



The Cost of Incarcerating Baltimore's Youth



THE HUMAN AND FINANCIAL COSTS OF JUVENILE JUSTICE PLACEMENT IN BALTIMORE & MARYLAND

Summary

The current system in place to respond to the needs of youth arrested in Baltimore is expensive and produces poor results. Over reliance on detention and youth placement facilities costs taxpayers \$34 million for the youth from Baltimore alone. These interventions also generate poor results, with over half of the youth discharged from these facilities rearrested within one year, with more than one in five convicted of a crime.

Alternative approaches are not only cheaper, they are also more effective. Some cities and states have changed their policies and procedures to greatly reduce youth incarceration through both community-based programs and by pre-arrest diversion away from the juvenile justice system.

A range of proven community and home-based interventions could dramatically improve youth outcomes, reduce recidivism and protect public safety. These could be provided for a fraction of the cost of the current system. We discuss some of these impactful interventions in this report. Depending on the range of needs and appropriate alternative interventions to be offered, taxpayers could save anywhere from \$10-20 million each year, and youth would have better outcomes not just during their adolescence, but throughout their lifetimes.

The Costs of the Current System

When a child between the ages of 7–17 is arrested in Baltimore and charged in the juvenile system, the young person may be confined in a juvenile detention center pending the outcome of charges and trial. If found guilty of the crime for which they are accused, the young person may receive a disposition to be confined in a youth placement facility as a consequence for their offense, if no less restrictive alternative is available. Judges make these decisions based on the severity of the crime, the perceived risk the youth poses to the community, their treatment needs and the availability of suitable alternatives to placement to address the youth's behavior and ensure the safety of the community.

Increasingly across the country, jurisdictions are questioning their current approach. Reforms elsewhere have proven results. The Los Angeles County Office of Youth Diversion and Development (YDD) serves as the central coordinating body overseeing the countywide expansion of pre-booking diversion. According to Department of Justice statistics, the total number of youth arrests and citations in the County plummeted from 56,286 in 2005 to 13,665 in 2015. In Massachusetts, arrests of youth under the age of 18, and the population of youth ordered to the custody of the Department of Youth Services, have all dropped by double digits since 2008. The extraordinary decline in youth justice caseloads since 2008 continued even after Massachusetts raised the upper age of its juvenile jurisdiction from a youth's 17th to 18th birthday in the fall of 2013. The number of committed youths as of January 1 declined 76%, from 1,895 in 2008 to 452 in 2020.¹

Not only are youth detention and placement facilities very expensive to operate, but they also produce bad results when measured by the future behavior of young people held in their care. Taking a hard look at costs and results opens the question of whether alternative approaches can be less expensive and produce better results – both on future life outcomes for the young people and on safety of the community.

Consider the human costs first. Youth placement does not assist young people to address their behaviors and return to productive community life upon their release. Over half (50.9%) of Baltimore City's juveniles placed in a placement facility are re-arrested within just 12 months after being released as of FY 2019 (the most recent year

¹ Data Sources: DYS Annual Report 2017; Massachusetts FFY2015 Three Year Plan; DYS Annual Report 2019; and email correspondence with DYS Director of Research and Internal Review Board Chair, October 7, 2020.

with data available).² And, the 12 month re-conviction rate for Baltimore's youth released from a state facility was 20.8% in Fiscal 2018(the most recent year with this data available).

Costs of producing bad results are high. It costs \$25 million to fully operate and staff the Baltimore City Juvenile Justice Center (BCJJC).³ BCJJC holds young people pending trial and pending placement, including youth being charged as adults. There are 120 beds, all reserved for young men. Last year, less than 60% of total capacity was utilized.⁴ The cost of operating the facility, however, does not go down, despite the population drop. Costs for operation and staffing are fixed. As a result, when the population declines the average cost per bed increases as the full cost is spread across fewer youth; consequently, in 2020, the average annual cost per youth was nearly \$205,000.⁵

Maryland's placement facilities for youth totaled an alarming **\$38,781,054** in operational costs last fiscal year⁶ with an average utilization rate of 49.2% (see table below for utilization rates for each facility)⁷.

- The combined total bed capacity for these facilities was 198 youth, while the average daily population (ADP) during that same time period was 97 youth total across all facilities.⁸
- A total of 513 youth were committed to state facilities in the most recent year.⁹
- Statewide, youth of color (non-white) represented nearly 80% (399 youth total) of all placements despite representing only 30% of the general population.¹⁰

When taking into consideration the total combined expenses for operating Maryland's youth placement facilities and dividing that total by the statewide average daily population, this average annual cost nearly doubles to **\$399,804.68** per bed at a Maryland-sponsored placement facility.

- Baltimore City youth made up 20% of all committed placements.¹¹ The cost for housing these youth at state facilities, at the average rate, was \$8 million.

Sending a young person away from home as part of a response to their offenses keeps a child away from their most important source of support during their rehabilitation: the child's family; or other mentors. Previous research from the Vera Institute of Justice found that benefits of visits and contact from loved ones include face-to-face contact, increased motivation, and emotional regulation.¹² All four state operated youth facilities in Maryland are far from Baltimore City youth's homes and communities.¹³ Backbone Mountain Center is the largest facility in terms of bed capacity and average daily population. It is located 170 miles away from the City of Baltimore. Last fiscal year, 40% of all youth placed at the Garrett's Children Center (formerly Savage Mountain Youth Center) were from Baltimore City, the highest concentration of City youth across all seven placement facilities. Garrett, located in Lonaconing, MD, is over 160 miles west of Baltimore. These facilities are difficult to reach, especially for families hard pressed to pay for transportation or for gas for a car. As a result, youth become more estranged from family and community, suffer significant school disruption and have weakened social capital upon return after discharge.

² Maryland Department of Juvenile Services, Data Resource Guide 2020, p. 196

³ Appendix E

⁴ Appendix E, p. 131

⁵ Appendix E

⁶ Appendix D

⁷ Appendix E, p. 149

⁸ Appendix E, p. 149; Average Daily Population (ADP): Daily population of youth averaged over the number of days in a given time period.

⁹ Appendix E, p. 154

¹⁰ Appendix E, p. 160

¹¹ Appendix E, pp. 154, 160

¹² Ryan Shanahan, Sandra Aguledo. "Families as Partners: Supporting Incarcerated Youth in Ohio." Vera Institute of Justice. 2012.

¹³ At the start of the COVID-19 pandemic, Maryland had 7 youth placement facilities. Due to dropping population numbers, Maryland currently operates 4 youth facilities – Backbone, Green ridge, Victor Cullen, and Mt. View. All are located in Western Maryland.

Last year, the average length of stay (average number of days in placement) for one young person in these facilities was 147 days (approximately 5 months out of the year).¹⁴

The harms of placing young people in jail are well-documented. Even short stays in pretrial detention can increase recidivism, particularly for children with little prior history.¹⁵ Detained youth show greater trauma and markers for severe mental health issues such as suicidal ideation compared to the general population.¹⁶ Detention interrupts and interferes with education and employment.¹⁷

Not only does secure placement not promote the rehabilitation of youth, but it too has been proven to increase recidivism and decrease public safety. This is glaringly clear when assessing the inefficacy and costliness of the current approach to juvenile placement and rehabilitation. The highly expensive costs to taxpayers to operate these underutilized youth placement facilities sits side by side of poor youth outcomes, while proven community-based interventions are available that come with significantly lower price tags (see pg. 4).

Maryland State Operated Placement Facilities					
Bed Capacity, Staff Totals, ADP, Average Length of Stay (ALOS), and Utilization Rate (FY20)¹⁸					
Facility	Capacity	Staff	ADP	ALOS	Utilization Rate
Backbone Mountain Center	48	69	26	127.5	54.2%
Garrett Children's Center	8	52	6	153.5	80.1%
Green Ridge Youth Center	30	65 ¹⁹	15	145	49.9%
Green Ridge Mountain Quest	10		4	93	36.3%
J. DeWeese Carter Center (Female Only) ²⁰	14		6	144.5	46%
Meadow Mountain Center ²¹	40		19	133.5	48.5%
Victor Cullen Center	48	90	21	146	42.8%
Totals	198	276	97	135	51.1%

14 Maryland Department of Juvenile Services, Data Resource Guide 2020 p. 155

15 Hertig Walker, "The Impact of Pretrial Juvenile Detention on 12-Month Recidivism: A Matched Comparison Study" June 2020, Sage Publications (studied 32 jurisdictions).

16 Office of Juvenile Justice Delinquency and Prevention (OJJDP). "Suicidal Thoughts and Behaviors among Detained Youth." (2014).

17 Annie E. Casey Foundation. "Kids Deserve Better: Why Juvenile Detention Reform Matters." (June 2018).

18 Maryland Department of Juvenile Services, Data Resource Guide 2020 pp. 172-185; Average Length of Stay (ALOS) is the Average total number of days in residential placement between admission and release. Youth detained in more than one facility during a contiguous stay are counted as a single placement.

19 Includes Green Ridge Mountain Quest Staff Total

20 J. DeWeese Carter Center youth were relocated to the new Mountain View program on the grounds of Backbone Youth Center on June 19, 2020

21 Closed at the end of FY 2020 and the youth were moved to Green Ridge Youth Center



Alternatives to Incarceration

AT-HOME & COMMUNITY BASED ALTERNATIVES TO INCARCERATION (ATI)

Across the country jurisdictions have been exploring alternative approaches to youth detention and incarceration. Proven evidence demonstrates that there are effective programs that can engage youth and support their families, allowing them to stay at home and in community. These structured programs are founded in knowledge of youth brain development and effective interventions to assist with decision-making, healthy relationships, and future life planning.

Youth who are demonstrating normal adolescent behaviors are best supported entirely outside the juvenile justice system (NRC 2013). For those who do require targeted intervention for harmful behavior, research has shown that at-home and/or close to home community-based options are generally more effective than incarceration in reducing reoffending (Fabelo et al. 2015; Ryon et al. 2013). Alternatives to incarceration (ATI) programs also help reduce racial disparity by increasing equitable options for youth who can be successfully supervised in the community.

The following evidence-based at-home or close to home ATI programs are not just supremely cost-effective (see Cost-Benefit Analysis Section below) but generally result in far better outcomes for Baltimore's court involved youth compared to placement in a juvenile facility.

FUNCTIONAL FAMILY THERAPY (FFT)

Functional Family Therapy (FFT) is a short-term family therapy intervention and juvenile diversion program helping at-risk children and delinquent youth to overcome adolescent behavior problems, conduct disorder, substance abuse, and delinquency. FFT is a Blueprint Certified Model Program and is rated Effective by the Office of Juvenile Justice and Delinquency Prevention for significantly reducing recidivism rates.

FFT is designed to improve within-family attributions, family communication, and

supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Based on the specific risk and protective factor profile of each family, the program targets parenting skills, youth compliance, and a wide range of behaviors involving cognitive, emotional, and behavioral domains.

Intervention services consist primarily of direct contact with family members, in person and telephone; however, services may be coupled with supportive system services such as remedial education, job training and placement and school placement. Some youth are also assigned trackers who advocate for these youth for a period of at least three months after release.

FFT is a phased program with steps which build upon each other. These phases consist of:

- Engagement, designed to emphasize within youth and family factors that protect youth and families from early program dropout;
- Motivation, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;
- Assessment, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they relate to change techniques;
- Behavior Change, which consists of communication training, specific tasks and technical aids, parenting skills, contracting and response-cost techniques, and youth compliance and skill building;
- Generalization, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT Therapist/Family Case Manager.

Data from numerous studies of FFT outcomes suggest that when applied as intended, FFT reduces recidivism and/or the onset of offending between 25 and 60 percent more effectively than other programs (Alexander et al., 2000). Other studies indicate that FFT reduces treatment costs to levels well below

those of traditional services and other interventions (Alexander et al., 2000).

From 1973 to the present, published data have reflected the positive outcomes of FFT. Data show, for instance, that when compared with standard juvenile probation services, residential treatment, and alternative therapeutic approaches, FFT is highly successful. Both randomized trials and nonrandomized comparison group studies (Alexander et al., 2000) show that FFT significantly reduces recidivism for a wide range of juvenile offense patterns. FFT also significantly reduces potential new offending for siblings of treated adolescents (Klein, Alexander, and Parsons, 1977).

TREATMENT FOSTER CARE OREGON (TFCO)

Treatment Foster Care Oregon, formerly Multidimensional Treatment Foster Care, is a therapeutic foster care program with the goal of reuniting families, reducing delinquency and teen violence, and increasing prosocial behavior and participation in prosocial activities. This is accomplished through behavioral parent training and support for foster parents, family therapy for biological parents, skills training and supportive therapy for youth, and school-based behavioral interventions and academic support. As a Blueprint Certified Model Program, TFCO outcomes included significantly reducing re-arrest and re-convictions, drug use, and days in incarceration for youth participants.

Community families are recruited, trained, and closely supervised to provide TFCO-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. TFCO utilizes a behavior modification program based on a three-level point system by which the youth are provided with structured daily feedback. As youth accumulate points, they are given more freedom from adult supervision. Individual and family therapy is provided, and case managers closely supervise and support the youth and their foster families through daily phone calls and weekly foster parent group meetings. There is a learning emphasis on teaching interpersonal skills and on

participation in positive social activities including sports, hobbies, and other forms of recreation. Placement in foster parent homes typically last for about six months. Aftercare services remain in place for as long as the parents want, but typically last about one year.

Eight randomized trials and numerous other studies have provided evidence of the feasibility and effectiveness of TFCO. The first studies explored the feasibility and cost effectiveness of using the model for adolescents referred for delinquency and for children and adolescents leaving the state mental hospital. Results showed that TFCO was not only feasible, but compared to alternative residential treatment models, the cost of TFCO was substantially lower resulting in savings for both systems and taxpayers (see www.wsipp.wa.gov).

Specifically, both boys and girls referred from juvenile justice show greater benefits from participation in TFCO than in group care. Youth in TFCO have about half the number of arrests as those in group care at follow-up and TFCO youth have a higher rate of desistance from arrest than those in group care. In addition, there are significant and meaningful differences between TFCO and group care youth on participation in violent criminal activity. Across studies, we have also found that fewer adolescents run away from TFCO than from group care. Once youth leave placements, those in TFCO spend significantly fewer days in locked settings (detention, training schools, hospitals, etc.) at follow-up.

When implemented with delinquent boys, significant program effects, relative to a comparison group, included:

- Incarcerated 60% fewer days 12 months after baseline
- Fewer subsequent arrests 12 months after baseline
- Less self-reported other drug use at 12 and 18 months, and tobacco and marijuana use at 18 months post-program
- Fewer violent offense referrals (21% in treatment vs. 38% of Controls) two years after enrollment
- Fewer self-reported violent offenses (10.5 incidents for treatment group vs. 32.6 incidents for control group) two years after enrollment
- Ran away from their programs, on average, three times less often

youth in total were placed in a state-sponsored group home). Baltimore City youth represented 20.5% of all total group home placements.²² Only one state sponsored group home is located in Baltimore City (One Love), and it saw 16 youth in total admitted to its program during FY20. Another four are located in Baltimore County (20 total admissions).

Between FY 2017 and FY 2019, the 12-month rearrest rate for youth released from a group home program decreased by nearly 10 percentage points (44.7% to 35.3% respectively)²³. Although at-home alternative programs see significantly better reductions in youth recidivism, the 12-month re-arrest rate²⁴ for youth released from group homes during this time period was still 14% lower than the 12-month re-arrest rate for youth placed in a DJS placement facility.

COMMUNITY BASED GROUP HOMES

General group homes are residential programs for youth in placements licensed by Department of Human Services (DHS), Department of Juvenile Services (DJS), or the Office of Health Care Quality (OHCQ), which is part of the Maryland Department of Health (MDH). They provide out-of-home care for four or more youth who are moderate to high risk and need more structure and supervision than a relative, foster parent, or treatment foster care program could offer. General group homes also provide a formal program of basic care, social work, and health care services. DJS has established three levels of residential program placements based largely on the level of program restrictiveness. Levels I and II include all programs where youth reside in a community setting and attend community schools (Level I), and programs where education is provided on-grounds and youth movement is restricted primarily by staff monitoring and supervision (Level II). Level III programs do not include community-based group homes.

DJS utilized 18 group homes, including 4 Therapeutic Group Homes (TGH) during FY20. TGHs provide access to a range of diagnostic and therapeutic mental health services to youth who are moderate to high risk and have an emotional or developmental disability. Maryland's Group Homes saw an average daily population of 68 youth last fiscal year (152

²² Maryland DJS, Data Resource Guide 2020 p. 164

²³ Maryland DJS, Data Resource Guide 2020 p. 199

²⁴ 12 month rearrest rate measures whether a juvenile was re-arrested within 12 months of their release



Cost Benefit Analysis

FUNCTIONAL FAMILY THERAPY

A mid-sized FFT team would consist of 4 Full Time therapists and 1 Full time supervisor each managing a caseload up to 10-12 cases at any given time. Therapists can expect to complete a case in approximately 3-5 months. So, a full time FFT therapist can expect to complete 30-48 cases throughout the course of a year.

- Annual Cost Per Bed at a state-sponsored facility: \$399,804
- Cost Per FFT Case: \$4,019.63
- **Estimated Savings Per Youth: \$395,784.37**

TREATMENT FOSTER CARE OREGON

Treatment Foster Care programs operate around the United States. One example is in Oregon. Youth served in TFCO reside in the TFCO treatment home for approximately nine months. In most cases, new sites can be fully operational within a year from start-up of the implementation phase. To operate a program with approximately 10 beds (the typical start-up size), a full team requires one Full Time Team Leader, one Full Time Family Therapist, part time individual therapist (.5 FTE), skills trainers (20-25 hrs./week per 10 bed program), Part Time Foster Parent Recruiter, Trainer, and Parent Daily Reporter Caller (0.75 FTE), and one foster family for each placement.

- Annual Cost Per Bed at a state-sponsored facility: \$399,804
- Cost Per TFCO-A Youth: \$11,553²⁵
- **Estimated Savings Per Youth: \$388,251**

COMMUNITY BASED GROUP HOMES

Despite the higher costs to operate a community-based group home compared to at-home/close to home alternatives like FFT and TFCO, they still cost significantly less than state sponsored placement facilities.

- Annual Cost Per Bed at a state-sponsored facility: \$399,804
- Annual Cost Per Bed at a state-sponsored group home: \$266,719²⁶
- **Estimated Savings Per Youth: \$133,085**

²⁵ [Washington State Institute for Public Policy](#); final costs reflect 2021 dollars adjusted for inflation

²⁶ MD DJS Data Resource Guide, pgs. 7, 164; divide FY 2020 DJS Community/Residential Operations Administration costs of \$18,136,900 by the youth ADP of 68 (total ADP for DJS operated community-based group homes) gives you \$266,719 per child



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Maryland Department of Juvenile Services, [Data Resource Guide FY2020](#)

[MD DJS Operating Budget 2020](#), p. 568

Washington State Institute for Public Policy – Benefit-Cost Analysis

<http://www.wsipp.wa.gov/BenefitCost/Program/32>

<http://www.wsipp.wa.gov/BenefitCost/Program/20>

