

### CHALLENGE #3:

## REPLICATE RESEARCH-PROVEN PROGRAM STRATEGIES TO REDUCE DELINQUENCY

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*“To date, most of the resources committed to the prevention and control of youth violence, both at the national and local levels, have been invested in untested programs based on questionable assumptions and delivered with little consistency or quality control.”<sup>14</sup>*

Delbert Elliot, Director, Center for the Study and Prevention of Violence

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**T**wenty-five years ago, a prestigious study panel examined the evidence that had been gathered to that time about the effectiveness of rehabilitation programs for adult and juvenile offenders. Their findings were stark – and became popularized in some circles as providing the definitive word that “nothing works” in rehabilitation.<sup>15</sup>

In fact, these researchers never found that nothing works – only that social scientists had yet to validate rehabilitation strategies in careful scientific trials. Nonetheless, the reality as recently as 20 years ago was that we had little evidence that any particular models made a marked difference in controlling crime or delinquency.

In 2001, those seem like the dark ages.

Over the past two decades prevention and juvenile justice policy innovators have developed and validated a number of intervention models that substantially lower either recidivism by youthful offenders or the onset of delinquent behavior by youth at risk for delinquency.

Some pundits and political leaders today still like to pretend that nothing works, that prevention is just a dangerous waste of money. On the other hand, some advocates like to pretend that we always knew how to prevent crime – that it’s just common sense. The reality is that only in the past two decades have we begun to figure out what works and doesn’t work – and some of those findings have been unexpected.

*For youth already engaged in delinquency, three models have emerged as proven, powerful successes. All three work with young people in their own homes and communities, rather than in institutions, and they focus heavily on the family environment.* One strategy, called Multisystemic Therapy (MST), has reduced future days in corrections or residential treatment by at least 47 percent in eight scientific trials. MST costs only about \$6,000 per youth, less than one-fourth the cost of an eight-month stay in juvenile corrections.

Another home-based strategy, Functional Family Therapy, has reduced the recidivism rates of delinquent youth by 25 to 80 percent in repeated trials dating back to 1972. It costs only \$2,000 per youth. The third model, Multidimensional Treatment Foster Care, combines short-term, therapeutic foster care with intensive counseling for the natural family, followed by rapid reunification and ongoing support. It reduced subsequent offending by more than 50 percent among chronic delinquents, a recent study found, and saved more than \$14 in future justice system costs for each extra dollar spent on the treatment.

Despite these successes, however, none of these models is in widespread use today. Multisystemic Therapy and Functional Family Therapy each served approximately 5,000 young people in 2000 – this in a nation that arrests more than 2.5 million adolescents each year and confines more than 100,000 every night. Likewise, despite its overwhelming advantages over other forms of

treatment, Multidimensional Treatment Foster Care is being replicated in only a handful of sites nationwide.

By heeding the research, by replicating what works, America has an opportunity to substantially improve its success against juvenile crime.

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## PUTTING RESEARCH INTO PRACTICE YOUTH VILLAGES IN MEMPHIS, TENNESSEE

During his first 13 years at the helm of Youth Villages, a youth-serving agency based in Memphis, Tennessee, Patrick Lawler helped the nonprofit grow from three residential treatment facilities serving 25 emotionally disturbed youth around Memphis to 23 residences serving 240 youth throughout Tennessee as well as in Mississippi and Arkansas.

The only problem was, despite long and expensive stays in its residential treatment facilities, many of the young people served by Youth Villages relapsed into delinquency or other problem behaviors soon after leaving. As with similar systems across the country, Lawler's agency was never punished for this problem, because Tennessee never required residential treatment providers to monitor the long-term success of participants. "The state would ask us at the end of each year what we did with their money," Lawler recalls, "and we would tell them the truth: we spent it."

In 1993, Lawler hired a local MBA candidate to examine his operation with fresh eyes. Not only were many youth being incarcerated or returning to residential treatment after leaving Youth Villages, the study found, but the families of troubled youth were often plagued with urgent needs, and no one was helping them.

### LOOKING TO THE RESEARCH

Based on this report, Lawler looked to the research and turned Youth Villages' operations upside down.

**Multisystemic Therapy.** First Lawler identified Multisystemic Therapy (MST), a non-residential model designed by University of South Carolina psychologist Scott Henggeler. MST employs trained mental health counselors to work with troubled teens in their homes, engaging not just the young person but his or her whole family based on the understanding

that most adolescent misbehavior can be traced back to the family system. Therapists seek to determine the negative dynamics that propel the young person toward delinquency – be they poor parenting, substance abuse, a learning disability, or attachment to delinquent peers. The therapist engages the family in strategies to overcome these root problems, while at the same time coaching parents in behavior management strategies to begin re-establishing order and respect in the home. During the process, therapists might refer the youth, parents, or even siblings to a wide range of possible supports – a substance abuse program, a job placement service, an after-school youth program, whatever it takes to overcome the problems and stabilize the family.

Henggeler's model has been tested in eight scientific trials since 1986. In every case, it dramatically reduced the number of days that delinquent and otherwise trouble youth spend in corrections or residential treatment compared with conventional treatment strategies. Violent and chronic offenders treated with MST in rural South Carolina had 43 percent fewer arrests, committed 66 percent fewer self-reported offenses, and spent 64 percent fewer weeks in youth

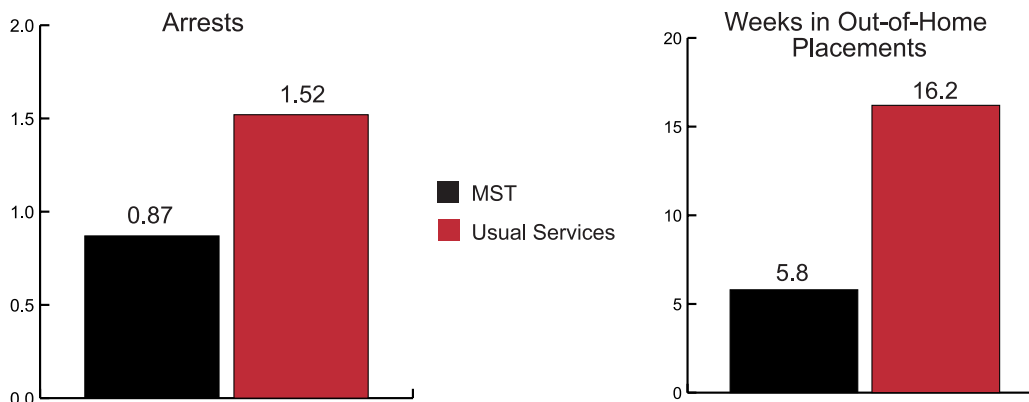
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**[Multisystemic Therapy] has been tested in eight scientific trials since 1986. In every case, it dramatically reduced the number of days that delinquent and otherwise trouble youth spend in corrections or residential treatment compared with conventional treatment strategies. Multisystemic Therapy costs about \$6,000 per youth, far less than incarceration or placement into a group home or residential treatment center.**

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### MULTISYSTEMIC THERAPY VERSUS USUAL JUVENILE JUSTICE SERVICES FOR SERIOUS ADOLESCENT OFFENDERS

Results of a Randomized Trial in Simpsonville, SC  
59 Weeks After Treatment



Source: Henggeler, Scott W., *Treating Serious Anti-Social Behavior in Youth: The MST Approach* (Washington, DC: Office of Juvenile and Delinquency Prevention, May 1997).

prisons or treatment centers than youth randomly assigned to usual court sanctions and treatments.<sup>16</sup> (See Table #2.) In Columbia, Missouri, youth who completed MST showed a five-year re-arrest rate of 22.1 percent – less than one-third that of youth who completed individual therapy (71.4 percent). In two other clinical studies, MST reduced days spent in out-of-home placements by 47 percent and 50 percent compared with youth treated in traditional programs.<sup>17</sup> Multisystemic Therapy costs about \$6,000 per youth, far less than incarceration or placement into a group home or residential treatment center.

Based on this track record, Lawler began hiring and training a new breed of counselors in 1993 to engage the families of troubled young people using the MST model. The first and most important step for these counselors was to examine the underlying conditions in a young person's life, and then to "find the fit" – the causal connection through which problem behaviors are the logical outcome of a young person's overall life situation. The next crucial step was to identify strengths and assets in the young person's life that might reverse the problem. MST therapists at Youth Villages helped youth pursue personal interests and goals by connecting them with activities in anything from employment to sports to computers – and thereby weakened the young people's attachments

to anti-social peers. At the same time, MST therapists worked with parents, teachers, and other responsible adults to promote responsible behavior. Therapists concentrated most on caretakers – helping them overcome their own psychological, emotional, and substance abuse issues, and teaching caretakers to provide positive and consistent structure and discipline within the home. Once the young person's behavior was stabilized, counselors focused on building an ongoing support system for the family to ensure success after the MST process concluded.

**Multidimensional Treatment Foster Care.** In 1996, Lawler identified another research-based program, Multidimensional Treatment Foster Care. Designed in Oregon to help serve troubled youth whose families remained unprepared to care for them, the program offers two key services simultaneously: 1) short-term therapeutic foster care, in which troubled youth live with trained foster parents who employ strict behavioral monitoring with support from a licensed therapist; and 2) intensive counseling and parenting skills training for the youths' parent(s) or legal guardian(s). After six to nine months, following a series of increasingly frequent and lengthy visits home, the families are reunited. Ongoing counseling continues until the home

situation is stable and the young person is re-acclimated to his or her home environment.

Like MST, Multidimensional Treatment Foster Care has a strong foundation in research. In one clinical trial with serious and chronic youthful offenders, youth participating in Multidimensional Treatment Foster Care proved twice as likely as youth placed into groups homes to complete the program (and not run away), and they spent an average of 75 fewer days incarcerated over the subsequent two years.<sup>18</sup> (See Table #3.) In another trial focused on very serious offenders, youth in Multidimensional Treatment Foster Care were arrested less than half as often as youth sent to group homes (2.6 vs. 5.4 arrests). They also spent less than half as many days incarcerated following treatment and were six times as likely to remain arrest free in the year after treatment (41 percent to seven percent).<sup>19</sup> As a result, the treatment foster care program saved \$14 in justice costs for each dollar spent on treatment.

For Youth Villages, the addition of Multidimensional Treatment Foster Care filled an important gap between its continuing residential treatment services and its new in-home (MST) therapy. By adding MST and Multidimensional Treatment Foster Care, Youth Villages created a comprehensive continuum of services for troubled youth ranging from home-based (MST) counseling to treatment foster care to residential treatment and hospitalization.

## BRINGING SUCCESS TO SCALE

As the clinical trials predicted, Youth Villages' success rates soared using the MST and Multidimensional Treatment Foster Care models, while costs plummeted. More than 80 percent of youth participating in the new program (which cost as little as \$6,000 per youth) continued to live successfully at home one year after treatment, Lawler reports, compared to about 63 percent of youth one year after returning home from the old residential treatment program (which ran more than \$50,000 for a typical ten-month stay).

Launching these family-oriented programs was the easy part, however. Lawler then had to convince

state bureaucrats to pay for them. He also had to build in sophisticated supervision and accountability systems to ensure that programs which worked well in small-scale tests remained successful when implemented agency-wide.

**Changing Funding Formulas to Reward Success.** Historically, Tennessee's policy for serving emotionally disturbed youth – like the policies of many other states – was simple: if a young person is a danger to oneself or others, the state would pay for hospitalization or placement into residential treatment center or group home. If the troubled young person was not a danger, the state provided little support beyond out-patient counseling from underfunded and ill-equipped county mental health departments. Funding for intensive, family-focused treatment had no place in the state's plans, and reimbursement for any agency providing these services was not permitted.

Thus, while Youth Villages' received up to \$200 per day from Tennessee for each young person in its longstanding residential programs, it could not collect a penny from the state for its \$65-\$70 per day MST program – even though the home-based services were producing better outcomes than the more-expensive residential treatment.

Based on the success of Youth Villages' initial tests of MST (funded with private grants), Lawler began seeking a change in state funding. For two years, state officials ignored his calls. Finally in 1995, with a new governor in office and the state budget in deep deficit, Tennessee accepted Youth Villages' offer to tear up its existing contracts, serve one-third more youth for the same money, and for the first time guarantee positive outcomes for most youth following treatment. In return, Youth Villages gained the freedom to offer a continuum of services, including both home-based and residential treatment.

Thanks to its growing use of MST and treatment foster care, Youth Villages served 1,600 Tennessee youth in 2000 – four times the number it served in 1993. Many spent a short time in residential treatment, but most proceeded quickly to family-focused non-residential therapy. Eighty percent

### **Putting Proven Models Into Practice: Washington State's Community Juvenile Accountability Act**

In 1995, Washington State juvenile justice leaders had a bold idea. Based on increasingly compelling research showing that a small handful of chronic offenders commit the bulk of all serious juvenile crime, they convinced Washington's legislature to support a new early intervention program – funding counties to provide enhanced treatment services and supervision for their highest-risk youth offenders.

Unfortunately, it didn't work. A preliminary evaluation by the Washington State Institute for Public Policy, a state-funded research agency, found that youth enrolled into the enhanced programs proved no less likely to re-offend than non-participating youth. In implementing the program, most counties had simply intensified their existing strategies without consulting the research into what works.

Based on this experience, Washington's legislature enacted a new law in 1997, the Community Juvenile Accountability Act (CJAA). It promised new funding for local juvenile courts, but only for programs with proven power to reduce re-offending rates cost-effectively. After the law was passed, the Institute for Public Policy searched for juvenile justice intervention program models with proven impact, and then it conducted elaborate cost-benefit analyses to demonstrate that the models were indeed cost-effective.<sup>20</sup> Consulting with local court officials, the Institute identified five programs for potential replication using the CJAA funding stream – Functional Family Therapy (FFT) and Multisystemic Therapy (MST), both profiled in Challenge #3, along with less intensive program models to control aggression, provide community mentors, and improve coordination among agencies serving delinquent and high-risk youth.

Following a statewide training conference, local officials from the state's 34 local juvenile courts initially selected to implement only two of the models – FFT and "Anger Replacement Therapy," a 10-week behavioral skills training curriculum. The State legislature appropriated \$7.65 million to support these two programs from July 1999 through June 2001, and three counties also established MST programs using federal block grant funds.

As of August 2000, Washington's counties had developed more than 40 local replication programs and enrolled more than 2,000 youth. The Institute for Public Policy has begun an intensive evaluation comparing the outcomes for participating youth with those for similar youth placed on waiting lists. While program evaluation outcomes will not be known until 2002, Policy Institute analyst Steve Aos believes the program is already a success. The extensive consultation between his agency and local juvenile courts has helped break down longstanding mistrust between the state and local officials, Aos says: "It meets a test of intergovernmental cooperation that is often lacking...."

"For the state level," Aos says, "it has been positive because the state is saying for the first time that we're only going to put our money into programs with a track record of success."<sup>21</sup>

#### **CONTACT:**

Robert Barnoski, Senior Research Associate  
Washington State Institute for Public Policy  
110 E. Fifth Avenue, Suite 214  
Olympia, WA 98504-0999  
(360) 586-2744

will remain home successfully for at least nine months. Based on these results, Tennessee has made its arrangement with Youth Villages the model for all contracts to serve troubled adolescents statewide.

As a result, Youth Villages now employs 100 MST counselors and clinical supervisors and serves more than 500 families in MST per year, making Youth Villages by far the largest provider of MST services in the nation. Likewise, Youth Villages serves 420 youth every day in Multidimensional Treatment Foster Care, making it one of only a handful sites nationwide to adopt this powerful intervention model.

However, in neighboring Arkansas (as in most states), rules still forbid payments for most home based services. Arkansas contracts with Youth Villages to care for troubled adolescents, but only in residential treatment centers, not in home-based counseling. As a result, Arkansas pays more to reap less safety and less success.

**Ensuring Program Quality.** Unlike many therapy methods, MST is highly regimented. The program is based on nine core principles, and the process for implementing these principles is spelled out in

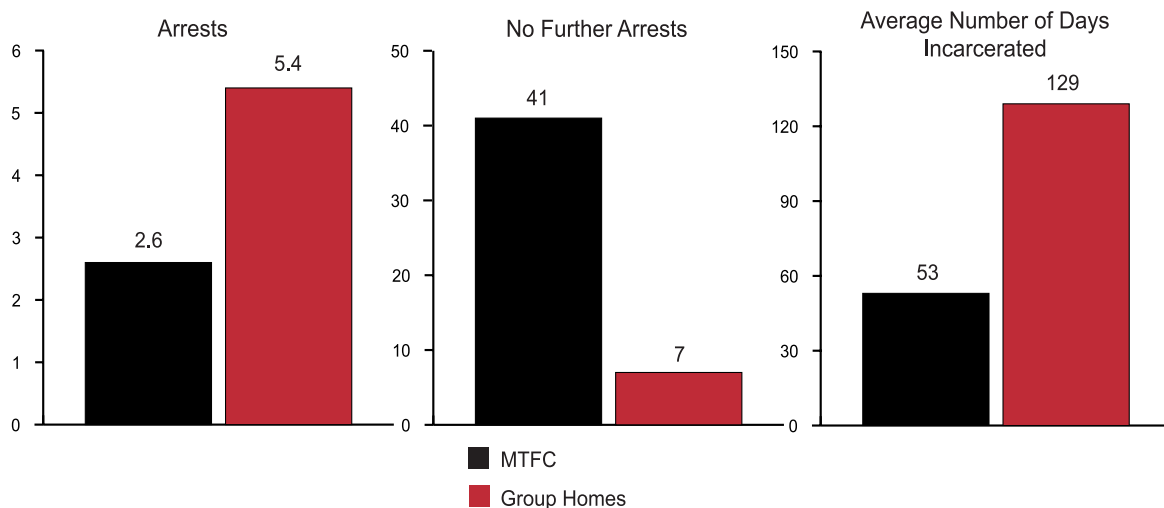
exacting detail in MST program manuals. Moreover, MST calls for therapists to review each case three times per week – once with their supervisor, once with the supervisor plus other therapists on their treatment team, and once with a senior MST clinical consultant. Likewise, Multidimensional Treatment Foster Care is guided by a specific treatment philosophy and a clear set of treatment procedures.

In his ongoing research into the effectiveness of MST, program designer Scott Henggeler has found that fidelity to these program requirements is a critical factor for success. While no clinical trial of MST has resulted in failure, Henggeler has found in several studies that participants achieve far better outcomes when providers follow the MST guidelines. For instance, when MST was tested against usual juvenile justice services for juvenile offenders in Orangeburg and Spartanburg, South Carolina, an analysis of therapists reports “indicated that outcomes were substantially better in cases where treatment adherence ratings were high.”<sup>22</sup>

For many local nonprofit and county mental health agencies, adhering to these exacting procedures and strict standards is unfamiliar and difficult. However,

### MULTIDIMENSIONAL TREATMENT FOSTER CARE VERSUS GROUP HOMES

Results of a Randomized Trial for Chronic Juvenile Offenders



Population: Delinquent boys averaging 13 prior arrests and 4.6 felony arrests.

Source: Chamberlain, Patricia, *Blueprints for Violence Prevention, Book Eight: Multidimensional Treatment Foster Care* (Boulder, CO: Center for the Study and Prevention of Violence, 1998).

under Patrick Lawler, Youth Villages has won several awards for innovative management and quality assurance, including two “Excellence in Service Quality” awards from the United Way of America. Youth Villages’ capacity to develop the elaborate quality assurance systems required to implement complex programs effectively has been an important key to its success in bringing promising research into productive practice.

<b>Operating Agency</b>	Youth Villages, Inc.
<b>Program Type</b>	Private, Nonprofit Youth Serving Agency
<b>Program Goals</b>	Effective Treatment of Emotionally Disturbed and Delinquent Youth
<b>Target Group</b>	Youth with emotional disturbances who have been placed into residential treatment programs
<b>Key Strategies</b>	Continuum of care including home-based counseling using the acclaimed Multisystemic Therapy (MST) model, and treatment foster care using a proven program model developed in Oregon
<b>Primary Funding Source(s)</b>	Tennessee Department of Children’s Services, States of Mississippi and Arkansas
<b>Evidence of Effectiveness</b>	Reduced cost-per-participant and substantially improved success rates for Youth Villages participants since adoption of MST and treatment foster care models
<b>Contact Information</b>	Patrick W. Lawler, Administrator Youth Villages, Inc. P.O. Box 341154 Memphis, TN 38184-1154 Phone: (901) 252-7200; Fax: (901) 252-7280 <a href="http://www.youthvillages.org">www.youthvillages.org</a>