.** The juvenile has a placement out of the home while in SNDP that is initiated for a reason other than continued delinquent activity or violation of probation. Examples include CPS placement or placement in a psychiatric hospital to stabilize mental health symptoms.
 - 2. **Probation out of Home Placement.** The juvenile has a placement out of the home while in SNDP that is initiated because of continued delinquent activity or violation of probation.
- L. **Priority Population.** The population of juveniles who have a diagnosis under the current version of the DSM, **other** than or in addition to substance abuse, intellectual developmental disorder, and/or autism spectrum disorder, as determined by an LMHP after completion of a standardized mental health assessment.
- M. **Referral Date.** The date that the juvenile was referred to the SNDP for screening.
- N. **Risk Level.** The level of risk to reoffend as determined by a TJJJ-approved risk assessment.
- O. **SNDP Team.** All core and non-core team members who are working with juveniles and their families referred to and enrolled in the SNDP.
- P. **SNDP Officer.** A certified juvenile probation officer who serves those juveniles referred to and enrolled in the SNDP.

III. PROGRAMMATIC COMPONENTS. Grantee shall ensure that the following program components are implemented:

- A. **Target Population.** Grantee shall serve only those juveniles who:
 - 1. have received a disposition of deferred prosecution or juvenile court-ordered probation or have been released under court-ordered conditions of release and are being supervised in the community by the juvenile probation department; and
 - 2. have met the priority population definition.
- B. **Clinical Assessment.**
 - 1. Each juvenile's case file shall include a clinical assessment completed within ninety (90) calendar days prior to enrollment in the SNDP. The assessment must be signed and dated by an LMHP. In the event the clinical assessment and enrollment occur on the same day, it may be signed and dated no later than two business days after enrollment.
 - 2. The clinical assessment establishing eligibility shall contain a current DSM diagnosis other than, or in addition to, substance abuse, intellectual developmental disorder, or autism spectrum disorder.
- C. **Family Suitability Interview.**
 - 1. The core team shall complete a family suitability interview for each juvenile found to meet the requirements for services through this program prior to or at the same time as the juvenile's enrollment into the SNDP.
 - 2. The family suitability interview shall document the following:
 - a. whether the juvenile has an adult family member available for participation in the program;

- b. whether the family is willing to participate in the program; and
- c. that an explanation of the requirements of the program was provided to the juvenile and family.

D. Insurance Screening.

1. All juveniles shall be screened for medical insurance coverage prior to or upon enrollment into the SNDP.
2. If third-party insurance, Medicaid, or Children's Health Insurance Program (CHIP) does not already cover the juvenile, the SNDP Team shall ensure that an application for Medicaid or CHIP is completed and submitted no later than five (5) calendar days after the juvenile's enrollment into the program.

E. Out-of-Home Placement.

1. Juveniles may be enrolled in the SNDP upon discharge from an out-of-home placement if they meet the requirements under Section IV.A.
2. A juvenile may remain enrolled in the SNDP if the juvenile is placed in an out-of-home placement as long as the juvenile's absence from the home does not exceed forty-five (45) calendar days. The SNDP team shall continue to provide services to the juvenile and family according to the juvenile's case/treatment plan.

F. Re-enrollment of Discharged Juvenile. Juveniles meeting the requirements under Section IV.A. may be re-enrolled into the SNDP after previously completing the program or having been discharged from the program.

G. Team Requirements.

1. The core team shall maintain a minimum average daily caseload of 12 juveniles and their families. An SNDP officer caseload shall not exceed 20 juveniles at any one time.
2. The SNDP officer shall have at least one in-home contact with the juvenile and family per week during the first 30 days of enrollment.
 - a. If a parent is not present during the required home visit, the SNDP officer is required to have a subsequent contact with the parent.
 - b. If the youth is detained or moved to an out-of-home placement during the first 30 days, the SNDP officer is required to make weekly contact with both the youth and family until the youth returns home.
3. The SNDP officer is required to make minimum monthly contacts according to assessed risk level during the second 30 days of the program as follows:
 - a. Low risk – requires at least one in-person contact with the juvenile;
 - b. Moderate risk – requires at least two contacts with the juvenile, one of which must be in person;
 - c. High risk – requires weekly contact with the juvenile, one of which must be in person; and
 - d. All risk levels require at least one family contact.
4. The second monthly case plan review and all subsequent case plan reviews shall determine, based on need, risk, and progress in the program, the number and type of contacts with the juvenile and family to be made by the SNDP team.
 - a. The SNDP officer shall conduct contacts with the juvenile and family for the duration of enrollment in the SNDP, with reasonable exceptions made for a designee to make contacts when the SNDP officer is unavailable due to training, pre-scheduled absences from work, or unforeseen circumstances; and
 - b. The SNDP officer shall make a minimum of one in-person contact with each juvenile and family per month.
5. The family shall be provided contact information for a crisis hotline or core team member that may be reached 24 hours a day, seven (7) days a week and 365 days a year for assistance with crisis resolution.
 - a. Crisis calls to a core team member for mental health concerns will be immediately referred to a qualified mental health professional.
 - b. The core team members will review the circumstances surrounding any call the family makes for crisis intervention no later than two (2) business days after notification regarding the event.

- c. The core team will conduct a crisis debriefing with the juvenile and/or family member(s) no later than five (5) business days after notification regarding the event to discuss antecedents, actions taken during the crisis, and possible future steps or learning opportunities when:
 - the crisis situation involves the juvenile or family member being hospitalized for medical or psychiatric purposes;
 - the crisis situation includes police involvement; or
 - the core team determines follow-up is needed.
6. The core team shall establish a unified enrollment date for each individual juvenile enrolled in the program.
7. The core team shall provide services to the juvenile and family for the period the juvenile is enrolled in the SNDP.
8. Weekly communication between core team members is required to monitor the progress and needs of each juvenile enrolled in the SNDP.

H. Case/Treatment Plan.

1. The core team shall meet with the juvenile and family and develop an initial case/treatment plan within 72 hours of the juvenile's enrollment into the program.
2. The case/treatment plan shall be developed by the core team with input from the juvenile and the parent, guardian, or custodian.
3. The case/treatment plan shall be written in terms that are specific and measurable, and shall document each of the following criteria:
 - a. identified areas of need for the juvenile and family;
 - b. each activity/intervention to be completed;
 - c. the person(s) responsible for completing each activity/intervention;
 - d. the date by which each activity/intervention is to be conducted and/or completed;
 - e. how each activity/intervention is to be conducted;
 - f. the services that will be made available to the juvenile and family to assist them in acquiring skills and resources to meet their needs;
 - g. all required contacts; and
 - h. the long-term community supports that will be used.
4. A copy of the plan shall be provided to the juvenile and family no later than seven (7) calendar days after the juvenile's enrollment into the program.
5. The core team shall formally review and update case/treatment plans monthly with the juvenile and family. A copy shall be provided to the family no later than seven (7) calendar days after the date of completion of the review. Monthly reviews shall occur within 21 to 35 days after the initial case/treatment plan development or previous review unless a significant event in the juvenile or family's circumstances occurs that necessitates an earlier review and update to the plan.
6. Transition planning shall be incorporated by the core team into the juvenile's monthly case treatment plan review at least 30 days prior to the juvenile's discharge from the program. The Transition plan should outline the network of formal and informal community supports and services the family will use once released from the program.

I. Discharge/Aftercare Plan. On the day of the juvenile's discharge from the SNDP, the core team, with the juvenile and family, shall complete and provide the juvenile and family a copy of a written discharge/aftercare plan, which shall:

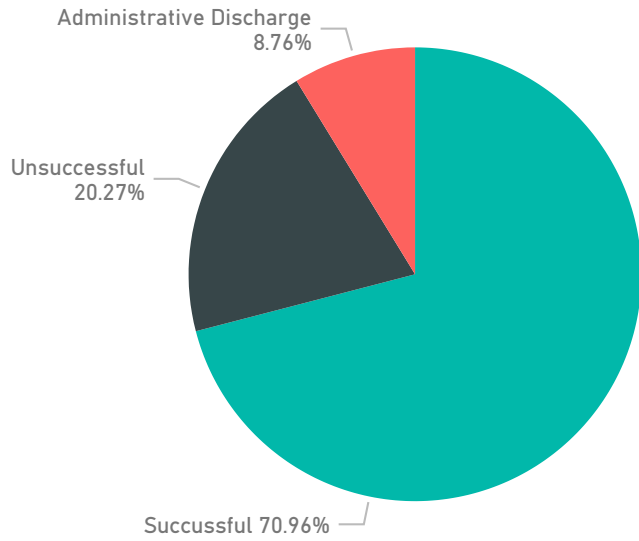
1. outline the ongoing community support systems and the community linkages to these resources for the family; and
2. identify specific recommended family services and community linkages to appropriate resources.

Youth Served

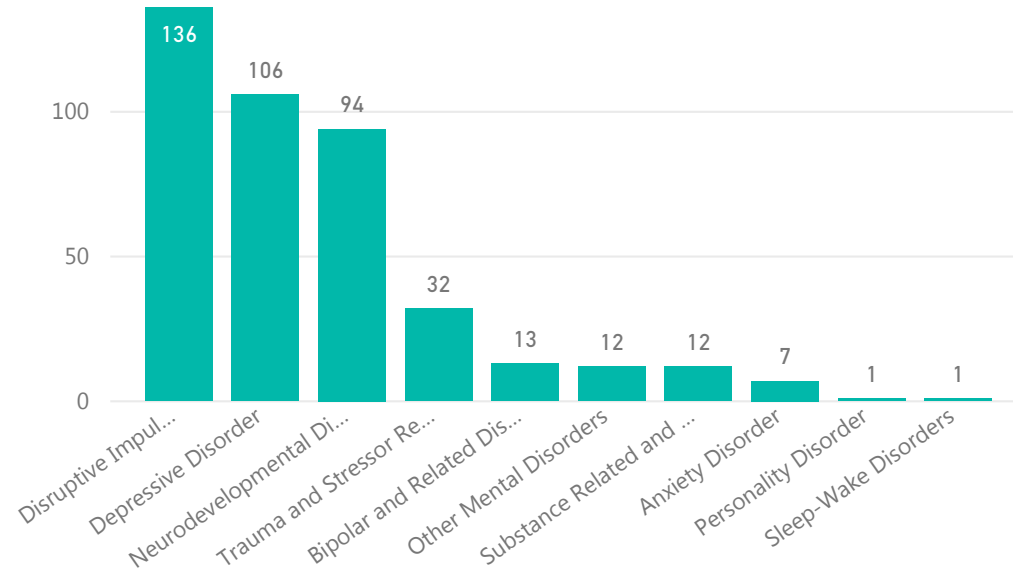
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FY 21 SNDP Outcomes

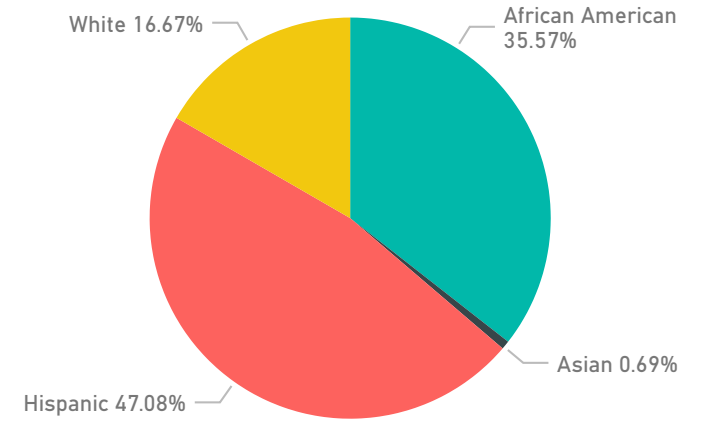
Program Outcome



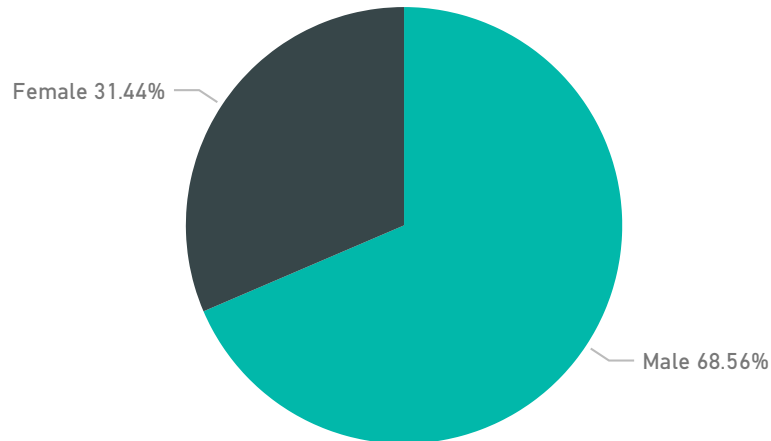
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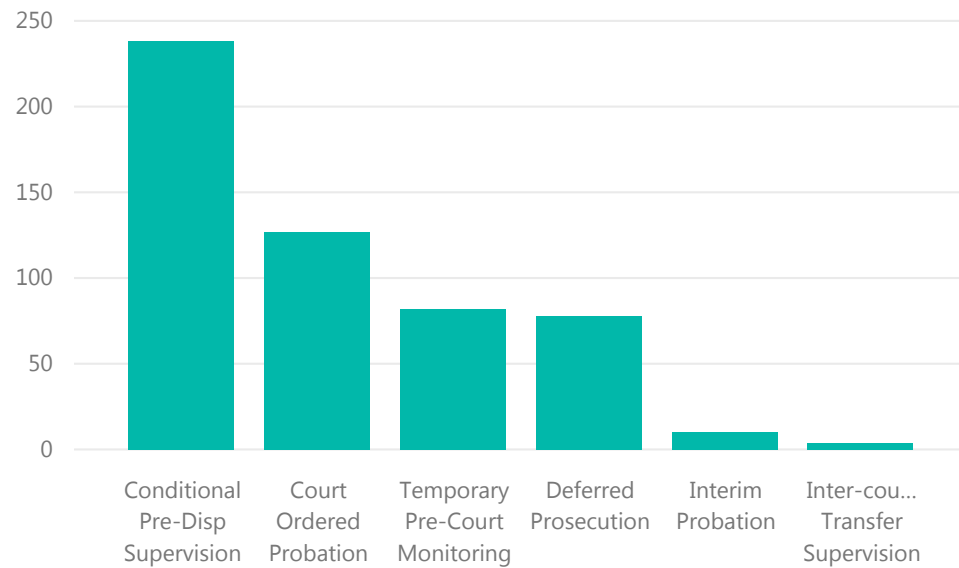
Race



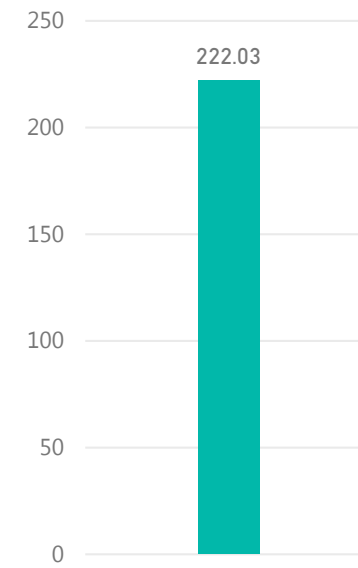
Gender



SupervisionType



Avg Length of Stay (Days)



Average Age At Entry

