

Rightsizing Juvenile Justice in Ohio: FY 2012-2013 Budget

Why Ohio Needs to "Get Smart" on Juvenile Justice Reform

Taxpayers currently bear the burden of a series of practices and policies that could benefit from strategic, substantive reforms with both immediate and long-term cost-benefits. Consider the following costs:

- **1.** *S.H. v. Stickrath* litigation regarding unconstitutional conditions of confinement at all five of the state juvenile correctional facilities¹ and the necessary efforts to comply with the 2008 stipulation agreement cost the state millions of dollars. Continuing problems (i.e. inadequate treatment, violence, etc.) with the conditions and treatment of youth in these correctional facilities increase litigation-related expenses. **DYS spends at least** \$117.3 million in GRF on institutional operations.²
- **2. The per diem is \$338 for each youth housed in a DYS correctional facility about \$123,370 per year**. The average daily facility population in FY 2010 was 1,125 and the average length of stay was 11.9 months.³ As of January, 2011, there were 759 youth housed in DYS facilities.
- **3.** The **DYS \$338 per diem does not include other additional costs**, such as education (approximately \$11 million for education reimbursements and \$2.8 million for vocational education annually, which adds about \$47/day to the \$338 per diem). 54% of youth in DYS receive special education services.⁴
- **4.** While the overall population of youth in DYS facilities has decreased (from 1,895 in 2007 and 3,639 in 1993) reflecting the downward trend in juvenile violent crime,⁵ the number of **youth requiring intensive mental** health services have increased.⁶
- 5. Ineffective correctional programming, and lack of community programs, increases both immediate short-term costs with longer lengths of stay, and long term future costs to public systems and new victims due to higher rates of recidivism. 27.2% of youth either return to DYS or are admitted to DRC within 1 year of their release from DYS; 40.7% within 2 years; and, 50.9% within 3 years.
- **6. Mandatory juvenile sentencing laws added in the last decade have contributed to the overuse of costly correctional placements**, have restricted juvenile courts' traditional discretionary role, and are inconsistent with adolescent and brain development research.
- 7. Inconsistent application and/or lack of a common risk assessment tool can lead to overuse of costly correctional placements for youth appropriate for more cost-effective, less restrictive placements.¹⁰
- **8.** Reliance on secure correctional placements limit the state's ability to **maximize use of appropriate federal** dollars through Medicaid match and potential IV-E participation.¹¹
- **9.** RECLAIM's ability to divert a portion of youth from deeper end, more costly intervention is limited where funding not tied **to specific outcome goals, informed by evidence of effectiveness**.
- **10.** Without effective diversion and treatment for juveniles, recidivism leads to higher and longer term costs that show up in the adult DRC system, as well as in expenses to taxpayers and intangible losses to crime victims.¹² Alternatively, **the return on investment in terms of improved public safety that evidence-based programs**¹³ **for youth have been shown to produce are significant**.¹⁴ **For example, it is estimated that every \$1 spent on Multi-systemic Therapy (MST), a proven-effective program for serious and violent juvenile offenders, provides \$9.51 to \$23.59 in savings to taxpayers and crime victims**.¹⁵ In Ohio, the average MST intervention costs \$7,500-\$9,000 per youth (per year).¹⁶

Endnotes

- ¹ODYS operates five state juvenile correctional facilities and contracts with Lighthouse Youth Services, a private non-profit agency to operate the Paint Creek facility in Ross County.
- ²HB 1 FY 2011 appropriations, DYS "Reclaim Ohio" GRF line item 470-401 was \$184,026,374, which according to DYS was allocated as follows: \$117,350,847 for institutional operations; \$2,574,966 for private facility contracts (Lighthouse–Paint Creek); \$18,776,104 for community correctional facilities; \$30,600,000 for RECALIM county subsidy; \$9,690,954 for community programs; and \$5,033,503 for program management. These "Reclaim Ohio" GRF dollars do NOT include additional institutional–related expenses in other GRF (i.e. \$26,043,900 for lease rental payments and \$13,580,057 for administrative operations) and non-GRF line-items (i.e. \$11,000,000 for Education reimbursement, \$2,788,906 for vocational education).
- ³ Annual Report FY 2010, Ohio Department of Youth Services.
- ⁴Annual Report FY 2010, Ohio Department of Youth Services.
- ⁵The Juvenile Violent Crime Index arrest rate fell for the second consecutive year and is down 5% since 2006. In 2008, law enforcement agencies in the United States made an estimated 2.11 million arrests of persons younger than age 18. Overall, there were 3% fewer juvenile arrests in 2008 than in 2007, and juvenile violent crime arrests fell 2%, continuing a recent decline. Puzzanchera, C. *Juvenile Arrests 2008*, OJJDP Juvenile Justice Bulletin, US DOJ (December 2009).
- ⁶Approximately 56% of youth currently placed at DYS were Medicaid eligible. In FY 2010, 79.4 % of the female youth and 83.1 % of the male youth in DYS had previous mental health treatment. On December 14, 2010, 49.5% of DYS youth were on the mental health caseload and 6% were on a mental health unit requiring intensive treatment. By the Numbers: Developing a Common Understanding for the Future of Behavioral Health Care, Mental Health Advocacy Coalition and Center for Community Solutions (January 2011) p.20.
- ⁷ Recidivism: An examination of the reincarceration rates of youth released from [DYS], ODYS Division of Parole and Community Services (September 2010). Recidivism rates based on 1,903 releases from DYS in 2008 (1-year), 1,872 releases in 2007 (2-years), and 1,768 releases in 2006 (3-years).
- ⁸In 2002, the Ohio Revised Code was amended to include section 2152, creating mandatory and discretionary bindover (transfers to adult court) and serious youthful offender (SYO) blended sentencing schemes and in 2006 mandatory gun specifications were strengthened under ORC 2152.17. In 2009, 296 youth were in DYS on a gun spec, 216 of whom were serving 3-year mandatory sentences. Special Analysis of Bill Draft LSC 128 0190-1 (hereinafter "LSC Memo, 5/13/09"). Although there is no data on mandatory versus discretionary bindovers, approximately 315 juveniles were bound over to adult criminal court in FY 2007 and, at any time, there are approximately 200 or more offenders in the adult prison population who were bound over as juveniles. LSC Memo 5/13/09.
- ⁹See for example, Gardner, M., & Steinberg, L., *Peer influence on risk-taking, risk preference, and risky decision-making in adolescence and adulthood: An experimental study,* Developmental Psychology 41, 625–635 (2005). Steinberg, Scott L., *Less Guilty by Reason of Adolescence: Developmental Immaturity, Diminished Responsibility, and the Juvenile Death Penalty,* American Psychologist 58(12) 1009–18 (Dec. 2003). Steinberg, Laurence and Haskins, Ron, *Keeping Adolescents Out of Prison,* The Future of Our Children, Policy Brief, Future of Children (Fall 2008); Scott, E. and Steinberg, L., *Adolescent Development and the Regulation of Youth* Crime, The Future of Children: Juvenile Justice "Highlight", Volume 18, No. 2 (Fall 2008).
- ¹⁰ Lowenkamp, C. and Latessa, E., Evaluation of Ohio's RECLAIM-funded Programs, Community Correctional Facilities, and DYS Facilities: Cost-Benefit Analysis Supplemental Report, (Nov. 3, 2005). Findings, in part, led to the development and launching of the Ohio Youth Assessment System (OYAS) to provide a standardized process for evaluating the risk and criminogenic needs of youth. Annual Report FY 2010, Ohio Department of Youth Services.
- ¹¹ Medicaid rules prohibit use of federal Medicaid dollars for any services provided in a "secure" institution. Similar prohibitive rules apply to drawing down Title IV-E federal participation funds. However, residential programs that are staff-secure and have other measures in place to control population, such as the Lighthouse-Paint Creek facility, several of the community correctional facilities and a number of private, non-profit children's residential treatment centers, can receive Medicaid and may qualify for IV-E as well to serve this juvenile population.
- ¹² Lowenkamp, C. and Latessa, E. "Savings in the long run are substantial and range anywhere from \$11 to \$45 for every dollar spent on RECLAIM programming instead of a placement in CCF or DYS" at p. 21.
- ¹³ "Evidence-based practices" in Ohio include the following programs: Multi-systemic therapy, Functional family therapy, Multi-dimensional treatment foster care, Multi-dimensional family treatment, Trauma-focused Cognitive Behavioral Therapy, and Assertive Community Treatment. "Promising Practices" (research-based) in Ohio include: Intensive home-based treatment, Integrated co-occurring treatment, and (High Fidelity) Wraparound/ Services Coordination. *Center for Innovative Practices* (2010).
- ¹⁴ A review of evidence-based programs for youth has shown up to \$13 in benefits produced for every one dollar spent, in terms of improved public safety (several EBP are identified, such as functional family therapy, multi-systemic therapy, aggression replacement therapy, and restorative justice-victim offender mediation). Drake, E. Evidence-Based Juvenile Offender Programs: Program Description, Quality Assurance and Cost, Washington State Institute for Public Policy (2007). Retrieved at www.wsipp.wa.gov/rptfiles/07-06-1201.pdf
- ¹⁵ Klietz, S., Borduin, C. and Schaeffer, C., *Cost-Benefit Analysis of Multi-systemic Therapy with Serious and Violent Juvenile Offenders*, "Journal of Family Psychology, (2010). Comparing MST to individual therapy, results indicated that the reductions in criminality in the MST versus IT conditions were associated with substantial reductions in expenses to taxpayers and intangible losses to crime victims, with cumulative benefits ranging from \$75,110 to \$199,374 per MST participant.
- ¹⁶ Intensive Home-Based Treatment (IHBT) Cost Comparisons, Table 5: Summary Chart of Annualized Costs for Services, Center for Innovative Practices (2010).