



# Review of **TREATMENT EFFECTIVENESS**

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*PUBLISHED DECEMBER 2024*



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TEXAS  
JUVENILE  JUSTICE  
DEPARTMENT

*Review of*  
**TREATMENT EFFECTIVENESS**

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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 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 substance use problems, youth with a need for sexual behavior treatment, and youth with mental illness. This report provides an overview of each program, along with the number of youths 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 residential facilities after enrollment in specialized treatment (as required by HRC § 242.001).

Juvenile crime rates have consistently been on the decline during the past six years, however violent crimes particularly those that use a weapon and homicide offenses have increased. In fiscal year 2018, approximately 25% of youth entering TJJD, needed capital and serious violent offender treatment; in fiscal year 2023 that percentage was above 66%. The reincarceration rate steadily declined until the two most recent years as the state recovered from the impacts of COVID-19. Several factors may contribute to changing rates including (a) agency efforts to divert lower- risk youth from admission resulting in a higher risk profile for committed youth, (b) statewide trend in referrals for violent felony offenses among youth generally in Texas prior to the COVID-19 pandemic and as the state recovered, (c) the agency experienced historically low staffing in 2022 that has since begun to rebound after legislative investment (d) agency reform measures including addressing parole violations for nonviolent behavior using community resources to allow youth to remain in the community when possible, and (e) 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 treatment program. Completion of treatment also remains quite high. Overall, recidivism by specialized treatment participation mirrors general agency recidivism; an expected fact given that 99% of youth for the six-year period reported had a need for specialized treatment.

# INTRODUCTION

The Texas Juvenile Justice Department (TJJD) is focused on the dual goals of rehabilitation and community safety. While most youth involved in the juvenile justice system remain at the county level on probation, some 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 2024 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 2018-2023. 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 2024.

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 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 Offending Treatment (CSVOTP), Substance Use Services (SUS), 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 youths, 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.

# YOUTH CHARACTERISTICS

## RELEASE COHORT, FY2018-FY2023

This report focuses on outcomes for youth who participated in reentry planning and specialized treatment while in TJJD facilities and were then released. In order to have one-year recidivism outcomes and to show trends over time, we report data on youth released between FY 2018 and FY 2023. **Table A.1** provides an overview of the characteristics of youth released in FY 2023, whose outcomes are included for the first time in this report.

TJJD released 451 youth from residential facilities in FY 2023, Twenty-two percent of youth released had determinate sentences, a steady increase over the last five years. Approximately 7 percent of youth released in FY 2023 were assessed as high risk, with another 53 percent assessed as medium risk to reoffend. The majority of youth (over 70 percent of both boys and girls) were released between ages 17 and 19, with 21 percent released at or close to the age of majority.

**Table A.1** also provides data regarding the total number of high or moderate specialized treatment needs by gender. Overall, in FY 2023, 99 percent of youth were assessed as having at least one high or moderate need for specialized treatment. The third section of this report considers specialized treatment needs in more detail and discusses rates of treatment enrollment and completion.

TABLE A.1:

**Texas Juvenile Justice Department  
Treatment Effectiveness Release Cohort FY2018-FY2023**

Release Cohort	FY 2018		FY 2019		FY 2020		FY 2021		FY 2022		FY 2023	
<b>Number Of Youth Released</b>	<b>807</b>		<b>780</b>		<b>625</b>		<b>445</b>		<b>496</b>		<b>451</b>	
<b>Sentence Type</b>												
Indeterminate Commitment	690	86%	668	86%	513	82%	361	81%	396	80%	354	78%
Determinate Sentence	117	14%	112	14%	112	18%	84	19%	100	20%	97	22%
<b>Age At Release</b>												
14 or Younger	11	1%	18	2%	8	1%	5	1%	7	1%	8	2%
15	45	6%	54	7%	43	7%	18	4%	33	7%	15	3%
16	142	18%	139	18%	103	16%	60	13%	71	14%	78	17%
17	241	30%	247	32%	191	31%	114	26%	159	32%	119	26%
18	266	33%	211	27%	167	27%	138	31%	131	26%	137	30%
Within 1 Month of 19th Birthday	102	13%	111	14%	113	18%	110	25%	95	19%	94	21%
<b>Length Of Stay</b>												
Average Length of Stay at Release	17.3 Months		16.3 Months		16.0 Months		17.6 Months		16.5 Months		15.5 Months	
<b>Level Of Offense</b>												
Capital Felony	0	0%	2	0%	1	0%	1	0%	4	1%	2	0%
First-Degree Felony	207	26%	239	31%	199	32%	162	36%	171	34%	163	36%
Second-Degree Felony	267	33%	215	28%	191	31%	116	26%	113	23%	133	29%
Third-Degree Felony	167	21%	176	23%	134	21%	105	24%	123	25%	93	21%
State-Jail Felony	166	21%	148	19%	100	16%	61	14%	85	17%	60	13%
<b>Risk Assessment Score</b>												
High	47	6%	36	5%	24	4%	23	5%	27	5%	30	7%
Moderate	451	56%	459	59%	356	57%	258	58%	286	58%	238	53%
Low	309	38%	285	37%	245	39%	164	37%	183	37%	183	41%
<b>Risk Factors</b>												
Three Or More Felony Or Misdemeanor	562	70%	564	72%	433	69%	313	70%	357	72%	309	69%

Referrals												
Two Or More Felony Or Misdemeanor Adjudications	510	63%	503	64%	397	64%	285	64%	304	61%	268	59%
Incarcerated Household Member <sup>1</sup>	598	74%	525	67%	328	52%	260	58%	292	59%	269	60%
History of Abuse or Neglect <sup>1</sup>	541	67%	475	61%	318	51%	246	55%	299	60%	247	55%
Parents Separated or Divorced <sup>1</sup>	573	71%	586	75%	498	80%	368	83%	423	85%	371	82%
<b>Overall High or Moderate Treatment Needs<sup>2</sup></b>												
Any	799	99%	776	99%	620	99%	443	100%	491	99%	447	99%
Two or More	657	81%	640	82%	527	84%	408	92%	474	96%	429	95%
Three or More	253	31%	254	33%	226	36%	219	49%	323	65%	324	72%

<sup>1</sup> From Adverse Childhood Experiences (ACES).

<sup>2</sup> Data is missing for 8 youth (5 in 2022; 3 in 2023)

**\*Note:** If you want new admission information refer to link: <https://www.tjtd.texas.gov/wp-content/uploads/2024/09/TJJD-Admission-Profile-FY13-24.xlsx>

## NEW ADMISSIONS COHORT, FISCAL YEAR 2024

Although this report focuses on youth released in FY 2023 and earlier, information is provided for youth newly admitted to TJJD in FY 2024 (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 has increased from 426 to 578, the total number of high or moderate treatment needs has climbed to 100 percent.

**TABLE A.2:**

**New Admissions, Fiscal Year 2024**

<b>New Admissions</b>	<b>Female</b>		<b>Male</b>		<b>All Youth</b>	
<b>Number of Admissions</b>	<b>46</b>		<b>532</b>		<b>578</b>	
<b>Sentence Type</b>						
Indeterminate Commitment	37	80%	341	64%	378	65%
Determinate Sentence	9	20%	191	36%	200	35%
<b>Age At Admission</b>						
12 or Younger	2	4%	1	0%	3	1%
13	3	7%	10	2%	13	2%
14	3	7%	36	7%	39	7%
15	9	20%	98	18%	107	19%
16	12	26%	173	33%	185	32%
17	14	30%	165	31%	179	31%
18	3	7%	49	9%	52	9%
<b>Level of Committing Offense</b>						
Capital Felony	1	2%	10	2%	11	2%
First-Degree Felony	12	26%	192	36%	204	35%
Second-Degree Felony	14	30%	152	29%	166	29%
Third-Degree Felony	14	30%	110	21%	124	21%
State Jail Felony	5	11%	68	13%	73	13%
<b>Risk Assessment Score</b>						
High	31	67%	300	56%	331	57%
Medium	7	15%	137	26%	144	25%
Low	8	17%	95	18%	103	18%
<b>Risk Factors</b>						
Three Or More Felony Or Misdemeanor Referrals	32	70%	418	79%	450	78%
Two Or More Felony Or Misdemeanor Adjudications	33	72%	381	72%	414	72%
On Probation at Commitment	34	74%	286	54%	320	55%
Prior Out-Of-Home Placement	33	72%	282	53%	315	54%
Incarcerated Household Member	29	63%	354	67%	383	66%
History of Abuse or Neglect	34	74%	330	62%	364	63%
Parents Separated or Divorced	34	74%	464	87%	498	86%
<b>Need for Specialized Treatment</b>						

<b>Capital and Serious Violent Offending Treatment</b>						
High Need	23	50%	361	68%	384	66%
Moderate Need	20	43%	149	28%	169	29%
Low Need	0	0%	10	2%	10	2%
Any Need	43	93%	520	98%	563	97%
<b>Substance Use Services Treatment</b>						
High Need	8	17%	218	41%	226	39%
Moderate Need	23	50%	233	44%	256	44%
Low Need	5	11%	30	6%	35	6%
Any Need	36	78%	481	90%	517	89%
<b>Sexual Behavior Treatment</b>						
High Need	2	4%	51	10%	53	9%
Moderate Need	1	2%	32	6%	33	6%
Low Need	13	28%	291	55%	304	53%
Any Need	16	35%	374	70%	390	67%
<b>Mental Health Treatment</b>						
High Need	10	22%	37	7%	47	8%
Moderate Need	26	57%	352	66%	378	65%
Low Need	6	13%	99	19%	105	18%
Any Need	42	91%	488	92%	530	92%
<b>Total Number of High or Moderate Treatment Needs<sup>1</sup></b>						
Any	44	100%	532	100%	576	100%
Two or More	42	95%	513	96%	555	96%
Three or More	25	57%	349	66%	374	65%

<sup>1</sup> Data is missing for 2 youth.

Of the 578 new admissions in 2024, 532 were male.

The majority of youth admitted to TJJ during 2024 were 16 (32%) years of age.

57.3% of youth admitted to TJJ during 2024 were assessed as being a high risk for reoffending.

The majority of youth admitted to TJJ during 2024 (77.9%) had at least 3 felonies or misdemeanors.

100% of youth admitted to TJJ during 2024 had at least one-high or moderate treatment need assessment.

# REENTRY AND REINTEGRATION: PROGRAMMING AND RECIDIVISM

## OVERVIEW OF REENTRY AND REINTEGRATION PROGRAMMING

As required by the HRC § 245.0535 and indicated by best practices, TJJJ 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 they transition to parole. A youth's reentry plan 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 and self-reliance and a safe transition from residential facilities back to the community, which enhances public safety. TJJJ seeks to implement reentry planning in a coordinated and integrated manner, with strong collaboration between the case manager, the reentry institutional parole officer, the parole officer, the youth, and the family.

TJJJ offers an evidence-based rehabilitation strategy with supplemental specialized treatment programs and services to youth committed to the agency coupled with family support. 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, and to execute those plans effectively following the youth's return, 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, medical care, and specialized aftercare services, including mental health treatment, aggression management, sexual behavior treatment, and substance abuse treatment. Staff coach 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.

The reentry system has made enhancements to the division that bolster communication, strengthen reentry planning and better promote public safety for youth that return home on parole.

To create a unified juvenile justice system and to streamline service delivery, reentry was realigned from three to seven regions that mirror our county probation regions. This has also enabled us to strengthen communication, cooperation and coordination with our county partners which results in more informed planning for treatment, a better understanding of family dynamics and reinforced reentry planning.

A framework of new institutional reentry parole officer positions was created to function in our secure facilities that fosters cross-divisional reentry collaboration, planning, and locating options for hard-to-place youth. One Institutional Parole Officer (IPO) position is dedicated to supporting our female population.

Finally, to promote public safety for youth home on parole, a new category of super intensive parole supervision was created to increase monitoring, structure and service delivery.

In accordance with HRC § 245.0535, TJJJ 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, TJJJ 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: (a) whether a youth was arrested for a new offense within one year of their release date, (b) whether a youth was arrested for new violent offense within one year of their release date, and (c) whether a youth was reincarcerated within one year of their 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.)

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 additional offenses youth commit. A youth originally committed for armed robbery and later rearrested only for possession of marijuana could be considered a success by some measure, especially if the goal is to measure their rehabilitation through Capital and Serious Violent Offending Treatment. 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 specific programs on recidivism outcomes. Youth released to parole may systematically differ from youth discharged directly. The same is true for youth who have a need for distinct 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 they need means that there is no longer a group of youth who do not receive treatment and can thus serve as a comparison group. In order to truly determine the effectiveness of treatment, we would need to randomly assign youth to program participation and then measure differences in outcomes between youth who participated and those who did not. Of course, this is neither practical nor ethical, but it means the recidivism outcomes presented are merely descriptive and are not truly a measure of treatment effectiveness.

## RECIDIVISM OUTCOMES BY PAROLE PARTICIPATION

All youth receive reentry and reintegration services beginning from the time they are admitted to TJJ, so there is no comparison group against which to judge the true impact of these services. However, because some youths are released from facilities at the age of majority, they do not receive any parole services, which is the biggest opportunity TJJ 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. Overall, the one-year reincarceration rate has increased since FY 2018 because we are now counting revocations. 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 may simply be caught more often. This is a particularly likely explanation for the significant 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.

In 2023 the **One-Year Violent Rearrest Rate** was 16 percent with the overall One-Year Reincarceration Rate being 21 percent.

**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	
2018	Yes	606	347	57%	99	16%	81	13%
	No	201	81	40%	22	11%	16	8%
2019	Yes	630	366	58%	129	21%	64	10%
	No	150	55	37%	12	8%	18	12%
2020	Yes	491	241	49%	91	19%	53	11%
	No	134	37	28%	6	5%	7	5%
2021	Yes	313	158	51%	57	18%	30	10%
	No	132	49	37%	23	17%	7	5%
2022	Yes	369	202	55%	67	18%	68	18%
	No	127	56	44%	20	16%	11	9%
2023	Yes	335	172	51%	52	16%	70	21%
	No	116	36	31%	13	11%	10	9%
Total	Yes	2,744	1,486	54%	495	18%	366	13%
	No	860	314	37%	96	11%	69	8%

### 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 2018 and FY 2023. 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 One-Year Reincarceration Rate is 12 percent. 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 29 percent, compared to 52 percent for boys. The difference in violent rearrest rate is even more striking, with 17 percent of boys having a violent rearrest within one year, compared to 6 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.**

Number of Youth Released			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
<b>2018</b>	Female	64	20	31%	3	5%	14	22%
	Male	743	408	55%	118	16%	83	11%
	Both	807	428	53%	121	15%	97	12%
<b>2019</b>	Female	75	26	35%	6	8%	8	11%
	Male	705	395	56%	135	19%	74	11%
	Both	780	421	54%	141	18%	82	11%
<b>2020</b>	Female	47	14	30%	1	2%	1	2%
	Male	578	264	46%	96	17%	59	10%
	Both	625	278	45%	97	16%	60	10%
<b>2021</b>	Female	49	9	18%	3	6%	3	6%
	Male	396	198	50%	77	19%	34	9%
	Both	445	207	47%	80	18%	37	8%
<b>2022</b>	Female	47	12	26%	3	6%	11	23%
	Male	449	246	55%	84	19%	68	15%
	Both	496	258	52%	87	18%	79	16%
<b>2023</b>	Female	44	15	34%	5	11%	9	21%
	Male	407	193	47%	60	15%	71	17%
	Both	451	208	46%	65	14%	80	18%
<b>Total</b>	<b>Female</b>	<b>326</b>	<b>96</b>	<b>29%</b>	<b>21</b>	<b>6%</b>	<b>46</b>	<b>14%</b>
	<b>Male</b>	<b>3,278</b>	<b>1,704</b>	<b>52%</b>	<b>570</b>	<b>17%</b>	<b>389</b>	<b>12%</b>
	<b>Both</b>	<b>3,604</b>	<b>1,800</b>	<b>50%</b>	<b>591</b>	<b>16%</b>	<b>435</b>	<b>12%</b>

The Texas Juvenile Justice Department (TJJD) Parole and Reentry Service division took several steps to continue strengthening TJJD’s reentry system since January 2021. In 2021, Reentry Services implemented several systemic changes to aftercare and reentry service operations. In the area of aftercare, the division moved in the direction of allowing aftercare services to be provided through telehealth networks, focused on strengthening the continuity of care through a robust partnership with HHSC, onboarded dialectical behavior therapists (DBT) and functional family therapy (FFT) providers; and continued implementation of Effective Practices in Community Supervision (EPICS).

TJJD’s Parole Division believes that “Reentry starts at the point of commitment to include stakeholder collaboration, connection, correction; strengthening families that foster individualized rehabilitation, skill development and public safety”. Since 2021, the topic of public safety has continued to be a priority because it refers to the overall well-being and protection for everyone throughout the state of Texas. TJJD’s parole operations cover all 254 counties (with contracted probation partners) as youth are released and revoked under the guidance of public safety. In 2020, TJJD implemented an internal agency directive that required any parolee engaging in violent conduct, conduct involving a weapon (including social media) or gang activity would be detained, and the revocation process would be sought. In 2023, to further enhance public safety, TJJD moved to include any tampering with an electronic monitoring (EM) device to be included in the automatic revocation review process

A comparison of the number of youths released to re-arrest rates (1yr, 1yr violent and 1 yr reincarceration) shows the agency is taking the topic of public safety within parole very seriously. Since the introduction of the revocation directive the number of youths reincarcerated within one year of release has increased (see Chart 1). In 2020, 11 percent of youth were reincarcerated within one year; the percentage decreased to 10 percent in 2021, jumped to 18 percent in 2022; and slightly increased to 21 percent in 2023. To treat young people with unresolved substance use issues, Parole and Reentry initiated an early engagement in aftercare services to better align and strengthen the continuity of care for youth returning with significant substance use and mental health issues.

Weekly high acuity staffings are a product of Parole and Reentry Services early engagement in aftercare planning. A pilot project was implemented that includes the intensive case planning review for youth with co-occurring disorders and is focused on strengthening the continuity of care for youth transitioning to the community.

The initial pilot location was Gainesville State Juvenile Correctional Facility and specifically focused on sex offenders transitioning home who had completed high sex-offender treatment programming. During the third quarter of FY24, the pilot project staff started discussions with the Mart State Juvenile Correctional Facility substance use treatment team about early engagement with youth who have a high substance use need. Feedback from local community providers about both pilot projects is optimistic. Stakeholders agree that strengthening the continuity will require leveraging the cooperation, expertise, and resources of community-based departments, community organizations, and secure facilities to help reduce further justice involvement and barriers to services. The early engagement in aftercare service allows the clinical team and community-based providers to engage young people in treatment before leaving a TJJD secure facility.

The intensive case planning for high-acuity youth started in early FY24 and will officially be implemented during the second quarter of FY25. The central concept of providing more intensive service review for co-occurring populations is to reduce overloading youth and families with various service options. Co-occurring substance abuse and mental health disorders are a significant problem for youth in the juvenile justice system. According to Mental Health America (2013), nationally 50 percent of adolescents receiving mental health services have a co-occurring substance use disorder, and as many as 75-80 percent of adolescents receiving inpatient substance abuse treatment have a coexisting mental disorder. Adolescents with emotional and behavioral problems are nearly four times more likely to be dependent on alcohol or illicit substances than are other adolescents, and the severity of a youth's problems increases the likelihood of drug use and dependence. Among adolescents with co-occurring disorders, conduct disorder and depression are the two most frequently reported disorders that co-occur with substance abuse. Heilbrun, Lee, and Cottle (2005) indicate that understanding the link between mental health difficulties and youthful offending is important in considering treatment response, because there is growing evidence that mental health difficulties are linked directly and indirectly to later offending behavior, substance use and delinquency. Co-occurring case planning review will evaluate critical reentry services needs for youth with co-occurring disorders. Once identified, services and support will be aligned to meet those needs and confirmation of needs will come from discharge summary and assessment results from the state juvenile correctional facility. Continuity of care for this population of youth will leverage lessons learned from the early engagement pilot projects and high acuity staffings.

To meet the continued aftercare treatment needs of youth on parole, TJJD continues to recruit and retain a competent network of aftercare providers. TJJD parolees access a variety of services and support that include but are not limited to: substance use, mental health, and sex-offender treatment; ancillary services/support that includes (family reentry enrichment services-FRES, workforce/career development, and mentoring) education, HHSC/LMHA's, and Texas Correctional Office on Offenders with Medical or

Mental Impairments (TCOOMMI). Our robust contractual partnerships with community-based aftercare providers are the foundation of continued services and support. It allows the division to leverage support, build-out continuity of care and strategically incorporate ancillary support/services. Most community-based aftercare providers offer telehealth options to facilitate treatment, which allow them to expand access past the traditional in-office option. In 2020, the Centers for Medicare and Medicaid Services (CMS) broadened access to Medicaid and Medicare telehealth services so that beneficiaries can receive a wider range of services without having to travel to a healthcare facility. TJJJ's network of providers is so extensive that many juvenile probation departments request assistance from TJJJ regional parole managers with linking them to aftercare providers to support youth on probation.

#### **Parole Regional Distribution of Community-based Aftercare Contractors:**

- **Central Region (CR1):** has a robust aftercare network of 36 behavioral health providers, 14 sex-offender treatment providers, 7 DBT Providers, and 25 substance use providers.
- **North Region (NR2):** has a healthy network of 34 behavioral health providers, 11 sex-offender treatment providers, 7 DBT Providers, and 24 substance use providers.
- **Northeast Region (NER3):** operates a steady network of 36 behavioral health providers, 12 sex-offender treatment providers, 7 DBT Providers, and 24 substance use providers.
- **Panhandle Region (PH4):** has access to 34 behavioral health providers, 12 sex-offender treatment providers, 7 DBT Providers, and 25 substance use providers. One of the surprising items of FY24 was the PH4 regional manager linking TJJJ contracted providers to local juvenile probation departments. The linkage allowed local juvenile probation departments to strengthen service options for probation involved youth.
- **South Region (SR5):** has access to 35 behavioral health providers, 12 sex-offender treatment providers, 7 DBT Providers, and 25 substance use providers.
- **Southeast Region (SER6):** has a robust aftercare network of 37 behavioral health providers, 18 sex-offender treatment providers, 7 DBT Providers, and 30 substance use providers.
- **West Region (WR7):** facilities access to 33 behavioral health providers, 12 sex-offender treatment providers, 8 DBT Providers, and 21 substance use providers.

#### **Parole and Reentry Ancillary Support and Services**

In 2022, the biannual legislative report discussed the recent creation of Family Reentry Enrichment Specialist (FRES) positions within the agency. During FY24, TJJJ finalized RISE psychosocial education curriculum with 3 Strand Global Foundation. The RISE (Resilience, Integration, Support, and Empowerment) program is a comprehensive psychoeducation initiative designed by experts to support FRES work with youth, particularly those who have been system-impacted and their families. The program employs a three-pronged approach to effectively navigate the complexities of life, fostering resilience and empowerment among professionals, youth and their families

#### **Program Objectives:**

- **Building Rapport:** Build trust with youth and their families by creating a safe, supportive, and consistent environment.
- **Positive Communication and Boundaries:** Educate youth and their families on the importance of establishing and respecting personal boundaries to maintain healthy relationships.
- **Identifying Needs and Crisis Management:** Develop strategies to accurately identify and address the unique needs of youth and their family.
- **Preventing Exploitation and Abuse:** Educate youth and families on recognizing the signs of exploitation and ways to prevent it.
- **Life Skills Training:** Support youth in becoming self-sufficient and confident in managing daily life tasks.
- **Soft Job Skills:** Teach soft skills such as teamwork, communication and problem-solving to

- improve job readiness.
- Preparing Your Pathway: Assist youth in setting realistic and achievable education or career goals.

RISE can impact families and youth with the most complex needs. According to OJJDP (2013 Evidence Based Programs Family Engagement), today there are several major categories of interventions designed to improve parenting practices and thus prevent future problem behaviors. These programs include behavioral parent training, parent education, parent support groups, in-home parent education or parent aid, and parent involvement in youth groups. Such parent-training programs concentrate on teaching parents and prospective parents the use of effective management skills. RISE's central focus is on strengthening caregiver parenting practice. Along with the new psychosocial education curriculum, the division created a new policy and procedure to ensure FRES model fidelity.

### **Online driver's education training**

In the fall of 2024, the division finalized and selected a vendor to provide online drivers education for TJJD youth. National research suggests a lack of transportation is one of the re-entry challenges for individuals involved with the justice system. Youth who do not have a driver's license and limited access to public transportation have greater difficulty successfully reintegrating. TJJD Parole and Reentry Service division awarded A-Advantage to become the agency's online driver's education vendor. A-Advantage Drivers Education program is a Texas based (Pflugerville) company that has been providing online and in-person drivers education to Texans for 14 years. According to the Novice Teen Driver Education and Training Administrative Standards, "The goal of driver education and training is to transfer knowledge, develop skills, and enhance the disposition of the teen, so he/she can perform as a safe and competent driver, thereby contributing to the reduction of crashes, fatalities and injuries" (NHTSA, n.d., p.3).

### **Workforce Development Youth curriculum**

In the fall of 2024, the division operationalized the "Empower Your Future" Career Readiness curriculum. Empower Your Future is a life skill, career development and employability curriculum guide developed for use by public schools, agencies, non-profits, and organizations that are committed to enhancing education, employment and positive outcomes for youth. To support young people's successful transition to work and career, the curriculum was developed to consider a variety of learning styles, to be interactive and engaging to youth and to be delivered in a "hands-on" manner. The material covered in the curriculum is based on a positive youth development model that is asset-based, culturally responsive, and focused on the essential work and life skills necessary for personal and family self-sufficiency. The curriculum contains units on several important aspects of work readiness including self-assessment, exploring careers and the details of getting and keeping jobs like resume writing, completing job applications, interacting with co-workers, and taking initiative. With a consistent focus on positive identity, the activities in the guide reinforce both social-emotional and employability skills to support personal and professional achievement for young people.

### **Community partnerships with HHSC**

The division's partnership with HHSC has continued to grow. In FY22, the high acuity meetings allowed the division to build out HHSC services and support for youth with complex needs. Since the partnership created positive result for both parties, we have decided to team with HHSC again to meet the training needs of staff through Mental Health First Aid and HHSC service and support training activities (CRCG, FSP, Peer Recovery, Multi-systemic therapy, youth crisis outreach and home and community-based housing programs). Mental Health First Aid training will take place on Jan. 22, 2025, with the first cohort

of 16 parole staff members. Mental Health First Aid teaches the skills needed to recognize and respond to signs and symptoms of mental health and substance use challenges, as well as how to provide someone with initial support until they obtain appropriate professional help. The final group of parole staff will complete training in the Spring of FY25. The HHSC service and support training will cover a variety of topics over a four-month period. The first training was held on Dec. 7, 2024, and covered the topic of CRCG’s in the state of Texas and the role of Family Support providers in the Systems of Care. All the training efforts will allow the parole team to collaborate more effectively with local mental health authorities, build strong partnerships with local organizations, community leaders, and healthcare providers essential for effective coordination and collaboration, and strengthen the continuity of care for service and support access.

During FY24, parole discharged 251 youth from care. Fifty-six percent of parole discharges were the result of successful completion of programming (SCOP), 22 percent were age of majority and 11 percent were the result of placement on adult parole (illustration 1). Youth who successfully complete parole have accomplished all goals and objectives related to case planning. They have completed aftercare services (substance use, mental health and/or sex-offender treatment), enrolled in school or obtained a GED, completed 60 hours of community service; some have obtained employment, and all have demonstrated 40 hours of approved constructive activity for four consecutive weeks. Constructive activity includes time spent working, attending school, treatment, or counseling, completing community service, searching for employment, and/or providing direct supervision to a child. On average, SCOP youth were on parole for 146 days or 4.7 months. In FY24, all youth that discharged because of “age of majority” were on minimum supervision status before discharging. For this population of youth, they completed element(s) of parole requirements such as aftercare, employment or education because of the minimum supervision status, yet they ran out of time by reaching the age of majority.

<b>Discharge Reason (illustration 1)</b>	<b>Parole</b>	<b>Percent of Grand Total</b>
<b>6-month or longer county jail disposition</b>	1	0.38%
<b>Age of majority reached</b>	54	23%
<b>Death (Do not send discharge certificate)</b>	2	0.77%
<b>Expiration of sentence</b>	3	1.15%
<b>Illness/injury preventing return to active program participation</b>	1	0.38%
<b>Out of State - As requested for satisfactory adjustment</b>	1	0.38%
<b>Placement on adult parole (for sentenced offenders committed on or after 06/09/07)</b>	29	11%
<b>Placement on adult probation for conduct occurring on parole status</b>	7	2.68%
<b>Sentencing to prison or state jail (excluding transfer of sentenced offender)</b>	7	2.68%
<b>Successful completion of program</b>	143	56.70%

# **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 Offending Treatment Program (CSVOTP), Substance Use Services (SUS), Sexual Behavior Treatment Program (SBTP), and Mental Health Treatment (MH). During intake, youth receive a variety of assessments to determine treatment needs; treatment is structured at distinct 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 youths 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 2023 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 PROGRAMMING**

Youth are assessed as having a need for Capital and Serious Violent Offender Treatment Program (CSVOTP) 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 CSVOTP and will be assigned to high-level CSVOTP. Youth who committed violent crimes without causing death or serious bodily injury (most often aggravated robbery) are assigned to the Violent Offending Program (VOP). Although CSVOT and VOP are separate programs, they are collapsed for the purpose of analysis.

CSVOTP are intensive programs designed to impact emotional, social, behavioral, and cognitive developmental processes by integrating cognitive-behavioral, psychodynamic, and social learning to create an intense therapeutic approach that aims to reduce individual risk factors and to enhance and build upon unique strengths of the youth. Youth enrolled in the CSVOTP's 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 CSVOTP 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. Youth with a moderate need as of July 2024 will receive Dialectical Behavior Therapy (DBT) to fulfill this treatment requirement not ART. Future reports will reflect this shift in programming.

## CSVOT FOR GIRLS

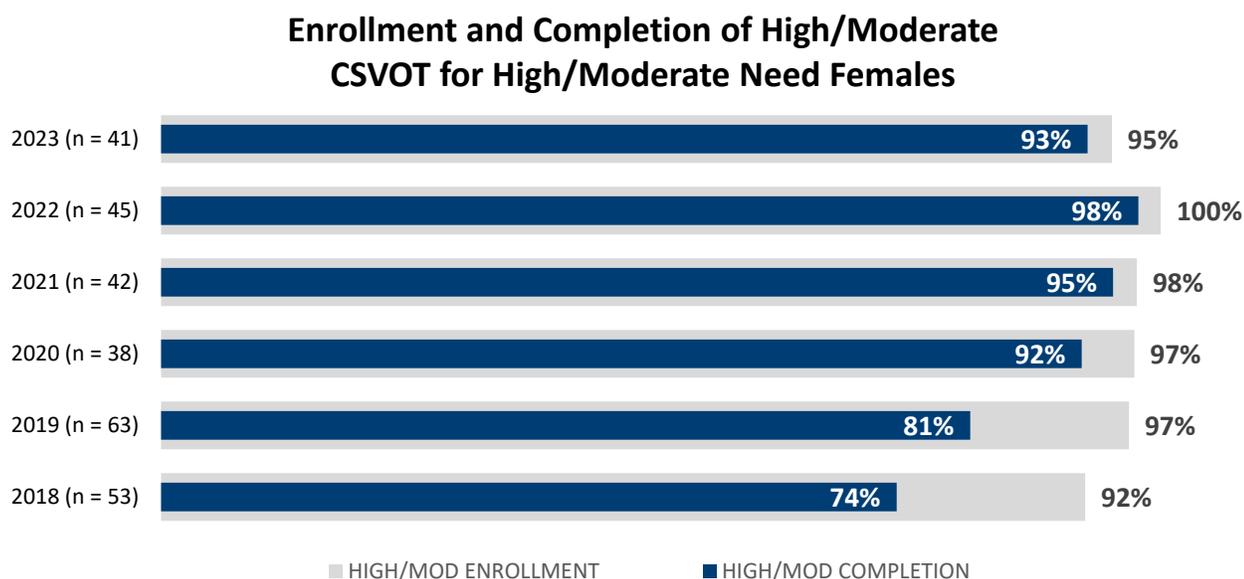
Table C.1 shows the percentage of female youth in each release cohort who had high, moderate, low, and any need for CSVOT. More than 90 percent of girls released over the six-year period had a need for some level of CSVOT. The percentage of girls with a high need for CSVOT increased steadily over the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

**TABLE C.1: NEED FOR CSVOT, GIRLS RELEASED FY 2018 TO FY 2023**

CSVOT Females Released by Fiscal Year									
Fiscal Year	High Need		Moderate Need		Low Need		Any Need		All
2018	4	6%	49	77%	7	11%	60	94%	64
2019	7	9%	56	76%	2	3%	65	88%	74
2020	6	13%	32	68%	3	6%	41	87%	47
2021	18	37%	24	49%	4	8%	46	94%	49
2022	7	15%	38	81%	1	2%	46	98%	47
2023	16	37%	25	58%	1	2%	42	98%	43
<b>Total</b>	<b>58</b>	<b>18%</b>	<b>224</b>	<b>69%</b>	<b>18</b>	<b>6%</b>	<b>300</b>	<b>93%</b>	<b>324</b>

Figure C.2 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 2023 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.2: ENROLLMENT AND COMPLETION OF HIGH/MODERATE CSVOT FOR GIRL**



**Table C.3** 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 58 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. Two of the three measures indicate an increase of recidivism for female youth. However, due to their small sample size, large statistical changes can be influenced by a small number of individuals. Justice involved female youth are often victims of trafficking and this data can be coded as a marker of recidivism instead of victimization depending on the jurisdiction.

**RECIDIVISM RATES FOR YOUTH ENROLLED IN HIGH/ MODERATE CSVOT**

**Table C.3: 1-Year Recidivism Rates for Females Enrolled in High/Moderate CSVOT**

Number of Females Enrolled		One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
<b>2018</b>	49	13	27%	2	4%	11	22%
<b>2019</b>	62	21	34%	5	8%	6	10%
<b>2020</b>	37	12	32%	1	3%	1	3%
<b>2021</b>	41	4	10%	1	2%	3	7%
<b>2022</b>	45	12	27%	3	7%	11	24%
<b>2023</b>	40	15	38%	5	13%	9	23%
<b>Total</b>	<b>274</b>	<b>77</b>	<b>28%</b>	<b>17</b>	<b>6%</b>	<b>41</b>	<b>15%</b>

\*Note: FY 2023 Rearrest Rate increased approximately 24% since FY21

\*Note: FY 2023 Violent Rearrest Rate increased approximately 6% since FY21

**CSVOT FOR BOYS**

**Table C.4** below shows the percentage of male youth in each release cohort who had high, moderate, low, and any need for CSVOT. Similar to girls, over 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 50 percent for boys released in FY 2023.

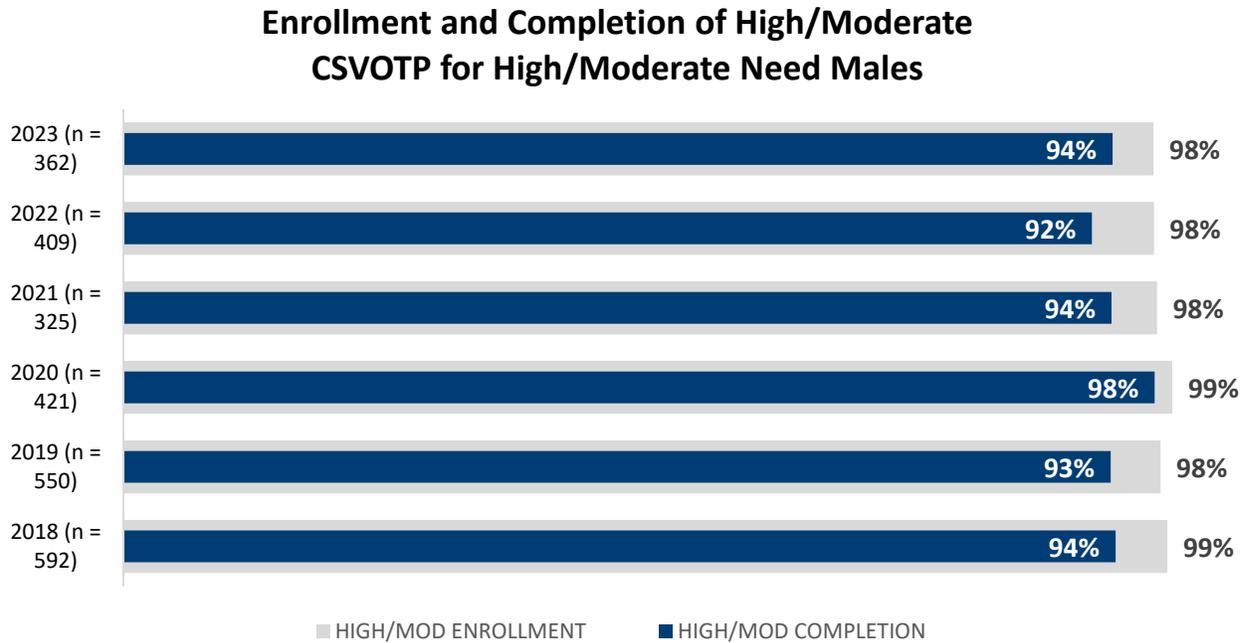
**TABLE C.4: NEED FOR CSVOT, BOYS RELEASED FY 2019 TO FY 2023**

**CSVOT Males Released by Fiscal Year**

Fiscal Year	High Need		Moderate Need		Low Need		Any Need		All
2018	128	17%	464	63%	88	12%	680	92%	740
2019	167	24%	383	55%	85	12%	635	90%	703
2020	144	25%	277	48%	73	13%	494	86%	575
2021	157	40%	168	43%	23	6%	348	88%	394
2022	192	43%	217	49%	13	3%	422	95%	443
2023	198	50%	164	41%	23	6%	385	96%	400
<b>Total</b>	<b>986</b>	<b>30%</b>	<b>1,673</b>	<b>51%</b>	<b>305</b>	<b>9%</b>	<b>2,964</b>	<b>91%</b>	<b>3,255</b>

In **Figure C.5**, CSVOTP enrollment and completion rates are shown for boys with high or moderate CSVOTP needs. Since FY 2018, 98 percent of all boys with moderate or high need for CSVOT have been enrolled and over 94 percent released each year completed treatment. Male High and Moderate Need CSVOTP Completion increased from 94 percent in 2019 to 98 percent in 2020. In 2021 the percent of High and Moderate Need CSVOT male completion decreased back to 94 percent and has been generally stable since. The small number of youths who did not complete can be attributed to a medical discharge or movement to adult correctional settings. Nearly all of these youth completed another high or moderate need program while at TJJD.

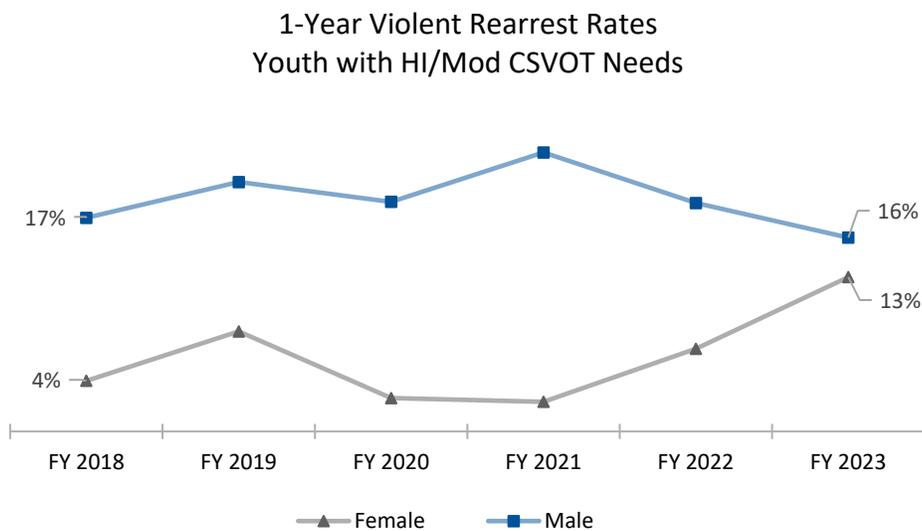
**FIGURE C.5: ENROLLMENT AND COMPLETION OF HIGH/MODERATE CSVOTP FOR BOYS**



**Table C.6** 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.6: ONE-YEAR RECIDIVISM RATES FOR BOYS ENROLLED IN HIGH/MODERATE CSVOT**

Number of Males Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
2018	High	114	47	41%	15	13%	4	4%
	Moderate	474	283	60%	87	18%	66	14%
2019	High	160	75	47%	20	13%	11	7%
	Moderate	380	237	62%	89	23%	47	12%
2020	High	150	72	48%	24	16%	12	8%
	Moderate	270	137	51%	54	20%	33	12%
2021	High	155	79	51%	33	21%	16	10%
	Moderate	163	95	58%	39	24%	12	7%
2022	High	185	97	52%	32	17%	26	14%
	Moderate	215	124	58%	42	20%	33	15%
2023	High	212	109	51%	34	16%	31	15%
	Moderate	145	69	48%	22	15%	35	24%
Total	High	976	479	49%	158	16%	100	10%
	Moderate	1,647	945	57%	333	20%	226	14%



## SUBSTANCE USE SERVICES TREATMENT

Substance Use Services (SUS) utilizes an individualized, trauma-informed, evidence-based model. 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 substance use 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.

SUS is designed to target specific treatment domains based on the youth’s risk needs. High-intensity SUS is designed for youth who have the most significant needs such as dependency, history of overdoses, and significant substance exploration. Moderate-intensity SUS is designed to address the SUS needs of youth in a condensed programming schedule; many of these youth have co-occurring needs for other specialized treatment services. SUS includes psychoeducation, individualized treatment goals, relapse prevention services and SUS aftercare services for youth on parole. A licensed chemical dependency counselor or other appropriately licensed or credentialed professional provides treatment. Youth with low SUS needs participate in psycho-educational programming with an approved curriculum.

### SUS FOR FEMALES

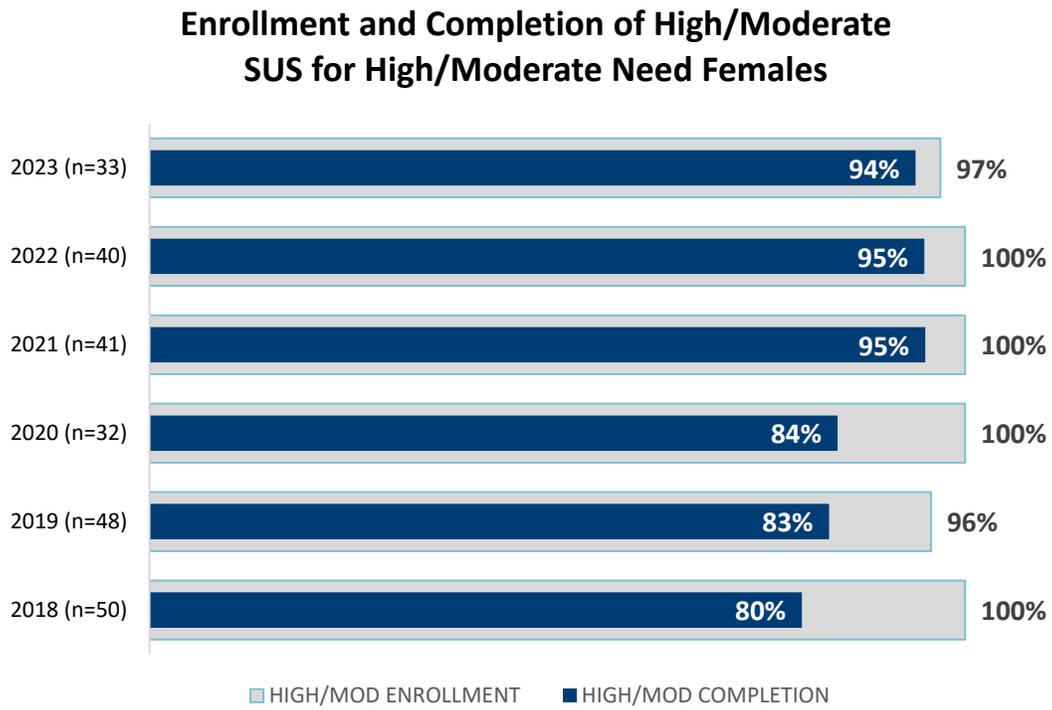
The percentage of girls released from TJJJ with some level of SUS need ranged from 81 to 88 percent over the six-year period (Table C.7 below). The majority of girls identified for SUS have a high level of need, a percentage that rose sharply in FY 2021 and 2022 to 57 percent.

**TABLE C.7: NEED FOR SUS, GIRLS RELEASED FY 2018 TO FY 2023**

SUS Females Released by Fiscal Year									
Total Females Released		High Need		Moderate Need		Low Need		Any Need	
2018	64	27	42%	23	36%	4	6%	54	84%
2019	74	29	39%	19	26%	12	16%	60	81%
2020	47	16	34%	16	34%	7	15%	39	83%
2021	49	31	63%	10	20%	1	2%	42	86%
2022	47	27	57%	13	28%	1	2%	41	87%
2023	43	16	37%	17	40%	5	12%	38	88%
<b>Total</b>	<b>324</b>	<b>146</b>	<b>45%</b>	<b>98</b>	<b>30%</b>	<b>30</b>	<b>9%</b>	<b>274</b>	<b>85%</b>

As shown in Figure C.8, for all years except FY 2019 and 2023, every girl with high or moderate SUS needs has been enrolled, and the percentage of those that complete treatment has greatly improved in recent years. However, it is important to note that small sample sizes make comparisons across years difficult to interpret.

**FIGURE C.8: ENROLLMENT AND COMPLETION OF HIGH/MODERATE SUS FOR GIRLS**



**Table C.9** below shows the recidivism rates for girls enrolled in high or moderate SUS and released during the reporting period. High and moderate SUS are combined across years because of small sample sizes but broken out for the entire time span to show the difference between treatment levels. 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 slightly higher recidivism rates for two of the three measures.

**TABLE C.9: ONE-YEAR RECIDIVISM RATES FOR GIRLS ENROLLED IN HIGH/MODERATE SUS**

Number of Females Enrolled			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
<b>2018</b>	Both	50	17	34%	2	4%	13	26%
<b>2019</b>	Both	47	17	36%	5	11%	4	9%
<b>2020</b>	Both	32	10	31%	1	3%	1	3%
<b>2021</b>	Both	41	8	20%	2	5%	3	7%
<b>2022</b>	Both	40	10	25%	2	5%	10	25%
<b>2023</b>	Both	33	11	33%	3	9%	7	21%
<b>Total</b>	<b>High</b>	<b>145</b>	<b>43</b>	<b>30%</b>	<b>12</b>	<b>8%</b>	<b>25</b>	<b>17%</b>
	<b>Moderate</b>	<b>98</b>	<b>30</b>	<b>31%</b>	<b>3</b>	<b>3%</b>	<b>13</b>	<b>13%</b>
	<b>Both</b>	<b>243</b>	<b>73</b>	<b>30%</b>	<b>15</b>	<b>6%</b>	<b>38</b>	<b>16%</b>

## SUS FOR BOYS

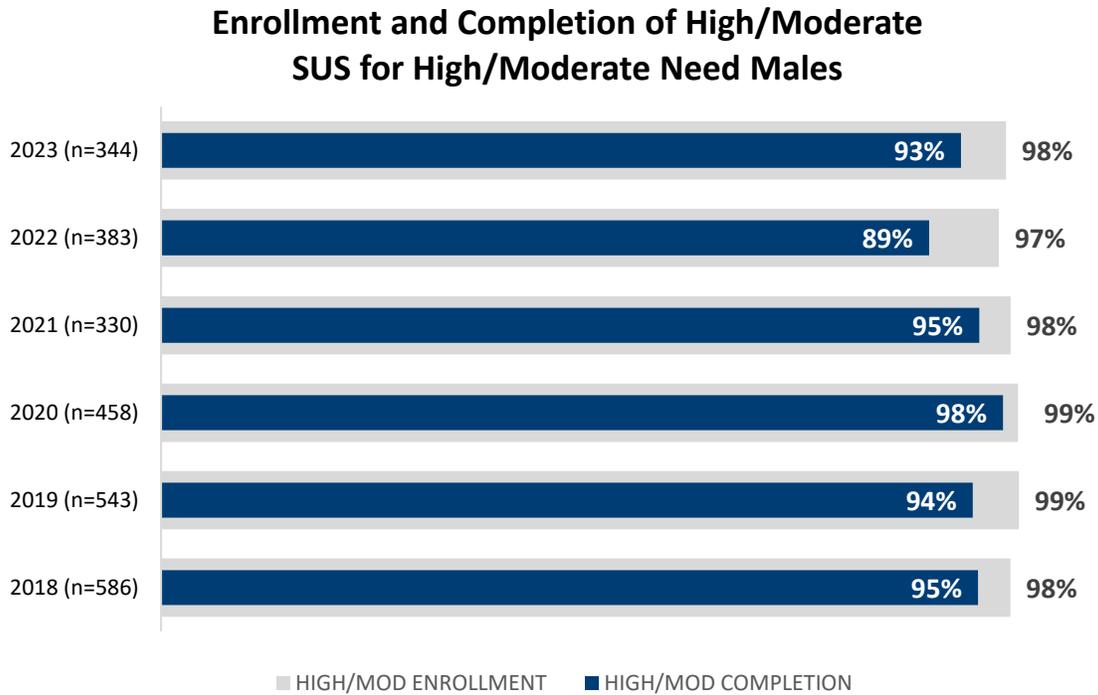
Almost 90 percent of boys released from TJJD each year had some level of SUS need (Table C.10 below). This percentage is slightly above that for girls and has remained nearly constant since FY 2016. However, the percentage of boys needing high SUS was lower than girls, with only 40 percent of boys released assessed as high need for SUS, compared to 45 percent of girls.

**TABLE C.10: NEED FOR SUS, BOYS RELEASED FY 2018 TO FY 2023**

SUS Males Released by Fiscal Year									
Total Males Released		High Need		Moderate Need		Low Need		Any Need	
2018	740	283	38%	303	41%	72	10%	658	89%
2019	703	240	34%	303	43%	80	11%	623	89%
2020	575	195	34%	263	46%	55	10%	513	89%
2021	394	158	40%	172	44%	28	7%	358	91%
2022	443	218	49%	165	37%	22	5%	405	91%
2023	400	192	48%	152	38%	27	7%	371	93%
<b>Total</b>	<b>3,255</b>	<b>1,286</b>	<b>40%</b>	<b>1,358</b>	<b>42%</b>	<b>284</b>	<b>9%</b>	<b>2,928</b>	<b>90%</b>

Access to, and completion of, moderate- and high-intensity SUS also remained quite constant for boys between FY 2018 and FY 2023, with 98 percent of all boys with high or moderate need enrolling in treatment and over 90 percent completing, as shown in Figure C.11 below. 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.11: ENROLLMENT AND COMPLETION OF HIGH/MODERATE SUS FOR BOYS**

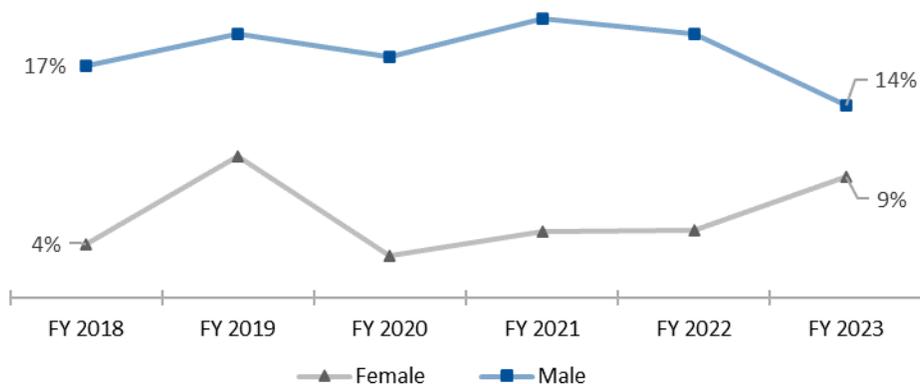


As shown in **Table C.12** below, recidivism rates for boys enrolled in SUS vary by level of treatment enrollment with boys in high SUS have higher general rearrest rates and lower violent rearrest and reincarceration rates overall. Recidivism rates for boys in either level SUS were above agency averages.

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

Year	Number of Males Enrolled by Treatment Level		One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
	Level	Count	Count	Rate	Count	Rate	Count	Rate
2018	High	278	174	63%	51	18%	29	10%
	Moderate	301	169	56%	50	17%	38	13%
2019	High	240	148	62%	41	17%	22	9%
	Moderate	301	173	58%	66	22%	38	13%
2020	High	227	114	50%	49	22%	27	12%
	Moderate	231	116	50%	34	15%	25	11%
2021	High	175	101	58%	36	21%	17	10%
	Moderate	150	75	50%	32	21%	11	7%
2022	High	213	131	62%	45	21%	34	16%
	Moderate	160	82	51%	29	18%	21	13%
2023	High	194	95	49%	32	17%	38	20%
	Moderate	146	73	50%	17	12%	22	15%
Total	High	1,327	763	58%	254	19%	167	13%
	Moderate	1,289	688	53%	228	18%	155	12%

### 1-Year Violent Rearrest Rates Youth with HI/Mod SUS Needs



### SEXUAL BEHAVIOR TREATMENT

The agency offers Sexual Behavior Treatment Program (SBTP) services to youth with problematic sexual behavior needs. Treatment involves a multidisciplinary, collaborative approach using techniques such as motivational interviewing, relapse prevention, impulse control, and self-regulation strategies. SBTP 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 SBTP needs, all SBTP 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-Supervisor.

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 SBTP needs. High-intensity SBTP 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 SBTP successfully participate in SBTP aftercare services while on parole.

Lower risk youth may be assigned to moderate SBTP programming that includes shorter-term group therapy and individual counseling. Moderate SBTP treatment is evidence-based and provided by a licensed sex offender treatment provider (LSOTP) or a supervised associate provider (ASOTP). Low risk youth are assigned psychoeducation to address concerns related to their problematic sexual behaviors.

### SBT FOR ALL YOUTH

The number of girls released from TJJJ with high or moderate SBTP needs was very low—only eight since FY 2018. As a result, both **Table C.13** and **Figure C.14** below show results for girls and boys combined.

As shown in **Table C.13**, the number of youths with any level of SBT need increased consistently between FY 2018 and FY 2023, jumping from 45 to 68 percent. However, it is important to note that this increase was driven almost exclusively by low-need youth. In FY 2023, over 50 percent of youth released from TJJJ had low SBT needs. The percentage of youth with high and moderate needs for SBT remained constant around 15 percent. As noted, the vast majority of youth with high and moderate SBT need were boys.

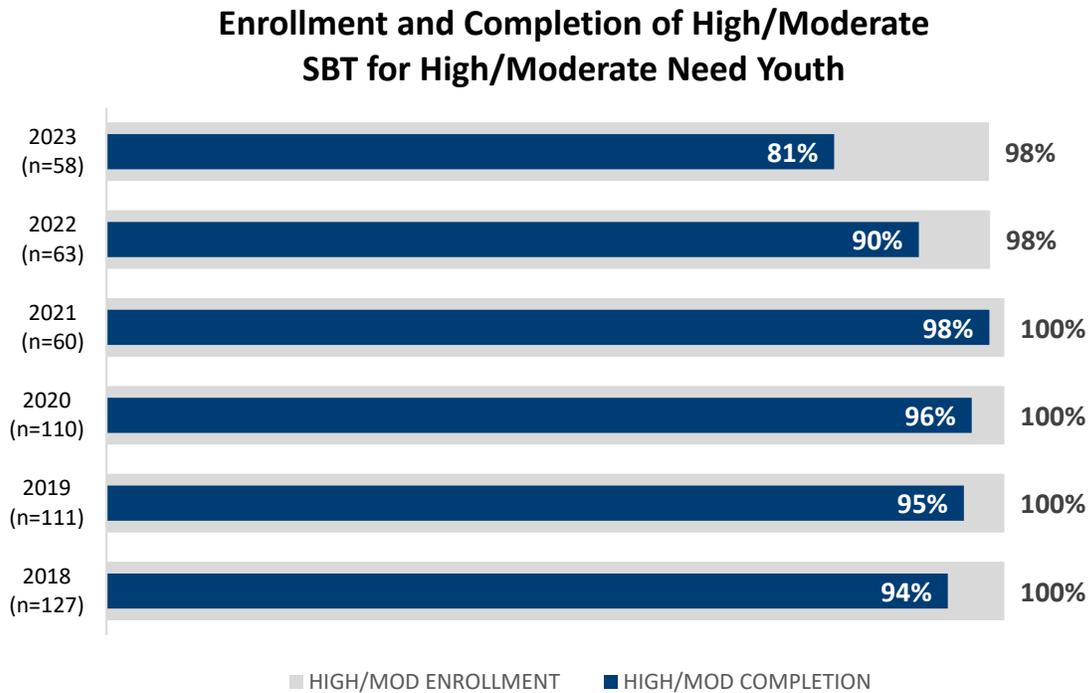
**TABLE C.13: NEED FOR SBT, ALL YOUTH RELEASED FY 2018 TO FY 2023**

**SBT Youth Released by Fiscal Year**

	Total Youth Released		High Need		Moderate Need		Low Need		Any Need	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
2018	804		101	13%	26	3%	231	29%	358	45%
2019	777		73	9%	38	5%	319	41%	430	55%
2020	622		76	12%	34	5%	273	44%	383	62%
2021	443		39	9%	21	5%	241	54%	301	68%
2022	490		37	8%	26	5%	248	51%	311	63%
2023	443		32	7%	26	6%	244	55%	302	68%
<b>Total</b>	<b>3,579</b>		<b>358</b>	<b>10%</b>	<b>171</b>	<b>5%</b>	<b>1,556</b>	<b>43%</b>	<b>2,085</b>	<b>58%</b>

As **Figure C.14** shows, since FY 2018, nearly every youth with high or moderate SBT needs was enrolled in treatment. The 98 percent marks in 2022 and 2023 reflect a data entry error by staff, the 100 percent would have been maintained if not for this error. Completion rates have decreased in 2022 and 2023. This pattern is reflective of higher risk youth having a deferred sex offender registration status. This means the youth, in consult with treatment leadership did not “successfully complete” treatment. They may have completed the duration and intensity of the treatment program but “failed or unsuccessfully completed” to inform the court’s decision on their registration status.

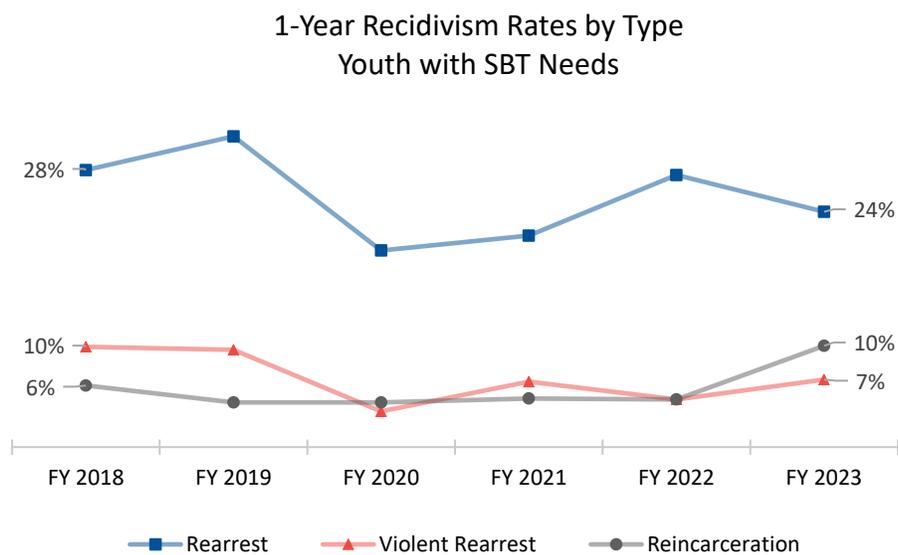
**FIGURE C.14: ENROLLMENT AND COMPLETION OF HIGH/MODERATE SBT**



As shown in **Table C.15** below, recidivism rates for youth (almost all boys) enrolled in high or moderate SBT were lower by half than the rates for boys released from TJJJ generally. Youth in high SBT had consistently lower general rearrest rates than youth in moderate SBT, while reincarceration rates varied across years.

**TABLE C.15: 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	
2018	High	103	26	25%	8	8%	8	8%
	Moderate	26	10	39%	5	19%	0	0%
2019	High	74	18	24%	6	8%	4	5%
	Moderate	38	17	45%	5	13%	1	3%
2020	High	76	12	16%	3	4%	4	5%
	Moderate	35	10	29%	1	3%	1	3%
2021	High	41	5	12%	1	2%	1	2%
	Moderate	20	8	40%	3	15%	2	10%
2022	High	38	8	21%	3	8%	1	3%
	Moderate	24	9	38%	0	0%	2	8%
2023	High	39	6	15%	1	3%	4	10%
	Moderate	20	8	40%	3	15%	2	10%
Total	High	371	75	20%	22	6%	22	6%
	Moderate	163	62	38%	17	10%	8	5%



## MENTAL HEALTH TREATMENT

TJJD provides specialized Mental Health (MH) treatment to youth at all levels of need. Given the large number of youths 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 youths experience adverse childhood experiences at a significantly higher rate than the general population. For a majority of the youth in TJJD’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 specialized residential settings. These youth who require ongoing monitoring and support may complete their other required specialized treatment with significant adaptation, for example, through individual counseling within the mental health program. High-intensity MH provides enhanced psychiatric and psychological assistance and smaller youth-to-staff ratios.

Youth identified with moderate MH needs participate in a variety of services within their home living unit. These include medication management, individual and group counseling services related to mental health symptom management, trauma symptom management, groups to teach emotional regulation and skills to interrupt harmful behaviors.

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

The goal of MH at TJJD 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 MH. Many youths who receive services while within TJJD will not meet the criteria to formally “stabilize” and likely receive MH throughout their stay, potentially impacting this outcome data of this report. As the following data shows, the mental health needs of TJJD youth have greatly increased.

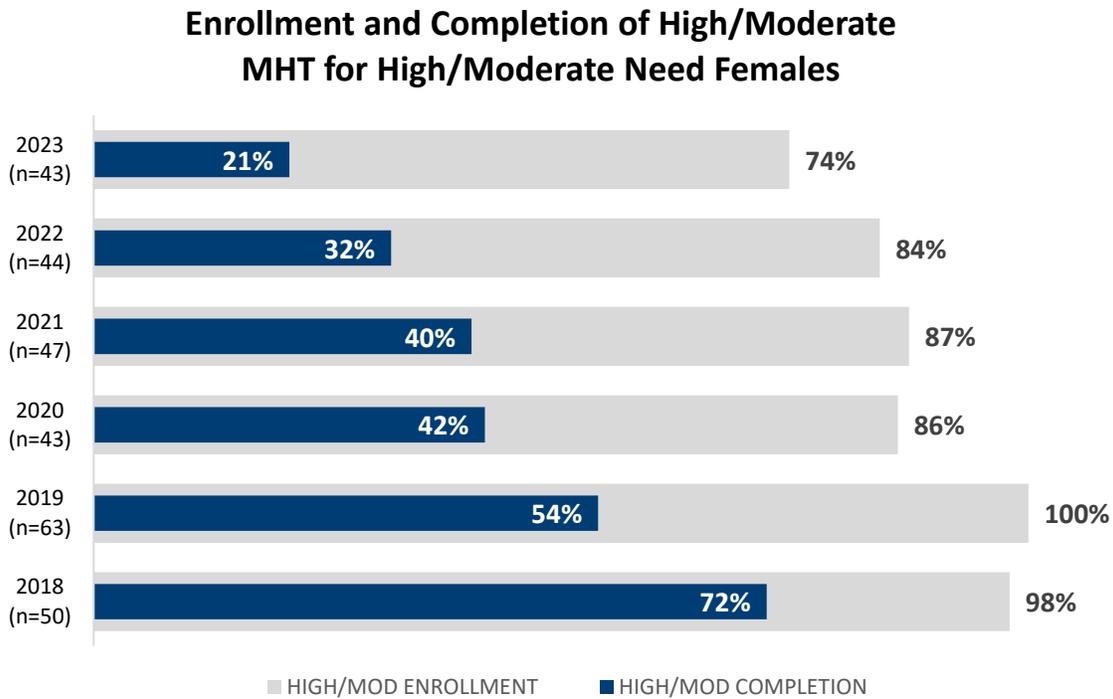
### MHT FOR GIRLS

As shown in **Table C.16**, all girls released in FY 2023 had some level of MHT need with 100 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.16: NEED FOR MHT, GIRLS RELEASED FY 2018 TO FY 2023**

MHT Females Released by Fiscal Year									
Total Females Released		High Need		Moderate Need		Low Need		Any Need	
2018	64	6	9%	44	69%	8	13%	58	91%
2019	74	10	14%	53	72%	5	7%	68	92%
2020	47	3	6%	40	85%	3	6%	46	98%
2021	49	4	8%	43	88%	2	4%	49	100%
2022	47	6	13%	38	81%	3	6%	47	100%
2023	43	5	12%	38	88%	0	0%	43	100%
<b>Total</b>	<b>324</b>	<b>34</b>	<b>10%</b>	<b>256</b>	<b>79%</b>	<b>21</b>	<b>6%</b>	<b>311</b>	<b>96%</b>

**Figure C.17** 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 one other treatment program and most were receiving low mental health services. Similarly, among girls released in FY 2023 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, enrollment and successful participation in other treatment programs may be a better measure of youth progress than completion.



In **Table C.18** 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. Small sample sizes mean that caution should be used in comparisons.

**TABLE C.18: ONE-YEAR RECIDIVISM RATES FOR GIRLS ENROLLED IN HIGH/MODERATE MHT**

Number of Females Enrolled			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
2018	Both	49	15	31%	3	6%	11	22%
2019	Both	64	21	33%	5	8%	8	13%
2020	Both	37	11	30%	1	3%	1	3%
2021	Both	41	6	15%	2	5%	2	5%
2022	Both	37	10	27%	2	5%	6	16%
2023	Both	33	11	33%	5	15%	8	24%
Total	High	58	21	36%	8	14%	10	17%
	Moderate	203	53	26%	10	5%	26	13%
	Both	261	74	28%	18	7%	36	14%

### MH FOR BOYS

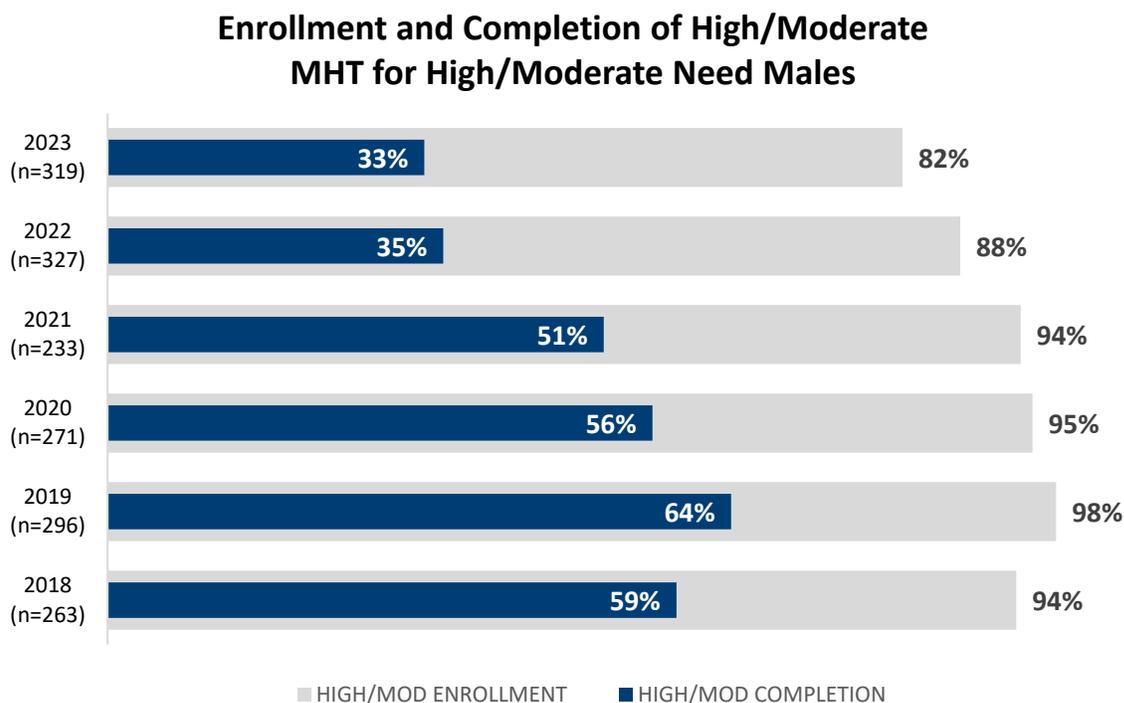
For boys, the trends in MHT needs were different from those for girls (Table C.19). Boys had lower levels of MH needs overall, though the percentage increased each year until the FY 2023 cohort had the highest rate of any level of need, at 94 percent. The percent of boys assessed as needing high-intensity MH remained low. However, similar to girls, the percentage with a moderate need has steadily increased.

**TABLE C.19: NEED FOR MHT, BOYS RELEASED FY 2018 TO FY 2023**

MHT Males Released by Fiscal Year									
Total Males Released		High Need		Moderate Need		Low Need		Any Need	
2018	740	42	6%	221	30%	168	23%	431	58%
2019	703	45	6%	251	36%	179	25%	475	68%
2020	575	31	5%	240	42%	139	24%	410	71%
2021	394	18	5%	215	55%	87	22%	320	81%
2022	443	35	8%	292	66%	85	19%	412	93%
2023	400	21	5%	298	75%	55	14%	374	94%
<b>Total</b>	<b>3,255</b>	<b>192</b>	<b>6%</b>	<b>1,517</b>	<b>47%</b>	<b>713</b>	<b>22%</b>	<b>2,422</b>	<b>74%</b>

As **Figure C.20** below shows, the percentage of boys enrolled each year remained close to 95 percent until 2022 and 2023. Among boys enrolled and not completing treatment when released, over 93 percent completed at least one other high or moderate need program. As with girls, MH enrollment, even if not completed, can contribute to successful participation in services for other treatment needs.

**FIGURE C.20: ENROLLMENT AND COMPLETION OF HIGH/MODERATE MH FOR BOYS**



**Table C.21** shows recidivism rates for boys enrolled in high and moderate MH. For boys in moderate MH, recidivism rates were similar to the overall rate for boys released from TJJ. The same is true for violent rearrest boys in high MH. Rearrest Rates and Violent Rearrest Rates have decreased for males since fiscal year 2021.

**TABLE C.21: ONE-YEAR RECIDIVISM RATES FOR BOYS ENROLLED IN HIGH/MODERATE**

Number of Males Enrolled by Treatment Level			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
2018	High	51	22	43%	4	8%	7	14%
	Moderate	195	105	54%	29	15%	23	12%
2019	High	58	25	43%	13	22%	7	12%
	Moderate	231	126	55%	49	21%	22	10%
2020	High	44	19	43%	5	11%	5	11%
	Moderate	217	101	47%	40	18%	24	11%
2021	High	23	15	65%	6	26%	3	13%
	Moderate	197	98	50%	35	18%	18	9%
2022	High	39	21	54%	6	15%	3	8%
	Moderate	249	125	50%	44	18%	38	15%
2023	High	25	10	40%	2	8%	9	36%
	Moderate	240	106	44%	32	13%	41	17%
Total	High	240	112	47%	36	15%	34	14%
	Moderate	1,329	661	50%	229	17%	166	13%

# CONCLUSIONS

The 2024 Review of Treatment Effectiveness highlights many of TJJJ's successes in reentry planning and specialized treatment provision. Highlights include the following:

- 99.8 percent of all youth in the FY 2023 released 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 TJJJ's commitment to providing appropriate treatment to all youth committed to the agency.
- Of youth with high or moderate mental health needs, 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 2023, 96 percent 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.
- Despite the impacts of a higher risk profile of youth in state secure facilities, COVID-19 and restrictions to programming, TJJJ remained dedicated to ensuring youth opportunity to engage in rehabilitative programming and maintained consistent recidivism rates with improvements for certain populations.