Safer Streets: Cutting repeat crimes by juvenile offenders



Acknowledgements

Fight Crime: Invest in Kids is a national, bipartisan, nonprofit anti-crime organization composed of more than 3,500 police chiefs, sheriffs, prosecutors, other law enforcement leaders and violence survivors. The members take a hard-nosed look at what works — and what doesn't work — to prevent crime and violence. They then recommend effective strategies to state and national policymakers.

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Fight Crime: Invest in Kids

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Safer Streets: Cutting repeat crimes by juvenile offenders

Too many juveniles are becoming chronic, violent offenders. Nothing will make juvenile crime disappear. But solid research from Missouri, Ohio and elsewhere shows that the reforms beginning to happen across America can eliminate 4 out of 10 or more of the repeat crimes now committed by juvenile offenders.

What Research Shows

Punishment alone will not be enough to make our streets safer. Research has identified several effective interventions that can keep young offenders from committing further crimes. Here's what is needed:

I. The most serious and troubled young offenders in custody need effective interventions to become productive citizens instead of career criminals.

Missouri found that moving teens who need confinement from large institutions to smaller facilities and helping them learn to control their anti-social behaviors, could cut reconviction rates within three years of release to 40 percent below the rates experienced, for example, by New York State.

In **Wisconsin**, seriously troubled young offenders who did not receive a specialized mental health intervention while in custody **were three times more likely than similar youth to commit violent crimes** when released.

Chicago found that, when its most dangerous violent offenders returned home after serving their sentence, a carrot-and-stick program helped **cut homicides in their high-crime neighborhoods by almost 40 percent.** This approach combines increased law enforcement supervision of the offenders, expedited return to custody if needed, community pressure, and expedited access to jobs, substance abuse treatment or other services. The same approach has worked with juveniles in Boston, Philadelphia and a number of other cities.

- 2. Use intensive foster care as an alternative to lock-up for less-dangerous offenders. Many offenders who are in lower-security lock-up would re-offend less if placed in intensive foster care. Strict, specially-trained, foster parents ensure these medium-risk teens learn how to avoid criminal behavior while their parents are being trained to use the same methods to keep their children on track and away from crime when they leave foster care and return home. Research shows this approach can cut new crimes in half.
- 3. Use community sanctions that include effective interventions as an alternative to out-of-home placement for many youth.
 Many young delinquents committing serious or repeated crimes may not need placement outside the home. Along with the typical sanctions the courts are likely to impose on them, such as probation, curfews, and community service, if the troubled youth receive proven interventions, such as Cognitive Behavioral Therapy and Family Therapy, they can effective-

ly change their negative patterns of behavior. As a result, the youth can be diverted from expensive custody and still commit fewer new crimes than if they are placed in custody. These approaches, beginning to be used throughout America, teach young offenders the social skills they need to sharply reduce further aggression, substance abuse or other criminal behavior.

4. Reduce detention before adjudication for low-risk juvenile offenders.

Data show that, nationwide, six out of ten teens brought before courts are unlikely ever to return on new charges, yet many of them wind up being held in detention before their court hearings. One way to help finance interventions for more serious or chronic juvenile offenders is to reduce the unnecessary – and expensive – warehousing of low-risk young offenders in detention before their adjudication. This can be accomplished by using evidence-based screening tools coupled with alternative interventions.

5. Collect data and increase accountability.

Florida and Washington State are models for how states can systematically collect data on juvenile and adult reoffending and use data to increase accountability. The federal government should encourage more states to follow their lead.

Save Money by Cutting Crime

An analysis from Washington State shows that **research-based approaches** for cutting aggression and substance abuse among juvenile offenders can **save from \$15,000 to \$75,000 per offender** from reduced custody and repeat crime costs. When RECLAIM Ohio redirected moderate-risk juvenile offenders to community sanctions and interventions programs, instead of custody, it cut custody and repeat crime costs so much it saved from \$48,000 to \$74,000 per offender.

Making America Safer

The 3,500 members of Fight Crime: Invest in Kids are convinced change is necessary. They are discouraged by having to arrest a few kids over and over again. They recommend that federal policy leverage state and local efforts to implement these effective reforms. The most important message is probably the simplest: **use science, data collection, and accountability to guide policy**. The members of Fight Crime: Invest in Kids know that using what works with juvenile offenders will produce both huge savings and safer streets.



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Safer Streets: Cutting repeat crimes by juvenile offenders

Introduction

Fight Crime: Invest in Kids is an anti-crime organization led by more than 3,500 law enforcement leaders – chiefs, sheriffs and prosecutors – and survivors of crime. Most of the survivors are parents of murdered children.

Crime requires punishment. Punishment may be placing a young offender in custody, or, depending on the crime, imposing a range of other tough sanctions. The bottom line is that residents must be safe walking the streets. Research shows, however, that punishment alone will often not be enough; troubled teens will need help to stop their aggression, substance abuse, or other antisocial behaviors. It is usually not too late to change antisocial patterns of behavior. Sanctions that include strict and effective interventions can direct anti-social and dangerous juveniles onto a different path that will make Americans safer.

The Problem

Across the United States, law enforcement is busy arresting, prosecuting, and holding in custody offending juveniles. In 2002 there were more than 1.6 million delinquency cases. The most dangerous of these youths are appropriately locked up. In 2002, nine percent of delinquency cases, or 144,000 cases, resulted in the youth being placed in custody following a hearing on their crime.²

The problem - one with disastrous consequences for

public safety – is that police officers, prosecutors, and sheriffs find themselves arresting, prosecuting, and housing some of the same kids again and again. The good news is that for juveniles who come before the court for their first offense, six out of ten will not return to juvenile court again. But for second-time juvenile offenders who are age 14 or younger, 77 percent will come back for a third court appearance.³

These recidivism rates indicate that America is failing its young people and endangering its communities.⁴ The cost of the system is high. For example, the price for a juvenile placed in the custody of the New York Office of Children and Family Services is \$125,000 over 10 months.⁵ By contrast, the State University of New York reports that their typical expenses for tuition, room and board are about \$17,000 a year.⁶ In Montana, the Youth Services Division of the Montana State Department of Corrections is currently spending almost \$20 million a year to supervise and incarcerate juvenile offenders.⁷

In addition, repeat crime results in massive economic and human costs for enforcement, loss of property, and loss of life.

Maintaining a broken juvenile corrections system is clearly not cost-effective, and it does not effectively reduce future crime by troubled kids or protect our communities. High rates of repeat offending among incarcerated youth are the warning signs that secure corrections facilities are not correcting criminal behavior; that troubled kids with mental health problems are not being properly identified and treated; and that kids who serve time are not being adequately monitored and provided with proven interventions that reduce their anti-social behavior when they return to their communities.

Who is doing most of the crimes?

Any analysis of juvenile crime in America must note two key points:

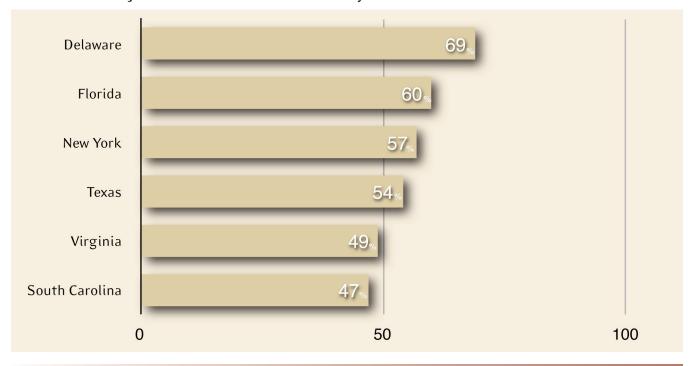
- · Most juveniles arrested are not likely to become serious offenders. As noted above, nationally, 6 in 10 juveniles brought before a juvenile court for the first time will not return to court on another charge.8 And, because their crimes are minor, most juvenile offenders are not held before the hearing on their case or following the hearing. Of the 1,615,400 estimated delinquency cases handled nationally in 2002, one in five were detained prior to the hearing.9 Following their hearing, of the youth found responsible for the crime, 144,000 were placed out-of-home.10 In other words, of the 1,615,400 delinquency cases, 9 percent resulted in the youth being placed in custody following their hearing. This report will show how the number of juveniles held in detention before or after their hearings could be reduced further while cutting additional crimes. However, it is important to keep in mind that most juveniles' contact with the juvenile court system does not involve detention prior to a hearing or custody afterwards, and their involvement with the juvenile courts is not ongoing.
- The small number of juveniles who are serious offenders, however, often continue committing crimes into adulthood. States report their recidivism data in different ways, sometimes measuring rearrests, other times reporting on re-incarceration rates. But however they report it, the data clearly

shows that the current system is ineffective. For example, one-year follow-up data for states across America shows that 5 to 7 out of 10 juvenile offenders released from custody are re-arrested within one year. In South Carolina, 47 percent were rearrested within one year, while in Delaware 69 percent were re-arrested (see the graph below)." When New York State followed youth leaving custody for more years - three years, not just one - they found that 75 percent of juvenile offenders leaving custody were re-arrested within three years.¹²

Academic research and the first-hand experience of law enforcement confirm that serious violence is confined to a small minority of young people. For example, in the mid-nineties, criminologist David Kennedy carefully studied violence in Boston and found that, "Even in dangerous neighborhoods, only a tiny minority, fewer than one percent of the juveniles and young adults were caught up in the violence. ... They were involved in drug dealing street groups and enmeshed in shooting disputes with other chronic offenders. Most of the violence was not about the drug business, but about respect, boy/girl matters and standing vendettas, the origins of which were unclear even to the participants."¹³

This report will begin by focusing on what works with juveniles who pose the greatest risk to their communities.

Percent of juveniles rearrested within one year of release from state incarceration



What works with the highestrisk offenders

While in custody

Young offenders whose crimes and risk assessments show they are a dangerous threat to their communities need to be placed in secure juvenile facilities where they cannot harm their neighbors. In 2002, the courts placed offenders from 144,000 juvenile delinquency cases in custody. But simply warehousing high-risk offenders during their time in custody is not adequate. They need to do the hard work of confronting and changing their anti-social beliefs and behaviors. If approaches proven by research to work are used to achieve those changes, then high-risk youths are more likely to return to their communities as less of a danger than when they went into custody.

Research shows that the best results in reducing crime are achieved by targeting the worst offenders. The reason is straightforward: one cannot prevent most low-risk juveniles from committing more crimes because they were not going to do more crimes anyway. But high-risk offenders are very likely to commit more crimes and more serious crimes. So any progress achieved with high-er-risk juveniles results in very meaningful reductions in future crime.

Two states have implemented reforms targeted towards those young offenders. Missouri has reformed how it handles juvenile offenders in state custody producing positive results. Wisconsin also has achieved impressive results with a specific intervention targeted to its juveniles in custody who have serious psychological problems.

Missouri

In 1994, Missouri began replacing its large juvenile corrections facility, known as a training school, with smaller facilities closer to the communities where the young offenders lived. Fulton Treatment Center, which opened in 1997, has become the prototype for Missouri's reforms. It uses an open-dorm model within a locked perimeter fence that guarantees security for the surrounding community. The facility has 33 beds, and the very carefully chosen staff members work constantly with the young offenders to help them control the problems they have with aggression, substance abuse, or other antisocial behaviors. Staff members are not the only ones teaching the teens new social skills and holding them accountable for their behavior: the other juveniles, in groups of 10 to 12, are enlisted through group meetings

and routine interactions throughout the day to ensure that everyone learns to behave appropriately. These troubled teens are not just doing their time. Working together, they are learning how to change their lives. Missouri has a special team that tracks the activities of the youth when they return from custody to their communities. The team makes sure these youth stay out of further trouble.¹⁵

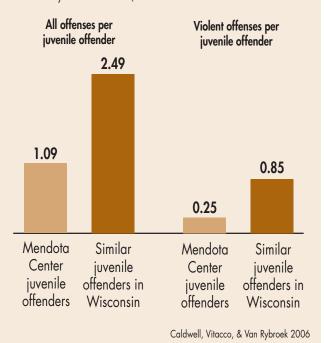
States collect data differently on re-arrests, re-convictions, and additional incarcerations, and they collect the data over different periods of time, making it hard to compare results across states. However, some comparisons are possible. For example, Missouri has reconviction data that can be compared to similar New York reconviction data. The three-year re-conviction rate for juveniles leaving Missouri's juvenile custody system is 37 percent. That rate is 40 percent lower than the closest comparable three-year re-conviction (not arrest) rate of 62 percent for juvenile delinquents leaving state custody in New York. (New York's re-arrest rate is 72 percent.).

Wisconsin

Some of the most troubled teen boys in Wisconsin state custody who had failed in other settings were transferred to the Mendota Center to receive special help in changing their behavior. The center is located within a

Wisconsin Intervention Reduces Repeat Crimes

Very troubled juvenile offenders who were not treated at a secure mental health facility in Wisconsin averaged more than twice as many total offenses after release, and more than three times as many violent offenses, as those who received treatment.



Fight Crime: Invest in Kids

high security state mental health institute. In their prior placements, the behavior of most of the troubled teens had been in a spiral downward during which sanctions were imposed repeatedly for negative behaviors. When sanctions were imposed, the offenders became antagonistic and responded with more negative behaviors. That was followed with more sanctions, and more negative behaviors. By using skilled mental health staff members, instead of corrections officers, the center was able to break through and connect with these very troubled teens. Then the staff began teaching them how to control their aggressive, anti-social behaviors. Similar to what was discovered in Missouri, Dr. Gregory Van Rybroek, the director, reported that finding the right staff who can connect with the offenders was essential, as was being able to combine enhanced security with continued training of the youth in changing their behaviors.19

One evaluation of the intervention matched 101 teens going through the Mendota Center with 101 similarly troubled teens in the regular juvenile corrections system. Within an average follow-up period of 53 months after their release, teens not in the center were charged with twice as many offenses per person and had more than three times the number of violent offenses per person as

teens served in the center.20

Another analysis of the Mendota Center intervention compared the young offenders at Mendota to another similar group of 147 other seriously troubled offenders in state custody and followed them upon release over a period of 54 months. None of the 101 offenders from the Center committed a homicide during that follow-up period, but 10 of the 147 offenders in the control group were charged with murder. A total of sixteen people were killed by the 147 offenders not going through Mendota.²¹

More research is needed to confirm that this approach can be replicated elsewhere with similar results. These results, however, appear to be further evidence that the negative behaviors of many very troubled juveniles can be changed, improving the safety of our communities.

When the most dangerous offenders return home

Even if dangerous juveniles serve substantial time, they usually end up back in their communities. This can be a danger to the safety of their neighbors if they receive little supervision and assistance to avoid more crime. A combination of intensive police supervision, expedited

The Carrot-and-Stick Approach Cuts Homicides

Project Safe Neighborhood included increased federal prosecution for gun crimes and used offender notification meetings and increased services—a carrot-and-stick approach—that sharply brought down homicides in the west side Chicago neighborhood where it was tested. Homicides also dropped, but not as fast in a similar south side control neighborhood and city-wide.



sanctions for repeated violence, community pressure, and expedited access to jobs, drug treatment or other services – a carrot-and-stick approach – has shown in a number of cities that it can cut homicides by violent offenders in high-crime neighborhoods.

Chicago copied and further refined the carrot-andstick approach first developed in Boston for use with juvenile and adult gang members. In Chicago, the intervention was first applied to serious violent offenders who were returning to their communities from prison. The violent offenders were called into a meeting where a team of police officers and prosecutors explained that the young men on parole were being carefully watched and were facing expedited and severe sanctions if they committed another violent offense, especially one involving a gun. Then they heard from former gang members who had successfully turned their lives around. Finally social service providers told the offenders that, as Andrew Papachristos of the University of Chicago explained, if the parolees needed drug treatment or a job (if necessary, a government-subsidized job), they were available: "You can sign up now and start Monday."22

In the most rigorous research to date on this carrotand-stick method, this approach was tried in a group of west side Chicago neighborhoods with a population of nearly 8,000 residents. The neighborhoods had a long history of high levels of homicide. This research was done under the auspices of the federally-funded Project Safe Neighborhoods (PSN). Meanwhile, another set of neighborhoods in the south side of Chicago with a similar, though less serious, history of homicides served as the control group because there was not enough initial funding to do this carrot-and-stick approach citywide. In the carrot-and-stick area there was a 37 percent drop in quarterly homicide rates following the offender notification meetings, while the decline in homicides in the other neighborhood during the same period was only 18 percent.23

A similar carrot-and-stick approach was originally tried with gang members in Boston. David Kennedy, then at the Kennedy School of Government at Harvard and now at John Jay College of Criminal Justice in New York City, explained that their coalition of law enforcement leaders, local religious leaders, street mentors, and service providers "used enforcement as sparingly as possible, and combined it with services and the moral voice of the community."²⁴ Kennedy found that, "After adjusting for existing trends, youth homicides (victims ages 24 and under) went down by two-thirds." When replicated in Indianapolis, homicides went down quickly by 34 percent.²⁵ In Philadelphia, a similar targeting of young

offenders on probation or parole – those who were most likely to "kill or be killed" – was implemented in three police districts. An evaluation showed that homicides decreased by between 32 and 62 percent in those districts. Since that data was collected, homicides have gone up overall in Philadelphia. Two of the districts where the programs are operating have also seen increases above their reduced levels, but the increases have been slower than citywide, and in the other district where the program operates, homicides have continued to go down.²⁶

The Chicago effort was specifically targeted at violent offenders returning to their neighborhoods from adult prison, whether they entered custody as teenagers or adults. However the experience of Boston, Philadelphia and other cities show that the most dangerous juvenile offenders, not just young adults, should also be targeted for carrot-and-stick style sanctions and interventions. This approach has also been successful in medium-sized cities, such as Baton Rouge, La. and Stockton, Calif.²⁷

Sustaining a team focus is essential. Indianapolis has a paid staff member to ensure their team stays together and their meetings with high-risk juveniles and adults continue.²⁸ Unfortunately, in Boston, as the coalition of law enforcement, service providers, and community leaders broke up over time, homicides started going back up.²⁹

What works with medium-risk offenders

Who need out-of-home placements

The prior section discussed what to do with the highest-risk, most violence-prone juveniles. However, many young offenders are placed in state custody or are held following their hearings in local facilities even though they are not at especially high-risk of violent offending. This section will explore what works with many of those juveniles held in medium- or low-level security facilities to reduce their future involvement in crime.

Missouri

The Missouri approach to juvenile facilities was discussed above as a solution for the most serious offenders. Missouri also follows the same model of smaller facilities and intensive efforts to change anti-social behaviors at its less-secure facilities. These facilities, located throughout the state, are aimed at reducing repeat crimes among juvenile delinquents who do not need high-security con-

finement, but who do need intensive help to change their criminal behaviors. The Missouri model should be considered as one option for how to more effectively deal with less-dangerous juvenile offenders who cannot remain in their homes.

Multidimensional Treatment Foster Care (MTFC)

Another option for many of these young offenders is individual placement in a Multidimensional Treatment Foster Care home instead of with other delinquent juveniles in a county or state facility. Foster care may sound like a "soft" sanction for juveniles who should be paying a more severe price for the crimes they committed. But for teens who are often used to running the streets, a month in custody may become a chance to socialize with delinquents and learn new criminal behaviors. In contrast, the MTFC approach creates a highly controlled environment and is instead a very tough intervention with consistent monitoring and appropriate sanctions.

The foster parents are carefully chosen and trained and usually only work with one child at a time. When juvenile offenders come into their homes, the youngsters are initially not allowed to leave their sight during waking hours. They must earn the right to be alone those first few days. Then they must attend school regularly, carrying a card each day for their teachers to sign. Teachers from every period must sign the card, noting whether the students showed up and behaved appropriately. Eventually the youngsters can earn opportunities to interact with

Boys in Foster Care with Specially Trained Foster Parents vs. Group Homes are One-sixth as Likely to Have any More Arrests

Percent of youths re-arrested at least once

41%

Boys in group Boys in Multidimensional Treatment Foster Care

positive peers outside of school, but negative behaviors quickly result in the loss of those privileges. Meanwhile, a professional works with each teen to train them in the social skills they need to avoid fights or situations that can lead to further crime.

Participation of parents or guardians is integral to this program. While the child is living in this very controlled environment for six months to a year, his or her parents are being trained to take over and establish and enforce the same rules and expectations when their child returns home.³⁰

MTFC is more effective at reducing future arrests than placement in a group home. Research shows the MTFC approach successfully cuts the average number of arrests for seriously delinquent juveniles in half (2.6 arrests per teen vs. 5.4 arrests), and six times as many of the boys in MTFC as boys in a group home successfully avoided any new arrest (41 percent vs. 7 percent).³¹

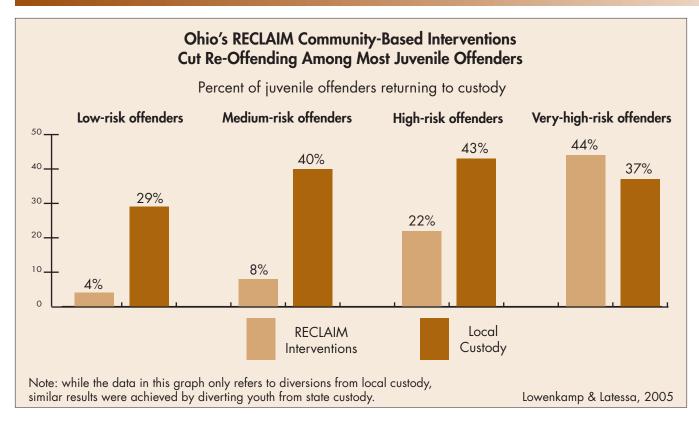
MTFC can also be an option for juvenile offenders reentering their communities after state, county or city custody if they do not have stable homes to return to. At a treatment foster care home, young offenders leaving custody can learn the skills they will need to stay out of trouble as they return to school or seek employment. Their parents will also receive the training they need to continue this process once their children transition fully back home.

Throughout the United States, there are 30 agencies operating MTFC homes at various sites.³² For MTFC to work in counties with smaller populations of offenders, the counties may have to develop partnerships with neighboring counties to cost-effectively arrange for the training, supervision, and support of MTFC foster families in their county.

Who can receive interventions instead of custody

Ohio

There are times when the nature of the crime or crimes committed simply demands that a juvenile be sentenced to state, county or city custody following their hearing. In other situations though, court-ordered alternative sanctions as part of the probation process that do not include custody may actually work better to reduce future crime. If in addition to the usual probation measures, such as community service and curfews, the judge also orders participation in a carefully structured intervention, the juveniles can be taught to avoid crime by adopting new social skills, attitudes and beliefs.



There is strong evidence that this approach of redirecting juvenile offenders to effective interventions will save money and cut crime. An analysis of an effort in Ohio, called RECLAIM Ohio, found that diverting low, moderate, and in some cases even high-risk juveniles to community sanctions with effective interventions in place of custody worked. The data collected by Christopher Lowenkamp and Edward Latessa, professors at the University of Cincinnati, showed that, if low- to moderate-risk offenders were placed in custody and not in a community RECLAIM intervention, they returned to custody upon release at five to seven times the rate of juveniles in the RECLAIM interventions.³³

It is important to note that this approach should not be directed to the very high-risk offenders. The RECLAIM researchers found that the very highest risk juveniles – teens with a combination of current felonies, prior felonies and at least three referrals to the courts starting before age 14 – should not be diverted to community interventions. These very high-risk juveniles did worse if they were diverted to RECLAIM interventions instead of custody. For example, very high-risk offenders placed in RECLAIM instead of in local or state custody were brought back before the courts for committing crimes 41 percent to 64 percent more often than juveniles placed in custody.³⁴ But for low-, medium- and even some high-risk offenders, RECLAIM reduces crime better than placing kids in custody.

Risk assessments are essential

The RECLAIM results clearly showed the importance of taking into account a juvenile's risk of committing more crimes. Decisions on where offenders will serve their sentence and what services they need to avoid future crime, especially violent crime, should be carefully informed by scientifically valid risk assessments. Many states are using an excellent risk assessment tool known as the Youth Assessment and Screening Instrument, YASI, which is based on a well respected risk assessment instrument developed in Washington State.35 It looks not only at the number and nature of crimes committed, as was done for assessing youth in RECLAIM, but also at the juvenile's personal history and the strengths and weaknesses of the support systems the young offender can rely on to stay free of crime. Another successful tool, the Massachusetts Youth Screening Instrument, or MAYSI, quickly and effectively screens arrested youth for possible mental health problems.³⁶ Not all jurisdictions have yet implemented evidence-based risk assessments. And the YASI or other risk assessment tools will be useless unless they are used to guide court decisions and there are interventions available to help youth avoid continued involvement in crime.

Scientifically-tested interventions

The best way to ensure that streets will be safer is to rely on sanctions and interventions proven by the best methods of scientific testing. It is common practice now in the medical sciences to randomly assign half the people in a test to receive a medicine while the other half receive placebos. In juvenile justice research this is done by randomly assigning half the juveniles to receive a new intervention and the other half to receive the usual services they would otherwise receive. Then the researchers monitor crime data over time to see which group commits more crime. There is now solid evidence, gathered from a growing number of such randomized controlled trials, that shows what really works. Two approaches, in particular, have been shown to reliably cut crime: Cognitive-Behavioral Therapy (CBT) and the related Family Therapy. In short, the first one gives troubled teens the tools they will need to behave responsibly, and the second approach gives parents the tools they will need to regain control of their kids, keep them off the streets, and steer them away from crime.

Cognitive Behavior Therapy teaches teens to control their aggression or stop using drugs

Cognitive Behavioral Therapy (CBT) for delinquent teens is an approach, not a specific intervention. It was developed from original research on what works to help many people, not just juvenile delinquents, to change their undesirable behaviors. When applied to delinquent juveniles, the researchers found that many young offenders have developed thinking, beliefs, and behaviors that repeatedly land them in trouble. They often misinterpret

others' benign actions as threats. Many troubled juveniles approach challenging situations as victims, feeling they are hated and unfairly blamed.³⁷ CBT interventions use tested, concrete methods for teaching teens to "stop and think before acting, to consider the consequences of their behavior, to conceptualize alternative ways of responding to interpersonal problems and to consider the impact of their behavior on other people, particularly the victims."³⁸ By learning what triggers their negative behaviors and by identifying and practicing more pro-social and effective ways to respond, CBT consistently reduced repeat crimes among both juveniles and adults.

A recent review by Mark Lipsey and Nana Landenberger from Vanderbilt of 58 CBT randomized controlled trials and other careful trials found that, on average, the re-arrest rate among the adults or juveniles in CBT was 25 percent less than for those not in a CBT intervention. And CBT interventions using the most effective configurations – programs that treated higher risk offenders, were implemented well, and included anger control and interpersonal problem solving – reduced rearrest rates by 50 percent.³⁹

CBT can be successfully used with juveniles as an alternative to custody while they are on probation, while they are in custody, or with juveniles returning home from custody. Many different providers have delivered CBT services and as long as what they provide is faithful to the CBT model, the research by Lipsey and Landenberger showed it worked.⁴⁰ The Lipsey and Landenberger review found that CBT is one of the most rigorously tested and reliably successful interventions to be found anywhere in the social sciences.⁴¹

Cognitive Behavioral Therapies (CBT)	Results
Aggression Replacement Training (ART) At under \$1,000 per juvenile, this CBT intervention that targets aggression is a relatively low-cost intervention for teens on probation or in custody. ¹⁰⁷	Offenders leaving a New York State Juvenile facility were almost three times more likely to have been arrested within 6 months of release if they did not receive ART services while in custody than if they did (43 percent vs. 15 percent). ¹⁰⁸
Motivational Enhancement Therapy & Cognitive Behavior Therapy (MET/CBT) This intervention is for outpatient use with substance-abusing teens. 109	The average number of days in a year that persons who successfully complete an outpatient substance abuse treatment intervention are drug free increases by 25% to 35% if they receive MET/CBT (251, 256, and 269 days drug free in three trials of MET/CBT vs. 200 drug free days in an average outpatient treatment intervention).

Training families to control their delinquent children

Another series of proven interventions (which typically incorporate cognitive behavior therapy as part of their set of tools) is family therapy. Family therapy is a very broadly used term that includes marriage counseling and various other interventions. But a more specific range of family therapy interventions that target young offenders with aggression and/or substance abuse problems have proven results.

Most troubled young people, even if they go into custody, will return to their families. Families play an influential role in their children's aggression or substance abuse, but that influence can be either positive or negative.

Many parents, who may have made many unwise decisions themselves, do not want their children to make the same mistakes. They may be poorly trained, however, in how to keep their children off the streets, out of fights, and away from drugs, especially if they live in dangerous neighborhoods.

Effective family therapy typically begins by convincing families that change is possible. It usually involves teaching families how to stop arguing with each other. Then parents are taught how to keep better track of their child's behavior, set clear limits, followed by reinforcement using increased autonomy, such as allowing their children additional unsupervised time with positive peers.

Once parents have been given the right tools, the pro-

Family Therapies	Results			
Functional Family Therapy (FFT) FFT is for moderate- to high-risk teens with delinquency, aggression and/or substance abuse problems. FFT can be used for youths on probation, in lieu of custody, or for youths returning to their families from custody. ¹¹¹ FFT is provided at over 200 sites across America and internationally. It is available in multiple sites in NY, WA, PA, VA, NM, OH and FL. ¹¹²	FFT cut re-arrests in half in one study (26 percent vs. 50 percent) and subsequent out-of-home placements by three quarters in another study (18 percent vs. 72 percent). 113			
Multisystemic Therapy (MST) Similar to FFT, MST serves moderate to high-risk teens, though MST often serves teens more involved in drug abuse and/or crime than those served by FFT ¹¹⁴ . It is now offered by 137 agencies in 33 states and the District of Columbia. ¹¹⁵	One MST study followed juvenile offenders until they were, on average, 29 years old. Individuals who had not received MST were 62 percent more likely to have been arrested for any offense (81 percent vs. 50 percent), and more than twice as likely to be arrested for a violent offense (30 percent vs. 14 percent). 116			
Multidimensional Treatment Foster Care (MTFC) This family therapy intervention can be used in place of being placed in low-security custody in a group setting, or as a step-down intervention for offenders leaving custody who do not have stable families to return to. ¹¹⁷ There are 30 agencies operating MTFC at sites throughout America. ¹¹⁸	MTFC cut the average number of repeat arrests per teen in half (2.6 arrests vs. 5.4). Six times as many of the boys in MTFC as boys in a group home had successfully avoided any new arrest (41 percent vs. 7 percent). 119			
Brief Strategic Family Therapy (BSFT) This is a family therapy aimed at reducing a youth's drug use and conduct disorder. 120	Forty three percent of youth with conduct disorder (defiant and/or delinquent behavior) in BSFT showed clinically significant reductions, while youth in group counseling showed no reductions. Additionally, substance abusing youth in BSFT were 3.5 times more likely to show clinically significant reductions in drug use than substance abusing youth in group counseling. 121			
r more information on each of these evidence-based interventions, see Appendix A.				

Fight Crime: Invest in Kids

fessionals help them practice until they are getting results on their own. Others are brought into the process, such as extended family members, teachers, positive peers, and service providers. They can increase the quantity and quality of positive influences in troubled teens' lives, and help strengthen the parents' ability to manage their children's behaviors. Together this extended network helps embed the juveniles in a positive environment that keeps them away from drugs and crime.

A number of family therapy interventions have been repeatedly evaluated using randomized controlled trials. The body of research shows that – when properly implemented – quality family therapy interventions can reduce substance abuse and repeat crimes.

For more information on each of these evidence-based interventions, see Appendix A.

High-quality interventions and an effective staff produce the best results

Mark Lipsey and his team looked at a large number of studies of interventions to prevent juvenile delinquency that typically compared the intervention being studied to the usual services that would otherwise be available for a juvenile offender in a locality (such as simple probation, placement in a group home, or probation with individual counseling). Lipsey not only looked at whether, overall, the interventions worked better than the usual services the juvenile would be assigned to, he also looked for clues from the various studies as to why they worked. Specifically, he looked at whether the design of the interventions was weak (interventions cobbled together) or strong (interventions based on past scientific research and development, which were then carefully tested). Lipsey also looked at whether or not a well-trained, experienced staff was implementing the program.

Lipsey and his team found that a weak intervention with ineffective staff, not surprisingly, does not reduce repeat crimes compared to usual services. Interestingly, if the intervention was either strongly designed but poorly staffed, or weakly designed but well staffed, it produced the same results: a 24 percent reduction in repeat crimes compared to the usual services being offered young offenders. But, if the intervention was both strongly designed and well staffed, the results were almost twice as strong: a 46 percent reduction in repeat crimes. 42

This table shows that localities that have not started using proven interventions for their delinquent juveniles can cut repeat crimes almost in half among eligible offenders. Even in states, counties and cities already using proven interventions, they can cut repeat crimes an additional 22 percentage points among eligible offenders by ensuring the intervention is run by well-trained, experienced staff.

Choosing programs

Based in part on the above research, experts in the field suggest that, when choosing which scientifically-tested intervention to adopt, policy-makers and administrators need to carefully consider whether they have the ongoing funding to support a particular intervention, and also whether they have the ability to recruit to their area the level of trained personnel necessary for that particular intervention. Some interventions are more expensive or require more highly-trained personnel than others. Picking an evidence-based intervention that cannot be implemented well locally will get a county only half way down the road to lowered crime rates. Picking the right intervention and providing it with well-qualified and well-trained staff, however, can easily pay for itself by reducing future crime.

What works (and doesn't work) to reduce repeat crimes by juveniles 122	A weakly-designed intervention	A strongly-designed intervention
A poorly trained staff	No reduction in repeat crimes compared to usual services	24% reduction in repeat crimes
A well-trained and effective staff	24% reduction in repeat crimes	46% reduction in repeat crimes

Substance abusing teens

Drug and alcohol abuse are a huge problem among young offenders. While only eight percent of young people in juvenile facilities were actually being held primarily because of drug charges,⁴³ the National Institute on Drug Abuse (NIDA) of the National Institutes of Health reports that, nationally, "in 2002, … 60 percent of detained boys and nearly half of the girls tested positive for drug use."⁴⁴

The juvenile justice system is the most common pathway by which young people receive substance abuse treatment in America. Nationally, over 50 percent of the referrals for juvenile substance abuse treatment in 2003 came from the juvenile justice system.⁴⁵ One problem is that teens have even more trouble than adults in recognizing they are having problems with alcohol or drugs.⁴⁶ But there is also a severe shortage of treatment options, especially for low-income juveniles.

Young offenders entering the juvenile justice system should be routinely and appropriately screened for drug or alcohol problems. Catching substance abuse early is important because, according to Michael Dennis, a national expert on drug abuse, "90 percent of all individuals with dependence started using before the age of 18, and half started using before the age of 15."⁴⁷ Appropriate questioning will differentiate juveniles who are just experimenting from juveniles who are regularly abusing or actually dependent on drugs or alcohol. The juveniles who are abusing or dependent should receive effective treatment.⁴⁸

Dennis explains that substance abuse needs to be treated as a chronic health problem. "Seventy percent of the kids who are treated will relapse. But if you go through and treat them 3 or 4 times, 70 percent will recover." Dennis has also written that, "To reduce the long-term costs of chronic [dependence on drugs or alcohol] to individuals, their families and society, it is important to diagnose and intervene as early as possible, ideally with adolescents and young adults." 50

Drug treatment for youth in custody

An approach to drug treatment known as therapeutic communities has shown consistent success with adults in custody and also has been shown to work with juveniles in custody. In this approach teen offenders play a very active role in confronting their peers' behaviors. The approach also incorporates some aspects of cognitive behavior therapy. In one test, within 21 months after

release, the teens not receiving the therapeutic community treatment were more than twice as likely to be reincarcerated (37 percent incarcerated vs. 17 percent) as those receiving therapeutic community treatment.⁵²

Outpatient drug treatment for delinquent juveniles

NIDA has recommended that many substance-abusing young people should be directed to out-patient family therapies such as FFT, MST, and BSFT.⁵³

Michael Dennis and his colleagues have conducted other randomized controlled trials of the most promising interventions and found that a cognitive behavioral intervention, MET/CBT, that included a motivational component, could also be effective (see the table on cognitive behavioral therapies above).⁵⁴

Assertive follow-up works after treatment

For young offenders leaving treatment, supportive services and – if needed – additional treatment, greatly increases the likelihood of eventual success. The Adolescent Community Reinforcement Approach (ACRA) provides assertive follow-up instead of the typical, less intensive after-care, such as just providing directions to the local 12-step meetings for teens. It has proven results. Teens receiving ACRA were 68 percent more likely to abstain from further marijuana use (52 percent vs. 31 percent).55 (See Appendix A for more information on ACRA.)

Many other youth do not need juvenile justice programs

Juvenile justice programs are not necessary for many first-time or low-level offenders. Often, parents taking responsibility for their troubled youth will be enough to prevent more crime if the parents can also draw on community resources.

Research shows that young people who have committed a large number of crimes before being caught the first time may not find one arrest enough to convince them to stop, but for teenagers who are just starting to commit crimes, such as shoplifting, one arrest can be enough to turn them away from further criminal behavior.⁵⁶ Nationally, six in 10 juveniles who are referred to juvenile court do not return.⁵⁷ Juveniles need to learn they

must pay a price for their crimes, but that price may not need to include custody or extensive interventions paid for by the juvenile justice system for many first-time delinquents. With help from local programs in their community, parents can usually step in to make sure a first-time offender does not return to court on additional charges.

There is a physiological reason why many teenagers break the law. Most adolescents are more impulsive, inattentive, and insensitive to the consequences of their actions than adults. Scans of adolescents' brains show their prefrontal cortex, which is the seat of rational thought and the ability to control impulses, is not fully developed until early adulthood.⁵⁸ That tendency to impulsive behavior frequently includes impulsive criminal behavior. National surveys of teens conducted from 1997 to 2001 found that 38 percent of 17 year-old boys and 30 percent of girls that age admitted having committed a petty theft.⁵⁹ Another national survey conducted in 2003 found that over half of all high school seniors admitted having tried an illicit drug.⁵⁰

Relatively minor sanctions, such as a fine or community service, may serve justice and be adequate to stop many young offenders from committing more crimes – especially if parents do their part.

Restorative justice interventions are another option that recognizes how crime impacts victims and communities. These interventions allow victims to speak about the impact of the offense, and work with the offender on the best way to repair the harm. Typically this is done through agreed upon restitution or community service. Restorative justice often includes victim-offender dialogue, victim impact panels, and community-based accountability boards. Research shows these programs are very popular with crime victims.⁶¹

If delinquent young people have other risk factors for crime or are very young when arrested the first time, it may be especially wise for parents to carefully monitor and control which peers they associate with and to enroll them in proven community programs such as Boys and Girls Clubs, Big Brothers/Big Sisters, or other interventions for at-risk youth that are not necessarily part of the juvenile justice system. ⁶² But, funding for the more expensive interventions that are provided through the juvenile justice system should be reserved for young offenders whose risk assessments show they are more likely to continue committing more crimes.

Reducing detention before hearings saves money

Reducing the number of juveniles detained while awaiting hearings may not immediately reduce repeat crimes. In fact, if some young people are not placed in detention, they may commit more crimes before they come back for a hearing. However, detention reform can be done effectively: 80 locations around the United States are working with the Juvenile Detention Alternative Initiative, 63 and many other locations are using other approaches to detention reform. They have found that, under the right circumstances, detention reform can be used to safely redirect and supervise young offenders who are not a serious threat to their communities, or status offenders (truants, runaways, etc.) who should be redirected away from the court system altogether. Reducing detention prior to hearings will free up juvenile justice resources that should be redirected into proven interventions for the more serious offenders. One of the best ways to fund the proven interventions for more troubled youth is to reduce spending on unnecessary detention prior to hearings.

Across the United States, local jurisdictions are showing they can successfully reduce the number of young people held in detention by 30 to 60 percent while maintaining public safety.

What we know works to keep low-risk offenders out of detention prior to hearings:

Screening

Properly screening arrested young people rather than routinely detaining them is the most crucial step in reducing unnecessary detention before hearings. In Seattle, efforts are succeeding in keeping more juveniles from ever entering detention following arrest by using a simple assessment tool and other efforts to keep youth out of lock up.⁶⁴ Even if youth are initially detained awaiting their hearing because their parents could not be found or for other reasons, an effective screening tool – such as the Youth Assessment and Screening Instrument (YASI) – can be used to divert the lower-risk youths out of detention and into other forms of supervision (discussed below) until their hearing.⁶⁵

Reducing bureaucratic delays

Even when young people must be held before their hearings, often their stay in detention can be shortened.

Simple reforms such as utilizing "case expediters," ⁶⁶ common "discovery request forms," ⁶⁷ and quick, initial screens for mental health problems can streamline the process. ⁶⁸ If a full mental health work-up is indicated, either placing the mental health clinic in the city detention facility ⁶⁹ – if it serves enough juveniles - or simply ensuring the mental health evaluations are expedited can help reduce the total number of young people held in detention facilities awaiting assessments. Chicago's Court Clinic cut the amount of time to complete mental health assessments in half. ⁷⁰

Timely warnings and follow-up

Juvenile offenders often end up in detention because they miss court dates. Often the offenders purposely ignore the court date and a new warrant for their arrest and detention should be issued. But other times it is not that purposeful. One solution that works is to do what doctor and dentist offices frequently do: have court or detention staff call the juvenile's house with a reminder shortly before the court date.⁷¹ If a court date is missed, having court personnel quickly check on why that happened may, at least in some cases, cut short the automatic process of issuing a court order and sending police out to arrest and detain the young offender.⁷²

Alternatives to detention

In some localities, the only options available to authorities are to detain those accused of a crime or to send them home. Unfortunately, this can mean many lowerrisk juveniles end up detained before their hearing, wasting scarce juvenile system resources. A wider range of available options would reduce the need for holding juveniles before their hearings. The alternatives being used around the country include:

- Short-term alternatives to detention placement allow police to get back out on the streets by dropping off juvenile offenders with personnel who can take the time to track down the juvenile's parents or guardians instead of placing the youths directly into detention.⁷³
- · Parental supervision combined with effective outside supervision using probation staff members or a community representative ensures the young people are attending school and observing curfews.
- Electronic monitoring for some teens can track whether they are staying where they are ordered to be.
- Reporting centers are a successful innovation used by Cook County. These reporting centers are a place where teens are required to be when they are not at

home or in school. The centers are especially useful in the after-school hours – the prime time for juvenile crime on school days. The centers can serve as an important location for delivering much needed support for troubled teens.⁷⁴

In many places across the United States, lower-risk juveniles are being properly identified and provided with effective alternatives to detention so they will avoid committing more crimes and show up for their hearing. This should allow localities to spend less time and money on warehousing kids before their hearings and focus more on targeted evidence-based efforts to keep serious young offenders from becoming serious adult offenders. Some localities have made great strides.

Success stories from across the United States:

Cook County, Illinois cut its average daily population in locked detention by more than a third from 1995 to 2005, in part because of detention reforms. The reformers are especially proud of the fact that 97 percent of young people directed to reporting centers instead of detention before their hearings were arrest-free and showed up for their appointed court date. In part because of detention reforms, Cook County's detention admissions decreased by 30 percent between 1989 and 2000, while admissions went up 81 percent in the rest of Illinois. By using MST and other reforms, Cook County has also reduced by 44 percent the number of youth it sends to state facilities following adjudication – from 902 in 1997 to 505 in 2004.

Cook County's detention admissions decreased by 30 percent between 1989 and 2000, while admissions went up 81 percent in the rest of Illinois.

Santa Cruz County, California is experiencing a 95 percent success rate with home supervision and a 98 percent success rate with electronic monitoring in terms of offenders who show up for their hearings without having been arrested for any new crimes. Time spent in detention is also down: the average length of stay in Santa Cruz County's juvenile hall is now 10 days compared to a state average of 27 days. ⁷⁹ Juvenile felony arrests are down 47 percent from 1997 to 2004, and the number of youths in juvenile hall has dropped 65 percent from an average

Re-entry after custody: reviewing what works

Too often, when juveniles return to their communities after being held in custody, they return to their old ways. Of teens committed to state juvenile custody, we already reported that 5 to 7 out of 10 offenders are rearrested within one year.¹²³ For example, in New York, within three years, 75 percent of juvenile offenders who left custody were re-arrested.¹²⁴ Several programs and approaches already mentioned work to prevent crime when juveniles return home from incarceration:

High Risk Young Offenders

For the highest-risk offenders leaving custody, intensive carrot-and-stick approaches are needed. That approach combines intensive law enforcement supervision and severe sanctions if necessary but also intensive social support and services to get these dangerous juveniles on the right path. This approach has repeatedly shown it can save lives.

Juveniles Without Stable Families

For offenders who do not have stable families to return to, Multidimensional Treatment Foster Care (MTFC) can provide a step down approach. For six to 12 months, specially trained foster parents teach the young people social skills and attitudes to help them avoid crime. At the same time, the juvenile's parents are being carefully trained to take over and follow the same system of close supervision when their child returns home.

Other Youths Returning Directly Home

Other offenders who can return to their families may need, along with their families, Functional Family Therapy (FFT) or Multisystemic Therapy (MST) in order to ensure they learn more productive patterns of behavior that will keep them from cycling repeatedly through the juvenile and adult criminal justice systems.

Substance Abusing Youths

Finally, for substance-abusing youth, if a juvenile received drug treatment in custody, assertive follow-up upon release, such as provided by the Adolescent Community Reinforcement Approach (ACRA) is an effective tool to help ensure that relapses - which are common - do not lead a juvenile to abandon efforts to stay clean.

of 47 per day in 1997 to 16 in 2005.80 By implementing community-based alternatives to incarceration following any hearing, Santa Cruz is also sending 64 percent fewer youths to state facilities – from 104 in 1996 to 38 in 2004.81

Bernalillo County, New Mexico implemented detention reforms for youth held pending their hearing coupled with reforms for juveniles who would have gone into custody following adjudication. Testifying before Congress, Dr. Ken Martinez, the State Children's Behavioral Health Director, reported that the Bernalillo County Juvenile Detention Center now has:

- · An average daily census of 65, down from 140.
- · An average length of stay of nine days, down from 33 days.
- \cdot A cost for community custody intervention of \$19.59 per day compared to a prior cost of \$96.37 per day for secure detention.
- · A recidivism rate of 13 percent, down from 46 percent.⁸²

New Jersey has also experienced success in reducing the number of juveniles held in detention. In just over two years of detention and child welfare reforms, the number of juveniles held in detention in some counties has dropped sharply. The reductions range from an 11 percent drop in Atlantic County to a 43 percent drop in Essex County.⁸³

Measuring re-offending and using it to guide decisions

As the CompStat criminal data collection and response system pioneered by Commissioner William Bratton in New York City and similar systems across America have shown, the careful collection, analysis and use of timely crime data can help law enforcement officers prevent crime, not just respond to it. However, the collection and use of re-offending data on young offenders and adults is often far from adequate. It is essential to break through legal, bureaucratic, and funding challenges that hinder the collection of re-offending data at the city, county and state levels. However, the simple collection of data is just the first step. The next step is to use the data to hold facilities and programs accountable for producing better results. Two states are path breakers in doing this:

Washington has excellent statewide data available on

repeat crimes. Steve Aos and his team at The Washington State Institute for Public Policy, a legislative-sponsored agency, produced a truly exceptional cost-benefit study of interventions that reduce juvenile crime and other problem outcomes.84 The Institute analyzed more than 3,000 interventions from around the country aimed at reducing crime. Then the Institute looked at the results of those interventions and examined whether they worked or not. Following that review of the literature, Aos and his team produced a cost-benefit analysis. The state has used the analysis to guide them in choosing effective interventions. Then Aos tested whether those interventions chosen worked in real life in Washington State. For example, their tracking found that FFT counselors who were wellqualified cut repeat crimes sharply among the young offenders they served in Washington, but unqualified FFT counselors actually increased repeat crimes among the offenders they served (compared to offenders in a control group receiving another intervention.) Based on that evidence, the legislature acted again on the Institute's advice and Washington now requires strong quality-control measures in all its juvenile justice interventions for offenders. Aos and his team have thus developed a sophisticated continuous improvement process that uses data and science to help the state save money and cut crime.

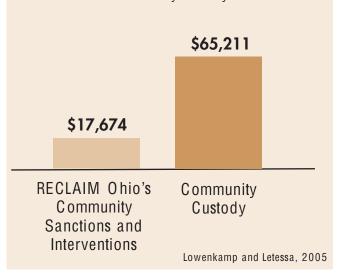
Florida is also developing a statewide system to monitor the repeat crime rates of all its juveniles and adults who are held in custody - something that is still a challenge for many states. Florida uses a statewide riskassessment for each juvenile offender based on their individual criminal and social history. Using that common risk-assessment information, Florida will be able to give each facility or intervention program a report on the level of risks the juveniles in their care have for committing more crimes when they leave. Then the statewide system will be able to track the actual crimes committed by graduates of those facilities or programs. This will allow Florida to provide ongoing feedback to each institution on their results over time so the programs can assess whether their efforts are successfully reducing future crime or not compared to what should be expected given the risk-levels of the juveniles they served. In some cases, ineffective facilities or programs will be closed down and the youth transferred to more effective institutions where better crime prevention results are more likely.85

Cutting crime saves money

Florida found that redirecting 405 youth from county residential delinquency programs to MST or FFT commu-

RECLAIM Ohio Saves Money

By reducing custody costs and cutting repeat crimes, RECLAIM Ohio saves taxpayers and crime victims \$48,000 per moderate-risk juvenile offender in Community Custody.



nity-based programs saved \$5.8 million during the first two years of the program by avoiding the extra costs of out-of-home placements.⁸⁶ DuPage County, Illinois has also used MST and FFT to cut its out-of-home placement costs from \$3 million a year in the mid-1990's to \$1 million in 2005.⁸⁷

But the real test of whether reforms produce long-term savings — or actually end up costing society more — will be whether the interventions successfully reduce repeat crimes. Each high-risk juvenile prevented from adopting a life of crime could save the country between \$1.7 million and \$2.3 million.⁸⁸ Florida found that, when its MST and FFT programs were implemented as planned, they reduced repeat arrests by 45 percent (FFT in Broward County) and by 48 percent (MST in Escambia County). The properly implemented MST program in Escambia County also cut felony arrests by 64 percent.⁸⁹

Florida has not yet added the savings from reduced crime into its \$5.8 million reported savings, but Ohio did have projections for both reductions in custody and future crime costs. Ohio's RECLAIM effort saved not only \$28,000 in juvenile custody costs by reassigning moderate-risk juvenile offenders to community sanctions with strict interventions, it also produced an additional \$19,000 in reduced crime savings. Total savings were \$47,000 per moderate-risk juvenile re-directed to community interventions.

Steve Aos and his team at the Washington Institute for Public Policy further confirmed that impressive savings are possible with a report released in October, 2006. That study reviewed more than 571 interventions. Typically, the studies Aos and his team looked at compared a new intervention with the services youth would regularly receive. Out of that comprehensive review of what works they produced a cost benefit analysis. Many interventions did not produce reductions in repeat crimes or savings, and a few, such as Scared Straight, made things worse. Far too often, good intentions were not enough. But Aos and his team found that some well-tested interventions delivered very strong results, as the table below shows.

These proven interventions reduce repeat crimes so much that they save an average of \$15,000 to over \$75,000 for each juvenile offender served. Not only is investment in these interventions imperative from a public safety perspective, there is also a fiscal imperative to reduce future costs to taxpayers.

These intensive family therapy programs are utilized throughout the United States but there is still huge unmet need. FFT is available at approximately 200 sites, 90 MST is provided by 137 different agencies (with approximately 300 teams), 91 and there are 30 locations providing MTFC programs across America. 92 Still, FFT serves only approximately 6,000 youth per year. 93 MST serves as many as 10,000 youth per year. 94 MTFC serves approximately 500 youth on any given day and roughly 800 youth per year. 95 Together they reach approximately 17,000 youth per year.

Given that at least half of the 144,000 delinquents placed out of home nationwide in 2002, and a significant proportion (the more serious ones) of the 385,000 youth placed on probation each year,⁹⁶ could be more wisely

served by one of these three programs, it is easy to see that together these programs could increase their coverage by a factor of ten or more before they would begin to run out of eligible youth.⁹⁷

Next steps

The 3,500 members of Fight Crime: Invest in Kids are convinced that the juvenile justice system can be improved because positive change is already happening in many places and in many different ways. Where spending has been directed to what works, costs have been cut and communities are safer. Several reforms are needed:

- Ensure that high-risk juvenile offenders are held in facilities that are better designed and staffed to teach incarcerated juveniles how to avoid crime. Missouri has developed a leading model for how to achieve this (see p.6).
- Provide special treatment for incarcerated juvenile offenders with serious mental health problems. Wisconsin provides one model for doing this (p.6). The high number of homicides committed by juvenile offenders who did not receive Wisconsin's mental health intervention demonstrates why more research and adoption of effective efforts with this extremely troubled population are needed.
- Make sure that the most dangerous juveniles leaving custody are included in carrot-and-stick efforts that provide increased supervision, expedited return to custody if necessary, community pressure, and expedited access to jobs and substance abuse treatment.

	Savings or costs per participant				
What reduces crime saves money 125	Costs avoided by crime victims ¹²⁶	Savings to taxpayers from crime reduction only ¹²⁷	Program Costs	Net savings to taxpayers	Net savings to taxpayers and victims
Functional Family Therapy for youth on probation (FFT)	\$19,529	\$14,617	\$2,325	\$12,292	\$31,821
Multi-Systemic Therapy (MST)	\$12,855	\$9,622	\$4,264	\$5,358	\$18,213
Multidimensional Treatment Foster Care (v. regular group care) (MTFC) ¹²⁸	\$51,828	\$32,915	\$6,945	\$25,970	\$77,798
Aggression Replacement Training (ART)	\$8,897	\$6,659	\$897	\$5,762	\$14,660

Washington State Institute for Public Policy 10/06

Chicago, Philadelphia and Boston provide models for doing this (p.8).

- Place more juveniles who need to be removed from their homes in intensive foster care homes instead of custody. Multidimensional Treatment Foster Care (MTFC) is operated out of 30 sites nationwide (p.9). But many youth being held in juvenile halls or low- to medium-level security facilities could be better served by MTFC, cutting their recidivism in half and saving \$77,000 per youth from reduced crime.
- Place other serious young offenders in courtordered family therapy. Functional Family Therapy (FFT) is operating at 200 sites worldwide, and Multisystemic Therapy (MST) has over 135 sites in the United States (p.12). But many more localities should adopt these interventions that have a proven record of cutting crime and saving money.
- Whether juveniles are in custody or not, if they need treatment to control their aggression or substance abuse problems, ensure they receive interventions that work. Aggression Replacement Training is used to treat aggression throughout the United States, but it is still not routinely available for most youth who need it in the juvenile justice system (p.11). And while many youth receive drug treatment through the juvenile justice system, many more need it. Those who are receiving treatment are less likely to stay clean unless they receive active follow-up programs such as the Adolescent Community Reinforcement Approach (p.14).
- Provide safe alternatives to pre-hearing detention for most first-time and low-level offenders. Many localities are already saving money by reducing detention before adjudication (p.15). That money can be re-directed to interventions for higher-risk juvenile offenders.

- When juveniles return to their communities following custody, ensure they receive the interventions for aggression, family functioning, or substance abuse and other supports they will need to stay crime-free. If more is not done to provide proven interventions to youth returning from custody, many troubled youth will continue to be a danger to their community (see p.17 for a recap of what works).
- Systematically collect juvenile and adult arrest data and use it to hold programs accountable for reducing crime. The federal government should do more to encourage state and local governments to collect and share data. Effective data collection is just the first step, however, in building accountability systems that will hold facilities and programs responsible for reducing crime (see p.17-18 for Washington and Florida's examples).

These recommendations demonstrate the need to use science, data collection, and accountability to guide policy.

The members of Fight Crime: Invest in Kids across America are committed to federal policies that leverage changes in the state and local juvenile justice systems because they know that effective interventions will produce both huge savings and safer streets.

Examples of Scientifically-Tested

Cognitive Behavior Therapies

for aggressive and/or substance abusing individuals:

Aggression Replacement Training (ART)

At under \$1,000 per young offender, this is a relatively low-cost, 10 week CBT intervention that can be used fairly widely with many juveniles who have serious problems with aggression, whether they are on probation, in custody, or returning to their communities following custody. A test of ART with juvenile delinquents returning to their communities found that, within 6 months after release, juveniles not receiving ART were almost 3 times more likely to be re-arrested for a crime (43 percent vs.15 percent). Young people in Brooklyn gangs without ART services had 4 times the number of arrests of similar young gang members receiving ART (52 percent vs. 13 percent). Fests of ART for delinquents in custody were also positive. For more information on this program see:

http://www.researchpress.com/product/item/5004/

Motivational Enhancement Therapy & Cognitive Behavior Therapy (MET/CBT)

This intervention is designed for outpatient substance abuse treatment and uses motivation techniques to first convince teen substance abusers they need treatment. Then cognitive behavior therapy is provided to give juveniles the beliefs and skills they will need to change their substance abusing behaviors. (Cognitive Behavior Therapy by itself has been shown to be less effective in reducing substance abuse.) MET/CBT produces results in randomized controlled trials that compare favorably with the results and the benefits per cost of family therapy for substance abuse.¹⁰⁰ For more information on this program, see:

http://www.chestnut.org/li/Bookstore/Blurbs/ Manuals/CYT/CYT-vi-MET_CBT.html

Family therapies

to help manage seriously delinquent juveniles

Functional Family Therapy (FFT)

This family therapy intervention has been successfully used for teens with serious delinquency, aggression and/or substance abuse problems who present a moderate to high-risk of re-offending. It is delivered over a period of 8 to 30 hours by trained providers. They range in background from paraprofessionals to mental health professionals. It costs \$2,000 per juvenile delinquent. In one study it cut re-arrests in half (26 percent vs. 50 percent) and in another study juveniles in the intervention were one-fourth as likely to be placed outside their home in juvenile justice custody, in a psychiatric placement, or in foster care (18 percent vs. 72 percent).¹⁰¹ It can be used for youth on probation, in lieu of custody, or as support when youth return to their family after custody. For more information on this program see:

http://www.fftinc.com/

Multisystemic Therapy (MST)

MST is a family therapy intervention for teens with moderate to high-risks of re-offending similar to FFT, though MST often serves some teens who are more serious or violent offenders than those served by FFT. It costs over \$5,000 for each youth and typically involves 60 hours of professional interventions over four months. The staff members are on call, if need be, around the clock. When properly implemented, MST shows strong results.¹⁰² One study followed-up the youth until they were an average of 29 years old. Individuals who had not received MST but were randomly assigned to receive individual therapy instead were 62 percent more likely to have been arrested for any criminal offense (81 percent vs. 50 percent), more than twice as likely to be arrested for a violent offense (30 percent vs. 14 percent), and more than twice as likely to be arrested for a drug offense (33 percent vs. 13 percent).¹⁰³ It can also be used for youth on probation, in lieu of custody, or as support when youth return to their family after custody. For more information on this program see:

http://www.mstservices.com/

Interventions Shown to be Successful

Family therapies

to help manage seriously delinquent juveniles (cont)

Multidimensional Treatment Foster Care

This intervention is a longer-term, 6 to 12 month, family therapy intervention that can be used for seriously offending youth who would otherwise be placed out-ofhome in group facilities. It involves carefully selecting foster parents and training them to tightly manage the youth's behavior. The youth are also taught to better control their behaviors. While the youth are in the foster parents' custody, their parents or guardian receive training so they can also tightly manage their child's behavior once they return home. It costs \$2,500 more than typical group care. Research shows it successfully cut the average number of arrests per youth in half (2.6 arrests vs. 5.4) arrests) and six times as many of the boys in MTFC as boys in a group homes had successfully avoided any new arrest (41 percent vs. 7 percent).104 MTFC can also be used for youth returning to their communities from custody if they do not have a stable family to return to. For more information on this program see:

http://www.mtfc.com/

Brief Strategic Family Therapy (BSFT)

BSFT is a family therapy intervention aimed at reducing a youth's drug use and conduct disorder. A randomized clinical trial of BSFT found that 66 percent of youth in BSFT with conduct disorder (defiant and/or delinquent behavior) showed significant reductions in conduct disorder-related problem behaviors, while youth in group counseling saw no reduction. Additionally, youth in BSFT who used drugs were 3.5 times more likely to show significant reductions in drug use than youth in group counseling who used drugs.¹⁰⁵ For more information on this program see:

http://www.brief-strategic-family-therapy.com/bsft

Adolescent Community Reinforcement Approach (ACRA)

ACRA is a behavioral and family therapy intervention for adolescents, which focuses on getting them to change their environment so they are surrounded with pro-social activities, instead of activities and friends who lead them back into drug abuse. A study was conducted of ACRA as an active effort to follow-up youth who had completed residential treatment for substance abuse. ACRA was compared to what usually happens when youth leave a treatment intervention: they are told to find follow-up support and are given some phone numbers, but continuing care is not assertively provided to them. Three months after leaving treatment, youth receiving active continuing care with ACRA were 68 percent more likely to abstain from further marijuana use (52 percent vs. 31 percent).¹⁰⁶ For more information on this program see:

http://www.chestnut.org/li/Bookstore/Blurbs/ Manuals/CYT/CYT-v4-ACRA.html

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- ⁹⁵ Personal communication with Gerard Bouwman, President of TFC Consultants, (the agency that handles MTFC dissemination), on July 26, 2007. Gerry reported that they serve roughly 500 youth each day, and on average for 7.5 months, which equals 800 per year.
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- ⁹⁷ These are very rough, ballpark estimates, but if 70,000 of the 144,000 youth placed out of home, and another 100,000 of the 385,000 youth on probation are serious enough offenders to justify the expenditure for these programs while not being too great a security risk to disqualify them from participating, that would amount to a rough guess of 170,000 eligible youth each year without even including more serious offenders returning home from custody who should also receive this help. That equals roughly 10 times the number of youths receiving family therapy (6,000 for FFT, possibly 10,000 getting MST, and 800 getting MTFC for a total of 17,000). When Washington State looked at its youthful offenders facing probation or out-of-home placement (all but those going to state facilities) it concluded that 43 percent would qualify for MST and 51 percent would qualify for FFT. Personal communication with Elizabeth Drake, Research Associate, Washington State Institute for Public Policy, September 27, 2007
- ⁹⁸ Goldstein, A.; Glick, B.; Irwin, C.; McCartney; and Rubama, I. (1989). *Reducing Delinquency: Intervention in the Community*. 1st ed. New York: Pergamon.
- ⁹⁹ Goldstein, A.; Glick, B.; Irwin, C.; McCartney; and Rubama, I. (1989). *Reducing Delinquency: Intervention in the Community*. 1st ed. New York: Pergamon.
- 100 Dennis, M. (2006). State of the Art of Adolescent Substance Abuse Treatment. Presentation given at "Juvenile Justice Conference on Alcohol and Other (AOD) Treatment for Adolescents", April 27, 2006, Marlborough, MA.
- 101 Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). Family Functional Therapy. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book three*. Boulder, CO: Center for the Study and Prevention of Violence.
- 102 One systematic meta-analysis of MST has questioned its effectiveness. But the procedures followed under the protocol for that analysis the Campbell Collaborative process led to one replication of MST which was not well implemented being weighted very heavily because it included a large number of youth. Other randomized studies of well-implemented replications show more positive results, and the developers of MST have developed a system for very close monitoring and professional feedback for their sites. The meta-analysis is, Littell, J.H., Popa, M., Forsythe, B., (last updated September 21, 2005) Multisystemic Therapy for social, emotional and behavioral problems in youth aged 10-17, Campbell Collaborative. Retrieved October 12, 2006 from http://www.campbellcollaboration.org/doc-pdf/Mst_Littell_Review.pdf
- 103 Schaeffer, C.M., & Borduin, C.M. (2005). Long-term follow-up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445-453
- 104 Chamberlain, P., & Mihalic, S.F. (1998). Multidimensional Treatment Foster Care. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book eight*. Boulder, CO: Center for the Study and Prevention of Violence.
- ¹⁰⁵ National Institute on Drug Abuse (2007), *Brief Strategic Family therapy for Adolescent Drug Abuse*, retrieved from the internet on August 23, 2007 at http://www.nida.nih.gov/TXManuals/bsft/BSFT7.html.
- 106 Godley, M.D., Godley, S.H., Dennis, M.L., Funk, R., & Passetti, L.L., (2002). Preliminary outcomes from the assertive continuing care experiment for adolescents discharged from residential treatment, *Journal of Substance Abuse Treatment*, 23, 21-32.
- ¹⁰⁷ Goldstein, A., Glick, B., Irwin, C., McCartney, & Rubama, I. (1989). Reducing Delinquency: Intervention in the Community. 1st ed. New York: Pergamon.
- ¹⁰⁸ Goldstein, A., Glick, B., Irwin, C., McCartney, & Rubama, I. (1989). Reducing Delinquency: Intervention in the Community. 1st ed. New York: Pergamon.
- ¹⁰⁹Dennis, M. (2006). State of the Art of Adolescent Substance Abuse Treatment. Presentation given at "Juvenile Justice Conference on Alcohol and Other (AOD) Treatment for Adolescents", April 27, 2006, Marlborough, MA.
- ¹¹⁰ Dennis, M. (2006). State of the Art of Adolescent Substance Abuse Treatment. Presentation given at "Juvenile Justice Conference on Alcohol and Other (AOD) Treatment for Adolescents", April 27, 2006, Marlborough, MA.
- III Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). Family Functional Therapy. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book three*. Boulder, CO: Center for the Study and Prevention of Violence.
- ¹¹² Personal communication with Holly DeMaranville, FFT Communications Director, on July 17, 2007.
- ¹¹³ Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). Family Functional Therapy. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book three*. Boulder, CO: Center for the Study and Prevention of Violence.
- ¹¹⁴ Schaeffer, C.M., & Borduin, C.M. (2005). Long-term follow-up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445-453

- ¹¹⁵ MST Services. (2007). *Licensed MST programs*. Retrieved from the internet on July 20, 2007 at http://www.mstservices.com/text/licensed_agencies.htm
- ¹¹⁶ Schaeffer, C.M., & Borduin, C.M. (2005). Long-term follow-up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445-453
- ¹¹⁷ Chamberlain, P., & Mihalic, S.F. (1998). Multidimensional Treatment Foster Care. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book eight*. Boulder, CO: Center for the Study and Prevention of Violence.
- ¹¹⁸ TFC Consultants (May, 2007). Current MTFC sites (as of May 2007). Retrieved from the internet on July 20,2007 at http://www.mtfc.com/current.html
- ¹¹⁹Chamberlain, P., & Mihalic, S.F. (1998). Multidimensional Treatment Foster Care. In D.S. Elliot (Series Ed.), *Blueprints for violence prevention: Book eight*. Boulder, CO: Center for the Study and Prevention of Violence.
- ¹²⁰ Santisteban, D.A., Coatsworth, J.D., Perez-Vidal, A., Kurtines, W.M., Schwartz, S.J., LaPerriere, A., et al. (2003). Efficacy of Brief Strategic Family Therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology*, 17(1), 121-133.
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- ¹²³ Snyder, H., & Sickmund, M. (2006). Juvenile Offenders and Victims: 2006 National Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹²⁴ Frederick, B. (1999). Factors contributing to recidivism among youth placed with the New York State Division for Youth, Albany, New York, Office of Justice Analysis, Division of Criminal Justice Services. Retrieved October 6, 2006 from http://criminaljustice.state.ny.us/crimnet/ojsa/dfy/dfy_research_report.pdf
- ¹²⁵ Aos, S., Miller, M., & Drake, E. (October 2006). Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia, WA. Washington State Institute for Public Policy retrieved from www.wsipp.wa.qov
- ¹²⁶ This includes tangible losses due to medical costs, lost earnings etc. but also pain, suffering and reduced quality of life estimates for different crimes developed by Miller et al. for the National Institute of Justice. The intangible costs are based on jury verdicts and other measures. This attempts to take account of the reality that a rape usually causes more suffering to an individual than a burglary or robbery, even though the tangible costs may be similar. See: Miller, T.R., Cohen, M.A., & Wiersema, B. (February 1996), *Victim costs and consequences: A new look*. Washington, D.C., National Institute of Justice.
- ¹²⁷ This is based on police, court, and jail or prison costs in Washington State. Aos, S., Miller, M., & Drake, E. (October 2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia, WA. Washington State Institute for Public Policy retrieved from www.wsipp.wa.gov
- ¹²⁸ The costs for MTFC are marginal costs above what would already be spent. Because all juveniles eligible for the MTFC program were to be placed out-of-home, the cost of MTFC reported here is only the additional cost beyond what it would cost to place the juvenile offenders in a group home.

