

2020

Review of
TREATMENT EFFECTIVENESS

PUBLISHED DECEMBER 2020



TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

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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 alcohol or other drug addiction, 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 residential facilities after enrollment in specialized treatment (as required by HRC § 242.001).

Rearrest and violent rearrest rates were up in FY 2019, while reincarceration rates were down. The increase in violent rearrest rates overall may reflect the increased referral rate for violent felony offenses among youth in Texas generally. The decline in reincarceration rate reflects both agency practice and the COVID-19 pandemic. Analysis of specialized treatment data shows high rates of enrollment and enrollment in mental health treatment at an all-time high. 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 2019. Overall, recidivism by specialized treatment participation mirrors general agency recidivism; an expected fact given that all but 0.5 percent, just 4 of the 777 youth in the FY 2019 release cohort, 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 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 2020 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 2019. 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 2020.

The second section of this report fulfill 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 Offending 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 releases tracked into 2020. As the virus spread through Texas, TJJD put a temporary hold on admissions and revised procedures for interaction with youth under community supervision and for youth returning to secure facilities. As a result, variance between FY 2019 releases and earlier years can be due to both TJJD programming and COVID-19 response and therefore, should be interpreted with caution.

YOUTH CHARACTERISTICS

RELEASE COHORT, FISCAL YEAR 2019

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 2014 and FY 2019. **Table A.1** provides an overview of the characteristics of youth released in FY 2019, whose outcomes are included for the first time in this report. Characteristics are broken down by female and male youth.

TJJD released 777 youth from residential facilities in FY 2019, approximately 10 percent of whom were girls. Around 14 percent of youth released had determinate sentences, 98 percent boys. The other 86 percent of youth released had indeterminate commitments. The majority of youth (over 70 percent of both boys and girls) were released between ages 17 and 19, with nearly 15 percent released at or very close to the age of majority. Girls' stays at TJJD were 1.6 months shorter than boys' on average. Girls were less likely to have committed a second degree or higher felony than were boys (35 percent versus 61 percent, respectively) and were more likely to be low risk (42 percent versus 36 percent).

At intake, TJJD determines the risk level of youth using a number of factors, including the number of prior felony and misdemeanor arrests or referrals, the number of felony arrests or referrals for offenses against a person, the number of felony or misdemeanor convictions or adjudications, the youth's age at commitment, and any prior residential placements. It is important to note that the TJJD risk level is normed on a population of TJJD youth and is not comparable to other populations, or to commonly used measures of risk. Approximately five percent of youth released in FY 2019 were assessed as high risk, with another 59 percent assessed as medium risk.

Table A.1 also provides data regarding the total number of high or moderate specialized treatment needs by gender. Overall, in FY 2019 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; 53 percent of girls had at least three high or moderate needs, compared to 32 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: CHARACTERISTICS OF YOUTH RELEASED IN FY 2019

	Female		Male		All Youth	
Number Of Youth Released¹	74		703		777	
Sentence Type	#	%	#	%	#	%
Indeterminate Commitment	72	97.3%	593	84.4%	665	85.6%
Determinate Sentence	2	2.7%	110	15.6%	110	14.4%
Age At Release	#	%	#	%	#	%
14 or Younger	4	5.4%	14	2.0%	18	2.3%
15	3	4.1%	51	7.3%	54	6.9%
16	15	20.3%	122	17.4%	137	17.6%
17	26	35.1%	220	31.3%	246	31.7%
18	20	27.0%	191	27.2%	211	27.2%
Within 1 Month of 19 th Birthday	6	8.1%	105	14.9%	111	14.3%
Length Of Stay						
Average Length Of Stay At Release	14.9 Months		16.5 Months		16.3 Months	
Level Of Offense	#	%	#	%	#	%
Capital Felony	1	1.4%	1	0.1%	2	0.3%
First-Degree Felony	9	12.2%	229	32.6%	238	30.6%
Second-Degree Felony	16	21.6%	197	28.0%	213	27.4%
Third-Degree Felony	33	44.6%	143	20.3%	174	22.7%
State-Jail Felony	15	20.3%	133	18.9%	148	19.0%
Risk Assessment Score	#	%	#	%	#	%
High	5	6.8%	31	4.4%	36	4.6%
Medium	38	51.4%	420	59.7%	458	58.9%
Low	31	41.9%	252	35.8%	283	36.4%
Risk Factors	#	%	#	%	#	%
Three Or More Felony Or Misdemeanor Referrals	50	67.6%	513	73.0%	563	72.5%
Two Or More Felony Or Misdemeanor Adjudications	50	67.6%	452	64.3%	502	64.6%
On Probation At Commitment ²	57	78.1%	494	71.3%	551	71.9%
Prior Out-Of-Home Placement	51	68.9%	445	63.3%	496	63.8%
Family History Of Criminal Involvement	41	55.4%	204	29.0%	245	31.5%
Suspected History Of Abuse Or Neglect	55	74.3%	205	29.2%	260	33.5%
Parents Not Together ³	56	83.6%	487	83.4%	543	83.4%
Total Number of High or Moderate Treatment Needs	#	%	#	%	#	%
0	1	1.4%	3	0.4%	4	0.5%
1	5	6.8%	126	17.9%	131	16.9%
2	29	39.2%	352	50.1%	381	49.0%
3	39	52.7%	212	30.2%	251	32.3%
4	0	0.0%	10	1.4%	10	1.3%

¹ Excludes 3 youth not matched in the DPS database.

² Data are missing for 11 youth.

³ Includes parents who are unmarried, divorced, separated, or at least one deceased. Data are missing for 126 youth.

Percentages do not include missing data and may not add to 100% due to rounding.

NEW ADMISSIONS COHORT, FISCAL YEAR 2020

Although this report focuses on youth released in FY 2019 and earlier, information is provided for youth newly admitted to TJJD in FY 2020 (*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 2020 shows a higher percentage of youth with determinate sentences and youth with capital or first-degree felony offenses, as compared to the release cohort in FY 2019. This is at least partly because release data do 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, girls and boys differed most on the level of need for Sexual Behavior and Mental Health Treatment, with the biggest difference occurring in need for Mental Health Treatment. All girls had a high or moderate need for Mental Health Treatment, compared to 65 percent for boys. Among newly admitted youth in FY 2020, 70 percent of youth had three or more specialized treatment needs, reaching 96 percent for two or more. Both of these percentages were higher than in the FY 2019 release cohort.

TABLE A.2: CHARACTERISTICS OF YOUTH NEWLY ADMITTED IN FY 2020

	Female		Male		All	
Number Of New Admissions	33		423		456	
Sentence Type	#	%	#	%	#	%
Indeterminate Commitment	30	90.9%	333	78.7%	363	79.6%
Determinate Sentence	3	9.1%	90	21.3%	93	20.4%
Age At Admission	#	%	#	%	#	%
12 Or Younger	0	0.0%	0	0.0%	0	0.0%
13	0	0.0%	16	3.8%	16	3.5%
14	2	6.1%	31	7.3%	33	7.2%
15	5	15.2%	92	21.7%	97	21.3%
16	15	45.5%	158	37.4%	173	37.9%
17	10	30.3%	115	27.2%	125	27.4%
18	1	3.0%	11	2.6%	12	2.6%
Level Of Committing Offense	#	%	#	%	#	%
Capital Felony	1	3.0%	2	0.5%	3	0.7%
First-Degree Felony	2	6.1%	153	36.2%	155	34.0%
Second-Degree Felony	7	21.2%	107	25.3%	114	25.0%
Third-Degree Felony	13	39.4%	94	22.2%	107	23.5%
State-Jail Felony	10	30.3%	67	15.8%	77	16.9%
TJJD Risk Assessment Score¹	#	%	#	%	#	%
High	6	18.2%	64	15.3%	70	15.5%
Medium	18	54.5%	160	38.2%	178	39.4%
Low	9	27.3%	195	46.5%	204	45.1%

	Female		Male		All	
Number Of New Admissions	33		423		456	
Risk Factors	#	%	#	%	#	%
Three Or More Felony Or Misdemeanor Referrals	18	54.5%	295	69.7%	313	68.6%
Two Or More Felony Or Misdemeanor Adjudications	20	60.6%	259	61.2%	279	61.2%
On Probation At Commitment ²	29	87.9%	301	71.5%	330	72.7%
Prior Out-Of-Home Placement	26	78.8%	255	60.3%	281	61.6%
Family History Of Criminal Involvement	17	51.5%	102	24.1%	119	26.1%
Suspected History Of Abuse Or Neglect	24	72.7%	134	31.7%	158	34.6%
Parents Not Together ³	27	81.8%	339	88.3%	366	87.8%
Need For Specialized Treatment⁴	#	%	#	%	#	%
Capital And Serious Violent Offending Treatment						
High Need	9	27.3%	171	40.5%	180	39.6%
Moderate Need	20	60.6%	180	42.7%	200	44.0%
Low Need	3	9.1%	20	4.7%	23	5.1%
Any Need	32	97.0%	371	87.9%	403	88.6%
Alcohol And Other Drug Treatment						
High Need	18	54.5%	172	40.8%	190	41.8%
Moderate Need	9	27.3%	188	44.5%	197	43.3%
Low Need	1	3.0%	19	4.5%	20	4.4%
Any Need	28	84.8%	379	89.8%	407	89.5%
Sexual Behavior Treatment						
High Need	0	0.0%	41	9.7%	41	9.0%
Moderate Need	1	3.0%	29	6.9%	30	6.6%
Low Need	26	78.8%	191	45.3%	217	47.7%
Any Need	27	81.8%	261	61.8%	288	63.3%
Mental Health Treatment						
High Need	3	9.1%	15	3.6%	18	4.0%
Moderate Need	30	90.9%	258	61.1%	288	63.3%
Low Need	0	0.0%	85	20.1%	85	18.7%
Any Need	33	100%	358	84.8%	391	85.9%
Total Number of High or Moderate Treatment Needs						
0	0	0.0%	1	0.2%	1	0.2%
1	0	0.0%	16	3.8%	16	3.5%
2	10	30.3%	111	26.3%	121	26.6%
3	22	66.7%	275	65.2%	297	65.3%
4	1	3.0%	19	4.5%	20	4.4%

¹ Data are missing for four youth.

² Data are missing for two youth.

² Includes parents who are unmarried, divorced, separated, or at least one deceased. Data are missing for 39 youth.

¹ Data are missing for one youth.

Percentages do not include missing data and may not add to 100% due to rounding.

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. 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. 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 limited 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, 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 alcohol and other drug abuse treatment with the limited ability to teach 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. 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. 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.

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 statute 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. 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 his or her 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 2019 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. 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 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 general 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 may simply be caught more often. This is a particularly likely explanation for the large difference in reincarceration rates for youth released prior to FY 2018, where youth on parole are nearly twice as likely to be reincarcerated. 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 starting FY 2015 and the difference in rates between youth paroled and discharged has decreased starting FY 2018.

TABLE B.1: ONE-YEAR RECIDIVISM RATES BY PAROLE PARTICIPATION

Number of Youth Released by Parole Participation			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Parole	#	#	%	#	%	#	%
2019	Yes	627	364	58.1%	126	20.1%	64	10.2%
	No	150	55	36.7%	12	8.0%	18	12.0%
2018	Yes	604	346	57.3%	97	16.1%	81	13.4%
	No	199	81	40.7%	22	11.1%	19	9.5%
2017	Yes	573	291	50.8%	84	14.7%	88	15.4%
	No	221	107	48.4%	36	16.3%	14	6.3%
2016	Yes	501	248	49.5%	62	12.4%	84	16.8%
	No	183	72	39.3%	18	9.8%	16	8.7%
2015	Yes	527	252	47.8%	57	10.8%	109	20.7%
	No	156	61	39.1%	10	6.4%	17	10.9%
2014	Yes	606	280	46.2%	62	10.2%	98	16.2%
	No	166	71	42.8%	25	15.1%	16	9.6%
Total	Yes	3438	1781	51.8%	488	14.2%	524	15.2%
	No	1075	447	41.6%	123	11.4%	100	9.3%

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 2014 and FY 2019. This table serves as a comparison for the rest of the report, in which recidivism is presented by gender and program participation. 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 26 percent, compared to 51 percent for boys. The difference in violent rearrest rate is even more striking, with 14 percent of boys having a violent rearrest within one year, compared to 3 percent of girls. At the same time, reincarceration rates are actually higher for girls than for boys.

Looking at trends over time, the general and violent rearrest rates increased overall while the reincarceration rate declined. Rearrest rates for girls increased starting FY 2018, at least partially due to an increase in violent rearrest. For boys, the general rearrest rate has increased each year since FY 2014, and the violent rearrest rate in particular increased among boys released in FY 2019. For boys and girls, the reincarceration rate was highest for youth released in FY 2015 and has declined primarily for boys.

TABLE B.2: ONE-YEAR RECIDIVISM RATES BY GENDER

Number of Youth Released			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Gender	#	#	%	#	%	#	%
2019	Female	74	26	35.1%	6	8.1%	8	10.8%
	Male	703	393	55.9%	132	18.8%	74	10.5%
	Both	777	419	53.9%	138	17.8%	82	10.6%
2018	Female	64	20	31.3%	3	4.7%	14	21.9%
	Male	739	407	55.1%	116	15.7%	86	11.6%
	Both	803	427	53.2%	119	14.8%	100	12.5%
2017	Female	53	11	20.8%	0	0.0%	9	17.0%
	Male	741	387	52.2%	120	16.2%	93	12.6%
	Both	794	398	50.1%	120	15.1%	102	12.8%
2016	Female	63	14	22.2%	1	1.6%	7	11.1%
	Male	621	306	49.3%	79	12.7%	93	15.0%
	Both	684	320	46.8%	80	11.7%	100	14.6%
2015	Female	60	14	23.3%	0	0.0%	17	28.3%
	Male	623	299	48.0%	67	10.8%	109	17.5%
	Both	683	313	45.8%	67	9.8%	126	18.4%
2014	Female	61	12	19.7%	2	3.3%	11	18.0%
	Male	711	339	47.7%	85	12.0%	103	14.5%
	Both	772	351	45.5%	87	11.3%	114	14.8%
Total	Female	375	97	25.9%	12	3.2%	66	17.6%
	Male	4138	2131	51.5%	599	14.5%	558	13.5%
	Both	4513	2228	49.4%	611	13.5%	624	13.8%

One-year rearrest rates for males and females suggest a small increase in both populations. In FY 2018, 31.3 percent of females were rearrested once released; and in FY 2019 35.1 percent of females were rearrested. The small increase of 3.8 percent between FY 2018 and FY 2019 is expected since the agency released an additional 10 more female students in FY 2019. Male rearrest increased slightly between FY 2018 and FY 2019 by .8 percent. This small increase was not expected since the number of male cumulative releases declined by 36. It is important to note one-year rearrest rate is determined whether a youth is arrested for a new offense under Texas’s class B misdemeanor or higher within one year of his or her release date. While the type of new offense(s) being committed varies, it’s safe to assume males are being rearrested for class B misdemeanors such as theft, simple possession, and trespassing. As youth reintegrate, community safety risk factors that existed before placement remain a challenge. Structural community safety inequities further exacerbate the problem of crime exposure; and males traditionally display dysregulation through observable behavior. The burden of high crime levels is disproportionately placed on youth living in areas that also suffer from high levels of poverty and social disorganization, where crime is concentrated (Sampson 2012). Despite fluctuations in crime and violence over the past two decades, this pattern of crime concentration appears to remain consistent (Weisburd 2015). As a result of persistent community safety inequities, this neighborhood disparity in safety is a highly socioeconomic

phenomenon, with minority youth living, on average, in neighborhoods with much higher levels of violence than other Americans (Peterson and Krivo 2010).

While the concept of community safety explains the slight increase in rearrest for males and females during the reporting period, TJJD believes Adverse Childhood Experiences (ACEs) before commitment have an impact on the one-year violent rearrest rate in TJJD youth. The one-year rearrest for violent offenses increased for males and females between FY 2018 and FY 2019. Released female rearrest for violent offenses doubled between FY 2018 and FY 2019. In FY 2018, 4.7 percent of released female students were rearrested for violent offenses within one year of release; and in FY 2019 that number doubled to 8.1 percent. For males the number of rearrest for violent offenses grew slightly between FY 2018 and FY 2019. The number of violent rearrest for males increased by 3.1 percent between FY 2018 and FY 2019. These young people from “hard-places” have higher rates of generational and childhood traumatic experiences, which impacts brain development before coming into care, impairs age-appropriate functioning while in care; and continues to impact young people as they reach the age of majority. According to (TJJD 2020) approximately 88 percent of youth on juvenile probation have at least one ACEs, 35 percent have four or more ACEs, and 39 percent of youth on probation for violent felonies have four or more ACEs. Of youth committed to state care, 53 percent of males and 86 percent of females have four or more ACEs (TJJD April 2020). The stress and exposure to trauma resulting from living in a community with high levels of crime and violence can undermine healthy childhood development and adult decision making (Sharkey 2010; Shonkoff et al. 2012). Further, high levels of crime can impede neighborhood economic development (Irvin-Erikson et al. 2017), limiting job opportunities for youth and their families living there.

One-year reincarceration rate for males and females declined during the FY 2019 reporting period. Historically, the number of males and females reincarcerated within one-year of release has fluctuated from year to year. Overall female one-year reincarceration declined significantly between FY 2018 and FY 2019. In 2018, 14 females were reincarcerated within one-year of release; and in FY 2019 the agency identified 8 females that experienced reincarceration within one-year of release. The decline in one-year reincarceration for females is a positive trend. While female releases increased between FY 2018 and FY 2019 the number being reincarcerated decline. Male reincarceration rate decreased by a cumulative of 8 between FY 2018 and FY 2019. One notable trend with the male one-year reincarceration is the lower rate of males reincarcerated when facility releases increased. In FY 2015 and FY 2016 the agency had a one-year reincarceration rate between 15% and 17% for males released. During FY 2015 and FY 2016 period the agency release between 621 and 623 males. In subsequent years the agency released on average 727 males; and had a one-year reincarceration rate between 10.5% and 12.6%. Unlike one-year rearrest, one-year reincarceration is counted regardless of whether youth are reincarcerated for a felony, misdemeanor, or technical violation. Many of the young people may be detained for minor or major parole violations. The reduction in one-year reincarceration rates for males may be attributed to the decline in level-1 revocation hearings. The revocation hearing process is a tool that allows TJJD to hold youth accountable for major parole violations. Since FY 2017 the number of revocation hearings has steadily declined (2017: 176, 2018: 143, 2019: 107).

During the second half of FY 2020, Parole conducted an estimated 60 revocation hearings. These hearings focused on three specific parole violations: offenses involving a weapon, gang related activity or assault related offenses. The number of revocations is expected to increase moving forward to ensure public safety and youth accountability. Any strategy for improving outcomes for young adults should incorporate cognitive behavioral therapy (CBT) interventions, which address the causes of delinquent and criminal behavior and have proven to be among the most effective interventions for improving outcomes for youth and adults. In late FY 2019, TJJD Reentry and Parole

Services took a number of steps to continue strengthening TJJJ's reentry system. First, the agency fully implemented the evidenced-base cognitive restructuring Effective Practices in Community Supervision (EPICS) model. EPICS teaches parole officers, and case managers 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. Since the implementation of EPICS the agency has trained eight staff to support continued training needs for the division which has presented significant cost savings. Second, Reentry and Parole Services started training staff in the Texas Model and implemented trauma-informed practice standards in the community. TJJJ's Texas Model is focused on treatment and intervention care that focuses on better responses to the effects of childhood trauma. The training of reentry staff in the Texas Model has allowed parole officers to become more engaged in critical TBRI 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 correcting and connecting. Correcting allows caregivers the opportunity to create learning experiences for youth. Parole Officers assess the needs of youth using ACEs trauma results, bio-psychosocial, and historical information to ensure transition plans are trauma-informed. Finally, Reentry and Parole Services established a common vision for reentry; and then operationalized the vision to fit regional needs. For the division; "Reentry starts at the point of TJJJ 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 young adult, and acknowledges personal choice in the rehabilitation process."

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, 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. Data points are presented for FY 2014 through FY 2019 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 OFFENDING TREATMENT

Youth are assessed as having a need for Capital and Serious Violent Offending 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 Offending Program (VOP). Although CSVOT and VOP are separate programs, they are collapsed for the purpose of analysis.

CSVOT is a residential 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 that aims to reduce individual risk factors and to enhance and build upon unique strengths of the youth. Youth enrolled in the VOP 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 in the most recent two years and was highest in FY 2019. The percentage of girls with moderate need for CSVOT steadily increased since FY 2014 and by FY 2019, almost all girls with any need had either a high or moderate need.

TABLE C.1: NEED FOR CSVOT, GIRLS RELEASED FY 2014 TO FY 2019

Number of Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2019	74	7	9.5%	57	77.0%	2	2.7%	66	89.2%
2018	64	4	6.3%	50	78.1%	7	10.9%	61	95.3%
2017	53	1	1.9%	41	77.4%	6	11.3%	48	90.6%
2016	63	3	4.8%	47	74.6%	7	11.1%	57	90.5%
2015	60	1	1.7%	37	61.7%	16	26.7%	54	90.0%
2014	61	3	4.9%	34	55.7%	23	37.7%	60	98.4%
Total	375	19	5.1%	266	70.9%	61	16.3%	346	92.3%

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 2019 were either released at the age of majority (19) or by court order at which time TJJJ no longer has jurisdiction or, except one, completed another high or moderate treatment program.

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

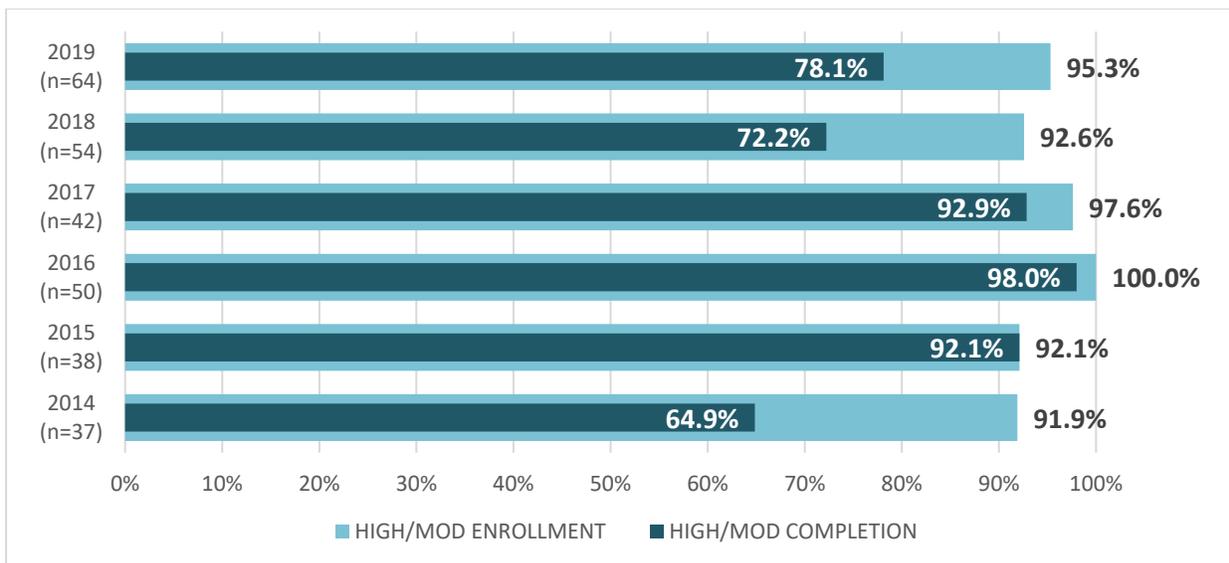


Table C.2 shows the recidivism rate for girls enrolled in high or moderate CSVOT before release from a residential facility. High and moderate treatment is combined for girls because only 23 girls total released across all six years participated in high-intensity CSVOT treatment. Caution should be used in comparing recidivism rates across years due to small sample sizes. The rearrest and violent rearrest rates increased in the most recent two years consistent with recidivism for all girls released.

Reincarceration rates were more variable ranging from nine to 33 percent across the six years; however, the rate has remained lower than a peak in FY 2015.

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	#	#	%	#	%	#	%
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%
2015	39	10	25.6%	0	0.0%	13	33.3%
2014	34	6	17.6%	1	2.9%	5	14.7%
Total	294	75	25.5%	9	3.1%	48	16.3%

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, more than 90 percent of boys released over the six-year period had a need for some level of CSVOT. Although the overall need in the two most recent years is consistent with prior years, the percentage with high need for CSVOT steadily increased since FY 2014 with almost one-fourth of boys released in FY 2019 having a high need for CSVOT.

TABLE C.3: NEED FOR CSVOT, BOYS RELEASED FY 2014 TO FY 2019

Number of Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2019	703	168	23.9%	384	54.6%	85	12.1%	637	90.6%
2018	739	128	17.3%	467	63.2%	85	11.5%	680	92.0%
2017	741	53	7.2%	533	71.9%	92	12.4%	678	91.5%
2016	621	38	6.1%	397	63.9%	114	18.4%	549	88.4%
2015	622	30	4.8%	402	64.6%	168	27.0%	600	96.5%
2014	710	12	1.7%	397	55.9%	271	38.2%	680	95.8%
Total	4136	429	10.4%	2580	62.4%	815	19.7%	3824	92.5%

In **Figure C.2**, CSVOT enrollment and completion rates are shown for boys with high or moderate CSVOT needs. Since FY 2014, over 98 percent of all boys with moderate or high need for CSVOT have been enrolled. Correspondingly, over 90 percent of all boys with high or moderate CSVOT needs have completed high or moderate CSVOT. Male youth with high or moderate CSVOT needs released in FY 2019 who did not complete treatment were generally enrolled in the program one or more times and removed each time due to program failure or other reason.

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

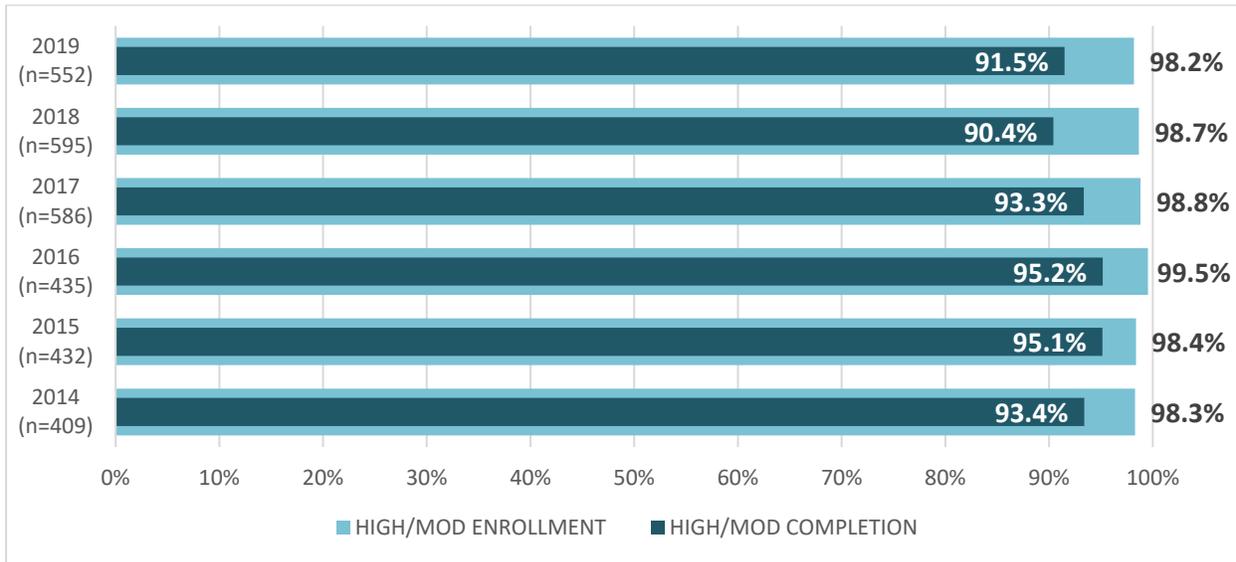


Table C.4 shows the recidivism rates of boys who were enrolled in high and moderate CSVOT, separated by treatment level, across years. Across all six years, the youth who were enrolled in high-intensity CSVOT had lower rates for one-year rearrest and reincarceration than the overall male population. Although small sample sizes make it difficult to interpret changes across years, the rates for boys in high-intensity CSVOT remained lower than FY 2017 for all measures.

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	#	#	%	#	%	#	%
2019	High	161	75	46.6%	20	12.4%	11	6.8%
	Moderate	443	268	60.5%	95	21.4%	55	12.4%
2018	High	114	47	41.2%	14	12.3%	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	325	55.1%	109	18.5%	82	13.9%
2016	High	37	10	27.0%	5	13.5%	1	2.7%
	Moderate	448	234	52.2%	62	13.8%	81	18.1%
2015	High	27	12	44.4%	2	7.4%	0	0%
	Moderate	456	235	51.5%	54	11.8%	94	20.6%
2014	High	11	3	27.3%	2	18.2%	1	9.1%
	Moderate	464	236	50.9%	70	15.1%	70	15.1%
Total	High	400	173	43.3%	52	13.0%	21	5.3%
	Moderate	2928	1610	55.0%	481	16.4%	456	15.6%

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.

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 83 to 92 percent over the six year period. The majority of girls identified for AODT have a high level of need, a percentage that peaked sharply in FY 2016 and has steadily decreased since then. In FY 2019, over two-thirds had a high or moderate need, and the percentage with low AODT was the highest of all years. These results are displayed over time in **Table C.5** below.

TABLE C.5: NEED FOR AODT, GIRLS RELEASED FY 2014 TO FY 2019

Total Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2019	74	30	40.5%	21	28.4%	12	16.2%	63	85.1%
2018	64	27	42.2%	24	37.5%	4	6.3%	55	85.9%
2017	53	27	50.9%	18	34.0%	4	7.5%	49	92.5%
2016	63	41	65.1%	16	25.4%	1	1.6%	58	92.1%
2015	60	28	46.7%	18	30.0%	4	6.7%	50	83.3%
2014	61	27	44.3%	21	34.4%	9	14.8%	57	93.4%
Total	375	180	48.0%	118	31.5%	34	9.1%	332	88.5%

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. Of the five girls not enrolled for FY 2019, four completed CSVOT and one was discharged early by court order. For FY 2019, all girls who did not complete treatment were enrolled in mental health services and most who were enrolled in AODT were served for over five months

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

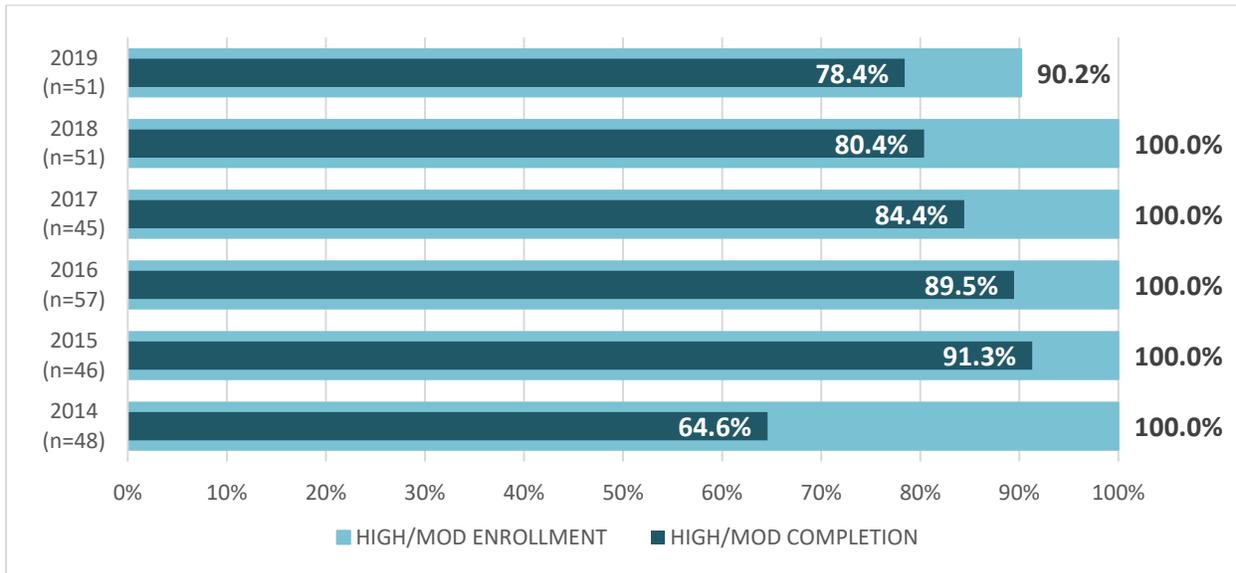


Table C.6 below shows the recidivism rates for girls enrolled in high or moderate AODT and released from FY 2014 to FY 2019. High and moderate AODT are combined across years because of small sample sizes but broken out for the entire FY 2014 to FY 2019 span to show the difference between treatment levels. Because nearly 80 percent of girls released between FY 2014 and FY 2019 participated in high or moderate AODT, it is unsurprising that the recidivism rates across all three categories closely mirror the rates for girls generally. Rearrest and violent rearrest rates have increased, while reincarceration rates vary more widely. 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, there is a small difference between the groups, with girls in high-intensity treatment having slightly higher rearrest and reincarceration rates, but slightly lower violent rearrest rate.

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	#	#	%	#	%	#	%
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%
2015	Both	46	9	19.6%	0	0.0%	14	30.4%
2014	Both	49	10	20.4%	2	4.1%	8	16.3%
Total	High	174	47	27.0%	5	2.9%	33	19.0%
	Moderate	125	31	24.8%	5	4.0%	22	17.6%
	Both	299	78	26.1%	10	3.3%	55	18.4%

AODT FOR BOYS

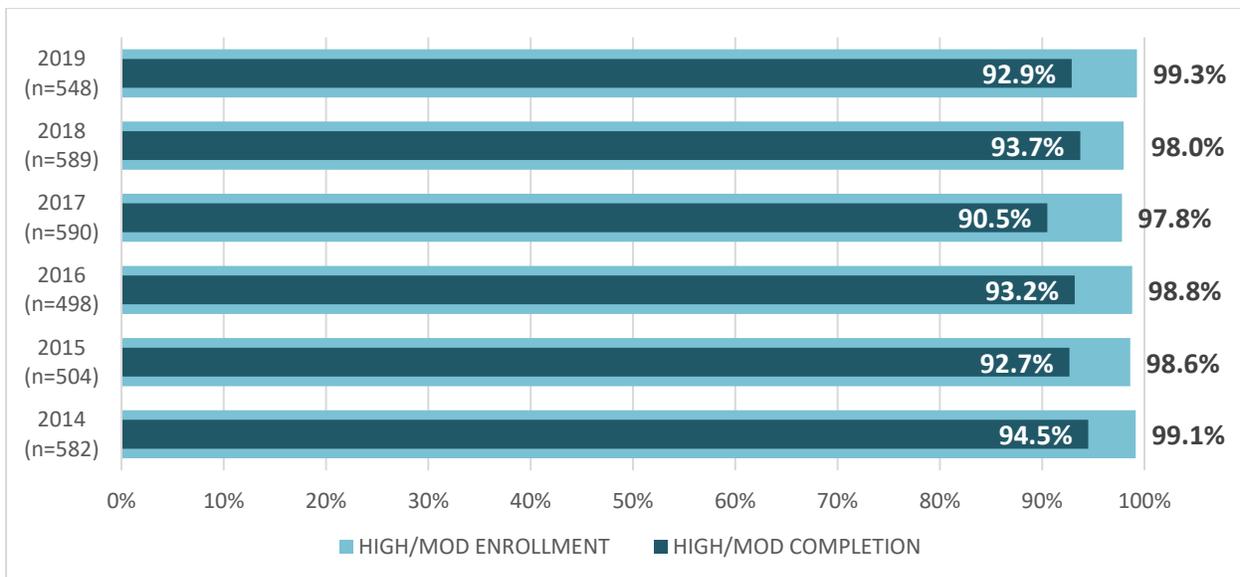
Almost 90 percent of boys released from TJJD in FY 2019 had some level of AODT need. This percentage is slightly above that for girls and has remained nearly constant since FY 2014. In recent years, however, fewer boys than girls have needed high AODT, with only 34 percent of boys released in FY 2019 assessed as high need for AODT, compared to 40 percent of girls. However, more boys than girls were assessed as having moderate AODT needs with 78 percent having high or moderate need compared to 69 percent for girls. **Table C.7** below shows the AODT needs of boys over time.

TABLE C.7: NEED FOR AODT, BOYS RELEASED FY 2014 TO FY 2019

Total Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2019	703	241	34.3%	307	43.7%	78	11.1%	626	89.0%
2018	739	284	38.4%	305	41.3%	70	9.5%	659	89.2%
2017	741	321	43.3%	269	36.3%	83	11.2%	673	90.8%
2016	621	258	41.5%	240	38.6%	64	10.3%	562	90.5%
2015	622	270	43.4%	234	37.6%	69	11.1%	573	92.1%
2014	710	277	39.0%	305	43.0%	77	10.8%	659	92.8%
Total	4136	1651	39.9%	1660	40.1%	441	10.7%	3752	90.7%

Access to, and completion of, moderate- and high-intensity AODT also remained quite constant for boys between FY 2014 and FY 2019, with 98 to 99 percent of all boys enrolling in high or moderate AODT and 90 to 95 percent completing, as shown in **Figure C.4** below. As with CSVOT, many of the boys who did not complete successfully for FY 2019 were enrolled in treatment one or more times but failed to complete due to poor behavior, and some released for reasons including age and mental health needs.

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 slightly by level of treatment enrollment. Boys in high AODT have slightly higher general rearrest rates overall. Rearrest rates for boys in AODT, particularly high AODT, are slightly above agency averages. In contrast, reincarceration rates for boys enrolled in high AODT have been lower than boys in moderate AODT and the overall population of boys for the most recent three fiscal years.

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	#	#	%	#	%	#	%
2019	High	244	150	61.5%	41	16.8%	23	9.4%
	Moderate	326	187	57.4%	69	21.2%	40	12.3%
2018	High	277	174	62.8%	51	18.4%	29	10.5%
	Moderate	319	178	55.8%	50	15.7%	41	12.9%
2017	High	305	174	57.0%	46	15.1%	36	11.8%
	Moderate	303	172	56.8%	61	20.1%	43	14.2%
2016	High	253	140	55.3%	36	14.2%	39	15.4%
	Moderate	248	124	50.0%	32	12.9%	41	16.5%
2015	High	254	137	53.9%	25	9.8%	60	23.6%
	Moderate	254	126	49.6%	31	12.2%	37	14.6%
2014	High	273	151	55.3%	34	12.5%	42	15.4%
	Moderate	319	152	47.6%	38	11.9%	50	15.7%
Total	High	1606	926	57.7%	233	14.5%	229	14.3%
	Moderate	1769	939	53.1%	281	15.9%	252	14.2%

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

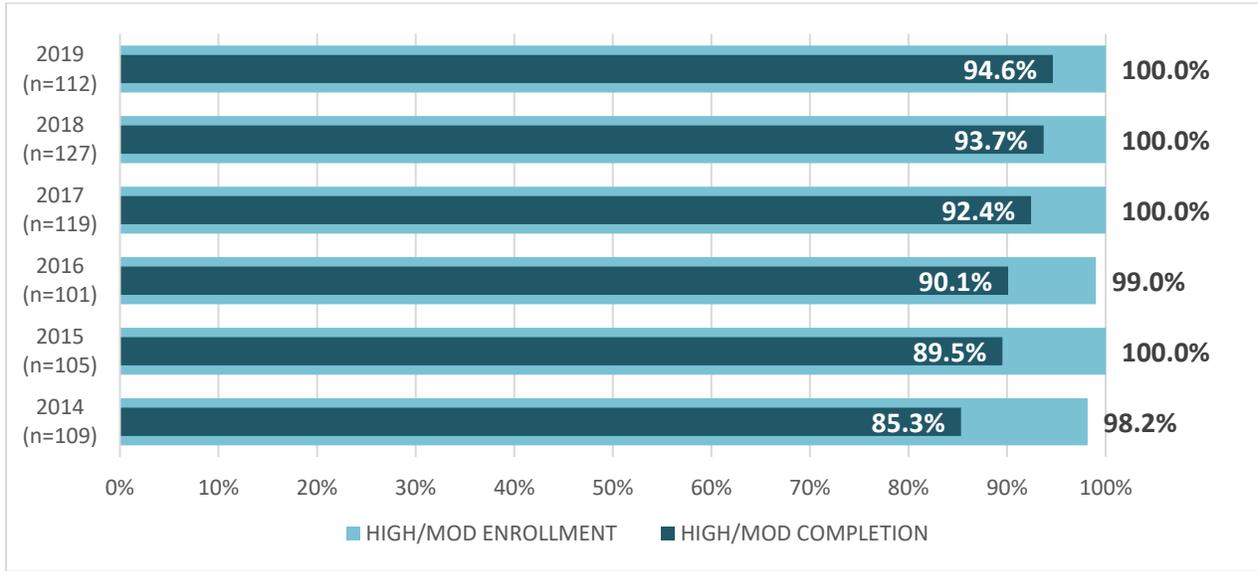
The number of girls released from TJJD with high or moderate SBT needs was very low—only two in FY 2019 and never more than five per year since FY 2014. As a result, both **Table C.9** and **Figure C.5** below show results for girls and boys combined. As shown in **Table C.9** below, the number of youth with any level of SBT need increased consistently between FY 2014 and FY 2019, more than doubling from 20 percent to 55 percent. However, it is important to note that this increase was driven almost exclusively by low-need youth. In FY 2019, 41 percent of youth released from TJJD had low SBT needs, including 46 percent of girls (not shown). Between FY 2014 and FY 2019, the number of youth with high and moderate needs for SBT remained constant around 15 percent, with 10 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 2014 TO FY 2019

Total Youth Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
2019	777	73	9.4%	39	5.0%	318	40.9%	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%	25	3.7%	68	9.9%	169	24.7%
2015	682	71	10.4%	34	5.0%	55	8.1%	160	23.5%
2014	771	64	8.3%	45	5.8%	47	6.1%	156	20.2%
Total	4511	472	10.5%	201	4.5%	896	19.9%	1569	34.8%

As **Figure C.5** shows, since FY 2014, only three youth with high or moderate SBT needs were not enrolled in high or moderate SBT, and every youth released in fiscal years 2017-2019 was enrolled. Completion rates have increased consistently since FY 2014 and were quite high by FY 2019, with 95 percent of youth completing high or moderate SBT. Of the six youth who were released in FY 2019 without completing treatment, all were enrolled and discharged prior to program completion at least once. Four were released at the age of majority (19) at which time TJJD no longer has jurisdiction over youth; two if these were released to adult parole. One youth was released prior to age 19 by court order. One youth completed treatment at the county level prior to admission, was enrolled at TJJD and released to parole without completing due to low IQ, and completed aftercare treatment on parole.

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 TJJJ generally, by a factor of almost half across all three measures of recidivism for high SBT. Youth in high SBT have consistently lower 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	#	#	%	#	%	#	%
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%
2015	High	73	15	20.5%	3	4.1%	6	8.2%
	Moderate	44	13	29.5%	5	11.4%	4	9.1%
2014	High	63	10	15.9%	0	0.0%	3	4.8%
	Moderate	54	13	24.1%	3	5.6%	2	3.7%
Total	High	482	108	22.4%	24	5.0%	27	5.6%
	Moderate	244	78	32.0%	23	9.4%	15	6.1%

MENTAL HEALTH TREATMENT

TJJD 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 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 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, TJJD 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, trauma symptom management, including trauma-focused cognitive behavioral therapy; 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 TJJD facilities while they participate in other treatment and services.

The goal of MHT 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 MHT.

MHT FOR GIRLS

As shown in **Table C.11**, the percentage of girls released in FY 2019 with some level of MHT need was at its highest level, close to 92 percent. The increase was driven by a higher-than-average percentage of both high and moderate-need girls at 85 percent. Historically, the majority of girls with MHT needs have been moderate-need, and however, because MHT needs are individualized, the percentage of youth with an MHT need at any level varied quite a bit across the years. The percent with a need for high-intensity residential MHT reached its highest level in FY 2019.

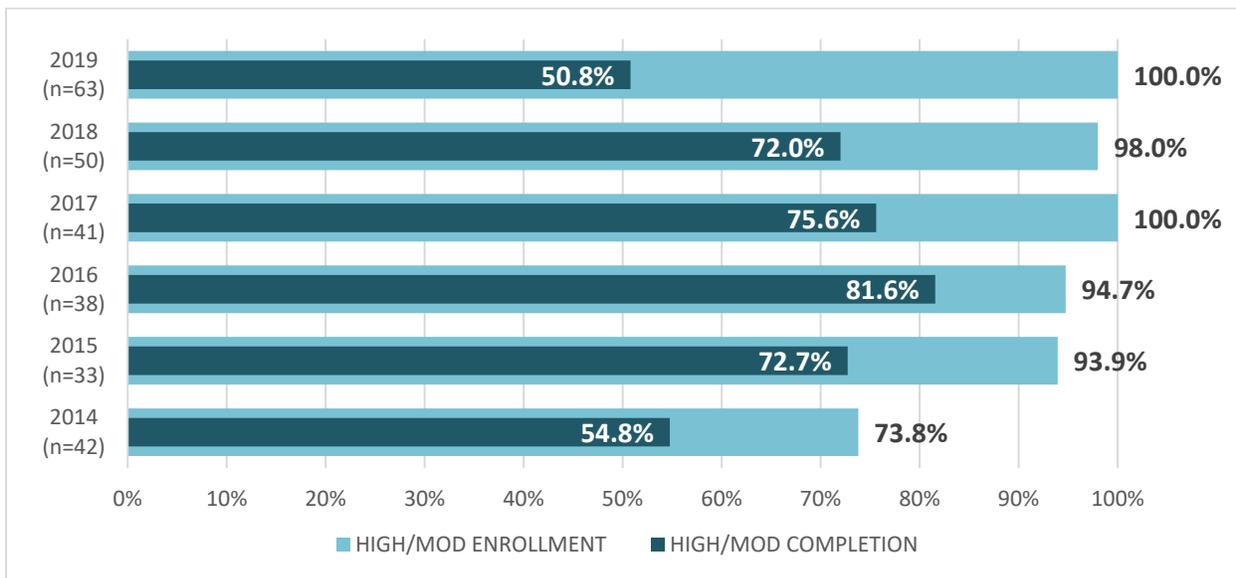
TABLE C.11: NEED FOR MHT, GIRLS RELEASED FY 2014 TO FY 2019

Total Girls Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
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%

2015	60	5	8.3%	28	46.7%	13	21.7%	46	76.7%
2014	61	1	1.6%	41	67.2%	9	14.8%	51	83.6%
Total	375	28	7.5%	239	63.7%	49	13.1%	316	84.3%

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 enrolled in the appropriate level of treatment has increased since FY 2014, reaching 100 percent in two of the most recent three years. The percentage completing treatment varied across years. Among girls released in FY 2019 who did not complete treatment, girls were often enrolled in more than type of 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 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 medium treatment for the whole period from FY 2014 to FY 2019, girls in high MHT had rates of general and violent rearrest higher 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	#	#	%	#	%	#	%
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%
2015	Both	37	9	24.3%	0	0.0%	11	29.7%
2014	Both	38	6	15.8%	0	0.0%	9	23.7%
Total	High	50	18	36.0%	4	8.0%	9	18.0%

Number of Girls Enrolled			One-Year Rearrest Rate		One-Year Violent Rearrest Rate		One-Year Reincarceration Rate	
FY	Level	#	#	%	#	%	#	%
	Moderate	224	52	23.2%	4	1.8%	43	19.2%
	Both	274	70	25.5%	8	2.9%	52	19.0%

MHT FOR BOYS

For boys, the trends in MHT needs were quite different from those for girls. Boys had lower levels of MHT needs overall, though the percentage increased each year until the FY 2019 cohort had the highest rate of any level of need, at 67 percent. More boys had low MHT needs until the most recent two years when the largest percentage of boys had moderate needs. While the percent of boys assessed as needing high-intensity MHT is low, it increased each year since FY2016. These results are displayed in **Table C.13** below.

TABLE C.13: NEED FOR MHT, BOYS RELEASED FY 2014 TO FY 2019

Total Boys Released		High Need		Moderate Need		Low Need		Any Need	
FY	#	#	%	#	%	#	%	#	%
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%
2015	622	29	4.7%	77	12.4%	192	30.9%	298	47.9%
2014	710	50	7.0%	93	13.1%	183	25.8%	326	45.9%
Total	4136	222	5.4%	890	21.5%	1123	27.2%	2235	54.0%

Even though a noticeably lower percentage of boys than girls have high or moderate treatment needs, boys did not enroll in high and moderate MHT as frequently as girls did. However, as **Figure C.7** below shows, the percent of boys with high or moderate MHT needs enrolled in high or moderate MHT increased each year since FY 2015, reaching almost 98 percent in FY 2019. The seven boys not enrolled and released in FY 2019 were all considered stable to receive other services in medium restriction settings. More than 60 percent of eligible boys completed MHT in FY 2019. Boys who did not complete MHT were generally enrolled in other treatment programs or remained involved in MHT services throughout their time with TJJD. As with girls, MHT completion may not be the best measure of progress for boys.

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

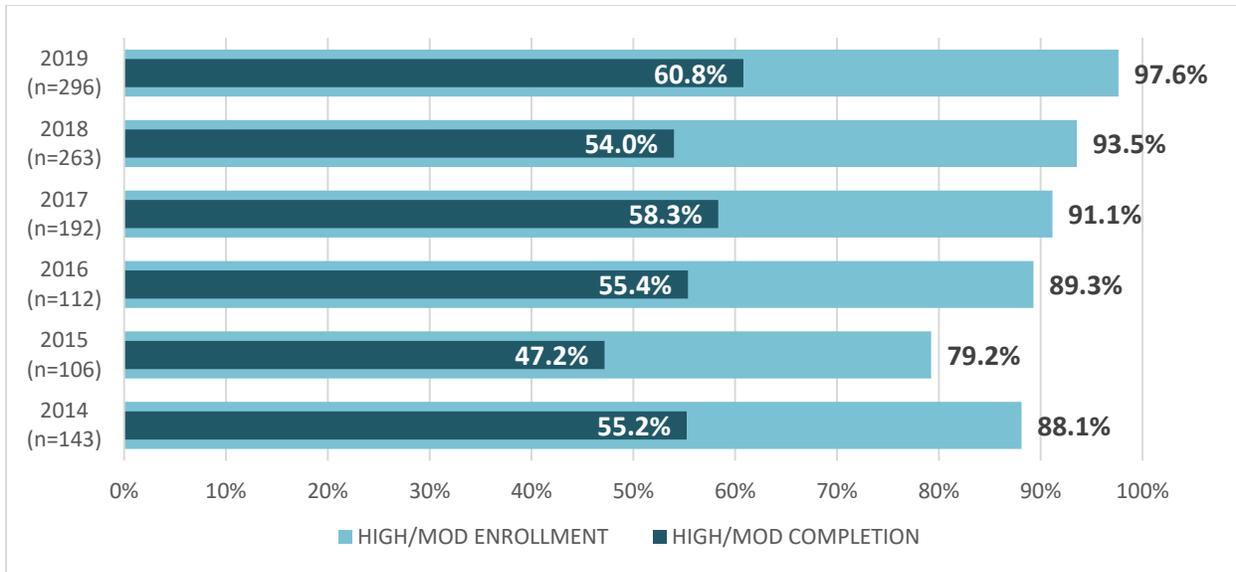


Table C.14 shows recidivism rates for boys enrolled in high and moderate MHT. For boys in moderate MHT, recidivism rates for general rearrest and reincarceration are similar to the overall rate for boys released from TJJD. The same is true for violent rearrest boys in high MHT. However, general rearrest rates for boys in high MHT were consistently 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	#	#	%	#	%	#	%
2019	High	60	26	43.3%	13	21.7%	7	11.7%
	Moderate	391	220	56.3%	81	20.7%	44	11.3%
2018	High	59	27	45.8%	6	10.2%	8	13.6%
	Moderate	329	186	56.5%	51	15.5%	37	11.2%
2017	High	54	19	35.2%	8	14.8%	6	11.1%
	Moderate	326	167	51.2%	60	18.4%	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%
2015	High	43	18	41.9%	8	18.6%	8	18.6%
	Moderate	192	92	47.9%	13	6.8%	40	20.8%
2014	High	73	32	43.8%	8	11.0%	15	20.5%
	Moderate	177	91	51.4%	28	15.8%	25	14.1%
Total	High	320	133	41.6%	45	14.1%	49	15.3%
	Moderate	1628	857	52.6%	265	16.3%	216	13.3%

CONCLUSIONS

The 2020 Review of Treatment Effectiveness highlights many of TJJD's successes in reentry planning and specialized treatment provision. Highlights include the following:

- 99.5 percent of all youth in the FY 2019 release cohort had a need for moderate or high specialized treatment, and 98.2 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.
- Rates of enrollment in Mental Health Treatment were at an all-time high for boys and 100 percent for girls released in FY 2019. This represents the agency's dedication to understanding and treating the complex mental health needs of the youth in our care.
- For youth released in FY 2019, 96.1 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 on numerous occasions 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. The increase in violent rearrest rates overall may reflect the increased referral rate for violent felony offenses among youth generally which has been trending upwards over the past several years in Texas prior to the COVID-19 pandemic, despite decreasing juvenile crime overall. The decline in reincarceration rate is encouraging; however, it should be interpreted with caution for FY 2019 releases given delays in returning youth to secure facilities due to COVID-19.

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 trauma-informed care and evaluate 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.