



# 2009 Annual Review of Agency

## A Texas Youth Commission Report

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**Submitted December 31, 2009**



Submitted in compliance with Texas Human Resources Code, Section 61.0315(a)

**REVIEW OF AGENCY TREATMENT EFFECTIVENESS**  
**DECEMBER 31, 2009**

**TEXAS YOUTH COMMISSION**



## TABLE OF CONTENTS

Executive Summary .....	2
Youth Needs for Specialized Treatment.....	6
TYC Specialized Treatment Programs .....	7
Study .....	9
Hypothesis .....	9
Methodology.....	9
2009 Sample Selection and Tracking.....	10
Analysis.....	13
Results: Sexual Behavior Treatment Program .....	14
Results: Capital & Serious Violent Offender Treatment Program.....	16
Results: Chemical Dependency Treatment Program .....	18
Results: Mental Health Treatment Program .....	20
Results: Female Youth.....	21
Conclusion .....	24

## EXECUTIVE SUMMARY

The Texas Human Resources Code, Section 61.0315, requires the Texas Youth Commission (TYC) to review annually the effectiveness of agency programs for the rehabilitation and reestablishment in society of youth committed to the commission. The agency reports on the effectiveness of those programs to the Legislative Budget Board no later than December 31 of each year. The rehabilitation treatment programs required for inclusion in this report are for sex offenders, capital and serious violent offenders, chemically dependent youth, youth with mental health needs, and female youth. This report measures the effectiveness of treatment in these programs by tracking one-year and three-year recidivism rates among juvenile offenders after their release from TYC.

*Recidivism* is the best available measure of treatment effectiveness because arrests and incarcerations following releases are objective data that can be gathered systematically. The measure is limited, however, in clearly indicating the effectiveness of any program because there is a balance of many factors after release that influences youth behavior, including peer pressure in the community, family circumstances, treatment continuity, and education and job successes. The report analyzes in one-year and three-year increments youth released from TYC beginning July 1, 2001 through June 30, 2008. Youth who participated in any TYC program and were released after June 2008 were not included within the scope of the study because a full year of re-arrest and incarceration data was not available. The report is organized to describe youth treatment needs, TYC's treatment programs, and the study's hypothesis, methodology, and analysis by treatment category.

### Major findings:

- Overall, the results of the analysis were mixed in determining the effectiveness of pre-reform programming. Programs for sex offenders and capital and serious violent offenders were effective, while the results for specialized treatments for chemically dependent youth, youth with mental health needs, and non-gender-specific treatment services for girls reflected opportunities for improvement.
- Youth who had participated in TYC sex offender treatment were 45% less likely than expected to be rearrested for a violent offense and 16% less likely to be rearrested for any offense within one year.
- Youth enrolled in the Capital and Serious Violent Offender Program were 72% less likely than expected to be arrested for a violent offense within one year.
- Youth who participated in the chemical dependency treatment program were more likely to be arrested within one year or incarcerated within one or three years.
- Youth who participated in specialized programs for mental health services and girls who participated in any non-gender-specific specialized treatment were about as likely to be rearrested or incarcerated within one or three years as male and female youth who did not participate in those programs.

The following table contains an overall summary of the study results.

Measure	Treatment Groups				
	Sexual Behavior	Capital & Serious	Chemical Dependency	Mental Health	Females
Arrest Any Offense: 1 Year	16.2% less likely	ns	8.9% more likely	ns	ns
Arrest Violent Offense: 1 Year	45.3% less likely	71.8% less likely	ns	ns	ns
Incarceration Any Offense: 1 Year	ns	ns	13.4% more likely	ns	ns
Incarceration Any Offense: 3 Years	ns	ns	12.3% more likely	ns	ns

ns = no significant differences (statistical non-significance can result with small sample sizes)

These study results are important. The agency is using the results and the previous 2008 Report results to assess programs for those elements that are effective and those that must be changed to improve outcomes. This report and previous reports show that pre-reform specialized programming for sex offenders and capital and serious violent offenders was effective; therefore, these services have been expanded to more youth and offered earlier in treatment regimens. New programming for *Aggression Replacement Training*<sup>®</sup> is offered as a service enhancement for capital and serious violent offenders. A new staff development initiative is ensuring that the agency will comply with statutory requirements for employing Licensed Sex Offender Treatment Providers. Five staff received licensure in 2009 and other clinicians are targeted to attain licensure by October of 2010.

The study results also affirm the need for reforms adopted by the 80<sup>th</sup> and 81<sup>st</sup> Legislatures, but they do not yet reflect the impacts of those reforms due to the time lag for data availability. Although the focus of the report is on one outcome—recidivism, improving recidivism also requires improvement in other cross-cutting outcomes, such as educational achievement. A youth's ability to read and comprehend leads to positive results on multiple outcome indicators, including a lower probability for arrest or incarceration.

Results of long-term studies in 2004 of healthy human brain development supported new understanding of adolescent brain development and the implications for changing and correcting behavior. With juvenile offenders, experience shows that rehabilitation programs are often ineffective because many of these youth were never "habilitated" in the first place. Historically, there was either no data or poor data on which to base decisions for service improvements. Increasingly, scientific data from other jurisdictions are available for reforming or refining programs. Typically high relapse rates for alcohol and drug dependencies following release from juvenile correctional systems support the allocation of more and better targeted resources for halfway houses and parole to reduce the frequency and severity of relapse. The 81<sup>st</sup> Legislature supported stronger re-entry programming with an appropriation for specialized aftercare pilot programs. The first pilot program will target youth with substance abuse treatment needs. *Functional Family Therapy*<sup>®</sup> (FFT<sup>®</sup>) is an evidence-based model with proven success that will be initiated in FY 2010. The model is a structured family intervention program for youth diagnosed with conduct disorders, violent behavior, and substance abuse that has been shown in multiple studies to reduce felony recidivism.

Two new alcohol and drug treatment programs were implemented in 2009 and services were expanded to include moderate-need youth. Also, better coordinated and strengthened psychiatric services in the last two years are expected to improve longer term results for mental

health needs in youth. Early results indicate a reduced number of mental health discharges due to an inability to progress in programs. Specialized treatment programming for females was expanded in FY 2009 and *Girls Circle* programming is being implemented in FY 2010 to target better outcomes for female juvenile offenders that will reduce recidivism.

As TYC continues to receive the most serious offenders with more intense, complex, and longer term needs for specialized services, one of the agency's overarching goals will continue to be greater public safety through fewer re-arrests or incarcerations. Treatment challenges will continue to require great determination, focus, and effective coordination across jurisdictional entities with shared responsibilities. TYC's focus for improving recidivism will continue to revolve around three treatment objectives:

1. Ensure that program models are well-matched to youth needs as reflected by data from intake assessments and periodic assessments through the youth's discharge from TYC.
2. Concentrate agency initiatives on reentry programming for youth preparing to be released from TYC facilities, including early warning signals for public safety risks.
3. Invest in staff development to expand knowledge, skills, and abilities to manage increasingly complex youth needs in an increasingly complex and fast changing correctional environment.

# Timeline of Reform Events

## Period of Reform

Identifying and correcting problems; developing new policies and programming



## Period of Rebuilding

Implementing new policies and programming

**2007**

**2008**

**2009**

**March 2007**

TYC Board resigns  
  
TYC placed in conservatorship

**June 2007**

SB 103 becomes law

**December 2007**

Created CoNEXTions<sup>®</sup> Treatment Program prototype

**August 2008**

CoNEXTions<sup>®</sup> pilot program reviewed and revised

**October 2008**

TYC removed from conservatorship  
  
Executive Commissioner appointed

**December 2008**

Gender-specific specialized treatment programs implemented

**January 2009**

Staff development program begun for sex offender treatment providers (LSOTP) to comply with licensing requirements by October 2010

New curriculum and programming started for sexual behavior and chemical dependency treatment

**June 2009**

Implemented Youth assessment tool for individualized treatment

**September 2009**

First meeting of new TYC Board  
  
Board hires Executive Director

**September 2009**

New comprehensive specialized treatment policy goes into effect

Specialized treatment expanded to accommodate youth with varying needs

Specialized outpatient aftercare available to high and medium need youth

**December 2009**

All components of CoNEXTions<sup>®</sup> fully implemented

### Key Event Categories

Agency Leadership

Creating & Implementing the General CoNEXTions<sup>®</sup> Treatment Program

Creating & Implementing New Specialized Treatment Programs

### FY 2009 Treatment Effectiveness Review Report

**July 2001-June 2002**

First cohort of youth released and tracked 3 years

**July 2003-June 2004**

First cohort of youth released and tracked 1 year

**July 2005-June 2006**

Last cohort of youth released and tracked 3 years

**July 2007-June 2008**

Last cohort of youth released and tracked 1 year

**June 2009**

End of tracking for last cohorts of youth in this report



## YOUTH NEEDS FOR SPECIALIZED TREATMENT

Youth whose offenses were between their 10<sup>th</sup> and 17<sup>th</sup> birthdays can be committed to TYC for felony offenses, including violation of felony probation. Youth entering TYC for the first time or returning to TYC present increasingly complex and intense needs for a range of specialized treatment. Recent legislative changes have reshaped the juvenile justice system allowing only the most serious juvenile offenders to be sent to the agency. These offenders are often characterized by multiple severe needs for sex offender treatment, alcohol and drug treatment, mental health services, treatment for violent behavior, and special education services. Local and county level resources are typically insufficient to address such complex needs.

The characteristics of youth committed to TYC are not typical of the general population. Many of the characteristics are highly correlated with a probability of future criminal behavior. Most of these characteristics are static risk factors and cannot be changed. Examples of static risk factors are prior juvenile justice history, prior placements, IQ scores, and history of abuse and neglect.

Non-static factors and protective factors can be changed. Examples of these factors are education level, peer relationships, gang membership, and substance abuse.

Interventions can improve non-static and protective factors and reduce the influence of the unchangeable static history. However, even when youth committed to TYC make progress on non-static and protective factors, the risk of future criminal behavior is higher than that of the general population and community-based juvenile justice populations.

A typical TYC youth is male, 16 or 17 years old, of a minority race or ethnicity, from an urban setting, and reflects family impacts often associated with conditions of economic poverty. The table provides a profile of youth entering TYC for the first time with comparisons for fiscal years 2005 through 2009.

Profile of New Commitments to TYC			
	FY 2005	FY 2007	FY 2009
Committed for Felony Offenses	81%	84%	100%
Committed for a Violent Offense	33%	39%	48%
Self-Reported Gang Member	35%	40%	43%
Chemically Dependent	39%	36%	47%
Sex Offense History	11%	9%	12%
Had Serious Mental Health Diagnosis	36%	38%	37%
Had History of Abuse or Neglect	35%	37%	38%
IQs Less Than 100	81%	83%	85%
Median Educational Achievement	5 years behind	5 years behind	4-5 years behind

## TYC SPECIALIZED TREATMENT PROGRAMS

The rehabilitation treatment programs analyzed for this report are those for sex offenders, capital and serious violent offenders, chemically dependent youth, youth with mental health needs, and female youth. Youth who were released from a secure TYC program after June 30, 2008 were not included within the scope of the study because a full year of re-arrest and incarceration data was not available.

While the focus of the report is on specialized treatment services, the basic treatment program is the foundation for specialized services. All TYC youth receive basic treatment services; therefore, both youth enrolled and those not enrolled in specialized treatment received basic treatment. Youth in this study other than those in the final one-year cohort received treatment when TYC was offering Resocialization<sup>®</sup> as its basic treatment intervention. Resocialization<sup>®</sup> focused on three major areas of intervention: academic and workforce development, behavior modification, and correctional therapy. Program completion was determined by progress through a system of four “phases” that required youth to learn and demonstrate competency to reduce the probability of offending. Program completion was defined as completing and maintaining Phase 4 in each area.

TYC replaced Resocialization<sup>®</sup> with a new rehabilitation strategy called CoNEXTions<sup>®</sup>, which incorporates nationally recognized best and promising practices. The new program was first piloted at TYC as a general treatment program in December 2007 at one facility. As a result of the pilot, the agency made substantial changes to the program in August 2008, developing CoNEXTions<sup>®</sup> as a rehabilitative strategy including education, specialized treatment, and a positive behavioral change system. This rehabilitation strategy was implemented in its current form after youth in this study were released.

At admission to TYC, all youth entered the Orientation & Assessment Unit where the assessment process identified the presence of specialized needs that required additional emphasis while in TYC. Two specialized need areas were based primarily on the youth’s classifying offense: capital and serious violent offenses and sexual offenses. The need for specialized chemical dependency treatment was based on a diagnosis of chemical dependency. In addition, for all three of these specialized treatment programs, the presence of a high risk for re-offending in the respective area was a factor for determining specialized need. The fourth specialized treatment program was for youth with identified mental health needs. Inclusion in this group was based on the presence of a mental health diagnosis and impaired adaptive functioning indicating an ongoing need for supportive psychiatric and mental health services not available in non-specialized TYC programs.

Pre-reform specialized treatment programs were based on the Resocialization<sup>®</sup> model but with specific and more intensive emphasis on the specialized treatment need. In addition to factors relating to general delinquent or criminal behavior, *Life Stories* included additional focus on the etiology and development of those specific risk areas associated with the specialized need being addressed. Offense cycles were expanded to include understanding of how aggressive, sexual or drug related behavior patterns emerged and were maintained with emphasis on how they could be modified. *Success Planning* addressed specific risk management issues in the community to address these specialized risks. Additionally, those in the specialized programs received psycho-educational programming to help them better understand “normal” development and social customs. When indicated, the programs would introduce specialized modalities to facilitate the treatment process. Caseload sizes were smaller than in the general programs to facilitate more intensive individual and group work, and the staff assigned to the programs received additional specialized training. Brief descriptions of the pre-reform programs in place for youth in the current study are included below.

**Capital & Serious Violent Offender Treatment Program (C&SVOTP)** • This treatment program was a dormitory-based, structured 24 week program. The residential component assisted in follow-up processing and exploration of issues identified in the intensive process group. It provided an opportunity to analyze the degree to which treatment gains observed in the group would generalize to daily behavior on the dorm. The residential element allowed for better coordination of treatment services between the program therapists, case workers and dormitory staff members. It was designed to facilitate cognitive, emotional and social developmental processes and facilitate empathic development, emotional regulation and appropriate expression of feelings to improve interpersonal functioning.

**Sexual Behavior Treatment Program (SBTP)** • This treatment program was a dormitory-based, structured 12 -18 month program designed to provide services to youth with high risk to commit a new sexual offense. Gender specific programs were offered to youth with adjudicated sexual offenses. The residential advantage allowed for intensive work with youth on a daily basis to ensure that gains and plans made in group were carried out in the less structured day to day living situations. Motivational techniques specific to sex offender treatment were coupled with intensive psychotherapeutic groups to identify issues and facilitate change.

**Chemical Dependency Treatment Program (CDTP)** • This treatment program was a dormitory-based, 6 month program based on the belief that dependency was a primary chronic disease which is progressive and influenced by biological, psychological and social factors. The consequences of continued drug use include problems in spiritual, moral, physical, emotional, intellectual and social functioning. The program sought to address not only underlying emotional dynamics that fueled delinquent and criminal behaviors but also addressed CD issues that impacted the youth, their families and other victims. Entry to the program was based on a diagnosed Chemical Dependency and a high score on the agency's violent risk assessment instrument.

**Mental Health Treatment Program (MHTP)** • While most youth with mental health needs were able to participate in the agency's general programs with psychiatric and psychological support and follow-up, a small percentage had either more serious diagnoses or mental disorders that did not respond to standard psychological and psychiatric interventions. These youth were generally less able to manage the demands of the basic treatment program without additional support and treatment overlay. The MHTP provided this support and treatment. It offered enhanced psychiatric and psychological assistance along with smaller caseloads and specially trained direct care staff. Adaptations of the Resocialization<sup>®</sup> were made to address and minimize the obstacles to treatment participation of the primary symptoms of the mental disorder. Most youth were able to progress in the treatment program with these additional supports in place. A very small percentage of TYC youth had mental health symptoms that would periodically increase in severity and that required a protective environment to provide stabilization of the most severe symptoms. Youth who were dangerous to themselves or to others were eligible for admission to the Corsicana Stabilization Unit (CSU) for short term treatment or could be admitted to a public psychiatric hospital.

## STUDY

### HYPOTHESIS

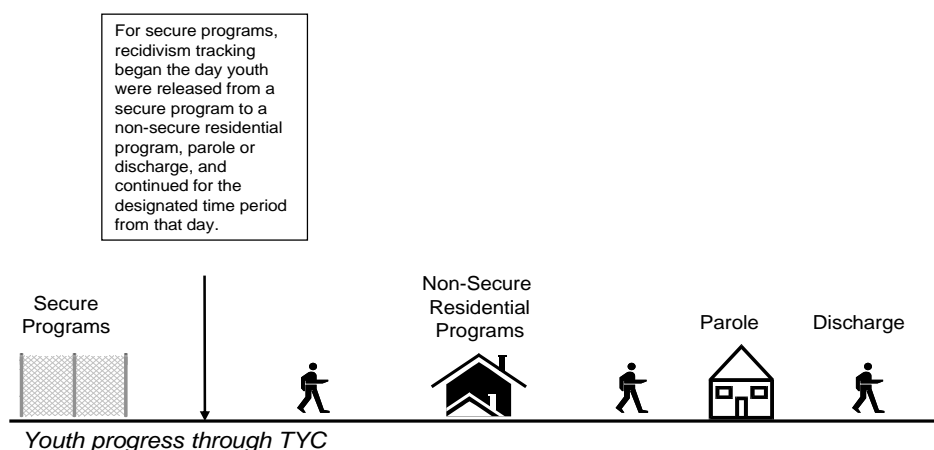
The current study was designed to determine whether specialized treatment programs reduced recidivism more than TYC’s basic treatment program.

*Hypothesis:* Specialized Treatment is more effective than basic treatment. After statistically controlling for differences among youth, youth with specialized needs who received specialized treatment had lower recidivism rates than did youth with comparable needs who did not receive specialized treatment.

### METHODOLOGY

This review examines recidivism of youth in TYC specialized treatment programs by tracking subsequent involvement in the juvenile and adult criminal justice systems. Recidivism is a general term describing a ‘return to criminal or delinquent behavior’ and can be defined in multiple ways. Therefore, caution is advised when comparing rates across different studies or justice systems. As depicted and defined below, this study used multiple measures of recidivism to capture different types of recidivating behavior at various points in time after release from a secure location.

### Recidivism Tracking Starting Point



Youth were tracked for up to three years from the date of release from a secure residential program to a non-secure residential program or parole or discharged from the agency.

### ***The specialized treatment analyses applied the following measures:***

***Arrest Rate for Violent Offense:*** The percent of youth in the cohort released from secure programs within one year who were known to have been arrested for any new violent offense. Violent offenses are those for which a youth committed to TYC would be classified as a *Violent Offender*. These are generally felony level offenses defined in the Texas Penal Code as being committed against persons. Some specific examples are aggravated offenses, sexual assault, murder, assault, robbery, arson, and non-violent offenses committed with intent to commit a violent offense.

**Arrest Rate for Any Offense:** The percent of youth in the cohort who were released from secure programs that, within one year, was known to have been arrested for any offense or technical violation of parole.

**Incarceration Rate for Any Offense:** The percent of youth released from secure programs that, within one or three years (depending on the cohort), were known to have been incarcerated in secure juvenile confinement or an adult prison facility for any offense or technical violation.

The table, *2009 Sample Selection and Tracking*, shows that data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. The two cohorts had some overlap as depicted in the table. Note that the release periods for the groups overlap and, therefore, contain duplicate cases.

### 2009 SAMPLE SELECTION AND TRACKING

Cohort Sub-Group	Release Period	Tracked for One Year After Release Date with Cohort Tracking Ending...	Tracked for Three Years After Release Date with Cohort Tracking Ending...
3 Year	July 1, 2001-June 30, 2002	NA	June 30, 2005
3 Year	July 1, 2002-June 30, 2003	NA	June 30, 2006
1 & 3 Year	July 1, 2003-June 30, 2004	June 30, 2005	June 30, 2007
1 & 3 Year	July 1, 2004-June 30, 2005	June 30, 2006	June 30, 2008
1 & 3 Year	July 1, 2005-June 30, 2006	June 30, 2007	June 30, 2009
1 Year	July 1, 2006-June 30, 2007	June 30, 2008	NA
1 Year	July 1, 2007-June 30, 2008	June 30, 2009	NA

The cohort for one-year recidivism and the cohort for three-year recidivism both include youth released over five years. The following table, *Enrollment Rates by Cohort*, shows the total cohort of youth released from TYC and the smaller group who were enrolled in the identified specialized treatment. In the one-year cohort, for example, the total cohort was 1,337 released youth with an identified high need for specialized treatment for sexual behavior, while only 556 (42%) were actually enrolled to receive such treatment prior to their release.

### ENROLLMENT RATES BY COHORT<sup>1</sup>

	Total Cohort	Total Enrolled	Enrollment Rate
<b>One Year Treatment Cohorts</b>			
<i>Sexual Behavior</i>	1,337	556	42%
<i>Capital &amp; Serious Violent Offender</i>	464	98	21%
<i>Chemical Dependency</i>	4,100	1,696	41%
<i>Mental Health</i>	4,597	1,455	32%
<b>Three Year Treatment Cohorts</b>			
<i>Sexual Behavior</i>	1,091	440	40%
<i>Capital &amp; Serious Violent Offender</i>	522	104	20%
<i>Chemical Dependency</i>	2,566	1,188	46%
<i>Mental Health</i>	4,388	1,207	28%

<sup>1</sup> Cohorts include duplicate youth when youth present multiple needs. Cohorts include males and females.

- Enrollment rates for youth who had a high need for treatment ranged from 20% to 46%, depending on the type of need. Reasons for not enrolling a youth were limited bed space, enrollment in another program that the youth needed, and disciplinary problems limiting the youth’s ability to participate.
- Only youth with the most severe impact in adaptive functioning because of their mental health diagnoses are enrolled in the agency’s specialized mental health treatment program. Most youth with mental health treatment needs function well in a general population setting where they have access to licensed therapists, psychological care, and nursing assistance.
- Beginning in September 2009, all youth with an identified sexual behavior treatment need now receive specialized treatment based on a needs assessment. In addition, improved coordination and treatment-focused aftercare services are underway to retain treatment gains after reentry into the community. The impact of these changes is expected to be seen in future youth data.

Characteristics of each youth in the sample included: assessed as *high need* for specialized treatment by TYC and initial release from a secure program during the established time frame. Only those youth with an initial release from secure confinement were included in order to exclude youth who may have participated in specialized treatment during one stay but not another.

The analysis compared the percent of youth that recidivated within defined intervals of time following their release dates. Each measure had a treatment group and a group that did not receive specialized treatment. The group that did not receive specialized treatment consisted of youth with an initial release during the specified time period and had been assessed with a high need for a specialized treatment program, but who were not assigned to such a program.

**WHAT IS THE PREDICTED RATE?**

**The likelihood of re-offending based on certain characteristics like age at first referral and gang membership.**

Similar to actuarial tables used by the health care industry to identify a person’s probability of developing heart disease based on characteristics such as blood pressure, smoking, age, and gender; or by the insurance industry to identify a driver’s probability of being involved in an accident based on age, prior accidents, marital status, and distance from work.

The treatment group consisted of youth meeting the same criteria but who were also enrolled in a specialized treatment program for at least one day. Youth did not need to complete the specialized treatment program in order to have comparability with the group not receiving treatment, who did not have corresponding completion criteria.

Youth with different probabilities to recidivate and with different characteristics were accounted for by creating a *probability to recidivate* variable for each youth based on individual characteristics and history in TYC. The resulting probability was a control variable in the analysis.

The probability of recidivating was calculated for each youth and an overall expected value established for each groups. The difference between the predicted and actual values was the means by which the effectiveness of treatment was determined.<sup>2</sup>

The reason for controlling these differences is illustrated below in a hypothetical example. In this example, Program B initially appears to have a lower recidivism rate than Program A. However, the difference in program effectiveness is actually due to gender differences between programs rather than treatment received.

Several factors underlie the probability that a youth will offend after release. For example, age at first referral is highly associated with re-offending. Predicted rate is a scientifically credible way to determine the likelihood of recidivism using known predictors such as age at first referral, juvenile justice history, and gang membership.

In TYC, participation in treatment programs is only one factor that can have an impact on lowering the probability of re-offending. In order to understand how much impact treatment has on recidivism, other factors that are known predictors of recidivism must be taken into account.

**PROGRAM EFFECTIVENESS CALCULATION EXAMPLE**

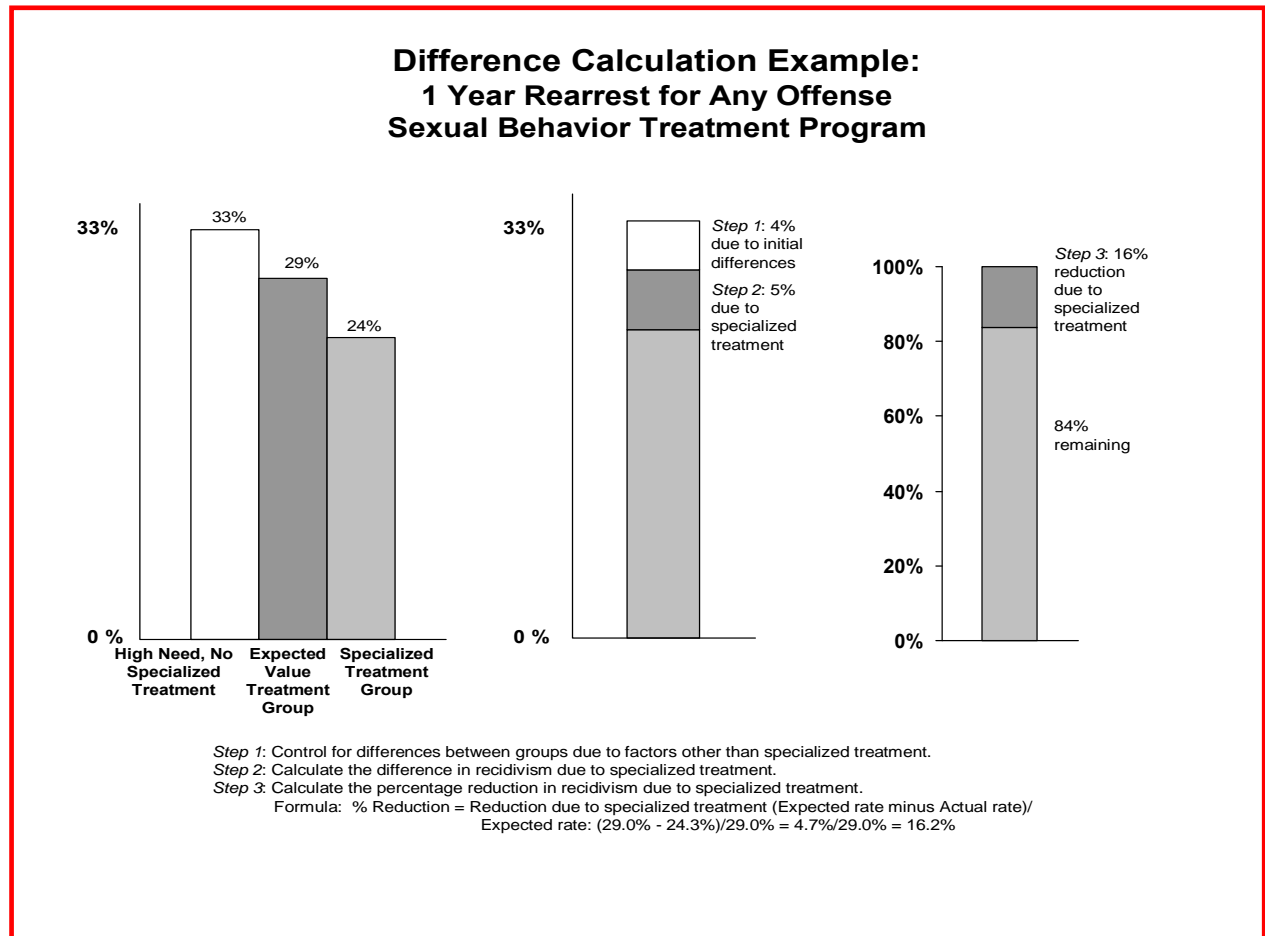
Program	Males			Females			Total		
	Rearrest			Rearrest			Rearrest		
	Total Released	Violent Offense	Rate	Total Released	Violent Offense	Rate	Total Released	Violent Offense	Rate
A	100	9	9.0%	100	3	3.0%	200	12	6.0%
B	100	9	9.0%	200	6	3.0%	300	15	5.0%

- This hypothetical table shows two programs with slightly different rates for rearrest for a violent offense. As can be seen in the far right column, Program A has a 6.0% rate, compared to Program B, which has a rate of 5.0%. Not looking at the characteristics of who is in the program, it could be concluded that the recidivism rate for A is 20% higher than that of B (just like \$6 is 20% more than \$5).
- However, both programs were equally successful with males (9%) and with females (3%). Both programs had the same number of males (100), but Program B had more females than did Program A (200 vs. 100). Therefore Program A was handicapped by having a higher percentage of their releases being high risk youths, namely males.
- A statistical program would demonstrate that the *treatment effect* of Program A compared to Program B was 0%, while the effect of initial differences in youth characteristics between the programs was 20%.
- While Programs A and B are hypothetical, the difference in recidivism risk between males and females is real. This example demonstrates why the comparative risk levels must be taken into account when evaluating program effectiveness.

<sup>2</sup> Probabilities were based on the actual recidivism rate of the group not receiving treatment and characteristics empirically found in the cohorts to predict recidivism. Among the characteristics included in the specialized treatment analysis were: age at commitment, age of first referral, classifying offense, citizenship, commitment county, escape history, ethnicity, gender, self-reported gang membership, prior placements, prior felony adjudications, prior felony referrals, prior violent offense referrals, prior probations, type of release program, prior runaway referrals, specialized treatment needs, incidents during orientation and assessment, grade level at commitment, criminal involvement by relatives, and total incidents reported prior to release. The predicted rate statistically assumed that the cohort did not receive specialized treatment.

**ANALYSIS**

Youth who received treatment (treatment group) were compared with similar youth who did not receive treatment. Each youth was tracked from the release date until the end of the tracking period. For each measure of specialized treatment, the analysis addressed both the magnitude of differences between groups and the probability of the differences occurring by chance. For the latter, the smaller the probability, the more likely the difference arose from a real effect and did not occur by chance. This calculation is illustrated below for the Sexual Behavior Treatment Program using the outcome measure “One-year Rearrest Rate for Any Offense.”





**RESULTS: SEXUAL BEHAVIOR TREATMENT PROGRAM**

As presented in the methodology section, data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. Characteristics of each youth in the sexual behavior treatment sample included sex offenders with an initial release from a secure program during the established time frames.

The total sample for measures at one year post-release included 1,337 youth and for measures at three years post-release included 1,091 youth.

**Sexual Behavior Treatment Enrollment Rates**

	One Year Cohort	Three Year Cohort
Total Cohort	1,337	1,091
Total Enrolled	556	440
<b>Enrollment Rate</b>	<b>42%</b>	<b>40%</b>

The enrolled group made up the study’s treatment group while the not-enrolled group made up the group with no specialized treatment. Controlling for statistical differences between the groups, calculations were made regarding the treatment group’s expected outcomes, probabilities of the outcomes occurring by chance, and the statistical significance of the differences between the actual and expected values.

The following table summarizes the study results in this treatment category.

**Sexual Behavior Treatment Effectiveness Results**

	High Need, No Specialized Treatment	Specialized Treatment Group	Expected Value Treatment Group <sup>3</sup>	Difference between Actual and Expected <sup>4</sup>	Probability <sup>5</sup>	Level of Significance <sup>6</sup>
<b>Arrest for Any Offense: 1 Year</b>	32.9%	24.3%	29.0%	-16.2%	5.4%	*
<b>Arrest for Violent Offense: 1 Year</b>	4.9%	2.9%	5.3%	-45.3%	3.7%	**
Incarceration for Any Offense: 1 Year	15.9%	11.9%	12.1%	-1.7%	90.2%	ns
Incarceration for Any Offense: 3 Year	35.0%	25.5%	28.9%	-11.8%	21.8%	ns

**Findings:**

- Youth who had participated in TYC sex offender treatment were 45% less likely than expected to be rearrested for a violent offense and 16% less likely to be rearrested for any offense within one year.
- The strongest result is that 2.9% of the Specialized Treatment Group was arrested for a violent offense within one year, compared to the expectation that 5.3% of this group

<sup>3</sup> The expected outcome when differences between the youth receiving and not receiving specialized treatment were controlled.

<sup>4</sup> The difference is the percentage difference between the actual and expected rate. Negative values indicate that the treatment group had a lower number than expected as the outcome.

<sup>5</sup> The percent of time the effect would have occurred by chance with everything else held constant. Lower values indicate that the difference was due to the intervention while higher values indicate a higher likelihood that the difference would have occurred without the intervention.

<sup>6</sup> \*\*\* p< .01 \*\* p< .05 \* p< .10 ns = not significant at .10

would be rearrested for a violent offense within one year. The results also showed that 24.3% of youth receiving treatment were arrested for any offense within one year, compared to the expected 29%. Although 24.3% might still be considered a high recidivism rate for rearrests, this result clearly demonstrates that the program had a significant positive impact.

- Although the treatment group had different rates for the incarceration measures, the expected values that were calculated while controlling for differences between the groups were not significantly different from the actual results of the treatment group. This indicates that the differences in these outcomes could have occurred by chance at least 10 times in 100 had there been no specialized treatment effect.
- The sexual behavior treatment program has shown significant reductions in recidivism in the last several studies.

## Discussion

Youth who participated in the sex offender program and were released after June 2008 were not included within the scope of this study because a full year of arrest and incarceration data was not available. As a result, this study provides an analysis of pre-reform programming.

Study results continue to guide the agency as it builds and expands programs, and the sex offender program has shown positive outcomes but has had limited access. During FY 2009, the agency has focused on expanding access to this program.

Highlights of changes to the sex offender program:

- Beginning September 2009 100% of newly-committed youth needing all levels of specialized sexual behavior treatment have access to treatment, either through the traditional intensive program or a new moderate intensive program. As a result, TYC anticipates greater reductions in youth recidivism in future reports.
- In September 2009 an enhanced assessment element was added for this population. The *Juvenile Sex Offender Assessment Protocol – II* is a nationally recognized assessment tool that identifies treatment sensitive issues related to sexual offending. This dynamic risk information will be used to determine population needs, guide treatment interventions, and measure treatment effectiveness.
- In September 2009 moderate intensity programming was added and will be expanded in FY 2010 for youth that do not require intensive residential treatment. Moderate intensity programming is also offered to youth with a co-occurring mental health or other specialized treatment need if they are primarily in need of a different program.
- By spring 2010 a more integrated model of providing needed treatment services after release from a high restriction setting will be initiated. This model implements community reentry plans after release, provides any continuing treatment needs, and includes close collaboration with local partners.
- Texas Occupations Code requires that all TYC staff who provide sex offender counseling to be Licensed Sex Offender Treatment Providers (LSOTP) by October 2010. In January 2009 implementation of the development program began for licensing internal staff and attracting external LSOTP candidates for these hard-to-fill positions. Five staff received licensure in 2009 and the other candidates are targeted to attain licensure by October 2010.

**RESULTS: CAPITAL & SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM**

All youth in the cohorts who were capital offenders or in need of treatment based on other serious violent offenses were included in this analysis. As presented in the methodology section, data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. Characteristics of each youth in the capital and serious violent treatment sample included capital and serious violent offenders with an initial release from a secure program during the established time frames.

The total sample for measures at one year post-release included 464 youth and for measures at three years post-release included 522 youth.

**C&SVO Enrollment Rates**

	One Year Cohort	Three Year Cohort
Total Cohort	464	522
Total Enrolled	98	104
<b>Enrollment Rate</b>	<b>21%</b>	<b>20%</b>

The enrolled group made up the study’s treatment group while the not enrolled group made up the group not receiving specialized treatment. Controlling for statistical differences between the groups, calculations were made regarding the treatment group’s expected outcomes, probabilities of the outcomes occurring by chance, and the statistical significance of the differences between the actual and expected values. The following table summarizes the results in this specialized treatment category.

**Capital & Serious Violent Offender Treatment Effectiveness Results**

	High Need, No Specialized Treatment	Specialized Treatment Group	Expected Value Treatment Group <sup>7</sup>	Difference between Actual and Expected <sup>8</sup>	Probability <sup>9</sup>	Level of Significance <sup>10</sup>
Arrest for Any Offense: 1 Year	27.9%	20.4%	20.1%	1.5%	94.4%	ns
<b>Arrest for Violent Offense: 1 Year</b>	7.7%	2.0%	7.1%	-71.8%	6.0%	*
Incarceration for Any Offense: 1 Year	4.6%	3.1%	3.9%	-20.5%	71.8%	ns
Incarceration for Any Offense: 3 Year	23.2%	15.4%	10.2%	51.0%	33.8%	ns

<sup>7</sup> The expected outcome when differences between the youth receiving and not receiving specialized treatment were controlled.

<sup>8</sup> The difference is the percentage difference between the actual and expected rate. Negative values indicate that the treatment group had a lower number than expected as the outcome. Positive values indicate that the treatment group had a higher number than expected as the outcome.

<sup>9</sup> The percent of time the effect would have occurred by chance with everything else held constant. Lower values indicate that the difference was due to the intervention while higher values indicate a higher likelihood that the difference would have occurred without the intervention.

<sup>10</sup> \*\*\* p<.01 \*\* p<.05 \* p<.10 ns = not significant at .10

## Findings:

- Youth enrolled in the Capital and Serious Violent Offender Program were 72% less likely than expected to be arrested for a violent offense within one year. The arrest rate for the treatment group was only 2%, while the expected arrest rate was 7.1%.
- Although the treatment group had different rates for the other three measures, the expected values that were calculated while controlling for differences between the groups were not significantly different from those that occurred without controls. This indicates that the differences in these outcomes could have occurred by chance at least 10 times in 100 had there been no specialized treatment effect.

## Discussion

Youth who participated in the C&SVO program and were released after June 2008 were not included within the scope of this study because a full year of re-arrest and incarceration data was not available. As a result, this study provides an analysis of pre-reform programming.

Study results continue to guide the agency as it builds and expands programs, and the C&SVO program has shown positive outcomes but has had limited program access. During FY 2009, the agency expanded access to this program.

Highlights of C&SVO program expansions include:

- In 2009 the program was expanded to provide treatment for girls at the Ron Jackson State Juvenile Correctional Complex, Unit I. The program is designed to provide girls the opportunity to develop skills that will aid in the reduction of risk factors, develop problem-solving skills, address trauma-related issues, improve interpersonal functioning and affect regulation, facilitate empathic development, and receive psycho-social education programming on drug and alcohol and sexual and anger issues as needed.
- In November 2009 a program for medium need violent offenders was introduced. Aggression Replacement Training® (ART®) is a nationally recognized program and has been demonstrated as an empirically supported intervention program with violent adolescents. The ART® treatment program has been implemented on eight TYC high restriction campuses and will enhance the effectiveness of specialized services to violent youth and those in need of intervention to address anger related behaviors. The introduction of ART® will help to reach youth unable to participate in the time-intensive C&SVO program.

**RESULTS: CHEMICAL DEPENDENCY TREATMENT PROGRAM**

As presented in the methodology section, data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. Characteristics of each youth in the chemical dependency treatment sample included: assessed as being chemically dependent with an initial release from a secure program during the established time frames.

The total sample for measures at one year post-release included 4,100 youth and for measures at three years post-release included 2,566 youth.

**Chemical Dependency Enrollment Rates**

	<b>One Year Cohort</b>	<b>Three Year Cohort</b>
Total Cohort	4,100	2,566
Total Enrolled	1,696	1,188
<b>Enrollment Rate</b>	<b>41%</b>	<b>46%</b>

The enrolled group made up the study’s treatment group while the not enrolled group made up the group not receiving specialized treatment. Controlling for statistical differences between the groups, calculations were made regarding the treatment group’s expected outcomes, probabilities of the outcomes occurring by chance, and the statistical significance of the differences between the actual and expected values. The following table summarizes the results in this specialized treatment category.

**Chemical Dependency Treatment Effectiveness**

	High Need, No Specialized Treatment	Specialized Treatment Group	Expected Value Treatment Group <sup>11</sup>	Difference between Actual and Expected <sup>12</sup>	Probability <sup>13</sup>	Level of Significance <sup>14</sup>
<b>Arrest for Any Offense: 1 Year</b>	57.3%	67.0%	61.5%	8.9%	1.4%	**
Arrest for Violent Offense: 1 Year	8.7%	11.3%	10.1%	11.9%	25.6%	ns
<b>Incarceration Any Offense: 1 Year</b>	21.1%	27.0%	23.8%	13.4%	1.6%	**
<b>Incarceration Any Offense: 3 Year</b>	42.0%	48.3%	43.0%	12.3%	1.8%	**

<sup>11</sup> The expected outcome when differences between the youth receiving and not receiving specialized treatment were controlled.

<sup>12</sup> The difference is the percentage difference between the actual and expected rate. Positive values indicate that the treatment group had a higher number than expected as the outcome.

<sup>13</sup> The percent of time the effect would have occurred by chance with everything else held constant. Lower values indicate that the difference was due to the intervention while higher values indicate a higher likelihood that the difference would have occurred without the intervention.

<sup>14</sup> \*\*\* p<.01 \*\* p<.05 \* p<.10 ns = not significant at .10

## Findings:

- Youth who were enrolled in chemical dependency treatment were significantly more likely to have been arrested within one year or reincarcerated within one or three years of release from a secure program.
- Although the treatment group had a higher rate for the Arrest for Violent Offense measure, the expected value that was calculated while controlling for differences between the groups was not significantly different from the value that occurred without controls. This indicates that the difference in the outcome could have occurred by chance at least 10 times in 100 had there been no specialized treatment.

## Discussion

Youth who participated in the chemical dependency program and were released after June 2008 were not included within the scope of this study because a full year of re-arrest and incarceration data was not available. As a result, this study provides an analysis of pre-reform programming.

Study results continue to guide the agency as it builds and expands programs, and the pre-reform chemical dependency program has not shown positive results. Significant alcohol and drug abuse needs are extremely challenging conditions to treat effectively for long term success. Current research indicates that inappropriate placement of youth in a level not matched with their needs can be ineffective and lead to worse outcomes. Based on the 2008 report, the agency focused on modifying this program.

Highlights of chemical dependency program modifications:

- In January 2009 an evidenced-based treatment curriculum, *Pathways to Self-Discovery and Change: a Guide to Responsible Living* by Dr. Harvey Milkman, was adopted and implemented at TYC high restriction institutions. This program was chosen because it is designed to work most effectively with chemically dependent incarcerated adolescents.
- In spring 2009 programming was expanded to halfway houses, providing short-term counseling for youth with treatment needs. This initiative will individualize the continuum of services for youth.
- In January 2010 a comprehensive assessment will be added to identify the level of treatment need for youth with drug and alcohol use history. The *Adolescent Self-Assessment Profile-II* provides assessment information to target the specific risk and protective factors associated with drug and alcohol use and abuse. It will also serve as a measure of treatment progress.
- The 81<sup>st</sup> Legislature supported stronger reentry programming with an appropriation for substance abuse treatment with *Functional Family Therapy*<sup>®</sup> (FFT<sup>®</sup>). The program is an evidence-based model with proven success that will be initiated in FY 2010. The program is a structured family intervention protocol for youth diagnosed with conduct disorders, violent behavior and substance abuse that has been shown in multiple studies to reduce felony recidivism. FFT<sup>®</sup> has three phases: motivate the family toward change; teach the family how to change a specific critical problem; and help the family generalize their problem-solving skills.
- In November 2009 enhancements to community reentry case plans were implemented. As part of the development of this plan, the Regional Chemical Dependency Specialist provides the youth's case manager with information concerning support groups, including Alcoholics Anonymous and Narcotics Anonymous, and aftercare providers in the area where the youth will reside. The Regional Specialist also provides support to the youth as needed when the youth returns to the community.

**RESULTS: MENTAL HEALTH TREATMENT PROGRAM**

All youth in the cohorts who had a high need for mental health treatment were included in this analysis. Selection for this program was based on diagnoses and the Global Assessment of Functioning (GAF) score.

As presented in the methodology section, data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. Characteristics of each youth in the mental health treatment sample included: assessed as 'high need' by TYC for specialized mental health treatment with an initial release from a secure program during the established time frames.

The total sample for measures at one year post-release included 4,597 youth and for measures at three years post-release included 4,388 youth.

**Mental Health Treatment Enrollment Rates**

	<b>One Year Cohort</b>	<b>Three Year Cohort</b>
Total Cohort	4,597	4,388
Total Enrolled	1,455	1,207
<b>Enrollment Rate</b>	<b>32%</b>	<b>28%</b>

The enrolled group made up the study's treatment group while the not enrolled group made up the group not receiving specialized treatment. Controlling for statistical differences between the groups, calculations were made regarding the treatment group's expected outcomes, probabilities of the outcomes occurring by chance, and the statistical significance of the differences between the actual and expected values. The summary of results is contained in the following table.

**Mental Health Treatment Effectiveness Results**

	High Need, No Specialized Treatment	Specialized Treatment Group	Expected Value Treatment Group <sup>15</sup>	Difference between Actual and Expected <sup>16</sup>	Probability <sup>17</sup>	Level of Significance <sup>18</sup>
Arrest for Any Offense: 1 Year	57.6%	50.1%	52.5%	-4.6%	12.7%	ns
Arrest for Violent Offense: 1 Year	9.0%	9.0%	8.1%	11.1%	32.8%	ns
Incarceration for Any Offense: 1 Year	24.0%	22.2%	23.5%	-5.5%	39.6%	ns
Incarceration for Any Offense: 3 Year	47.0%	43.7%	40.2%	8.7%	20.6%	ns

<sup>15</sup> The expected outcome when differences between the youth receiving and not receiving specialized treatment were controlled.

<sup>16</sup> The difference is the percentage difference between the actual and expected rate. Negative values indicate that the treatment group had a lower number than expected as the outcome. Positive values indicate that the treatment group had a higher number than expected as the outcome.

<sup>17</sup> The percent of time the effect would have occurred by chance with everything else held constant. Lower values indicate that the difference was due to the intervention while higher values indicate a higher likelihood that the difference would have occurred without the intervention.

<sup>18</sup> \*\*\* p<.01 \*\* p<.05 \* p<.10 ns = not significant at .10

**Findings:**

- Although the treatment group had different rates for the four measures, the expected values that were calculated while controlling for differences between the groups were not significantly different from those that occurred without controls. This indicates that the differences in these outcomes could have occurred by chance at least 10 times in 100 had there been no specialized treatment effect.
- The *FY 2008 Review of Agency Treatment Effectiveness* report included two very significant positive one-year results in this treatment category for arrest and incarceration for any offense. The treatment group in that study had significantly fewer arrests and incarcerations following release compared to what was expected statistically.

**Discussion**

Youth who participated in the mental health program and were released after June 2008 were not included within the scope of this study because a full year of re-arrest and incarceration data was not available. As a result, this study provides an analysis of pre-reform programming.

Study results continue to guide the agency as it builds and expands programs, and the mental health treatment program has not shown results. During 2009, the program was modified to more fully integrate services with youth needs:

Highlights of the mental health program modifications include:

- February 2009 clinical staffings were enhanced to increase collaboration between the psychology and contracted psychiatric staff. Staffings are designed to address the medical and clinical aspects of the youth's mental health issues and how best to minimize their effects on the daily functioning of the youth.
- February 2009 multi-disciplinary team meetings and individualized case planning were enhanced to have a greater focus on criminogenic needs (dynamic risk and protective factors), to increase collaboration between staff disciplines, the youth, and the youth's family, and to increase individualization of programming for more effective services to youth in the program. The integrated plan is designed to help youth focus on reentry into the community from the very beginning of their TYC commitment.
- October 2009 HHSC received a grant to assess the prevalence of brain trauma and impact on youth within TYC and TJPC and county systems. Approximately 3,000 youth per year will be assessed during the project period. Program implementation will be the second phase of the grant.
- November 2009 services were added to address drug and alcohol risks, aggression management issues, sex offender risks, and trauma related services in addition to the mental health support groups for youth.
- February 2008 coordination of psychiatric services was enhanced and psychiatry was integrated more effectively with other mental health services. For all youth, psychiatric visits per youth increased about two-fold through FY 2009 from 0.65 psychiatric visits per youth in the first quarter to 1.24 visits per youth in the fourth quarter. For youth residing at Corsicana Residential Treatment Center, where youth with the highest level of mental health needs are located, the number of psychiatric visits per youth increased over the same period from 1.48 psychiatric visits per youth in the first quarter of FY 2009 to 2.90 psychiatric visits per youth in the fourth quarter.



**RESULTS: FEMALE YOUTH**

Females included in this analysis were a sub-group of the cohorts presented throughout this report. All of the females, like the males, had a need for one or more type of specialized treatment. Because of the lower number of female youth in some of the specialized treatment need groups, results are provided for all females as a group. Additionally, TYC provided no gender-specific programming during the study period. Therefore, the results in this category are for those girls who received *any type of specialized treatment*, rather than for gender-specific services.

As presented in the methodology section, data on youth with an initial release from secure confinement over two different five year periods were tracked to calculate measures at one and three years after release. Characteristics of each youth in the female treatment sample included: assessed as *high need* by TYC for specialized treatment and initial release from a secure program during the established time frame. The total sample for measures at one year post-release included 1,253 youth and for measures at three years post-release included 1,050 youth.

**Female Enrollment Rates**

	One Year Cohort	Three Year Cohort
Total Cohort	1,253	1,050
Total Enrolled	560	475
<b>Enrollment Rate</b>	<b>45%</b>	<b>45%</b>

Forty-five percent of females were enrolled in specialized programs in both the one and three-year cohorts. The enrolled group of females made up the study’s treatment group while the not-enrolled group of females made up the group not receiving specialized treatment. Controlling for statistical differences between the groups, calculations were made regarding the treatment group’s expected outcomes, probabilities of the outcomes occurring by chance, and the statistical significance of the differences between the actual and expected values. The following table reflects summary results in this treatment category.

**Female Specialized Treatment Results**

	No Specialized Treatment	Treatment Group	Expected Value Treatment Group <sup>19</sup>	Difference between Actual and Expected <sup>20</sup>	Probability <sup>21</sup>	Level of Significance <sup>22</sup>
Arrest for Any Offense: 1 Year	31.7%	36.3%	35.2%	3.1%	70.5%	ns
Arrest for Violent Offense: 1 Year	3.0%	3.2%	3.2%	0.0%	100.0%	ns
Incarceration for Any Offense: 1 Year	12.6%	18.9%	16.2%	16.7%	22.9%	ns
Incarceration for Any Offense: 3 Year	27.5%	28.4%	27.6%	2.9%	77.0%	ns

<sup>19</sup> The expected outcome when differences between the youth receiving and not receiving specialized treatment were controlled.

<sup>20</sup> The difference is the percentage difference between the actual and expected rate. Positive values indicate that the treatment group had a higher number than expected as the outcome.

<sup>21</sup> The percent of time the effect would have occurred by chance with everything else held constant. Lower values indicate that the difference was due to the intervention while higher values indicate a higher likelihood that the difference would have occurred without the intervention.

<sup>22</sup> \*\*\* p<.01 \*\* p<.05 \* p<.10 ns = not significant at .10

**Findings:**

- The expected values that were calculated while controlling for differences between the groups were not significantly different from those that occurred without controls. This indicates that the differences in these outcomes could have occurred by chance at least 10 times in 100 had there been no specialized treatment effect. This means that the girls released during the scope of the study who had received any type of specialized treatment were about as likely to be arrested or incarcerated within one or three years as girls who did not receive any specialized treatment.

**Discussion**

Youth who participated in the specialized treatment programs and were released after June 2008 were not included within the scope of this study because a full year of re-arrest and incarceration data was not available. As a result, this study provides an analysis of pre-reform programming. Girls received no gender-specific services during the study period. As stated earlier, girls are included as a separate category due to interest in the effectiveness of treatment for them as a group.

Study results continue to guide the agency as it builds and expands programs, and new gender-specific programming does not yet show results. Girls typically respond differently to treatment than boys, and the agency continues to research the ways in which its specialized treatments will be more effective for girls, who comprise a small percentage of the total youth population. During 2008-09, the agency enhanced girls programming to improve female offender outcomes.

Highlights of gender-specific treatment enhancements for girls:

- In December 2008 Capital and Violent Offender programming began for the girls at Ron Jackson Juvenile Correctional Complex Unit I.
- In February 2009 multi-disciplinary team meetings and individualized case planning were enhanced to have a greater focus on criminogenic needs (dynamic risk and protective factors), to increase collaboration between staff disciplines, the youth and the youth's family, and to increase individualization of programming for girls.
- In December 2009 staff at the female facilities was trained in the Girls Circle program. Staff will begin implementing this ten week program for specifically identified girls beginning in January 2010. The Girls Circle is a structured support group for girls that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem.
- In December 2009 staff at Ron Jackson Unit 1 received Gender Responsive training to ensure that staff more effectively meets the special needs of this population.
- In December 2009, clinical staff at Ron Jackson Unit 1 received training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This therapy is an evidence-based treatment approach for assisting children, adolescents, and their caretakers to overcome trauma-related challenges. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events. This training enhanced the services already provided to girls to resolve trauma issues. In December 2009, eight girls were enrolled in a trauma resolution group.

## CONCLUSION

Results of the *FY 2009 Review of Agency Treatment Effectiveness* provide important information as the agency reshapes its specialized treatment programs for continuous and long term improvement consistent with legislative intent for fundamental reform. Significant differences in recidivism rates indicated that certain intensive specialized treatment programs reduced recidivism more than the agency's core treatment program alone, even when statistically controlling for initial differences between the groups. Two specialized treatment programs resulted in significantly lower recidivism rates for sexual offenders and for capital and serious violent offenders.

Although the scope of the report analyzed data from a pre-reform period and program changes are well underway, the results are still useful in numerous ways. Pre-reform sex offender treatment was effective, and the agency is building on those successful program elements to strengthen and expand sex offender treatment services. The study also validated results from earlier reports that showed pre-reform programming for alcohol and drug abuse, mental health needs, and non-gender-specific treatment for girls was not effective. As reflected in the earlier discussion section for each result category, intensive and specific agency efforts to get the specialized services in these treatment categories back on track have been underway since 2008.

For many reasons, *recidivism* is an imperfect measure of treatment effectiveness and public safety. But it's also the best one available for consistent data comparisons over long time periods. The agency is exploring alternatives for supplementing recidivism data in the next annual report with other measures, including educational achievement indicators, that reflect the effectiveness of the different types of specialized treatment. Youth rehabilitation and public safety are intricately intertwined, and the mixed results of this report highlight the agency's continuing challenges.

The individual and social problems addressed by TYC specialized treatment programs are historically intractable, complex, and typical of the issues in many juvenile justice systems. Most TYC youth have had prior interventions through the juvenile justice or other state and local systems that were not successful in preventing the offenses that resulted in TYC commitment. As TYC continues to receive the State's most serious offenders with increasingly complex treatment needs, long term solutions are expected to emerge from evidence-based programs currently operating across many jurisdictions. As refined data becomes increasingly available demonstrating what does and does not work, the agency is hopeful about building on incremental program successes for continuous improvement in each area. Although resource constraints will continue to be challenging in a recovering economy, program excellence is still achievable within those limitations. The agency strives to reclaim a national reputation for effective youth rehabilitation and public safety.

TYC will continue to focus on improving treatment effectiveness with the stability and predictability of a three-legged stool. Ensuring that program models are well-matched to youth needs based on periodic individual assessment data is one foundational leg. Another leg concentrates agency initiatives on re-entry programming for youth preparing to be released from TYC. The third leg is continuous investment in staff development to expand knowledge, skills, and abilities to manage increasingly complex youth needs in an increasingly complex and fast changing correctional environment.

During FY 2009 the Commission made significant progress in advancing reform efforts by evaluating and enhancing its programs and operations. Many challenges and much work remain, but the Commission is beginning to see improvements statewide. Demonstrating evidence-based results of agency efforts will take time when measured on one-year and three-year recidivism performance scales.