

**Nebraska Children's Commission
Juvenile Services Committee**

Thirtieth Meeting
August 11, 2015
9:00 AM – 3:00 PM
Country Inn & Suites
5353 N. 27th Street
Lincoln, NE 68512

I. Call to Order

Nicole Brundo, Co-Chair of the Juvenile Services Committee, called the meeting to order at 9:11 a.m.

II. Roll Call

Committee Members present (13):

Nicole Brundo	Ron Johns	Juliet Summers
Kim Culp	Nick Juliano	Dr. Richard Wiener
Tony Green	Tom McBride	Dr. Ken Zoucha
Kim Hawekotte	Jana Peterson	
Dr. Anne Hobbs	Cassy Rockwell	

Committee Members absent (4):

Jeanne Brander	Judge Larry Gendler
Barb Fitzgerald	Cynthia Kennedy

Committee Resource Members present (7):

Dannie Elwood	Monica Miles-Steffens	Julie Rogers
Christine Henningsen (9:17)	Jerall Moreland (9:56)	
Katie McLeese Stephenson	Adam Proctor (9:26)	

Committee Resource Members absent (10):

Jim Bennett	Liz Hruska	Hank Robinson
Senator Kathy Campbell	Doug Koebernick	Dan Scarborough
Senator Colby Coash	Mark Mason	
Catherine Gekas Steeby	Judge Linda Porter	

A quorum was established.

Guests in Attendance (7):

Bethany Allen	Nebraska Children's Commission
Raevin Bigelow	Project Everlast
Teri Deal	National Center for Juvenile Justice
Amanda Felton	Nebraska Children's Commission
Kari Rumbaugh	Office of Probation Administration
Margaret Vacek	Boys Town
Samantha Zaleski	National Center for Juvenile Justice

a. *Notice of Publication*

Recorder for the meeting, Amanda Felton, indicated that the notice of publication for this meeting was posted on the Nebraska Public Meetings Calendar website on August 3, 2015 in accordance with the Nebraska Open Meetings Act. The publication will be kept as a permanent attachment with the meeting minutes.

b. *Announcement of the placement of Open Meetings Act information*

A copy of the Open Meetings Act was available for public inspection and was located on the Public Comment sign in table at the rear of the meeting room.

III. Approval of Agenda

Co-Chair Brundo entertained a motion to approve the Agenda. A motion was made by Nick Juliano to approve the agenda as written. The motion was seconded by Tony Green. No further discussion ensued. Roll Call vote as follows:

FOR (13):

Nicole Brundo
Kim Culp
Tony Green
Kim Hawekotte
Dr. Anne Hobbs

Ron Johns
Nick Juliano
Tom McBride
Jana Peterson
Cassy Rockwell

Juliet Summers
Dr. Richard Wiener
Dr. Ken Zoucha

AGAINST (0):

ABSTAINED (0)

ABSENT (4):

Jeanne Brander
Barb Fitzgerald

Judge Larry Gendler
Cynthia Kennedy

MOTION CARRIED

IV. Approval of the Minutes

Ron Johns moved to approve the items of the Consent Agenda as presented. Cassy Rockwell seconded the motion. There was no further discussion. Roll Call vote as follows:

FOR (13):

Nicole Brundo
Kim Culp
Tony Green
Kim Hawekotte
Dr. Anne Hobbs

Ron Johns
Nick Juliano
Tom McBride
Jana Peterson
Cassy Rockwell

Juliet Summers
Dr. Richard Wiener
Dr. Ken Zoucha

AGAINST (0):

ABSTAINED (0)

ABSENT (4):

Jeanne Brander
Barb Fitzgerald

Judge Larry Gendler
Cynthia Kennedy

MOTION CARRIED**V. Co-Chair Report**

Co-Chairs, Nicole Brundo and Kim Hawekotte, indicated that the input of the Committee members was requested for a new taskforce that was being formed. The Chairs gave the floor to Juliet Summers of Voices for Children in Nebraska to expand. Ms. Summers informed the members that a sub-committee had been formed under the Bridge to Independence Committee whose goal was to look at extending supports to youth aging out of the juvenile justice system. Currently, the sub-committee is conducting a series of focus groups to reach out to stakeholders who are familiar with the topic. They are investigating what kinds of supports currently exist as well as recommendations for how they can improve.

The Committee members discussed the various mediums in which information could be gathered. After reviewing the schedule of the OJS Committee upcoming meetings, it was agreed that a meeting with the option of a conference call would be held to gather member input for the sub-committee. The meeting was scheduled for September 9, 2015 at 9:00 a.m. with a final location to be determined at a later date.

VI. Risk Assessment Instrument (RAI) Presentation

Co-Chair Hawekotte gave the floor to Monica Miles-Steffens and Anne Hobbs to present on the Risk Assessment Instrument (RAI). Ms. Miles-Steffens began by reviewing the background and purpose of the RAI as a detention screening tool for officers. The purpose of the tool is to provide the intake officer with the information proven in research to determine the risk of re-offense prior to court and/or the risk to fail to appear for court for the youth in question.

The varying levels of scoring will result in the course of action including released without restriction, release with a detention alternative, staff secure detention, and secure detention. Ms. Miles-Steffens and Ms. Hobbs reviewed the steps used in gathering information and the challenges that arose while doing so. Juliet Summers inquired into the effect of the youth's history of offences and the complications that could result. Lengthy discussion occurred regarding the legal history of involved youth when being scored with the tool.

Another topic that produced much conversation was the amount of score overrides. There was only a 55% overall confidence rate among the officers. The other 45% of the time the officers were overriding the score recommendations. Nearly all of the overrides were to a higher detention level. The members reflected over the differences in availability of detention alternatives across the districts and how that could affect the override rate. Dr. Hobbs informed the Committee that the primary reason indicated for overrides to a higher scoring was that the youth was a flight risk or had runaway behaviors. This led the Committee members to inquire as to if the statutory wording regarding detainment in Neb. Rev. Stat. § 43-251.01(5) needed to be addressed and defined more clearly.

Ann Hobbs informed the members that that there was a group the she was currently working with that would be meeting to discuss definitions of terms across varying organizations working with

youth including the Juvenile Justice Institute (JJI). Kim Hawekotte also mentioned that the Juvenile Detention Alternative Initiative (JDAI) Definition Sub-Committee was working on a similar project. It was suggested that all of the groups convene together and report back to their respective committees. Members interested in partaking in this meeting included Ron Johns, Nick Juliano, Juliet Summers, Monica Miles-Steffens, and Julie Rogers.

The Commission recessed for a short break at 11:07 a.m.

The meeting resumed at 11:27 a.m.

VII. National Center for Juvenile Justice (NCJJ) Presentation

Due to complications with the speakers' flight arrangements, this Item was postponed until after Item IX. For the purpose of the minutes, items will be discussed in order of the Agenda.

Co-Chair Hawekotte welcomed the guests from the National Center for Juvenile Justice (NCJJ). The speakers, Teri Deal and Samantha Zaleski, introduced themselves for the members. The purpose of their center is to learn how states differ in terms of Juvenile Justice Systems. They educated the Committee on their Juvenile Justice Geography, Policy, Practice & Statistics project. The project centered on the creation of a website, accessible at www.jjgps.org, that provides visitors with a sweeping view of the juvenile justice landscape across states and a place to make comparisons and chart change.

In their research, Ms. Deal and Ms. Zaleski focused on how states support evidence based practices and programs. After speaking with representatives in all of the states, they found 13 states that housed an Evidence Based Practices (EBP) Resource Center. Nebraska was one of the 13 states, with its EBP Resource Center being the Juvenile Justice Institute. During their visit they were gathering information on how the Juvenile Justice Institute integrates into the Juvenile Justice System. Before concluding, the guests passed out a short survey for the members to complete to help them get an idea of how the Juvenile Justice Institute influences their work.

VIII. Screening and Assessment Tools Presentation (Dr. Anne Hobbs)

Dr. Anne Hobbs began her presentation by noting that the terms Screening and Assessment are often used interchangeably despite being very different things. She clarified that screenings can serve as a cost-effective method for identifying potential mental health problems that can be applied to all youth entering a system or facility. Assessments, she explained, provide more extensive and individualized identification of mental health needs for only those individuals whose screening results suggest it is warranted.

Dr. Hobbs went on to discuss some of the screening and assessment tools used with youth in Nebraska including the Risk Assessment Instrument (RAI), the Nebraska Youth Screen (NYS), and the School Refusal Assessment Survey (SRAS). When used appropriately, screening followed by assessment can maximize resources, reduce costs, and improve the targeting of services and interventions for youth.

IX. Screening and Assessment Tools Presentation (Dr. Richard Wiener)

Dr. Richard Wiener took the floor and opened his presentation by providing a review of general concepts of risk assessment. He educated the members on the basic concepts of psychometrics.

The presentation included information on random and systematic error and how they relate to reliability and validity. Dr. Wiener explained that the ideal is to have both low random error and systematic error, but as long as the systematic error remains low, a reasonable level of random error can be tolerated.

The Committee recessed for lunch at 12:22 p.m.

The meeting reconvened at 1:05 p.m.

Dr. Wiener continued his presentation by looking at six different common measure instruments to assess risk of criminal activity in youth. The instruments discussed were YLS/CMI, SAVRY, NCAR, Solano County JCS & LINK, JCP, and YASI. The two instruments most commonly used with the most research completed were YLS/CMI and SAVRY. Currently, YLS/CMI is the instrument used to assess youth risk of recidivism in Nebraska. In review of the various instruments it was suggested that YLS/CMI may not be the most valid or reliable option of the available choices.

Extensive discussion resulted concerning the reason why YLS/CMI was not providing predictable results. The members struggled to decide if re-training should occur with the current instrument, or if a new tool should be investigated.

It was decided that Dr. Wiener would draft a proposed study for review by the Committee at the November meeting. The study would potentially encompass the Douglass county area or other high volume county to compare the YLS/CMI instrument against the SAVRY instrument. The goal will be to have a recommendation to present to the Nebraska Children's Committee prior to their meeting in late November.

X. OJS Update

Tony Green, Juvenile Services Administrator with the Office of Juvenile Services, gave a brief update. He indicated that both the Kearney and Geneva facilities will be undergoing an audit for compliance with the Prison Rape Elimination Act in October. Jana Peterson, a Facility Administrator with the Office of Juvenile Services, let the members know that both facilities were currently applying for a technology grant. She voiced her hope to obtain tablet devices for the youth in school at the facilities.

XI. Probation Update

Kari Rumbaugh, Assistant Deputy Administrator with the Administrative Office of Probation, Juvenile Division, filled in for member Jeanne Brandner. Ms. Rumbaugh opened her report by providing the members with the June handout for Probation Juvenile Justice Reform Efforts. She summarized efforts towards Intake and Detention Alternatives, Pre-adjudication and Investigations, Case Management and Services, and Reentry.

XII. Potential Recommendations Discussion

All discussion regarding potential recommendations occurred in earlier agenda items.

XIII. Public Comment

Co-Chair Brundo invited any members of the public forward. No public comment was offered.

XIV. New Business

There was no New Business to present at this time.

XV. Next Meeting Planning

Co-Chair Hawekotte mentioned that due to the Labor Day holiday, the meeting scheduled for Wednesday, September 9, 2015 was cancelled. In its place would be a conference call on September 9th at 9:00 am central time in order to answer questions for the Bridge to Independence sub-committee for extending supports to youth aging out of the juvenile justice system.

Ms. Hawekotte also set the time of Tuesday, September 8th at 9:00 a.m. to have a conference call to plan questions and discussion for the October OJS Committee meeting when the Director and Deputy Director of Missouri's Youth Services Division would be attending. The date of that meeting will be October 20, 2015.

The November meeting will host discussion surrounding the issue of Risk Assessment tools. The proposal that Dr. Wiener will draft will be reviewed to prepare for recommendation to the Nebraska Children's Council. Ms. Hawekotte also suggested that more data be presented on the Youth Rehabilitation and Treatment Centers (YRTC's). Jana Peterson also suggested that the previous OJS Committee Strategic Recommendations be reviewed in preparation of the report that will be due to the legislature this December.

The last item covered was the meeting to discuss statutory language regarding youth detainment. Co-Chair Hawekotte said that a date and time would be scheduled at a later date. Any members interested should let her know.

XVI. Future Meeting Dates

- Tuesday, September 8, 2015: Conference call to plan for October meeting Missouri guests
- Wednesday, September 9, 2015: Meeting with conference call option to answer questions for the Bridge to Independence sub-committee
- October 20, 2015: OJS Committee Meeting
- November 10, 2015: OJS Committee Meeting

XVII. Adjourn

It was moved by Kim Culp to adjourn the meeting. Dr. Ken Zoucha seconded the motion. There was no discussion. Motion carried by unanimous voice vote. The meeting adjourned at 3:01 p.m.

08/14/2015

AF

Missouri Division of Youth Services Overview

Agenda Nebraska Children's Commission October 20th, 2015

- **Missouri's Evolution**
- **Key Elements of the Approach/Research Findings**
- **DYS Structure**
- **Integrated Treatment Approach**
- **Non-Residential Services /Case Management**
- **Comprehensive Individual Treatment Plans**
- **Community Integration**
- **Outcomes**

1970's – Systematic agency planning for de-emphasis of large rural institutions and establishment of smaller treatment facilities. Aftercare services expanded.

1971 – DYS Advisory Board reappointed, replacing the Board of Training Schools.

1972 – First Group Homes established. DYS ventures into the community.

1974 – The Omnibus Reorganization Act established DYS within the Missouri Department of Social Services. Age ranges were changed to 12 through 17.

1975 – Scope of responsibility broadened to include prevention services, comprehensive training programs, consultation, and technical assistance to local communities, and a statewide data information system. DYS Advisory Board expanded to 15 members.

1975 – Initial stages of re-organization defined in DYS Five Year Plan. The plan called for the closing of the training schools, expansion of community-based services, delinquency prevention programs, staff development and training, improved quality of programs, better education for youth, and effective research and evaluation. The Department of Elementary Education authorized to set educational standards for DYS. All schools within DYS become accredited.

1980's – Expansion of the regional continuum of treatment, regions work to apply beliefs and philosophies to actual practices. Regional treatment facilities continue to absorb youth and decrease the size of the Training Schools.

1980 – Juvenile Court Diversion program established to divert youth from DYS.

1981 – Family Therapy initiated as part of the spectrum of care.

1981 – Training School for Girls closed.

1983 – Training School for Boys closed.

1986 – Division of Youth Services' educational programs entitled to state aid, providing greater legitimacy to the educational services provided. Local school districts, pay toward the per pupil cost of educational services based on the average sum produced per child by the local tax effort.

1987 – Blue Ribbon Commission recommendations result in greater appropriations for DYS.

1990 & 1991 – Day treatment and intensive case management services begin. Northwest and St. Louis Regions develop and implement expansion training to strengthen treatment practices.

1992 – Community Liaison Councils developed to link facilities to the local community.

1995 – Juvenile Crime Bill included provisions for determinate sentencing to custody, granted DYS the ability to petition for increased stay up to age 21, removed the lower age limit for commitment and provided for the development of dual jurisdiction. As a result of the Crime Bill and the Fourth State Building Bond Issue, a number of new facilities for DYS were authorized.

1997 – Department of Elementary and Secondary Education authorized DYS to graduate high school students who meet all the graduation requirements of the state of Missouri.

1999 – Expansion of residential capacity by 200 beds through new regionally-based facilities.

2003 – National recognition of Missouri's DYS grows, frequent site visits from other states.

2005 – DYS develops and implements Advanced Group Facilitator Certification process.

2007 – High Performance Transformational Coaching is adopted to strengthen teams, develop leaders, and ensure long-term sustainability of the DYS culture and approach.

2008 – DYS selected as winner of the Annie E. Case Innovations in American Government Award in Children and Family System Reform.

2010 – DYS initiates a Comprehensive Treatment Planning process to strengthen treatment planning, youth re-entry to community, and expand community-based services to support youth productive involvement in the community and positive transition into adulthood.

systemic expansion of community-based services and supports to strengthen transitions to productive adulthood and develops a Comprehensive Treatment Planning process

January 1, 2010

Missouri DYS Treatment Beliefs

Safety and structure are the foundation of treatment – Meeting youth's basic needs and providing physical and emotional safety is the foundation of treatment. Youth need to know that staff cares enough about them to expect them to succeed. This is demonstrated by staff's ability to provide safety and structure.

Each person is special and unique - Services and supports are individualized. Through this process youth recognize the value and strengths of self and others, and are challenged and inspired to reach their full potential.

People Can Change - While change is often difficult and naturally leads to resistance and fear, people more readily embrace change when included in the process. Youth need to be guided and supported to try new behaviors, practice, succeed, and learn from mistakes as they internalize positive changes.

People desire to do well and succeed - All youth need approval, acceptance and the opportunity to contribute. Programs and services are structured in a manner that taps into and builds upon these universal needs.

Emotions are not to be judged - Feelings are not right or wrong. Personal disclosure and reconciliation of life experiences are important for healing and personal growth. As a part of the treatment process youth explore behaviors, thoughts, and emotions.

All behavior has a purpose and is often a symptom of unmet needs – Challenging behavior is often symptomatic of core issues or patterns. Services are designed to help address these needs and assist youth in investigating and understanding their history, behavior, healthy alternatives, and facilitate internalized change.

People do the best they can with the resources available to them - Youth often come to the agency with limited resources and a lack of knowledge and awareness of their behavioral and emotional options. In the situations they have experienced, their behavior may have seemed logical and understandable.

January 1, 2010

Missouri DYS Treatment Beliefs

The family is vital to the treatment process – Families want the best for their children. Services provided to youth must take into account the values and behaviors established within the family system. Family expertise and participation is essential in the youth's treatment process, and facilitates system change within the youth's family.

True understanding is built on genuine empathy and care – Respect and appreciation for the inherent worth and dignity of self and others forms the foundation of safety, trust, and openness necessary for change to occur. Demonstrating respect and appreciation for the worth of youth and families is essential.

We are more alike than different - Everyone has fears, insecurities, and basic needs including safety, attention, and belonging. Programs and staff normalize and attend to these needs, assisting youth in meeting their needs in positive and productive ways.

Change does not occur in isolation – youth need others. Treatment is structured to assist youth in experiencing success through helping others and being helped. This need is also addressed through accessing community resources and enabling youth to develop healthy supportive relationships with peers, adults, family, and in their neighborhoods and communities.

We are a combination of our past and present - Youth have learned through a wide variety of experiences. It is through investigation and linking past and present experiences that youth develop the knowledge, skills and emotional capacity to succeed in home and community.

Respect and embrace diversity – services, supports, and interactions demonstrate respect for and build on the values, preferences, beliefs, culture, and identity of the youth, family, and community. Diversity in expression, opinion, and preference is embraced.



Missouri DYS

Operating Philosophies

Humane Environment - Youth are viewed as the agency's most important resource. It is the responsibility of the agency to provide a healthy, therapeutic, and nonjudgmental environment within which change may take place. The uniqueness of each individual youth is recognized and valued. The basic rights to food, shelter, education, recreation, health care, and counseling provided in a safe environment are fundamental.

Least Restrictive Environment - The least restrictive environment should be provided to all youth. The movement of a child from his/her home to a more restrictive setting is considered serious and such movement is considered through a diligent, inclusive, and thorough decision making process, balanced by administrative checks and balances.

Group Approach/Process - Group treatment is the primary method of providing treatment services within the agency, providing the opportunity for resolution of core issues and development of social-emotional competency. Behavior is often times seen as a symptom rather than the problem, and resistance to change is considered, at times, a healthy response to an unhealthy situation. It is believed that youth behaviors exist for particular reasons, and determining the purpose of the behavior is essential in the treatment process.

Developmental Approach - Individual treatment planning is essential to the identification and delivery of services and supports for youth and families served by DYS. Every attempt is made to individualize the student's treatment program based on their strengths, needs, core issues, best practice strategies, and developmental supports and opportunities. Youth in residential treatment facilities work at an individual pace and are released from those facilities when it is in the youth and communities best interest.



Missouri DYS **Operating Philosophies**

Continuity of Services and Relationships - A seamless case management system provides assessment, treatment planning, coordination, monitoring and evaluation of services. A needs and risk assessment assists the case manager in determining the most appropriate services for the youth. The assessment takes into account all pertinent factors involving the youth's delinquent history while identifying the general treatment needs. The case manager serves as the primary advocate for each youth and their family, and work actively with both throughout the process.

Comprehensive and Integrated Approach - Comprehensive and trauma-informed process focused on emotional healing, self-awareness and cognitive-behavioral, youth development, family systems. Education is fully integrated in the treatment process, forming a "one-room therapeutic school-house" providing individualized learning opportunities and supportive group interaction.

Systems Approach and Neutrality - Individual behaviors are given meaning in consideration of the context in which they occur. That context includes the individual personality system, the family of origin, the community, and the greater culture of which a person is a member. Treatment plans and service delivery reflect the systemic approach. All treatment services and activities proceed from a stance that respects the inherent value and potential of every person. A position of therapeutic neutrality is consistent with the systemic approach and provides the basis to maintain positive regard for people recognizing that they are more than just their behaviors. Such a stance also recognizes that human processes are reciprocal and focused on meeting needs; thereby disallowing bias, side taking, and blaming.



Missouri DYS **Operating Philosophies**

Family Voice, Choice, and Engagement - Planning is grounded in family members' perspectives, and provides options and choices so that the plan reflects family values and preferences. The process recognizes the importance of long-term connections between people, particularly the bonds between family members and regularly creates opportunities for involvement. Young people and those who have a long-term, ongoing relationship with them have a unique stake in and commitment to the process and its outcomes. The likelihood of successful outcomes and youth/child and family ownership are increased when the process reflects family members' priorities and perspectives.

Community Engagement - A two-way valued-added relationship with the community provides the opportunity for young people to reciprocate the assistance provided to them, and for families to receive broader support from natural helping networks. Community members have the opportunity to develop accurate perceptions of the young people, educate the broader community, provide meaningful and caring influences that support positive youth development, and access DYS as a valued resource to the community. Youth transitions to law-abiding and productive adulthood are enhanced by the meaningful relationships, supports, and opportunities that are created.

Responsive and Localized - Decentralized decision-making and responsibility increases ownership and accountability. Local knowledge and relationships lead to increased access to local resources and strengthening of communities through local problem-solving. Young people remain close to home, leading to greater family and community engagement. Staff teams remain consistent and work in an interdependent and mutually supportive manner that leads to improved group and individual outcomes.



Missouri DYS **Operating Philosophies**

Diversity - A variety of backgrounds, styles, perspectives, and beliefs strengthens the agency and improves results. The organization demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of young people, families, staff, partners, and communities. Diverse representation and cultural competence are priorities.

Stewardship - Communities and families trust us with their most precious resource – the young people we serve. Leaders, staff, and partners will create safe and helpful environments for the youth in our care and will make the most of the precious opportunity to assist a young people in turning their lives around. Resources are valued and used efficiently and effectively for the intended purpose. Collaboration across systems and within communities is viewed as both effective and essential in order to ensure the greatest positive impact, and honor the public confidence and trust.



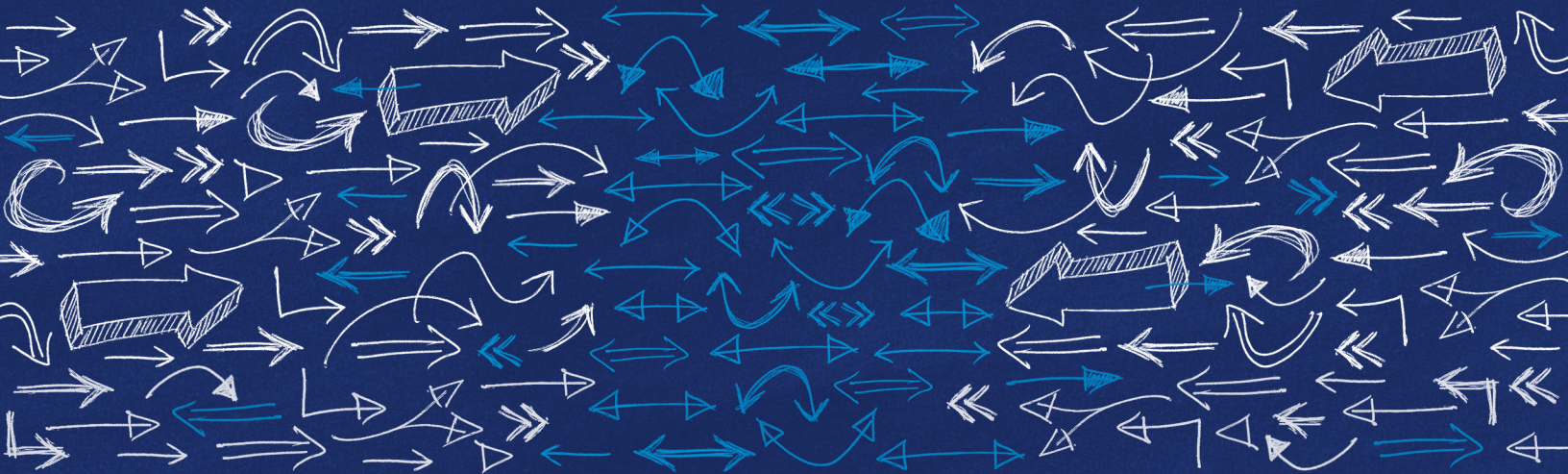
Center for Juvenile Justice Reform

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Improving the Effectiveness of Juvenile Justice Programs

A New Perspective on Evidence-Based Practice



Mark W. Lipsey • James C. Howell • Marion R. Kelly
Gabrielle Chapman • Darin Carver

Improving the Effectiveness of Juvenile Justice Programs

A New Perspective on Evidence-Based Practice

December 2010

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Preface

As a society we want our children to be healthy, safe, happy, fulfilled, and connected to others in a loving, positive manner—and as parents we do whatever we can to ensure those outcomes for our children. Those who work in the social services share the same goals for the children, youth, and families they serve.

Unfortunately, though individual workers do their best in this regard, they are too often significantly challenged by the systems within which they do their work to achieve the outcomes we want for our children. Appropriate and effective services may not be available, it may not be possible to match a youth's needs to the services that are available, and there may not be a way to determine if the services that are available are effective. These challenges are not the result of a lack of knowledge. We now have the knowledge to do this work more effectively; indeed, the research that we have in hand today far exceeds our knowledge base as little as 5 to 10 years ago. Research sponsored by the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the Bureau of Justice Statistics (all within the U.S. Department of Justice), the U.S. Department of Health and Human Services, and a number of foundations has helped to grow our knowledge. We now have research on best practices for juvenile justice—involved youth and the policies that support the practices. We find this reflected in the increased use of evidence-based practices and programs, in the growth of the science of risk and protective factors and criminogenic factors and characteristics, and in the development and use of validated risk and needs assessment instruments. We have learned about the importance of advancing our work on an ecological platform, serving youth closer to home, and better connecting youth to family, school, community, and pro-social peers while utilizing a strength-based approach. The true challenge is not, therefore, a lack of knowledge of what works, but rather is in translating the robust body of knowledge into practice.

This is what the framework presented in this paper is designed to do. By bringing together the work of Dr. James “Buddy” Howell and his colleagues on the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders (Comprehensive Strategy) and the creation by Dr. Mark Lipsey of the Standardized Program Evaluation Protocol (SPEP), based on his groundbreaking meta-analyses of juvenile justice research, the framework presented in this paper is poised to meet one of the greatest challenges we have in juvenile justice practice today: how to bring together in a coherent manner the advances in knowledge noted above.

To demonstrate the need for a new approach, contemplate this scenario and whether it sounds familiar. A juvenile justice director is delighted to identify a number of “gold standard” programs that could be used to benefit his or her clients, whether found in the Blueprints for Violence Prevention developed by Dr. Delbert Elliott, or in OJJDP’s Model Programs Guide, or in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices. The new programs are implemented with as much fidelity as possible in light of budget constraints and workforce limitations, while at the same time local programs that do not have rigorous evidence of success are diminished. Outcomes may improve for the clients who experience these gold standard programs, although their replication may be uneven with mixed levels of effectiveness. And their reach may be limited due to the expense associated with their implementation and resistance from providers who are reluctant to replace their current programs with new ones. Moreover, the programs are implemented in silos, disconnected from a systemwide quality assurance approach and a continuum of effective services to meet the needs of youth. Despite these challenges, the use of gold standard programs is viewed by many as a magic bullet, and in some instances, states are mandated to fund only these programs—resulting in reductions in funding for

local programs that may have measures of effectiveness, but that do not have rigorous evaluation studies.

The authors of this paper suggest that we can do better at translating knowledge into practice without wavering in our commitment to evidence that supports our policies and practices. I can best bring to life this need to do better through a story I was once told about a lecturer who was addressing an audience about how we decide to assume risk in our lives. He posed three hypothetical questions to a volunteer in the audience. First, he asked the volunteer to imagine that there was a steel construction I-beam, 15 feet long, 6 inches high, and 6 inches wide, lying in front of the podium and offered the volunteer \$50 to assume the risk of walking across it. The volunteer indicated that she would assume the risk.

The second hypothetical presented a situation in which the I-beam had been lengthened to 30 feet and was located across a gorge that dropped 250 feet to a bed of rocks. Offered \$100 to assume the risk of walking across the I-beam, the volunteer declined.

Presenting the third hypothetical, the lecturer kept the circumstances the same as in the second scenario, except for one significant difference. In this situation, the lecturer had one of the volunteer's children on one side of the gorge and was holding the child by the hand, over the edge of the gorge. The volunteer was on the other side of the gorge, and unless she crossed the I-beam, the lecturer would drop her child. The lecturer offered the volunteer \$200 to walk across the I-beam. The volunteer hesitated for a long moment before responding, "Which one of my kids have you got?"

I am sure that any amusement you might find in this story may reflect the fact that you are a parent who has had "one of those days" with your kids—or that you were one of those kids! I share this story, however, not merely as an amusement, but to amplify a point. You are unlikely to ever meet an individual who says that he or she does not care about kids. All of us truly want what is best for children on some level. But the way that concern is expressed may vary a great deal. The woman in my story was being asked a very clear question: exactly what steps are you willing to take to help a child? What kind of priority

do children have for you when the going gets tough, when there are choices to be made? And her answer revealed what may be an even harder question—which children are you willing to help?

The truth of the matter is that the vast majority of parents would do whatever it would take to get across that I-beam—in fact, virtually every adult would do whatever it would take to save that child. But as a society, perhaps through our benign neglect, we don't do whatever it takes, and kids to one extent or another are falling into the gorge. Our challenge is to take those extraordinary efforts that individual workers are willing to make and embed them into systems that operate efficiently, effectively, and fairly in meeting the needs of youth who come in contact with them—systems that make it possible for workers to grab our children by the hand and not let them fall.

The framework presented in this paper will help juvenile justice systems around the country reform their systems in this way. The overarching frame for the approach is to construct juvenile justice systems that are aligned along a continuum of care, from prevention to early intervention and then to more significant system involvement as needed. Incorporated into that continuum are the fundamental elements of valid risk and needs assessments, the matching of the level of risk and need to the appropriate service, and then ensuring that the services provided are effective at improving outcomes for the children and youth placed in them. By embedding Lipsey's SPEP in the Comprehensive Strategy framework, the approach presented in this paper allows us to maximize the use of the research we have while not getting stuck in the box of evidence-based programs more narrowly defined by the "gold standard" of program effectiveness. Instead, the SPEP allows juvenile justice agencies to compare their current services to best practices shown in the research to improve outcomes for juvenile justice-involved youth. This is done via an automated and ongoing process of quality improvement across virtually all services juvenile justice agencies provide. Though the use of gold standard programs is encouraged, if appropriate for the needs of the youth served, the SPEP approach allows for the retention of local programs and provides a systemwide quality assurance mechanism across the continuum of care.

The SPEP approach can be used as an overlay with any existing juvenile justice system. Though some will have to increase their commitment to the use of validated assessment instruments, research-informed programs and practices, and outcome measurements, the beauty of the approach and the timing of its introduction is that this is the direction that the juvenile justice field has been heading. This movement has been led by the likes of Terry Thornberry, David Huizinga, Rolf Loeber, Del Elliott, Rico Catalano, David Hawkins, Barry Krisberg, John Wilson, Peter Greenwood, Clay Yeager, and others, let alone Mark Lipsey and James “Buddy” Howell, the primary authors of this paper.

The juvenile justice field has been living in an evidence-based and outcome-driven world for the past decade, but has been missing the operating platform that would bring the various evidence-based pieces together. The framework presented in this paper provides this platform and facilitates this work going to the next level of implementation and performance. It provides the balanced and coherent framework of the Comprehensive Strategy with the quality assurance mechanisms of the SPEP. Indeed, it is my belief that the introduction of this

framework and its adoption by juvenile justice agencies across the country will be one of the greatest advances in the juvenile justice field over the past several decades and into the next. It will facilitate an appropriate balancing of prevention and intervention while making it possible to create the greater levels of system accountability and performance that our knowledge now allows us to achieve.

I am delighted, therefore, to author the preface to the paper that will introduce this next generation of work. I thank all of the authors for their insight and vision in advancing the juvenile justice field and helping to improve the life outcomes of the children, youth, and families whose lives we touch. They have helped us make sure that, as a field, we are able to cross every I-beam that we confront in our work and grab every child and youth by the hand to help them lead healthy, safe, happy, and fulfilled lives.

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I. Introduction

Juvenile justice systems in the United States have long struggled with the inherent tension between their role in meting out punishment for violations of law and their role as an authoritative force for bringing about constructive behavior change in the wayward youth who commit those violations. Our view is that the overarching and intertwined goals of juvenile justice should be ensuring public safety—protecting the public from any additional harm caused by juvenile offenders—and altering the life trajectories of those juveniles to not only reduce further criminal behavior but to improve their chances to prosper as productive citizens. Attaining those goals requires the capability to control behavior in the short term and the means to induce self-sustaining behavior change that will persist after youth are no longer under court supervision.

Juvenile justice systems have longstanding methods for controlling behavior, such as community supervision and custodial care, though these are not always used as efficiently and effectively as possible. Effective programming to reduce recidivism and produce other positive outcomes, however, has been more problematic. Juvenile justice systems make use of many treatment programs, but, in most cases, the effectiveness of those programs is difficult to determine and largely unknown. An increasing body of research evidence addresses this problem, but the findings of that research have not been well integrated into most juvenile justice systems. Translation of research into practice is always a challenge,

but it has been exacerbated in this instance by overly narrow conceptions of how research should be used to inform juvenile justice practice.

This paper introduces a framework for major juvenile justice system reform—the integration of a forward-looking administrative model with evidence-based programming. The administrative model is organized around risk management and risk reduction aimed at protecting the public by minimizing recidivism. Evidence-based programming is organized around services that moderate criminogenic risk factors and enhance adaptive functioning for the treated offenders. Placements are guided by a disposition matrix that supports individualized disposition plans and is organized around the risk levels and treatment needs of offenders as assessed by empirically validated instruments. An array of effective programs is supported that provides sufficient diversity to allow matching with offenders’ needs. This array of programs is integrated with a continuum of graduated levels of supervision and control so that offenders can be stepped up the ladder and placed in more highly structured program environments if behavior worsens and stepped down when there is improvement. Such a system is consistently forward-looking in basing program placements and supervision levels upon objective risk and needs assessments and in constructing case management plans focused on improving future behavior rather than punishing past behavior.

II. The Cyclic History of Criminal Justice Treatment and Punishment Philosophies

A. From Rehabilitation to Punishment

During most of the twentieth century, state sentencing policies were primarily offender oriented and based on a rehabilitative model of individualized sentencing (Tonry, 2009; Warren, 2007). Beginning in the 1960s, the national crime rate sharply increased. At the same time, evaluations of rehabilitative interventions were interpreted as showing that “nothing works” (Lipton, Martinson, and Wilks, 1975; Martinson, 1974), and these claims cast a shadow over therapeutic criminal and juvenile justice policy and practice (Tonry, 2004). In light of these developments, the federal government and many states turned to offense-based sentencing policies

The assumption that rehabilitative treatment was ineffective persisted throughout the 1970s and 1980s until scholars used advanced analytical tools to examine the evidence more closely.

and embraced more punitive measures. The assumption that rehabilitative treatment was ineffective persisted throughout the 1970s and 1980s until scholars used advanced analytical tools to examine the evidence more closely (Cullen, 2005). The results refuted Martinson’s negative assessment and showed that rehabilitative programs, if implemented well, can substantially reduce recidivism (Cullen, 2005; Lipsey and Cullen, 2007).

The pendulum swing from treatment to punishment filtered down from criminal justice to the juvenile justice system (Howell, 2003b). Two compelling images in the 1990s buttressed policies that enhanced punishment for juvenile offenders. A professor of politics and public affairs at Princeton University, John Dilulio, created and popularized the concept of juvenile super predators

(1995). He coined this term to call public attention to what he characterized as a “new breed” of offenders, “kids that have absolutely no respect for human life and no sense of the future....These are stone-cold predators!” (p. 23). Elsewhere, Dilulio and his co-authors described these young people as “fatherless, Godless, and jobless” and as “radically impulsive, brutally remorseless youngsters, including ever more teenage boys who murder, assault, rob, burglarize, deal deadly drugs, join gun-toting gangs, and create serious disorders” (Bennett, Dilulio, and Walters, 1996, p. 27).

In addition, Dilulio and Wilson contrived another scary image in their prediction that a new wave of juvenile violence would occur between about 1995 and 2010, which they based in part on a projected increase in the under-18 population (Dilulio, 1996, 1997; Wilson, 1995). The dire warnings of a coming-generation of super predators that helped to promote punitive policies rested on three assumptions: that the relative proportion of serious and violent offenders among all juvenile delinquents was growing, that juvenile offenders were becoming younger and younger, and that juveniles were committing more and more violent crimes.

None of these assumptions proved to be correct. Various researchers debunked the super predator myth and doomsday projections (Howell, 2003b, 2009; Males, 1996; Snyder, 1998; Snyder and Sickmund, 2000; Zimring, 1998). Examination of the evidence by these researchers revealed that a new wave of super predators did not develop, nor did a general wave of juvenile violence occur. However, there was a sharp increase in adolescent and (mostly) young adult homicides in the late 1980s and early 1990s (Cook and Laub, 1998). But even at the height of that trend (1993), “only about 6 percent of all juvenile arrests were for violent crimes and less than one-tenth of one percent of their arrests were for homicides” (McCord, Widom, and Crowell, 2001,

p. 33). Furthermore, only very small increases were seen in victimization and self-report measures of crime, mostly in nonserious offenses (Howell, 2003b).

Crime control policies had already changed, however. Martinson's (1974) negative assessment of the effectiveness of rehabilitation continued to provide one impetus. In addition, the mass media, politicians, and law enforcement characterized youth crime as an epidemic of gun violence and crack cocaine, a claim that further fueled support for more punitive sentencing policies (Brownstein, 1996; Reeves and Campbell, 1994). Racial conflict during this period may also have contributed to the "get-tough" policies in both the juvenile and criminal justice systems, as some scholars have argued (Feld, 1999; Tonry, 2009; Tonry and Melewski, 2008).

B. Popularity of Deterrence Philosophies

The get-tough movement included increased emphasis on deterrence and a decline in rehabilitative approaches. Juveniles believed to have fulfilled Dilulio's characterization as super predators were thought to be beyond redemption; jailing and imprisonment was the presumed answer. "Just deserts" advocates promoted the use of punitive laws, policies, and practices in the juvenile justice system, including "three strikes" laws, determinate sentences, longer sentences, electronic monitoring, drug testing, shock incarceration, and other such measures (Howell, 2003b). Rehabilitation programs often were abandoned, whereas boot camps, Scared Straight programs, detention centers, and juvenile correctional

Juvenile courts designated larger proportions of juveniles as serious and violent offenders and incarcerated more juveniles.

facilities increasingly populated the nation's landscape (Howell, 2003b; Males, 1996; Roush and McMillen, 2000). Juvenile courts designated larger proportions of juveniles as serious and violent offenders and incarcerated more juveniles (Snyder and Sickmund, 2006).

Such policies and practices, which deemphasize prevention of juvenile crime and rehabilitation of juvenile offenders, became common in the juvenile justice system through new state legislation. By the end of the 1990s, all the states had enacted laws to make their juvenile justice systems more punitive or to transfer more juveniles to the criminal justice system and confine them in adult prisons (Howell, 2009, pp. 288–90).

C. Return to Rehabilitation

Although many state legislatures rewrote their juvenile codes to endorse punitive objectives in the 1990s (Torbet and Szymanski, 1998), nearly all of them maintained wording that upheld the juvenile justice system's traditional rehabilitative mission (Bishop, 2006; Tanenhaus, 2002, 2004). Moreover, there continued to be public support for a rehabilitative approach to dealing with juvenile offenders despite assumptions to the contrary by some observers. As Cullen (2006) noted, "the notion that the American public is opposed to the treatment of juvenile offenders is a myth" (p. 665). A 2001 national survey, for instance, found that 80 percent of the sample of adults thought that rehabilitation should be the goal of juvenile correctional facilities and that more than 9 in 10 favored a variety of early intervention programs, including parent training, Head Start, and after-school programs. "The legitimacy of the rehabilitative ideal—especially as applied to youthful offenders—appears to be deeply woven into the fabric of American culture" (Cullen, 2006, p. 666).

It is not surprising, therefore, that against the punitive trend in juvenile justice there was a countervailing trend toward embracing options that include both punishment and rehabilitation as central guiding tenets (Butts and Mears, 2001; Mears, 2002). Specialized courts—including drug, gun, domestic violence, and mental health courts—illustrate this contrary trend and can be found in both the juvenile and criminal justice systems. Bishop (2006) observed in her review of the three years of legislative actions from 2003 to 2005 that "efforts are underway to mitigate or even abandon punitive features [of juvenile laws enacted in the past decade and] to address the treatment needs of most juvenile offenders" (p. 660; see also Butts and Mears, 2001). For example:

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- Some legislation aimed at improving individualized treatment for committed offenders was adopted (Mississippi, South Dakota, and Wyoming).
 - Provision for mental health assessment and treatment was passed in four states (Connecticut, Idaho, Virginia, and Washington).
 - Several states enacted laws to establish teen courts and other diversion programs.
 - Four states (Colorado, Indiana, Ohio, and Michigan) passed legislation to provide drug treatment and several others included drug treatment in other initiatives.
 - The Mississippi legislature phased out its boot camps.
 - Illinois established monetary incentives for counties to reduce commitments to state institutions.
 - Colorado and South Dakota enacted measures to separate juvenile offenders transferred to the criminal justice system from incarcerated adults.
 - Connecticut enacted a measure to gradually raise the age of juvenile court jurisdiction from 16 to 18 by 2010. (The North Carolina legislature is also considering a similar measure.)
 - Three states (Florida, Pennsylvania, and Washington) adopted evidence-based programming in juvenile corrections. (North Carolina, Oregon, and Tennessee legislatures have since enacted a similar requirement.)

D. Recent Policy Developments

Recent changes have been motivated by a variety of factors, including economic ones. Large budget deficits have caused some states to rethink high juvenile confinement rates. A few states have found it necessary to reduce funding for community programs in order to maintain the confinement infrastructure. Both Texas and Ohio have new legislation that prohibits the confinement of misdemeanants while other states, notably Mississippi, South Carolina, and Washington State, have struggled to meet the core requirement for deinstitutionalization of status offenders of the federal Juvenile Justice and Delinquency Prevention (JJDP) Act (Kelly, 2010). In some instances policy decision making is propelled by litigation,

which is used more often now than in the past, both with regard to conditions of confinement as well as disputes about fundamental fairness and the quality of justice for juveniles before the courts. Between 2000 and 2007, 20 CRIPA investigations were made of 23 juvenile justice facilities in more than a dozen states (U.S. Department of Justice, 2007).¹

Perhaps the two most progressive policy reforms of recent years are the drive for evidence-based practice, which focuses on effective treatments, services, and supports for children and families, and the effort to establish systems of care to address the infrastructure of funding and linkages between services and programs.

Perhaps the two most progressive policy reforms of recent years are the drive for evidence-based practice, which focuses on effective treatments, services, and supports for children and families, and the effort to establish systems of care to address the infrastructure of funding and linkages between services and programs. These themes have been embraced in educational, mental health, and child welfare services policy reforms, as well as in juvenile justice systems. The development of the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders in the 1990s parallels the emergence of systems of care in other human service fields. Title V of the JJDP Act codified the importance of community planning and collaboration in delinquency prevention programming.

The Blueprints for Violence Prevention initiative was an early adopter and innovator on the theme of evidence-based programs. Cost-benefit analyses conducted by the Washington State Institute for Public Policy² in

¹ Since its enactment in 1980, the Civil Rights of Institutionalized Persons Act (CRIPA), 42 U.S.C. § 1997a et seq., has allowed the Civil Rights Division of the U.S. Department of Justice to investigate possible civil rights violations pertaining to persons in publicly operated institutions and to bring consequent legal actions against state or local governments (Blalock and Arthur, 2006).

² The Washington State Institute for Public Policy is an applied research group of the Washington State legislature.

both juvenile justice and child welfare emanated from legislation in Washington State that limits funding to evidence-based practices. The institute's groundbreaking series of cost-benefit studies identified evidence-based public policy options for juvenile justice and demonstrated how investments in these options could decrease incarceration, save taxpayer dollars, and lower recidivism rates. These studies changed the policy conversation in Washington State from one focused on base funding levels to one focused on funding cost-effective evidence-based practice (Greenwood, 2010).

The proposed Federal Youth PROMISE (Prison Reduction through Opportunities, Mentoring, Intervention, Support, and Education) Act (H.R. 1064/S.435) is targeted to communities facing the greatest youth gang and crime challenges, enabling them to develop a comprehensive response to youth violence through coordinated prevention and intervention services. The act would mandate OJJDP to develop standards for evaluation of juvenile delinquency and criminal street gang prevention and intervention approaches carried out under the PROMISE Act. It would also create incentives for communities to establish intervention plans that include a broad array of evidence-based prevention and intervention programs. In addition, the bill would establish a National Center for Proven Practices Research. This center will collect and disseminate information to professionals and the public on current research and other evidence-based and promising

practices related to prevention and intervention for juvenile delinquency and criminal street gang activity.

It is within the context of the renewed attention to rehabilitation and the associated recent policy developments that this paper is presented. In the following sections, the effectiveness of the rehabilitative approach will be further explored, as will the challenges of taking effective programs to scale. Different approaches to evidence-based practice will be discussed, including a particular focus on the use of meta-analysis as a way to identify best practices from the analysis of many individual studies. The findings of the most comprehensive meta-analysis done on juvenile justice services will be presented and a method for using that knowledge to improve current juvenile justice programs will be explored. This approach to establishing evidence-based practice will then be placed within the framework of OJJDP's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, which focuses on the use of structured decision-making tools, such as risk and needs assessments, and a continuum of graduated levels of supervision and control integrated with effective behavior change programs. Coupling a method to improve juvenile justice programs and services with the Comprehensive Strategy approach provides a holistic framework to ensure that a juvenile justice system is operating in an effective and efficient way to improve outcomes for the youth in its care.

III. Prevention and Intervention Programs for Juvenile Delinquency

Dealing effectively with juvenile delinquency involves two distinct but overlapping endeavors—prevention and intervention—each of which has somewhat different purposes and requires the efforts of somewhat different agencies and actors. For present purposes, we define prevention as community-based activities aimed at helping youth avoid delinquent behavior and consequently coming into contact with the juvenile justice system. Prevention programs are mainly developed and implemented by schools, social service agencies, mental and public health agencies, and the like. Juvenile justice agencies, of course, are also often involved, along with law enforcement, but the focus of prevention efforts is on youth who may be at risk for delinquent behavior but have not yet been referred to juvenile justice agents for response to an alleged delinquent offense.

Much is known about effective prevention programs from research and practice and the question of how to optimize such programs for cost-effective impact on juvenile behavior is worthy of careful consideration.

Prevention is an essential part of an effective strategy for addressing juvenile delinquency in any community. Indeed, if it were completely successful, there would be no need for a juvenile justice system and, even when only partially successful, it produces better outcomes for the affected youth, the community, and the juvenile justice system. Much is known about effective prevention programs from research and practice and the question of how to optimize such programs for cost-effective impact on juvenile behavior is worthy of careful consideration. That topic goes beyond the scope of this paper, however. Here we focus on the interaction of the juvenile justice system with alleged juvenile offenders who are presented

to agents of that system for a response, typically by law enforcement or school personnel.

Some such cases are not accepted into the juvenile justice system, e.g., if the alleged offense is very minor or if there is little evidence that it actually occurred. Beyond that point, we will refer to the response of the juvenile justice system to such cases as intervention. For instance, cases may be formally accepted but immediately diverted out of the juvenile justice system with or without conditions. For our purposes then, diversion is an intervention. Juvenile justice interventions involve two components—a supervisory component and a treatment component—though either may be minimal or nonexistent for some interventions. The supervisory component consists of some structure for monitoring or controlling the youth's behavior, e.g., probation supervision, day reporting, electronic monitoring, nonsecure residential facilities, and secure custodial institutions. The treatment component consists of activities or services provided within the supervisory structure that are intended to facilitate positive behavioral changes that will endure after supervision has ended, e.g., counseling, victim-offender mediation, cognitive-behavioral therapy, academic instruction, vocational training, and the like.

The supervisory component constrains the juvenile's freedom to act and access to social and personal amenities to some degree or another, with incarceration representing the most extreme form. On the one hand, this impedes additional delinquent behavior and thus provides a means of protecting the public from a juvenile viewed as an immediate threat to persons, property, or self. On the other hand, such loss of freedom and access is aversive and thus constitutes punishment for the instigating offense. When the level of control goes beyond what is proportionate to the offender's risk to public safety, the supervisory component is being used punitively.

A growing body of research documents the key role of the treatment component in reducing the subsequent criminal behavior of juvenile offenders and the minimal or even negative effects of punitive interventions.

A. The Key Role of Behavior Change Programs for Juvenile Offenders

Although more and more evidence has emerged demonstrating that certain forms of treatment for juvenile offenders are effective (Cullen, 2005; Lipsey, 2009; Lipsey and Cullen, 2007), policy questions concerning the appropriate balance between treatment versus punishment continue. However, recent systematic research reviews reveal three very important findings that should inform future debate. First, for juvenile offenders in general, the juvenile justice supervisory apparatus of probation and court monitoring, group homes, correctional facilities, and the like has, at best, only modest favorable effects on subsequent recidivism and some evidence shows modest negative effects (Lipsey and Cullen, 2007; Petrosino, Turpin-Petrosino, and Guckenburg, 2010). Second, deterrence-oriented programs that focus on discipline, surveillance, or threat of punitive consequences (e.g., prison visitation Scared Straight-type programs, boot camps, and intensive probation supervision) on average have no effect on recidivism and may actually increase it (Lipsey, 2009). Third, many “therapeutic” programs oriented toward facilitating constructive behavior change have shown very positive effects—even for serious offenders (Lipsey, 2009; Lipsey and Cullen, 2007; Lipsey and Wilson, 1998). If reducing the subsequent criminal behavior of offenders with its associated benefits for public safety is the goal, the implications of these findings are that (1) juvenile offenders with low risk for reoffending should be diverted from the juvenile justice system; (2) offenders with moderate or high risk for reoffending should be subject to the minimal level of supervision and control consistent with public safety and be provided with appropriate, effective therapeutic services; and (3) subjecting juvenile offenders to punishment beyond that which is inherent in the level of control necessary for public safety is likely to be counter-productive to reducing recidivism.

B. The Spectrum of Programs and the Challenge of Taking Effective Programs to Scale

An increasing body of research on the effectiveness of treatment programs for juvenile offenders is available to practitioners, and the collective findings of that research have identified many effective programs and provided considerable detail about their key characteristics. There are two main reasons for this expansion of knowledge. First, the program evaluation base has expanded significantly, providing a deeper and more detailed body of empirical evidence about the effects of programs for juvenile offenders. Second, the quantitative technique of meta-analysis emerged and has been applied extensively to juvenile justice programs. Meta-analysis allows researchers to analyze and synthesize the characteristics of programs and the effects of those programs in a systematic, replicable manner. It also enables them to examine a wider range and larger number of program evaluation studies in an integrated fashion than was possible in the past.

Many meta-analytic reviews have been conducted on particular programs or types of programs for juvenile offenders, such as boot camps (MacKenzie, Wilson, and Kider, 2001), cognitive-behavioral therapy (Landenberger and Lipsey, 2005), prison visitation (Petrosino, Turpin-Petrosino, and Buehler, 2003), family therapy (Latimer, 2001), drug court (Wilson, Mitchell, and MacKenzie, 2006), victim-offender mediation (Nugent, Williams, and Umbreit, 2004), Multisystemic Therapy (Littell, Pops, and Forsythe, 2005), and the like. Other meta-analyses have examined multiple programs over a broad range of program types in order to compare the effectiveness of different programs for reducing the recidivism of juvenile offenders (Aos et al., 2001; Andrews, Zinger, and Hoge, 1990; Lipsey and Wilson, 1998; Lipsey, 2009). This extensive research synthesis work on a large and growing body of evaluation studies of treatment programs for juvenile offenders has identified many programs and program types that produce significant reductions in recidivism along with positive effects on such other outcomes as school attendance, family and peer relationships, employment, and mental health symptoms.

Research that tells us what works to address a particular behavior problem, however, is only a beginning point. Implementing those programs in an existing service system, while retaining their effectiveness, is yet another matter. At present, we know relatively little about the effects of taking evidence-based programs to scale in public health and related areas of mental health, education, welfare, and criminal justice. Nor do we know a great deal about how to do so in a way that attains the same positive outcomes observed in the research studies. Efforts to implement programs proven in research on a larger scale in other domains have, at best, produced uneven results.

For example, there have been major shortcomings in achieving high fidelity with evidence-based substance abuse and violence prevention programs in community settings (Fagan et al., 2008). “Delivering interventions in a manner congruent with the theory, content, and methods of delivery specified by program developers is important, yet communities often fail to achieve implementation fidelity outside of efficacy trials” (p. 257). In schools, two national assessments found poor implementation for many delinquency and violence prevention programs that the schools attempted to adopt (Gottfredson and Gottfredson, 2002; Hallfors and Godette, 2002).

The mental health field has also been challenged to deliver effective, evidence-based programs dating back to Knitzer’s (1982) call for a system of care (SOC). Knitzer and Cooper (2006) recently assessed progress in developing systems of care at the 20-year mark. Their assessment is that although system-level effects with SOCs have been good, individual outcomes have not. Notable system-level effects include reduced reliance on residential placements and hospitalizations and increased use of intensive community-based services. Yet “a recent study demonstrated consistent adherence to SOC principles in initiative sites but no improvements in children’s outcomes and no advantage in improved outcomes compared with non-SOC sites using services that embodied similar principles” (Knitzer and Cooper, 2006, p. 671). These observers also note that evidence-based care implemented in community-based settings has produced less promising effects than were found in the supporting research studies. “Early data show that evidence-based treatments are being applied in the field with varying degrees of consistency and

fidelity. Familiarity with empirically supported practices varies, but even where practitioners received on-the-job training, systematic implementation was not assured” (pp. 673–74).

C. Doubts about Whether Many Programs Used in Practice Are Actually Effective

A number of widely recognized prevention or intervention programs intended to reduce antisocial or illegal behavior have proven to be ineffective in well-designed studies.

A number of widely recognized prevention or intervention programs intended to reduce antisocial or illegal behavior have proven to be ineffective in well-designed studies. Although it is perhaps the most widely recognized of all delinquency prevention programs, the Drug Abuse Resistance Education program (D.A.R.E.) is not effective (Rosenbaum, 2007). D.A.R.E. is one of the most poignant examples of a program initially presumed to be effective that continued to be used despite strong empirical evidence to the contrary. More than 30 evaluations were made of D.A.R.E., yet it operated for 25 years before its negative results were accepted.

Prison visitation programs are another example of an initially attractive program that was later found to be ineffective. This approach was invented during the moral panic over juvenile delinquency in the late 1970s (Finckenauer and Gavin, 1999) when a group of inmates at New Jersey’s Rahway State Prison, known as the Lifers’ Group, created what later became known around the world as the Scared Straight program. Also known as “juvenile awareness,” the program brought young minor offenders into the prison and subjected them to shock therapy consisting of threats, intimidation, and aggressive persuasion techniques. The idea was to literally scare them away from delinquency, to scare them straight. Many writers and producers for the print and broadcast media were enamored of it because of its simplicity and intuitive appeal. As many as 12,500 youth visited the Lifers each year. However, as Finckenauer and Gavin

(1999, pp. 85–93) reported, empirical evidence of the effectiveness of the Rahway State Prison Scared Straight program was lacking from the beginning. Evaluations of other Scared Straight–type programs were mixed but generally showed negative results (pp. 129–39; see also Petrosino, Turpin-Petrosino, and Finckenauer, 2000).

Curfew laws are another approach to reducing juvenile crime and victimization that have not been supported by empirical research (Adams, 2007). Adams’ conclusion was based on at least a dozen research studies that include, for example, a national study that examined the effects of new curfew laws in 57 large cities (McDowall, Loftin, and Wiersema, 2000). That investigation found that the introduction of juvenile curfew laws was not followed by reductions in juvenile arrests in any serious crime category. The researchers noted that “any impacts of the laws were small, and they applied only to a few offenses” such as burglary, larceny, and simple assault (pp. 88–89).

Neither juvenile nor adult boot camps have proven to be effective according to a comprehensive meta-analysis.

Neither juvenile nor adult boot camps have proven to be effective according to a comprehensive meta-analysis (Wilson, MacKenzie, and Mitchell, 2005). When boot camps are designed as paramilitary regimens, research shows that boot camps and other forms of disciplinary programs increase recidivism by about 8 percent, on average (Lipsey, 2009). About the only positive thing that can be said about boot camps is that the inmates in them view their environment as being more therapeutic than traditional juvenile reformatories (MacKenzie, Wilson, Armstrong, and Gover, 2001), which may say more about the reformatories than the boot camps. Any advantage that boot camps confer, however, appears to be offset by the potential in boot camps for psychological, emotional, and physical abuse of youngsters—particularly for children with a history of abuse and family violence.

Moreover, research has not supported the effectiveness of large, congregate, custodial juvenile corrections facilities for rehabilitating juvenile offenders. Studies have shown that in large, typically overcrowded correctional facilities,

both treatment opportunities and effectiveness of service delivery are diminished, and that larger facilities are more likely than smaller ones to be crowded (Snyder and Sickmund, 2006, p. 223). Large facilities with little treatment programming in states such as California and Texas have been accompanied by very high recidivism rates (Blackburn et al., 2007; Ezelle, 2007; Lattimore et al., 2004; Trulson et al., 2007). Custodial concerns tend to override concerns about the delivery of treatment services in these settings, and program quality suffers (Roush and McMillen, 2000).

Similarly, it has been found that the most restrictive out-of-home placements for mental health treatment, including psychiatric hospitalization and placement in residential treatment centers, are not effective for most child and adolescent offenders (Burns et al., 1999; Knitzer and Cooper, 2006; U.S. Department of Health and Human Services, 2001). Inpatient hospitalization is the least effective of all (U.S. Department of Health and Human Services, 2001, p. 171); indeed, it may do more harm than good in many cases (Weithorn, 1988).

These examples demonstrate the potential for a number of widely used programs, adopted with good intentions, to be ineffective for reducing subsequent delinquency and, more troubling, to actually be harmful—that is, to increase rather than decrease delinquency. None of the programs or approaches described above was subjected to rigorous evaluation research before it was implemented at scale. Their attractiveness was based on their intuitive appeal, not on credible evidence of effectiveness. Had such research been conducted and attended to by the respective decision makers, it is likely that at least some of these programs would never have been implemented or, at least, not implemented as widely. Limiting investment to programs and approaches shown to be effective by research in pilot and demonstration projects prior to implementation would not only avoid the often considerable waste of human and financial resources associated with supporting ineffective programs, but also reduce the potential for harm to the juveniles subjected to those programs.

It is recognition of this history in juvenile justice, and similar histories in other service areas, that has largely

driven the evidence-based practice movement—the idea that the effectiveness of the treatments, services, and programs provided to those in need should have been demonstrated in credible research prior to widespread use. Though this movement has received more lip service than action to date, it is notable in the juvenile justice field that at least six states—Florida, North Carolina, Oregon, Pennsylvania, Tennessee, and Washington—have adopted legislation requiring evidence-based programming.

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As summarized in the previous section of this paper, there is an evidence base that identifies effective programs for juvenile offenders. Thus, much of the research that is needed to support evidence-based practice in juvenile justice is already available. As also discussed, however, the availability of research evidence is not in itself sufficient for taking the effective programs it identifies to scale in a way that retains their effectiveness when they are widely implemented in routine practice. This paper now turns to further consideration of evidence-based practice with a discussion of what constitutes evidence for that purpose and how to translate it into practice.

IV. Evidence-Based Practice: More Than One Approach

Three main approaches can be used to translate research evidence on effective programs into practice for everyday use by practitioners and policymakers. The first approach is direct evaluation of each individual program used in practice to confirm its effectiveness and, if it is found ineffective, to use that evidence to improve or terminate it. A second is to implement with fidelity a program from a list of model programs certified by an authoritative source as having acceptable evidence of effectiveness. A third approach is to implement a type of program that has been shown to be effective on average by a meta-analysis of many studies of that program type, but to do so in the manner that the research indicates will yield that average effect or better.

A. Direct Evaluation of the Effects of the Program as Implemented

The form of evidence about effectiveness that is most specific to a program as it is actually practiced is an impact evaluation of that specific program conducted in situ. With accompanying process information about the nature of the services delivered and of the juveniles receiving those services, such research can assess program effects on selected outcomes in relation to the way the program is implemented. To provide the most valid results, an impact evaluation must use a control group of comparable juveniles who do not receive the program, preferably assigned randomly to program and no program conditions.

When well executed, an impact evaluation of this sort will provide a credible assessment of the effects of a program for juvenile offenders on their recidivism and any other measured outcomes of interest. The process component, in turn, will help identify implementation problems that may need to be corrected to improve the effects and subgroups of offenders who respond more or

less positively to the program. A fully developed impact evaluation, therefore, not only assesses the program effects on the intended outcome but provides the basis for diagnosing any shortfalls in those effects as well as guidance for program improvement.

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The main advantage of direct evaluation is that the results apply in a very specific manner to that particular program as practiced. The evidence base supporting its effectiveness, therefore, is not drawn from studies done elsewhere and extrapolated to that particular program with the associated questions about how well that evidence applies. The disadvantages of direct evaluation as an approach to evidence-based practice, however, are considerable. First, impact evaluation requires resources, technical expertise, and favorable conditions with regard to the ability to create a control group and collect the desired process and outcome measures. For a juvenile justice system that uses many programs, mounting a credible impact evaluation of each would be prohibitively expensive. In addition, the specificity of the evaluation can also be a limitation. If the program changes in any significant way, e.g., through program improvement efforts or natural changes in its clientele, the results of the evaluation may no longer apply. Providing evidence that the altered program is still effective then requires a new impact evaluation.

As a practical matter, direct impact evaluations are generally conducted only for innovative or relatively unique programs that have not already been tested, or to replicate the findings of such evaluations when those programs are applied in different circumstances. Indeed, it is research of this sort that provides the evidence for model program

assessment or meta-analysis. A juvenile justice system would not likely undertake impact evaluations for all the programs it makes use of, but it might do so for a promising, innovative “home-grown” program as part of a commitment to evidence-based practice. It would also often be wise to conduct an independent evaluation on a model program when it is first implemented in a particular jurisdiction to be sure that it is as effective in the local circumstances as it was where the original research on it was conducted (see Barnoski, 2002 and 2004a, for example).

B. Model Programs with Evidence Certified by a Credible Source

The model programs approach entails selecting a recommended program from a list of research-supported programs and implementing it locally with fidelity to the program developer’s specifications for how the program is to be delivered. In this approach, the recommended programs, typically called “model” or “exemplary” programs, are identified through a process of program-by-program reviews of the research. The programs typically considered for such reviews are specific brand-name programs that can be separately identified in the research literature, e.g., Functional Family Therapy, Aggression Replacement Therapy, and Multidimensional Treatment Foster Care. Well-known examples of model program catalogues relevant to juvenile justice include the University of Colorado Blueprints for Violence Prevention project (Mihalic et al., 2001) and the Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide (<http://www2.dsgonline.com/mpg/>).

The research that supports the effectiveness of model programs is specific to the individual programs in the form in which they were delivered in that research. To implement such a program, therefore, means following the same protocol that defined the program in those research studies. This is typically provided in a program manual or similar written materials and may be accompanied by training materials, instruments for assessing the fidelity of implementation, and the like. In addition, an organizational infrastructure has been developed for some model programs to provide training, technical assistance,

and materials to agencies that wish to implement the program. Thus practitioners and policymakers who want to adopt one of these programs typically are able to obtain descriptive information about how the program is supposed to be delivered and may also be able to access support for implementation from the developer or an associated organization.

As an approach to evidence-based practice, the “evidence” part of the model programs strategy consists of evaluation studies judged credible by some set of designated reviewers that demonstrate that a particular program had positive effects in the circumstances represented in those studies. Typically this demonstration is based on only a few studies at best, often only one or two. The fact that the program was shown to be effective in those instances nonetheless establishes that it has the potential to produce good effects, and that in itself distinguishes it from most of the programs currently in use with juvenile offenders. In order to have some assurance that those effects can be replicated in local applications, the program must be implemented the same way as was done in the research studies, that is, with fidelity to the program protocol and with similar juvenile participants. When local implementations depart from that protocol and target population, they also depart from the supportive evidence and thus diminish the expectation that outcomes comparable to those found in the research will follow.

The major advantages of the model program approach are the assurance from prior research that the identified programs have the potential to be effective and the availability of protocols to be followed to replicate the effects found in the research.

The major advantages of the model program approach are the assurance from prior research that the identified programs have the potential to be effective and the availability of protocols to be followed to replicate the effects found in the research. The disadvantages largely revolve around the requirement for strict adherence to the prescribed protocol. Obtaining licenses and training to properly implement the brand-name model programs

that are most available may be costly compared to local programs that are viewed as effective but which lack supporting research evidence. Local providers may also find it difficult to modify or abandon their established practices to adopt a model program “by the book,” and they often resist or make their own adaptations to the program with the associated compromises to fidelity.

More generally, however, there are many challenging issues associated with translating an evidence-based program into routine practice in a way that closely replicates the relevant circumstances of the original research. As a result, the desirable program effects on delinquency and subsequent offending found in the research studies often are attenuated when those programs are scaled up for general application (Dodge, 2001; Karoly et al., 1998; Welsh, Sullivan, and Olds, 2010). There are numerous ways this can happen. First, as a practical matter, it may not be possible to restrict the scaled-up program to the same population represented in the research. In real-world settings, the program is likely to serve a more heterogeneous population than was used in the research studies. In addition, the service infrastructure for delivering the program is likely to be weaker than that organized by the program developer when conducting the evaluation research. It seldom is the case that sufficient resources—from trained service providers to public funds for personnel and capital expenditures—are available in everyday practice settings to fully meet the requirements of a model program when it is rolled out at scale. The expansion of a program beyond the relatively controlled circumstances of the research trials and the close supervision of the program developer make it challenging to maintain the critical program features that underlie its success.

To provide assurance that model programs implemented locally are, in fact, effective as delivered in that context, the best strategy is to adopt them first on a pilot basis and evaluate their effects before expanding them. Such evaluations should closely examine fidelity to the program protocol as well as outcomes. This was the approach taken by the Washington State Institute for Public Policy when several research-based programs were implemented in Washington State. The results showed that these programs did produce positive effects when

implemented locally under real-world circumstances, but only when the programs were competently delivered in accordance with the developers’ specifications (Barnoski, 2002, 2004a).

C. Best Practice Guidelines Based on a Meta-analysis of Research Findings

The model program approach to evidence-based practice focuses on distinct individual named programs and the research specific to each of them. Virtually all the prevention and intervention programs used with youth, however, also fall into more generic categories that distinguish the different types of programs. For example, Functional Family Therapy (FFT) for juvenile offenders is an instance of a broader program type generally referred to as family therapy. Similarly, Aggression Replacement Training is an instance of the cognitive-behavioral therapy type of program for offenders. Other widely recognized generic program types include mentoring, social skills training, behavior management, individual counseling, group counseling, parent training, and the like. These generic program categories are not restricted to named programs; they also contain home-grown programs that have not been packaged for broader dissemination but are nonetheless recognizable instances of one of the common program types.

When we turn to the research on the effectiveness of a particular type of program, such as family therapy, we often find many studies. So, although the evidence base specifically for, say, FFT may consist of only a few studies, dozens of studies have been done on family therapy programs with juvenile offenders. The FFT studies are there, as are the studies of other brand-name family therapy programs, but there are also many studies of home-grown family therapy programs that are fundamentally similar to the brand-name programs, though varying in the particulars. This larger body of evidence about the effectiveness of a program type not only involves more variation in the program particulars, but also in the program setting, personnel, and characteristics of the juveniles served. When that evidence shows generally positive effects, therefore, that is a finding that

is in many ways more robust than the findings of the few studies supporting one model program—that is, it is less specific to the small set of distinct circumstances in which the program was tested.

On the other hand, because there is a broad range of programs within a type, there is also more variability in the findings of the research on those programs. Some family therapy programs studied in some circumstances show much larger effects than others. Indeed, some studies show no effects or even slightly negative effects. Though the average effect might be positive, there are both more effective and much less effective programs distributed around that average. If we are to use that evidence to guide practice, we need to know which characteristics distinguish the more effective programs. If the research shows a systematic pattern that allows those characteristics to be identified, we can use that information to construct best practice guidelines that describe the characteristics of the most effective versions of the programs of a given type. Thus we might discover that family therapy programs are effective on average, but the ones that produce better than average effects are characterized by, say, a certain number of contact hours with the family and periodic individual sessions with the juvenile.

The technique for extracting and analyzing information about intervention effects and the characteristics of the interventions producing those effects from a body of qualifying research is called meta-analysis (Borenstein et al., 2009; Lipsey and Wilson, 2001). In a meta-analysis, a database is developed by trained coders using a structured coding protocol to extract information from eligible study reports. Studies are eligible for inclusion based on explicit criteria and are collected through an extensive literature search. In the case of program evaluations, the key data elements are statistical estimates of the treatment effects, known as effect sizes. Effect sizes represent the magnitude of the difference between the mean value on the outcome variable (e.g., recidivism) for the individuals receiving intervention and that for a comparable group not receiving the intervention. Effect sizes are standardized in a way that makes them comparable across studies. Meta-analysis techniques are well established and widely used

to provide systematic syntheses of intervention research in education, social welfare, public health, and medicine as well as in juvenile and criminal justice (Cooper, Hedges, and Valentine, 2009).

Some of the model program lists—the OJJDP Model Programs Guide, for example—include generic program types mixed in with brand-name programs when one or more meta-analysis has shown average positive effects. Typically, however, these lists do not include further differentiation of the characteristics that distinguish the most and least effective programs of that type. Meta-analysis has more capability than has been utilized in these applications to not only identify program types with

Systematic compilation of that information allows practitioners and policymakers to determine which program types are supported by credible evidence.

generally positive evidence of effectiveness, but also to identify the characteristics of the programs of that type shown by the evidence to be the most effective. Systematic compilation of that information allows practitioners and policymakers to determine which program types are supported by credible evidence. Such information can also be used to generate best practice guides for implementing or improving programs of those types in ways that align with the most effective variants of those program types. In this manner, evidence-based practice can be extended beyond brand-name model programs to those many local and home-grown programs that are more generic instances of program types whose effectiveness is adequately supported by research.

We will shortly present a more detailed description of one particular set of best practice guides for juvenile delinquency programs that are based on meta-analysis and illustrate their use. But first we must provide a fuller account of what has been learned about such programs from meta-analysis to make clear the source of the information for those best practice guides.

V. Meta-analysis of Research on the Effects of Intervention Programs for Juvenile Offenders

Dozens of meta-analyses have been conducted on evaluations of the effects of programs on the recidivism of juvenile offenders (Lipsey and Cullen, 2007). Almost all of these, however, have had a somewhat limited scope. They have focused on one type of program or program area (e.g., boot camps, cognitive-behavioral therapy, behavioral programs), or one type of offender (e.g., sex offenders), or a single named program (e.g., Multisystemic Therapy). The results of this work have been very informative for the respective topic areas and have generally confirmed the effectiveness of rehabilitative treatments for offenders. Nonetheless, it is difficult to piece such meta-analyses together into an overall picture of current knowledge about the nature of the most effective programs.

Rather than focusing on a predefined kind of program or offender, an alternate approach is to collect and meta-analyze all the available research on the effects of intervention with juvenile offenders, sorting it according to the types of interventions found, whatever they may be. Though a daunting task, this approach makes it possible to investigate certain important issues that are otherwise difficult to address. Examination of the full body of research on delinquency programs in a single meta-analysis, for instance, allows an integrated analysis of the comparative effectiveness of different program types and approaches. A meta-analysis of, say, cognitive-behavioral programs may demonstrate that they have positive effects on recidivism while another meta-analysis shows that family counseling also has positive effects. But which programs are most effective and for whom and under what circumstances? Answers to those questions are especially critical for practitioners interested in using the most effective programs applicable to their situations.

Such comparative assessments are not easy to make across different meta-analyses. The task is not as simple as determining which ones show the largest mean effect size. Effect sizes are influenced by variation in the subject

Effect sizes are influenced by variation in the subject samples and settings used in the primary studies, by the research methods applied in those studies, and by the procedures employed by the meta-analyst in representing and analyzing the intervention effects.

samples and settings used in the primary studies, by the research methods applied in those studies, and by the procedures employed by the meta-analyst in representing and analyzing the intervention effects. Under these circumstances, simple comparisons of summary effect sizes can be misleading. Within an integrated meta-analysis, however, common procedures can be applied and statistical controls used to help level the playing field in a uniform manner so that comparative effectiveness can be better assessed.

Another advantage of a comprehensive meta-analysis of programs is the opportunity it provides to search for generalizations about the factors associated with effective programs. Useful guidance for practitioners does not come solely from lists of the programs and types of programs shown by research to have positive effects. It also comes from identification of the factors that distinguish the most effective programs and the general principles that characterize “what works” to reduce the recidivism of juvenile offenders and improve other outcomes.

Only one attempt has been made to conduct a comprehensive meta-analysis of the findings of all the available research on the effects of interventions with juvenile offenders. This was an effort begun by Mark Lipsey in the mid-1980s and continued, with periodic updates, to the present day. The results of this program of meta-analysis research have been reported in numerous publications over the years (e.g., Lipsey, 1992; Lipsey

and Wilson, 1998; Lipsey, 1999a, 1999b). The most recent analysis (Lipsey, 2009) is the most comprehensive in terms of both the number of studies included in the database and the scope of the factors investigated. We turn now to a summary of the findings of that analysis.

A. Analysis of the Findings of 548 Evaluation Studies of Delinquency Interventions

The database for Lipsey's (2009) comprehensive meta-analysis of the effects of delinquency interventions consisted of 548 studies that spanned the period from 1958 through 2002. These studies represented all the intervention research that could be located through an extensive search for published and unpublished reports of research that met the following key criteria:

1. The research was conducted in an English-speaking country and reported in English.
2. The juveniles studied were between 12 and 21 years of age.
3. The program's effect was measured on at least one delinquency outcome variable (e.g., rearrest, reconviction, return to court supervision, and so forth).
4. The outcomes of the target intervention program were directly compared to those of a control group of similar juveniles who did not receive the intervention.

Trained coders read each study that met these criteria and, using a computerized coding scheme, extracted information that described each study on a large set of variables divided into the following categories:

- Characteristics of the study methods
- Characteristics of the juvenile samples
- Level of juvenile justice supervision and control (e.g., diversion, probation, incarceration)
- Type of intervention or program applied
- Amount and quality of service
- Statistical effect size for the magnitude of the intervention effect on subsequent offending

The key variable in this analysis, of course, is the effect size; it indicates whether the study found that the intervention reduced subsequent offending and by how much. Across all 548 studies, the mean intervention effect was positive (reduced recidivism) and statistically significant. The magnitude of this effect was modest but not trivial, representing a one-year rearrest rate about six percentage points lower for the treated juveniles relative to the control juveniles. This overall average tells us very little about the effectiveness of the interventions, however, because there was enormous variability in the observed effects across the studies. Some of the effect sizes were very small, virtually zero, and even negative, while others were quite large. The 75th percentile effect size, for instance, represented a reduction of about 24 percentage points in the reoffense rate while the 90th percentile effect size represented a reduction of more than 40 percentage points. The most important question, then, is what are the programs or program characteristics that produce the large effects.

One set of variables related to the magnitude of the intervention effects is that representing the methodological characteristics of the studies, for example, the way recidivism was measured and the quality of the design for creating comparable treatment and control groups. In order to minimize any confusion in the analysis between the influence of these differences and those of the substantive characteristics of interest, the methodological variables were statistically controlled in all analyses. Further analysis was then done to isolate as much as possible the relationships between the recidivism effects and the characteristics of the intervention programs and the juveniles to whom they were applied. The details of these analyses and the methods used are described in detail in Lipsey (2009).

B. Program Characteristics Associated with the Greatest Effects on Recidivism

Given the overall finding in Lipsey's (2009) meta-analysis that some interventions show relatively large positive effects on the juveniles that participate, what do these successful programs look like? That was the

key question for this meta-analysis. Four programmatic aspects were found to be most relevant when considering what works best for reducing subsequent offense rates. These programmatic components and characteristics are described below.

1. Risk Level of the Juveniles

It is possible that some juveniles are generally more responsive to intervention programs than others and thus show larger effects across a wide range of program types. The analysis showed that there was little overall difference in effects associated with the demographic characteristics of age, gender, and ethnicity. The one characteristic of the juveniles receiving the interventions that did show an overall relationship was risk for delinquency as indexed by the nature and extent of prior offenses and the reoffense rates of the matched untreated controls. Interventions applied to high-risk delinquents, on average, produced larger recidivism reductions than when those interventions were applied to low-risk delinquents.

This finding can be understood rather easily in terms of the latitude for improvement among different risk groups. High-risk juveniles by definition are likely to have high reoffense rates and thus have the most room for improvement if they receive an effective intervention. Low-risk juveniles, on the other hand, have little likelihood of reoffending even without intervention and thus have little room for improvement. Especially notable is that this relationship with risk extended to the very highest risk samples found among the research studies—that is, there was no indication that there were juveniles whose risk level was so high that they did not respond to effective interventions.

The juvenile justice supervision status of the juveniles in these studies (e.g., diversion, probation or community supervision, incarceration) was, of course, strongly related to their risk characteristics. The juveniles under higher levels of supervision tended to be the higher risk cases. When risk level was statistically controlled, however, no difference was found in the overall effectiveness of the intervention programs in the different supervision categories. Thus a type of program that was effective

for juveniles under probation or parole supervision in the community was equally effective when applied to juveniles in secure residential facilities once the fact that effects are generally larger for higher risk juveniles is taken into account.

In practical terms, juvenile justice systems will generally get more delinquency reduction benefits from their intervention dollars by focusing their most effective and costly interventions on higher risk juveniles and providing less intensive and costly interventions to the lower risk cases.

In practical terms, juvenile justice systems will generally get more delinquency reduction benefits from their intervention dollars by focusing their most effective and costly interventions on higher risk juveniles and providing less intensive and costly interventions to the lower risk cases. Moreover, they can expect similar benefits from their intervention programs for juveniles at a given risk level whether they are treated and supervised in the community or in residential facilities.

2. Therapeutic versus Control Treatment Philosophies

Not surprisingly, the meta-analysis found that the type of program was rather strongly related to its effects on reoffense rates—some programs are simply more effective than others, all else being equal. Given the great diversity of program types that appear in the research, however, describing and categorizing them in meaningful ways is a challenge. Lipsey (2009) found that one important distinction had to do with the overarching philosophy of the program. “Philosophy” in this context means the global approach to altering juvenile behavior taken by the program. From this perspective, two broad program philosophies could be distinguished. The first featured external control techniques for suppressing delinquency and included three categories:

- Programs oriented toward instilling discipline (e.g., paramilitary regimens in boot camps)

- Programs aimed at deterrence through fear of the consequences of bad behavior (e.g., prison visitation programs such as Scared Straight)
- Programs emphasizing surveillance to detect bad behavior (e.g., intensive probation or parole supervision)

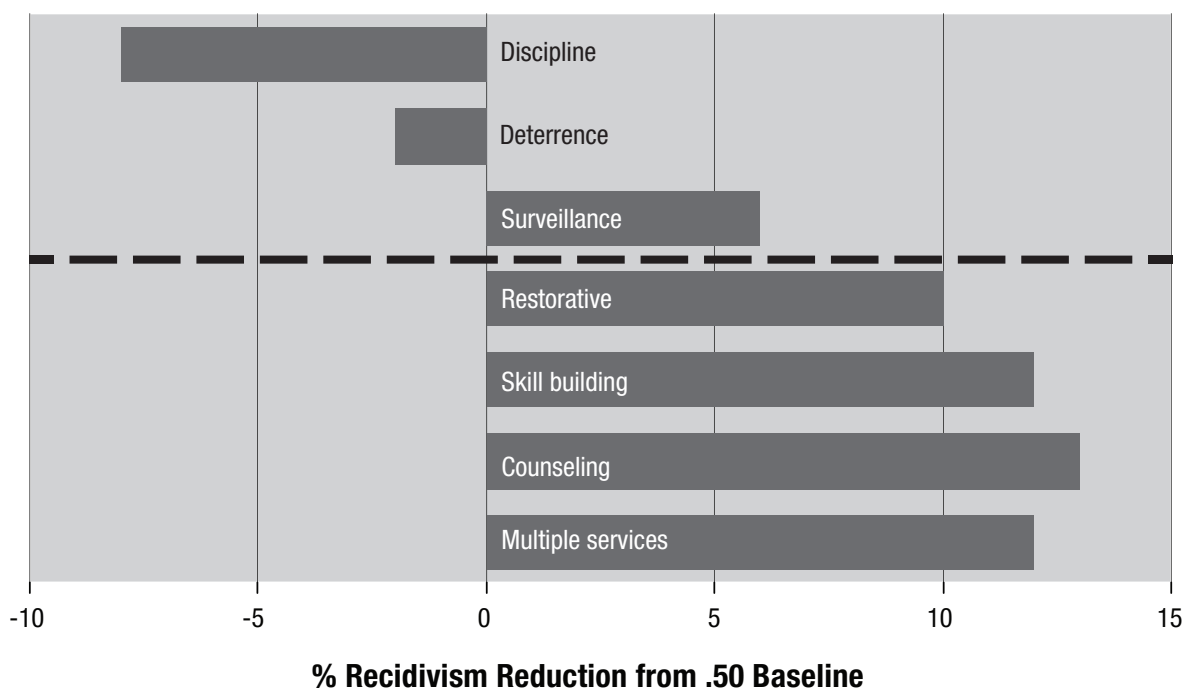
A contrasting philosophy involves attempts to bring about behavior change by facilitating personal development through improved skills, relationships, insight, and the like. This therapeutic philosophy included the following categories of programs:

- Restorative (e.g., restitution, victim-offender mediation)
- Skill building (e.g., cognitive-behavioral techniques, social skills, academic and vocational skill building)
- Counseling (e.g., individual, group, family; mentoring)
- Multiple coordinated services (e.g., case management and service brokering)

When the mean effects on reoffense rates were compared for the programs associated with these two broad approaches, the programs with a therapeutic philosophy were notably more effective than those with a control philosophy. Figure 1 shows the effects for the program categories within each of these philosophies. The zero (0) point indicates no program effect while positive values represent reductions in recidivism and negative values represent increases in recidivism. As can be seen, the programs in two of the control categories on average had negative effects.³ The third category, programs relying mainly on surveillance, showed positive effects, but smaller ones than for any of the therapeutic program categories. This category includes mainly intensive probation programs, which often have significant counseling components by probation officers. They may thus represent a mix of control and therapeutic strategies.

³ All estimates of the mean reoffense effect sizes have been adjusted for methodological differences between the studies.

Figure 1. Mean recidivism effects for the program categories representing control and therapeutic philosophies



For purposes of guiding juvenile justice systems toward effective programs, the advice that follows from this portion of the meta-analysis is straightforward. To optimize the effects on recidivism and other outcomes, programs from the therapeutic categories should be favored and those from the control categories should be avoided as much as possible.

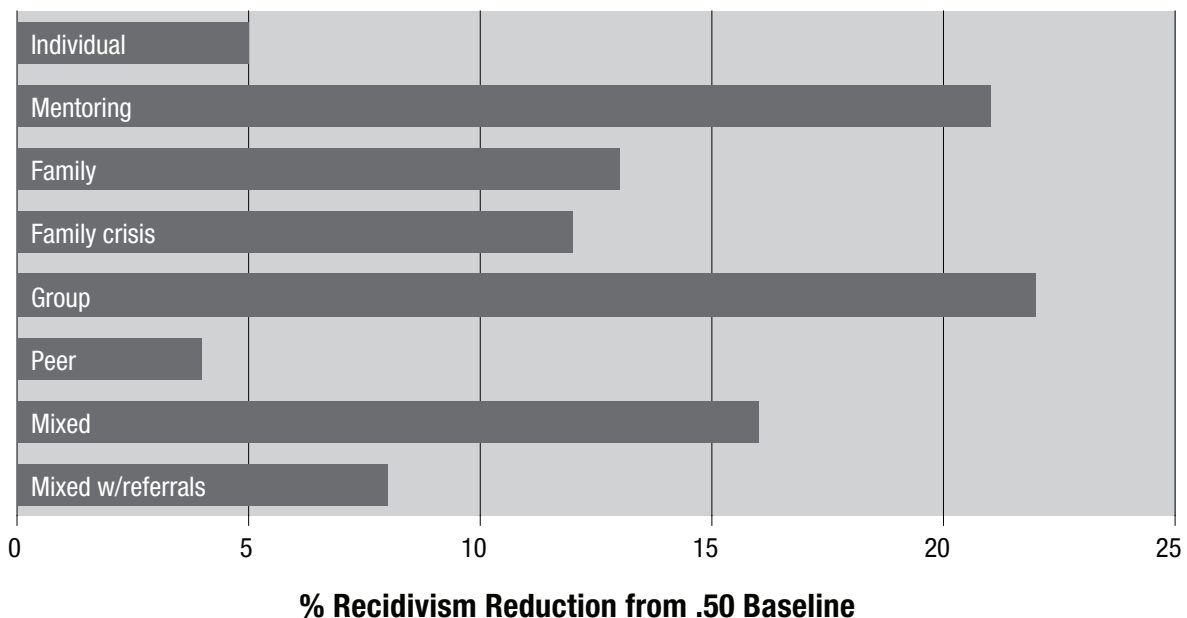
3. Generic Program Types and Embedded Model Programs

Within each of the program categories identified above as representing the control and therapeutic philosophies, programs were classified into subcategories according to their generic program type. For example, in the subcategory of counseling programs within the therapeutic philosophy, different kinds of counseling can be distinguished that vary in their effects on reoffense rates. Figure 2 shows the mean effects for the major generic types of counseling. Though they all show positive effects, the largest effects appeared for group counseling and

mentoring programs. Similar variation across the generic program types was seen in the other therapeutic program categories. Behind counseling, the next largest category was skill-building programs (figure 1). Figure 3 shows that all the program types in the skill-building category also had positive effects, but behavioral programs (e.g., behavior contracting) and cognitive-behavioral programs had the largest mean effects.

Embedded within many of these generic program types are specific brand-name model programs that have been included in the evaluation research covered in the meta-analysis. These generally show positive effects on recidivism, as we would expect. However, they do not necessarily show notably better effects than the no-name programs of the same type. For example, Functional Family Therapy (FFT) and Multisystemic Therapy (MST) are both included in the generic program type labeled “family counseling.” Figure 4 shows the distribution of statistical effect sizes found in evaluation studies of 29 family counseling programs. The larger effect sizes on the right-hand side of this distribution describe the most positive

Figure 2. Mean recidivism effects for the generic program types within the counseling category



effects on recidivism, that is, recidivism reductions. The effect sizes for recidivism outcomes found in the studies specifically of FFT and MST respectively are color coded and labeled.

As can be seen in Figure 4, most of the programs of the family counseling type had positive effects on recidivism. It is also the case that the four studies of FFT and the four studies of MST showed positive effects. The effects for those model programs, however, show variation, with some larger and some smaller, just as the other family counseling programs do, including the no-name ones. Moreover, the effect size estimates from the FFT and MST studies fall well within the range of the other family programs in this collection. Indeed, some no-name programs produced effects even larger than those found for the model programs.

In this example, we see that the model programs are indeed effective, and thus deserve their designation as evidence-based programs. At the same time, there is evidence for the effectiveness of family counseling programs as a generic type, so it is not unreasonable to say that family counseling programs are also evidence based. However, some of the studies of family counseling

programs showed near zero or even negative effects, so a careful specification of the family programs that are evidence-based would also include whatever characteristics distinguish those on the high end of the effect distribution.

This portion of the meta-analysis has important implications for juvenile justice practice. First, the selection of the type of program (family counseling, social skills, mentoring, and so forth) is consequential. As long as the program type matches the needs of an offender, the largest potential effects on recidivism can be expected from the program types that showed the largest average effects in the research studies. Second, when a specific program of any given type is being selected, a model program should generally be a good choice, provided that one is available and can be implemented with fidelity. A third implication, however, is that local programs of that same type would also be expected to be effective if they are implemented in an appropriate manner. Effective implementation in these cases means ensuring that the program has the distinguishing characteristics of similar programs found in the research to have above average effects and that it avoids the characteristics of those found to have negligible or negative effects. Other than

Figure 3. Mean recidivism effects for the generic program types within the skill-building category

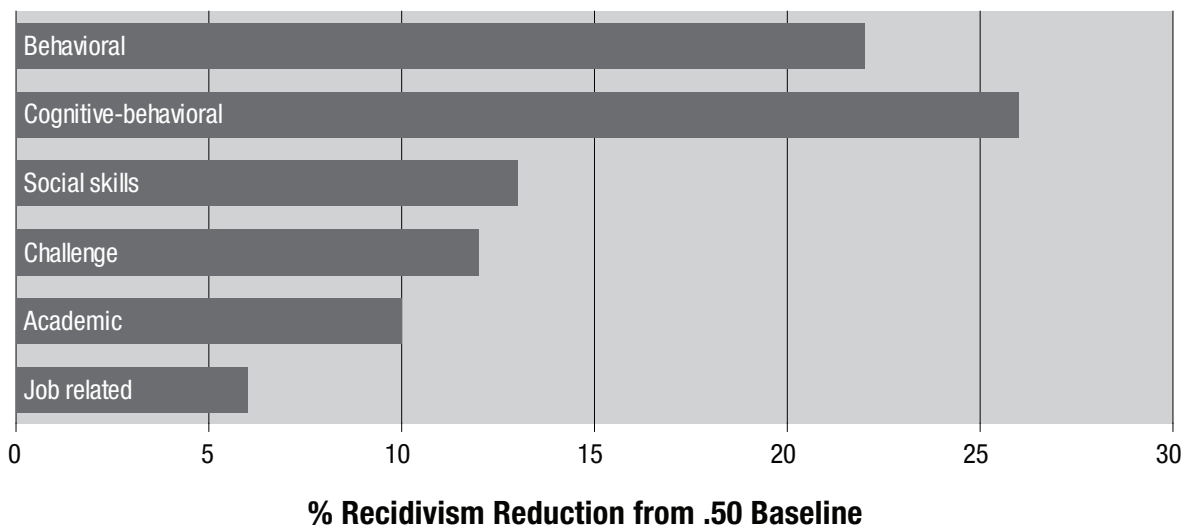
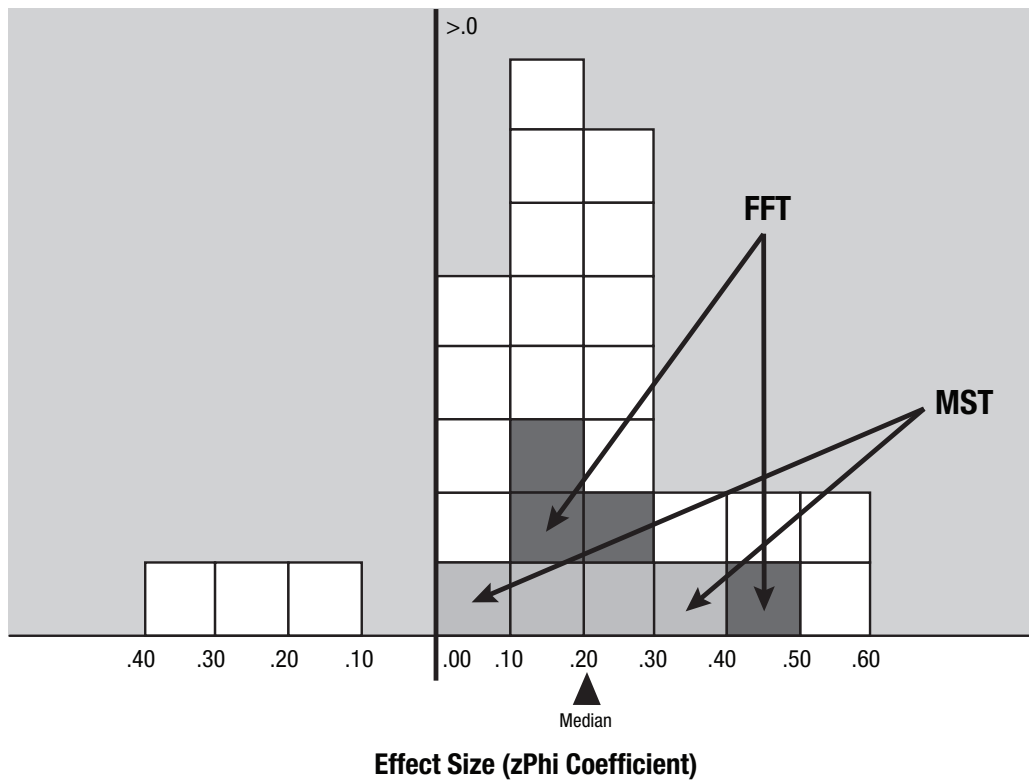


Figure 4. Effect sizes for family counseling interventions with those for FFT and MST identified



the risk level of the juveniles served, these distinguishing characteristics have mainly to do with the amount and quality of service provided, as described below.

4. Amount and Quality of Service

The final factor that was related to the magnitude of intervention effects on reoffense rates dealt with the way the program was implemented. The variables represented in that factor are simple, but important ones. First, a sufficient amount of the program service must be provided. This aspect is like the dose of a medicine—if the amount taken is too small, it is unlikely to have the expected effect. Of course, beyond a certain point, a larger dose does not necessarily improve the outcome. For each

program type, recidivism reductions were associated with the duration of the service (days from start to termination) and total contact hours of service the juvenile received. To obtain at least the average effect on recidivism for that program type, the program duration and hours of contact must at least reach the average values for the programs of that type included in the meta-analysis.

Second, the quality of the program implementation was an important feature related to the magnitude of the effects. This aspect was not well reported in the research studies providing data for the meta-analysis, but indications of problems such as high dropout rates, staff turnover, poorly trained personnel, incomplete service delivery, and the like were associated with smaller effects. Also, when the program developer was involved in the delivery of the

program, and thus had a direct role in ensuring that it was delivered appropriately, the effects were larger. We conclude, therefore, that fidelity—that is, delivery of the program as intended to all recipients—is one of the keys to program success, as indeed we might expect.

C. Effective Juvenile Justice Programs: Implications for Practice

The meta-analysis found no factors other than those described above that were significantly associated with the intervention effects on reoffense rates. Furthermore, those factors, taken together, had a large enough relationship with the program outcomes to account for a substantial portion of the differences across programs in the magnitude of their effects on recidivism. No doubt there are many other features that relate to the success of particular programs implemented in particular circumstances that were not captured in this analysis. This small set of rather broad factors, however, goes a long way toward distinguishing the programs shown in the research studies to produce large enough effects on recidivism to have practical value in juvenile justice applications from those with negligible or even negative effects.

It is a fortunate finding that so much of the effectiveness of these programs can be accounted for by such a small number of quite straightforward factors. This means that close attention to these factors in the selection and implementation of programs for juvenile offenders can provide reasonable assurance that those programs will be effective for reducing recidivism. Moreover, the extensive research represented in the 548 controlled studies in the meta-analysis makes these factors evidence based. Thus one of the several defensible definitions of evidence-based programs is that they match the profile on this set of factors that the meta-analysis has shown to be characteristic of the most effective programs. That profile, to summarize, prescribes the following:

- Target high-risk cases. In particular, provide the most effective programs possible to the highest risk cases.

Effective programs applied to low-risk cases will have small effects so it is not cost-effective to provide more than minimal, low-cost services to such cases.

- Use programs that take a therapeutic approach to changing behavior by focusing on constructive personal development. Minimize programs based on a control or deterrence philosophy.
- Favor those program types that have shown the largest effects in research studies when matching programs to the needs and problem areas of the juveniles served.
- Implement the selected programs well. Monitor each program to ensure that it is delivered as intended and that all the juveniles assigned to it receive at least an amount of service that corresponds to the average reported in the evaluation research on that type of program.

What the meta-analysis results tell us is that programs that more closely match this profile should be more effective.

What the meta-analysis results tell us is that programs that more closely match this profile should be more effective. This profile thus constitutes a simple set of best practice guidelines for juvenile justice programs. It also provides a basis for evaluating existing programs. Those programs that most closely match this profile are better programs in the sense that, on the basis of the available research, we expect them to have better effects. Those that fall short are not expected to be as effective, but the parts of the profile on which they fall short can be used to guide their improvement.

One approach to making the guidance for selecting, implementing, and improving juvenile justice programs more useful at a practical level is to incorporate it in an instrument that allows each local program to be rated according to how closely it matches the best practice profile derived from the meta-analysis. Such an instrument has been developed, field tested, and validated. It is described in the next section.

VI. The SPEP: Evidence-Based Practice Guidelines

The juvenile justice field needs a more efficient and holistic way to use the tremendous body of research now available to inform program practice. The extent of that research is sufficient to allow nearly the entire spectrum of juvenile justice programs to operate on an evidence-based platform. Although brand-name model programs may be implemented as part of that platform, local programs may also be supported by evidence of effectiveness, or may be enhanced in ways that align them with that evidence. Not all programs that are practiced locally may be of a type for which there is a research base, however. If they are to be used as part of an evidence-based platform, those programs must be separately evaluated with research conducted directly on them.

To translate the guidelines for effective programs that are derived from his meta-analysis into practical form, Lipsey developed the Standardized Program Evaluation Protocol (SPEP), a tool for comparing local juvenile justice programs to what has been found to be effective in the research. This was done in a straightforward manner. Each of the factors found in the meta-analysis to be importantly related to program effectiveness is represented in the SPEP and associated with a certain maximum number of points to provide a score. The number of points associated with each factor is derived directly from the statistical models used in the meta-analysis to predict program effects on recidivism. Those factors with stronger predictive relationships are assigned proportionately more points than those with relationships that are not as strong. Where appropriate, target values are set based on the median values found in the corresponding research, e.g., for service duration and number of contact hours.

The ratings on each factor in this scheme for a particular local program are derived empirically—they are not simply reflections of someone's judgment on what the program is doing. For instance, ratings of the risk level of the

juveniles served must be based on the results of a valid risk assessment instrument or equivalent data. Ratings of the amount of service must be based on management information system data that report the service received by each juvenile. The SPEP instrument and the basis for the ratings it involves are described more fully in the next section.

A. The Standardized Program Evaluation Protocol for Assessing Juvenile Justice Programs

The Standardized Program Evaluation Protocol is a tool for comparing juvenile justice programs to what has been found to be effective in the research. More specifically, the SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with the best recidivism outcomes for similar programs as identified in Lipsey's large (2009) meta-analysis of evaluation studies (described in the previous section). Although the SPEP is focused on recidivism, the programs found in the meta-analysis to be effective for reducing recidivism also had positive effects on other outcomes such as family and peer relations, mental health symptoms, and school attendance.

The SPEP is configured so that the maximum overall score is 100 points. Each of the ratings on the key effectiveness factors represented in the SPEP has a maximum value assigned in proportion to the strength of that factor for predicting recidivism effects in the statistical models used in the meta-analysis. Thus the maximum rating possible for the primary service type is larger than that for the risk level of the juveniles because the meta-analysis showed that, though both factors were independently related to recidivism effects, the primary service type was more strongly related. The key factors associated with program

effectiveness found in the meta-analysis and the basis for rating them in the SPEP are as follows.

Type of program. The SPEP covers only program types that take a therapeutic approach, as defined in the program categories used in the meta-analysis (e.g., family counseling, mentoring, cognitive-behavioral therapy, vocational training). The relative effectiveness of each program type for reducing recidivism that was found in the statistical analysis was used to categorize program types as having, on average, high, medium, or low effects on recidivism, keeping in mind that even the low program types nonetheless have positive average effects. The total number of points—which represents the proportionate contribution of program type to predicting recidivism effects—is distributed across these categories so that the maximum number of program type points goes to those in the high category with discounted scores given to program types in the medium and low categories.

To determine which program type a local program represents, and thus what its SPEP score is on that factor, descriptive information about the nature of the services it provides must be examined. That information is compared with the descriptions in a glossary of program types that was developed from the descriptions provided in the corresponding research studies included in the meta-analysis. The local program is then identified with regard to the program type it represents and, depending on whether that program type is classified as having low, medium, or high effectiveness, the corresponding SPEP rating is assigned. If a program does not match any of the program types in the glossary, it means that insufficient research exists for estimating the effectiveness of that type of program.

Many programs involve combinations of services that may represent different program types. In those cases, primary and supplementary services are distinguished and, if the supplementary services are of a different type from the primary service, but of a type shown to be effective in the research, bonus points are awarded for it.

Amount of treatment. Service amount is divided into duration and total contact hours, with the latter receiving somewhat more points in light of its slightly stronger relationship to outcomes. Service duration is assessed

as the time (e.g., number of weeks) between the date of service intake and the date of service termination for each juvenile with a closed case who was served by the program over the period of time to which the SPEP is applied (e.g., SPEP ratings might be made annually). Similarly, total contact hours are assessed as the number of hours of direct exposure each juvenile had to substantive program activities. In both cases, these values must be determined from actual service records, not estimated subjectively.

The SPEP ratings for these service dimensions assign a greater or lesser proportion of the points available for amount of service according to the proportion of the juveniles served with service duration or contact hours that reach or exceed specified target values. Those target values are set at the average found in the corresponding research studies for programs of that type. This is based on the assumption that, if the amount of service provided at least reaches the average reported in the respective research studies, the program should attain at least the average effects on recidivism found for that program type.

Quality of treatment. The quality of the treatment implementation is the most difficult SPEP factor to rate on the basis of actual program data. This factor, as it is represented in the research studies and analyzed in the meta-analysis, refers to the extent to which the program was implemented as intended for every juvenile recipient. Such information is not generally collected as part of the management information or client-tracking systems used by juvenile justice agencies and may have to be developed in order to support full SPEP ratings. Drawing on the representation of this factor in the research studies, we identify the key dimensions of implementation quality as (1) a written protocol describing the intended service, (2) provision of training on the intended service for those delivering it, (3) a regular procedure for monitoring service to assess whether it is being delivered as intended, and (4) a procedure for taking corrective action when service delivery strays from what is intended. Note that these are not dimensions of clinical quality, which may be important but are not captured well in the research on which the SPEP is based. Rather, these are organizational matters that can be assessed in terms of the operating procedures established and maintained by the provider delivering the program being rated.

Youth risk level. Risk level is assessed for each youth based on a valid risk assessment instrument or equivalent data, e.g., prior offense history and current problem behavior. Within the risk range of the juveniles served by the programs in the juvenile justice system, a target value is set for that system which represents sufficiently high risk for such juveniles to be a priority for effective treatment. The SPEP risk points are then assigned in relation to the proportion of juveniles at that risk level or higher who are served by the program being rated.

Certain details of the SPEP rating scheme must be tailored to the particular juvenile justice system using it,

the programs that are offered, and the nature of the data and data systems that are available. Figure 5 presents an example of a SPEP form for summarizing the ratings that would be generated for a particular program, in this case one serving youth on probation. This form depicts the rating categories and illustrates the proportionate points that are available in each. Keep in mind that the actual ratings are made on the basis of program information and service data for each program; the SPEP form summarizes the results of the rating process and provides a format for adding up the ratings to obtain a total score. Because of the way the rating dimensions are defined and the points are allocated in relation to the meta-analysis results, the

Figure 5. Example of a SPEP form for summarizing the ratings for a local program

Standardized Program Evaluation Protocol (SPEP) for Services to Probation Youth

	Possible Points	Received Points
<p>Primary Service: High average effect service (35 points) Moderate average effect service (25 points) Low average effect service (15 points)</p>	35	
<p>Supplemental Service: Qualifying supplemental service used (5 points)</p>	5	
<p>Treatment Amount: Duration: % of youth that received target number of weeks of service or more 0% (0 points) 20% (2 points) 40% (4 points) 60% (6 points) 80% (8 points) 100% (10 points) Contact Hours: % of youth that received target hours of service or more 0% (0 points) 20% (3 points) 40% (6 points) 60% (9 points) 80% (12 points) 100% (15 points)</p>	10 15	
<p>Treatment Quality: Rated quality of services delivered: Low (5 points) Medium (10 points) High (15 points)</p>	15	
<p>Youth Risk Level: % of youth with the target risk score or higher: 25% (5 points) 50% (10 points) 75% (15 points) 99% (20 points)</p>	20	
<p>Provider's Total SPEP Score:</p>	100	[Insert Score]

total score for a particular program can be interpreted as a measure of how closely the key characteristics of that program match the profile of characteristics shown in the meta-analysis to be most strongly associated with effects on recidivism. Viewed from a diagnostic and program improvement perspective, low ratings on any of these factors identify aspects of a program that should make the greatest difference in its effectiveness if they were to be improved. The SPEP is thus designed not only to evaluate each program against an evidence-based best practice profile, but to provide guidance for improving programs that fall short in that evaluation.

B. The Experience of State Juvenile Justice Systems with the SPEP Tool

An initial version of the SPEP tool was implemented in North Carolina in 2001, tailored to the prevention and court supervision programs funded through the North Carolina Department of Juvenile Justice and Delinquency Prevention.

An initial version of the SPEP tool was implemented in North Carolina in 2001, tailored to the prevention and court supervision programs funded through the North Carolina Department of Juvenile Justice and Delinquency Prevention. In 2006 it was adopted by the Arizona Juvenile Justice Services Division for application to state-funded programs for juveniles on probation. In addition, a project to apply it in Tennessee to programs in residential facilities for juvenile offenders was recently launched. These applications have led to a number of refinements in the SPEP scheme, and much has been learned about the best way to incorporate it into state-level juvenile justice systems as well as some of the challenges involved in that process. Most important, these projects provided an opportunity to conduct validation studies of the SPEP that tested the relationship between SPEP program ratings and recidivism outcomes for the juveniles served by the rated programs.

1. North Carolina

With the passage of the 1998 Juvenile Justice Reform Act, North Carolina became the second state (after Washington) to mandate that only effective services for juvenile offenders would be eligible for state funding. The act required the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) to ensure that this mandate was implemented and to evaluate programs funded through the state's Juvenile Crime Prevention Councils as a condition of continued funding. However, the state did not provide any funds to DJJDP for such a statewide evaluation. When DJJDP officials learned of the work underway to develop the SPEP from Lipsey's meta-analysis, they decided to try it out as an evaluation tool. By scoring the DJJDP-funded programs against evidence-based guidelines, administrators could both assess the effectiveness of the programs and comply with the state mandate to fund only effective services.

The North Carolina SPEP Project was initiated in October 2001. After an initial development phase, the project progressed to pilot testing in selected rural and urban counties, followed by statewide rollout in 2006. The research team and the North Carolina DJJDP staff were able to classify almost all of the state-funded prevention and court supervision programs into the categories of program types for which there was sufficient research to develop a SPEP rating scheme. Only one type of program used by DJJDP, called Guided Growth, could not be classified into any of the primary service categories with sufficient research to be included in the SPEP.

DJJDP had a client-tracking system in place that routinely received data from service providers about the nature and amount of service provided to each juvenile. Information from that system was adapted to provide the input data for rating the SPEP factor related to the amount of service received by the juveniles in each program. DJJDP also had a validated risk assessment instrument in place to provide the data needed to rate the SPEP factor on the risk level of the juveniles served. Drawing on these data sources, it was possible to produce SPEP scores for programs statewide electronically through an automated system that remains in place.

DJJDP already had excellent offender management tools (a disposition matrix, a validated risk assessment instrument, an excellent needs assessment instrument, and a disposition grid) that it had used effectively to assign offenders to appropriate placement options and reduce admissions to the state's Youth Development Centers by 68 percent (North Carolina Department of Juvenile Justice and Delinquency Prevention, 2008). Adding the SPEP tool to DJJDP's repertoire permitted a statewide evaluation of the presumptive effectiveness of the community-based programs the state was increasingly using for juvenile offenders.

To assess the validity of the overall SPEP scores and the ratings on each of the factors that contribute to those scores, a recidivism analysis was conducted using data for juveniles served by 50 SPEP-rated prevention programs and 113 SPEP-rated programs for juveniles under court supervision in the community (Lipsey, Howell, and Tidd, 2007). Risk-adjusted recidivism rates for these juveniles were generated with statistical models that predicted recidivism based on risk and prior delinquency history. These models were used to estimate the recidivism rate of the juveniles under conditions where they all had the same initial risk for recidivism. Given equal risk, it was expected that actual recidivism rates would be lower for juveniles served by programs with high SPEP ratings than those served by programs with low SPEP ratings. These analyses found that the SPEP scores were moderately correlated with the risk-adjusted recidivism rates, with larger relationships found for the court supervision cases than for the prevention cases.

2. Arizona

Former OJJDP Deputy Administrator Rob Lubitz was familiar with the North Carolina SPEP Project. After his appointment as director of the Juvenile Justice Services Division (JJSD) in Arizona, Mr. Lubitz championed SPEP implementation across all Arizona court services programs. JJSD staff began implementing the SPEP rating scheme for their contract service providers in five pilot counties in the fall of 2006. Follow-up activities were then aimed at prompting providers to plan program improvements that would elevate their SPEP scores.

Subsequently, the SPEP has been expanded to all JJSD-funded programs in the state.

Based on information obtained during the contracting process and by direct contact with the providers, it was possible to classify nearly all the Arizona programs as representative of therapeutic program types that were included in the research that supported the SPEP and thus to apply the SPEP ratings to them. The exceptions were brief behavior-specific programs—short educational programs on topics related to juvenile behavior problems—for which there is insufficient research on which to base a SPEP. The Arizona JJSD has a well-developed data system that includes detailed risk assessment scores capable of supporting an especially differentiated SPEP risk rating.

Obtaining data about the duration of service and number of contact hours by the respective programs for each juvenile proved more challenging.

Obtaining data about the duration of service and number of contact hours by the respective programs for each juvenile proved more challenging. JJSD did not collect service information in this form, but the financial records did identify the billable service units provided to each juvenile. JJSD staff was able to use that data to establish service start and end dates and to convert the service units into contact hours. There was no reasonable source for quality of service ratings for each program, however, so the JJSD staff embarked on a project to develop a rating scheme based on information that could be required as part of the contracting process, supplemented by site visits as needed.

JJSD's experience with the SPEP implementation stimulated some additional innovations. To oblige providers to attend to the SPEP ratings for their programs as a programmatic diagnostic tool, JJSD staff developed a format for program improvement plans that had to be filed by each provider during the contracting cycle. The SPEP experience also highlighted the importance of matching programs with offender needs and motivated JJSD staff to develop an improved needs assessment instrument.

Two validation studies of the SPEP scores were conducted in Arizona: an initial one in the five-county pilot test (Lipsey, 2008) and a second with data from the statewide implementation (Redpath and Brandner, 2010). In both cases the actual recidivism rates for the juveniles served by each program were compared with the rates predicted for them based on their risk profiles and prior delinquency history. In both studies, the ratings on the individual SPEP factors were correlated with the difference between actual and predicted recidivism—when the SPEP ratings were higher, the actual recidivism was lower relative to predicted recidivism. For the 18 programs in the pilot counties with the highest overall SPEP scores, the actual 6- and 12-month recidivism rates for the juveniles served averaged about 12 percentage points lower than predicted. For the 48 programs with lower scores, the difference between actual and predicted recidivism rates was a negligible one percentage point. Among the 90 programs in the subsequent statewide study, juveniles in programs with the highest overall SPEP scores had recidivism rates that averaged about 5 percentage points lower than predicted; juveniles in programs with lower SPEP scores had average recidivism rates about 4 percentage points higher than predicted.

C. Lessons Learned from the North Carolina and Arizona SPEP Projects

The projects in North Carolina and Arizona demonstrated that the SPEP could be implemented statewide and used routinely to assess juvenile justice programs according to how closely their characteristics match evidence-based best practice profiles. Most important, the studies conducted in these states showed that the SPEP scores for the rated programs were related to the recidivism rates of the juveniles served by those programs. Juveniles with equal risk for recidivism had lower recidivism rates when served by programs with high SPEP scores than when served by programs with lower SPEP scores. The SPEP scheme appears to be working as expected and shows encouraging empirical validity as a guide to effective programming for juvenile offenders.

Some of the other lessons learned from the North Carolina and Arizona SPEP projects that have implications for other juvenile justice systems in which the SPEP might be implemented include:

- If the North Carolina and Arizona juvenile justice systems are typical, the overwhelming majority of juvenile justice programs can be classified and evaluated using the SPEP if appropriate service and risk data are available.
- The initial SPEP scores for the programs in these states were relatively low despite the fact that they have juvenile justice systems strongly oriented to treatment and rehabilitation. These SPEP scores indicated that most programs had considerable room for improvement. The greatest shortfall indicated by the SPEP in these states was in the amount of service provided.
- Careful matching of programs with treatment needs is a relatively new frontier in juvenile justice. Though the SPEP does not rate this directly, program managers in both North Carolina and Arizona recognized that better matches would lead to greater program effectiveness. Embedded in this matching is a better understanding of risk reduction by providers and a better understanding of treatment protocols by court and juvenile justice personnel.
- Program administrator and staff turnover are significant impediments to successful SPEP implementation. When SPEP champions in the juvenile justice agencies departed or staff members familiar with the SPEP were shifted into other positions, SPEP implementation was disrupted. To sustain SPEP implementation, teams need to be trained and committed to the process rather than only a few individuals.
- Considerable systemwide improvements can be made without great cost by making key adjustments in the management of offenders, e.g., making better use of risk and needs assessment tools and the SPEP allows administrators to target higher risk offenders with effective programs matched to their needs, decrease reliance on expensive residential placements, and focus efforts on improving the outcomes of existing programs and services.

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- Administrators may have myriad reasons for being reluctant to embrace evidence-based programs, but resistance to changing established practices may well be the predominant one. Strong management leadership is essential to generate support, and extensive training and technical assistance must be provided.

At the operational level, implementation of the SPEP for program evaluation and improvement requires commitment and adaptation by juvenile probation and correctional services.

At the operational level, implementation of the SPEP for program evaluation and improvement requires commitment and adaptation by juvenile probation and correctional services. Use of the SPEP needs to be institutionalized via policy and procedural directives or manuals, desktop guides, and the like to ensure consistent application. To support continued commitment, it would be best if the SPEP were implemented in a manner that produced objective evidence of progress, such as a reduction of the dynamic risk and need levels of offenders or a reduction in recidivism due to the proper matching of offender risks and needs to effective rehabilitative services. One method for obtaining such evidence is to readminister risk and needs assessment instruments throughout the life of a case. Procedures may also be needed for presenting program results in staff case-planning meetings and judicial reviews.

D. The Challenge of Evidence-Based Practice for Service Providers

Although the SPEP instrument can be used by juvenile justice administrators to assess the expected effectiveness of the treatment programs they use and to guide improvement in those programs, it is the providers of those programs who must respond if the evidence embedded in the SPEP is to influence their practice. The idea of evidence-based practice seems relatively simple: Have the providers of services to juvenile offenders use therapeutic programs that have been shown in research

to reduce recidivism, and implement those programs the same way they were implemented in the research that found the best outcomes. Unfortunately, the challenges associated with realizing this idea can be quite complex.

For the most part, clinicians—including delinquency practitioners—are ambivalent about the role science should play in the interactions that occur between therapist and client. This is one of the reasons why research has failed to make its way consistently into those interactions (APA Task Force on Evidence-Based Practice for Children and Adolescents, 2008). Therapists tend to rely on a mixture of good intentions, some theory, practical wisdom, and—depending on how long they have been engaged in this difficult work—the use of specific techniques guided by their experience. This is often referred to as “treatment as usual.” Unfortunately, a number of studies have demonstrated that usual care is at best uneven and, at times, harmful (Knitzer and Cooper, 2006; Weisz et. al., 2005).

The prevailing interpretation of evidence-based programming as the use of model programs developed and evaluated elsewhere presents further challenges. With little understanding of the difficulties associated with quality implementation, practitioners who adopt these programs frequently find their efforts poorly supported. The clinician (or worse, the clinician’s supervisor) may have attended a presentation on an evidence-based program at a conference or read a book written by the program developer. That experience is then followed by the clinician’s attempt to use what was heard or read, perhaps as interpreted by a supervisor. This is not only a constricted view of how to go about evidence-based practice, but an underestimation of the power of inertia in clinical practice (Miller et al., 2006). The Washington State experience (Barnoski, 2004a) has left little doubt that effective use of “off-the-shelf” program models requires significant start-up costs, great care, and strong sustained ties to the original program developers (Carver, 2004).

Beyond practitioner ambivalence about research and emphasis on model programs as the way to move research into practice, other dilemmas are readily apparent. The short list of problems includes:

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- Matching the distinctive program requirements that were established in research settings to the real-life organizational constraints faced by practitioners, e.g., large caseloads, little supervision, and resource limits on the types, frequency, and duration of services.
 - Sustaining the program over time in the face of clinician and management turnover.
 - Finding out if the time and effort required to implement the evidence-based program produced the desired effect, despite limited capacity to track outcomes.

Any approach to evidence-based practice that avoids the difficulties associated with adopting model programs would likely be more readily embraced by the practitioner community. In this regard, the underlying premise of the SPEP is attractive—that matching current programming to the characteristics shown by research to distinguish effective programs is a form of evidence-based practice. This perspective not only widens the practitioner’s understanding of evidence-based practice, but also addresses several of the challenges identified above. Rather than calling for a wholesale exchange of the services being provided, the SPEP allows many practitioners to use the same set of clinical tools currently in place, though it does challenge them to use those tools with the right clients, the right frequency and duration, and stringent quality control monitoring. Comparatively speaking, the message of the SPEP is that “It does not

take a magic bullet program to impact recidivism, only one that is well made and well aimed” (Lipsey, 2009, p. 145).

It is important to note that though the SPEP adds practicality, implementing it will necessarily require some degree of change from treatment as usual.

It is important to note that though the SPEP adds practicality, implementing it will necessarily require some degree of change from treatment as usual. As such, practitioners will greet it with some of the same natural ambivalence about research described above. Clinicians never like to hear that even a portion of what they are doing may be ineffective. Also, if a model program with three or four research studies showing effectiveness is viewed as out-of-touch with real practice, prescribed changes to treatment strategy based on meta-analysis may seem even further distanced from the clinician’s day-to-day work. For the SPEP to be successful, careful attention must be paid to how these changes are presented to practitioners and practical suggestions must be provided for implementing them. Long-time practitioners know from their own experience that delinquency reduction is complex and that there is no magic bullet (Carver, 2005). What they may be able to learn from the SPEP is that relatively manageable adjustments to their work can yield significant benefits for both clients and communities.

VII. Integrating Evidence-Based Practice into Juvenile Justice Systems

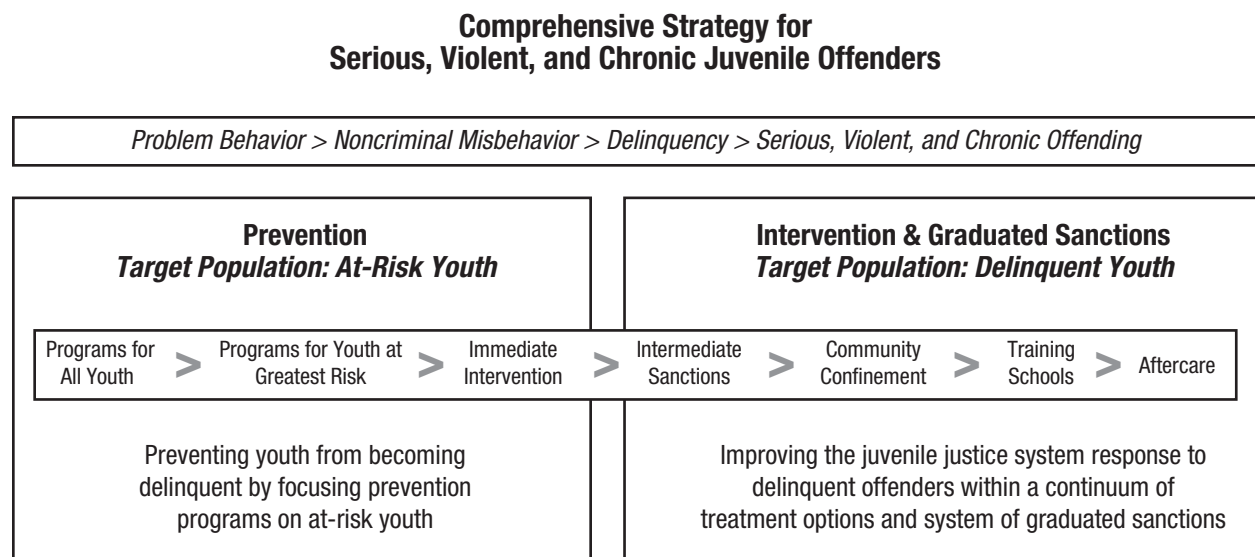
The SPEP provides a critical tool for effective management of juvenile justice systems that has been missing. However useful it may be for identifying effective programs and guiding improvement of ineffective ones, it is only one piece of the juvenile justice puzzle. To make its strongest contributions to efforts to reduce delinquency, the SPEP must be used as part of a comprehensive strategy for optimizing the effectiveness of the juvenile justice system.

A. A System Reform Framework

The Comprehensive Strategy (CS) for Serious, Violent, and Chronic Juvenile Offenders (Wilson and Howell, 1993, 1994) is a framework for guiding state and local system reforms to address juvenile delinquency in a cost-effective

manner. The CS is a two-tiered system for responding proactively to juvenile delinquency (Figure 6). In the first tier, delinquency prevention, youth development, and early intervention programs are relied on to prevent delinquency and reduce the likelihood that at-risk youth will appear in the juvenile justice system. If those efforts fail, then the juvenile justice system, the second tier, must make proactive responses by addressing the risk factors for recidivism and associated treatment needs of the offenders, particularly those with a high likelihood of becoming serious, violent, and chronic offenders. At the same time, supervision proportionate to the risk to public safety posed by the respective offenders must be applied. In the Comprehensive Strategy framework, the supervision and control component is referred to as sanctions, a term also used in this fashion in many juvenile justice systems.

Figure 6. The Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders



Sources: Wilson & Howell (1993, 1994); Howell (2003a, 2003b, 2009)

The CS framework consists of a spectrum of program options sufficient to address the diverse treatment needs and risk profiles of the target juveniles as well as a continuum of graduated sanctions sufficient to exercise the control necessary to ensure both public safety and the participation of youth in the assigned programs. More specifically, the CS framework is structured around six levels of parallel program interventions and sanctions, moving from least to most restrictive, plus aftercare for youth released from secure facilities:

- Community primary prevention programs oriented toward reducing risk and enhancing strengths for all youth
- Focused secondary prevention programs for youth in the community at greatest risk but not involved with the juvenile justice system or, perhaps, diverted from the juvenile justice system
- Intervention programs tailored to identified risk and need factors, if appropriate, for first-time minor delinquent offenders provided under minimal sanctions, e.g., diversion or administrative probation
- Intervention programs tailored to identified risk and need factors for nonserious repeat offenders and moderately serious first-time offenders provided under intermediate sanctions, e.g., regular probation
- Intensive intervention programs tailored to identified risk and need factors for first-time serious or violent offenders provided under stringent sanctions, e.g., intensive probation supervision or residential facilities
- Multicomponent intensive intervention programs in secure correctional facilities for the most serious, violent, and chronic offenders
- Post-release supervision and transitional aftercare programs for offenders released from residential and correctional facilities

1. Prevention Tier

Though prevention is not the focus of this paper, it is an important part of a truly comprehensive strategy

for addressing juvenile delinquency. The prevention component of the CS framework consists of the two initial program levels of the continuum: primary prevention and secondary prevention. In this framework, primary prevention refers to universal prevention programs, meaning that all youth are recipients in a community-wide program or a program provided to all youth in local school classrooms, community centers, and the like. Secondary prevention programs target children in the community with identified risk factors for delinquency and related adverse outcomes. These may be pre-delinquent youth who have not yet appeared in the juvenile justice system and who receive school- or community-based programs. Or these may be youth referred to the juvenile justice system for minor offenses but judged to be sufficiently at risk to warrant services and be diverted to community- or school-based prevention programs.

Use of a research-based risk and protection framework within the public health model helps structure the delinquency prevention enterprise in communities.

Use of a research-based risk and protection framework within the public health model helps structure the delinquency prevention enterprise in communities. The public health model is familiar to practitioners because of its widespread application in the health arena. Juvenile delinquency and other child and adolescent problem behaviors share many common risk and protective factors (Durlak, 1998; Loeber and Farrington, 1998). Thus prevention programs oriented toward reducing risk and enhancing protective factors can have beneficial effects for ameliorating a range of adverse outcomes. These programs can be successfully promoted by providing community members with training and technical assistance in risk-protection assessment and strategic prevention planning. For instance, the Life Skills Training program has demonstrated success as an approach to preventing tobacco, alcohol, and marijuana use (Botvin, Mihalic, and Grotspeter, 1998).

2. Intervention and Graduated Sanctions Tier

The intervention and graduated sanctions component of the Comprehensive Strategy consists of the last four levels of the overall CS framework in which treatment programs are combined with levels of supervision or control appropriate to the nature of juveniles' offenses and their risk for reoffending.

For chronic offenders, who account for a disproportionately large amount of delinquency, their offending careers develop over time. Thus a continuum of programs aimed at different points along the life course has a much better chance of succeeding than a single intervention. Because certain risk factors operate at particular times in individuals' lives, a developmental perspective is necessary for constructing a full continuum of delinquency prevention and intervention programs. Early on, for example, programs may be needed that address family risk factors. In adolescence, peer influences are predominant, and the most appropriate programs may be those that buffer the effects of exposure to delinquent peer influences and the spread of delinquency and violence in adolescence. On the other hand, interventions that counter individual risk factors (e.g., mental health problems) and community risk factors (e.g., high-crime neighborhoods) may be needed all along the life course.

The collective effect of a well-constructed spectrum of programs is likely to be much greater than the impact of a single program, as illustrated in a RAND cost-benefit study of juvenile delinquency prevention and treatment programs.

By developing a continuum of integrated programs and sanctions, juvenile justice systems can match offenders' risk levels and treatment needs to appropriate services and supervision at any point of development of offender careers. The collective effect of a well-constructed spectrum of programs is likely to be much greater than the impact of a single program, as illustrated in a RAND

cost-benefit study of juvenile delinquency prevention and treatment programs (Greenwood et al., 1996). The RAND researchers found that, if implemented statewide, a combination of four delinquency prevention and offender treatment programs could achieve the same level of serious crime reduction as California's "three strikes" law, which mandated imprisonment for the third strike. The researchers projected that these four programs would cost less than \$1 billion per year to implement throughout California, compared with about \$5.5 billion per year for "three strikes." Thus, at less than one-fifth the cost, the four programs could prevent more serious crimes than imprisonment would. As the RAND researchers noted, "Based on current best estimates of program costs and benefits, investments in some interventions for high-risk youth may be several times more cost-effective in reducing serious crime than mandatory sentences for repeat offenders" (Greenwood et al., 1996, p. 40).

More generally, the intervention and graduated sanctions tier of the CS calls for a proactive and balanced approach that integrates long-term delinquency prevention and short-term behavior supervision and control. This portion of the CS is based on the following core principles (Wilson and Howell, 1993):

- Immediate and effective intervention when delinquent behavior occurs to prevent delinquent offenders from becoming chronic offenders or committing progressively more serious and violent crimes. Initial intervention efforts, under an umbrella of system authorities (police, intake, and probation), should be centered in the family and other core societal institutions. Juvenile justice system authorities should ensure that an appropriate response occurs and act quickly and firmly if the need for formal system adjudication and sanctions is demonstrated.
- Identification and control of the small group of serious, violent, and chronic juvenile offenders who have committed felony offenses or failed to respond to nonsecure community-based rehabilitation services offered by the juvenile justice system. Measures to address delinquent offenders who are a threat to community safety may include placement in secure community-based facilities, training schools, and other secure juvenile facilities. Even the most violent

or intractable juveniles should not be moved into the criminal justice system before they age out of the jurisdiction of the juvenile justice system.

B. The Essential Tools: Risk Assessment, Needs Assessment, Case Management Plan⁴

The treatment programs integrated into the intervention and graduated sanctions tier of the CS framework must, of course, be effective for reducing recidivism or they will have little value to the juvenile justice system. As discussed earlier, the SPEP provides a tool for assessing the expected effectiveness of programs of a generic type that have been evaluated in credible research studies. Moreover, the SPEP can guide improvement for programs that fall short in that assessment. Although the SPEP gives juvenile justice administrators the opportunity to access the rich body of evidence on which programs work and which do not, administrators also need to know what works for whom, how to match programs to the risk level and needs of individual offenders, and how to go about moving effective programs into everyday practice.

All cases are not equal. Some offenders require substantial service intervention and supervision (high risk), others much less attention (low risk). Service interventions should address each youth's identified needs (individualized case plan). Juvenile offenders typically have multiple treatment needs in several developmental domains of their lives—family, school, peers, and so on. Several specific services may be needed to adequately address the array of presenting problems. Three tools—the main instruments of the Structured Decision-Making Model^{TM5}—are used within the framework of the CS to guide decisions on these matters. First, a risk assessment instrument is used to determine the level of sanctions needed to protect the public from a particular offender and the appropriateness

⁴ The authors express appreciation to Dennis Wagner of the National Council on Crime and Delinquency for generously sharing information on best practices in structured decision making.

⁵ Registered trademark of the National Council on Crime and Delinquency, all rights reserved. For more information: http://www.nccd-crc.org/crc/crc/c_sdm_about.html.

of the most intensive services available. Next, a needs assessment instrument is employed to guide selection of treatment programs that have an appropriate focus. Then, to find the best match between offender and program, which is critical for effective rehabilitation, the results of the needs assessment must be used in tandem with the results of the risk assessment to place the offender in a particular supervision level and treatment program within that supervision level. This program placement is guided by a third tool, the case management plan.

Risk assessment. From the time of their creation, juvenile courts and correctional agencies have used some means of assessing offenders' risk levels. There are four basic approaches to risk assessment: staff judgments, clinical assessments, consensus-based assessments, and empirically derived assessments based on actuarial data (Gottfredson and Moriarty, 2006; Wiebush, 2002). Two of these are not reliable at all: informal staff judgments result in over-classification (i.e., too many false positives), and clinical assessments have been shown to be significantly less accurate than empirically derived assessments (Gottfredson and Moriarty, 2006; Grove et al., 1990; Grove and Meehl, 1996). Consensus-based risk assessments (i.e., assessments based on items agreed on by a group of agency staff) are also less accurate than empirically derived instruments (Gottfredson and Moriarty, 2006; Wiebush, 2000, 2002).

A valid risk assessment instrument is one that does what it purports to do—that is, it accurately distinguishes between youth according to the probability that they will subsequently engage in delinquent behavior (Wiebush, 2002). Research supporting the validity of risk assessments has increased dramatically in recent years (Gottfredson and Moriarty, 2006). One reason is that, with the growth of automated court and correctional record systems, large databases are now available to researchers for risk assessment studies. Risk assessment instruments have been validated on more than a dozen state juvenile populations and in other studies (Wiebush, 2002). In addition, risk assessment instruments recently have been validated for several serious violent offender subgroups, including felony recidivists (Barnoski, 2004b), first-time referrals versus second- and third-time referrals (LeCroy, Krysik, and Palumbo, 1998), and potential chronic

offenders among second-time offenders (Smith and Aloisi, 1999). Three risk assessment instruments have been validated for successful classification of offenders with regard to their likelihood of recidivating with violent offenses: in Maryland (Wiebush, Johnson, and Wagner, 1997), Missouri (Johnson, Wagner, and Matthews, 2001), and Virginia (Wiebush, Wagner, and Erlich, 1999).

Matching the most effective programs with the highest risk offenders yields the greatest reductions in recidivism, and using risk assessment tools with the SPEP provides a systematic approach to optimizing those effects.

Valid risk assessment instruments are used in a structured decision-making scheme within the CS framework to estimate the level of sanctions needed to protect the public from the threat posed by an offender and to identify those youth most appropriate for intensive programs aimed at reducing recidivism. Matching the most effective programs with the highest risk offenders yields the greatest reductions in recidivism, and using risk assessment tools with the SPEP provides a systematic approach to optimizing those effects.

Needs assessment. Needs assessments are used to determine the specific program interventions to be delivered within the designated custody or supervision level (Wiebush, 2002). A needs assessment is intended to do the following:

- Provide an overview of the level of seriousness of the juvenile offender's treatment needs
- Provide information that can assist professionals in developing a treatment plan to address the juvenile's needs
- Provide a baseline for monitoring the juvenile's progress
- Provide a basis for establishing workload priorities
- Aid agency administrators in evaluating resource availability throughout the jurisdiction and determining program gaps that need to be filled

Unlike risk assessments, needs assessments do not predict future behavior; thus they are not developed through empirical research. Instead, jurisdictions employ a consensus approach to identify and set priorities for the most important service issues. Local professionals are responsible for selecting the items to include in the needs assessment instrument. They are guided in this effort by existing state and federal laws (e.g., laws addressing special education services), research identifying effective and promising programs, and local philosophies about effective rehabilitation services. In the structured decision-making model, needs assessment results are used to adjust the placement of offenders in various risk levels (as recommended by risk assessment results). For example, a juvenile offender who is determined to be at medium risk and who has a very high treatment needs score might be placed in a program for high-risk juveniles to take advantage of the relatively intensive treatment services offered by the program.

Needs assessment instruments typically include items concerning offender needs in areas that correspond with risk factors for delinquency, including family functioning or relationships, school attendance and behavior, peer relationships (e.g., negative peer associations and gang involvement), and individual problems (e.g., substance abuse and emotional stability). Many instruments also include measures of health and hygiene, intellectual ability, and learning disabilities.

Case management plan. Youth risk and needs assessments are the primary tools for assigning cases to a level of supervisory control and for identifying the treatment interventions for the case management plan. Client risk and treatment needs are assessed to develop individualized case plans to reduce recidivism. Case plans are executed by delivering identified service interventions during case supervision. Case plans are a statement of an agency's intention to deliver future service interventions, and specific services and timelines are included to allow implementation of the plan to be reviewed and monitored. Periodic reassessments of treatment needs also help case managers monitor client progress and can indicate when adjustments might be needed in individual treatment regimens.

We next discuss three successful examples of Comprehensive Strategy implementation that illustrate several of the strategy's key principles. The first, the San Diego County Breaking Cycles program, shows how a community can integrate the prevention and graduated sanctions components of the Comprehensive Strategy. The second example, the Orange County, California, 8% Early Intervention Program, illustrates how a community can effectively target potential and identified serious and chronic juvenile offenders with a model continuum of sanctions and services. The third example, Missouri's statewide graduated sanctions approach, illustrates the effective use of structured decision-making tools.

C. Examples of a Comprehensive Continuum of Prevention and Graduated Sanctions

1. San Diego's Comprehensive Strategy

San Diego County was the first site to implement the entire Comprehensive Strategy. The strategy was developed and implemented in 1996–97 under the leadership of the Juvenile Justice Coordinating Council, part of the Children's Initiative of San Diego County, which provided coordination and staff support (www.thechildrensinitiative.org). San Diego's Comprehensive Strategy consists of two main components: prevention and graduated sanctions. These components are linked in an overall program called Breaking Cycles (Burke and Pennell, 2001). The Breaking Cycles program has three specific goals (Burke and Pennell, 2001, p. 27):

- To reduce the number of at-risk minors who become delinquent by involving them in a prevention program
- To improve the juvenile justice system through implementation of a system of graduated sanctions with a focus on community-based treatment
- To break the cycle of substance abuse and family problems that fosters crime and violence

The prevention component targets youth who have not yet entered the juvenile justice system but who evidence problem behaviors such as chronic disobedience to

parents, curfew violations, repeated truancy, multiple attempts to run away from home, and drug and alcohol use. This secondary prevention approach is different from that of most community prevention strategies, which typically focus primary prevention programs on all youth. Five Community Assessment Teams (CATs) provide referrals and services to at-risk youth and their families by linking them with social supports in the community strategically located for easy access across the county. A team composed of a coordinator, probation officer, case manager, and other experts conducts comprehensive individualized youth and family assessments that guide the development of either a case management plan (for a long-term case) or a referral to community agencies (for a short-term case).

Youth in a second target group—those in juvenile court for delinquency involvement—access the graduated sanctions component of Breaking Cycles through a juvenile court commitment decision determined, in part, by a Probation Department screening committee. This determination is based on the offender's current offense and prior criminal history, as well as on the results of a risk assessment. A Breaking Cycles case plan is then developed for each youth. The case plan is family centered and strengths based. It is designed to promote accountability, rehabilitation, and community protection. Youth are assigned for variable lengths of program participation—90, 150, 240, or 365 days—depending on risk severity and treatment needs. The following continuum of placement options is used:

- Institutional placement (e.g., minimum-security custody)
- Community-based placement (e.g., day treatment in the Reflections Program)
- Home placement (e.g., the Community Unit)

Each of these intervention levels is linked with community programs and resources that carry out the comprehensive treatment plan.

Each of these intervention levels is linked with community programs and resources that carry out the comprehensive treatment plan. Most juvenile offenders begin their rehabilitative process in highly structured institutional

settings and are stepped down to lower levels of program structure and supervision (i.e., community-based and home placement, as shown above) as reassessments are made. Youth may also be stepped up from initial less restrictive placements or after having been stepped down to lower levels—again, depending on reassessment results. Services are linked to each of the three placement levels to provide youth and their families “with a fluid and seamless system of service delivery” (Burke and Pennell, 2001, p. 31).

Burke and Pennell (2001) conducted a process and outcome evaluation of the San Diego Comprehensive Strategy that encompassed both the secondary prevention component and the graduated sanctions component. They found that the prevention component succeeded in keeping most at-risk youth out of the juvenile justice system. Remarkably, fewer than 20 percent of the long-term CAT cases were referred to court, and only 7 percent of all long-term CAT cases subsequently were adjudicated delinquent (p. 6). Compared with other at-risk juveniles in the comparison group, long-term CAT clients were less likely to use alcohol and drugs and more likely to perform better in school after participating in the program.

Burke and Pennell also found that the graduated sanctions component was effective in keeping offenders from progressing to more serious delinquency. Regardless of commitment length, youth in the Breaking Cycles program were less likely than similar preprogram cases to have a court referral for a felony offense or to be adjudicated for a felony offense during the 18-month follow-up period. Breaking Cycles youth also were less likely to be committed to long-term state correctional facilities, less likely to be using alcohol or drugs, and more likely to be enrolled in school during the follow-up period.

In addition, Burke and Pennell (2001, p. 11) found that the San Diego juvenile justice system was more cost-efficient as a result of its implementation of the Comprehensive Strategy. This was attributed, first, to the targeting of appropriate youth for Breaking Cycles program intervention, and second, to the effectiveness of the program in reducing juvenile delinquency. In addition, the San Diego County Probation Department succeeded in intervening with offenders at early points in their

delinquent careers and also in holding them accountable when their offending continued.

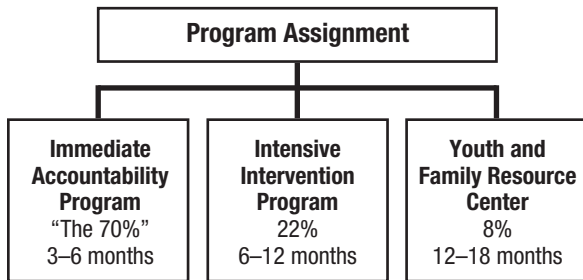
2. Orange County’s Comprehensive Strategy

The Orange County, California, Probation Department has used the Comprehensive Strategy to develop a unique system of graduated sanctions and a parallel continuum of program options. The 8% Early Intervention Program is the first known implementation of the Comprehensive Strategy’s graduated sanctions component (Schumacher and Kurz, 2000). The system began with development of a program for potential serious and chronic juvenile offenders that was based on the research finding that 8 percent of court referrals were the most chronic offenders, typically with five prior arrests. These offenders were identified as court wards who were 15.5 years old or younger at the time of their first or second court referral and who had at least three of four profile risk factors, which placed them at greatest risk of becoming serious chronic offenders. These offenders were identified at court intake through a risk assessment instrument and admitted to the 8% Early Intervention Repeat Offender Program.

The Orange County juvenile probation project also identified two other groups of offenders: a medium-risk group (22 percent of the total sample) and a low-risk group (the remaining 70 percent). The 22 percent group had one or two of the four profile risk factors, which placed them at medium risk of becoming serious chronic offenders. The low-risk group had none or only one of the four profile risk factors (Figure 7).

An interdisciplinary team of practitioners from throughout the county then developed a model continuum of juvenile justice services to manage all three groups simultaneously. The team used the Comprehensive Strategy to guide development of the intervention approach. Youth in the 70 percent low-risk group were assigned to the Immediate Accountability Program, those in the 22 percent medium-risk group were assigned to the Intensive Intervention Program, and those in the 8 percent high-risk group were admitted to the Early Intervention Youth and Family Resource Center’s (YFRC) Repeat Offender Prevention Program. In addition, court-

Figure 7. Orange County model juvenile justice continuum



Source: Schumacher and Kurz, 2000; modified from Orange County, California, Probation Department, *Model Continuum of Juvenile Justice Services*

referred youth age 15.5 or older and placed in custody for 90 days or more were enrolled in the Challenge Program at the YFRC. The final component of the continuum was transitional aftercare (the Transitional Program).

The low-risk youth in the Immediate Accountability Program were supervised by volunteer probation officers who linked them with community-based programs and ensured that they met accountability (sanction) requirements. These offenders did not present any significant needs for intervention services. Youth in the medium-risk group were in the Intensive Intervention Program for a period of 6–12 months. Because these moderate-risk youth could have escalated to a higher risk status, they received intensive, integrated intervention and accountability services immediately upon program assignment. They were also subject to intensive supervision probation sanctions, along with a continuum of multiagency intervention services for them and their families at the YFRC. Youth in the high-risk group were assigned to the Repeat Offender Prevention Program for a period of 12–18 months. Like those in the medium-risk group, they received intensive integrated interventions and intensive supervision sanctions. However, they and their families also received a wide array of additional services, including:

- Intensive in-home family services

- Health screening, health education, and basic health services
- Substance abuse services
- Mental health services
- A full spectrum of on-grounds educational services

The Orange County program represents an impressive graduated sanctions system for probation services that combines immediate and intermediate sanctions with a continuum of treatment programs (Schumacher and Kurz, 2000, pp. 43–46). All wards of the court receive appropriate sanctions and services, based mainly on the results of risk and needs assessments. Offenders can be moved up and down the continuum of sanctions and program levels, depending on their progress in staying out of trouble and their success in treatment programs. The YFRC component of the program proved to be a valuable asset. Many of the 8% wards and their family members had such serious problems that they required brief periods of residential treatment. Parental problems such as child abuse, substance abuse, and criminal involvement were addressed. Follow-up data from the evaluation study showed that the 8% youth had fewer petitions for new law violations, and 8 out of 10 of them had either none or one new petition versus only 6 out of 10 for control cases (Schumacher and Kurz, 2000).

The Orange County system is a premier example of how jurisdictions should apply the Comprehensive Strategy's intervention and graduated sanctions framework. This system goes beyond most applications of the structured decision-making model by formally organizing distinct program structures for low-, medium-, and high-risk offenders. Any large jurisdiction would benefit from building a similar structure.

3. Missouri's Comprehensive Strategy

Missouri's statewide development of a continuum of graduated sanctions and services sets a very high standard for other states to follow. Guided by the Comprehensive Strategy, Missouri created a structured decision-making model that uses risk and needs assessments and a classification matrix: the Missouri Juvenile Offender Risk and Needs Assessment and

Classification System (Office of State Courts Administrator, 2002). A major goal of the state in establishing this classification system is to promote statewide consistency in the classification and supervision of juvenile offenders. The three tools of the Missouri system are as follows:

- An actuarial risk assessment tool, completed before court adjudication, that classifies youth into three categories: high, moderate, or low probability of reoffending. The risk assessment instrument has been validated (Johnson, Wagner, and Matthews, 2001)

Figure 8. Missouri risk and offense case classification matrix

Missouri Risk & Offense Case Classification Matrix			
Offense Severity	Group 1 Offenses	Group 2 Offenses	Group 3 Offenses
Risk Level	Status Offenses Municipal Ordinances/ Infractions	Class A, B, & C Misdemeanors/ Class C & D Felonies	A [†] & B Felonies
Low Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessments E) Supervision	A) Warn & Counsel B) Restitution C) Community Service D+) Court Fees & Assessments E) Supervision	B+) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS
Moderate Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessment E) Supervision	<i>A) Warn & Counsel B) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment</i>	B+) Restitution C+) Community Service D+) Court Fees & Assessments E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS
High Risk	A) Warn & Counsel B) Restitution C) Community Service D) Court Fees & Assessments E) Supervision	B+) Restitution C+) Community Service D+) Court Fees & Assessment E) Supervision F) Day Treatment G) Intensive Supervision H) Court Residential Placement I) Commitment to DYS	H) Court Residential Placement I) Commitment to DYS

[†] Mandatory certification hearings are required by statute for all Class A Felonies. In the event the juvenile is not certified, the juvenile officer should refer to this column of the matrix for classification purposes.

+ This symbol indicates options that should never be used as a sole option for youths who score in that cell, but only in conjunction with other options.

Source: Missouri Office of State Courts Administrator (<http://www.courts.mo.gov/file/Classification%20Matrix%202012.20.00.pdf>)

- A classification matrix that recommends sanctions and service interventions appropriate to the youth's risk level and most serious adjudicated offense
- A needs assessment instrument that recommends services that will reduce the likelihood of a youth's reoffending by reducing risk factors linked to recidivism

In addition, Missouri has developed a set of standards—Performance Standards for the Administration of Juvenile Justice—that help balance individual rights and treatment needs with public protection (Office of State Courts Administrator, 2000). These standards establish a common framework within which juvenile justice personnel can understand and assess the work of juvenile and family courts and enhance the courts' performance. They are “premised on the notion that court performance should be driven by core values of equity, integrity, fairness, and justice” (Office of State Courts Administrator, 2000, p. 2). The standards also include contact guidelines for high, medium, and low levels of supervision based on the placement of offenders in the classification matrix. Lastly, Missouri conducted a workload study to determine whether juvenile court staff was meeting intake and supervision performance standards (Johnson and Wagner, 2001). Overall, court staff met expected standards in 93 percent of the cases tracked.

Figure 8 shows Missouri's Risk and Offense Case Classification Matrix, developed by the state's Office of State Courts Administrator. The complete Missouri Juvenile Offender Classification System includes the following tools:

- An empirically validated risk assessment for estimating a youthful offender's relative likelihood of future delinquency
- The classification matrix (Figure 8), which links the level of risk with offense severity to recommend graduated sanctions
- A needs assessment for identifying the underlying psychosocial needs of youth
- A method for assessing juvenile offender adjustment to supervision, which incorporates a supervision reassessment form and a set of Web-based reports on the risk and need characteristics of youthful offenders (links are provided to each of these formal decision-making tools and written reports on system functions at the Missouri Office of State Courts Administrator: <http://www.courts.mo.gov/page.jsp?id=233>)

In more recent reforms, Missouri's Division of Youth Services now serves youth offenders who cannot be maintained in community settings in small, dormitory-style rehabilitation facilities close to their homes. In those facilities the focus is on (1) individualized and group treatments with a clear treatment model, (2) supervision, not correctional coercion, (3) skill building, (4) family partnership and involvement during confinement, and (5) aftercare. Only 9 percent of youth discharged from the Division of Youth Services were sentenced to adult prison within three years of release, and just 15 percent were reincarcerated within two years of release (Annie E. Casey Foundation, 2010).

VIII. Practical and Policy Considerations in Implementing Juvenile Justice Reform

For optimal performance, the entire juvenile justice system needs to operate on a research-informed, evidence-based platform. The Comprehensive Strategy with the Standardized Program Evaluation Protocol integrated as the central tool for ensuring evidence-based programming for juvenile offenders provides a holistic approach to ensure that a juvenile justice system and its service system are operating in a cost-effective way to improve outcomes for the youth in its care. Moreover, this strategy is neither burdensome nor cost prohibitive to implement, nor does it undermine the current service delivery system. In fact, the CS/SPEP framework enhances and enriches the current service delivery system by infusing evidence-based program improvements into existing services and programs. In this regard, the CS/SPEP supports a shift in how juvenile justice systems operate and how they are held accountable for accomplishing their mission.

A. Needed Improvements in Juvenile Justice Systems

The juvenile justice system has made enormous progress in program development and system reforms over the past twenty years. Nonetheless, many systems continue to struggle with achieving a balance of community-based versus institutionally based care and managing the tension between their rehabilitative versus public safety functions. In particular, juvenile justice systems in most states struggle with three challenges: (1) reducing reliance on incarceration, especially for minority youth; (2) building effective community-based programs for probation, reentry, aftercare, and parole systems to accommodate reductions in secure confinement; and (3) ensuring that effective programs are targeted to appropriate offenders in a way that will have optimal effects on recidivism. Meeting these challenges requires a clear view of the outcomes expected of the juvenile justice system, a well-developed plan for achieving them, and effective use of management tools for implementing that plan.

The results of the cyclical swings described earlier in this paper provide an additional context for reform. For children born in 2001, the Children's Defense Fund estimates that without appropriate intervention, current trends will result in one in every three black boys and one in six Hispanic boys being incarcerated at some point in their lifetime, a trajectory the organization has described as a "cradle-to-prison pipeline" (Edelman, 2009). The traditions of juvenile "correctional" work and its kindred relationship with adult correctional models in policy, practice, and staffing are barriers to the adoption of robust, developmentally appropriate systems of juvenile sanctions and treatment services. Gubernatorial appointments of juvenile justice administrators are often former prosecutors, law enforcement officers, or adult correctional administrators. Their affinity with the adult correctional tradition can lead to unduly harsh attitudes toward youth and negative attitudes toward rehabilitation. As reform-minded juvenile justice administrator Tim Decker observed about his experience as director of the Missouri Division of Youth Services:

Across the system there were entrenched organizational cultures. We protected both turf and the status quo instead of shared values and communication. Misperceptions related to the service offerings and strengths of others in the system were common. Both efforts faced a prevalent status quo bias and little faith in the possibility of a different approach to serving the youth. (Decker, 2010)

Given these cultural traditions, it is understandable that punitive programs for juvenile offenders are commonplace despite considerable evidence of their lack of efficacy. This is especially true when such punitive strategies are used for female offenders, who often have a history of physical and sexual abuse (McGarvey and Waite, 2000; Rubin, 2000; Sedlak and McPherson, 2010). To quote Blueprints for Violence Prevention program founder Delbert Elliott, in his opening plenary remarks at the 2010

Blueprints conference: “To continue to place our kids into programs that we know don’t work is unethical.”

B. The Challenges of Change and Sustainability

All of the credible research shows that a continuum of evidence-based prevention programs for youth identified as being at risk of involvement in delinquent behavior, and intervention for those already involved, will greatly reduce crime and save much more than they cost when compared to the avoided law enforcement and social welfare expenditures. And the research reveals that these programs are most effective when provided in the context of a coordinated, collaborative local strategy involving law enforcement and other local public and private entities working with children identified as at risk of involvement in the criminal justice system. (Quoted with permission from Rep. Robert C. “Bobby” Scott, D-VA, Youth PROMISE Act White Paper: Fighting Juvenile Crime vs. “Playing Politics,” 2009)

Resistance to the adoption of evidence-based practice and systems of care is well recognized in the literature on program implementation (Fixsen et al., 2005; Paulson, Fixsen, and Friedman, 2004). Some of the barriers are practitioner based, while others are environmental, organizational, and systemic barriers that must be overcome for effective implementation. The juvenile justice field is rife with skepticism about the adoption of evidence-based practice. One common fear is that new evidence-based programs will siphon funding away from presumably effective, yet untested services. This is especially true of settings that do not have a cultural context of continuous quality improvement, an orientation toward being a learning organization,⁶ or values related to excellence. Skepticism also emanates from beliefs that the local juvenile offender population is unique and that evidence-based programs “not invented here” are not responsive to local needs and populations. Moreover, current budgetary

⁶ The attributes of “learning organizations” include strong leadership, an open and inclusive management culture, a stable resource base from which to launch process improvement, and transparent and accessible performance data.

shortfalls have increased staff workloads, cut operating support, depleted training resources, and resulted in funding directed toward minimum compliance with required protections for juveniles. In the present climate, there is neither support for expanding reimbursement strategies (such as in state Medicaid plans) nor incentives for the adoption of evidence-based practice. Advocates for evidence-based practices must begin to address the funding barriers through active public comment, legislation, and consensus building.

Even when begun with vigor and commitment, change efforts often fizzle out. The foundations of the Comprehensive Strategy are community-based consensus building and a long-term commitment to systems improvement. It is the community consensus that creates the comfort to change practice and make the changes routine. Strong, consistent, adaptive agency leaders and champions who advocate in support of change appear to be key factors in achieving sustainability. These principles need to be recognized from the beginning and then form a continuing guide to implementation throughout the change process. A leader’s personal, unwavering commitment to change tends to carry the day. A champion’s ability to engage key public stakeholders in making a commitment to change is vital. Combined, these actions create positive affect and social support around the change process. Successful leaders and advocates inspire hope, excitement, camaraderie, and a sense of urgent purpose. They celebrate the sheer joy of creating something meaningful together.

Tim Decker argues, “Often we try to adopt new program ideas like evidence-based therapy without paying attention to the underlying but requisite change in culture. Effective change in organizational culture requires a strategic mindset of how to change the status quo. Cultural change, for example, is often driven by having the right people who share a set of beliefs and philosophies. In Missouri, we now operate on the belief that all youth desire to do well and succeed. This sounds simple, but it reflects a significant change from the old model” (Decker, 2010).

One step along the path of sustainability is the codification of evidence-based criteria in legislation and in policy. On

the federal level, the proposed Youth PROMISE Act and the Maternal, Infant, and Early Childhood Home Visiting Program, which is part of the enacted Affordable Care Act (P.L. 111–148), are landmark achievements for new investment in evidence-based programs and strategies. A number of states have also enacted a variety of approaches to codifying research-based practice. A Tennessee law (Tennessee Code, Chapter 525) is a good example. It establishes four levels of programming: evidence-based, research-based, theory-based, and pilot programs.

1. “Evidence-based” means a program or practice that meets the following requirements:
 - a. The program or practice is governed by a program manual or protocol that specifies the nature, quality, and amount of service that constitutes the program; and
 - b. Scientific research using methods that meet high scientific standards for evaluating the effects of such programs must have demonstrated with two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program;
2. “Research-based” means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based;
3. “Theory-based” means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case study support, and has potential for becoming a research-based program or practice; and
4. “Pilot program” means a temporary research-based or theory-based program or project that is eligible for funding from any source to determine whether or not evidence supports its continuation beyond the fixed evaluation period. A pilot program must provide for and include:
 - a. Development of a program manual or protocol that specifies the nature, quality, and amount of service that constitutes the program; and
 - b. Scientific research using methods that meet high scientific standards for evaluating the effects of such

programs must demonstrate on at least an annual basis whether or not the program improves client outcomes central to the purpose of the program.

The largest “ought-is” gap that respondents perceived was with respect to the relative emphasis on rehabilitation.

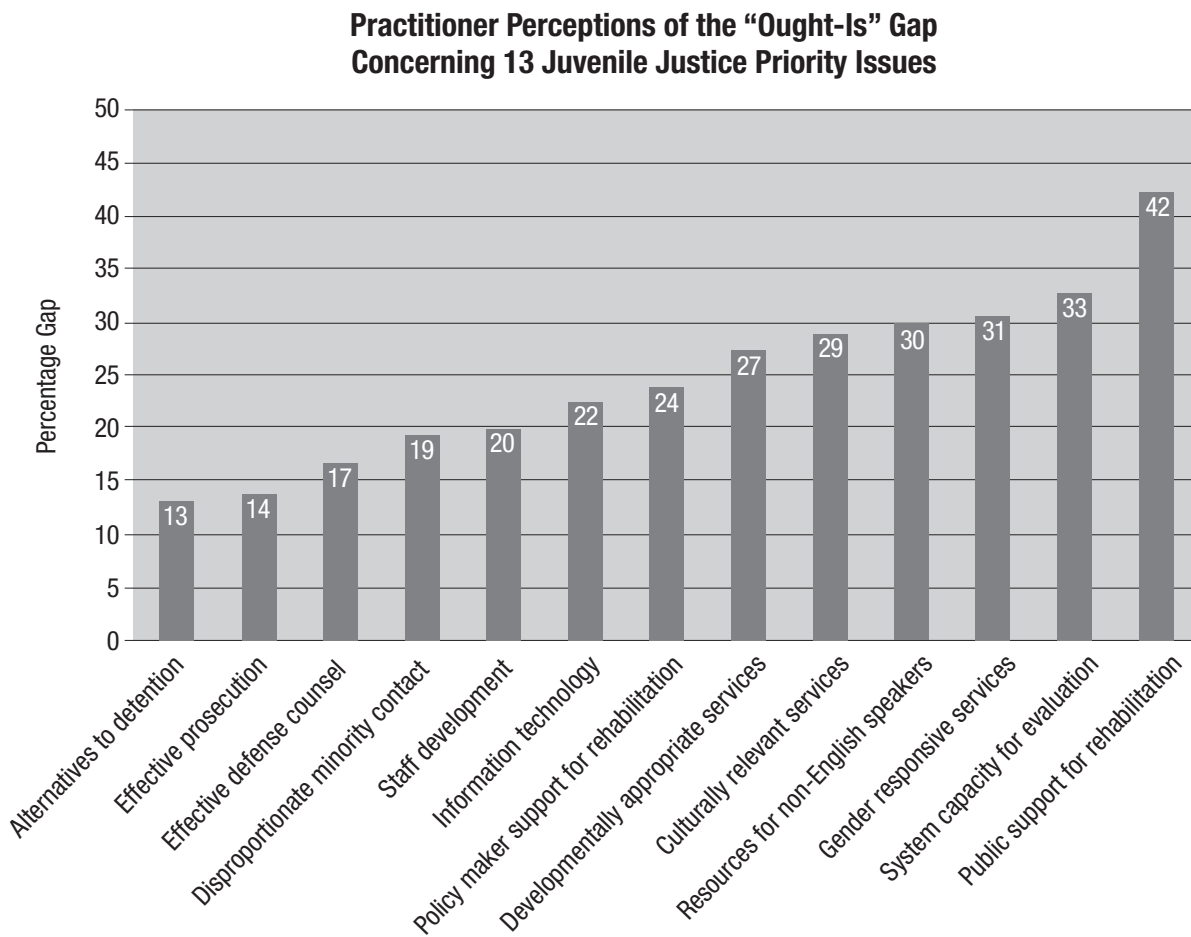
An additional challenge that lies ahead is to reconcile the professional view of critical priorities for juvenile justice with the public support of offender rehabilitation. A 2007 national survey of juvenile court practitioners—which included judges, prosecutors, public defenders, and court administrators in each of the nation’s 300 most-populated counties—measured how juvenile justice professionals view recent changes in policy and practice affecting the juvenile justice system (Mears et al., 2010). Respondents’ views were elicited about what they believe should be critical priorities in the administration of juvenile justice and the extent to which there is a disjuncture between what should be and what is on 13 juvenile justice issues. The largest “ought-is” gap that respondents perceived was with respect to the relative emphasis on rehabilitation. Specifically, practitioners as a group strongly believe that public support for rehabilitation of young offenders should be a top priority in their jurisdictions but that the public does not give it sufficient support. The second largest gap pertained to system capacity for program and policy evaluation. Clearly, these are pressing needs in many jurisdictions.

The belief that the American public is not supportive of or is opposed to the treatment of juvenile offenders is a common misconception. Cullen (2006) noted that a 2001 national survey found that 80 percent of the sample of adults thought that rehabilitation should be the goal of juvenile correctional facilities, and that more than 9 in 10 favored a variety of early intervention programs, including parent training, Head Start, and after-school programs. “The legitimacy of the rehabilitative ideal—especially as applied to youthful offenders—appears to be deeply woven into the fabric of American culture” (p. 666). Numerous other public opinion polls also show that, for juveniles, the public believes that treatment is particularly important, especially early intervention programs (Cullen, 2006; Cullen et al., 2007). Overall, the public reports

being willing to pay for juvenile rehabilitation and early intervention programs (Nagin et al., 2006) and favors “a balanced approach, one that exacts a measure of justice,

protects the public against serious offenders, and makes every effort to change offenders while they are within the grasp of the state” (Cullen, 2007, p. 721).

Figure 9. Practitioner perceptions of the “ought-is” gap concerning 13 juvenile justice priority issues



Source: Mears et al., 2010

IX. Recommendations

A. To Juvenile Justice System Administrators

- Build a forward-looking administrative model, a system organized around risk management that supports the development of individualized disposition plans for offenders. Placements should be guided by a disposition matrix. The program continuum should be populated with effective intervention programs and integrated with a graduated sanctions framework. Structured decision-making tools should be used to increase system capacity for (1) better matching of offender treatment needs with effective services in comprehensive treatment plans, (2) targeting of higher risk offenders, and (3) making improvements in prevention, court, and correctional programs across the entire continuum. Having these structured decision-making tools in place, along with an automated management information system, and efficiently using them is essential for effective systemwide implementation of an evidence-based system.

B. To Legislators

- Legislate mandatory evidence-based programming for all youth services. Although the federal and some state codes have begun to move in this direction, the effort needs to be diffused. Codified criteria ensure that only evidence-based and research-based program services are implemented statewide.
- Promote meritorious theory-based and pilot programs by providing limited funding, with the expectation that some of these will achieve the higher evidence-based standard.

C. To Juvenile Justice State Advisory Groups

- Improve cross-system coordination and collaboration and spur broader juvenile justice system reform by ensuring that the structural components of risk assessment and graduated sanctions are fully implemented as a platform for evidence-based program improvements, greater system accountability, and reduction of recidivism.
- Vigorously address the overuse of confinement, especially related to compliance with the deinstitutionalization of status offenders, separation of juveniles from adults, and disproportionate minority contact core protections of the Juvenile Justice and Delinquency Prevention Act.
- Guide jurisdictions toward implementation of evidence-based programming by incorporating guidelines for evidence-based programs in requests for proposals.

D. To Judges

- Serve as a driving force to draw together the various agencies and individuals who comprise the juvenile justice system, for the purpose of developing and implementing meaningful system reform. Reforms should be guided by the National Council of Juvenile and Family Court Judges' *Juvenile Delinquency Guidelines: Improving Court Practice in Juvenile Delinquency Cases* (Publication Development Committee, 2005). Instituting these best practices will support evidence-based programming.
- Serve as a positive influence with treatment providers by establishing clear expectations for application of evidence-based juvenile justice services within your jurisdiction. Treatment providers are highly cognizant that judges order juveniles to participate in specific

treatment programs. Judges who express a preference for referring youth to programs that are aligned with current recidivism reduction research will provide the motivation needed to get youth and families the quality services they deserve.

E. To Treatment Providers

- Recognize that the research matters to youth, families, and communities. Although a few influential therapists may extol the advantages of having the freedom to deliver individualized services without the influence of research, a host of juveniles and their families have already experienced the superior benefits of evidence-informed treatment from therapists willing to adhere to that evidence, and a host of juveniles and their families are likely still waiting for services with just such benefits.
- Learn the language of risk and risk reduction as applied to the juvenile justice system. Target and intensively serve those youth deemed to be high risk by validated juvenile justice risk assessment tools. Youth exhibiting the highest risk levels need the most intensive services for the longest duration. Youth with moderate and low risk should be offered a less intensive array of services.
- Begin now to clearly articulate in concise treatment service manuals the clinical protocols and procedures being used by clinicians. One of the strongest messages coming from the research is that fidelity—the quality with which the treatment is delivered—is crucial to successful outcomes. In most organizations the question remains, “fidelity to what?” As practices are better articulated, adherence and quality can be measured and improved.

X. Conclusion

This paper has presented a framework for juvenile justice system reform that is organized around evidence-based treatment programs for juvenile offenders integrated into a comprehensive strategy for deploying those programs in a cost-effective manner that maximizes effects on recidivism. As experience with the OJJDP Comprehensive Strategy on Serious, Violent, and Chronic Juvenile Offenders has shown, the use of structured decision-making tools coupled with a system of graduated sanctions and an array of effective services results in a juvenile justice system that addresses offenders' criminogenic risks while protecting public safety. However, if the treatment services provided within the CS framework are not effective, the success of the entire system is jeopardized. By embedding the SPEP within the CS framework, we have an evidence-based, validated tool for assessing the expected effectiveness of those services and guiding improvement when they fall short. As a result, the CS/SPEP framework offers the potential for substantial improvements in the way our juvenile justice systems operate.

References

- Adams, K. (2007). Abolish juvenile curfews. *Criminology and Public Policy*, 6, 663–71.
- Andrews, D. A., Zinger, I., and Hoge, R. D. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369–404.
- Annie E. Casey Foundation. (2010). *The Missouri Model: Reinventing the practice of rehabilitating youthful offenders. Summary report*. Baltimore: The Annie E. Casey Foundation.
- Aos, S., Phipps, P., Barnoski, R., and Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia: Washington State Institute for Public Policy (<http://www.wsipp.wa.gov/>).
- APA Task Force on Evidence-Based Practice for Children and Adolescents. (2008). *Disseminating evidence-based practice for children and adolescents: A systems approach to enhancing care*. Washington, DC: American Psychological Association.
- Barnoski, R. (2002). *Washington State's implementation of Functional Family Therapy for juvenile offenders: Preliminary results*. Document No. 02-08-1201. Olympia: Washington State Institute for Public Policy (<http://www.wsipp.wa.gov/>).
- Barnoski, R. (2004a). *Outcome evaluation of Washington State's research-based programs for juvenile offenders*. Document No. 04-01-1201. Olympia: Washington State Institute for Public Policy (<http://www.wsipp.wa.gov/>).
- Barnoski, R. (2004b). *Assessing risk for re-offense: Validating the Washington State Juvenile Court Assessment*. Olympia: Washington State Institute for Public Policy (<http://www.wsipp.wa.gov/>).
- Bennett, W., Dilulio, J., Jr., and Walters, J. (1996). *Body count*. New York: Simon & Schuster.
- Bishop, D. M. (2006). Public opinion and juvenile justice policy: Myths and misconceptions. *Criminology and Public Policy*, 5(4), 653–64.
- Blackburn, A. G., Mullings, J. L., Marquart, J. W., and Trulson, C. R. (2007). The next generation of prisoners: Toward an understanding of violent institutionalized delinquents. *Youth Violence and Juvenile Justice*, 5, 35–56.
- Blalock, B., and Arthur, P. (2006). Advocates needed to safeguard rights of youth in DOJ conditions cases. *Youth Law News*, 27(4), 1–5.
- Borenstein, M., Hedges, L. V., Higgins, J. P. T., and Rothstein, H. R. (2009). *Introduction to meta-analysis*. West Sussex, UK: Wiley.
- Botvin, G. J., Mihalic, S. F., and Grotspeter, J. K. (1998). *Life Skills Training: Blueprints for violence prevention, Book five*. Blueprints for Violence Prevention Series (D. S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science.
- Brownstein, H. (1996). *The rise and fall of a violent crime wave: Crack cocaine and the social construction of a crime problem*. Guilderland, NY: Harrow and Heston.
- Burke, C., and Pennell, S. (2001). *Breaking Cycles evaluation: A comprehensive approach to youthful offenders*. San Diego: San Diego Association of Governments.
- Burns, B. J., Goldman, S. K., Faw, L., and Burchard, J. (1999). The wraparound evidence base. In B. J. Burns and S. K. Goldman (Eds.), *Promising practices in wraparound for children with serious emotional disturbances and their families: Systems of care* (pp. 77–100). Washington, DC: American Institutes for Research, Center for Effective Collaboration and Practice.
- Butts, J. A., and Mears, D. P. (2001). Reviving juvenile justice in a get-tough era. *Youth and Society*, 33, 169–98.
- Carver, D. (2004). Using outcome management to guide practice in the treatment of mentally ill juvenile offenders: Lessons learned at Project Empower. Perspectives, *American Probation and Parole Association*, Summer, 33–39.

- Carver, D. (2005). Adolescent drug abuse: Why family therapists are becoming counselor of choice. *Addiction Professional*, November, 22–28.
- Cook, P. J., and Laub, J. H. (1998). The unprecedented epidemic of youth violence. In M. Tonry and M. H. Moore (Eds.), *Youth violence* (pp. 27–64). Chicago: University of Chicago Press.
- Cooper, H., Hedges, L. V., and Valentine, J. C. (Eds.) (2009). *The handbook of research synthesis and meta-analysis*. New York: Russell Sage Foundation.
- Cullen, F. T. (2005). The twelve people who saved rehabilitation: How the science of criminology made a difference. *Criminology*, 43, 1–42.
- Cullen, F. T. (2006). It's time to reaffirm rehabilitation. *Criminology and Public Policy*, 5, 665–72.
- Cullen, F. T. (2007). Make rehabilitation corrections' guiding paradigm. *Criminology and Public Policy*, 6, 717–28.
- Cullen, F. T., Bose, B. A., Jonson, C. N. L., and Unnever, J. D. (2007). Public support for early intervention: Is child saving a "habit of the heart"? *Victims and Offenders*, 2, 109–24.
- Decker, T. (2010). Posted by the author at <http://www.governing.com/blogs/bfc/slow-change-powerful.html>, August 2.
- Dilulio, J. J., Jr. (1995). Arresting ideas. *Policy Review*, 74, 12–16.
- Dilulio, J. J., Jr. (1996). They're coming: Florida's youth crime bomb. *Impact*, Spring, 25–27.
- Dilulio, J. J., Jr. (1997). Jail alone won't stop juvenile super-predators. *The Wall Street Journal*, June 11, A23.
- Dodge, K. A. (2001). The science of youth violence prevention: Progressing from developmental epidemiology to efficacy to effectiveness to public policy. *American Journal of Preventive Medicine*, 20(1S), 63–70.
- Durlak, J. A. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry*, 68, 512–20.
- Edelman, C. W. (2009). Testimony on the Youth PROMISE Act before the Subcommittee on Crime, Terrorism and Homeland Security of the House Committee on the Judiciary, July 15.
- Ezelle, M. E. (2007). Examining the overall and offense-specific criminal career lengths of a sample of serious offenders. *Crime & Delinquency*, 53, 3–37.
- Fagan, A. A., Hanson, K., Hawkins, J. D., and Arthur, M. W. (2008). Implementing effective community-based prevention programs in the community youth development study. *Youth Violence and Juvenile Justice*, 6, 256–78.
- Feld, B. C. (1999). *Bad kids: Race and the transformation of the juvenile court*. New York: Oxford University Press.
- Finckenauer, J. O., and Gavin, P. W. (1999). *Scared Straight: The panacea phenomenon revisited*. Prospect Heights, IL: Waveland.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., and Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network (FMHI Publication #231).
- Gottfredson, D. C., and Gottfredson, G. D. (2002). Quality of school-based prevention programs. *Journal of Research in Crime and Delinquency*, 39, 3–35.
- Gottfredson, S. D., and Moriarty, L. J. (2006). Statistical risk assessment: Old problems and new applications. *Crime & Delinquency*, 52, 178–200.
- Greenwood, P. W. (2010). *Preventing and reducing youth crime and violence: Using evidence-based practices*. Sacramento: Governor's Office of Gang and Youth Violence Policy.
- Greenwood, P. W., Model, K. E., Rydell, C. P., and Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand.
- Grove, W. M., Eckert, E. D., Heston, L., Bouchard, T. J., Segal, N., and Lykken, D. T. (1990). *Clinical vs. mechanical prediction: A meta-analysis*. Minneapolis: Department of Psychology, University of Minnesota.

- Grove, W. M., and Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures: The clinical-statistical controversy. *Psychology, Public Policy, and Law*, 2, 293–323.
- Hallfors, D., and Godette, D. (2002). Will the “principles of effectiveness” improve prevention practice? Early findings from a diffusion study. *Health Education Research*, 17, 461–70.
- Howell, J. C. (Ed.). (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Howell, J. C. (2003a). Diffusing research into practice using the comprehensive strategy for serious, violent, and chronic juvenile offenders. *Youth Violence and Juvenile Justice: An Interdisciplinary Journal*, 1, 219–45.
- Howell, J. C. (2003b). *Preventing and Reducing Juvenile Delinquency: A Comprehensive Framework*. Thousand Oaks, CA: Sage.
- Howell, J. C. (2009). *Preventing and reducing juvenile delinquency: A comprehensive framework* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Johnson, K., and Wagner, D. (2001). *Missouri multi-county juvenile officer workload study report*. Madison, WI: National Council on Crime and Delinquency.
- Johnson, K., Wagner, D., and Matthews, T. (2001). *Missouri juvenile risk assessment re-validation report*. Madison, WI: National Council on Crime and Delinquency.
- Karoly, L. A., Greenwood, P. W., Everingham, S. S., Houbé, J., Kilburn, M. R., and Rydell, C. P. (1998). *Investing in our children*. Santa Monica, CA: RAND.
- Kelly, J. (2010). JJDP noncompliance rises in 2009. *Youth Today*, August.
- Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services*. Washington, DC: Children’s Defense Fund.
- Knitzer, J., and Cooper, J. (2006). Beyond integration: Challenges for children’s mental health. *Health Affairs*, 25(3), 670–79.
- Landenberger, N. A., and Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1(4), 451–76.
- Latimer, J. (2001). A meta-analytic examination of youth delinquency, family treatment, and recidivism. *Canadian Journal of Criminology*, 43(2), 237–53.
- Lattimore, P. K., Macdonald, J. M., Piquero, A. R., Linster, R. L., and Visher, C. A. (2004). Studying the characteristics of arrest frequency among paroled youthful offenders. *Journal of Research in Crime and Delinquency*, 41, 37–57.
- LeCroy, C. W., Krysik, J., and Palumbo, D. (1998). *Empirical validation of the Arizona Risk/Needs Instrument and assessment process*. Tucson: LeCroy & Milligan Associates.
- Lipsey, M. W. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. D. Cook, H. Cooper, D. S. Cordray, H. Hartman, L. V. Hedges, R. J. Light, et al. (Eds.), *Meta-analysis for explanation* (pp. 83–127). New York: Russell Sage Foundation.
- Lipsey, M. W. (1999a). Can intervention rehabilitate serious delinquents? *Annals of the American Academy of Political and Social Science*, 564, 142–66.
- Lipsey, M. W. (1999b). Can rehabilitative programs reduce the recidivism of juvenile offenders? An inquiry into the effectiveness of practical programs. *Virginia Journal of Social Policy and the Law*, 6, 611–41.
- Lipsey, M. W. (2008). *The Arizona Standardized Program Evaluation Protocol (SPEP) for assessing the effectiveness of programs for juvenile probationers: SPEP ratings and relative recidivism reduction for the initial SPEP sample*. Nashville: Vanderbilt University, Center for Evaluation Research and Methodology.
- Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, 4, 124–47.
- Lipsey, M. W., and Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297–320.

- Lipsey, M. W., Howell, J. C., and Tidd, S. T. (2007). *The Standardized Program Evaluation Protocol (SPEP): A practical approach to evaluating and improving juvenile justice programs in North Carolina. Final evaluation report*. Nashville: Vanderbilt University, Center for Evaluation Research and Methodology.
- Lipsey, M. W., and Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber and D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313–45). Thousand Oaks, CA: Sage Publications, Inc.
- Lipsey, M. W., and Wilson, D. B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage Publications.
- Lipton, D., Martinson, R., and Wilks, J. (1975). *The effectiveness of correctional treatment: A survey of treatment evaluation studies*. New York: Praeger.
- Littell, J. H., Popa, M., and Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10–17. *The Campbell Collaboration Library* (<http://www.campbellcollaboration.org/frontend.asp>).
- Loeber, R., and Farrington, D. P. (Eds.). (1998). *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage.
- MacKenzie, D. L., Wilson, D. B., Armstrong, G. S., and Gover, A. R. (2001). The impact of boot camps and traditional institutions on juvenile residents: Perceptions, adjustment, and changes in social bonds, impulsivity, and antisocial attitudes. *Journal of Research in Crime and Delinquency*, 38, 279–313.
- MacKenzie, D. L., Wilson, D. B., and Kider, S. B. (2001). Effects of correctional boot camps on offending. *Annals of the American Academy of Political and Social Science*, 578, 126–43.
- Males, M. A. (1996). *The scapegoat generation: America's war on adolescents*. Monroe, ME: Common Courage Press.
- Martinson, R. (1974). What works? Questions and answers about prison reform. *Public Interest*, 35, 22–54.
- McCord, J., Widom, C. S., and Crowell, N. A. (2001). *Juvenile crime, juvenile justice*. Washington, DC: National Academy Press.
- McDowall, D., Loftin, C., and Wiersema, B. (2000). The impact of youth curfew laws on juvenile crime rates. *Crime & Delinquency*, 46(1), 76–91.
- McGarvey, E. L., and Waite, D. (2000). *Profiles of incarcerated adolescents in Virginia correctional facilities: Fiscal years 1993–1998*. Richmond, VA: Department of Criminal Justice Services.
- Mears, D. P. (2002). Sentencing guidelines and the transformation of juvenile justice in the twenty-first century. *Journal of Contemporary Criminal Justice*, 18(1), 6–19.
- Mears, D. P., Shollenberger, T. L., Willison, J. B., Owens, C. E., and Butts, J. A. (2010). Practitioner views of priorities, policies, and practices in juvenile justice. *Crime & Delinquency*, 56(4), 535–63.
- Mihalic, S., Irwin, K., Elliott, D., Fagan, A., and Hansen, D. (2001). *Blueprints for violence prevention* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Miller, W. R., Sorensen, J. L., Selzer, J. A., and Brigham, J. S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment*, 35, 25–39.
- Nagin, D. S., Piquero, A. R., Scott, E. S., and Steinberg, L. (2006). Public preferences for rehabilitation versus incarceration of juvenile offenders: Evidence from a contingent valuation study. *Criminology and Public Policy*, 5, 627–52.
- North Carolina Department of Juvenile Justice and Delinquency Prevention. (2008). *2007 Annual report*. Raleigh: Author.
- Nugent, W. R., Williams, M., and Umbreit, M. S. (2004). Participation in victim-offender mediation and the prevalence of subsequent delinquent behavior: A meta-analysis. *Utah Law Review*, 137(1), 137–66.
- Office of State Courts Administrator. (2000). *Report on standards for the administration of juvenile justice*. Jefferson City, MO: Juvenile and Adult Court Programs Division, Office of State Courts Administrator.
- Office of State Courts Administrator. (2002). *Missouri's juvenile offender risk and needs assessment and classification system: User manual*. Jefferson City, MO: Juvenile and Adult Court Programs Division, Office of State Courts Administrator.

-
- Paulson, R., Fixsen, D., and Friedman, R. (2004). *An analysis of implementation of systems of care at fourteen CMHS grant communities*. Tampa: Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Petrosino, A., Turpin-Petrosino, C., and Buehler, J. (2003). Scared Straight and other juvenile awareness programs for preventing juvenile delinquency: A systematic review of the randomized experimental evidence. *Annals of the American Academy of Political and Social Science*, 589, 41–62.
- Petrosino, A., Turpin-Petrosino, C., and Finckenauer, J. (2000). Well-meaning programs can have harmful effects! Lessons from experiments of programs such as Scared Straight. *Crime & Delinquency*, 46, 354–79.
- Petrosino, A., Turpin-Petrosino, C., and Guckenburg, S. (2010). Formal system processing of juveniles: Effects on delinquency. *Campbell Systematic Reviews* (www.campbellcollaboration.org).
- Publication Development Committee (2005). *Juvenile delinquency guidelines: Improving court practice in juvenile delinquency cases*. Reno, NV: The National Council of Juvenile and Family Court Judges.
- Redpath, D. P., and Brandner, J. K. (2010). *The Arizona Standardized Program Evaluation Protocol (SPEP) for assessing the effectiveness of programs for juvenile probationers*. Phoenix: Arizona Supreme Court, Administrative Office of the Courts, Juvenile Justice Service Division.
- Reeves, J. L., and Campbell, R. (1994). *Cracked coverage: Television news, the anti-cocaine crusade, and the Reagan legacy*. Durham, NC: Duke University.
- Rosenbaum, D. P. (2007). Just say no to D.A.R.E. *Criminology and Public Policy*, 6, 815–24.
- Roush, D. W., and McMillen, M. (2000). *Construction, operations, and staff training for juvenile confinement facilities* (Juvenile Accountability Incentive Block Grants Program Bulletin). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Rubin, H. T. (2000). Teen Quest: Female-specific program services for Colorado's delinquent girls. *Juvenile Justice Update*, 6, 1–16.
- Schumacher, M., and Kurz, G. (2000). *The 8% solution: Preventing serious, repeat juvenile crime*. Thousand Oaks, CA: Sage.
- Scott, R. C. (2009). Youth PROMISE Act White Paper: Fighting juvenile crime vs. "playing politics." Washington, DC: U.S. House of Representatives, Office of Congressman Robert C. "Bobby" Scott. Access: <http://www.bobbyscott.house.gov>.
- Sedlak, A. J., and McPherson, K. S. (2010). *Conditions of confinement: Findings from the survey of youth in residential placement* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Smith, W. R., and Aloisi, M. F. (1999). Prediction of recidivism among "second timers" in the juvenile justice system: Efficiency in screening chronic offenders. *American Journal of Criminal Justice*, 23, 201–22.
- Snyder, H. N. (1998). Serious, violent, and chronic juvenile offenders: An assessment of the extent of and trends in officially recognized serious criminal behavior in a delinquent population. In R. Loeber and D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 428–44). Thousand Oaks, CA: Sage Publications, Inc.
- Snyder, H. N., and Sickmund, M. (2000). *Challenging the myths* (Juvenile Justice Bulletin). 1999 National Report Series. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H. N., and 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.
- Tanenhaus, D. S. (2002). The evolution of juvenile courts in the early twentieth century: Beyond the myth of immaculate construction. In M. K. Rosenheim, F. E. Zimring, and D. S. Tanenhaus (Eds.), *A century of juvenile justice* (pp. 42–73). Chicago: University of Chicago Press.
- Tanenhaus, D. S. (2004). *Juvenile justice in the making*. New York: Oxford University Press.
- Tonry, M. (2004). *Thinking about crime: Sense and sensibility in American penal culture*. New York: Oxford University Press.

- Tonry, M. (2009). Explanations of American punishment policies: A national history. *Punishment and Society*, 11, 377–94.
- Tonry, M., and Melewska, M. (2008). The malign effects of drug and crime control policies on black Americans. In M. Tonry (Ed.), *Crime and justice: A review of research* (vol. 37) (pp. 1–44). Chicago: University of Chicago Press.
- Torbet, P., and Szymanski, L. (1998). *State legislative responses to violent juvenile crime: 1996–1997 update* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Trulson, C. R., Marquart, J. W., Mullings, J. L., and Caeti, T. J. (2007). In between adolescence and adulthood: Recidivism outcomes for a cohort of state delinquents. *Youth Violence and Juvenile Justice*, 3, 355–77.
- U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the surgeon general*. Rockville, MD: Author.
- U.S. Department of Justice. (2007). *Department of Justice activities under the Civil Rights of Institutionalized Persons Act: Fiscal year 2006*. Washington, DC: Office of the Attorney General, U.S. Department of Justice.
- Warren, R. (2007). *Evidence-based practice to reduce recidivism: Implications for state judiciaries*. Williamsburg, VA: National Center for State Courts, National Institute of Corrections.
- Weisz, J., Sandler, I., Durlak, J., and Anton, B. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628–48.
- Weithorn, L. A. (1988). Mental hospitalization of troublesome youth: An analysis of skyrocketing admission rates. *Stanford Law Review*, 40, 773–838.
- Welsh, B. C., Sullivan, C. J., and Olds, D. L. (2010). When early crime prevention goes to scale: A new look at the evidence. *Prevention Science*, 11, 115–25.
- Wiebush, R. G. (2000). *Risk assessment and classification for serious, violent, and chronic juvenile offenders*. Madison, WI: National Council on Crime and Delinquency.
- Wiebush, R. G. (Ed.). (2002). *Graduated sanctions for juvenile offenders: A program model and planning guide*. Oakland, CA: National Council on Crime and Delinquency and National Council of Juvenile and Family Court Judges.
- Wiebush, R. G., Johnson, K., and Wagner, D. (1997). *Development of an empirically based risk assessment instrument and placement recommendation matrix for the Maryland Department of Juvenile Justice*. Madison, WI: National Council on Crime and Delinquency.
- Wiebush, R. G., Wagner, D., and Erlich, J. (1999). *Development of an empirically based assessment instrument for the Virginia Department of Juvenile Justice*. Madison, WI: National Council on Crime and Delinquency.
- Wilson, D. B., MacKenzie, D. L., and Mitchell, F. N. (2005). Effects of correctional boot camps on offending. *Campbell Systematic Reviews* (<http://campbellcollaboration.org/lib/download/3/>).
- Wilson, D. B., Mitchell, O., and MacKenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459–87.
- Wilson, J. J., and Howell, J. C. (1993). *A comprehensive strategy for serious, violent, and chronic juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Wilson, J. J., and Howell, J. C. (1994). OJJDP's comprehensive strategy for serious, violent, and chronic juvenile offenders. *Juvenile and Family Court Journal*, 45, 3–12.
- Wilson, J. Q. (1995). Crime and public policy. In J. Q. Wilson and J. Petersilia (Eds.), *Crime* (pp. 489–507). San Francisco: ICS Press.
- Zimring, F. E. (1998). Toward a jurisprudence of youth violence. In M. Tonry and M. H. Moore (Eds.), *Youth violence* (24th ed., pp. 477–501). Chicago: University of Chicago.

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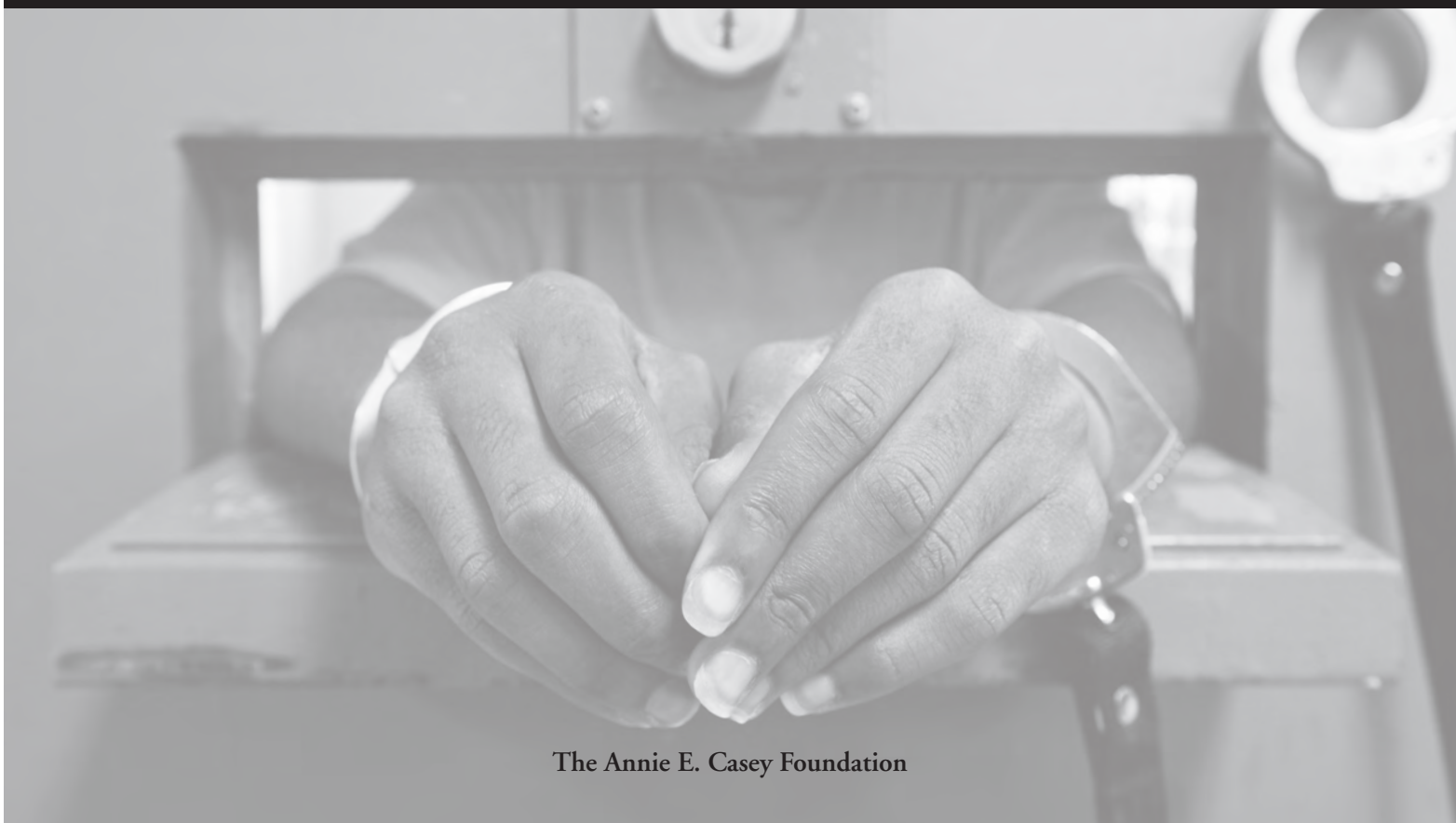
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The Missouri Model

Reinventing the Practice of Rehabilitating Youthful Offenders



The Annie E. Casey Foundation

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The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.

For more information and to download copies of the summary and full report, visit the Foundation's website at www.aecf.org.

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Preface

The Annie E. Casey Foundation believes that this country's continuing reliance on large youth corrections facilities—whether they are called training schools, reformatories, or youth development centers—has been expensive, ineffective, and all too often abusive. Youth correctional facilities are routinely found to be unsafe, unhealthy, and unconstitutional, underscoring the need for dramatic changes in how these places are staffed, programmed, and organized.

Even where conditions in training schools meet basic standards of decent care, the outcomes of incarceration have been disappointing, if not dismal, both in terms of recidivism and youths' future success. In state after state, 70 to 80 percent of juveniles released from youth corrections facilities are rearrested within two or three years for a new offense. Pitifully few of these youth return to complete high school, and their long-term success in the labor market is severely jeopardized.

Abusive conditions that produce poor public safety and youth development outcomes are bad enough, but the price tag for these results makes them still harder to accept. Nationally, we are spending almost \$6 billion annually on youth corrections and, in many states, the average cost per bed, per year exceeds \$200,000. At these prices, taxpayers and policymakers alike should be clamoring for excellence in youth corrections. Instead, we seem to have settled for disastrous outcomes and abusive living conditions that we'd never accept if those confined were our own children.

Missouri's approach offers a promising alternative. Since Missouri closed its training schools nearly 30 years ago, its youth corrections agency has consistently produced better outcomes than other states without breaking the state's budget. It has done so by offering a far more humane, constructive, and positive approach:

- eschewing large institutions in favor of smaller group homes, camps, and treatment facilities;
- maintaining safety through relationships and eyes-on supervision rather than isolation and correctional hardware; and
- providing intensive youth development offered by dedicated youth development specialists rather than correctional supervision by guards.

Missouri's excellent results, described in detail in this guide, speak for themselves. They produce far lower recidivism than other states, an impressive safety record, and positive youth outcomes—all at a modest budget far smaller than that of many states with less-enviable outcomes.

The Missouri approach overcomes one of the key challenges facing our nation's juvenile justice systems. Thanks to the vision of its leaders, and to the dedication of its frontline staff, Missouri has

created an excellent model for how states can effectively supervise and treat the small number of youthful offenders whose criminal behavior poses a significant threat to public safety.

But, for Missouri and virtually every other state, other key challenges persist. If we want youth corrections to be smaller and more effective, we need to be better at diversion, probation, and alternatives to incarceration. We need to narrow the pipeline of youth entering the system. We must eliminate inappropriate or unnecessary reliance on secure (pretrial) detention, the gateway to the system's deep end. And we especially need more diverse and effective interventions in the community for the vast majority of delinquent youth who do not require or deserve confinement in corrections facilities. Few in Missouri would argue its success on all these fronts, especially the key issue of establishing a rich continuum of effective alternatives to incarceration for youth who break the law and display serious behavior problems, but don't pose a major public safety risk.

All of Casey's work with troubled youth—and most of the available research—indicates that youth are best served through interventions that, whenever possible, keep them at home and provide targeted and evidence-based supports to help the young people and their families succeed. A growing body of evidence shows that these home-based interventions work far better than incarceration. Thus far, no state, Missouri included, has invested proportionately to create a full-scale network of such programs, and there is reason to fear that when a state's institutional care is well regarded, many juvenile justice officials might commit youth to correctional custody who could be better served at home.

Sadly, there will probably always remain a cohort of delinquent youth whose behavior demands correctional supervision. And for those youth, there is no better system than Missouri's. We offer this guidebook in hopes that it will inspire leaders in other states to embrace a new vision for juvenile corrections based upon Missouri-style reforms.

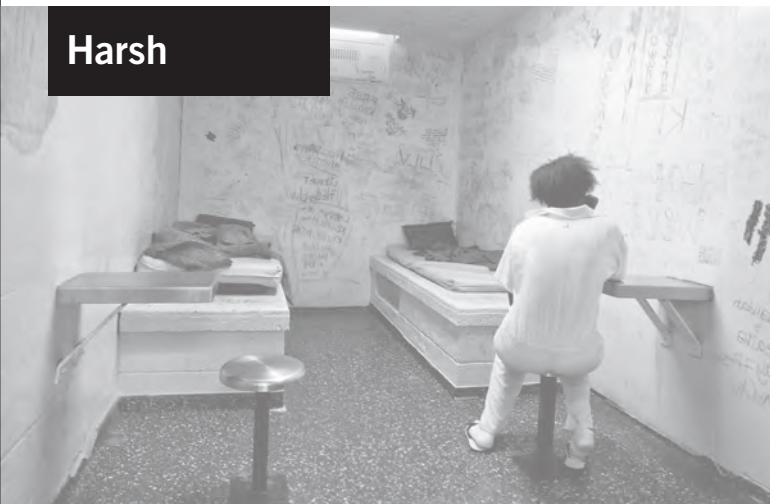
For years, Missouri's approach has been widely cited and often praised—but seldom replicated. We hope that will change in the near future, and that this publication will help build the momentum for this long-overdue reform movement.

Patrick T. McCarthy
President and CEO
The Annie E. Casey Foundation

A Better Approach to Juvenile Corrections



Humane



Harsh

A sea change is on the horizon in juvenile corrections. For more than a century, the predominant model for the treatment, punishment, and rehabilitation of serious youthful offenders has been static: confinement in a large, congregate-care correctional facility. While the labels assigned to these institutions have changed periodically over the years—reform school, training school, youth corrections facility—the institutions themselves have changed little. In most states, these institutions still house the bulk of all incarcerated youth and still consume the lion’s share of taxpayer spending on juvenile justice.

Unfortunately, the record of large juvenile corrections facilities is dismal. Though many youth confined in these institutions are not, in fact, serious or chronic offenders, recidivism rates are uniformly high. Violence and abuse inside the facilities are alarmingly commonplace. The costs of correctional incarceration vastly exceed those of other approaches to delinquency treatment with equal or better outcomes, and the evidence shows that incarceration in juvenile facilities has serious and lifelong negative impacts on confined youth.

According to Barry Feld, a leading juvenile justice scholar at the University of Minnesota, “Evaluation research indicates that incarcerating young offenders in large, congregate-care juvenile institutions does not effectively rehabilitate and may actually harm them.” In fact, writes Feld, “A century of experience with training schools and youth prisons demonstrates that they constitute the one extensively

evaluated and clearly ineffective method to treat delinquents.”¹

Thankfully, the winds of change are beginning to blow in juvenile corrections. A new wave of reform is gathering force, dual-powered by a growing recognition that the conventional practices aren't getting the job done, and by the accumulating evidence that far better results are available through a fundamentally different approach.

Actually, there are two fundamentally different (but complementary) approaches. One, not the subject of this volume, is to substantially reduce the population confined in juvenile correctional institutions by screening out youth who pose minimal dangers to public safety—placing them instead into cost-effective, research- and community-based rehabilitation and youth development programs. In recent years, a number of states (including Alabama, California, Louisiana, New York, North Carolina, Ohio, and Texas, plus the District of Columbia) and localities (including Chicago, Detroit, Albuquerque, and Santa Cruz) have systematically reduced their confined youth populations. Tellingly, none of these jurisdictions has seen a substantial uptick in crime as incarcerated youth populations fell. Rather, most have seen lower youth crime rates—and they have reaped substantial savings for taxpayers as well.

The second approach, devised and employed by the State of Missouri's juvenile corrections agency, the Division of Youth Services (DYS), aims at the small minority of youth offenders who must be removed from the community to protect public safety. Departing sharply from the age-old training school model, Missouri has eschewed large, prisonlike correctional institutions in favor of smaller, regionally dispersed facilities. And instead of

standard-fare correctional supervision, Missouri offers a demanding, carefully crafted, multi-layered treatment experience designed to challenge troubled teens and to help them make lasting behavioral changes and prepare for successful transitions back to the community.

In recent years, interest in Missouri's approach has been snowballing. In 2001, the American Youth Policy Center identified Missouri as a “guiding light” for reform in juvenile justice.² In 2003, the Annie E. Casey Foundation profiled Missouri's youth corrections success in a widely circulated feature story.³

Since that time, hundreds of officials representing 30 states have visited Missouri to tour its youth corrections facilities and learn about its juvenile treatment model. These out-of-state visitors often find these tours eye-opening. Noting the civility, confidence, and openness of the young people they meet, many ask, “Where are the bad kids?”—not realizing that most youth in DYS custody have long records, and many have been adjudicated for serious and violent offenses. (*See Louisiana site visit sidebar on page 24.*)

In October 2007, the *New York Times* ran an editorial labeling Missouri's approach “the right model for juvenile justice.”⁴ National Public Radio aired a five-minute feature on Missouri's juvenile corrections system that same month, and in December 2007 the Associated Press ran a 2,600-word article highlighting Missouri's success in youth corrections on its national newswire.⁵ In September 2008, Harvard University's Kennedy School of Government named the Missouri Division of Youth Services winner of its prestigious “Innovations in American Government” award in children and family system reform. Finally, in September 2009, ABC television network aired an hour-long

Departing sharply from the age-old training school model, Missouri has eschewed large, prisonlike correctional institutions in favor of smaller, regionally dispersed facilities.

FIGURE 1
Percentage of Youth Sentenced to Adult Prison within Three Years of Release/Discharge

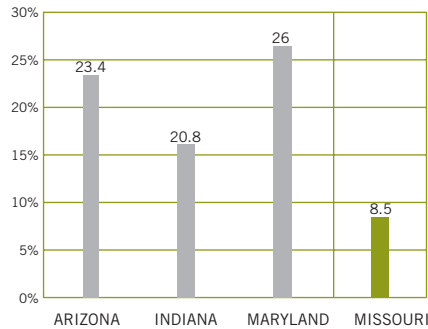


FIGURE 2
Percentage of Youth Recommitted to Juvenile Custody or Sentenced to Adult Prison or Probation for a New Offense within One Year of Release/Discharge

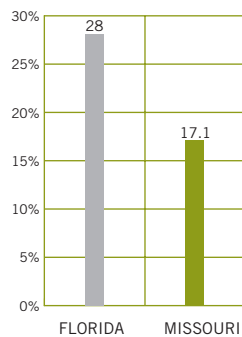
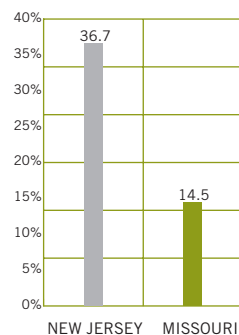


FIGURE 3
Percentage of Youth Recommitted to Juvenile Custody or Sentenced to Adult Prison for a New Offense within Two Years of Release/Discharge



edition of its news magazine, *Primetime*, devoted entirely to the Missouri youth corrections model.

The attention and accolades are well earned, as evidenced by Missouri’s results across a host of juvenile justice outcomes.

Recidivism

Until recently, few states measured the recidivism of youth discharged from their youth corrections facilities. Still today, the juvenile justice field has not settled on a standard measure of recidivism, and recidivism studies vary widely in their definitions of recidivism and in their methodologies for calculating recidivism rates. Thus, comparing state recidivism rates is an inexact science. However, several states do measure recidivism in similar (if not identical) ways to Missouri, and in every case Missouri’s outcomes appear far better.

- Arizona, Indiana, and Maryland have all issued recidivism reports recently documenting the percentage of youth who were sentenced to adult prison within three years of release from residential confinement in a juvenile facility. The rates were 23.4 percent, 20.8 percent, and 26 percent, respectively. By contrast, just 8.5 percent of youth discharged from DYS custody in 2005 were sentenced to either prison or a 120-day adult correctional program within three years of release. (*See figure 1.*)
- Florida’s Department of Juvenile Justice has reported that 28 percent of youth released from residential confinement in 2003–2004 were either recommitted to juvenile custody for a new offense or sentenced to adult prison or probation within one year of release. Among Missouri youth discharged from DYS custody in 2005, the comparable rate was just 17.1 percent. (*See figure 2.*)

- The New Jersey Juvenile Justice Commission released a recidivism study in 2007 showing that 36.7 percent of youth released from the state’s juvenile correctional facilities in 2004 were either re-incarcerated in juvenile facilities for a new offense or sentenced to adult prison within two years. The comparable rate for Missouri youth released in 2005 was 14.5 percent. (See figure 3.)
- Michigan’s youth corrections agency reported in 2007 that 10 percent of youth released from residential confinement between 2002 and 2005 were incarcerated as adults within 24 months of release. In Missouri, the two-year adult incarceration rate (prison and 120-day confinement) for youth discharged in 2005 was 7 percent.
- Wisconsin has reported that 17.5 percent of youth released from juvenile confinement in 2005 were re-incarcerated within two years, either as a juvenile or an adult, due to a new offense—i.e., not a technical violation of probation or parole. The comparable rate for Missouri youth discharged from custody was 14.5 percent.

Overall, of the 1,120 teens released for the first time from a DYS facility in 2005, 90 were subsequently recommitted to DYS for new offenses following release—of whom 28 were also incarcerated as adults or placed on probation within three years of their initial release. Just 66 (5.9 percent) of the 1,120 youth released by DYS were sentenced to state prison within 36 months, 29 (2.6 percent) were sentenced to a 120-day adult correctional program, and 231 (20.6 percent) were sentenced to adult probation. (See figure 4.)

DYS records also show that 110 of the 1,120 youth discharged from custody in 2005 returned to DYS residential facilities briefly after breaking

FIGURE 4

Three-Year Outcomes of Missouri Youth Discharged from DYS Custody in 2005

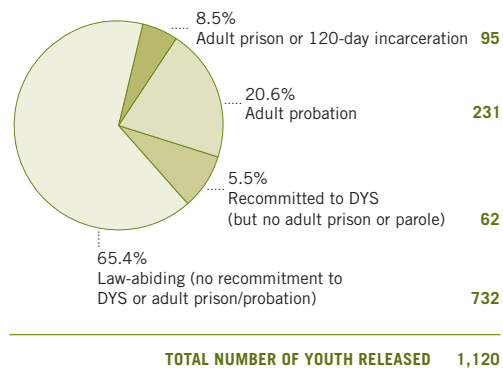
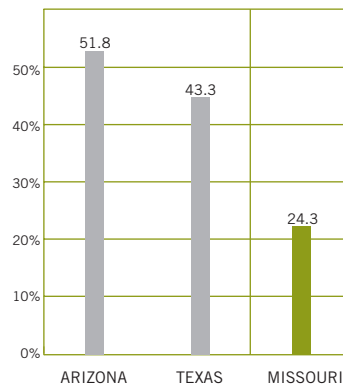


FIGURE 5

Percentage of Youth Re-incarcerated in Juvenile or Adult Correctional Facilities for Either New Offenses or Rule Violations within Three Years of Release from a Juvenile Facility



felony offenders:

A Deeper Look at Missouri's Recidivism Results

Compared with other states that calculate recidivism using similar definitions, Missouri's results are consistently lower. In many comparisons, youth exiting other states' juvenile corrections facilities are twice as likely (or more) to be re-incarcerated as youth served by Missouri DYS.

Some observers have questioned Missouri's results, citing the fact that nearly half of the youth in the DYS population do not have a felony as their committing offense. However, a closer analysis shows that Missouri's lower recidivism rates are not a byproduct of serving a less serious offending population than other state systems. One reason is that many youth committed to DYS for misdemeanors or status offenses have a prior history of felony offending. Overall, 712 of the 1,120 youth released from DYS custody for the first time in 2005 (64 percent) had a felony adjudication on their records.

Moreover, these felony offenders are nearly as successful as other youth in avoiding further criminal justice involvement following their DYS commitments. Specifically, 37.2 percent of felony offenders discharged from DYS custody in 2005 were either recommitted to DYS or sentenced as adults to probation or confinement with the state corrections department within three years. Put another way, 62.8 percent were successful in avoiding deep involvement with the justice system for three years. The comparable success rate achieved among non-felony offenders was only slightly better: 68.6 percent.

Likewise, the share of DYS felony offenders who were re-incarcerated for a new offense in juvenile or adult correctional facilities within three years (16.3 percent) was nearly identical to the rate for non-felony offenders (15.9 percent).

In other words, youth committed to DYS after being adjudicated for felony offenses, who make up nearly two-thirds of the population served by DYS, are nearly as successful as those with less serious offending histories—and far more successful than youthful offenders (regardless of their prior offending histories) in other states.

rules or experiencing other problems while on aftercare (i.e., after release from the facility but prior to discharge from DYS custody)—usually for one to three additional months. Because youth on aftercare remain in DYS custody, Missouri does not consider these cases failures or include them in its official recidivism data. However, when these temporary setbacks are included in the recidivism results, Missouri’s outcomes remain exceptionally strong—especially compared with states that re-incarcerate large numbers of youth for violations of probation and parole rules. For instance, 43.3 percent of youth released from Texas juvenile facilities and 51.8 percent of Arizona youth released from juvenile custody in 2005 were re-incarcerated in juvenile or adult correctional facilities for rules violations or new offenses within three years. The comparable rate for Missouri youth released from custody in 2005 was just 24.3 percent. (See figure 5 on page 7.)

Safety

Like youth corrections agencies in other states, DYS requires staff to file a critical incident report whenever a young person is injured, restrained, or held in isolation, and whenever a youth attacks another youth or staff member, or a staff member assaults a youth.

In November 2006, the staff of Ohio’s youth corrections agency published a report comparing the Missouri and Ohio juvenile systems, including a section on safety outcomes.⁶ The study showed that while Ohio confined a little more than twice as many youth per day as Missouri in 2005 (average population of 1,752 in Ohio vs. 756 in Missouri), Ohio recorded more than four times as many youth-on-youth assaults as Missouri and nearly seven times as many youth-on-staff assaults. Ohio also recorded 41 sexual assaults statewide versus just two in Missouri.

In addition, the Ohio report documented the use of mechanical restraints and isolation, as well as major property damage and theft, and the reported differences were even more stark. Even after factoring in the greater number of Ohio youth in confinement, Ohio reported using mechanical restraints two-and-one-half times as often as Missouri, suffering major theft or major property damage (\$1,000 or more) nearly 10 times as often, and placing youth into isolation 245 times as often.

Safety Outcomes: Missouri vs. Ohio

(INCIDENTS PER 1,000 CUSTODY DAYS—2005)

	OHIO	MISSOURI	RATIO
Mechanical Restraints	.69	.28	2.5 : 1
Isolation	1.07	.04	245 : 1
Physical Damage or Theft	.21	.02	9.5 : 1

(VALUED AT > \$1,000)

Missouri’s safety record also stands out compared with the 97 facilities participating in the Council of Juvenile Correctional Administrators’ Performance-based Standards (PbS) project—a mix of above-average facilities seeking to optimize results and more problematic facilities seeking to address safety issues and other serious problems. According to data compiled by PbS in October 2008 and by DYS in the spring of 2009, assaults against youth are four-and-a-half times as common per capita in participating PbS facilities as in Missouri facilities, and assaults on staff are more than 13 times as common.⁷ Meanwhile, PbS facilities use mechanical restraints 17 times as often as DYS, and they use isolation more than 200 times as often.*

* Figures for both PbS and DYS facilities are based on data self-reported by facility staff and cannot be verified independently.

Safety Outcomes: Missouri vs. Facilities Participating in the Performance-based Standards (PbS) Project

RATIO OF SAFETY-RELATED INCIDENT RATES (PER 100 FACILITY DAYS) IN PbS VS. DYS FACILITIES

	PbS : DYS
Assaults on Youth	4.5 : 1
Assaults on Staff	14 : 1
Use of Mechanical Restraints	17 : 1
Use of Isolation	228 : 1

The final testament to Missouri’s success in protecting the safety of confined youth relates to suicide prevention. Not a single youth in DYS custody has committed suicide in the more than 25 years since the agency closed its trainings schools. Nationwide, 110 suicide deaths occurred in juvenile facilities from 1995 to 1999, and another 21 suicides occurred in state juvenile facilities from 2002 to 2005.⁸

Educational Progress

The National Council on Crime and Delinquency has estimated that, on average, just 25 percent of confined juvenile offenders nationwide make one year of academic progress for every year in custody.⁹ But in Missouri, where every young person takes a standardized test at entry and again before exiting a DYS facility, three-fourths advance at least as fast as a typical student in public school. In addition, 90 percent of youth earn high school credits while residing in a DYS facility.¹⁰

DYS has also achieved excellent success in helping participants earn a GED or high school diploma.* In 2008, 278 DYS residents passed the GED exam, and 36 completed all required

*Two DYS teens earned both a GED and a regular diploma in 2008.

credits and earned high school diplomas—meaning that one-fourth of all youth exiting a DYS facility after their 16th birthdays completed their secondary education. Ohio, by contrast, issued just 296 GEDs and 60 diplomas in 2005 despite serving a population older and far larger than Missouri’s.¹¹ (Ohio facilities admitted 1,386 youth ages 16 and older in 2005 vs. just 506 in Missouri.) Likewise, South Carolina juvenile corrections facilities issued just 131 GEDs and 3 high school diplomas in 2005–2006, despite an average daily population nearly twice as large as DYS.¹²

Educational Progress

PERCENTAGE OF CONFINED YOUTH MAKING AT LEAST ONE YEAR OF ACADEMIC PROGRESS FOR EVERY YEAR IN CONFINEMENT

Missouri	74.7%*
National Average	25%

*This figure is an average of youth committed to Missouri Division of Youth Services custody who made adequate progress in reading (76.1 percent) and math (73.3 percent) during fiscal year 2007.

Transitions to Community

While few states track or report on the success of youth exiting juvenile corrections facilities in enrolling in school and securing legal employment, there is no doubt that a high percentage of youth in most states remain disconnected from school and work following release. According to one study, just 12 percent of formerly incarcerated youth earned a high school diploma or GED by young adulthood, compared to a national average of 74 percent.¹³

“Delinquent youth [returning from correctional placements] are likely to have great difficulty

New York Times Dubs Missouri

“the right model for juvenile justice”

Excerpt from an October 28, 2007, New York Times editorial.

With the prisons filled to bursting, state governments are desperate for ways to keep more people from committing crimes and ending up behind bars. Part of the problem lies in the juvenile justice system, which is doing a frighteningly effective job of turning nonviolent childhood offenders into mature, hardened criminals. States that want to change that are increasingly looking to Missouri, which has turned its juvenile justice system into a nationally recognized model of how to deal effectively with troubled children...

Missouri has abandoned mass kiddie prisons in favor of small community-based centers that stress therapy, not punishment...

A law-and-order state, Missouri was working against its own nature when it embarked on this project about 25 years ago. But with favorable data piling up, and thousands of young lives saved, the state is now showing the way out of the juvenile justice crisis.

returning to school unless they receive special interventions, and these are in short supply,” report criminologists David Altschuler and Rachel Brash. “School systems have often not been receptive to enrolling juvenile offenders.”¹⁴

Bucking this trend, DYS does provide “special interventions” to facilitate school enrollment and post-release success of formerly confined Missouri youth. By employing a comprehensive case management system and providing intensive aftercare support, Missouri enabled the vast majority of youth exiting DYS custody in 2008 (85.3 percent) to be productively engaged in school, college, and/or employment at the time of discharge.¹⁵

Cost

Given all of these strong results, another impressive feature of Missouri’s approach to youth corrections is its relatively low cost to taxpayers.

Due to peculiarities in Missouri’s budgeting process, the official budget for the Division of Youth Services—\$63 million in 2008—substantially understates the actual cost of services by excluding fringe benefits of DYS employees and some central administrative costs. However, even a more realistic DYS budget estimated at \$87 million—equivalent to \$155

Missouri's unconventional approach to youth corrections has sustained political support for nearly three decades under governors from both political parties.

for each young person of juvenile age¹⁶—would still represent a cost to taxpayers that is lower than or comparable to the juvenile corrections costs in most states and substantially less than some.

For instance, Missouri's spending on youth corrections appears higher than that of Arizona and Indiana, but far lower than Maryland and Florida.** Not including costs for juvenile probation, which is a state function in Maryland but not Missouri, Maryland's juvenile corrections agency spends more than \$270 for every young person of juvenile age. Florida spends over \$220 for every young person, not including costs for probation and detention, which are state-run in Florida but operated locally in Missouri.¹⁷

One key factor in Missouri's ability to keep costs down is the relatively brief period of confinement for DYS youth—typically ranging from 4–6 months for youth placed in non-secure group homes to 9–12 months for youth in secure confinement. Many states retain youth in custody far longer. For instance, the average length of stay in North Carolina juvenile facilities was 386 days in 2007,¹⁸ while California youth average three years in confinement.¹⁹ Also, unlike Missouri, many states commonly return youth for long commitments if they violate behavioral rules while on aftercare. Another factor in Missouri's modest juvenile justice costs are the salaries paid to DYS workers, which are lower than those of youth corrections workers in many states.

*The juvenile-age population in Missouri includes all young people between the ages of 10 and 16, because juvenile court jurisdiction ends at age 16. Any Missouri offender aged 17 or older is considered an adult.

**The juvenile-age population in Maryland and Florida includes all young people between the ages of 10 and 17, because juvenile court jurisdiction in those states ends at age 17.

Ultimately, the greatest source of savings generated by the Division of Youth Services derives from the success of program graduates in avoiding future crimes. Criminologists estimate that steering just one high-risk delinquent teen away from a life of crime saves society \$3 million to \$6 million in reduced victim costs and criminal justice expenses, plus increased wages and tax payments over the young person's lifetime.²⁰ Missouri's current director of adult corrections, George Lombardi, credits DYS with saving the state millions of dollars by reducing the recidivism of juvenile offenders into adult prisons.²¹

Thanks to these many demonstrated benefits, Missouri's unconventional approach to youth corrections has sustained political support for nearly three decades under governors from both political parties—including tough-on-crime conservatives such as former U.S. Attorney General John Ashcroft, who served as Missouri's governor from 1985–93.

In other states, too, the need for Missouri-style change is urgent. For the well-being of troubled youth, for the safety of citizens and communities, for the fiscal health of states and the bank accounts of taxpayers, the Missouri model for youth corrections offers substantial advantages over the training school approaches still pervasive throughout most of the nation.

This monograph has been compiled as a tool to help officials and advocates in other states support this needed change. The first clear and detailed description of the Missouri approach, this report includes information on both the nuts and bolts of Missouri's methods, and the underlying values and beliefs that guide its heartening success.

Nuts and Bolts of the Missouri Model

When you ask leaders of the Missouri Division of Youth Services about the keys to the agency's success, they invariably speak first of values and beliefs—and about their agency-wide commitment to helping delinquent youth make deep and lasting changes that enable them to avoid negative (criminal, anti-social, self-destructive) behaviors and to begin on a pathway to success.

In pursuing this purpose, however, DYS has built a unique therapeutic treatment system with many attributes that distinguish it from the youth corrections systems in other states and provide a window into its success.

Developed and fine-tuned over many years, the Missouri youth corrections model is epitomized by six core characteristics:

one. Missouri places youth who require confinement into smaller facilities located near the youths' homes and families, rather than incarcerating delinquent youth in large, far-away, prisonlike training schools.

two. Missouri places youth into closely supervised small groups and applies a rigorous group treatment process offering extensive and ongoing individual attention, rather than isolating confined youth in individual cells or leaving them to fend for themselves among a crowd of delinquent peers.

three. Missouri places great emphasis on (and achieves admirable success in) keeping youth safe not only from physical aggression but also from ridicule and emotional abuse; and it does so through constant staff supervision and



Empowering



Warehousing

system overview

- There are 45 separate juvenile circuits and 24 locally operated juvenile detention centers.
- Juvenile probation is operated locally in the 10 largest counties, and by state courts in the remainder of the state.
- At age 17, a youth is considered an adult for new law violations.
- Youth can be transferred to adult court only at the discretion of a judge—no statutory waivers or direct file by prosecutors—and only about 120 cases per year are transferred. Judges may also assign youth to a “dual jurisdiction” program in which they receive adult sentences but are treated initially in the juvenile system and can have their adult prison sentences suspended by a judge if they respond favorably to juvenile treatment.
- The state’s juvenile corrections agency, the Division of Youth Services, is a part of the Missouri Department of Social Services.
- DYS typically retains jurisdiction for juvenile offenders until discharged or until the youth reaches age 18, or in dual jurisdiction cases until age 21.
- In addition to supervising juvenile offenders committed to its care, DYS administers a \$4 million per year Juvenile Court Diversion program that provides funding to help local courts strengthen their community-based programs and reduce commitments to state custody.

supportive peer relationships rather than through coercive techniques that are commonplace in most youth corrections systems.

four. Missouri helps confined youth develop academic, pre-vocational, and communications skills that improve their ability to succeed following release—along with crucial insights into the roots of their delinquent behavior and new social competence to acknowledge and solve personal problems.

five. Missouri reaches out to family members and involves them both as partners in the treatment process and as allies in planning for success in the aftercare transition, rather than keeping families at a distance and treating them as the source of delinquent youths’ problems.

six. Missouri provides considerable support and supervision for youth transitioning home from a residential facility—conducting intensive aftercare planning prior to release, monitoring and mentoring youth closely in the first

crucial weeks following release, and working hard to enroll them in school, place them in jobs, and/or sign them up for extracurricular activities in their home communities.

The following pages detail the nuts and bolts for each of the six unique elements of the Missouri approach.

one: Small and Non-Prisonlike Facilities, Close to Home

When the Annie E. Casey Foundation profiled the Missouri Division of Youth Services in 2003 for its magazine, *AdvoCasey*, the feature story was entitled “Small Is Beautiful.”

Indeed, perhaps the most obvious difference between Missouri’s youth correctional facilities and those in other states is size. Whereas most youth confined in state juvenile correctional facilities nationwide are housed in institutions with more than 150 beds,²² the largest of Missouri’s 32 residential youth corrections programs has only 50 beds.* Each of the seven secure care facilities serves 36 youth or fewer.

Missouri’s reliance on small facilities is recent. From 1887 until 1983, the Boonville Training School—a 158-acre campus of two-story brick residence halls—was Missouri’s primary correctional facility for boys, holding up to 650 teens at a time. Youths’ treatment at Boonville was often harsh, and violence was commonplace—resulting in a steady stream of alarming news headlines spanning several decades. In the 1970s, DYS began to experiment with smaller and more therapeutic correctional programs.

*These 32 programs are located on a total of 26 campuses, including one campus with six different programs. However, individual programs at this site have completely separate buildings, staff, and administrative leadership, and interaction between youth in different programs is minimal.

Liking the results, and tired of endless scandals at Boonville, Missouri’s legislature and executive leadership shut down the Boonville training school in 1983 and donated the facility to the state’s Department of Corrections, which turned it into an adult penitentiary.

In place of Boonville, as well as a training school for girls in Chillicothe that closed in 1981, DYS secured smaller sites across the state—abandoned school buildings, large residential homes, even a convent—and outfitted them to house delinquent teens. The largest of the new units housed just 30 to 36 teens. In addition, DYS continued to operate programs in two sites with capacity for 50 youth (five groups of ten), as well as six small but separate programs with combined capacity for 100 youth, which operate inside the same park in St. Louis County.

The Importance of Facility Size

According to both Missouri insiders and national justice experts, Missouri’s switch to smaller facilities was crucial to improving its juvenile corrections system. Paul DeMuro, a veteran juvenile justice consultant, suggests, “The most important thing in dealing with youthful offenders is the relationships, the one-on-one relationships formed between young people and staff. And not just the line staff. It’s critical that the director of the facility know every kid by name.”

Ned Loughran, executive director of the Council of Juvenile Correctional Administrators, warns, “The kids coming into juvenile facilities need a lot of specialized attention, and they need to develop a relationship with staff.” Loughran adds, “A small facility allows the staff to get to know the kids on a very individual basis. The kids interact better with peers and staff.” Large facilities routinely suffer with high

**“If you are just sitting in a cell with nobody to help you there is not much you are learning.”
—DYS Student**

Several states measure recidivism in similar (if not identical) ways to Missouri, and in every case Missouri's outcomes appear far better.

rates of staff turnover and absenteeism, “so the kids spend a lot of time sitting in their rooms... With large [facilities] it's like going to a large urban high school. Kids get lost, and these kids can't afford to get lost.”

A Regional Continuum

In addition to the individualized attention they foster, smaller facilities have allowed Missouri to localize programming and avoid shipping delinquent young people to distant facilities far from their homes and communities.

Since closing the training schools in the early 1980s, DYS has divided the state into five regions and erected a complete four-level continuum of programs and facilities in each, including:

Community care. DYS places committed youth with the least serious offending histories and the lowest likelihood of reoffending into community-based supervision programs. Statewide, 12 percent of DYS youth are placed directly in these non-residential services. Many of these youth are assigned to “day treatment” centers, where they spend from 8:00 a.m. to 3:00 p.m. every weekday in a combination of academic education and counseling. After school, many participate in community service or academic tutoring activities, or in individual or family counseling. (The state's 10 day treatment programs, which serve up to 171 youth on any given day, also serve as a step-down for some youth following their time in a residential program.) Other youth in community care attend regular schools but are actively supervised by a DYS case manager (known as a “service coordinator”), and they may receive family counseling, intensive supervision and support from community-based mentors, counseling or

support groups, job placement assistance, life skills training, or other services.

Group homes. Youth with limited offending histories and a low risk of reoffending are often referred to one of the seven nonsecure group homes scattered throughout the state. Each of these group homes typically houses 10–12 youth who have committed only status offenses or misdemeanors—young people who pose little danger to the community but require more structure, support, and supervision than their families can provide. Group home youth attend school onsite, not in public schools, but they spend considerable time away from their facilities in jobs, group projects, and other community activities. Within the facilities, they participate in extensive individual, group, and family counseling. The typical stay in a group home lasts four to six months.

Moderately secure facilities. Youth with somewhat more serious offending histories or higher risk levels are placed into one of the state's 20 moderately secure facilities located in residential neighborhoods, state parks, and two college campuses. Though many youth sent to these facilities have been adjudicated for felony offenses, they too spend time in the community. Closely supervised by staff, residents regularly go on field trips and undertake community service projects. Those who make progress in the counseling component of the program and demonstrate trustworthiness are often allowed to perform jobs with local nonprofit or government agencies as part of DYS' extensive work experience program. The typical stay in a moderate care facility lasts six to nine months.

Secure care facilities. For the most serious offenders referred by Missouri juvenile courts, DYS operates seven secure care residential

an inglorious history:

Now a Model, Missouri's Youth Justice System Was Once Scandalous

Though highly regarded today, Missouri's juvenile corrections system has not always been exemplary. Indeed, for many decades it was plagued by severe, even shameful problems at its primary correctional facility for boys, the Boonville Training School.

Until its closure in 1983, Boonville was repeatedly cited for severe abuses. Soon after losing his job in 1949, for instance, former Boonville Superintendent John Tindall described the facility in the *St. Louis Post Dispatch*: "I saw black eyes, battered faces, broken noses among the boys," Tindall wrote.²³ Three boys died inside the facility in 1948 alone. Conditions remained problematic from the 1950s through the 1970s, reported University of Missouri law professor Douglas Abrams in his history of the state's juvenile courts published in 2003.²⁴ A 1969 federal report condemned Boonville's quasi-penal-military atmosphere, particularly the practice of banishing unruly youth to the Hole—a dark, solitary confinement room atop the facility's administration building.

The seeds of change were finally planted during the 1970s, when DYS began to experiment with smaller and more therapeutic correctional programs. Liking the results, and tired of endless scandals at Boonville, Missouri's legislature shut down the Boonville training school in 1983—donating the facility to the state's Department of Corrections, which turned it into an adult penitentiary.

In place of Boonville, as well as a training school for girls in Chillicothe that closed in 1981, DYS secured smaller sites across the state—abandoned school buildings, large residential homes, even a convent—and outfitted them to house delinquent teens. The largest of the new units housed only three-dozen teens, and DYS made group treatment the core of its rehabilitative approach in every facility.

These changes were momentous. However, they did not signal the end of reform in Missouri—but only the beginning. Indeed, Missouri leaders have continued ever since 1983 to build on and improve its programs and services—and also to cultivate support from political and civic leaders throughout the state, and across the political spectrum.

For states struggling to combat deep problems in their youth corrections systems, Missouri's message is twofold: (1) no matter how troubled your system may be today, success is possible, and (2) the answer lies not in any single reform, but rather a long-term commitment to continuous improvement.

facilities, each with a typical daily population of 30 youth and a maximum capacity of 36. Unlike other DYS facilities, the secure care youth centers are surrounded by a perimeter fence and are locked at all times. In most ways, the daily activities in secure care facilities are similar to those in less secure residential settings. However, youth confined in secure care participate less frequently in activities outside their facilities. Instead, secure care programs often bring the community into the facility for activities and experiences, and then gradually reintroduce youth into the community as they progress in the treatment program and demonstrate readiness. The typical stay in a secure care facility lasts nine to twelve months (but can extend longer if the young person fails to progress in treatment or demonstrate readiness for release).

In addition to these regional facilities, DYS also operates a single facility for youthful offenders placed into Missouri's dual jurisdiction program. This program was created in the mid-1990s at a time when many states drastically increased the number of youth transferred to adult courts and correctional systems. Missouri largely steered clear of wholesale transfers. Instead, it created a new alternative in which young people who are tried and convicted as adults can be given a "blended sentence" in the adult and juvenile systems. The adult sentence is suspended initially, and the youth is assigned to the DYS dual jurisdiction facility where they receive the same treatment regimen as youth in other DYS programs. Prior to their 21st birthdays, these youth return to court where a judge decides whether to release them outright, place them on adult probation, or impose the adult sentence and transfer them to prison.

Missouri DYS

population overview

1,250+ youth committed to DYS custody each year; over 2,800 served

- 82% male; 18% female
- 45% 16 and over
- 66% from metro areas
- Age of young people served ranges from 10–21
- 75% from single-parent (57%) or step-parent families (18%)

Committing offenses

- 51% felonies*
- 38% misdemeanors
- 11% juvenile offenses

Educational disability and mental health conditions

- 34% educational disability
- 49% prior mental health condition; 38% with an active diagnosis

*As detailed in the sidebar on p. 8, many DYS youth whose committing offense is a misdemeanor or juvenile offense have previously been adjudicated for felony offenses. Overall, 64 percent of DYS youth have a history of felony offending.

Not a single youth in DYS custody has committed suicide in the more than 25 years since the agency closed its trainings schools.

Of the 64 young people referred to the dual jurisdiction program since 1996, 39 had successfully completed DYS treatment by November 2008. (Another 18 remained in DYS custody, and seven had been transferred to prison because they did not respond to DYS treatment.) Among the 39 youth who completed DYS treatment, all were placed on probation by judges rather than transferred directly to prison, and 31 had avoided prison since release—a success rate of 79.5 percent.

A Non-Institutional Environment

Regardless of the level of care, DYS facilities are designed and furnished in a distinctly non-correctional style. At every level, youth sleep not in cold concrete cells but in carpeted, warmly appointed dorm rooms containing 10–12 beds, with a dresser and closet space for each young person. Youth in even the most secure facilities are permitted to dress in their own clothes, not correctional uniforms, and to keep personal mementos on their dressers. In most facilities, each dorm is part of a larger “pod” that also includes a living room furnished with couches and coffee tables, plus a “treatment room” where the team meets for 60 to 90 minutes every evening and youth talk about their personal histories, their future goals, and the roots of their delinquent behavior.

No iron bars—indeed, little security hardware of any type—are visible in DYS facilities, though the secure care facilities are surrounded by security fences. Instead, facility walls are adorned with handmade posters and colorful bulletin boards displaying residents’ writings and art work. Many facilities have live plants. One has an elaborate fountain constructed by residents, and all have at least some type of pet—ranging from dogs and cats to live chickens, even an iguana. The pets help make the environment of the facilities “more humane,” says DYS Director Tim Decker. In some cases, they are also a focus of student projects. In one facility, the residents raise chickens and harvest eggs. In another, a secure care facility, youth are working with dogs rescued from the Humane Society and retraining them for adoption by area families.

This hospitable physical environment is reinforced by the social atmosphere within DYS facilities. Confined youth address DYS staff—even the agency director and other administrative leaders—by their first names. Staff are trained to welcome youths’ questions, and to treat youths’ ideas and opinions with respect.

“Why I think they’re such a good system is that they have preserved the community aspect even in the secure programs,” says Ned Loughran. “When you visit, you can see that they’re not

institutional. They've been able to preserve... a family atmosphere.”

two: Individual Care Within a Group Treatment Model

The Importance of Groups

In every DYS residential facility, at every level, each young person spends virtually every minute, night and day, with his or her treatment team. The teams, which typically number 10–12 youth, sleep in the same dorm room, eat together, study together, exercise together, do chores together, and attend daily therapy sessions together—always under the watchful supervision of DYS youth specialists. The groups have rotating entry and exit: young people leave the group and head home as soon as they demonstrate readiness for release, and new youth come in to take their place.

These small groups serve as the crucible in which the DYS treatment process attains focus and intensity. The constancy of the group does not allow young people to hide or withdraw. Rather, the youth remain under the watchful eyes of not only staff, but also their peers, and they are held accountable by the group for any disruptive, disrespectful, or destructive behavior. Rather than facing isolation or punishment when they act out, youth are called upon to explain their thoughts and feelings, explore how the current misbehavior relates to the lawbreaking that resulted in their incarceration, and reflect on how their behavior impacts others. These challenging conversations are a frequent facet of the group treatment experience. At least at the outset of their DYS confinement, many youth find this type of interpersonal accountability far more difficult than the forms of accountability (isolation, mechanical restraints,

loss of privileges) typically meted out in conventional youth correctional facilities.

The DYS commitment to group treatment is so strong that—other than managing psychotropic medications—the agency seldom offers individual psychotherapy for any of the 49 percent of confined youth who come to DYS with identified mental health problems.* “The group is the primary treatment modality in our system, and nothing is allowed to supplant the group process,” says Tim Decker. “When one region became more reliant on clinical therapy, we found that staff began undervaluing their own expertise and deferring to the therapists, and the kids weren’t doing as well. So we do sometimes provide individual therapy, when a youth has special needs, but everything is subordinate to the group process.”

On the other hand, many youth do participate in family therapy while confined in DYS facilities—generally toward the end of their stay as they prepare to return home. Often, the request for family therapy comes from the treatment team staff or service coordinator, and the DYS family therapists work closely with facility staff to make sure that family therapy supports and reinforces the group treatment process.

Another testament to DYS’ intense commitment to group treatment can be seen in its policy requiring groups to attend school together, with a dedicated teacher, rather than dividing youth by ability level and allowing them to attend classes with similarly skilled youth from other groups. Given the wide range in educational ability among confined youth

*When youth exhibit extremely severe mental health problems, DYS reserves the option to purchase placement in private residential psychiatric treatment centers rather than place them in a DYS facility. However, DYS leaders report that fewer than 10 youth per year are sent to private treatment for this reason.

Every young person committed to DYS custody is immediately assigned to a single staff person—known as a service coordinator—who will oversee his or her case before, during, and after placement in a DYS facility.

(elementary school level, middle school level, and pre-GED level, plus youth with learning disabilities), this policy clearly adds a degree of difficulty to the challenges facing DYS teachers—how to individualize instruction to the needs and abilities of each student. The practice also limits DYS’ ability to provide specialized courses for more advanced students. DYS leaders acknowledge those concerns, but they note that DYS classrooms have very high teacher-student ratios—one certified teacher plus a youth specialist (typically certified as a substitute teacher) working with a class of a dozen or fewer students. They also point to the results cited in the previous chapter: the overwhelming majority of DYS youth learn faster than their same-age peers in public school, and more than 300 earned a GED certificate and/or high school diploma in 2008 (even though virtually all youth are under 18 at the time of discharge from DYS).

Individualizing Care Within the Group Context

Despite its avid adherence to a group treatment approach, DYS employs many techniques to individualize the treatment process for each young person—beginning the very first day of their commitment.

Individualized case management. Perhaps the most important DYS strategy to individualize care is its case management system. Every young person committed to DYS custody is immediately assigned to a single staff person—known as a service coordinator—who will oversee his or her case before, during, and after placement in a DYS facility. The service coordinator conducts an initial risk- and needs-assessment process, measuring risk of reoffending and the seriousness of current and past offenses, as well as his or her treatment needs. Based on the results of the risk assessment, the service coordinator determines the level of care appropriate for the young person as detailed in

Placement/Length of Stay				
S E R I O U S N E S S	Most Serious 10+	Moderately Secure Residential LOS = 6–9 months	Secure Residential LOS = 9–12 months	Secure Residential LOS = 9–12+ months
	Moderately Serious 6–9	Community-Based Residential LOS = 4–6 months	Moderately Secure Residential LOS = 6–9 months	Secure Residential LOS = 9–12+ months
	Least Serious 2–5	Non-Residential LOS = 1–6 months	Community-Based Residential LOS = 4–6 months	Moderately Secure Residential LOS = 6–9 months
		Lowest Risk 2–10	Moderate Risk 11–17	Highest Risk 18–22
R I S K O F R E O F F E N D I N G				

the chart on page 21. The service coordinator then serves as an ongoing point person with the youth's parents and other family members during the period of confinement, and makes visits on at least a monthly basis to check on the young person's progress in the facility. The service coordinators are actively involved in the decision over when each young person should return home, and they are the primary person in developing a pre-release success plan for the young person and in supervising him or her in the critical phase of aftercare supervision. Statewide, DYS employs 102 service coordinators and supervisors spread across the agency's five regions.

Indeterminate sentencing. With cooperation from juvenile judges across Missouri, DYS also individualizes treatment for delinquent youth by adjusting the length of confinement based on their progress in treatment and readiness to return safely to community life. In most states, juvenile judges either sentence youth to a fixed period of confinement—like an adult convict—or they require state corrections officials to seek judicial approval before releasing youth from correctional facilities, placing them on aftercare, or releasing them entirely from state supervision.

In 82 percent of Missouri cases, once judges commit a youth to DYS custody they cede responsibility for all subsequent decisions to DYS—granting DYS the responsibility to determine whether to place the young person into a residential program (and at what security level), how long to hold them, when to release them, and how long to supervise them on aftercare status.* Indeterminate sentences also allow DYS to move a youth back and forth between

*In many of the remaining cases, judges order residential care but allow DYS to determine the level of residential care and the length of stay.

residential and community care, permitting DYS staff to reconfine a young person who struggles in the aftercare period or exhibits risks for reoffending.

The indeterminate sentencing is significant on two levels, say Missouri officials. First, it allows DYS to customize each young person's treatment and make the young people themselves responsible for their own length of stay. This creates a powerful incentive for positive participation: if youth cooperate, participate actively, and complete the required stages of treatment promptly, their stay will likely be shorter; but if youth hold back, undermine, slack off, and avoid the treatment tasks, their stay will likely be longer. Releases are based on youths' progress and readiness, not an arbitrary release date. Second, the fact that the vast majority of juvenile judges choose to grant indeterminate sentences—even when state law allows them to retain control—illustrates the goodwill DYS has built with the states' judiciary and the deep faith judges have developed in the DYS treatment system.

Level system. With most youth entering its facilities without any fixed date for returning home, DYS employs a level system to track progress and determine each young person's readiness for release. Though the terms and definitions vary slightly by region, DYS generally considers its treatment process in four stages:

- *Orientation*, during which young people become acclimated to the procedures, expectations, and environment of the DYS facility;
- *Self-discovery*, where young people enter the self-exploration process and begin seeing how their current problems and behaviors are rooted in their personal and family histories, and where they take responsibility for their past crimes and misdeeds;

- *Integration*, when young people begin applying the lessons they're learning about themselves in the here-and-now, by taking on a leadership role within their group, reopening channels of positive communications with their parents and other family members, and applying themselves in new jobs, community service projects, and other learning activities; and

- *Transition*, where youth begin working with facility staff, their service coordinators, and their families to develop a plan for success when they return home.

DYS provides no hard-and-fast benchmarks to delineate when a young person has moved from the self-discovery phase into integration, for instance, or integration into transition. Rather, each young person's movement from one level to the next is determined subjectively by the staff team, with input from other youth in the group, in consultation with the youth's service coordinator. The most important facet of this process is that—other than youth who age out of the system—no young person leaves a DYS facility until he or she completes the levels and demonstrates both the desire and the skills to succeed and remain crime-free upon release.

Self-exploration via daily group treatment sessions. At every residential DYS facility, each group meets every evening to talk about their personal histories, their future goals, and the roots of their delinquent behavior. Some days the teens participate in group-builders—shared activities designed to build comradery, discuss the impact of their crimes on victims, and help teens explore issues like trust, perceptions, and communication. Other days, the treatment session is spent dealing with an event or issue that has surfaced in a group member's life—a difficult family visit or phone home, a problematic behavior that persists—or a tension that

has arisen between two or more members of the group.

But in many meetings, one particular teen will talk to the group about his or her life. Indeed, over the course of their stays, a young person will typically lead at least five sessions dedicated to the core exercises in the DYS treatment process. The first is a “who am I?” exercise in which youth list their favorite people, foods, cars, movies, etc. In subsequent sessions, the topics become more personal. In the “life history,” teens are asked to—and often do—talk about wrenching experiences in their lives: domestic abuse, violence, sexual victimization, and family negligence. They are also encouraged to speak about their crimes, mistakes, and other misdeeds. In the “genogram,” teens spend the hour describing and answering questions about a coded family tree (prepared in advance, with the help of a staff mentor)—detailing the incidence of domestic violence, alcoholism, drug addiction, criminality, illiteracy, and other pathologies in their families—as a first step toward exploring the historic roots of their own behavioral problems. For the “line of body,” confined adolescents describe and discuss a large sheet of paper onto which they have traced their bodies and then written in the most searing physical and mental traumas they have suffered during their young lives. In the final session, “success plan,” youth nearing departure from the facility describe to their peers—and hear questions and feedback on—all the steps they will take to maximize their chances of success following release.

The sessions take place in a separate treatment room, part of the each group's living area (or pod), facilitated not by licensed therapists but by the team's group leader or another of the team's more experienced youth specialists. Every young person attends and takes part in every



In this “line of body” drawing, a 15-year-old DYS resident has traced all of the physical and emotional scars of his young life. The line of body is one of several exercises youth undertake as part of the DYS treatment process.

For Louisiana Leaders, Visiting a DYS Facility Proves

an eye-opening experience

The following scene from a site visit to the DYS facility at Watkins Mill State Park is excerpted from the Annie E. Casey Foundation's Spring 2003 issue of AdvoCasey.

After driving through the entry gates of the Watkins Mill State Park one gray November afternoon, two dozen well-dressed powerbrokers traverse a gravel parking lot and approach a nondescript wood frame building. The front door is unlocked.

Inside, the walls are decorated with crepe paper, and the air is infused with the welcoming aroma of hot cider. A half-dozen teens—African Americans and whites, boys and girls—greet the visitors warmly.

Though they have been sentenced here for serious (but mostly nonviolent) crimes, the youth are dressed in their own clothes—no jumpsuits, no military crew cuts. The teens laugh and joke with their staff, they look visitors in the eye, they smile easily as they offer up cider and a snack.

Most of the visitors have come from Louisiana, members of a commission established by the state legislature to explore reforms of the Bayou State's deeply troubled juvenile corrections system.

The group is understandably tired. This is stop number three today in a whirlwind tour of juvenile facilities in and around Kansas City. But something about this site sparks their attention: There are no fences here, and no heavy locked doors. The path to escape is wide open.

"Why don't you run?" asks one member of the delegation, a county judge. "Do you ever think about running?"

The question is posed to a tall, slender 16-year-old with a speech impediment and deep scars crisscrossing his face.

"I did when I first got here," the boy says. "I was making my plan. But then I saw that the other kids weren't going anywhere, they were thinking about their futures. And I saw that the staff here really cared. So I changed my mind.

"I'm in here because I stole a car and crashed it going 85 miles an hour," the boy continued, his voice suddenly trembling. "I need to get this surgery finished. I need to make some different choices. I don't want to spend the rest of my life running."

That evening, at a going-away dinner in downtown Kansas City, Louisiana representative Diane Winston stood up at a podium and confessed that "until now, this issue of juvenile justice has just been words and numbers to me. But this tour has really put a human face on the issue for me. It's a face of hope."

session, and all are encouraged to participate by asking questions and offering advice and support. Staff are provided extensive training in facilitating the treatment sessions, and they concentrate on keeping the discussion respectful at all times, focused on the youth making his or her presentation, with a minimum of side conversations and other distractions.

Dedicated staff mentors. As individual DYS youth create their genogram, trace their line of body, and prepare for each of the other elements of their treatment process, they are guided and supervised by one of the DYS youth specialists assigned to staff the group on an ongoing basis. The staff mentor—often referred to as a “one-on-one”—is identified as soon as the young person is assigned to the facility, and the mentor reaches out immediately to provide support and advice. Throughout the young person’s stay, the one-on-one will check in with him or her several times per week—acting as a sounding board and providing support if the young person feels that another youth (or a small clique of them) is teasing or harassing him or her, if he or she is having problems with a particular staff member, or if there’s a problem in the youth’s family. Then, when the group’s staff team holds its weekly meeting, the one-on-one will lead the discussion of the young person’s progress—including any talk about whether the youth should be recognized for completing his/her current level and moving to the next.

three: Safety Through Relationships and Supervision, Not Correctional Coercion

The success of the DYS approach—indeed, the entire Missouri model—depends on helping troubled and chronically delinquent young people make deep and lasting changes in how

they behave, think, view themselves, and foresee their futures.

To make those changes, youth undergo a process of sometimes searing self-reflection. They learn about themselves, repair relationships with family, develop their social and emotional competence, and grapple with their plans for the future. In the course of this process, many will need to reveal and talk about painful aspects of their pasts and repair relationships with family. Change is hard—inner change most of all.

Before a process leading toward change can even begin, however, there must be safety—not just physical safety, but emotional safety as well—because without it youth are unlikely to proceed in their personal treatment process. Youth who feel disrespected are likely to act out against their peers—or may even become a danger for self-harm. “Kids need to know they’re not going to be ridiculed or humiliated,” says Phyllis Becker, the deputy director of DYS.

However, in most juvenile facilities nationwide, physical and emotional safety are scarce commodities. Fights are commonplace, threats and name-calling even more so. Youth are subject to ridicule for any perceived weakness, any area of differentness—a different skin color or accent. Geographic rivalries—and sometimes gang rivalries—roil beneath the surface and occasionally explode. The dangers are particularly acute during free time periods when youth are supervised by correctional officers—guards—who typically stand apart from youth, watching from afar. When an incident does arise, youth are often shackled, or handcuffed, sometimes pepper sprayed, then placed into isolation cells for days or weeks as punishment.

Missouri employs an entirely different approach. Rather than trying to impose safety through coercive correctional practices, DYS

Before a process leading toward change can even begin, there must be safety—not just physical safety, but emotional safety as well—because without it youth are unlikely to proceed in their personal treatment process.

waking up

To the Promise of Juvenile Corrections Reform

Reprinted from the Missouri Division of Youth Services' successful application to Harvard University's Innovations in American Government awards competition. In 2008, DYS was recognized as the outstanding innovation in children and family system reform nationwide.

To understand how the Missouri Department of Social Services' Division of Youth Services' innovation has changed practice, imagine for just a moment that you're 16 years old. You lie awake in your metal bunk-bed in a large unfurnished barracks-style room. You look around the unit and see 48 other young men in their prison-issued orange jumpsuits, one part of a large secure facility serving 350. You can't help but wonder how your life got out of hand so quickly. You can barely remember the abuse that has scarred you so deeply. You haven't seen your family for months. They live 150 miles away. You gently rub the bruised area around your eye and wonder when your rival will return from his isolation cell. He's spent 3 days there, 23 hours a day, and has to be even angrier. The uniformed guards are across the way with billy-clubs and mace just in case something starts. You can't remember their names, but it really doesn't matter because everyone calls them "officer" or "sir". You've learned to follow their commands, just do your time. You can't help but remember the judge telling you how tired the public is of your criminal activity. Could adult prison really be worse? You'll probably find out, since you have a 50/50 chance of ending up there. Suddenly, you wake up! You've had a nightmare, the same one lived everyday by young people in juvenile justice systems around the country.

Now imagine a different experience. It's morning now and time to get up for breakfast, do chores, and get ready for school and the day's rigorous schedule. You step onto the floor of your group's home-like dormitory and move to your personal closet to pick out clothes for the day. There are just 10 other young men in your group. The staff members wear normal clothes and are addressed by their first names. You call a "circle" to get the group's attention so you can talk about your nightmare. The group quickly assembles and is seated in the group's living room to listen and provide support. The nightmare generated some feelings of fear that you suspect are connected to childhood experiences. The group offers time in the daily group meeting that evening, but also assures you they will be there anytime you need to talk. The group is like family and you know the staff care, almost as if you were their own child. It's off to school, where you'll stay with your group while participating in challenging lessons and receiving individualized help. You never realized how intelligent you were. You now plan to go to college after receiving your diploma from the Division of Youth Services.

You reflect for a moment and remember that you're one of the lucky ones—you live in Missouri. The Training School for Boys has closed and you're in the care of the Division of Youth Services after years of innovation. You're in a small treatment center close to your home, have the same service coordinator as your advocate the entire time, your family is attending family therapy, and you're safe. You are hopeful about the future, knowing that you have a 90% chance of being successful. Your group, staff team, family, and a community liaison council full of caring adults are all there to support you. While many states around the country built youth correctional facilities with barbed wire, guards, and isolation cells; Missouri remembered that you were still a child, a work in progress. They were clear about their principles and moved forward with innovative practices that have now been confirmed by research and practice. They kept trying until they found what works.

strives to create safety through constant supervision and staff leadership—by showing no tolerance for physical or emotional abuse, and by cultivating an enveloping atmosphere of healthy relationships and mutual respect.

As one secure care Kansas City youth explained to a reporter from the *Los Angeles Times*, “Most of us come in with a fighting mentality, but pretty soon we realize that there’s no need for that here.”²⁵

Rejecting Correctional Coercion

The question of punishment in Missouri is resolved at commitment. Youth are sentenced to DYS custody if their lawbreaking has been sufficiently serious and the harm they’ve caused significantly severe. This involuntary placement into a DYS facility is their sanction. Once the youth enter a facility, however, the sole focus turns to treatment. DYS youth receive structure, counseling, direction, and support. They are required to work hard, confront difficult issues and behave responsibly toward their peers, families, staff, and other adults.

The environment inside DYS facilities, even for the most serious offenders, is intentionally humane. Missouri has not found it necessary or useful to employ armed guards, cells, pepper spray, prolonged isolation, or any of the other harsh trappings of conventional correctional confinement. Rather, DYS staff maintain order through constant and attentive supervision—treating youth in the manner in which they should treat others, expecting them to comply, and questioning them respectfully but purposefully when they act out.

For instance, the Riverbend Treatment Center—one of the seven secure care juvenile facilities in Missouri—contains a room that resembles tens of thousands of cells in training

schools coast to coast: gray cement floor, white cinder-block walls, narrow cot, and open, stainless-steel toilet. Only at Riverbend, this cell is one-of-a-kind, and it’s rarely used. In fact, most of the time the cell is filled with supplies—all of which must be removed in those very rare emergencies when one of the 30-or-so residents loses his temper and requires a cooling-off period. Indeed, not a single youth was placed into the cell in 2008, reports Assistant Facility Manager Lorna Young. The most recent incident came in May 2007. Other than a metal detector at the front door and a perimeter fence surrounding the property, there are few locked doors and little security hardware of any type at Riverbend: just video cameras linked to monitors in the central office. Isolation is never used as punishment at Riverbend—or any other DYS facility—and youth are never left alone to languish. Rather, whenever a young person is placed into the cell a staff person remains just outside the door—and young people rarely spend more than an hour or two before rejoining the group and resuming their normal activities. DYS requires prior approval of management staff before the cell is used and each occurrence is documented and closely monitored. Only six of the 32 DYS facilities statewide have even one such cell, and DYS Director Tim Decker says that the agency uses the isolation cells fewer than 25 times per year statewide.

Likewise, unlike many states, DYS does not allow the use of pepper spray, nor does it permit demeaning or potentially dangerous techniques such as hog-ties, face-down restraints, or electrical shocks, which have been widely reported in other jurisdictions. Strip searches, too, are strictly forbidden. DYS does employ video cameras throughout its seven secure care facilities, which are beamed into a wall of video monitors in the facility’s central

Rather than trying to impose safety through coercive correctional practices, DYS strives to create safety through constant supervision and staff leadership—by showing no tolerance for physical or emotional abuse, and by cultivating an enveloping atmosphere of healthy relationships and mutual respect.

Rather than hiring high school graduates without respect to their interest or capacity for youth work, DYS recruits many of its workers on college campuses across the state—and it winnows applicants through an intensive interviewing process.

office and recorded on videotape—allowing administrators to review critical incidents after the fact.

Safety Through Supervision and Relationships

So, if not through the commonplace tools of correctional security, how does Missouri keep youth safe in its facilities?

The answer begins and ends with people—with intensive supervision by highly motivated, highly trained staff constantly interacting with youth to create an environment of trust and respect. When Missouri first began treating youth in groups during the 1970s and early 1980s, staff struggled initially to impose order and create safety.

“We didn’t know what we were doing [at first]. The boys ran us ragged,” recalls Gail D. Mumford, who began working with DYS as a youth specialist in 1983 and later served as the agency’s deputy director. “They were acting up every day, sometimes every hour.”

Gradually, though, the functioning of the groups improved—and safety increased dramatically—as DYS adopted three key safety ingredients:

High-caliber staff. Soon after closing its training schools and embracing the group treatment approach statewide in the early 1980s, DYS made a crucial decision to redefine the job of frontline workers. No longer would DYS staff work in their traditional role as guards or correctional officers, with a primary concern on enforcing rules and punishing misbehavior. Rather, staff would now fulfill a new role as youth specialists with responsibility for the “safety, personal conduct, care and therapy” of the youth.

Since then, rather than hiring high school graduates without respect to their interest or capacity for youth work, DYS has recruited many of its workers on college campuses across the state—and it has winnowed its applicants through an intensive interviewing process to determine whether would-be staffers are personally committed to helping youth succeed and possess the personality traits—good listening skills, empathy, clear and concise speaking style, ability to command respect—needed for the job. The youth specialist job classification requires at least 60 hours of college experience—and 84 percent of youth specialists currently have either a bachelor’s degree or 60-plus hours of college plus two years of DYS experience. Also, because its facilities are located throughout the state—in urban and rural locations alike—DYS has been able to recruit a racially and ethnically diverse staff that reflect the backgrounds of the youth it serves.

During their first two years, new youth specialists are required to complete 236 hours of training, much of it dedicated to the underlying DYS values and beliefs. The training also includes multiple sessions on youth development, family systems, and group facilitation, including extensive practice applying these concepts through role playing and other participatory exercises. (In their first months, until they’ve completed 103 hours of core training, new youth specialists aren’t left alone with a group—instead, they work in tandem with more experienced staff.) Over time, staff members return for at least 40 hours per year of additional in-service training to reinforce their skills and bring them up to speed on new concepts and treatment techniques.

Active around-the-clock supervision. Concerned over continuing incidences of violence

and other discord in its treatment groups in the early 1980s, DYS leaders stepped back and studied the situations that led to problems. They determined that most incidents occurred when youth were out of staff sight—when three young people take the trash outside, for instance, or two youths went into the bathroom together unattended. They also noted that most incidents happened at night. Based on these observations, the agency reorganized its staffing patterns to ensure that in every DYS facility every group is constantly supervised by one or more youth specialists—night and day, week-day and weekend, 52 weeks of the year. For DYS youth, there is no such thing as free time without at least one of their team’s dedicated youth specialists present.

Moreover, except when the youth sleep at night, this supervision is active rather than passive. Staff are constantly talking with group members, engaging in activities with them. Their presence and positive example provide a calming influence on the groups. Also, remaining in constant close contact allows DYS staff to identify and resolve any tensions, upsets, and rivalries as they emerge—rather than letting situations fester and boil over into violence or conflict. Staff are trained to notice changes in young people’s facial expressions and their body language, and to take note when cliques are beginning to form or young people are being ostracized by other group members.

In secure care facilities, this around-the-clock supervision takes the form of constant “double coverage”—where two DYS staffers are present with every group, at all times. DYS has found that by keeping two sets of eyes and two calming influences present with the groups at all times, it can maintain an atmosphere of safety and respect that allows even its most

challenging participants to stay focused on their work and positive in their behavior.

Minimizing fear, maximizing trust, fostering respect. Ultimately, DYS has learned, the safety of any group is directly correlated with the interpersonal atmosphere that exists among the young people and between the youth and their dedicated staff team. As a result, DYS youth specialists are trained extensively in conflict management and employ a number of techniques designed to defuse potential trouble and foster a safe environment.

At least five times per day the youth check in with one another, telling their peers and the staff how they feel physically and emotionally. And at any time, youth are free to call a circle—in which all team members sit or stand facing one another—to raise concerns or voice complaints about the behavior of other group members (or to share good news). Thus, at any moment the focus can shift from the activity at hand—education, exercise, clean up, a bathroom break—to a lengthy discussion of behaviors and attitudes. Staff members also call circles frequently to communicate and enforce expectations regarding safety, courtesy, and respect, and also to recognize positive behaviors.

Youth specialists are especially mindful to protect the emotional safety of youth—refraining from language that might be perceived as disrespectful, and stepping in to protect young people from any unkind actions by others in the peer group. Also, youth specialists are trained to solicit and validate the feelings of young people. Then, once youth have expressed their emotions, staff help them to understand the roots of their feelings and learn how to distinguish thoughts from emotions and to channel their emotions in constructive and non-destructive directions.

The Missouri Model in Action: Personal Growth Through

community service

On December 30, 2008, an article in the St. Louis Post-Dispatch described a new program at the Hogan Street Regional Youth Center, a secure care facility in St. Louis, where confined youth train dogs who've been abandoned. In particular, this excerpt details the relationship between Ryan, a 17-year-old Hogan Street resident, and King, a hound-German Shepherd mix that was found abandoned as a puppy in a run-down city neighborhood.²⁶

[Ryan] was 4 when his mother was murdered. His father was already in prison for a violent crime. Left to an unstable network of relatives, he relied on himself to survive a world driven by meth, heroin, drug dealing and stealing.

He had a short temper. Friends died of overdoses in front of him. He didn't care whether he died. "I was just ready to accept it at a young age," [Ryan says]...

As he speaks, Ryan gently sweeps aside the super-sized dog paw tapping on the table in front of him, as if looking for a hand to hold.

Soon the dog nudges his boxy snout up onto the edge of the table.

"Down, King," Ryan says calmly while gently tugging his leash to lead the dog back to the floor.

It has been about a month since Ryan and another teen began training King and several other rescued dogs through Loosen the Leash, a new, nonprofit program under way inside Hogan Street, a state rehabilitative facility that houses some of Missouri's most serious juvenile offenders.

The program teaches teen offenders the fine details of dog training. For three months, the juveniles live with the dogs and train them, preparing them for adoptions and, hopefully, a safe and stable new home.

But in a world where teens like Ryan and dogs like King have been given few boundaries, little love and endless turmoil, it shows the juveniles something even greater. Patience, respect, praise, empathy and control don't just win over disobedient dogs, but also are the tools the teens must use to build their own second chance at a future...

Ryan says it will be difficult saying goodbye to King, but he also knows he has given the dog something that he, too, desperately wants.

"I know that he'd rather go to another family than not have a family at all," he says.

When Crises Arise

Through these techniques and strategies, DYS has achieved an admirable safety record. Every once in a while, however, tempers flare or a young person runs amok and endangers the group. For these extreme situations, facility staff train the youth to help restrain any peer who loses control and threatens the group's safety. Only staff members are authorized to call for a restraint, but once they do the young people grab arms and legs and subdue their peer on the floor. Once down, the team holds the youth in place until the young person regains his or her composure. Once calm, staff encourage the youth to talk about what prompted the loss of control, and how they can recognize and respond differently to such situations in the future.

The practice of peer restraints is controversial. Many experts reject it outright, and DYS leaders themselves stress that no jurisdiction should adopt peer restraints until the facility has created an atmosphere of safety and trust. As yet, none of the jurisdictions striving to replicate Missouri's approach has adopted a policy of peer restraints.

However, notes Tim Decker, serious injuries do not occur during peer restraints, and injuries are far less common in Missouri than in states that rely on billy-clubs and mace—as are assaults and other critical incidents. Former DYS Director Mark Steward also defends youth restraints on practical grounds. “We don't have 200-kid facilities with 100 staff we can call in to break things up,” he says. And even if the staffing was available, “if we had to wait for the staff to arrive [whenever a fight broke out], someone's gonna get their head beat in.”

DYS staff make every effort to diffuse situations before they reach the point of physical confronta-

tion, and whenever a restraint does occur, the group and team “process” the incident thoroughly to prevent a reoccurrence. DYS reported a total of 1,170 restraints in 2008—about one for every 235 youth custody days.

four: Building Skills for Success

At DYS, protecting young people in custody from physical and emotional harm is a core goal—and a moral responsibility. But safety is not just an end in itself. It is also a means by which DYS creates the favorable conditions necessary to help youth acquire crucial skills and insights for the future. These include the self-awareness and communications skills they'll need to reverse negative behavior patterns and turn themselves into positive parents, partners, neighbors, and citizens in adult society, plus the academic and pre-vocational skills they'll need to become productive workers.

Fostering Self-Awareness and Communications Skills

Perhaps the most immediately noticeable benefit young people accrue through the DYS treatment process is a striking increase in their self-awareness and communications skills. DYS facilities frequently host visitors—anything from the local Elks Club to an out-of-state delegation of juvenile justice officials. The tours are always led by youth themselves, and frequently, the visitors walk away not just surprised, but often amazed.

Linda Luebbering, who once analyzed the DYS budget for the Missouri Division of Budget and Planning and later served as the budget division's director, vividly recalls that, on her first visit to a DYS facility, “I was surprised that I was walking into a facility like that—these were hard-core kids—and I was completely

The ease DYS youth develop in communicating with strangers—their comfort in talking to adults, making eye contact, articulating a positive message—is a natural outgrowth of the DYS treatment process.

For the well-being of troubled youth, for the safety of citizens, for the fiscal health of states, the Missouri model for youth corrections offers substantial advantages over the training school approaches still pervasive throughout most of the nation.

comfortable to go up and talk to them about their treatment. I ended up in a long conversation with a very well-spoken young man.” Only later did Luebbering learn that the youth had committed murder. “It made a big impression on me.”

The ease DYS youth develop in communicating with strangers—their comfort in talking to adults, making eye contact, articulating a positive message—is a natural outgrowth of the DYS treatment process. As noted earlier, DYS young people check in several times per day and tell peers and staff how they’re feeling physically and emotionally. When young people misbehave, staff don’t mete out punishments but instead require youth to explain their actions, and talk about their impact on others. Other youth are encouraged to voice their opinions and provide support as well.

By constantly soliciting young people’s thoughts, and by treating their ideas and feelings respectfully, the DYS treatment process steadily builds young people’s confidence and competence as communicators.

“I was impressed that the kids really understood what the program was all about,” recalled David Addison, a juvenile public defender from Baltimore County, Maryland, following a tour of DYS facilities. “They were able to express it a lot better than a lot of the staff could explain it here in Maryland.”

Pursuing Academic Progress

As noted earlier, DYS takes an unconventional approach to education—teaching youth together in their treatment groups regardless of aptitude and prior academic achievement. Every weekday throughout the year—no summer break—each group sits in its own dedicated classroom with its own dedicated,

certified, DYS-paid teacher, plus another DYS youth specialist, for six hours of learning time. The education program is fully accredited by the Missouri Department of Elementary and Secondary Education. Despite wide differences in ability, the groups undertake many learning activities as a whole class—often breaking into small groups to work together on exercises. (In many cases, the more advanced students will help less advanced students.) At other times, the students work by themselves on lessons assigned by the teacher and geared to their individual academic needs—whether they be basic fractions, or final preparations for the GED exam. Students with learning disabilities and other special education needs may be pulled out of class on a regular basis to work with a special education instructor.

This format—essentially a one-room schoolhouse for each DYS treatment group—clearly limits the amount of time the students spend working as a class on lessons geared specifically to each student’s academic level. Yet, with two adults working with each class of just 10–12 students, opportunities for individualized attention are plentiful. And because the group remains intact, discipline remains high and a conducive atmosphere for learning pervades. The results, as detailed in the opening chapter, show that this trade-off is more than justified. Again, in both reading and math, more than 70 percent of DYS youth progress at a rate equal to or greater than their same age peers attending regular public schools. And, more than 300 DYS youth earned a high school diploma or obtained GEDs while in DYS custody in 2008.

Opportunities for Hands-on Learning

In addition to classroom learning, DYS provides plentiful opportunities for youth to apply their skills in real-world contexts. These include:

The environment inside DYS facilities, even for the most serious offenders, is intentionally humane.

Jobs. Using a \$678,000 annual appropriation from the Missouri state legislature, DYS provides actual work experience for more than 900 youth per year at all levels of care.* With help from local community advisory councils, facility staff identify work opportunities appropriate for DYS youth with nearby public and nonprofit agencies. At Camp Avery, one of several DYS facilities located on state park land, DYS youth work alongside park rangers helping to improve the facility grounds. Typically, youth are selected to participate toward the end of their commitments—after they have made significant progress in their treatment process and demonstrated responsible behavior inside their facility. Participating youth are paid minimum wage for their time on the job—much of which is used to pay restitution or contribute to the state’s Crime Victims Restitution Fund. More than 95 percent of selected youth participate successfully.

Community service. In addition to paid work experience, DYS youth participate regularly in community service projects at homeless shelters, senior centers, hospitals, and other charitable organizations. For instance, at the

secure care Hogan Street Regional Youth Center in St. Louis, youth provide training for stray dogs in partnership with the local animal shelter. (See sidebar on page 30, *Missouri Model in Action*.)

Applied learning. Finally, DYS teachers and youth specialists also strive to provide hands-on learning opportunities to complement the academic learning. Thus, students at programs in the Kansas City region build full-size soapbox derby cars as part of their math and science curriculum and compete in a yearly regional event. Students at the secure care Hogan Street Regional Youth Center in St. Louis perform Shakespeare plays as part of their literature curriculum, and students throughout the state compete in “Olympic” events each year focused on academic learning, social cooperation, and physical education. Most programs have active student councils, providing youth with the opportunity to develop skills in leadership, planning, and self-governance.

five: Families as Partners

One of the most commonplace and crippling flaws in many state juvenile corrections systems is the failure to reach out to, engage, and support the parents and other family members of delinquent teens. As former Annie E. Casey Foundation President Douglas W. Nelson wrote

*Community job placements are less uncommon for youth in secure care, due to safety concerns, but secure care facilities make up for the gap by creating meaningful career-related work opportunities within the facility or as the youth transitions to aftercare.

in a 2008 essay, *A Roadmap for Juvenile Justice Reform*, “An overwhelming body of research and experience shows that parents and families remain crucial and that effectively engaging and supporting parents is pivotal to successful youth development... [Yet] most juvenile justice systems are more inclined to ignore, alienate, or blame family members than to enroll them as partners.”

Missouri takes a markedly different approach. The Division of Youth Services provides extensive training on family systems and family engagement for all of its youth specialists, and it employs a cadre of family therapists steeped in the group treatment process—indeed, many of the family therapists began their careers as DYS youth specialists before training as mental health professionals. From the very first day a young person is committed to DYS custody, parents and other family members are systematically engaged.

Immediate Outreach

As soon as any young person is placed in state custody, the DYS service coordinator meets with parents and delivers a message that “the youths and their families are encouraged to engage, invest and take ownership in the process as active collaborators” and that “treatment and services are done with, rather than to, the youths and their families.” (Because a high percentage of DYS youth come from single-parent families, and absent parents are not involved in many cases, these meetings often involve just one parent.)

Ongoing Consultation

DYS facilities schedule regular visiting hours for families, and both facility staff and service coordinators actively encourage family members to attend—sometimes offering transportation

assistance when lack of a car or accessible public transportation makes visiting difficult.

Family Therapy

According to DYS, 25 to 30 percent of DYS youth participate in some form of family therapy before leaving custody. Often, the family therapy takes place toward the end of a residential commitment—after the young person has made substantial progress in treatment—and focuses on helping parents and youth jointly change negative family dynamics and create an alliance to support the youth’s continued success. Therapists may offer parents constructive suggestions on how to provide firm and consistent (but positive) discipline—and how to avoid crises where tempers fly out of control. In some cases, the therapy focuses initially on the needs of the parents themselves—some of whom require help with physical or mental health problems, substance abuse, financial stresses, or legal difficulties. In joint sessions, the therapists strive to create new alliances between youth and their parents—and agreements on new rules that will maintain order in the home.

Partnership in Release Planning and Aftercare

Whether or not the youth and his/her parent(s) take part in family therapy, the DYS service coordinator involves parents extensively in planning for every young person’s release—reenrolling in school, identifying suitable extracurricular activities, setting curfews and other rules to supervise the young person (along with suggestions for how to deal with any missteps).

If a young person’s parent or parents are not willing or able to provide a safe and supportive home, DYS seeks out grandparents, aunts/uncles, and other relatives who might take the

youth in safely. And in a small number of cases, youth are placed into independent living programs. Following release, the service coordinators check in regularly with parents and family members—and make regular face-to-face visits to support both youth and family members in the crucial reentry process.

six: Focus on Aftercare

The final key element in the Division of Youth Services approach is a thoughtful and aggressive approach to aftercare—the critical period in which young people reenter the community and resume their normal lives following a period of confinement.

According to David Altschuler, the nation's foremost scholar on juvenile aftercare, any progress made by youth in juvenile corrections institutions “is generally short-lived, unless it is followed-up, reinforced, and monitored in the community. Having no responsibility, authority, or involvement with anything other than institutional adjustment and progress, the institution and its staff have little incentive or interest in what ultimately happens to youths in the community.”²⁷

Not so in Missouri. There, DYS employs multiple strategies to assure that gains made in treatment are sustained in the world beyond.

Pre-release Planning

Before a young person leaves a DYS facility, the youth's service coordinator convenes a series of meetings with the young person and his/her family members, as well as staff members from the youth's treatment team in the facility. In the meetings, plans are made for reenrolling the young person in school, identifying employment opportunities (or sometimes enlistment in the military or enrollment in Job Corps), and planning community service and/

or extracurricular activities. Also, youth and parents agree to curfews and other new ground rules for the youth's behavior in the home. Prior to their release, most youth return home for one or more short-term furloughs to prepare for reentry and identify any potential problems. To hold itself more accountable for results in pre-release planning, DYS developed a new performance indicator in 2006 to track whether young people are enrolled in school and/or employed at their time of discharge from DYS custody. (In 2008, 85.3 percent of youth were productively engaged at discharge.)

Continuing Custody

Following release from a DYS facility, most youth remain under DYS supervision on aftercare status. The period of aftercare supervision is indefinite—determined by DYS on a case-by-case basis—but typically lasts four to six months. While on aftercare, DYS retains full custody of the youth, including the authority to return the young person to residential confinement if he or she shows signs of falling into anti-social and delinquent behavior patterns.

Monitoring and Mentoring in the Community

While on aftercare, youth have regular meetings and phone calls with their service coordinators. Many—perhaps two-thirds—are also assigned to a “community-based mentor,” often a college student working with DYS part time. These mentors serve as role models and confidantes for the youth, and they provide an extra point of contact to monitor how well the young people are meeting expectations for school attendance and participation in other required activities. (The community-based mentor program has also proven an excellent recruiting technique for DYS—allowing college students studying in human services to launch their careers in the division.)

Sustaining success requires ongoing vigilance to protect against what the agency terms “drift”—the gravitational pull toward more punitive approaches, and the ever-present distractions and disruptions that can cloud the agency's focus on public safety and the well-being of troubled young people.

Underlying Values, Beliefs, and Treatment Philosophy

As important as any of the specific techniques and practices employed by the Missouri Division of Youth Services—or perhaps more important—are the values and beliefs that underlie them.

DYS prides itself on being mission focused. Indeed, DYS leaders frequently revise and revamp agency practices in their efforts toward continuous improvement. What doesn't change is the mission: to help youth in custody make positive, lasting changes that lead them away from criminality and toward success.

Also unwavering at DYS is a set of longstanding core beliefs. The three most important of these beliefs are: (1) that all people—including delinquent youth—desire to do well and succeed; (2) that with the right kinds of help, all youth can (and most will) make lasting behavioral changes and succeed; and (3) that the mission of youth corrections must be to provide the right kinds of help, consistent with public safety, so that young people make needed changes and move on to successful and law-abiding adult lives.

The rest of this chapter will describe these core DYS values and beliefs in more detail, reducing these philosophical tenets to accessible everyday language. Specifically, it will discuss DYS principles in three key domains:

- Beliefs about youth and their capacity for change.
- Beliefs about the process required for troubled young people to make lasting changes and achieve success.



Therapeutic



Correctional

- Beliefs about the environment required in youth correctional facilities to support this successful delinquency treatment process.

Beliefs About Youth

The core of the DYS philosophy is a belief that every young person wants to succeed—and can succeed. All youth hunger for approval, acceptance, and achievement. No matter how serious their past crimes, and no matter how destructive their current attitudes and behaviors, DYS considers every young person a work in progress. Each is redeemable and deserves help.

The agency takes seriously its responsibility to protect society from youth who would commit crimes and cause harm. Yet, DYS believes that public safety is best achieved not by shaming delinquent youth for their crimes, not by inflicting punishment, but rather by providing a therapeutic intervention designed to challenge young people and help them make lasting changes in their attitudes, beliefs, and behaviors.

Through long experience, DYS has learned that these changes cannot be imposed on young people. Delinquent youth can't be “scared straight”; they cannot be reformed through a military-style boot camp; and few will be deterred from crime by fear of punishment. Rather, change can only result from internal choices made by the young people themselves—choices to adopt more positive behaviors, seek out more positive peers, and embrace more positive goals.

DYS recognizes that change is difficult—and that relationships are critical to overcoming resistance and fostering positive change. DYS understands that not only troubled youth, but all people tend to resist and fear change. The agency has found that youth respond best and

overcome resistance most readily when they know that staff members care about them and expect them to succeed. Young people also benefit enormously both from helping and being helped by other youth in the treatment group.

DYS believes that youth are likely to engage in treatment and to consider new directions only when they are immersed in a safe, nurturing, and non-blaming environment where they are listened to and guided by trusted adults, encouraged to try out new behaviors, and treated with patience, acceptance, and respect.

DYS remains mindful that every young person is unique. Each DYS youth has chosen to engage in delinquent behaviors based upon his or her own individual circumstances, and each will make the decisions to change and grow—or not to—for his or her own personal reasons. Every young person requires individual attention to his or her needs and circumstances, and DYS must respond flexibly and provide whatever it takes to help each youth succeed.

DYS has learned that some youth lapse into serious and chronic delinquency as a coping mechanism in response to earlier abuse, neglect, or trauma. In these cases, DYS believes that the underlying difficulties must be acknowledged and addressed before change is likely to occur. For other youth, delinquency has less deep-seated roots—adolescent thrill-seeking, clouded judgment due to substance abuse, involvement with deviant peers and/or gangs, lure of fast money through drug dealing or other crimes.

Regardless of the roots of their problem behaviors, DYS believes that delinquent youth typically suffer from a lack of emotional maturity—an absence of insight into their own behavior patterns, an inability to distinguish between feelings and facts, perception and reality, along with an underdeveloped capacity to

DYS has learned that these changes cannot be imposed on young people. Delinquent youth can't be “scared straight”; they cannot be reformed through a military-style boot camp; and few will be deterred from crime by fear of punishment. Rather, change can only result from internal choices made by the young people themselves.

The Missouri Model:

underlying beliefs and values about youth

- Every young person wants to succeed—and can succeed.
- Public safety is best served not by punishing young people or shaming them for their crimes, but by offering a therapeutic intervention to help them make lasting changes in their attitudes, beliefs, and behaviors.
- These lasting changes cannot be imposed on young people. Youth can't be scared straight, reformed, or deterred from crime by fear of punishment. Rather lasting changes can only result from internal choices made by the young people themselves.
- Like all people, troubled youth tend to resist and fear change. Positive relationships with staff and other youth are critical to overcoming resistance and fostering positive change.
- Every young person requires individual attention. Each DYS youth has chosen to engage in delinquent behaviors based upon his or her own circumstances, and each will make the decisions to change and grow—or not—for his or her own personal reasons.
- Some youth lapse into serious and chronic delinquency as a coping mechanism in response to earlier abuse, neglect, or trauma. For other youth, delinquency has less deep-seated roots.
- Regardless of the roots of their behavior problems, delinquent youth typically suffer from a lack of emotional maturity—an absence of insight into their own behavior patterns, an inability to distinguish between feelings and facts, and an underdeveloped capacity to communicate their emotions or express disagreement or anger responsibly.
- All behavior, no matter how destructive, has an underlying emotional purpose. Therefore, rather than punishing or isolating young people when they act out, the best response is to ask probing questions that help the youth understand the roots of the problem and identify more constructive responses.
- Most youth entering custody have very low confidence in their ability to succeed as students—or eventually as workers in the mainstream economy. And most have had limited exposure to mentors and positive role models.
- While the DYS staff and treatment process are important, parents and other family members remain the most crucial people in youths' lives—and the keys to their long-term success.

communicate their feelings clearly and express disagreement or anger responsibly.

Another central tenet of the Missouri approach is that all behavior, no matter how maladaptive or destructive, has an underlying emotional purpose. Therefore, the emotions expressed by young people during treatment should not be judged, lest youth withhold their feelings and lose out on crucial opportunities for personal growth. When a young person acts out or misbehaves, DYS believes the best response is not to punish the youth with swift consequences or isolation, but rather to challenge him or her with probing questions that help the young person understand the roots of the problem behavior, the underlying needs they seek to meet—and to help the youth identify more constructive responses.

DYS also observes that most youth entering custody have very low confidence in their ability to succeed as students—or eventually as adult workers in the mainstream economy. For a variety of reasons—poverty, lack of parental support, chaotic and low-performing schools, combined with their own behavior problems and (in many cases) learning disabilities—few DYS youth have experienced success in school. Most are years behind grade level in reading, writing, and math.

Likewise, because they come disproportionately from families troubled by poverty, addiction, and/or abandonment, and from communities marred by pervasive poverty and crime, many DYS youth have had limited exposure to mentors and positive role models. Enabling youth to taste success in the classroom and to develop positive relationships with DYS staff (and other adults) can provide an invaluable impetus for them to embrace healthy attitudes and adopt a law-abiding lifestyle. DYS staff help fill this void—at least temporarily—by taking an active

interest in the young people's thoughts and feelings, helping them identify realistic and constructive goals for the future, and treating them consistently with dignity and appreciation.

Finally, DYS believes that while its staff and treatment process are important, parents and other family members remain the most crucial people in young people's lives—and the keys to their long-term success. Families retain enormous influence over youth, for good or ill. Repairing family relationships is a powerful motivator for virtually every young person who enters a DYS facility.

Beliefs About the Change Process

DYS believes that an effective therapeutic process must begin with physical and emotional safety. Young people cannot engage in a meaningful change process when they are subject to (or made to be fearful of) physical or sexual abuse, excessive use of force and isolation, or overmedication by staff, or when they are being hit, shoved, grabbed, slapped, twisted, pinched, or otherwise attacked. Likewise, youth cannot progress in treatment if they are intimidated, overwhelmed, humiliated, or spoken to in demeaning ways by staff, or if they are teased, belittled, ridiculed, or ostracized by other youth.

In pursuing safety, however, DYS believes that the coercive correctional tools commonly employed in most youth corrections facilities—such as razor wire, isolation cells, uniformed guards armed with handcuffs and pepper sprays, etc.—are unnecessary and counterproductive.

Instead, DYS believes that physical and especially emotional safety are best protected through a relationships-based approach aimed at fostering a positive and respectful social

When a young person acts out or misbehaves, DYS staff challenge him or her with probing questions that help the young person understand the roots of the problem behavior and identify more constructive responses.

Maintaining a positive atmosphere within treatment groups requires continuous supervision—night and day, day-in and day-out, without interruption—by dedicated staff who know and care about each young person, and who are knowledgeable about group process.

atmosphere within the treatment group. Keys to sustaining this nurturing atmosphere include:

Group treatment. The small group approach allows DYS to assign a stable staff team and team leader, which fosters meaningful and trusting relationships between youth and staff and creates an intimate atmosphere in which a healthy group culture can evolve. Also, group treatment is important because—as DYS puts it—“change does not occur in isolation.” Peers take on enormous importance during adolescence. So allowing youth to interact consistently with their peers in a supervised environment creates valuable opportunities for youth to practice new ways of communicating, develop positive and healthy peer relationships, and experience the fulfillment of helping and being helped by peers.

Constant eyes-on, ears-on supervision. Maintaining a positive atmosphere within treatment groups requires continuous supervision—night and day, day-in and day-out, without interruption—by dedicated staff who know and care about each young person, and who are knowledgeable about group process. These staff must be alert, with their eyes and ears attuned to any emerging problems, tensions, or conflicts. In addition, they must possess the facilitation skills needed both to step in and deescalate tensions before they spiral out of control, and to use each situation as an opportunity to help youth explore their behaviors and progress in their path of maturation and self-discovery.

Strong programmatic structure. DYS schedules a busy slate of activities every day, morning till evening—with minimal down time. Experience has shown that long stretches of unstructured time are an invitation to restlessness

and mischief, which can lead to problematic behaviors. (See sidebar with daily schedule.)

DYS believes that the therapeutic process leading to sustained behavioral change includes five core stages. In the first stage—*orientation*—young people enter this safe and therapeutic environment and become acclimated to the routines and expectations of life in a DYS facility, where the aggressive or belligerent behaviors many have relied upon habitually for self-defense and stature are neither required nor rewarded.

Once oriented, young people begin the second phase of the treatment process—*personal growth and self-discovery*. Many times every day—when the group checks in with each other at the outset of each new activity, when a circle is called to explore some tension or problem behavior that has arisen in the group, in their private conversations with staff members, and especially in their daily treatment groups sessions—the young people are asked to think and talk about their feelings and to discuss their behaviors: How do they respond to perceived slights? How is their behavior different in the presence of male vs. female staff? How do they behave in potentially embarrassing situations? What strategies do they use to earn the respect and admiration of others? Staff also seek to connect these discussions to youths’ lives outside the facility: How has the young person responded to similar situations in the past? How might they respond differently to achieve a better outcome? Through these interactions, youth gradually:

- gain insights into their own thought processes and behavior patterns, including the dysfunctional and destructive behaviors that brought them into the correctional system;

- identify the emotional triggers that typically lead them to act out and lose emotional control—and the touchy topics that cause them to clam up, or act out, when they’re discussed;
- examine how current behaviors are connected to past experiences, and especially to the dynamics within their own homes and families; and

- develop the capacity to express their emotions clearly, calmly, and respectfully—even negative emotions like anger and fear.

While this self-discovery process will continue throughout their time in custody (and beyond), DYS youth gradually move into an *integration* or *mastery* phase where—informed by their new self-knowledge—they begin to “try on” and get comfortable with new behaviors, and

Typical Daily Schedule for a Missouri DYS Facility	
TIME	ACTIVITIES AND ACCOMPLISHMENTS
6:00 AM	Youth wake up, attend to personal needs, and complete dorm details.
6:30	Morning check in, followed by breakfast and kitchen details. After details, youth return to the dorm, set daily goals, and prepare for school.
8:00	School—classes typically total 300+ minutes per day.
11:30	Group check in, lunch, kitchen details.
12:30 PM	School continues according to class schedule.
3:00	School day ends. Youth return to the dorms and check in/process their day. Thirty minutes free time is allowed.
5:00	Youth prepare for dinner and kitchen details.
6:00	Group meetings.
8:00	Youth make phone calls, have free time activities, then shower and prepare for bed.
9:00	Youth journal and process goals set during the morning.
9:30	Lights out.
DEFINITIONS	
CHECK IN	Youth share how they are feeling physically, emotionally, and mentally. During check in/process time, youth identify concerns, set goals, report on goals, encourage each other, and/or share group reminders.
DETAILS	Youth perform routine cleaning duties. Details are scheduled monthly and rotated between the groups.
FREE TIME	Youth have brief and structured time to listen to headphones, work on treatment assignments, journal, write letters, play board games, draw, and/or read.

Steering just one high-risk delinquent teen away from a life of crime saves society \$3 million to \$6 million in reduced victim costs and criminal justice expenses, plus increased wages and tax payments over the young person's lifetime.

internalize new attitudes. In this stage, the challenge for youth is to begin applying their new self-knowledge in their everyday lives—learning to behave consistently as mature, responsible, and focused-on-the-future young adults:

- exercising leadership within the group by mentoring newer group members and helping maintain a positive and respectful climate among the team;
- learning to avoid emotional outbursts and aggressive or self-destructive behavior by setting personal boundaries and navigating situations that provoke these reactions, and by practicing strategies to express their feelings constructively and redirect themselves when they begin getting upset and sliding into negative behaviors; and
- participating in family therapy, where they work with a therapist and their family

members to identify, discuss, and resolve underlying tensions—and where the families begin to work out strategies in advance to address problems that might arise when youth return home.

Often concurrent with this integration/mastery phase, DYS youth begin the process of *goal-setting*—talking with service coordinators, facility staff, parents, and others to create a positive and realistic plan for their futures. For those who are thriving in their academic studies, this will include preparing for the GED exam or completing the requirements for a high school diploma, and beginning to explore opportunities to pursue college admission or other postsecondary job training. For others, the focus will be on options for employment, military service, or enrollment in the Job Corps or other job training. Also in this phase, many youth are gaining experience as productive

members of the community—through DYS-sponsored jobs, community service projects, and other activities.

This goal-setting, along with the personal growth and behavioral improvements achieved in the earlier phases, leads directly to the *transition* phase where youth prepare for release and then return to the community—with ongoing support from their service coordinators and other DYS staff. Prior to release, youth begin:

- developing detailed “self-care” plans for their return to the community—where they will live and what rules they will live by, where they will attend school and/or look for work, and how they will deal with delinquent peers and avoid dangerous situations and other negative influences that led them astray previously;
- reconnecting with their families (or other guardians), and making a series of home visits in preparation for their final release; and
- making connections with community members who might serve as resources and supports for the young person following release, as well as employers who might hire them.

Once home in the community on aftercare, youth act on and readjust their plans with ongoing support from their service coordinator and community-based mentor. Also, both prior to release and during aftercare, service coordinators and family therapists provide continuing support to parents (or other guardians)—working with parents to improve their capacity to exert positive discipline, helping parents address personal difficulties that conflict with effective parenting, and facilitating positive change within the youth’s home following release.

Beliefs About Facilities and Their Environments

As detailed in the previous chapter, the Missouri model is built upon a regionalized network of small facilities, rather than one or a handful of large prisonlike training schools. Missouri’s small facilities are appointed with comfortable homelike furnishings, creating an atmosphere more like a school dormitory than a prison. Inside the facilities, Missouri young people wear their own clothes and keep personal effects in their rooms and on their dressers. In general, Missouri designs the treatment environment to normalize the experience for youth, to the extent possible, based on its belief that the less they treat a young person like a criminal, the less likely he or she will be to feel and behave like a criminal.

In addition, DYS believes that its facilities should possess the following characteristics:

- *The focus on treatment should permeate all aspects of the facility—and at all times.* Under Missouri’s approach, treatment is a 24/7 activity. The focus on personal growth is constant, and any activity can be interrupted at any time if the need or opportunity arises to help one or more group members address an emotional need, correct an inappropriate behavior, or recognize a positive achievement. Further, Missouri believes that all staff—not just youth specialists and administrators, but also cooks, groundskeepers, secretaries—are treatment staff. All must understand and buy in to the agency’s rehabilitative mission, and in their interactions with youth they must demonstrate the same tone of respectfulness and high expectations.

Every DYS facility is supported by a community liaison council of local leaders who participate in activities in the facility and help develop opportunities for the young people.

- *The staff must be diverse in terms of race, gender, and ethnicity.* They should be selected in part to reflect the youth they serve, and to understand their cultural backgrounds. This diversity is made much easier in Missouri by the scattering of programs throughout the state, in urban as well as rural locations, close to the homes of the youth. (By contrast, diversity and cultural understanding can be difficult for states with large training schools, which are generally located in rural communities with majority white populations, serving a population that is predominantly youth of color and mostly urban.)
- *Facilities should be connected to the outside community.* As much as possible, DYS facilities strive to develop and maintain relationships with citizens, businesses, community organizations, and others in their local communities. These connections are invaluable both to create opportunities for youth during and after confinement, and to help youth develop a sense of themselves as contributors to the larger society. Every DYS facility is supported by a community liaison council of local leaders who participate in activities in the facility and help develop opportunities for the young people. Also, each DYS facility hosts frequent tours—led by the young people themselves—out of which ongoing relationships are often created that lead to service projects, job opportunities, and other learning opportunities for youth. These community ties are especially strong at the two DYS facilities (one for boys, one for girls) that are located on college campuses, and at facilities located in state parks where youth participate heavily in park maintenance and other projects with park rangers.
- *Facilities should be kept clean and orderly at all times—with youth themselves doing most of the work.* As part of its effort to help young people build their sense of discipline and self-respect, DYS places heavy emphasis on cleanliness and order. Every day, each group spends time straightening and vacuuming its pod (i.e., living area). Classrooms are straightened at the end of every school day. A handful of youth are assigned to help facility cooks clean up the kitchen after each meal. Youth participate in major spring cleanings, and they work with staff on landscaping and other projects to maintain and beautify their facilities—all part of an effort to communicate to youth that they are responsible for their own environment.

In addition to these specific characteristics—indeed more important than any specific trait or accoutrement—DYS believes that its facilities must revere and radiate an atmosphere of respectfulness. Perhaps the greatest need among troubled and delinquent teens—and the biggest key to change and success—is to discover their own sense of dignity and self-respect. Therefore, Missouri’s approach is always dignifying and never degrading; always respectful and never “because I told you so” or “because you’re bad.” DYS staff are trained and encouraged to treat youth (and their families) with respect at all times, to intervene whenever they sense any young person acting disrespectfully, and to teach youth that the more respect they show others, the more they will reap for themselves.

The Gentry Community Liaison Council: DYS Engages

the community

As part of their efforts to build support and involve community residents in their work with troubled young people, each DYS facility recruits a team of community leaders to serve on a community liaison council.

At the 20-bed, moderate-security Gentry Residential Treatment Center in rural Southwest Missouri, the council includes county commissioners, ministers, business leaders, staff from law enforcement and the courts, legislators, and other concerned citizens. And it has proven particularly active—even incorporating itself as an independent nonprofit organization for the purpose of raising funds to support a series of new opportunities for Gentry youth, including:

- Providing start-up capital and ongoing fiscal management for a culinary arts business operated by Gentry residents. Funds raised by the business and the council's other fundraising activities support college scholarships and other opportunities for the students.
- Helping youth develop a community garden in conjunction with the University of Missouri Extension Service. Fresh produce from the garden supports a local food pantry for elderly individuals and families struggling with poverty.
- Constructing an adventure-based counseling “ropes course” for Gentry youth and other community residents on nearby land owned by a local church, with only \$400 support from the State of Missouri.
- Helping connect the Gentry facility to a regional Youth Conservation Corps operated in conjunction with the local Workforce Investment Board. A team of six young people from the facility are now working to restore wildlife habitats, create trails on conservation lands, and participate in other preservation projects.
- Organizing volunteer opportunities for young people to assist elderly members of the community with storm cleanup, property maintenance, and other needs.

Finally, the Gentry Community Liaison Council joins 6–7 other councils in the Southwest Missouri region annually for a Community Liaison Council Summit to share ideas and experiences about enriching the work and effectiveness of the region's DYS facilities. One outgrowth of these summits has been an annual golf tournament that raises several thousand dollars each year for college scholarships and other worthy causes.

Organizational Essentials

The final set of core beliefs at DYS relates to the organizational characteristics necessary for the agency to deliver treatment effectively, and—most important—to sustain its sense of purpose year-in and year-out and continue achieving strong results for youth, citizens, and taxpayers.

In its work, DYS is guided by a cautionary belief that sustaining success requires ongoing vigilance to protect against what the agency terms “drift”—the gravitational pull toward more punitive approaches, and the ever-present distractions and disruptions that can cloud the agency’s focus on public safety and the well-being of troubled young people.

Another core belief is that beliefs alone are not enough: the organization must also develop and adhere to corresponding policies, practices, and supervisory structures to ensure that its everyday actions align with its beliefs and support its mission.

In many ways, the Missouri approach to juvenile corrections requires swimming against the current. Missouri’s methods challenge conventional wisdom and tough-on-crime political orthodoxy. They upset bureaucratic norms, and they demand constant creativity, commitment, and compassion from staff.

To succeed and continue succeeding in this against-the-tide challenge, DYS has tried to adopt the characteristics of a high-performance organization. Specifically, DYS leaders have made a conscious effort not only to embrace the following characteristics but also to embed them in the agency’s everyday practices:



Rehabilitative



Punitive

• **Mission focused.** The DYS treatment approach requires a strong and shared commitment to a common mission—from the top of the organization to the bottom—rooted in the belief that delinquent youth can succeed and the expectation that most will.

To keep the agency mission focused, DYS hires entry-level workers only after determining that they are personally committed and temperamentally suited to helping youth succeed, and it provides intensive and ongoing training to root them in the DYS treatment philosophy. Also, virtually all of the administrators at DYS have experience working directly with youth within the DYS system and deep appreciation for the DYS treatment model.

• **Highly motivated.** DYS must recruit highly motivated workers at all levels of the organization, and it must create an atmosphere that sustains and nourishes workers' motivation over time.

DYS has developed strong links to colleges and universities throughout the state, giving many interested students an opportunity to learn about the agency by hiring them to work part time as community-based mentors during their student years. Once hired on a permanent basis, DYS provides staff with many career advancement opportunities, allowing the most motivated and capable workers to advance from youth specialists to team leaders, facility managers or assistant managers, service coordinators, or—with additional training—family therapists. These advancement opportunities allow DYS to retain many of its most motivated workers for many years, despite a pay scale that is lower than those of youth corrections agencies in many other states.

• **Integrated.** DYS believes that all of its activities, and all of its services to youth, must be integrated into a coherent whole. Not only

must the right hand always know what the left hand is doing, the two hands must work together at all times to maximize the power of the DYS treatment experience for youth.

To operationalize its belief that treatment is a 24/7 activity, rather than something that transpires once or twice per week in a 90-minute therapy session, DYS has fully integrated its education and treatment activities by keeping treatment groups together during class time and placing a youth specialist in the classroom. Likewise, family therapy and any individual therapy offered to DYS youth are designed to support the group treatment process, rather than operating at cross purposes or on a separate track.

• **Decentralized.** In addition to keeping youth close to their homes and families, Missouri's regionalized program structure provides important organizational benefits. A decentralized administrative structure—and a willingness to allow the use of different approaches in different parts of the state—allows regional administrators (and individual facility managers) to exercise judgment and customize practices to the needs of their populations and the realities of their local communities.

Including clerical staff, fewer than 25 of the more than 1,400 workers on the DYS payroll statewide are based in the division's central office in Jefferson City, Missouri's capital. More than 70 work in the five DYS regional offices, and the regions are given considerable latitude to adapt the Missouri treatment model to local conditions and experiment with new practices—so long as all strategies are consistent with core DYS values and beliefs. At the facility level, too, DYS staff are permitted and encouraged to develop and try out new activities they think would benefit youth.

“The law put her up here and thank God she got here ... this program has just absolutely turned her around ... I have my angel back.”
— Grandmother of DYS Student

- **Dedicated to continuous improvement.** In keeping with a “whatever it takes” philosophy to helping youth succeed, DYS encourages workers at all levels to identify gaps and opportunities, engage in creative problem-solving, and explore new approaches to improve services.

When staff grew concerned that too few parents were attending Sunday visiting hours in DYS facilities, they reached out to parents and learned that many worked on Sundays. To encourage visiting, DYS changed its visiting policy to allow visits on any day of the week. When DYS leaders grew concerned that daily treatment sessions were not being well run, it developed a new training and certification program for all group leaders statewide. When DYS noticed that parents weren’t attending family therapy due to transportation problems, it fought to change a rule that had previously prohibited DYS staff from transporting parents. When DYS leaders worried that DYS service coordinators were missing opportunities to place exiting youth into schools and jobs, it created a new performance measure tracking the percentage of youth who are employed or enrolled in school at the time of release. In all of these instances, and many others, DYS addresses problems by creating staff teams to look into issues, diagnose problems or weaknesses, and identify new opportunities to strengthen programming.

- **Engaged in the community.** To maximize the positive youth development activities it can provide youth through jobs, internships, community service activities, and other outings, DYS facility staff and regional administrators continually reach out to employers, civic organizations, local government officials, and other community residents.

As mentioned previously, every DYS facility conducts frequent youth-led tours to familiarize

community leaders with its mission and programs, and each facility maintains a local community liaison council to help identify community partners and recruit volunteers to host or participate in constructive activities with DYS youth. In addition to the opportunities for youth, the extensive community outreach by DYS also helps minimize any “not in my backyard” opposition to DYS facilities and to contain community reactions on those rare occasions when a young person runs away from a DYS facility or behaves poorly while out of the facility participating in a community activity.

- **Adept at cultivating support from key constituencies.** Because its treatment approach differs from conventional practice and defies tough-on crime orthodoxy, the Missouri model requires a deep and consistent well of political and judicial support. This support is particularly crucial when budget shortfalls arise, when the political mood on crime turns punitive, or when there is turnover in the top leadership of the division.

Particularly during the 17-year period (1988–2005) when DYS was overseen by former Director Mark Steward, DYS attracted strong support from top leaders in both political parties, many of whom served on the division’s active state advisory board. In many cases, these leaders committed to supporting DYS after touring one or more DYS facilities and hearing youth tell their stories and describe the progress they were making under DYS tutelage. DYS also cultivated support by bringing youth to testify before the state legislature, and to visit Missouri’s governor and other state leaders. The state advisory board has proved invaluable on several occasions, shielding DYS from proposed budget cuts or other proposals that might undercut its treatment programs.

The success of the DYS approach—indeed, the entire Missouri model—depends on helping troubled and chronically delinquent young people make deep and lasting changes in how they behave, think, view themselves, and foresee their futures.

“What is remarkable about Missouri’s system is that it has been sustained by conservative and liberal governments,” says Barry Krisberg, the president of the National Council on Crime and Delinquency. “They’ve seen that this is not a left-right issue. In many ways, it’s a common-sense issue.”

Perhaps the DYS advisory board’s most important contribution came in the mid-1990s, at the height of the nation’s juvenile crime wave when many states were embracing “adult time for adult crime” statutes and other punitive measures. In Missouri, too, many state legislators were demanding similar changes. But working with the advisory group and with allies in the legislature and governor’s office, DYS was able to beat back the most draconian measures and keep its treatment approach intact. Rather than widespread transfers to criminal court, the legislature created the blended sentence alternative, which gives DYS the opportunity to retain custody and treat serious youth offenders—and to void adult prison sentences for those who respond well to DYS treatment.

DYS has also reaped great success in cultivating support from juvenile judges statewide. Few cases are transferred to adult court in Missouri, and judges have so far approved release of all youth in the blended sentence program who have successfully completed treatment. Also, judges continue to issue indeterminate sentences for four-fifths of the youth placed into DYS custody, allowing DYS the latitude to move youth in and out of correctional facilities as it sees fit, even though Missouri’s juvenile code allows judges to retain control over every aspect of the case through determinate sentencing.

In a 2006 report comparing the Missouri and Ohio juvenile corrections systems, the Ohio Department of Youth Services concluded that Missouri “does a fantastic job of involving legislators and interested community stakeholders as board members, and making the boards active and locally driven. Board members stay engaged both internally (participate in youth activities) and externally (ambassadors in the community and political arena).”²⁸

Conclusion



Enriching



Degrading

Over the past quarter century, Missouri has built a unique youth corrections model—an approach focused on fostering the personal growth of adjudicated youth in small, supportive facilities rather than punishment in large, harsh, prisonlike institutions. Utilizing this approach, Missouri is achieving noteworthy outcomes—results counted in large numbers of lives rescued, tax dollars saved, and crimes averted. For leaders in other states whose youth corrections systems are less impressive, the Missouri approach merits serious consideration.

However, Missouri’s intricate, multi-dimensional treatment approach has taken many years to evolve, and it involves many moving parts. The hard question for other states, then, is how to adopt the Missouri model—or to successfully adapt key elements from that model—in ways that improve outcomes substantially and cost-effectively in the near term.

According to Cynthia Osborne, an expert on youth development and public systems reform who has studied the Missouri youth corrections model intensively, the most important lessons for practitioners in other jurisdictions are that “no single idea, strategy, tool, or practice will help another system look like Missouri or achieve improved outcomes...[and that] transposing new practices into an unchanged system does not yield good results....” Rather, Osborne says, “the system must relinquish the traditional correctional values of punishment

and slowly grow a new system rooted in the values of treatment, compassion, and accountability. Practices cannot produce good results when used apart from the values.”

For any state interested in replicating the Missouri approach—as a whole or in part—the first essential step must be to embrace the mission of helping delinquent youth make meaningful and lasting behavioral changes and make it the agency’s central focus. States seeking to adopt the Missouri model must populate their youth correction agencies with leaders who believe in this mission and expect that all or most youth can and will succeed once changes are implemented. They must also cultivate support for this unconventional mission from key stakeholders (governors’ offices, legislators, judges) who have the power to support or stymie the changes necessary to adopt a Missouri-style approach.

In addition, states that are serious about embracing the Missouri approach will need early on to:

- Adopt a group-focused treatment process that keeps youth and staff together in small groups throughout the treatment process;
- Reject coercive methods for maintaining safety—no hardware, limited use of isolation—and rely instead upon a relationships-based approach enforced through 24/7 staff supervision;

- Redefine job descriptions and conduct intensive retraining so that all facility staff embrace a treatment role;
- Integrate education, therapy, and all other program elements into a unified treatment process;
- Implement an intensive and individualized case management system that assigns every young person to an individual case manager who will track his or her progress and advocate for his or her needs throughout the period of commitment; and
- Consider the possibility of closing training schools and replacing them with network of small, regionally dispersed treatment facilities along with a continuum of community-based treatment and supervision programs.

Over time, fully replicating the Missouri approach will require a four-part systems-change effort: (1) ensuring that everyone in the organization—and key allies as well—embrace the core values and beliefs; (2) operationalizing the core values through changes in facilities, staffing, treatment approach, and organizational structure; (3) protecting against internal drift through hiring, training, accountability procedures, and transparency; and (4) cultivating and sustaining external support from key constituencies in state government, courts, and communities.

The states of Louisiana and New Mexico, as well as the District of Columbia and Santa

**“The system must relinquish the traditional correctional values of punishment and slowly grow a new system rooted in the values of treatment, compassion, and accountability. Practices cannot produce good results when used apart from the values.”
—Cynthia Osborne**

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Clara County, California, have begun to study and replicate the Missouri approach within their own juvenile justice systems. And fortunately, they are receiving substantial assistance from a nonprofit agency founded in 2005 to help export the Missouri approach to other jurisdictions. Run by the former longtime director of DYS, Mark Steward, the Missouri Youth Services Institute provides intensive training and consulting support to aid in replication. This aid, however, is available only to jurisdictions that demonstrate a strong commitment to enacting Missouri-style reforms. “We don’t want places touting Missouri approaches unless they actually mean to use them,” Steward says.

Even in jurisdictions where the Missouri Youth Services Institute is providing assistance, the change process is painstaking, and progress is sometimes slow. Yet, in an era when major abuse

scandals have erupted in California, Texas, New York, Ohio, Florida, and many other states, and when recidivism and failure remain the norm in juvenile corrections nationwide, the Missouri model stands out as an attractive alternative well worth pursuing.

Endnotes

1. Feld, Barry C., *Bad Kids: Race and the Transformation of the Juvenile Court* (New York: Oxford University Press, 1999).
2. Mendel, Richard A., *Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice* (Washington, D.C.: American Youth Policy Forum, 2001).
3. Mendel, Richard A., "Small Is Beautiful: The Missouri Division of Youth Services," *AdvoCasey*, Vol. 5, No. 1 (Baltimore, MD: Annie E. Casey Foundation, Spring 2003).
4. "The Right Model for Juvenile Justice," editorial appearing in the *New York Times*, October 28, 2007.
5. Lewan, Todd, "Mo. Tries New Approach on Teen Offenders," Associated Press, December 29, 2007, downloaded from website of *USA Today*, www.usatoday.com/news/nation/2007-12-29-2062815235_x.htm.
6. Korenstein, Amy, *The Missouri Model: An Analysis of the Missouri Model in Comparison to the Ohio Department of Youth Services* (Ohio Department of Youth Services, 2006).
7. Safety data on Missouri facilities was provided by staff at the Missouri Division of Youth Services. Safety data on facilities participating in the Performance-based Standards project was provided by staff at the Council of Juvenile Correctional Administrators.
8. Data on suicides in juvenile facilities nationwide come from Hayes, Lindsay M., *Juvenile Suicide in Confinement: A National Survey* (Mansfield, MA: National Center on Institutions and Alternatives, 2004); and Mumola, Christopher J. and Noonan, Margaret E., "Deaths in Custody Statistical Tables," U.S. Bureau of Justice Statistics, 2008, retrieved from the Internet in October 2008 at www.ojp.usdoj.gov/bjs/dcrp/dictabs.htm.
9. Dedel, Kelly, *Assessing the Education of Incarcerated Youth* (San Francisco, CA: National Council on Crime and Delinquency, 1997).
10. Data on educational progress of DYS youth obtained from *Missouri Division of Youth Services Annual Report Fiscal Year 2008* (Jefferson City, MO: Missouri Department of Social Services), and from personal communication with DYS staff.
11. Data on educational progress of Ohio Department of Youth Services youth obtained from Korenstein, Amy, *The Missouri Model: An Analysis of the Missouri Model in Comparison to the Ohio Department of Youth Services*, (Ohio Department of Youth Services, 2006).
12. Data on educational progress of South Carolina youth obtained from *South Carolina Department of Juvenile Justice Report Card for 2006* (Columbia, SC: S.C. Department of Juvenile Justice).
13. Academic outcomes study cited Chung, H.L., M. Little, and L. Steinberg, "The Transition to Adulthood for Adolescents in the Juvenile Justice System: A Developmental Perspective," in *On Your Own Without a Net: The Transition to Adulthood for Vulnerable Populations*, D.W. Osgood, E.M. Foster, C. Flanagan, and G.R. Ruth (Eds.) (University of Chicago Press, 2005).
14. Altschuler, David M. and Brash, Rachel, "Adolescent and Teenage Offenders Confronting the Challenges and Opportunities of Reentry," *Youth Violence and Juvenile Justice*, Vol. 2, No. 1, January 2004.
15. Data on percent of DYS youth productively engaged in education or employment at time of discharge were obtained from *Missouri Division of Youth Services Annual Report Fiscal Year 2008* (Jefferson City, MO: Missouri Department of Social Services).
16. Data on Missouri Division of Youth Services budget provided by agency Director Tim Decker.

17. Data on juvenile corrections costs in Florida and Maryland cited in Mendel, "Small Is Beautiful: The Missouri Division of Youth Services," *AdvoCasey*, Vol. 5, No. 1 (Baltimore, MD: Annie E. Casey Foundation, Spring 2003).
18. North Carolina length of stay data obtained from N.C. Department of Juvenile Justice and Delinquency Prevention, *2007 Annual Report*.
19. California length of stay data obtained from California Department of Corrections, Division of Juvenile Justice, *Length of Stay of Division of Juvenile Justice Youth: Calendar Year 2009*. Cited figure refers to average length of stay for youth first committed to state custody (avg. length of stay = 36.5 months). It does not include youth returned to state custody on parole violations (avg. length of stay = 7.0 months) or those who previously incarcerated youth who were recommitted to the state for new offense (avg. length of stay = 32.2 months).
20. Cohen, Mark A., and Piquero, Alex R., "New Evidence on the Monetary Value of Saving a High Risk Youth," *Journal of Quantitative Criminology*, Vol. 25, No. 1, 2009.
21. Lombardi comment originally cited in Chen, Stephanie, "Teen Offenders Find a Future in Missouri," Cable News Network, August 27, 2009, online article downloaded from the Internet at www.cnn.com/2009/CRIME/08/25/missouri.juvenile.offenders. Subsequently clarified by telephone.
22. Author's calculation, using data from Sickmund, M., Sladky, T.J., Kang, W., & Puzanchera, C. (2008). "Easy Access to the Census of Juveniles in Residential Placement." Available: <http://ojjdp.ncjrs.gov/ojstatbb/ezacjrp/>. Data refer to long-term secure juvenile correctional facilities operated by states.
23. Tindall quote cited in Deutsch, Albert, *Our Rejected Children* (Boston: Little, Brown & Co., 1950).
24. Abrams, Douglas E., *A Very Special Place in Life: The History of Juvenile Justice in Missouri* (Missouri Juvenile Justice Association, 2003).
25. Cited in Warren, Jenifer, "Spare the Rod, Save the Child," *Los Angeles Times*, July 1, 2004.
26. Cambria, Nancy, "Troubled Teens Find Their Match With Abandoned Animals," *St. Louis Post-Dispatch*, December 30, 2008.
27. Altschuler, David, "Tough and Smart Juvenile Incarceration: Reintegrating Punishment, Deterrence and Rehabilitation," *St. Louis University Public Law Review*, Vol. 14, No. 1, 1994.
28. Korenstein, Amy, *The Missouri Model: An Analysis of the Missouri Model in Comparison to the Ohio Department of Youth Services* (Ohio Department of Youth Services, 2006).

Sources for Recidivism Comparisons

Data on recidivism among Missouri youth released from Division of Youth Services custody were calculated by DYS staff using data from its own records and from the Missouri Department of Corrections.

Data from other states were found in the following publications:

Arizona – Arizona Department of Juvenile Corrections FY 2009 Data Tables, downloaded from the Internet at www.juvenile.state.az.us/Offices/Research/Publications/annualreport09.pdf

Florida – Florida Department of Juvenile Justice, 2006 *Outcome Evaluation Report*, downloaded from the Internet at www.djj.state.fl.us/Research/OE/2006/2006_OE.pdf

Indiana – Indiana Department of Corrections, *Juvenile Recidivism* (2008), downloaded from the Internet at www.in.gov/idoc/files/2008JuvRecidivismRpt.pdf

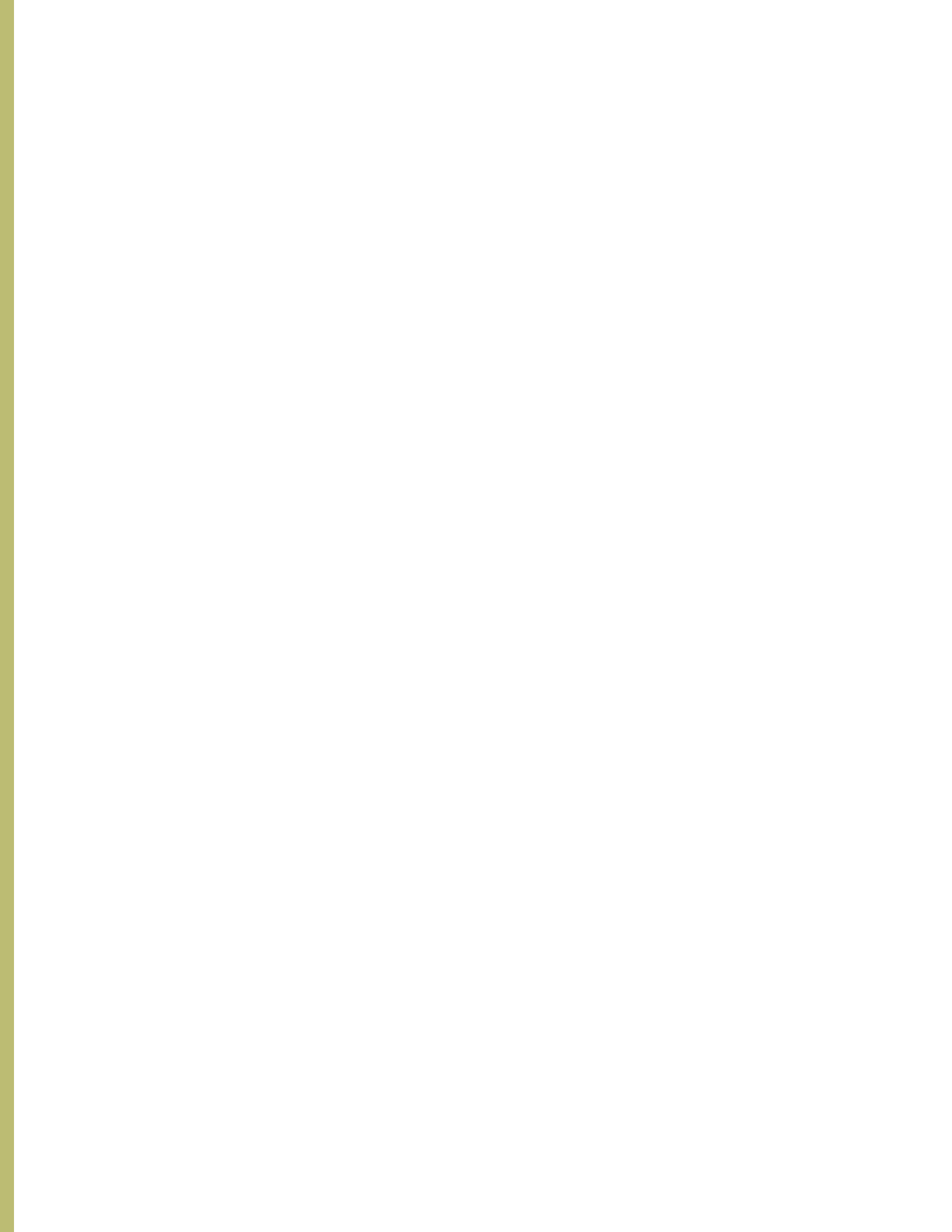
Maryland – Maryland Department of Juvenile Services, Annual Statistical Report (Fiscal Year 2008), downloaded from the Internet at www.djs.maryland.gov/pdf/2008stat_report-section2.pdf

Michigan – Michigan Department of Human Services Bureau of Juvenile Justice, *Recidivism for Juvenile Justice Youths* (2007), downloaded from the Internet at www.michigan.gov/documents/dhs/DHS-BJJRecidivismShort_217024_7.pdf

New Jersey – New Jersey Juvenile Justice Commission, *Preliminary Report on Recidivism of Committed to Juvenile Justice Commission: 2004 Releases*, downloaded from the Internet at www.state.nj.us/lps/jjc/pdf/JJC-Preliminary-Recidivism-Report.pdf

Texas – Texas Legislative Budget Board, *Statewide Criminal Justice Recidivism and Revocation Rates*, January 2009, downloaded from the Internet at www.lbb.state.tx.us/PubSafety_CrimJustice/3_Reports/Recidivism_Report_2009.pdf

Wisconsin – Wisconsin Department of Corrections, *Division of Juvenile Corrections 2007 Report*, downloaded from the Internet at www.wi-doc.com/PDF_Files/2007%20Annual%20Report%20FINAL.pdf



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