

Cost - Benefits of the Mendota Juvenile Treatment Center

OJJDP Juvenile Justice Advisory Group

Denver, Colorado

October 21, 2007

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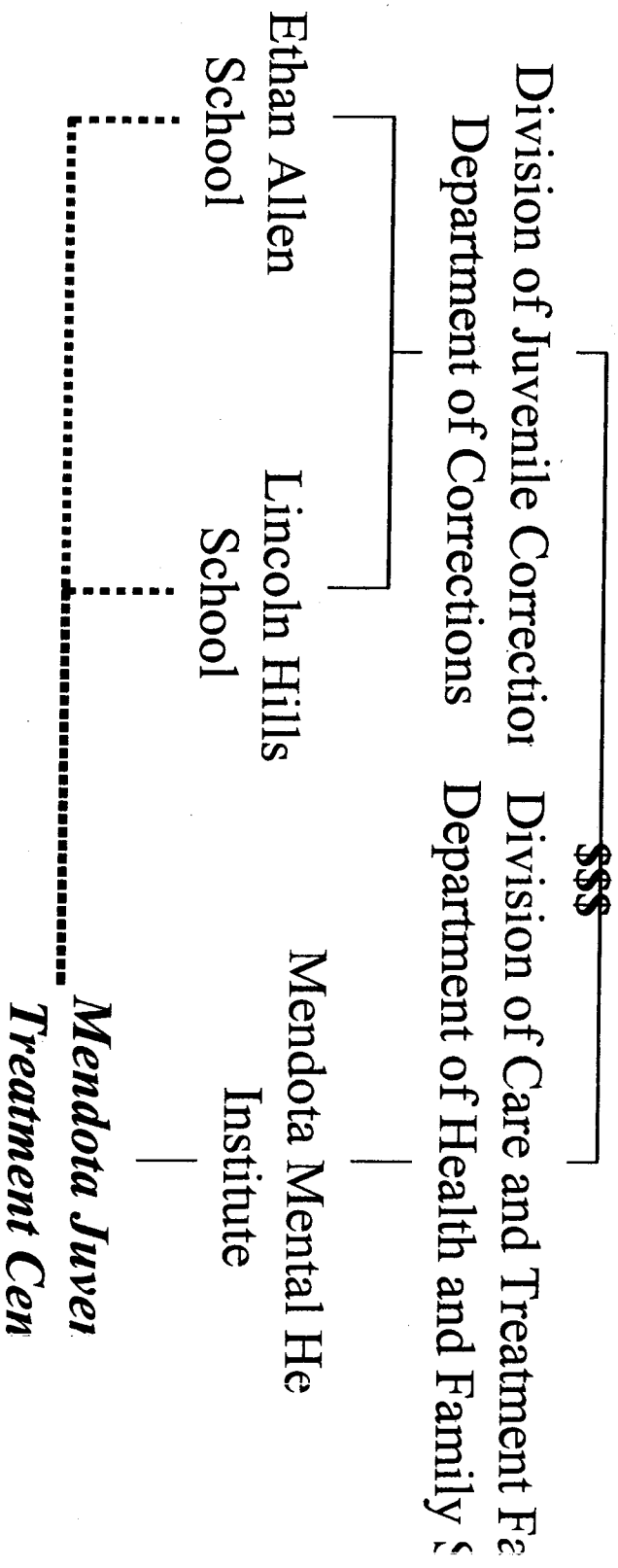
Mendota Juvenile Treatment Center

Madison, Wisconsin

History of the Mendota Juvenile Treatment Center

- Established in 1995 as a compromise to legislation “toughening” the juvenile justice system.
- Originally had 43 beds, cut to 29 in 1999.
- Department of Corrections controlled the funding and the referral process
- State hospital owned the staff and ran day – to – day.

Organizational structure



Funds move from the Department of Corrections to the Department of Health and Family Services; an uneasy alliance.

JCI to MJTC transfer process

- Staff at the sending JCI's identify the most disruptive and aggressive youth:
“We pick out our worst kids and send them to you”.
- The guiding principle was to send kids that were not seen as “treatable” and only return kids when they seemed amenable to treatment.

MJTC Population

- Ages: 12 to 19, average age is 15 years 8 months.
- Race: 52% African American, 38% White, 7% Hispanic, 2% Asian.
- 71% experienced violence in the home
- 89% have a prior charged violent offense against a person
- Almost half have hospitalized or killed a victim

Corrections Philosophy

- Wisconsin Administrative Code for Correctional institutions is grounded in Rational Choice theory; relies on sanctions to control behavior.
- The Admin. Code lays out specific procedures and sanctions for conduct violations.
- Most typical sanction is security isolation.

MJTC vs. usual JCI treatment

- 15 bed units single bunked
- Psychiatry: 1 FTE per 28 youth
- Psychology: 1 FTE per 14 youth
- Social Work: 1 FTE per 14 youth
- Administration: Psychiatric RN
- Most units have 40 - 50 youth double bunked
- M.D.: 8 hr. / week contracted psychiatrist for 500 youth
- Ph.D.: 1FTE per 75 youth
- Social Work: 1 FTE per 40 youth
- Administration: B.S. or A.A.; Security supervisor

MJTC philosophy

- Grounded in the Control Theory of Sampson and Laub, and Defiance Theory of Larry Sherman.
- Crime occurs when bonds to conventional society (i.e. school, job, role in society), are broken or strained.
- Deterrence only works with socially bonded people.
- Improved social bonds decreases violence and increases the chances of desistance.

MJTC guiding principles

- Effective behavioral programming is conditioned on social bonding.
- Attitudes / behavior are socially constructed; they come out of a social context, not the kids internal traits.
- Most delinquents have social / problem – solving / impulse control skills, they are just adapted to a criminal lifestyle.
- Front – line staff interactions are more important than therapy sessions.

Programming principles

- First: teenagers are short-sighted, concrete, impulsive, emotional, & self-centered. So getting them involved in treatment requires:
 - Immediacy; has to pay off fast.
 - Fairness, which requires:
 - Transparency
 - Predictability
 - Equity
 - Achievability; has to appear doable and rewarding to the youth.

Today – Tomorrow program

- Behavioral point program
- Staff award points using several scales (Rule compliance, school / group participation, peer and adult interactions), with clearly observable benchmarks.
- Points today = privilege level tomorrow
- Several good levels = rapid increase in privileges.
- Results are always available in graphic form.

Behavioral assessment

- Scales are rated at the end of each shift.
- Staff discuss ratings as a group (include psychologists, SW, psychiatrist, RN)
- Results are entered into a computer database and are immediately available.
- Close the loop, has to mean something for the staff, not just the kid.

Cost-benefits of MJTC

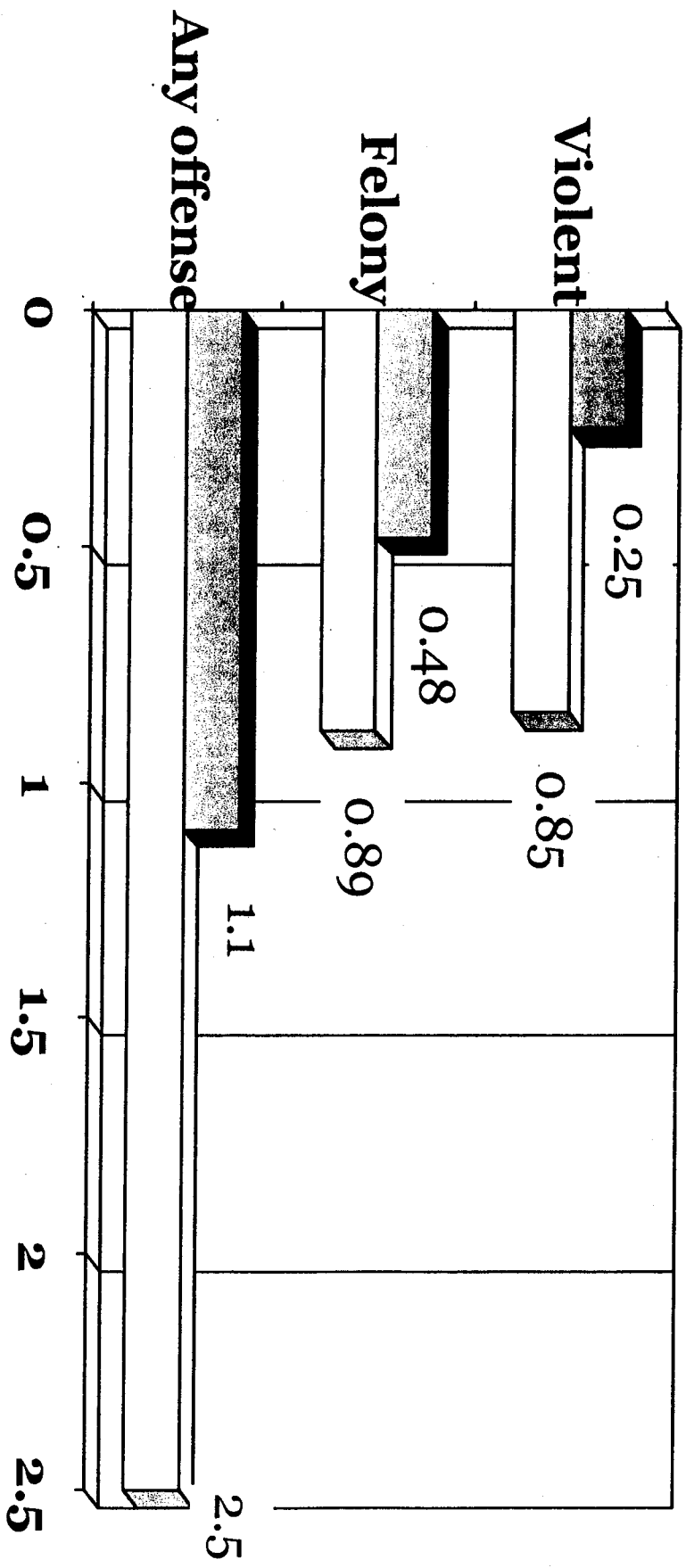
- Studied outcomes for 147 “comparison” youth that were assessed on MJTC but treated with the usual JCI services vs. 101 “treatment” youth that got most of their services on MJTC.
- Pre-treatment variables coded from clinical and corrections records on admission to MJTC.
- Criminal charges were collected from open Circuit Court records.
- Followed for an average of 55 months after release (range = 18 to 78 months).

Propensity Analysis

- The potential for subtle bias in the non-random assignment samples controlled for with propensity analysis.
- The procedure involves generating a mathematical model of the exposure to treatment that (hopefully) quantifies any bias.
- We then matched (yoked) treatment and comparison kids based on their propensity scores (a nearest neighbor matching strategy).

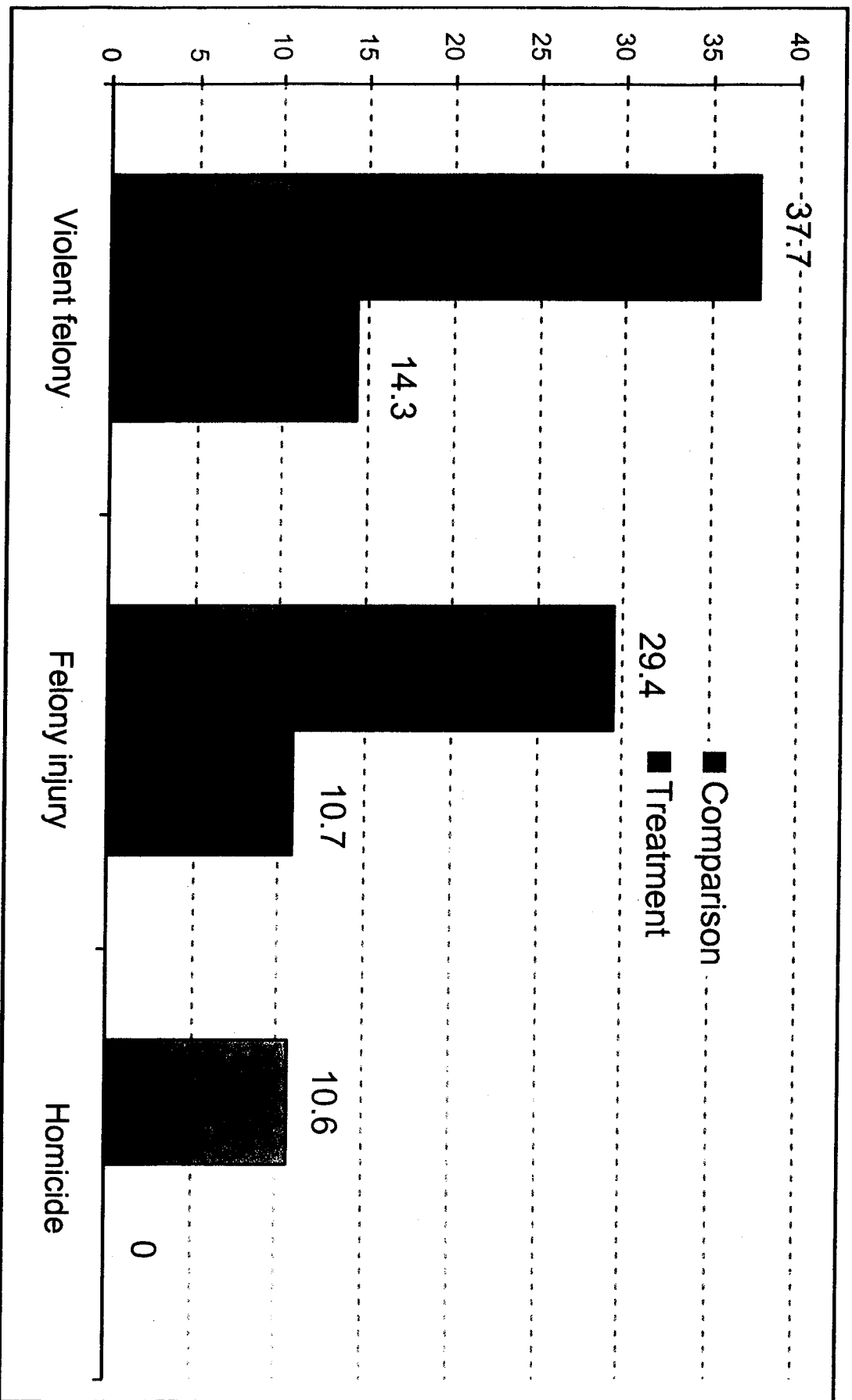
Mean Incidence of Offending

(per youth)



□ Comparison ■ Treatment

Prevalence of severe violence



Impact of treatment on offending

- Despite having a lower incarceration rate (and therefore more time at risk), MJTC treated youth had been charged with significantly fewer offenses in each category.
- Significantly fewer treated youth were charged with misdemeanor, felony, violent and violent felony offenses. In summary:
 - Fewer youth were charged and
 - Fewer crimes were committed by treated youth

Mean days of incarceration

	MJTC	Juv. Corr.	Ins. Total
Comparison	148.6	578.4	727
Treatment	354.1	221.9	576

Costs per day

MJTC	Juv. Corr. Ins.
\$345.00	\$179.24

Cost-benefits of treatment

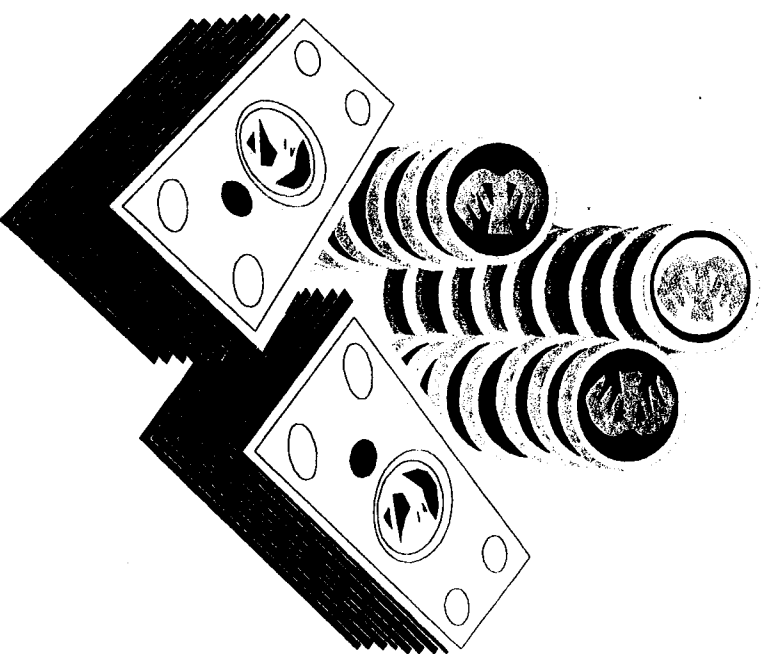
- Per diem costs of MJTC beds are nearly double the usual JCI beds.

But actual treatment costs per treatment youth was \$7,014.44 less than 5 % more than the comparison youth because better institutional adjustment = shorter length of stays.

Prison costs to date per youth

(To August 1, 2003)

- Actual costs up to 8/1/2003.
- The mean treatment group prison costs equals \$5,152.90
- The mean comparison group prison costs equals \$47,366.97
- The mean treatment group member cost \$42,214.07 less



Prison costs

- The treatment group had significantly fewer violent offenses and significantly longer survival times
- Thus they had far fewer and shorter prison terms.
- They also tended to be placed in lower security (and cheaper) prisons.

Cost efficiency of treatment

- The cost - benefit ratio of MJTC as compared to the usual treatment is over 7.18 to 1 (a return of \$7.18 on every \$1 invested).

- The total savings returned on the initial investment of \$7,014.44 for each treated youth over 4.5 years is just short of 160 % per year.

- Adding crime victim costs would raise this to \$320,000.00 per youth (a 1,014% annual return).

Return on \$10,000.00 investment

