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2005

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The version of record can be found at <https://www.doi.org/10.1177/0032885505281530>



PRINT VERSION CITATION: Kelly, William R., Tammy S. Macy, and Daniel P. Mears. 2005. "Juvenile Court Referrals in Texas: An Assessment of Criminogenic Needs and the Gap Between Needs and Services." *The Prison Journal* 85(4):467-489.

PRE-PRINT VERSION

**Juvenile Referrals in Texas: An Assessment of Criminogenic Needs
and the Gap Between Needs and Services**

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Abstract

Researchers emphasize the importance of risk and criminogenic needs in developing intervention strategies for juvenile offenders. Yet, few jurisdictions collect information about the risk/needs profile of known youthful offenders or whether their needs are being addressed. This study estimated the prevalence of mental health, substance abuse, educational, and family-related needs for youths referred to seven juvenile probation departments in Texas, representing 21% of referrals statewide. Analyses indicate that the most prevalent needs are: problems associated with parental supervision, school behavior, school attendance, parental/family problems, disposition/self image, and substance abuse. Additional analyses suggest that substantial gaps exist between the number of juveniles needing and receiving programs and services. We conclude that such information is absolutely essential if policymakers are to formulate appropriate and adequate intervention strategies for court-involved youth.

Keyword = juvenile justice mental health screening assessment referrals

Background

Despite increased calls in recent years for greater attention to risk and needs assessment of youths referred to juvenile court, there is little systematic information about the risk and need profiles of most juvenile referrals (Towberman 1992; Hoagwood 1994; Howell 1995; Bilchik 1998; Hoge 1999; Cocozza and Skowrya 2000). Regarding needs assessments in particular, one observer has noted: "The number of youths involved with the juvenile justice system is growing at an alarming rate. Yet current research lacks sufficient details concerning the disorders and treatment needs of these juveniles, particularly those with mental health and substance abuse problems" (Cocozza 1997:146). The absence of this information partly reflects the long-standing tension within the juvenile justice system between providing rehabilitation, which would suggest an interest in the various needs of youth, versus punishment, which would not (Feld 1998a-b; Tonry and Moore 1998).

Regardless, it remains the case that the juvenile justice system has a unique opportunity to intervene early with a considerable number of youths, many of whom may have numerous and critical unmet criminogenic needs that may contribute not only to further offending but also to other personal and social problems (Hoagwood 1994; Matlack et al. 1994; Borduin et al. 1995; Hoge 1997; Bilchik 1998; Crowe 1998; Mears and Kelly 1999; Cocozza and Skowrya 2000). This opportunity might be irrelevant if there were little public concern for rehabilitation. But, to the contrary, public opinion research suggests long-standing and substantial public support for offender treatment as a core component of juvenile justice (Cullen, Fisher and Applegate, 2000). What we currently lack, however, are valid, systematic statistical estimates of the prevalence of criminogenic needs among youth referred to juvenile court and the services currently available to meet these needs. Such information is

essential for informing policy decision making about the demand for appropriate, targeted intervention services.

We also currently lack information about the services available to help youth with particular needs, and whether these services address the particular needs of youth referred to juvenile court. It increasingly is understood that prevention and early intervention strategies frequently are more effective in the long-term for addressing mental health and other needs and for reducing crime (Towberman 1992; Maughan 1993; Patterson and Yoerger 1993; Pihl and Peterson 1993; Robins 1993; Dembo and Brown 1994; Howell 1995; Coordinating Council on Juvenile Justice and Delinquency Prevention 1996; Greenwood 1996; Loeber and Stouthamer-Loeber 1996, 1998; Monahan 1996; Snyder and Sickmund 1996; Lauen 1997; Sherman et al. 1997; Bennett 1998; Farrington 1998a-b; Tonry and Moore 1998; Mears 2001). However, the efficacy of such efforts to a large extent depends on ensuring that offenders with specific risk and need factors are tracked into appropriate programs (Dembo and Brown 1994; Gendreau 1996; Howell and Hawkins 1998). Efficacy in this instance is premised in part on understanding the extent to which there are populations for whom services are needed and, in turn, whether these populations can be or are diverted to appropriate programs and/or specialized services (Towberman 1992; Bilchik 1998; Conly 1999; Hoge 1999).

The focus on needs and services is especially timely given recent efforts to emphasize more needs-targeted programming. For example, although concern nationally about increases in violent juvenile crime recently gave rise to a wide range of “get tough” juvenile justice reforms (Snyder and Sickmund 1996; Torbet et al. 1996), policymakers have begun to promote the idea of earlier assessment and prevention/intervention initiatives. Consider, Senator DeWine’s (R-Ohio) efforts, endorsed by Republican and Democratic members of Congress alike, to provide grants to state and local agencies to coordinate provision of mental health and substance abuse treatment to youths:

We have to make a more serious investment in diagnosing and treating these kids with psychological problems. . . . Throughout the whole system, everybody will tell you -- teachers, probation officers, everybody -- that we do not now have enough resources. (Youth Crime Alert 1999:5)

Financial and bipartisan commitment to this “serious investment” is substantial. As noted by Youth Crime Alert (1999:2): “A notable aspect of recent congressional debates concerning a proposed one billion dollar juvenile crime bill is a ‘bipartisan measure earmarking 25% of the bill’s block grants for prevention.’”

These different issues -- the sweeping juvenile justice reforms of the 1990s, the relative lack of research on whether and how various risk and need factors are linked to juvenile processing, recent calls for increased use of assessments and for funding of prevention and early intervention efforts, and the fact that many juveniles referred to the juvenile justice system may have specific risk or need factors that could be better identified and thus addressed -- all point to the need for a systematic effort to examine the risk and needs of youths in the juvenile justice system. They also point to the need to identify whether and how these needs are being addressed. In short, what is the needs/services gap?

Risk and Need Assessment

Risk assessment has a long, evolving history and an understandably important role in corrections. Since Burgess’ initial attempts in the 1920s to validate offender-risk instruments, considerable advances have been made in developing and refining risk assessment (Lauen 1997:119; see also Gottfredson 1987; Bonta 1996; Clements 1996; Gendreau 1996). There are three generations of risk assessment instruments. First generation instruments are subjective assessments or rely on “professional judgment” (Lauen 1997). The central problem with such assessments, determined through a wide

range of empirical evaluations, is that they typically are less accurate (and obviously less systematic) than empirically-based tools (Howell 1995).

Second generation risk assessments rely on a set of what are commonly referred to as “static” indicators -- factors such as prior criminal record, which are unchangeable. Although such static indicators have a demonstrated marginal utility in predicting subsequent offending, they are limited in that they work best with predicting general recidivism (as opposed to recidivism for specific offenses or types of offenses) and provide little insight into identifying changeable or dynamic needs. By contrast, third generation assessments, increasingly used in recent years, rely on both static and dynamic risk and need factors. Dynamic risks and needs refer to factors that are changeable and are known to lead to subsequent offending, for example alcohol and drug use, school attendance and performance, and mental health problems. Such factors are referred to as treatable or criminogenic needs (Lauen 1997; see also Andrews 1989; Gendreau 1996).

Whether viewed as “risks” or as “needs,” the basic idea behind focusing on dynamic factors is that they not only may be related to subsequent offending, but, because they are changeable, may be more effective targets for interventions. In the context of the juvenile court, certain needs, whether criminogenic or not, may be viewed as requiring services, even if these needs are not necessarily predictive of subsequent offending (Howell 1995:197; Crowe 1998; Coccozza and Skowrya 2000). In either event, research to date suggests that offenders who receive appropriate treatment are less likely to re-offend (Lipsey 1990; Greenwood 1996; Lipsey and Wilson 1998; Redondo, Sanchez-Meca and Garrido 1999). Thus, a central challenge is not only to identify static risk factors associated with subsequent offending, but dynamic need factors that can be addressed through treatment or through case planning (Clements 1996:133). A related task is that of developing classification schemes that target those offenders with specific

types of risks and needs and for whom interventions are most likely to result in reduced offending (Howell 1995:195; Clements 1996:123).

Significant advances in risk and need assessment have been made with respect to both prediction and classification (Bonta 1996; Clements 1996; Lauen 1997). However, in many juvenile justice systems, risk and need assessments either are not used locally or at the state level (Towberman 1992), or are used primarily on an ad hoc basis or for assisting with delimited aspects of later stages of processing, such as adjudication or disposition (Hoge 1999; Mears and Kelly 1999; Coccozza and Skowyrza 2000). This situation is slowly changing, though, as it becomes evident that risk and need assessments can provide (1) “greater validity, structure, and consistency” to assessment and decisionmaking processes, and (2) more efficient and effective allocation of resources for addressing the risks and needs of various types of offenders (Howell 1995:191; Gendreau 1996; Hare 1996:39-41).

Unfortunately, risk and need assessment research on large populations of juvenile offenders referred to juvenile courts is lacking. Indeed, just as much research on crime and various types of disorders and co-disorders (e.g., serious mental disorder, substance abuse, family dysfunction, etc.) has involved incarcerated populations (Abram and Teplin 1991; Teplin 1994; Clements 1996; Hare 1996), so, too, with juveniles. That is, research to date on risk and need assessment of juveniles has tended to focus either on incarcerated populations or, increasingly, on survey-based studies of juvenile offending (Elliott, Huizinga, and Ageton 1985; Elliott, Huizinga, and Menard 1989; Farrington 1998a-b; Office of Juvenile Justice and Delinquency Prevention 1999).

What is missing is information on the broader population of juveniles receiving either formal or informal disposition in the courts. Indeed, regarding mental health and other problems (e.g., drug abuse, educational deficits, family dysfunction), Hoagwood (1994:114) has noted that “no national estimates of the numbers of children who display mental health problems in school, primary health care, or juvenile justice settings are

available.” Moreover, at a time when calls for risk and need assessment at earlier stages of juvenile processing have increased (Dembo and Brown 1994), we lack empirical information on precisely how such assessments are or will be used (Mears and Kelly 1999). Finally, as with the adult system (Morris, Steadman, and Veysey 1997), we currently lack systematic information about the availability of resources for addressing the mental health needs of youths or the key challenges and issues confronted by local jurisdictions in attempting to address these needs (Cocozza and Skowrya 2000). Fortunately, legislative reforms in Texas have provided a unique opportunity to begin addressing these issues.

Risk and Need Assessment of Referrals to Texas’ Juvenile Justice System

Legislation in Texas requires that subsequent to January 1, 1996, all juvenile probation departments use the state’s risk and needs assessment instrument, or an approved equivalent, for all juvenile referrals who receive either an informal or formal disposition from juvenile court. This instrument, created by the Texas Juvenile Probation Commission (TJPC) and called the Standard Assessment Tool (SAT), is used in over 93 percent of jurisdictions. In over two-thirds, it is administered at initial intake, thus allowing questions about the risk and needs of all juvenile referrals, including those that are dismissed, to be addressed (Mears and Kelly 1999). The SAT, discussed in greater detail below, consists of four components: one set of risk factors and three sets of needs factors, including mental health and substance abuse, educational, and family needs (see Appendix A for a copy of the SAT).

The fact that the SAT is mandated by the state provides an important opportunity to obtain risk and need data on nearly all juvenile referrals in Texas. In turn, this information will allow important questions to be addressed concerning the prevalence of particular risk and need factors among juvenile referrals.

Ability of Local Jurisdictions to Provide Needed and Appropriate Services

Practitioners and policymakers increasingly have focused on providing a wider range of programming for youthful offenders, and particularly for those who evidence a substance use/abuse or mental health problem (Crowe 1998; Coccozza and Skowrya 2000). Still, this attention generally is based on relatively little information about the actual prevalence of need among the youthful offender population (Towberman 1992). The situation mirrors that of the adult justice system. For example, in a recent national study of the mental health services in United States jails, it was found that nearly 20 percent of all U.S. jails had no mental health resources and that despite the emphasis generally given to screening and evaluation, most jails lack treatment or discharge plans (Morris, Steadman, and Veysey 1997). Even if services were provided, few jails can identify the extent to which these services meet the demand.

In short, there is a compelling need to document the extent to which youths referred to juvenile court evidence any of a range of needs (e.g., mental health, educational, family, substance abuse). It is also critical to document the extent to which criminogenic needs are being addressed. Indeed, without such information it is difficult if not impossible to determine whether sufficient resources and services are available or are needed, and whether youths who need these resources and services are receiving them. Additionally, in the absence of such information, it is particularly challenging to develop appropriate intervention strategies for addressing criminogenic needs and to provide appropriate funding levels.

Research Objectives

Risk and need factors play a critical role in preventing crime and recidivism. Increased recognition of this fact contrasts markedly with the lack of systematic

empirical statewide or national data on such factors in the juvenile justice system. There is, therefore, a compelling need for more and better data and research on the following questions: What is the prevalence of risk and needs among juvenile referrals? How many juvenile referrals actually receive programming and services to address criminogenic needs? How large is the gap between the number of referrals with specific needs and the number receiving services? Access to standardized assessment data for all referrals receiving informal or formal dispositions in the Texas juvenile justice system, one of the largest systems in the United States, provides a unique opportunity to address these issues.

It should be emphasized that there are several reasons why research on Texas juvenile justice processing is of relevance not only to Texas practitioners and policymakers, but to their counterparts in other states and to researchers generally. First, patterns of informal and formal processing of juveniles in Texas are similar to those nationally (Texas Criminal Justice Policy Council 1999:7; Sickmund et al. 1998:15). Second, juvenile justice reforms in Texas, including an increased emphasis on screening and assessment and early intervention, mirror those nationally (Torbet et al. 1996). Third, the SAT is similar to the types of risk and need instruments used in many jurisdictions across the country (Howell 1995). Finally, the demographic diversity of the state (e.g., the relatively large Hispanic population), as well as the volume of juvenile referrals -- in 1995, only two other states processed more delinquency cases than Texas (Sickmund et al. 1998:83) -- provide a relatively comprehensive data base from which policy makers in other states may reap significant benefits.

Data

There are three sources of data used in this study: demographic and risk/needs assessment data based on the SAT; the number of statewide referrals in 2000; and the

results of the Texas Juvenile Probation Commission's (TJPC) Resource Survey 2000. These sources are described in detail below.

First, data were collected on referrals to the Texas juvenile justice system during the 2000 fiscal year (FY 2000). To develop a relatively representative sample of juvenile referrals statewide, we consulted 2000 county level Census data as well as TJPC staff and researchers, and utilized a sampling design that consisted of the following seven primary sampling units (PSUs): two large urban jurisdictions (Dallas and Tarrant counties); three suburban jurisdictions (Cameron, Hidalgo, and Williamson counties); and two rural jurisdictions (Bastrop, a judicial district comprised of Bastrop, Burleson, Lee, and Washington counties; and San Patricio, a judicial district comprised of Aransas, Bee, Live Oak, McMullen, and San Patricio counties). These jurisdictions were selected based upon an assessment of their relative representativeness compared to 2000 Census county level demographic data as well as considerations regarding availability of referral data. In the end, they were selected to capture regional and rural/suburban/urban variation. Together, they represent over one-fifth of all juvenile referrals in the state (see Table 1).

TABLE 1 HERE

Since the number of referrals (i.e., juveniles who receive informal or formal disposition from the court) in each jurisdiction exceeds what is required for analyses, random samples (approximately N=300) were obtained from each PSU. These samples are sufficient to minimize sampling error (roughly 3-6 percentage points) and provide Ns large enough to conduct the necessary analyses. Each jurisdiction, in collaboration with TJPC, provided lists of eligible offenders. A random sample extracted from each list provided the 300 cases from each jurisdiction. The SAT data are not reported to

TJPC, nor do most jurisdictions record it electronically. Thus, these data were obtained manually from each selected jurisdiction and entered into a data base.

Background data were provided by TJPC, which collects juvenile court processing data for all Texas jurisdictions. These data include jurisdiction and juvenile identifying information (for merging TJPC and jurisdiction data), instant offense, and demographic data (age, race/ethnicity, and gender).

The SAT has four broad-based domains, each of which includes a range of specific items: (1) **risk** (prior referrals, commitment or out-of-home placement for more than thirty days, age at time of assessment, drug/chemical abuse, alcohol abuse, parental control/influence, school discipline/employment problems, learning/academic performance problems, runaway/escape behavior, negative peer influence); (2) **mental health needs** (appearance/demeanor of youth, violent behavior, behavioral history, peer relationships, disposition/self-image, identity problems, substance abuse, history of abuse, developmental history); (3) **educational needs** (educational status, attendance history, school behavior, academic difficulties); and (4) **family status needs** (relationships, parental supervision, parental/family problems).

The specific risk items are weighted differently in terms of their contributions to an overall risk score (0-5 = low risk, 6-14 = medium risk, and 15+ = high risk). All items in the mental health needs (9 items), education needs (4 items), and family needs (3 items) domains are scored on a low-medium-high scale. For each domain, specific items use different weighting schemes to arrive at a low-medium-high assessment. Within each of the three needs domains (i.e., mental health, family, education), the SAT indicates or recommends the need for further psychological testing, screening, or referral for services when there are two or more item-specific scores of "high need" (one or more such scores for the family domain).

The SAT scores are based on self-reported information as well as the subjective impression of the intake officer who administered the instrument. Thus, the SAT

results are subject to measurement error that is characteristic of these types of standard screening instruments. Another methodological concern is related to the fact that SAT was not validated. However, the SAT does not differ in significant ways from other widely used screening instruments, and it does appear to pass the “face validity” test.

The second source of data is the total number of referrals in Texas for 2000. These data are used for estimating the incidence of needs statewide. The final source of data are the results from the Texas Juvenile Probation Commission's (TJPC) Resource Survey 2000, which were used to generate statewide estimates of the number of juvenile referrals provided services for mental health and substance abuse needs.

Research Methods

Prevalence of Criminogenic Needs Statewide

The method we utilized for estimating the frequency of risk and needs statewide was to multiply the total number of referrals statewide by the relative frequency (percentages) of risk and needs based on the sample data. We first categorized the sample jurisdictions as well as all of the remaining jurisdictions in the state into one of three categories: urban, suburban or rural. This was done to control for potential differences in risk and need composition by geographic location. We then computed the percentage of high, medium, and minimum risk, and high, medium, and low need for each need item for each of the three categories of urban, suburban and rural for our sample data (Tarrant and Hidalgo were omitted from the statewide estimation of risk due to absence or non-comparability of risk data). These sample-based percentages serve as the multipliers that we used to compute the statewide frequencies of needs (i.e., we multiply the sample percentages for each level of each need item for urban, rural and suburban jurisdictions times the total number of statewide referrals categorized as urban, rural and suburban).

Classification of the sampled jurisdictions as well as the remaining (i.e., non-sample) jurisdictions in the state were developed based on a combination of the classifications provided by the Texas State Data Center's (TSDC) Counties by Metropolitan Status report, knowledge of the county composition of judicial districts (which are combinations of smaller counties), and specific county population size criteria.

Urban jurisdictions are counties identified as "metro central city" by TSDC *and* have a population of 600,000 or greater. There are six jurisdictions in Texas that meet this definition, and two among the sampled jurisdictions -- Dallas and Tarrant counties. Suburban jurisdictions include all counties labeled "metro suburban" by TSDC *and* the

remaining 21 “metro central city” counties that have populations under 600,000. These areas are located near large metropolitan areas but are not considered metropolitan themselves. There are 46 suburban jurisdictions in Texas. Cameron, Hidalgo, and Williamson Counties are classified as suburban in our sample. The remaining 112 jurisdictions are classified as rural. Counties within these jurisdictions are labeled “non-metro adjacent” and “non-metro non-adjacent” by TSDC. Both the Bastrop and San Patricio judicial districts fit this classification.

Although the classification of most jurisdictions is straightforward, there are some instances where different types of counties are included in the same Judicial District. For example, TSDC considers San Patricio County to be metro suburban, but the District includes four rural counties. We thus classify this Judicial District as a rural jurisdiction.¹

The classification of jurisdictions statewide into urban, rural, and suburban results in the following distribution of referrals for FY 2000 (total number of referrals obtained from TJPC’s Active Current Database).²

- 20,925 total referrals in rural jurisdictions
- 44,170 total referrals in suburban jurisdictions
- 49,383 total referrals in urban jurisdictions

We then use the sample based risk and need percentages within each of the three jurisdiction types to estimate the statewide total number of referrals by specific risk and need categories and levels. For example, the sample data indicate that 26% of rural referrals are classified as high risk. We multiply the estimated 26% of high risk among rural referrals by the total number of rural referrals statewide, to obtain the

¹ A final exception is made with Tom Green and Coke jurisdictions. Their referral data are reported together, and thus they are treated as one rural jurisdiction.

² Due to programming changes, Bexar County referrals are for the 2000 calendar year not the fiscal year.

extrapolated number of statewide high risk rural referrals. We then sum across the three jurisdiction types to obtain statewide totals by risk and need levels.

It should be emphasized that while the estimates within each jurisdiction are subject to sampling error, the statewide estimates are subject to additional forms of estimation error. This error may stem from reliance on jurisdictions with rates that may differ from those sampled, and from the use of a limited number of jurisdictions to determine risk and need. However, there is little a priori basis for expecting the error to systematically influence the estimates in one direction or another. Nonetheless, because of these concerns, the sample was created as carefully as possible to provide as unbiased an estimate of the risks and needs of juvenile referrals statewide, not just for the sampled jurisdictions themselves. With the assistance of TJPC staff and researchers and using data provided by TSDC, the jurisdictions were selected to represent a diverse sample of rural, suburban, and urban counties. While some might argue that the seven selected jurisdictions may not adequately represent the risks and needs of youth statewide, there is little reason to believe that the sampled rural/suburban/urban jurisdictions differ substantially in their youths' risks and needs from rural/suburban/urban jurisdictions not sampled, or that any variance is systematically in one direction (e.g., greater mental health gaps or greater substance abuse need) or the other (e.g., lesser mental health gaps or lesser substance abuse need).

Aside from these concerns, the selected jurisdictions represent 21 percent of the total referral population for Texas - a population size that is larger than that of many states. Examination of this population should be of great interest to researchers and practitioners nationwide.

Gap Between Needs and Services

Estimates of the gap between the number of referrals with particular criminogenic needs and the number receiving treatment services were developed based on our estimated statewide counts of the number of referrals with specified needs, in conjunction with estimates of the number of referrals that received services for particular needs. The latter data were obtained from TJPC's 2000 Resource Survey. The Resource Survey is an on-line survey instrument available on the TJPC web site (it is also available in paper and pencil format). It is designed for each of the 164 local juvenile probation departments to provide information on various probation activities during the calendar year. All juvenile probation departments in Texas (N=164) are required to complete the Resource Survey and the data are based on official department records.

Included in the survey is information regarding the number of referrals receiving mental health services, and the number of referrals receiving substance abuse services or treatment (disaggregated by non-residential treatment and residential treatment). The Resource Survey data were compiled and provided by TJPC.

We used our statewide estimates of the number of referrals with mental health and substance abuse needs, and the number of referrals receiving mental health and substance abuse treatment/services to develop estimates of the gap between services needed and received (we do not create comparable statistics for education and family needs since we have no data on the number receiving services for these need areas).

Findings

Before focusing on statewide risk and need levels, we briefly discuss the demographic characteristics and assessed risk of sampled referrals in the three jurisdiction categories (urban, suburban, and rural). These descriptive data are presented in Table 2 below.

TABLE 2 HERE

Although referrals in all three types of jurisdictions are predominately male, there is variation in gender -- female referrals are more prevalent in rural jurisdictions (31%) compared to urban (21%). While the typical referral in all three jurisdictions is minority, the composition shifts across rural, suburban and urban areas: Hispanics comprise 70% of delinquency referrals in suburban jurisdictions, 50% in rural, but only one-quarter in urban jurisdictions. African-Americans are more prevalent in urban jurisdictions (35%), and relatively rare in suburban (3%) and rural (13%) areas. The age distribution is generally consistent across jurisdiction type. Although misdemeanors are the modal offense type across jurisdictions, the data indicate that offending is somewhat more serious in urban and suburban areas: 29% and 28% of offenses in suburban and urban areas are felonies, compared to 18% in rural areas.

Finally, assessed risk varies somewhat by jurisdiction type. Urban jurisdictions have a slightly higher percentage of referrals that are high risk (30%), compared to rural and suburban areas (25%).

Statewide Estimation of Risk and Needs

Table 3 presents the statewide percentages and estimates of risk and need items by level. With regard to assessed needs, we first focus on the percentage assessed high need, then combine high and medium need in identifying the relative prevalence of particular need areas.

TABLE 3 HERE

The most commonly identified need area involves problems associated with parental supervision (over 25% are determined to have a high assessed need on this item). Parental supervision needs include poor parenting skills, ineffective or inadequate discipline, supervision practices that contribute to delinquency, and/or lack of supervision. Problematic school behavior (lack of participation in school activities, suspension and expulsion) is also relatively common (21% are identified as high need). Nearly 20% are also assessed as high need with regard to school attendance (chronic truancy).

Less common but still relatively frequent needs include: parental/family concerns (16% were assessed high need on this item, which is measured in terms of emotional instability, psychiatric problems, criminality and/or substance abuse in the family, family violence, and/or marital discord); the mental health item of disposition/self image (14% were assessed high need) which includes severe mood swings and/or negative self image); and problems with family relationships, i.e., non-supportive, unstable and/or disorganized/chaotic family relationships (14% assessed high need).

Combining both high and medium assessed need results in the following estimates of need among juvenile referrals, ordered from highest to lowest relative frequency:

- parental supervision (47%)
- school attendance (43%)
- education status -- attending alternative school or drop out (33%)
- family relationships (32%)
- substance abuse (31%)
- parental/family problems (24%)
- academic difficulties -- low achievement, below appropriate grade level, academic skills deficiencies (22%)
- disposition/self image (22%)
- school behavior (21%)

Whether focusing on high assessed need or combined high and medium assessed need, the ranking of problem areas is similar. Parental supervision is most common, followed by overlapping educational and family factors. In terms of broad domains, family and educational needs are essentially tied in terms of relative frequency; mental health issues are less common as a whole.

Finally, with regard to risk, over one-quarter (27%) of juvenile referrals are classified as high risk. Two-thirds (67%) are assessed as high or medium risk.

Gap Between Needs and Services

The question of how many referrals with criminogenic needs receive services is partially addressed by combining our statewide estimates of needs with the results of the TJPC Resource Survey. The Resource Survey requests a variety of data from local jurisdictions. The items of direct relevance here are:

- How many referrals received mental health services?
- How many referrals received substance abuse services or treatment, disaggregated into the categories of licensed non-residential treatment and licensed residential treatment?

Using our need estimates and the Resource Survey data, we are able to estimate the total statewide number of referrals with mental health needs and substance abuse needs, the total number of referrals statewide that received mental health and substance abuse treatment and services, and in turn the gap between needs and services for these two need areas. Again, it is important to emphasize that the Resource Survey does not request information regarding other intervention services such as services for family-related and education-related needs.

Clearly, not all referrals need mental health and substance abuse services, and any effort to “match” those who required services with those who received them is indirect at best. Our approach was to be conservative in estimating the number of referrals in need of services. To that end, we made the assumption that referrals in need of mental health services must have been assessed as high need on two or more mental health items. Similarly, we attempted to target the level of substance abuse treatment and services (non-residential treatment and residential treatment) with assessed level of substance abuse need. We assumed that residential and non-residential treatment are primarily targeted for referrals with high substance abuse needs. The analysis that we conducted reports the substance abuse need and treatment data two ways: comparing

the number with high need with the number receiving residential treatment only, and then comparing the number with high need with residential and non-residential treatment. The data are presented in Table 4 below.

TABLE 4 HERE

During FY 2000, 14,665 referrals statewide were estimated to have a high assessed need on two or more mental health need items, excluding substance abuse. The Resource Survey results indicate that 8,331 referrals received mental health services. The difference between the 14,600 with high need and the 8,300 referrals that received mental health services is a reasonably conservative estimate of the statewide gap between mental health needs and mental health services. Expressing the gap in relative terms, approximately 57% of those with high mental health needs received any mental health services.

There were 12,682 referrals statewide with a high substance abuse need. The Resource Survey indicates that 1,300 referrals received residential treatment. Combining residential and non-residential, 4,100 received substance abuse treatment. The first comparison (residential treatment only) indicates that roughly 10% of high need referrals received residential treatment. The second comparison (combining residential and non-residential) indicates that approximately one-third of high need referrals received substance abuse treatment. Stated differently, of juvenile referrals with a high need for substance abuse treatment, close to two-thirds reportedly received no residential or non-residential services. In short, regardless of which assumption one makes about level of need and level of treatment, the gap between needs and services is substantial.

Summary and Discussion

The findings reported here are, to our knowledge, the first systematic statewide estimates of risk and needs of juvenile referrals. The estimates were based on sample data from seven rural, suburban, and urban Texas juvenile probation departments which were used to obtain statewide estimates of levels of risk and three domains of needs (mental health and substance abuse, family, and education).

The results indicate that five of the six most prevalent needs -- measured in terms of high need level -- are within the educational and family domains. Poor or problematic parental supervision is identified as the most common need among juvenile referrals, followed by inappropriate behavior at school and poor school attendance. Parental/family problems, poor disposition/self-image, and problems with family relationships are also common high need areas. Analyses of combined high and medium need levels provided similar results.

The research findings indicate a substantial gap between needs and services received. Utilizing conservative criteria for estimating the number of referrals with a mental health need (two or more mental health items with high need, excluding substance abuse), we found that roughly 40% of juveniles with high mental health needs did not receive any treatment services. Similar results were found for substance abuse. Combining residential and non-residential treatment, two-thirds of referrals with high substance abuse need did not receive any treatment from juvenile probation.

The results of this research are important on several counts. First, we have provided representative data on the prevalence of risk levels and criminogenic needs for a large, diverse population of juvenile offenders. Although Texas differs in significant ways from many other states (e.g., size and demographic diversity), the data on the relative frequency of particular criminogenic needs should be of value to policymakers in Texas as well as in many other states.

Second, the data for this study provide an indication of the size of the gap between criminogenic needs and selected treatment and intervention services. Although the size of the gap between needs and services likely varies across states, the relative magnitude of the gap in Texas should be of significant concern to policymakers nationwide.

Third, these findings highlight the importance of focusing on the availability of treatment and intervention resources, and should assist policymakers in making more informed decisions about juvenile justice treatment and intervention strategies and programs. During a time in which states are operating under “get tough” and “zero tolerance” laws, intervention increasingly represents an important and cost-effective alternative to incarceration. For example, many youths who are incarcerated, or reincarcerated, commit offenses that might well have been prevented had their needs been identified and addressed when they first came in contact with the juvenile justice system or when they were referred on subsequent occasions. The opportunity for more effective interventions are enormous. The data presented here suggest that, conservatively estimated, 4 of every 10 referred youths with mental health needs go untreated, and 7 of 10 referred youths with substance abuse needs go untreated.

Our research focused solely on estimating the number of juvenile offenders in need and receiving services. There are, consequently, many critical questions that need to be addressed in future studies. First is the issue of the quality of programs and services -- that is, the extent to which treatment and intervention services conform to the principles of effective intervention (Andrews, 1995, Andrews and Bonta, 1998, Cullen and Gendreau, 2000, Andrews 2000). Although we have no systematic data on this point in this research, it is likely that youths who received treatment did not always receive the types of services that reflect these principles. In this respect, our estimation of the needs/services gap is likely even more conservative than presented and should be more precisely assessed, focusing not only on the quantity but the quality of services.

Future research should address the methodological issues associated with estimating criminogenic needs based on screening instruments that rely on self-reported and subjective data. One approach is to verify the results of screening instruments against official records and other sources of information (such as school records, interviews with parents) as well as comparing the screening instrument results to more in-depth, clinical assessments for those youth receiving such assessments. Such analyses will not only corroborate self-reported and subjective data, but will also provide better indicators of the severity of criminogenic needs.

Further research should attempt to clarify the needs/services gap along several dimensions. We were limited in our study to examining the extent to which referrals with mental health and substance abuse needs received services. At present, it remains unclear to what extent family and educational needs of youths referred to the juvenile justice system are being addressed. This issue is especially important given that our data indicate that these areas of need are more common than are mental health and substance abuse needs.

Criminal justice policy over the past twenty-five plus years has largely focused on incarceration and being “tough on crime.” Juvenile justice policy, while more balanced in terms of punishment and rehabilitation, has not been immune to this trend. This is evidenced by increasing numbers of waivers and determinate sentences, and the growth in the incarceration of juvenile offenders in juvenile and adult institutions. As intervention becomes increasingly legitimated as an alternative correctional strategy in scientific and practitioner communities, it is crucial that policymakers be provided scientifically reliable and credible data that can be used to drive efforts to implement more efficient and effective strategies for the reduction of juvenile crime. The research reported herein is a first attempt to stimulate research that can support such efforts.

Table 1. Delinquency Referrals for Primary Sampling Units: Texas, FY 2000^a

	Total Delinquency Referrals	Percent of State Total
<u>Urban Jurisdictions</u>		
Dallas County	9,906	8.65
Tarrant County	7,714	6.74
<u>Suburban Jurisdictions</u>		
Cameron County	1,693	1.48
Hidalgo County	1,839	1.61
Williamson County	1,285	1.12
<u>Rural Jurisdictions</u>		
Bastrop judicial district ^b	627	.55
San Patricio judicial district ^c	1,191	1.04
Total	24,255	21.19

a. Source: Texas Juvenile Probation Commission. In FY 2000, there were 114,478 delinquency referrals from 164 jurisdictions (including judicial districts), representing 254 counties. Bexar County referrals are for the 2000 calendar year.

b. Bastrop, Burleson, Lee, and Washington counties.

c. Aransas, Bee, Live Oak, McMullen, and San Patricio counties.

Table 2. Percentage of Juvenile Referrals with Selected Demographics and Risk by Jurisdiction Type

	Rural	Suburban	Urban
<u>Sex</u>			
male	69	72	79
female	31	28	21
<u>Race</u>			
White	37	26	34
African American	13	3	35
Hispanic	49	70	27
American Indian	0	0	.2
Asian American	1	1	3
<u>Age</u>			
10	2	1	1
11	4	4	3
12	9	6	7
13	14	12	13
14	17	20	19
15	24	28	24
16	28	28	31
17	1	2	3
<u>Alleged Offense</u>			
violent index	3	6	9
property index	6	9	7
drug felony	2	5	1
other felony	7	8	11
misdemeanor	82	71	72
<u>Risk Level¹</u>			
low risk	30	33	35
med risk	45	42	35
high risk	25	25	30

¹Excludes Hidalgo (suburban) and Tarrant (urban) Counties

Table 3: Frequency and Percentage of Statewide Referrals on Need Measures

	Need Factor	Frequency	Percent
<u>Mental Health</u>	appearance of youth		
	low	94,469	82.5
	medium	8,746	7.6
	high	11,264	9.8
	violent behavior		
	low	95,328	83.3
	medium	8,504	7.4
	high	10,646	9.3
	behavior history		
	low	97,660	85.3
	medium	7,870	6.9
	high	8,948	7.8
	peer relationships		
	low	110,519	96.5
	medium	2,981	2.6
	high	978	0.9
	disposition/self-image		
	low	89,859	78.5
	medium	8,416	7.4
	high	16,203	14.2
	identity problems		
	low	110,481	96.5
	medium	3,162	2.8
	high	836	0.7
substance abuse			
low	79,235	69.2	
medium	22,560	19.7	
high	12,682	11.1	
history of abuse			
low	98,728	86.2	
medium	9,378	8.2	
high	6,371	5.6	
developmental history			
low	113,320	99.0	
medium	855	0.7	
high	303	0.3	
<u>Educational Status</u>	education status		
	low	76,844	67.1
	medium	28,056	24.5
	high	9,578	8.4

Table 3: Frequency and Percentage of Statewide Referrals on Need Measures, cont.

	Need Factor	Frequency	Percent
	attendance history		
	low	65,704	57.4
	medium	26,648	23.3
	high	22,126	19.3
	school behavior		
	low	90,254	78.8
	high	24,224	21.2
	academic difficulties		
	low	89,178	77.9
	medium	24,081	21.0
	high	1,219	1.1
<u>Family Status</u>	relationships		
	low	78,253	68.4
	medium	20,288	17.7
	high	15,937	13.9
	parental supervision		
	low	61,015	53.3
	medium	23,904	20.9
	high	29,559	25.8
	parental/family problems		
	low	86,878	75.9
	medium	8,873	7.8
	high	18,726	16.4

Table 4: Estimated Number of Referrals with Mental Health or Substance Abuse Need and Number Served

	Est. Need	Est. Served	% Served
Mental Health			
two or more high need areas	14,665	8,331	57%
Substance Abuse			
high need only	12,682	4,144 ¹	33%
high need only	12,682	1,304 ²	10%

¹Number of referrals that received non-residential and residential treatment

²Number of referrals that received residential treatment

APPENDIX A

THE STANDARD ASSESSMENT TOOL

REFERENCES

Abram, Karen M., & Linda A. Teplin

- 1991 Co-Occurring Disorders Among Mentally Ill Jail Detainees. *American Psychologist* 46:1036-1045.

Andrews, Donald A.

- 2000 Clinically Relevant and Psychologically Informed Principles of Effective Correctional Treatment: What Works, What Doesn't and What We Don't Know. Presentation at the Annual National Institute of Justice Research and Evaluation Conference, Washington, DC, July, 2000.

- 1995 The Psychology of Criminal Conduct and Effective Treatment. In J. McGuire (ed.), *What Works: Reducing Reoffending*. West Sussex, England: John Wiley and Sons.

- 1989 Recidivism is Predictable and Can Be Influenced: Using Risk Assessments to Reduce Recidivism. *Forum on Corrections Research* 1:11-18.

Andrews, Donald A. & James Bonta

- 1998 *The Psychology of Criminal Conduct*. 2d ed. Cincinnati: Anderson Publishing.

Bennett, Trevor

- 1998) Crime Prevention. In Michael Tonry (ed.), *The Handbook of Crime and Punishment*. New York: Oxford University Press.

Bilchik, Shay

- 1998 *Mental Health Disorders and Substance Abuse Problems Among Juveniles*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Bonta, James

- 1996 Risk-Needs Assessment and Treatment. In Alan T. Harland (ed.), *Choosing Correctional Options That Work*. London: Sage.

Borduin, Charles M., Lynn T. Cone, Barton J. Mann, Scott W. Henggeler, Bethany R. Fucci, David M. Blaske, and Robert A. Williams

- 1995 Multisystem Treatment of Serious Juvenile Offenders: Long-Term Prevention of Criminality and Violence. *Journal of Consulting and Clinical Psychology* 63:569-578.

Clements, Carl B.

- 1996 Offender Classification: Two Decades of Progress. *Criminal Justice and Behavior* 23:121-143.

Cocozza, Joseph J.

- 1997 Identifying the Needs of Juveniles with Co-Occurring Disorders. *Corrections Today* 59:146-148.

Cocozza, Joseph J. and Kathleen R. Skowrya

- 2000 Youth With Mental Health Disorders: Issues and Emerging Responses. *Juvenile Justice* 7:3-13. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Conly, Catherine

- 1999 Coordinating Community Services for Mentally Ill Offenders: Maryland's Community Criminal Justice Treatment Program. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Coordinating Council on Juvenile Justice and Delinquency Prevention

- 1996 Combating Violence and Delinquency: The National Juvenile Justice Action Plan. Washington, D.C.: Author.

Crowe, Ann H.

- 1998 Drug Identification and Testing in the Juvenile Justice System. Washington, D.C.: Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Cullen, Francis and Paul Gendreau

- 2000 Assessing Correctional Rehabilitation: Policy, Practice and Prospects, in Policies, Processes and Decisions in the Criminal Justice System. Washington, D.C.: National Institute of Justice.

Cullen, Francis, Bonnie Fisher and Brandon Applegate

- 2000 Public Opinion about Punishment and Corrections. In Michael H. Tonry (ed.), Crime and Justice: A Review of Research series (Vol. 27). Chicago, Illinois: University of Chicago Press.

Dembo, Richard and Richard Brown

- 1994 The Hillsborough County Juvenile Assessment Center. Journal of Child and Adolescent Substance Abuse 3:25-43.

Elliott, Delbert S., David Huizinga, and Suzanne Ageton

- 1985 Explaining Delinquency and Drug Abuse. Beverly Hills, California: Sage.

Elliott, Delbert S., David Huizinga, and Scott Menard

- 1989 Multiple Problem Youth: Delinquency, Substance Use, and Mental Health Problems. New York: Springer-Verlag.

Farrington, David P.

- 1998a Individual Differences and Offending. In Michael H. Tonry (ed.), The Handbook of Crime and Punishment. New York: Oxford University Press.

- 1998b Predictors, Causes, and Correlates of Male Youth Violence. In Michael H. Tonry & Mark H. Moore (eds.), in Youth Violence. Crime and Justice: A Review of Research series (Vol. 24). Chicago, Illinois: University of Chicago Press.

Feld, Barry C.

1998a The Juvenile Court. In Michael Tonry (ed.), *The Handbook of Crime and Punishment*. New York: Oxford University Press.

1998b Juvenile and Criminal Justice Systems' Responses to Youth Violence. In Michael H. Tonry and Mark H. Moore (eds.), *Youth Violence of the Crime and Justice: A Review of Research series*. Vol. 24. Chicago, Illinois: University of Chicago Press.

Gendreau, Paul

1996 Offender Rehabilitation: What We Know and What Needs to Be Done. *Criminal Justice and Behavior* 23:144-161.

Gottfredson, Don M.

1987 Prediction and Classification in Criminal Justice Decision Making. In Don M. Gottfredson & Michael H. Tonry (eds.), *Criminal Justice: A Review of Research*. Chicago, Illinois: University of Chicago Press.

Greenwood, Peter W.

1996 Responding to Juvenile Crime: Lessons Learned. *The Future of Children* 6:75-85.

Hare, Robert D.

1996 Psychopathy: A Clinical Construct Whose Time Has Come. *Criminal Justice and Behavior* 23:25-53.

Hoagwood, Kimberly

1994 Issues in Designing and Implementing Studies in Non-Mental Health Care Sectors. *Journal of Clinical Child Psychology* 23:114-120.

Hoge, Robert D.

1999 An Expanded Role for Psychological Assessments in Juvenile Justice Systems. *Criminal Justice and Behavior* 26:251-266.

Howell, James C. (ed.)

- 1995 Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Howell, James C. and J. David Hawkins

- 1998 Prevention of Youth Violence. In Michael H. Tonry & Mark H. Moore (eds.), Youth Violence of the Crime and Justice: A Review of Research series. Vol. 24. Chicago, Illinois: University of Chicago Press.

Lauen, Roger J.

- 1997 Positive Approaches to Corrections: Research, Policy, and Practice. Lanham, Maryland: American Correctional Association.

Lipsey, Mark A.

- 1990 Juvenile Delinquency Treatment: A Meta-analytic Inquiry into Variability of Effects. Newbury Park, California: Research Synthesis Committee, Sage.

Lipsey, Mark and David Wilson.

- 1998 Effective Interventions for Serious Juvenile offenders: A Synthesis of Research:. In Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions, R. Loeber and D. Farrington (eds.), Thousand Oaks, California, Sage.

Loeber, Rolf and Magda Stouthamer-Loeber

- 1996 The Development of Offending. *Criminal Justice and Behavior* 23:12-24.
1998 Development of Juvenile Aggression and Violence: Some Common Misconceptions and Controversies. *American Psychologist* 53:242-259.

Matlack, M. Eileen, M.S. MacMcGreevy Jr., Robert E. Rouse, Charles Flatter, and Robert F. Marcus

- 1994 Family Correlates of Social Skill Deficits in Incarcerated and Nonincarcerated Adolescents. *Adolescence* 29:117-132.

Maughan, Barbara

- 1993 Childhood Precursors of Aggressive Offending in Personality-Disordered Adults. In Sheilagh. Hodgins (ed.), *Mental Disorder and Crime*. Newbury Park, California: Sage.

Mears, Daniel P. and William R. Kelly

- 1999 Assessments and Intake Processes in Juvenile Justice Processing: Emerging Policy Considerations. *Crime and Delinquency* 44:508-529.

Mears, Daniel P.

- 2001 Critical Challenges in Addressing the Mental Health Needs of Juvenile Offenders. *Justice Policy Journal* 1:41-61.

Monahan, John

- 1996 Violence Prediction: The Past Twenty Years and the Next Twenty Years. *Criminal Justice and Behavior* 23:107-120.

Morris, Suzanne M., Henry J. Steadman, and Bonita M. Veysey

- 1997 Mental Health Services in United States Jails: A Survey of Innovative Practices. *Criminal Justice and Behavior* 24:3-19.

Office of Juvenile Justice and Delinquency Prevention

- 1999 Report to Congress on Juvenile Violence Research. Washington, D.C.: Author.

Patterson, Gerald R. and Karen Yoerger

- 1993 Developmental Models for Delinquent Behavior. In Sheilagh Hodgins (ed.), *Mental Disorder and Crime*. Newbury Park, California: Sage.

Pihl, Robert O. and Jordan B. Peterson

- 1993 Alcohol/Drug Use and Aggressive Behavior. In Sheilagh Hodgins (ed.), *Mental Disorder and Crime*. Newbury Park, California: Sage.

Redondo, Santiago, Julio Sanchez-Meca and Vincente Garrido

- 1999 The Influence of Treatment Programs on the Recidivism of Juvenile and Adult Offenders: A European Meta-Analytic Review. *Psychology, Crime and Law* 5 (3): 251-278.

Robins, Lee N.

- 1993 Childhood Conduct Problems, Adult Psychopathology, and Crime. In Sheilagh Hodgins (ed.), *Mental Disorder and Crime*. Newbury Park, California: Sage.

Sherman, Lawrence W., Denise C. Gottfredson, Doris MacKenzie, John Eck, Peter Reuter, and Shawn Bushway (eds.)

- 1997 *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Sickmund, Melissa, Anne L. Stahl, Terrence A. Finnegan, Howard N. Snyder, Rowen S. Poole, and Jeffrey A. Butts

- 1998 *Juvenile Court Statistics 1995*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Snyder, Howard N. and Melissa Sickmund

- 1996 *Juvenile Offenders and Victims: A National Report*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Teplin, Linda A.

- 1994 Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees. *American Journal of Public Health* 84:290-293.

Texas Criminal Justice Policy Council

- 1999 *A Look at Referrals to Selected Juvenile Probation Departments in Texas*. Austin: State of Texas.

Tonry, Michael H. and Mark H. Moore (eds.)

1998 Youth Violence. Crime and Justice: A Review of Research series. Vol. 24.
Chicago, Illinois: University of Chicago Press.

Torbet, Patricia M., Richard Gable, Hunter Hurst IV, Imogene Montgomery, Linda Szymanski, and Douglas Thomas

1996 State Responses to Serious and Violent Juvenile Crime. Washington, D.C.:
U.S. Department of Justice, Office of Juvenile Justice and Delinquency
Prevention.

Towberman, Donna B.

1992 National Survey of Juvenile Needs Assessment. Crime and Delinquency
38:230-38.

Youth Crime Alert

1999 Youth Crime Alert. (June). Silver Springs, Maryland: CD Publications.

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