

2022

*Review of*  
**TREATMENT EFFECTIVENESS**

PUBLISHED DECEMBER 2022



TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

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TEXAS  
JUVENILE JUSTICE  
DEPARTMENT

TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

# *Review of* TREATMENT EFFECTIVENESS

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PUBLISHED DECEMBER 2022

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# EXECUTIVE SUMMARY

This report serves several legislatively mandated purposes. First, the report considers how the activities undertaken as part of reentry and reintegration planning affect the rearrest and reincarceration of youth released from state-operated and contracted facilities and examines agency recidivism broadly (as required by Human Resources Code [HRC] § 245.0535). Second, the report examines the four main specialized treatment programs administered by TJJD, including programs for youth who have committed capital and serious violent offenses, youth with a need for alcohol or other drug treatment, youth with a need for sexual behavior treatment, and youth with mental illness, with an emphasis on gender-responsive programming for female youth in each category. The report provides an overview of each program, along with the number of youth participating in, and completing, each kind of treatment (as required by HRC § 242.002). Third, the report considers the recidivism outcomes of youth who have participated in treatment, including rearrest and reincarceration outcomes for youth released from state-operated and contracted residential facilities after enrollment in specialized treatment (as required by HRC § 242.001).

Rearrest rates declined over the two most recent years while violent rearrest rates fluctuated. The reincarceration rate steadily declined across the six years reported. Several factors may contribute to changing rates including: (1) agency efforts to divert youth from admission resulting in a greater percentage of youth with determinate sentences and multiple specialized treatment needs being committed as a last resort; (2) the state-wide, general trend in referrals for violent felony offenses among youth in Texas prior to the COVID-19 pandemic and as the state started to reopen in March 2021; (3) impact of the pandemic on staffing resulting in delays returning youth to residential facilities; (4) agency reform measures including addressing parole violations for nonviolent behavior using community resources to allow youth to remain in the community when possible; and (5) implementation of the Effective Practices in Community Supervision (EPICS) model for youth in community supervision.

Analysis of specialized treatment data shows high rates of enrollment in the appropriate level of treatment programming. Completion of treatment also remains quite high. The completion rate for youth in Sexual Behavior Treatment was at its highest level among youth released in FY 2021. Overall, recidivism by specialized treatment participation mirrors general agency recidivism; an expected result given that all except one percent of youth for the six-year reported period had a need for specialized treatment.

# INTRODUCTION

The Texas Juvenile Justice Department (TJJD) is focused on the mission of increasing public safety through youth rehabilitation. While the majority of youth involved in the juvenile justice system remain at the county level on probation, some youth who commit the most serious crimes are committed to TJJD.

Youth committed to TJJD participate in treatment and programming based on their individual needs with the goals of rehabilitation and a return to their community. Two of the most important components of this programming, and the focus of this report, are reentry planning and specialized treatment. TJJD is required by statute to report on the effectiveness of its comprehensive reentry and reintegration planning and its four primary specialized treatment programs. The 2022 Review of Treatment Effectiveness is submitted in accordance with the requirements in Sections 242.001, 242.002, and 245.0535, Texas Human Resources Code.

Section one of the Review of Treatment Effectiveness provides an overview of the characteristics of all youth released in FY 2021. This most recent release cohort allows for at least a one-year follow-up period for recidivism calculations and is the focus of this report. For comparison, the first section also includes characteristics of youth newly admitted in FY 2022.

The second section of this report fulfills the requirement in HRC § 242.0535, and provides information on the comprehensive reentry and reintegration planning undertaken by the agency and the associated recidivism outcomes of youth. This includes a description of reentry and reintegration programming and an analysis of recidivism outcomes by parole participation. The section also includes overall recidivism outcomes by gender in order to provide a point of comparison for recidivism by specialized treatment programs, presented in the third section.

Finally, the third section is a report of the effectiveness of TJJD's four specialized treatment programs, examining treatment availability and recidivism outcomes by program and gender, as required in HRC §§ 242.001-.002. The four specialized treatment programs are the Capital and Serious Violent Offender Treatment (CSVOTP), Alcohol and Other Drug Treatment (AOD), Sexual Behavior Treatment (SBTP), and Mental Health Treatment (MHT). To fulfill this requirement, the last section of the report includes a description of each of the four specialized treatment programs. It also presents the number of youth, by gender, who have an assessed need for each treatment program, the number enrolled in and completing treatment, and the recidivism outcomes for youth who participated in each treatment program.

The COVID-19 pandemic influenced the statistics reported here for FY 2019 - FY 2021 releases. As the virus spread through Texas, each facet of the juvenile justice system experienced operational disruptions. Over the past two years, TJJD continued to respond to COVID outbreaks and direct care staffing shortages. As a result, variance between releases for the most recent three years and earlier years can be due to both TJJD programming and COVID-19 and labor shortage response and therefore, should be interpreted with caution.

# YOUTH CHARACTERISTICS

## RELEASE COHORT, FISCAL YEAR 2021

This report focuses on outcomes for youth who participated in reentry planning and specialized treatment while in TJJD facilities and were subsequently released. In order to have one-year recidivism outcomes and to show trends over time, we report data on youth released between FY 2016 and FY 2021. **Table A.1** provides an overview of the characteristics of youth released in FY 2021, whose outcomes are included for the first time in this report. Characteristics are broken down by female and male youth.

TJJD released 444 youth from residential facilities in FY 2021, 11 percent of whom were girls. Nineteen percent of youth released had determinate sentences, a steady increase over the past five years. Approximately 16 percent of youth released in FY 2021 were assessed as high risk, with another 40 percent assessed as medium risk. Girls were less likely to have committed a second degree or higher felony than were boys (41 percent versus 66 percent, respectively) but were more likely to have a prior court-ordered out-of-home placement and self-reported history of abuse or neglect. The majority of youth (over 80 percent of both boys and girls) were released between ages 17 and 19, with 25 percent released at or very close to the age of majority. Girls' stays at TJJD were 1.2 months shorter than boys' on average.

**Table A.1** also provides data regarding the total number of high or moderate specialized treatment needs by gender. Overall, in FY 2021, 99 percent of youth were assessed as having at least one high or moderate need for specialized treatment. On average, girls had higher levels of need than boys did; 69 percent of girls had at least three high or moderate needs, compared to 49 percent of boys. The third section of this report considers specialized treatment needs in more detail and discusses rates of treatment enrollment and completion.

**TABLE A.1: Greater proportion of female youth released in fiscal year 2021 had prior out-of-home placement, history of abuse and neglect, and multiple specialized treatment needs.**

Releases	Female		Male		All Youth	
<b>Number of Youth Released</b>	<b>49</b>		<b>395</b>		<b>444</b>	
<b>Sentence Type<sup>1</sup></b>	#	%	#	%	#	%
Indeterminate Commitment	42	85.7	317	80.3	359	80.9
Determinate Sentence	7	14.3	78	19.7	85	19.1
<b>Age at Release</b>	#	%	#	%	#	%
14 or Younger	0	0.0	5	1.3	5	1.1
15	2	4.1	16	4.1	18	4.1
16	7	14.3	53	13.4	60	13.5
17	25	51.0	89	22.5	114	25.7
18	10	20.4	128	32.4	138	31.1
Within 1 Month of 19 <sup>th</sup> Birthday	5	10.2	104	26.3	109	24.5
<b>Length of Stay</b>						
Average Length of Stay at Release	16.5 Months		17.7 Months		17.5 Months	
<b>Level of Offense</b>	#	%	#	%	#	%
Capital Felony	0	0.0	1	0.3	1	0.2
First-Degree Felony	5	10.2	156	39.5	161	36.3
Second-Degree Felony	15	30.6	102	25.8	117	26.4
Third-Degree Felony	16	32.7	89	22.5	105	23.6
State-Jail Felony	13	26.5	47	11.9	60	13.5
<b>Risk Assessment<sup>2</sup></b>	#	%	#	%	#	%
High	9	18.4	59	15.2	68	15.6
Moderate	18	36.7	157	40.5	175	40.0
Low	22	44.9	172	44.3	194	44.4
<b>Risk Factors</b>	#	%	#	%	#	%
Three or More Felony or Misdemeanor Referrals	27	55.1	286	72.4	313	70.5
Two or More Felony or Misdemeanor Adjudications	28	57.1	257	65.1	285	64.2
On Probation at Commitment <sup>3</sup>	35	71.4	265	73.6	300	73.3
Prior Out-Of-Home Placement	35	71.4	230	58.2	265	59.7
Incarcerated Household Member <sup>4</sup>	31	63.3	229	58.0	260	58.6
History of Abuse or Neglect <sup>4</sup>	39	79.6	207	52.4	246	55.4
Parents Separated or Divorced <sup>4</sup>	43	87.8	325	82.3	368	82.9
<b>Total Number of High or Moderate Treatment Needs</b>	#	%	#	%	#	%
Any	49	100.0	394	99.7	443	99.8
Two or More	49	100.0	361	91.4	410	92.3
Three or More	34	69.4	185	46.8	219	49.3

<sup>1</sup> Excludes 1 youth not matched in the DPS database.

<sup>2</sup> Positive Achievement Change Tool (PACT). Data is missing for 7 youth. Percentages do not include missing data.

<sup>3</sup> Data is missing for 35 youth. Percentages do not include missing data.

<sup>4</sup> Adverse Childhood Experiences (ACES).



## NEW ADMISSIONS COHORT, FISCAL YEAR 2022

Although this report focuses on youth released in FY 2021 and earlier, information is provided for youth newly admitted to TJJD in FY 2022 (*see Table A.2*). This data helps to illustrate the ongoing and changing needs of youth admitted to the agency. While the cohort of youth newly admitted to TJJD is smaller than in previous years, due in large part to the COVID-19 pandemic, FY 2022 shows a higher percentage of youth with determinate sentences and youth with capital or second-degree felony offenses, as compared to the release cohort in FY 2021. This is at least partly because release data does not include youth with determinate sentences who are transferred to the Texas Department of Criminal Justice (TDCJ) Institutions Division.

The profile of newly admitted youth below also includes specialized treatment needs for both genders. Overall, the percentage of new admissions with multiple high and moderate treatment needs increased steadily over the past 10 years (not shown). For FY 2022, girls and boys differed most on the level of need for Sexual Behavior Treatment (higher percentage of males with high or moderate need) and Mental Health Treatment where all girls have some level of need.

**TABLE A.2: Greater proportion of male youth admitted in fiscal year 2022 had a determinate sentence while a higher percentage of females had high or moderate mental health need.**

New Admissions	Female		Male		All Youth	
Number of New Admissions	43		383		426	
Sentence Type	#	%	#	%	#	%
Indeterminate Commitment	35	81.4	260	67.9	295	69.2
Determinate Sentence	8	18.6	123	32.1	131	30.8
Age at Admission	#	%	#	%	#	%
12 or Younger	2	4.7	4	1.0	6	1.4
13	1	2.3	7	1.8	8	1.9
14	9	20.9	25	6.5	34	8.0
15	8	18.6	58	15.1	66	15.5
16	14	32.6	132	34.5	146	34.3
17	8	18.6	125	32.6	133	31.2
18	1	2.3	32	8.4	33	7.7
Level of Offense	#	%	#	%	#	%
Capital Felony	0	0.0	4	1.0	4	0.9
First-Degree Felony	10	23.3	129	33.7	139	32.6
Second-Degree Felony	6	14.0	135	35.2	141	33.1
Third-Degree Felony	20	46.5	68	17.8	88	20.7
State-Jail Felony	7	16.3	47	12.3	54	12.7
Risk Assessment <sup>1</sup>	#	%	#	%	#	%
High	12	27.9	87	22.7	99	23.2
Moderate	17	39.5	140	36.6	157	36.9
Low	14	32.6	154	40.2	168	39.4

New Admissions	Female		Male		All Youth	
<b>Number of New Admissions</b>	<b>43</b>		<b>383</b>		<b>426</b>	
<b>Risk Factors</b>	#	%	#	%	#	%
Three or More Felony or Misdemeanor Referrals	35	81.4	285	74.4	320	75.1
Two or More Felony or Misdemeanor Adjudications	27	62.8	255	66.6	282	66.2
On Probation at Commitment	24	55.8	196	51.2	220	51.6
Prior Out-Of-Home Placement	27	62.8	190	49.6	217	50.9
Incarcerated Household Member <sup>2</sup>	25	59.5	226	59.6	251	59.6
History of Abuse or Neglect <sup>2</sup>	32	74.4	190	49.6	222	52.1
Parents Separated or Divorced <sup>2</sup>	39	92.9	304	80.2	343	81.5
<b>Need for Specialized Treatment<sup>3</sup></b>						
<b>Capital and Serious Violent Offender Treatment</b>						
High Need	14	37.8	205	55.7	219	54.1
Moderate Need	20	54.1	145	39.4	165	40.7
Low Need	2	5.4	9	2.4	11	2.7
Any Need	36	97.3	359	97.6	395	97.5
<b>Alcohol and Other Drug Treatment</b>						
High Need	15	40.5	179	48.6	194	47.9
Moderate Need	15	40.5	147	39.9	162	40.0
Low Need	3	8.1	16	4.3	19	4.7
Any Need	33	89.2	342	92.9	375	92.6
<b>Sexual Behavior Treatment</b>						
High Need	1	2.7	33	9.0	34	8.4
Moderate Need	0	0.0	24	6.5	24	5.9
Low Need	25	67.6	198	53.8	223	55.1
Any Need	26	70.3	255	69.3	281	69.4
<b>Mental Health Treatment</b>						
High Need	5	13.5	28	7.6	33	8.1
Moderate Need	30	81.1	281	76.4	311	76.8
Low Need	2	5.4	40	10.9	42	10.4
Any Need	37	100.0	349	94.8	386	95.3
<b>Total Number of High or Moderate Treatment Needs<sup>3</sup></b>						
Any	37	100.0	368	100.0	405	100.0
Two or More	36	97.3	356	96.7	392	96.8
Three or More	26	70.3	292	79.3	318	78.5

<sup>1</sup> Positive Achievement Change Tool (PACT). Data is missing for 2 youth. Percentages do not include missing data.

<sup>2</sup> Adverse Childhood Experiences (ACES). Data is missing for 5 youth. Percentages do not include missing data.

<sup>3</sup> Data is missing for 21 youth. Percentages do not include missing data.

# REENTRY AND REINTEGRATION: PROGRAMMING AND RECIDIVISM

## OVERVIEW OF REENTRY AND REINTEGRATION PROGRAMMING

As required by the HRC § 245.0535 and indicated by best practices, TJJD develops a comprehensive reentry and reintegration plan for each youth committed to the agency. Reentry planning begins at intake and continues throughout a youth's time in residential facilities and as he or she transitions to parole. This includes plans for education, employment, stable housing, a strong and prosocial support system, aftercare services to address ongoing treatment and other developmental needs, and any other appropriate specialized services. The goal for youth is self-efficacy, self-reliance, and a safe transition from residential facilities back to the community. TJJD seeks to implement reentry planning in a coordinated and integrated manner, with strong collaboration between the case manager, the parole officer, the youth, and the family.

TJJD offers an evidence-based rehabilitation strategy with supplemental specialized treatment programs and services to youth committed to the agency coupled with family supports. The agency's rehabilitative strategy includes a reentry system, which aims to connect youth and their families to agency supports and community resources well in advance of the youth's return to the community, to execute those plans effectively following the youth's return, and to maximize potential for a positive outcome. The reentry system includes preparation and assistance to connect youth with services in the following areas: housing; transportation; workforce development and employment; leisure skills activities; faith-based programming; mentoring; Medicaid and medical care; and specialized aftercare services including mental health treatment, aggression management, sexual behavior treatment, and alcohol and other drug abuse treatment. Staff assist assigned youth and families to navigate systems (medical, behavioral health, educational, workforce, human service agencies; community resources; housing; transportation, recreational/leisure) and to appropriately advocate for themselves within these systems.

In accordance with HRC § 245.0535, TJJD must conduct research to determine whether its comprehensive reentry and reintegration planning reduces youth recidivism. The methodology used to calculate recidivism outcomes is discussed below.

## RECIDIVISM METHODOLOGY

For this report, TJJD measures recidivism by tracking youth for the first year after they are released from a residential facility (including state secure facilities, halfway houses, and contract facilities) to parole or discharge. Youth who are transferred to prison or jail and who never spend time in the community are not included. TJJD data are matched with data from the Department of Public Safety (DPS) and TDCJ to capture youth rearrested by DPS and reincarcerated in TDCJ, as well as those reincarcerated in TJJD. The three measures of recidivism examined include: (1) whether a youth was arrested for a new offense within one year of his or her release date; (2) whether a youth was arrested for new violent offense within one year of his or her release date; and (3) whether a youth was

reincarcerated within one year of his or her release date. Only rearrests for offenses at the Misdemeanor B level or higher are counted, but reincarceration is counted regardless of whether youth are reincarcerated for a felony, misdemeanor, or technical violation. (Note that recidivism rates may not match previously reported rates due to changes in definition, timing, and other factors.)

In order to fulfill the statutory requirements, this report presents recidivism data on youth released from facilities by their parole participation, overall by gender, and by their participation in each kind of specialized treatment by gender. However, there are several limitations to the recidivism analysis. First, except for the distinction between rearrests for violent offenses and overall rearrests, we are not able to report on the kinds of reoffenses youth commit. If a youth is arrested for a significantly lesser and/or nonviolent offense after successful completion of the Capital and Serious Violent Offender Treatment Program, this type of progress is not conveyed in the report. Second, in order to track youth released recently enough to meaningfully capture current agency practices, we are only able to use one year of follow-up for recidivism measures rather than the more rigorous three years of follow-up, and youth released in FY 2021 may still have completed treatment early in their time at TJJD, reflecting on agency practices that are several years old.

Third, although recidivism outcomes are presented by parole and program participation, it is nearly impossible to distinguish the effect of parole or of each specific program on recidivism outcomes. Youth released to parole may differ from youth discharged directly in some important ways. The same is true for youth who have a need for different kinds of treatment. Youth with certain specialized treatment needs may be more likely or less likely to recidivate regardless of their treatment participation. For example, youth who previously committed certain violent offenses are more likely to commit them again, and youth with crimes related to their sexual behavior needs are among the least likely to reoffend. In addition, most youth receive at least two kinds of specialized treatment while at TJJD, further complicating the ability to tie recidivism rates to participation in any one program.

Finally, the success that TJJD has had in recent years ensuring that nearly every youth receives the treatment he or she needs means that there is no longer a group of youth who do not receive treatment and can thus serve as a comparison group.

## RECIDIVISM OUTCOMES BY PAROLE PARTICIPATION

All youth receive reentry and reintegration services beginning from the time they are admitted to TJJD, so there is no comparison group against which to judge the true impact of these services. However, because some youth are released from facilities at the age of majority, they do not receive any parole services, which is the biggest opportunity TJJD has to intervene with youth directly during the period of their reentry and reintegration. Therefore, in **Table B.1** below, we present recidivism rates by parole participation. Youth who were released to the community and spent at least one day on parole are counted as parole participants. Youth who were released and discharged from the agency's jurisdiction simultaneously are counted as parole nonparticipants.

As **Table B.1** shows, youth who were released to parole actually had higher rearrest and reincarceration rates than youth who were discharged directly. This difference is not unexpected;

youth on parole have higher levels of supervision through regular interaction with their parole officer, meaning they may not necessarily commit new offenses more often than their directly discharged counterparts but, in efforts to protect community safety, may simply be caught more often. This is a particularly likely explanation for the large difference in reincarceration rates for youth, where youth on parole are nearly twice as likely to be reincarcerated for half of the years reported. Because reincarceration for technical violations is included, youth on parole are vulnerable to being caught breaking rules, in addition to committing new crimes that may lead to reincarceration. Overall reincarceration has declined since FY 2016; the difference in rates between youth paroled and discharged decreased prior to the COVID-19 pandemic then increased as the agency maintained consistent efforts to strengthen the parole revocation process and due process hearings

**TABLE B.1: Youth released to parole are closely supervised which may result in higher recidivism rates.**

Number of Youth Released by Parole Participation			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Parole	#	#	%	#	%	#	%
2021	Yes	313	159	50.8	58	18.5	30	9.6
	No	133	49	37.4	22	16.8	7	5.3
2020	Yes	491	241	49.1	91	18.5	53	10.8
	No	133	37	27.8	6	4.5	7	5.3
2019	Yes	627	365	58.2	128	20.4	64	10.2
	No	150	55	36.7	12	8.0	18	12.0
2018	Yes	603	346	57.4	98	16.3	81	13.4
	No	200	81	40.5	22	11.0	19	9.5
2017	Yes	573	294	51.3	86	15.0	88	15.4
	No	221	108	48.9	36	16.3	14	6.3
2016	Yes	501	248	49.5	61	12.2	83	16.6
	No	183	72	39.3	18	9.8	13	7.1
<b>Total</b>	<b>Yes</b>	<b>3108</b>	<b>1653</b>	<b>53.2</b>	<b>522</b>	<b>16.8</b>	<b>399</b>	<b>12.8</b>
	<b>No</b>	<b>1018</b>	<b>402</b>	<b>39.5</b>	<b>116</b>	<b>11.4</b>	<b>78</b>	<b>7.7</b>

### OVERALL AGENCY RECIDIVISM

To provide a picture of recidivism for the agency as a whole, **Table B.2** shows the one-year rearrest, violent rearrest, and reincarceration rates for girls, boys, and both genders together for youth released between FY 2016 and FY 2021. This table serves as a comparison for the rest of the report, in which recidivism is presented by gender and program participation. Looking at trends over time, the general and violent rearrest rates increased to FY 2019, then general rearrest declined while violent rearrest fluctuated. In contrast, the reincarceration rate steadily declined across the six years. It is clear that rearrest rates for girls are much lower than for boys. Across all six years presented, the average general rearrest rate for girls was 27 percent, compared to 52 percent for boys. The difference in violent rearrest rate is even more striking, with 16 percent of boys having a violent rearrest within one year, compared to 4 percent of girls. At the same time, reincarceration rates are comparable for girls and boys across the six years, but lower for girls in the most recent two years.

**TABLE B.2: Females had lower rearrest rates in all years as the reincarceration rate declined over time for all youth.**

Number of Youth Released			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Gender	#	#	%	#	%	#	%
2021	Female	49	9	18.4	3	6.1	3	6.1
	Male	395	199	50.4	77	19.5	34	8.6
	Both	444	208	46.8	80	18.0	37	8.3
2020	Female	47	14	29.8	1	2.1	1	2.1
	Male	577	264	45.8	96	16.6	59	10.2
	Both	624	278	44.6	97	15.5	60	9.6
2019	Female	74	26	35.1	6	8.1	8	10.8
	Male	703	394	56.0	134	19.1	74	10.5
	Both	777	420	54.1	140	18.0	82	10.6
2018	Female	64	20	31.3	3	4.7	14	21.9
	Male	739	407	55.1	117	15.8	86	11.6
	Both	803	427	53.2	120	14.9	100	12.5
2017	Female	53	11	20.8	0	0	9	17.0
	Male	741	391	52.8	122	16.5	93	12.6
	Both	794	402	50.6	122	15.4	102	12.8
2016	Female	63	14	22.2	1	1.6	7	11.1
	Male	621	306	49.3	78	12.6	89	14.3
	Both	684	320	46.8	79	11.5	96	14.0
<b>Total</b>	<b>Female</b>	<b>350</b>	<b>94</b>	<b>26.9</b>	<b>14</b>	<b>4.0</b>	<b>42</b>	<b>12.0</b>
	<b>Male</b>	<b>3776</b>	<b>1961</b>	<b>51.9</b>	<b>624</b>	<b>16.5</b>	<b>435</b>	<b>11.5</b>
	<b>Both</b>	<b>4126</b>	<b>2055</b>	<b>49.8</b>	<b>638</b>	<b>15.5</b>	<b>477</b>	<b>11.6</b>

TJJD’s Reentry Services division took a number of steps to continue strengthening TJJD’s reentry system. During FY 2021, Reentry Services implemented the high acuity girl’s reentry staffing team. The group focused on full continuum of aftercare services for high acute behavioral health needs for female residents. A central theme of the service continuum will be rapid access to crisis stabilization services and supports, intensive reentry planning with HHSC, and intensive community-based services. Crisis stabilization services served as a stopgap designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness. Rapid access to crisis stabilization will assist with deescalating the severity of a young person’s level of distress and/or need for urgent care associated with severe emotional disturbance and/or substance use.

Reentry services also moved providers to a regional contractual standard. This new approach will increase aftercare treatment capacity for youth on parole.

Reentry services was able to onboard nine dialectical behavior therapists (DBT) to provide dialectical behavior therapy. DBT providers have the ability to work with TJJD’s most severely emotionally disturbed youth while in secure care. According to SAMHSA (2021), a good transition and/or continuity of care plan is essential in order to continue treatment without interruption from incarceration to community.

Reentry services continues to implement The University of Cincinnati's evidenced-based cognitive restructuring Effective Practices in Community Supervision (EPICS) model. EPICS teaches parole officers how to apply the principles of effective intervention and core correctional practices to community supervision practices. The core correctional practices (or competencies) are organized into an overall framework to assist with the application of specific skills within the context of face-to-face contact sessions, while ensuring risk, need, and responsivity principles drive the supervision process.

Reentry services continued training staff in the Texas Model and implemented trauma-informed practice standards in the community. TJJD's Texas Model is focused on public safety through a treatment and intervention framework that focuses on better responses to the youth's risks and needs. The training of reentry staff in the Texas Model has allowed parole officers to become more engaged in critical principles and apply those concepts to daily interactions. Parole Officers understand the importance of ensuring young people feel safe in the community and at home. This feeling of safety allows parolees to regulate their moods and interaction in a more prosocial manner. Staff also create opportunities for youth and caregivers to learn the importance of accountability through correcting and connecting. Correcting allows caregivers the opportunity to create learning experiences for youth. Parole Officers assess the needs of youth using adverse childhood experiences (ACEs) trauma results, bio-psychosocial, and historical information to ensure transition plans are trauma-informed.

Reentry services fully implemented available positions for the Family Reentry Enrichment Specialist (FRES) position in all three regions. FRES provide a valuable ancillary support to the reentry team by providing outreach and service provision to TJJD's most high-risk families. Families are identified and assessed using the North Carolina Family Assessment Scale. The instrument assesses families in the following domains: environment, parent capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency, family health, caregiver/child ambivalence, and readiness for reunification.

Reentry services continues to promote a common vision for reentry; and then operationalized the vision to fit regional needs. For the division; "Reentry starts at the point of TJJD admission and evolves along a continuum that includes but is not limited to; empowering care-takers, youth and young-adults through relationships; which connects care-takers, youth and young-adults to a collaborative team-based approach; focused on individualized rehabilitation, is age-appropriate, addresses the current needs and skills of the youth, family and youth, and acknowledges personal choice in the rehabilitation process."

Finally, reentry services recently implemented the 3Strands Global Foundation Positive Youth Development curriculum for parole staff. This training was created by 3Strands Global Foundation, a nonprofit organization whose mission is to mobilize communities to combat human trafficking through prevention education and reintegration programs. In partnership with Life Lab Studios and their social growth platform "Journey Do", this training is designed to provide staff with an opportunity to grow their capacity to support at-risk and particularly vulnerable young people impacted by sex trafficking. The Positive Youth Development curriculum is an intentional, prosocial approach that builds parole officer skills to engage youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

# SPECIALIZED TREATMENT: NEEDS, ENROLLMENT, COMPLETION, AND RECIDIVISM

TJJD reports on four types of specialized treatment provided to youth committed to state facilities, including Capital and Serious Violent Offender Treatment, Alcohol and Other Drug Treatment, Sexual Behavior Treatment, and Mental Health Treatment. During intake, youth receive a variety of assessments to determine treatment needs; treatment is structured at different levels of intensity according to the Risk-Need-Responsivity principle. TJJD assigns treatment services and modalities according to individual youth characteristics to ensure the best delivery of services. Appropriately licensed or trained staff deliver all treatment programs.

The following sections examine each type of specialized treatment program and different treatment options or levels. Trends in need, enrollment, completion, and recidivism across time and by gender are reported. Data provided for each program include the number of youth assessed as having a need (by level); the percentage of youth with high or moderate needs who enroll in, and complete, high or moderate treatment; and the percentage of those enrolled in high or moderate treatment who are rearrested, rearrested for a violent offense, or reincarcerated within one year of release. Datapoints are presented for FY 2016 through FY 2021 to allow for comparison across time, and all analyses are separated by gender except Sexual Behavior Treatment, in which very few girls participate. For ease of presentation and to ensure large enough samples for analysis, high and moderate treatment are combined for enrollment and completion analysis throughout this report. Recidivism data are presented separately by treatment level if sample sizes allow.

## CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT

Youth are assessed as having a need for Capital and Serious Violent Offender Treatment (CSVOT) primarily based on their offense, although exclusion criteria may apply. Youth who have committed a violent crime resulting in the death or serious bodily injury of individuals are generally assessed as having a high need for CSVOT and will be assigned to high-level CSVOT. Youth who committed violent crimes without causing death or serious bodily injury (most often aggravated robbery) are assigned to the Violent Offender Program (VOP). Although VOP is a subset of the CSVOT programming, they are collapsed for the purpose of analysis.

CSVOT is an intensive program designed to impact emotional, social, behavioral, and cognitive developmental processes by integrating cognitive-behavioral, psychodynamic, and social learning to create an intense therapeutic approach. This approach aims to reduce individual risk factors and to enhance and build upon unique strengths of the youth. Youth enrolled in the CSVOTPs may have more difficulty with anti-social attitudes, values, and beliefs, and thus a cognitive behavioral approach is utilized to reduce related risk factors and to develop protective factors to prevent reoffending.

Youth with a moderate need for CSVOT generally participate in Aggression Replacement Training (ART). ART is an evidence-based program that focuses on cognitive-behavioral theory and moral reasoning to help youth control emotions and develop pro-social skills and behaviors.



## CSVOT FOR GIRLS

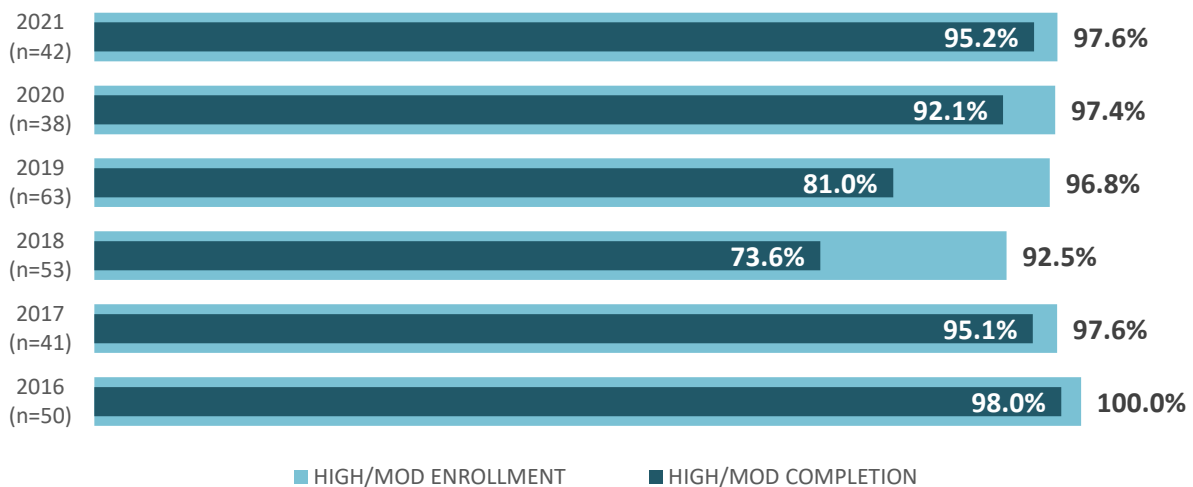
**Table C.1** shows the percentage of female youth in each release cohort who had high, moderate, low, and any need for CSVOT. More than 90 percent of girls released over the six-year period had a need for some level of CSVOT. The percentage of girls with a high need for CSVOT increased steadily over the last five years to over one-third of girls released in FY 2021.

**TABLE C.1: NEED FOR CSVOT, GIRLS RELEASED FY 2016 TO FY 2021**

Number of Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	49	18	36.7	24	49.0	4	8.2	46	93.3
2020	47	6	12.8	32	68.1	3	6.4	41	87.2
2019	74	7	9.5	56	75.7	2	2.7	65	87.8
2018	64	4	6.3	49	76.6	7	10.9	60	93.8
2017	53	1	1.9	40	75.5	6	11.3	47	88.7
2016	63	3	4.8	47	74.6	7	11.1	57	90.5
<b>Total</b>	<b>350</b>	<b>39</b>	<b>11.1</b>	<b>248</b>	<b>70.9</b>	<b>29</b>	<b>8.3</b>	<b>317</b>	<b>90.6</b>

**Figure C.1** below shows enrollment and completion rates for girls in high and moderate intensity CSVOT. More than 90 percent of girls with a high or moderate need for CSVOT were enrolled in high or moderate treatment each year, and the majority completed treatment. Girls not completing treatment and released in fiscal year 2021 were either removed from the program for nonparticipation or moved to a female contract program and enrolled in other high or moderate treatment programs.

**FIGURE C.1: ENROLLMENT AND COMPLETION OF HIGH/MODERATE CSVOT FOR GIRLS**



**Table C.2** shows the recidivism rate for girls enrolled in high or moderate CSVOT before release from a residential facility. High and moderate treatment is combined for girls because only 45 girls total released across all six years participated in high-intensity CSVOT. Caution should be used in comparing recidivism rates across years due to small sample sizes. The three measures are consistent with recidivism for all girls released with lower rates since FY 2019. However, rearrest for a violent offense started to increase in FY 2021 consistent with the state-wide, general trend in referrals for violent felony offenses among youth in Texas and increased percentage of girls released from TJJD with high need for CSVOT.

**TABLE C.2: ONE-YEAR RECIDIVISM RATES FOR GIRLS ENROLLED IN HIGH/MODERATE CSVOT**

Number of Girls Enrolled		One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	#	#	%	#	%	#	%
2021	44	6	13.6	3	6.8	3	6.8
2020	42	13	31.0	1	2.4	1	2.4
2019	67	24	35.8	5	7.5	6	9.0
2018	56	16	28.6	2	3.6	11	19.6
2017	44	8	18.2	0	0.0	8	18.2
2016	54	11	20.4	1	1.9	5	9.3
<b>Total</b>	<b>307</b>	<b>78</b>	<b>25.4</b>	<b>12</b>	<b>3.9</b>	<b>34</b>	<b>11.1</b>

#### CSVOT FOR BOYS

**Table C.3** below shows the percentage of male youth in each release cohort who had high, moderate, low, and any need for CSVOT. Similar to girls, 90 percent of boys released over the six-year period had a need for some level of CSVOT. The percentage with high need for CSVOT steadily increased to 40 percent for boys released in FY 2021.

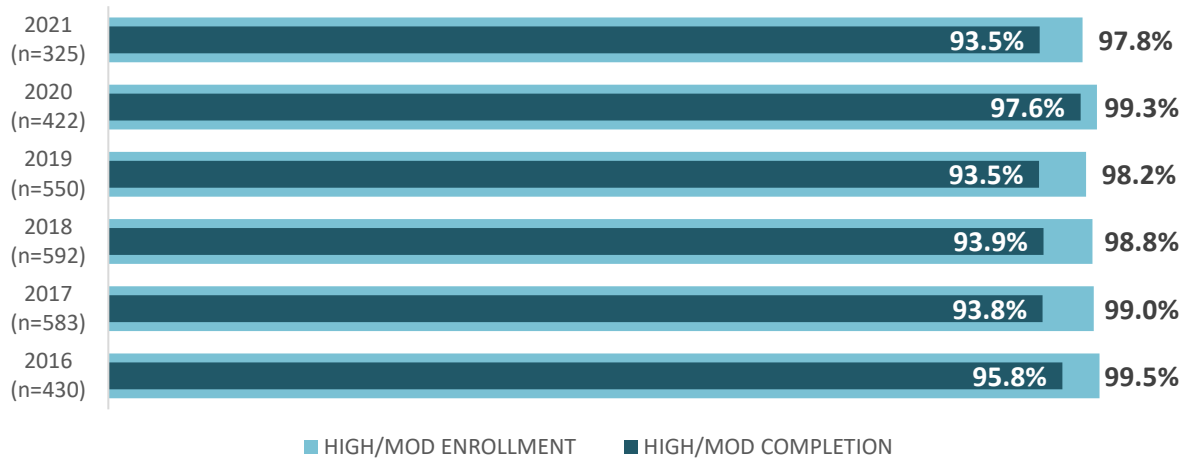
**TABLE C.3: NEED FOR CSVOT, BOYS RELEASED FY 2016 TO FY 2021**

Number of Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	395	157	39.7	168	42.5	23	5.8	348	88.1
2020	577	145	25.1	277	48.0	73	12.7	495	85.8
2019	703	167	23.8	383	54.5	85	12.1	635	90.3
2018	739	128	17.3	464	62.8	87	11.8	679	91.9
2017	741	53	7.2	530	71.5	94	12.7	677	91.4
2016	621	38	6.1	392	63.1	119	19.2	549	88.4
<b>Total</b>	<b>3776</b>	<b>688</b>	<b>18.2</b>	<b>2214</b>	<b>58.6</b>	<b>481</b>	<b>12.7</b>	<b>3383</b>	<b>89.6</b>

In **Figure C.2**, CSVOT enrollment and completion rates are shown for boys with high or moderate CSVOT needs. Since FY 2016, 98 percent of all boys with moderate or high need for CSVOT have been enrolled and over 93 percent released each year completed treatment. Five of the male youth released in FY 2021 who were not enrolled were in jail for a new offense or discharged to adult supervision. Male youth released in FY 2021 who did not complete treatment were generally enrolled in the program one or more times and removed due to program failure or other reason, were discharged to adult supervision, or reached the age of majority. Many of these completed another

high or moderate need program while at TJJD.

**FIGURE C.2: ENROLLMENT AND COMPLETION OF HIGH/MODERATE CSVOT FOR BOYS**



**Table C.4** shows the recidivism rates of boys who were enrolled in high and moderate CSVOT, separated by treatment level, across years. Although small sample sizes make it difficult to interpret changes across years, the rates for boys in high-intensity CSVOT were the same or lower than rates for boys in moderate intensity except for the most recent reincarceration rate. Likewise, their reincarceration for the six-year period rate was lower than that of the overall male population.

**TABLE C.4: ONE-YEAR RECIDIVISM RATES FOR BOYS ENROLLED IN HIGH/MODERATE CSVOT**

Number of Boys Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	High	156	80	51.3	34	21.8	16	10.3
	Moderate	191	106	55.5	41	21.5	15	7.9
2020	High	152	73	48.0	24	15.8	12	7.9
	Moderate	322	157	48.8	62	19.3	40	12.4
2019	High	161	75	46.6	20	12.4	11	6.8
	Moderate	443	269	60.7	97	21.9	55	12.4
2018	High	114	47	41.2	15	13.2	4	3.5
	Moderate	527	312	59.2	91	17.3	74	14.0
2017	High	50	26	52.0	9	18.0	4	8.0
	Moderate	590	329	55.8	111	18.8	82	13.9
2016	High	37	10	27.0	5	13.5	1	2.7
	Moderate	448	234	52.2	61	13.6	77	17.2
<b>Total</b>	<b>High</b>	<b>670</b>	<b>311</b>	<b>46.4</b>	<b>107</b>	<b>16.0</b>	<b>48</b>	<b>7.2</b>
	<b>Moderate</b>	<b>2521</b>	<b>1407</b>	<b>55.8</b>	<b>463</b>	<b>18.4</b>	<b>343</b>	<b>13.6</b>

## ALCOHOL AND OTHER DRUG TREATMENT

Alcohol and Other Drug Treatment (AODT) is based on a holistic view of 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 process of recovery and to renew a daily commitment to their sobriety and interruption of self-destructive behaviors, including substance use and delinquent behavior. All programs use evidence-based strategies and curriculum and are provided by appropriately licensed clinicians. The AODT program went through a policy update in the Fall of 2022, and will be referred to as Substance Use Services (SUS) in future iterations of this report.

AODT is designed to target the specific level of care based on the youth’s treatment needs. High-intensity AODT is designed for youth who have the most significant needs. Evidence-based curriculum is used and programming includes 16 hours of specialized programming per week. Moderate-intensity AODT is designed to address the AODT needs of youth in a condensed programming schedule; many of these youth have co-occurring needs for other specialized treatment services. AODT includes relapse prevention services, an alumni support group for youth still in a facility or selected halfway house, and AODT aftercare services for youth on parole. A licensed chemical dependency counselor or other appropriately licensed or credentialed professional provides treatment. Youth with low AODT needs participate in psycho-educational programming with an approved curriculum.

### AODT FOR GIRLS

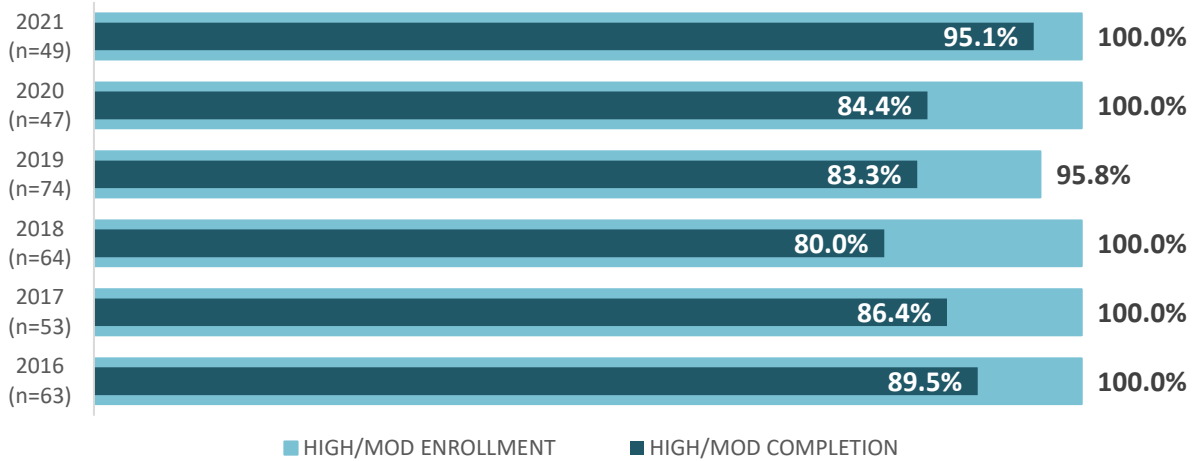
The percent of girls released from TJJD with some level of AODT need ranged from 81 to 92 percent over the six-year period (**Table C.5** below). The majority of girls identified for AODT have a high level of need, a percentage that rose sharply in FY 2021 to almost two-thirds of girls released.

**TABLE C.5: NEED FOR AODT, GIRLS RELEASED FY 2016 TO FY 2021**

Total Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	49	31	63.3	10	20.4	1	2.0	42	85.7
2020	47	16	34.0	16	34.0	7	14.9	39	83.0
2019	74	29	39.2	19	25.7	12	16.2	60	81.1
2018	64	27	42.2	23	35.9	4	6.3	54	84.4
2017	53	26	49.1	18	34.0	5	9.4	49	92.5
2016	63	41	65.1	16	25.4	1	1.6	58	92.1
<b>Total</b>	<b>350</b>	<b>170</b>	<b>48.6</b>	<b>102</b>	<b>29.1</b>	<b>30</b>	<b>8.6</b>	<b>302</b>	<b>86.3</b>

As shown in **Figure C.3**, for all years except FY 2019, every girl with high or moderate AODT need has been enrolled, but the percentage who complete treatment is slightly lower. However, it is important to note that small sample sizes make comparison across years difficult to interpret. The two girls who did not complete in FY 2021 were enrolled twice and failed to complete, although one girl completed another high-need treatment program.

**FIGURE C.3: ENROLLMENT AND COMPLETION OF HIGH/MODERATE AODT FOR GIRLS**



**Table C.6** below shows the recidivism rates for girls enrolled in high or moderate AODT and released during the reporting period. High and moderate AODT are combined across years because of small sample sizes but broken out for the entire time span to show the difference between treatment levels. Because many girls released between FY 2016 and FY 2021 participated in high or moderate AODT, it is unsurprising that the recidivism rates across all three categories closely mirror the rates for girls generally. The rearrest rate in FY 2021 was the lowest across the six-year period. However, caution should be used in comparing across years due to small sample sizes. When recidivism is broken out by high and moderate treatment enrollment for the six-year span, girls in high-intensity treatment had higher recidivism rates for the three measures.

**TABLE C.6: ONE-YEAR RECIDIVISM RATES FOR GIRLS ENROLLED IN HIGH/MODERATE AODT**

Number of Girls Enrolled			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	Both	41	8	19.5	2	4.9	3	7.3
2020	Both	34	10	29.4	1	2.9	1	2.9
2019	Both	49	18	36.7	5	10.2	4	8.2
2018	Both	51	18	35.3	2	3.9	13	25.5
2017	Both	47	11	23.4	0	0.0	9	19.1
2016	Both	57	12	21.1	1	1.8	7	12.3
<b>Total</b>	<b>High</b>	<b>168</b>	<b>49</b>	<b>29.2</b>	<b>8</b>	<b>4.8</b>	<b>24</b>	<b>14.3</b>
	<b>Moderate</b>	<b>111</b>	<b>28</b>	<b>25.2</b>	<b>3</b>	<b>2.7</b>	<b>13</b>	<b>11.7</b>
	<b>Both</b>	<b>279</b>	<b>77</b>	<b>27.6</b>	<b>11</b>	<b>3.9</b>	<b>37</b>	<b>13.3</b>

## AODT FOR BOYS

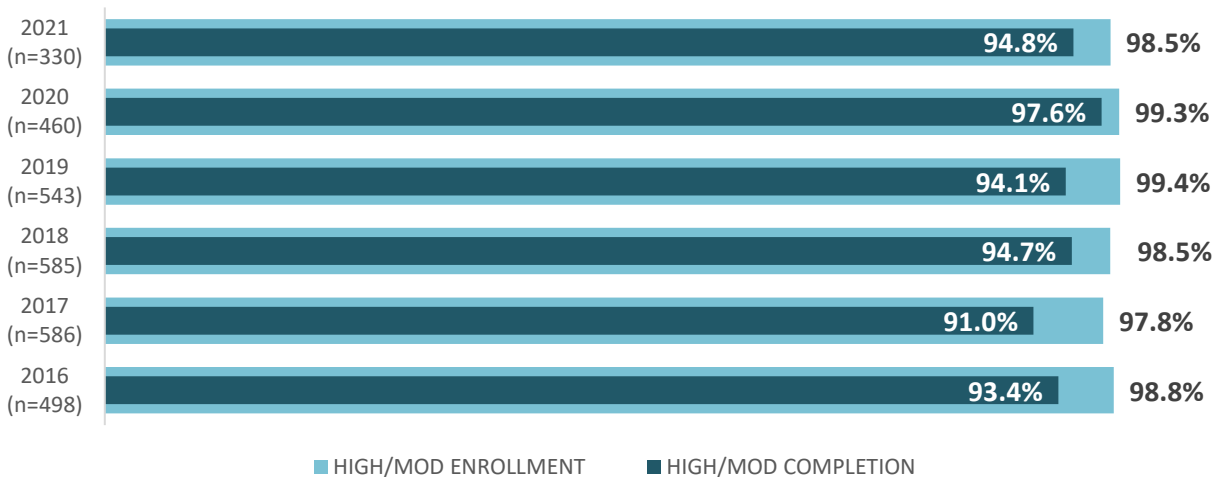
Almost 90 percent of boys released from TJJD each year had some level of AODT need (Table C.7 below). This percentage is slightly above that for girls and has remained nearly constant since FY 2016. However, the percentage of boys needing high AODT was lower than girls, with only 40 percent of boys released in FY 2021 assessed as high need for AODT, compared to 63 percent of girls.

**TABLE C.7: NEED FOR AODT, BOYS RELEASED FY 2016 TO FY 2021**

Total Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	395	158	40.0	172	43.5	28	7.1	358	90.6
2020	577	197	34.1	263	45.6	55	9.5	515	89.3
2019	703	240	34.1	303	43.1	80	11.4	623	88.6
2018	739	282	38.2	303	41.0	72	9.7	657	88.9
2017	741	319	43.0	267	36.0	86	11.6	672	90.7
2016	621	258	41.5	240	38.6	64	10.3	562	90.5
<b>Total</b>	<b>3776</b>	<b>1454</b>	<b>38.5</b>	<b>1548</b>	<b>41.0</b>	<b>385</b>	<b>10.2</b>	<b>3387</b>	<b>89.7</b>

Access to, and completion of, moderate- and high-intensity AODT also remained quite constant for boys between FY 2016 and FY 2021, with 98 percent of all boys with high or moderate need enrolling in treatment and over 90 percent completing, as shown in Figure C.4 below. Youth released in FY 2021 and not enrolled were discharged with new charges adjudicated to adult probation or reached age of majority or expiration of determinate sentence. As with CSVOT, many of the boys who did not complete successfully for FY 2021 were enrolled in treatment one or more times but failed to complete due to behavior, and some discharged for age of majority or adult probation or parole.

**FIGURE C.4: ENROLLMENT AND COMPLETION OF HIGH/MODERATE AODT FOR BOYS**



As shown in **Table C.8** below, recidivism rates for boys enrolled in AODT vary by level of treatment enrollment with boys in high AODT having higher general rearrest rates and lower violent rearrest and reincarceration rates overall. Recidivism rates for boys in either level AODT were above agency averages.

**TABLE C.8: ONE-YEAR RECIDIVISM RATES FOR BOYS ENROLLED IN HIGH/MODERATE AODT**

Number of Boys Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	High	188	107	56.9	38	20.2	18	9.6
	Moderate	156	78	50.0	34	21.8	12	7.7
2020	High	236	114	48.3	49	20.8	27	11.4
	Moderate	242	118	48.8	36	14.9	25	10.3
2019	High	244	150	61.5	42	17.2	23	9.4
	Moderate	326	188	57.7	70	21.5	40	12.3
2018	High	277	174	62.8	51	18.4	29	10.5
	Moderate	319	178	55.8	51	16.0	41	12.9
2017	High	305	176	57.7	46	15.1	36	11.8
	Moderate	303	173	57.1	63	20.8	43	14.2
2016	High	253	140	55.3	36	14.2	39	15.4
	Moderate	248	124	50.0	31	12.5	37	14.9
<b>Total</b>	<b>High</b>	<b>1503</b>	<b>861</b>	<b>57.3</b>	<b>262</b>	<b>17.4</b>	<b>172</b>	<b>11.4</b>
	<b>Moderate</b>	<b>1549</b>	<b>859</b>	<b>53.9</b>	<b>285</b>	<b>17.9</b>	<b>198</b>	<b>12.4</b>

## SEXUAL BEHAVIOR TREATMENT

The agency offers Sexual Behavior Treatment (SBT) services to youth with sexual behavior needs. Treatment involves a multidisciplinary, collaborative approach using techniques such as motivational interviewing, relapse prevention, impulse control, and self-regulation strategies. SBT uses evidence-based treatment strategies that seek to promote both youth recovery and community protection. Public safety and protection and reparation for people who were victimized are paramount and are integrated into the expectations, policies, and practices of the program. Except for psycho-educational programming for youth with low SBT needs, all SBT programming is provided by a Licensed Sex Offender Treatment Provider (LSOTP) or an Affiliate Sex Offender Treatment Provider (ASOTP) under the supervision of an LSOTP.

Youth who are assessed as having high SBT needs participate in intensive residential programming, either at a state-run secure facility or a secure contract facility specifically designed for youth with SBT needs. High-intensity SBT is designed to be responsive to the specific needs of youth, with special programming for girls, youth with high mental health needs, and youth under age 14. Youth who have completed high-intensity SBT successfully participate in an SBT relapse prevention group while still in a secure facility, or in SBT aftercare services while on parole.

Lower risk youth may be assigned to moderate SBT programming that includes shorter-term group therapy and individual counseling. Moderate SBT treatment is evidence-based and provided by an LSOTP or a supervised ASOTP. Youth with low SBT needs include those who may have risk factors

for sexually abusive behaviors but who have not been referred or adjudicated for a sexual offense or sexually abusive behavior. These youth receive psycho-educational programming facilitated by an appropriately qualified staff member.

**SBT FOR ALL YOUTH**

The number of girls released from TJJD with high or moderate SBT needs was very low—only thirteen since FY 2016. As a result, both **Table C.9** and **Figure C.5** below show results for girls and boys combined. As shown in **Table C.9**, the number of youth with any level of SBT need increased consistently between FY 2016 and FY 2021, more than doubling from 25 to 68 percent. However, it is important to note that this increase was driven almost exclusively by low-need youth. In FY 2021, over 50 percent of youth released from TJJD had low SBT needs, including 71 percent of girls (not shown). The percentage of youth with high and moderate needs for SBT remained constant around 15 percent, with 11 percent high need and 4 percent moderate need, on average. As noted, the vast majority of youth with high and moderate SBT need were boys.

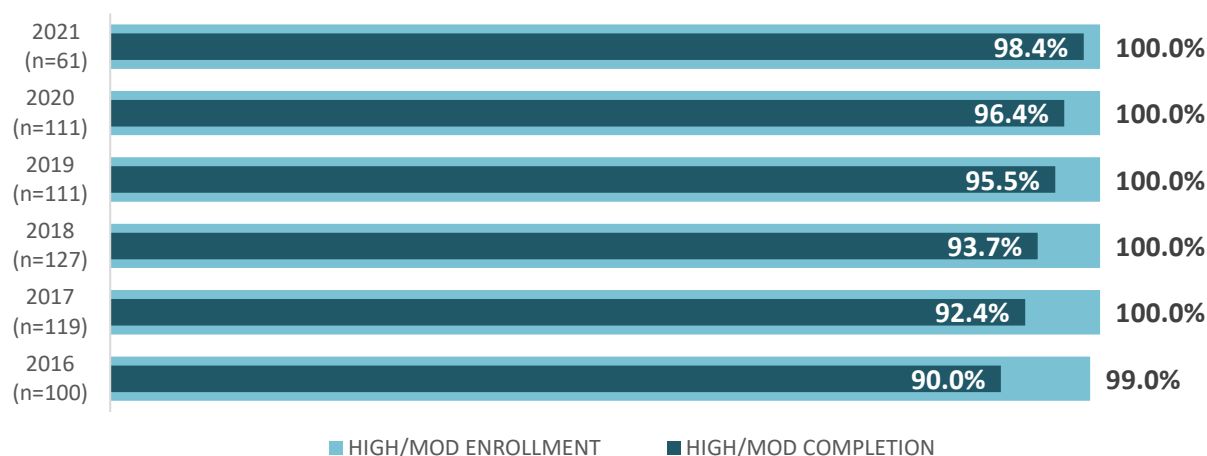
**TABLE C.9: NEED FOR SBT, ALL YOUTH RELEASED FY 2016 TO FY 2021**

Total Youth Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	444	40	9.0	21	4.7	241	54.3	302	68.0
2020	624	77	12.3	34	5.4	274	43.9	385	61.7
2019	777	73	9.4	38	4.9	319	41.1	430	55.3
2018	803	101	12.6	26	3.2	230	28.6	357	44.5
2017	794	87	11.0	32	4.0	178	22.4	297	37.4
2016	684	76	11.1	24	3.5	69	10.1	169	24.7
<b>Total</b>	<b>4126</b>	<b>454</b>	<b>11.0</b>	<b>175</b>	<b>4.2</b>	<b>1311</b>	<b>31.8</b>	<b>1940</b>	<b>47.0</b>

As **Figure C.5** shows, since FY 2017, every youth with high or moderate SBT need was enrolled in high or moderate treatment. Completion rates have increased consistently and were quite high by FY 2021, with over 95 percent of youth completing high or moderate SBT for the last three fiscal years. Of youth released in FY 2020 without completing treatment, two failed to complete, one reached maximum benefit, and one progressed in the three months at TJJD but did not have sufficient time to complete prior to discharge to adult parole. The youth released in FY 2021 without completing treatment was enrolled three times and failed to complete prior to discharge for age of majority.



**FIGURE C.5: ENROLLMENT AND COMPLETION OF HIGH/MODERATE SBT**



As shown in **Table C.10** below, recidivism rates for youth (almost all boys) enrolled in high or moderate SBT were lower than the rates for boys released from TJJD generally, by a factor of half across all three measures of recidivism. Youth in high SBT had consistently lower general rearrest rates than youth in moderate SBT, while reincarceration rates varied across years.

**TABLE C.10: ONE-YEAR RECIDIVISM RATES FOR YOUTH ENROLLED IN HIGH/MODERATE SBT**

Number of Youth Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	High	42	5	11.9	1	2.4	1	2.4
	Moderate	23	9	39.1	3	13.0	2	8.7
2020	High	76	12	15.8	3	3.9	4	5.3
	Moderate	35	10	28.6	1	2.9	1	2.9
2019	High	73	18	24.7	6	8.2	4	5.5
	Moderate	41	18	43.9	6	14.6	1	2.4
2018	High	103	26	25.2	8	7.8	8	7.8
	Moderate	30	13	43.3	6	20.0	1	3.3
2017	High	90	21	23.3	5	5.6	4	4.4
	Moderate	43	11	25.6	2	4.7	5	11.6
2016	High	80	18	22.5	2	2.5	2	2.5
	Moderate	32	10	31.3	1	3.1	2	6.3
<b>Total</b>	<b>High</b>	<b>464</b>	<b>100</b>	<b>21.6</b>	<b>25</b>	<b>5.4</b>	<b>23</b>	<b>5.0</b>
	<b>Moderate</b>	<b>204</b>	<b>71</b>	<b>34.8</b>	<b>19</b>	<b>9.3</b>	<b>12</b>	<b>5.9</b>

## MENTAL HEALTH TREATMENT

TJJJ provides specialized Mental Health Treatment (MHT) to youth at all levels of need. Given the large number of youth adjudicated with significant mental health needs, an emphasis has been placed on providing mental health services in conjunction with their specialized treatment needs. Juvenile justice involved youth experience ACEs at a significantly higher rate than the general population. For a majority of the youth in TJJJ’s care mental health services play an important role in their treatment journey.

Youth with the highest level of mental health treatment needs receive services in a specialized residential setting. These youth who require ongoing monitoring and support may complete their other required specialized treatment through individual counseling within the mental health program. High-intensity MHT provides enhanced psychiatric and psychological assistance and smaller youth-to-staff ratios. There is also a specific focus on trauma, with programming that may include trauma groups, trauma-focused cognitive behavioral therapy, and Texas Model interventions. In addition, TJJJ provides treatment for survivors of human trafficking, including trauma-focused individual and group therapy and a specialized survivor support group.

Youth identified with moderate MHT needs participate in a variety of services. These include individual and group counseling services related to mental health symptom management and trauma symptom management; groups to teach emotional regulation and develop affect modulation; skills to interrupt harmful behaviors; and general psychological services provided as part of the youth’s treatment plan.

Youth identified with low MHT needs, including needs for medication management and psychiatric services, receive ongoing MHT throughout TJJJ facilities while they participate in other treatment and services.

The goal of MHT at TJJJ is not necessarily “completing” treatment, but rather stabilizing acute mental health issues and teaching youth techniques to manage their mental health as they reintegrate into the community. For the purpose of this report, youth who finish treatment with a record of stabilization are considered to have successfully completed MHT. Many youth who receive services while within TJJJ will not meet the criteria to formally “stabilize,” and they will likely receive MHT throughout their stay, potentially impacting this outcome data of this report.

### MHT FOR GIRLS

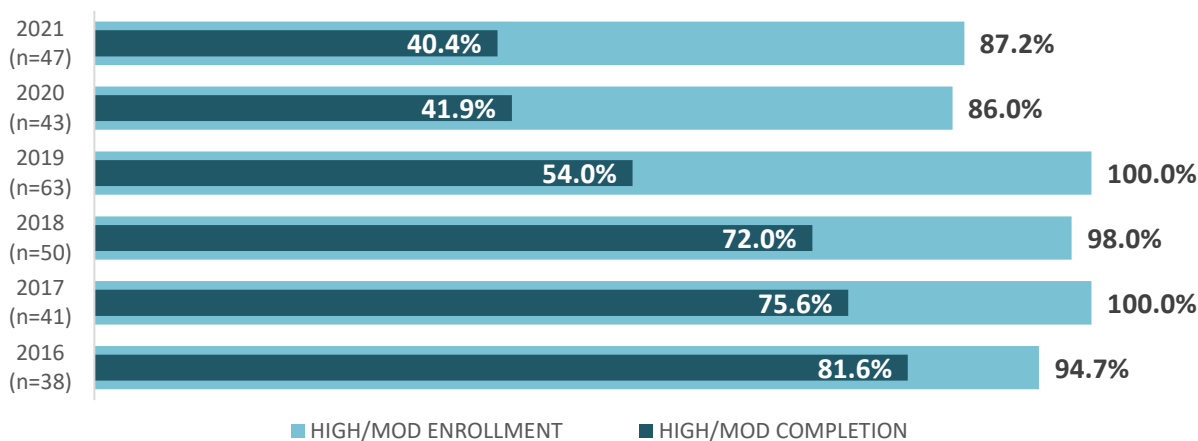
As shown in **Table C.11**, all girls released in FY 2021 had some level of MHT need with 96 percent having a high or moderate need. The majority of girls with MHT needs were moderate-need, with an increase in individualized need over the years.

**TABLE C.11: NEED FOR MHT, GIRLS RELEASED FY 2016 TO FY 2021**

Total Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	49	4	8.2	43	87.8	2	4.1	49	100.0
2020	47	3	6.4	40	85.1	3	6.4	46	97.9
2019	74	10	13.5	53	71.6	5	6.8	68	91.9
2018	64	6	9.4	44	68.8	8	12.5	58	90.6
2017	53	4	7.5	37	69.8	5	9.4	46	86.8
2016	63	2	3.2	36	57.1	9	14.3	47	74.6
<b>Total</b>	<b>314</b>	<b>29</b>	<b>8.3</b>	<b>253</b>	<b>72.3</b>	<b>32</b>	<b>9.1</b>	<b>314</b>	<b>89.7</b>

**Figure C.6** below shows the percentage of girls with high or moderate MHT needs who enrolled in and completed high or moderate MHT. The percent of girls who were assessed as needing high or moderate MHT and enrolled in the appropriate level of treatment decreased for the most recent two fiscal years. Similarly, the percentage completing treatment decreased. Girls released in FY 2021 who were not enrolled completed at least other treatment program and most were receiving low mental health services. Similarly, among girls released in FY 2021 who were enrolled and did not complete treatment, most completed at least one other treatment program and were often enrolled in a mental health program with service lasting a large portion of their residential stay. Because mental health treatment needs are highly individualized and complex in the population of TJJD youth, MHT enrollment and successful participation in other treatment programs may be a better measure of youth progress than completion.

**FIGURE C.6: ENROLLMENT AND COMPLETION OF HIGH/MODERATE MHT FOR GIRLS**



In **Table C.12** below, recidivism rates for girls enrolled in high and moderate MHT are combined across years due to small sample sizes. Rates for both groups combined are similar to the overall rate for girls released from TJJD. However, when separating high and moderate treatment for the whole period from FY 2016 to FY 2021, girls in high MHT had higher rates for all measures than girls in moderate MHT and higher than all girls released from TJJD. Small sample sizes mean that caution should be used in comparisons.

**TABLE C.12: ONE-YEAR RECIDIVISM RATES FOR GIRLS ENROLLED IN HIGH/MODERATE MHT**

Number of Girls Enrolled			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	Both	42	6	14.3	2	4.8	2	4.8
2020	Both	40	12	30.0	1	2.5	1	2.5
2019	Both	66	22	33.3	5	7.6	8	12.1
2018	Both	53	17	32.1	3	5.7	12	22.6
2017	Both	41	9	22.0	0	0.0	7	17.1
2016	Both	39	7	17.9	0	0.0	5	12.8
<b>Total</b>	<b>High</b>	<b>59</b>	<b>21</b>	<b>35.6</b>	<b>5</b>	<b>8.5</b>	<b>9</b>	<b>15.3</b>
	<b>Moderate</b>	<b>222</b>	<b>52</b>	<b>23.4</b>	<b>6</b>	<b>2.7</b>	<b>26</b>	<b>11.7</b>
	<b>Both</b>	<b>281</b>	<b>73</b>	<b>26.0</b>	<b>11</b>	<b>3.9</b>	<b>35</b>	<b>12.5</b>

## MHT FOR BOYS

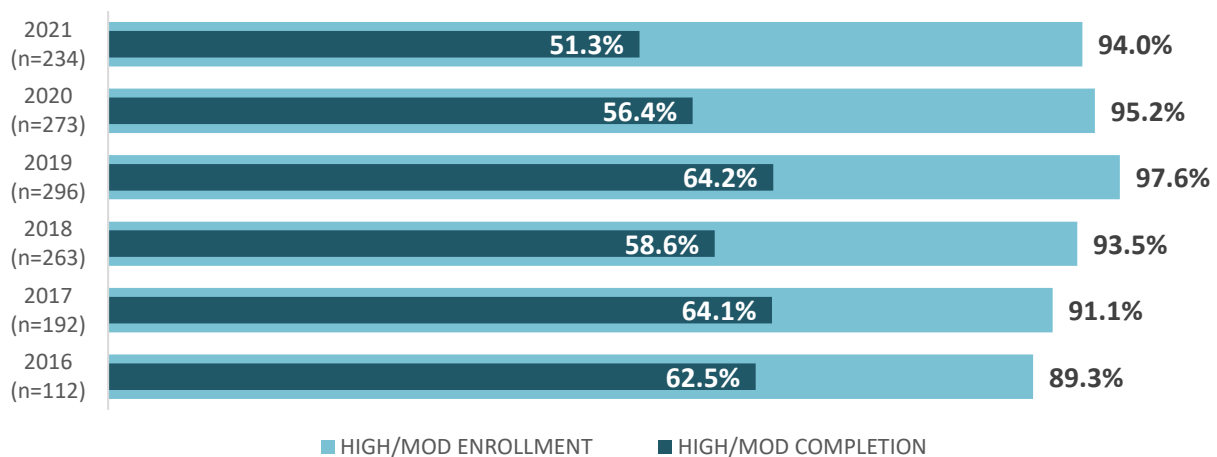
For boys, the trends in MHT needs were different from those for girls (Table C.13). Boys had lower levels of MHT needs overall, though the percentage increased each year until the FY 2021 cohort had the highest rate of any level of need, at 81 percent. The percent of boys assessed as needing high-intensity MHT remained low. However, similar to girls, the percentage with a moderate need has steadily increased.

**TABLE C.13: NEED FOR MHT, BOYS RELEASED FY 2016 TO FY 2021**

Total Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2021	395	18	4.6	216	54.7	87	22.0	321	81.3
2020	577	31	5.4	242	41.9	139	24.1	412	71.4
2019	703	45	6.4	251	35.7	179	25.5	475	67.6
2018	739	42	5.7	221	29.9	168	22.7	431	58.3
2017	741	31	4.2	161	21.7	210	28.3	402	54.3
2016	621	25	4.0	87	14.0	191	30.8	303	48.8
<b>Total</b>	<b>3776</b>	<b>192</b>	<b>5.1</b>	<b>1178</b>	<b>31.2</b>	<b>974</b>	<b>25.8</b>	<b>2344</b>	<b>62.1</b>

For both boys and girls with high or moderate MHT needs, 94 percent enrolled over the six-year period. As Figure C.7 below shows, the percent of boys enrolled each year remained close to 95 percent with more than 50 percent completing treatment. The fourteen boys not enrolled and released in FY 2021, either completed at least one other high or moderate need program (10), were in jail for a new offense, or were discharged at age of majority. Among boys enrolled and not completing treatment when released in FY 2021, 93 percent completed at least one other high or moderate need program. As with girls, MHT enrollment, even if not completed, can contribute to successful participation in services for other treatment needs.

**FIGURE C.7: ENROLLMENT AND COMPLETION OF HIGH/MODERATE MHT FOR BOYS**



**Table C.14** shows recidivism rates for boys enrolled in high and moderate MHT. For boys in moderate MHT, recidivism rates were similar to the overall rate for boys released from TJJD. The same is true for violent rearrest boys in high MHT. However, over the reporting period, general and violent rearrest rates for boys in high MHT were lower than boys overall, a pattern opposite that of girls.

**TABLE C.14: ONE-YEAR RECIDIVISM RATES FOR BOYS ENROLLED IN HIGH/MODERATE MHT**

Number of Boys Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
2021	High	31	18	58.1	9	29.0	3	9.7
	Moderate	274	130	47.4	49	17.9	26	9.5
2020	High	62	28	45.2	7	11.3	6	9.7
	Moderate	355	169	47.6	70	19.7	37	10.4
2019	High	60	26	43.3	13	21.7	7	11.7
	Moderate	391	221	56.5	83	21.2	44	11.3
2018	High	59	27	45.8	6	10.2	8	13.6
	Moderate	329	186	56.5	52	15.8	37	11.2
2017	High	54	19	35.2	8	14.8	6	11.1
	Moderate	326	170	52.1	62	19.0	40	12.3
2016	High	31	11	35.5	2	6.5	5	16.1
	Moderate	213	101	47.4	32	15.0	30	14.1
<b>Total</b>	<b>High</b>	<b>297</b>	<b>129</b>	<b>43.4</b>	<b>45</b>	<b>15.2</b>	<b>35</b>	<b>11.8</b>
	<b>Moderate</b>	<b>1888</b>	<b>977</b>	<b>51.7</b>	<b>348</b>	<b>18.4</b>	<b>214</b>	<b>11.3</b>

# CONCLUSIONS

The 2022 Review of Treatment Effectiveness highlights many of TJJD's successes in reentry planning and specialized treatment provision. Highlights include the following:

- 99.8 percent of all youth in the FY 2021 release cohort had a need for moderate or high specialized treatment, and 98.8 percent of youth released over a six-year period participated in at least one specialized treatment program. The high enrollment rate is consistent over time and demonstrates TJJD's commitment to providing appropriate treatment to all youth committed to the agency.
- Of youth with high or moderate mental health need, 97 percent completed at least one high or moderate treatment program over the six-year period. This represents the agency's dedication to understanding and treating the complex mental health needs of the youth which can contribute to successful participation in other treatment programs.
- For youth released in FY 2021, 96 percent of youth enrolled in specialized treatment successfully completed at least one treatment program. Youth who did not complete treatment were generally enrolled in treatment more than once or for more than one type of treatment. Successful completion of Sexual Behavior Treatment was at its highest level.

The recidivism analysis in this report is descriptive only, and small sample sizes in many subgroups make comparison across years challenging and difficult to interpret. Several factors may contribute to changing rates including (1) agency efforts to divert youth from admission resulting in a greater percentage of youth with determinate sentences and multiple specialized treatment needs being committed as a last resort, (2) state-wide, general trend in referrals for violent felony offenses among youth in Texas prior to the COVID-19 pandemic and as the state started to reopen in March 2021, (3) impact of the pandemic on staffing and delays returning youth to residential facilities, (4) agency reform measures including addressing parole violations for nonviolent behavior using community resources to allow youth to remain in the community when possible, and (5) implementation of the Effective Practices in Community Supervision (EPICS) model for youth in community supervision.

Positive trends in enrollment and completion of treatment indicate that TJJD ensures that all youth committed to the agency receive the treatment they need. In the next year, TJJD will place increased emphasis on evaluating treatment programs to ensure that the best and most promising practices are in place, while also maintaining a focus on the safety and physical and mental well-being of all youth committed to the agency.