



**The PLL Performance Group
Response to:**

**State of Michigan
Social Impact Bonds—Pay for Success Based Financing
Request for Information
Project Number: #0071141113B0000535**

Response to State of Michigan Request for Information regarding Social Impact Bonds PLL Performance Group

EXECUTIVE SUMMARY

The PLL Performance Group, which is the partnership of VisionQuest National Ltd, the North American Family Institute (NAFI), and Parenting with Love and Limits (PLL), will be submitting to provide PLL, Functional Family Therapy (FFT), and Aggression Replacement Therapy (ART) to at-risk youth in the State of Michigan. In particular, PLL will be used as a *reentry service to youth in residential placement* as well as an *alternative to placement* service to crossover and probation youth, FFT will be used as an alternative to placement service to probation youth, and ART will be used primarily as diversion for probation youth and as an additional transitional service for residential youth returning to the community. Depending on State priorities the PLL Performance Group could serve all or some of the indicated populations. FFT, ART, and PLL have net costs savings per youth of \$173,688, \$175,422, and \$196,680 respectively. The proposed pilot will serve 1,026 youth annually with a cost of \$4,557,840 per year and a resulting annual savings of \$164,339,400 per year. Over the course of six years, the pilot would serve approximately 6,156 youth with a total savings over six years of up to \$986,396,400 with costs of \$27,347,040 in total. The bulk of these savings is drawn from diversion and is based on the assumption that all youth will be diverted from residential placement. This is because no cost data could be found for probation or other community based services that youth could be referred to, which would cost less than residential placement and therefore present a lesser cost savings. As this process moves forward, the PLL Performance Group would be happy to work with the state to access more accurate numbers and determine true cost savings.

The PLL Performance Group has previously partnered with the non-profit Pay for Success expert Third Sector Capital Partners as an intermediary for the Social Impact Bond RFI's in Colorado and Denver, and sees Third Sector as a potential partner for deal construction and financial arranging in Michigan as well. The PLL Performance Group is open to partnering with local FFT and PLL providers to become partners in providing FFT and PLL services in the State of Michigan. Both VisionQuest and NAFI are preferred providers of PLL with several years of experience in implementing the models successfully in a variety of settings (urban, suburban, and rural). VisionQuest is also the largest private provider of FFT in the United States and has attained exceptional outcomes across the country. VisionQuest and NAFI will be providing direct services (along with the local providers) and, as an experienced collaborative intermediary working with a separate intermediary for financial arranging, will offer a layer of oversight and assistance to all the sites proposed in Michigan.

BACKGROUND

VISIONQUEST

Throughout its forty-year history, VisionQuest has served a population including dependent and delinquent adolescents with mental and behavioral health needs, families experiencing dysfunction, youth with histories of delinquent and maladaptive behaviors, and youth needing treatment and services after experiencing trauma in their lives. In the past four decades, VisionQuest has served over 75,000 youth with great success.

Kids are safe, valued, and honored;
Families are respected and supported;
Staff are trained, supported, and appreciated;
Communities are protected, impacted, and involved.

VisionQuest currently operates in eight states to provide a full continuum of care to address the holistic needs of youth and families from both child welfare and juvenile justice systems. VisionQuest incorporates evidence-based and evidence-supported practices—including trauma-informed care and gender-specific curricula—in its service offering.

Pete Ranalli is the Chief Executive Officer of VisionQuest, and began working for the company in 1976 as a direct care staff person. He eventually took over as the Director of Operations in Pennsylvania. Under his leadership, VisionQuest's services in Pennsylvania grew, offering the most programs of any state nationwide. Pete has served as President and became CEO in 2008. As Chief Executive Officer, Pete is responsible for the setting VisionQuest's strategic direction and vision; creating and maintaining a positive company culture; and building the senior management team

Peter Greenwood, Ph.D., the Executive Director of Advancing Evidence Based Practice, President and CEO of Greenwood & Associates, and a member of VisionQuest's Board of Directors, has been chosen to be a consultant for this Social Impact Bond project. For many years he directed the RAND Corporation's Criminal Justice Research Program. He has published widely in the areas of violence prevention, juvenile justice, criminal careers, sentencing, corrections and law enforcement policy. He and several RAND colleagues pioneered the use of cost-benefit studies to measure the effectiveness of alternative violence prevention strategies. His most recent book about violence prevention, *Changing Lives: Delinquency Prevention as Crime-Control Policy* was published by the University of Chicago Press in 2006.

NORTH AMERICAN FAMILY INSTITUTE (NAFI)

North American Family Institute, Inc. (NAFI) is a private nonprofit human services agency, registered in Massachusetts, with a 39-year history specializing in care for children, youth, and adults with emotional and/or behavioral problems. NAFI operates in nine states with a coordinated network of close to 100 programs. Although born in Massachusetts, NAFI has grown steadily through the years and has created regional offices to better serve the needs of local communities.

NAFI has been in the forefront of providing services for adolescents with a history of delinquency since its inception in the 1970s, when many states initiated sweeping reforms to privatize services for youth in the juvenile justice system. NAFI became one of the original providers to develop community-based alternatives that created program services based on methods of peer empowerment, group work, accountability for actions and recognition of achievement. NAFI has pioneered and successfully operated juvenile justice services since its inception. Today, NAFI operates programs for court-involved youth including detention/assessment facilities, short and long-term group homes, residential treatment programs, independent living and aftercare throughout the east coast from Vermont to Florida. Every NAFI program strives to reintegrate its graduates to their families and local resources as efficiently and successfully as possible. NAFI maintains a high expectation for individualized services that are matched to needs, gender responsive, culturally competent and delivered in an emotionally and physically safe environment.

Hildy Paris is the Chief Operation Officer of NAFI, and began her career in juvenile justice in 1978 working in numerous senior level positions in the Massachusetts Department of Youth Services. She served as the Deputy Director to the Commissioner as well as the Director of Administration and Finance. She joined North American Family Institute (NAFI) in 1989 and first held the position of Executive Director for one of the subsidiary organizations. Currently she serves as the Chief Operating Officer for the parent company. Since joining NAFI, the agency has grown from a \$14M organization to a \$90M revenue stream. Over the past seven years the organization has moved from primarily residential care to more than half of its services now being evidence based community services, foster care and outpatient care. As Chief Operating Officer, Hildy is responsible for setting NAFI's strategic vision and implementation and the oversight of four subsidiary operations. Hildy received her BA from Hampshire College and her MEd from Boston University. She is also a licensed MSW.

PLL PERFORMANCE GROUP

For over five years, the North American Family Institute (NAFI) and VisionQuest have been working together informally and formally to deliver effective evidence-based services to at-risk youth. Both VisionQuest and NAFI were founding members of the Association of Advancement of Evidence Based Practice, and the two organizations' like-mindedness and ability to work well together has led them to partner for a variety of opportunities. In the past two years, NAFI and VisionQuest have formally partnered with a proven, evidence based service called Parenting with Love and Limits (PLL), the resulting company titled the PLL Performance Group (PPG). The leaders of both NAFI and VisionQuest saw the value in Parenting with Love and Limits, an evidence-based reentry program, and consequently created a partnership to disseminate this service. Since these providers are intimately aware of the processes needed to implement PLL at full scale, they are better equipped to do so than the typical provider who is not experienced with this modality. Together the groups not only offer expertise in managing PLL, but also FFT and ART.

TECHNICAL REQUIREMENTS

The PLL Performance Group intends to serve at-risk youth in Wayne, Oakland, and Macomb counties, with the potential of scaling up to other counties in the southeastern part of the state.

The proposed programs will serve a total of 420 youth through FFT, 300 through ART, 90 through PLL Reentry, and 216 through PLL Alternative to Residential Placement—a total of approximately 1,026 youth annually for the six years of the proposed pilot intervention program. The youth will be drawn from the three targeted populations outlined below—residential, probation, and crossover.

AVAILABILITY OF PERFORMANCE MEASURES FOR ASSESSING OUTCOMES

RESIDENTIAL

Target Population: While Michigan has significantly reduced the number of youth in residential, closing all but three of its residential facilities in the past 10 years,¹ there are still significant costs, both financial and social, that are linked to residential placement. At the close of CY2010, a total of 4,328 juveniles were placed in residential facilities. Of those, 2,997 were placed in

¹ <http://www.senate.michigan.gov/sfa/publications%5Cissues%5Cresidentialjuvenilecases%5Cresidentialjuvenilecases.pdf>

in-State, private facilities (69%), 934 in adult prison (22%), 218 in public facilities (5%), and 179 in out-of-State facilities (4%).² This includes Wayne County's population.³

The PLL Performance Group proposes to serve the youth originating from Wayne, Macomb, and Oakland counties who are placed in private residential facilities as well as in the state secure facility, Maxey. The evidence-based intervention to be used is PLL Reentry, which is a family-focused aftercare program that begins while the youth is in residential and continues 3+ months post discharge from his or her residential placement. The main requirement to be admitted to PLL is having some family structure to return to, whether it is biological, kinship, adopted, or foster.

PLL Reentry is provided for youth who are in a residential placement and their families to facilitate re-entry back to the home and community. The therapist and case manager begin working with the family the day a youth is adjudicated—or even before, when possible. With video conferencing technology, this program is able to work with youth who are placed far from home or even out of state. Regardless of where the youth is, the Therapist and Case Manager work in the local community, meeting with parents and families in person. Parents participate in weekly parent groups with other parents for 6 weeks. They cover the following topics: 1) Understanding Why Your Teen Misbehaves; 2) Button-Pushing; 3) Ironclad Contracting; 4) Troubleshooting; 5) Stopping the Seven Aces; and 6) Reclaiming Lost Love. Family therapy sessions while the youth is in placement are conducted either via videoconference or in person depending on the location of the youth's placement, and include an emphasis on trauma-informed care. The PLL Team, along with each youth and family, develop a plan for the youth's return home. Family therapy sessions continue when the youth returns home.

A unique wraparound technique that PLL Reentry implements is the Community Based Action Team (CBAT). The case manager seeks community groups as well as the youth's personal contacts that will act as protective factors for the youth. CBAT teams can consist of job placement coordinators, school counselors, substance abuse counselors, faith-based organizations, leaders from the YMCA or the YWCA, probation officers, and vocational trainers. Additionally, each youth will have "youth specific" members such as an uncle, a coach, the youth's pastor, etc. that are involved in the exit planning, some of whom may have a specific role upon youth's return home.

Current Trends and Future Expectations

A study done by the College of Criminology and Criminal Justice on a population of 2,379 youth who were released from residential treatment in Michigan between January 1, 2002 and December 31, 2005. According to this study, the recidivism rate as measured by felony arrest was 37% at two years after release from the last DHS residential placement, and the recidivism rate as measured by felony conviction was 22%.⁴ No data was provided for recidivism as measured by misdemeanors or contacts with the system, but the data given grants a baseline to determine how recidivism can be reduced. The PLL Performance Group, through the service of PLL Reentry, proposes to reduce the current recidivism rate by 5%, which in turn would prevent significant residential facility costs as well as court costs.

The Justice Research Center studied a PLL Reentry program in Indiana, comparing recidivism outcomes for a 153-youth PLL cohort and a 153-youth matched sample who received standard reentry programming. Highlights include that PLL reentry youth completed services significantly earlier than comparison group youth while still outperforming the control group in all five recidivism measures: re-arrest; felony re-arrest; re-conviction; felony re-conviction; and juvenile commitment. Please see Attachment 1 for more information.

Through the study in Indiana, as well as in other studies, PLL Reentry has successfully and safely reduced a youth's length of stay in residential placement. This "earned release" requires the approval of judges, probation officers, the PLL team, and the family. It have proven to create better outcomes for youth by returning them to their communities and families sooner, better outcomes for the community due to a reduced recidivism rate and therefore a reduction in crime, and better financial outcomes for the state. The current average length of stay in state residential facilities is 395 days, and in private facilities, 350 days.⁵ The PLL Performance Group proposes reducing that length of stay by 2 months (60 days) while maintaining the outcome of a 5% recidivism reduction.

² The number of juveniles sentenced to adult prison is based on point-in-time data as of June 2011. Data on the other facilities represent the total number of youths who were at detained in a residential facility during FY 2009-10.

³ <http://www.senate.michigan.gov/sfa/publications%5Cissues%5Cresidentialjuvenilecases%5Cresidentialjuvenilecases.pdf>

⁴ This was from a total population of 2,382 youth who were released from residential treatment between January 1, 2002 and December 31, 2005. The study tracked offenders for varying lengths of time due to differing dates of release grouped by calendar years. Recidivism data was calculated at one year intervals. Source:

<http://www.criminologycenter.fsu.edu/p/nationalDataClearinghouse/State%20Documents/Michigan/Michigan%20-%20DHS-BJJRecidivism.pdf>

⁵ Source: Carley, F. "A Comparison of Michigan's Residential Placement Options for Juvenile Delinquency Cases." *Issue Paper*. May 2012. P. 8.

Target Population:

Probation is a key place to divert youth who are otherwise on their way to residential commitment. The PLL Performance Group proposes Aggression Replacement Training (ART), Functional Family Therapy (FFT), and Parenting with Love and Limits Alternative to Placement (PLL ATP) as appropriate evidence based modalities to resolve issues while youth are on probation so that they do not enter congregated or residential care. As can be seen in the “Clear and Identifiable State Budgetary Savings” section below, residential services cost taxpayers exponentially more than FFT and PLL services. FFT also provides a drug and alcohol component to respond to drug and alcohol related needs in the juvenile probation population.

A disproportionate number of **crossover youth** are youth of color and girls, and the population as a whole generally requires a more intense array of services and supports than other youth known to each system individually. While the exact number of crossover youth may vary across jurisdictions, research has established that youth who have been maltreated are more likely to engage in delinquent behavior. A recent study by Chapin Hall has also increased our knowledge about one segment of this population, finding that 10% of all youth who leave the juvenile justice system in Illinois enter the foster care system after their release.⁶ To meet the needs of this population, the PLL Performance Group proposes PLL ATP, which has had experience and successful outcomes with child welfare and foster care youth.

In summary, the PLL Performance Group intends to use Functional Family Therapy (FFT), PLL Alternative to Placement (PLL ATP), and Aggression Replacement Training (ART) for probation and crossover youth to both divert youth from residential care and to prevent youth from returning to the justice system. Specifically, the PLL Performance Group proposes 2 PLL ATP teams, 1 FFT team with 4 therapists, and 1 ART team in each of the three counties proposed, for a total of 6 PLL ATP teams, 3 FFT teams, and 3 ART teams. Please see the section titled, “A Sufficient and Well Defined Participant Base” for more details on the scope of these programs.

Functional Family Therapy (www.fftinc.com) is an evidence-based, in-home therapeutic service that helps family members to strengthen their ability to work together and successfully solve problems concerning the family. FFT targets youth ages 11 to 18 that are having problems with delinquency, substance abuse, or violence. It is a front-end program that works to divert at-risk youth away from residential treatment entirely. Each family in the program meets weekly in their home with a trained FFT therapist. With the therapist’s support, family members identify issues of concern. During these meetings, the therapist assists the family to strengthen bonds, identify issues, learn new problem-solving strategies, and implement solutions. Ultimately, the family members gain skills that can be used to successfully solve future problems that may arise. Research has shown that participation in FFT not only produces positive results for the targeted child, but it also has beneficial impacts on the development of younger siblings.

FFT is one of the original Blueprint programs and is currently one of only 10 model programs.⁷ To learn more about FFT, please see Attachment 2.

Aggression Replacement Training is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. ART sessions are divided into three components—social skills training, anger-control training, and training in moral reasoning. Social Skills Training uses modeling, role-playing, and performance feedback. During anger-control training, youth share stories of recent times of anger, and throughout the sessions, youth learn skills to control their angry impulses. Moral reasoning teaches youth to more accurately identify justice in the world and to enhance their sense of fairness. Staff and youth discuss different problems while taking perspectives other than their own. The goal is to help youth identify errors in their thinking, and help them learn how to think differently and see situations differently so they can respond more appropriately in the future. The program consists of 10 weeks (30 sessions) of intervention training. Youth attend a one-hour session in each of these components each week. Adaptations of this model are available for youth with time constraints or for make-up reasons. All groups are facilitated by two staff members. The groups are “closed,” requiring that the same group must start and finish together.

PLL Alternative to Placement is similar to PLL Reentry (see above), except that the service duration is shorter (70-90 days) and the number of families that can be reached is larger (36 families per year, versus 30 families per year). The program targets youth (ages 10 to 18) who are at high risk for residential placement, repeat technical or violations of probation and youth with conduct disorders and/or dual-diagnoses and co-occurring disorders, including Social Emotionally Disturbed youth and substance abuse. The overall goal of the intervention is to quickly and efficiently stabilize the family to: (a) Prevent

⁶ <http://cjr.georgetown.edu/pm/cypm.html>

⁷ <http://www.blueprintsprograms.com/allPrograms.php>

Foster Care Placement and/or (b) Prevent Residential or Detention Placement. PLL is family-focused and family intensive, and like PLL Reentry, this program provides group therapy for parents and youth as well as family therapy for each individual family.

Current Trends and Future Expectations

In 2012 in Oakland County, 2,443 new juvenile delinquency cases were filed.⁸ In 2012 in Macomb County, the Juvenile Division processed 2,276 delinquency petitions.⁹ In 2009 in Wayne County, a total of 12,791 youth were served.¹⁰ These three counties were chosen because of their large populations as well as their significant need—in 2011, Wayne County had a juvenile crime rate of 21.73 per 1,000 youth, Macomb County had a rate of 13.14 per 1,000 youth, and Oakland County's rate was 15.89 per 1,000 youth.¹¹ Moreover, in 2009 the Michigan Incident Crime Reporting System listed Oakland, Wayne, and Macomb counties in the top ten counties with the most juvenile arrests.¹²

The PLL Performance Group intends to prevent medium to high risk youth in the probation system from entering residential care via the diversionary programs FFT, PLL ATP, and ART. Moreover, the PLL Performance Group intends to reduce the number of youth who are returning to probation by 5%.

Assessing Outcomes

The PLL Performance Group employs PLL dashboard software that tracks data and outcomes for participants and is instantly searchable and able to provide trending reports; FFT has an internal tracking system; and VisionQuest and NAFI have internal data compliance departments which include monitoring of all programming including PLL, FFT, and ART. Time duration considerations include one year for length of stay metrics and 3 years for measurement of recidivism. Specific outcomes to be measured in the contract include:

- PLL: Current average length of stay for youth versus length of stay for PLL youth measured over one year, and current recidivism rate versus recidivism for PLL youth (requires state cooperation releasing commitment information of youth for comparison data).
- FFT: Current recidivism rate versus recidivism for PLL youth (which would require state cooperation in releasing commitment information of PLL youth and other youth for comparison data).
- ART: Current recidivism rate versus recidivism for PLL youth (which would require state cooperation in releasing commitment information of PLL youth and other youth for comparison data).

Regardless of the final outcome measurements agreed upon, the evaluation methodology should rely on administrative data available for all youth in the targeted populations, with certain prescribed exclusions. The PLL Performance Group recommends that for the purposes of measuring impact certain youth could be excluded from the analysis, such as individuals with mental health issues that make them unable to respond to cognitive-behavioral or family-system interventions. We also suggest that a means of incorporating counterfactuals into the measures of impact be devised using one or a blend of three counterfactual approaches—self to self comparison, cross-site comparison, or random assignment which could be used in conjunction with other approaches.

STRONG EVIDENCE BASE

RESIDENTIAL

Research has shown that residential placement, especially prolonged placement, can do more harm for youth by indoctrinating them to the violent and harmful behaviors of their peers. Staying in residential long term has actually been proven to have no effect on reducing future offending or reoccurrence of maltreatment.¹³¹⁴ Instead, "maintaining gains" after discharge appeared to be associated with the three key factors of: (1) the extent that the youth's family is involved in the treatment process before discharge (for example, in family therapy); (2) the stability of the place where the child or adolescent lives after discharge; and (3) the availability of aftercare support for the youth and his/her family post-discharge."¹⁵ Research has consistently demonstrated that any gains made by the youth in residential facilities will quickly evaporate following

⁸ Data on probation cases was not found. Source: <http://www.oakgov.com/courts/circuit/Documents/annual-reports/2012-ann-rept-full.pdf>

⁹ http://www.macombcountymi.gov/circuitcourt/documents/16thCircuitandMacombProbateAnnualReport2012_000.pdf

¹⁰ <http://www.acgov.org/probation/documents/WayneCountyReforms.pdf>

¹¹ Juvenile arrest data are from the Michigan State Police. Population data are from Puzanchera, C., Sladky, A. and Kang, W. (2011). "Easy Access to Juvenile Populations: 1990-2011." Online. Last modified November 17, 2011, accessed October 20, 2013. Available: <http://www.ojdp.gov/ojstatbb/ezapop/>.

¹² Recidivism rates specific to youth who were in the probation population could not be found for this proposal, but the PLL Performance Group, if granted the opportunity to discuss its proposal further with the State of Michigan, would work with the state to find what the most current recidivism rates are, and then propose to reduce those rates by at least 5%.

¹³ <http://michigancommitteeonjuvenilejustice.com/site-files/files/Documents/2012JuvenileArrestAnalysisReportVol1.pdf> p. 26.

¹⁴ Loughran, T.A., E.P. Mulvey, C.A. Schubert, J. Fagan, A.R. Piquero, & S.H. Losoya. 2009. Estimating a Dose-Response Relationship Between Length of Stay and Future Recidivism in Serious Juvenile Offenders, *Criminology*, Vol. 47, No. 3, 2009.

¹⁵ Hair, H.J. 2005. Outcomes for Children and Adolescents After Residential Treatment: A Review of Research from 1993 to 2003, *Journal of Child and Family Studies*, Vol. 14, No. 4: 551–575.

release if they return back to the same disorganized and unchanged family and community where it is easy to slip back into the old habits that resulted in placement in the first place.¹⁶ Because of this, the PLL Performance Group is proposing PLL Reentry, a family-focused reentry program to help youth return home not only more quickly, but also with greater success and lower rates of returned involvement with the system.

PROBATION/CROSSOVER

The Annie Casey Foundation has stated for years that incarcerating youth does not provide positive outcomes, and is more harmful than helpful for the majority of youth who find themselves in residential care. The Foundation writes that “while a small number of youthful offenders pose a serious threat to the public and must be confined, incarcerating a broader swath of the juvenile offender population provides no benefit for public safety. It wastes vast sums of taxpayer dollars. And more often than not, it harms the well-being and dampens the future prospects of the troubled and lawbreaking youth who get locked up. Other approaches usually produce equal or better results—sometimes far better—at a fraction of the cost.”¹⁷ Incarceration has also been linked to the detriment of long-term youth success, the National Longitudinal Youth Survey finding that “incarceration at age 16 or earlier led to a 26 percent lower chance of graduating high school by age 19.”¹⁸ Because of this, the PLL Performance Group proposes to provide Functional Family Therapy, PLL Alternative to Placement, and Aggression Replacement Training as a comprehensive diversion plan for youth in Macomb, Oakland, and Wayne counties.

PLL Evidence: The Justice Research Center conducted a quasi-experimental design study to assess the effectiveness of PLL re-entry services compared to standard juvenile aftercare interventions in St. Joseph County, Indiana. Recidivism outcomes were compared for a sample of 306 youth, comprised of 153 youth who completed PLL re-entry services and a matched cohort of 153 youth who completed standard re-entry programming in the study site. Highlights from the evaluation include: PLL re-entry youth completed services significantly earlier than comparison group youth; across all five recidivism outcome measures, PLL re-entry services outperformed the matched sample; and youth completing PLL services were significantly less likely than youth completing traditional re-entry services to be arrested or re-adjudicated for a felony offense within 12 months of program completion.

More recently, the independent research company, Hornby Zeller Associates, Inc. (HZA) did a study on PLL Alternative to Placement in Champaign County, Illinois. HZA found that 72% of all families completed the program voluntarily, the recidivism rate for PLL youth was significantly lower than the matched control group when measured by adjudications, charges, and contacts, and families achieved all of these outcomes during a shorter length of service than the historical averages for both probation (88.7 vs. 600 days) and community mental health (110.3 days vs. 210 days).

Parenting with Love and Limits is an evidence-based reentry program recognized by the OJJDP (one of only four models listed on OJJDP’s Reentry page)¹⁹; SAMHSA²⁰, the Promising Practices Network on Children, Families, and Communities²¹; and the California Clearinghouse²². Please see Attachments 1 and 2 for more information on study outcomes and costs savings regarding PLL.

FFT Evidence: The program with the largest number of evaluations, in various types of settings, is **Functional Family Therapy**. At the time the FFT Blueprint was published in 1998, there had been 14 evaluations of the model demonstrating its effectiveness. Since that time, FFT has been replicated in hundreds of sites, with the state of Washington conducting a statewide randomized trial involving 36 therapists.”²³ Please see Attachment 3 regarding FFT outcomes.

ART Evidence: At a Residential Treatment Program in Erie, PA, a study on ART was conducted in 2011 to determine the effectiveness of ART on that population. The study found that out of the 208 clients, all of who had a previous history of residential placement, 75% did not get re-placed twelve months after completing the program. The majority (N=171) of clients did not reoffend, indicating a 93% success rate.²⁴

¹⁶Deschenes, E.P., and Greenwood, P.W. 1998. Alternative placements for juvenile offenders: Results from the evaluation of the Nokomis Challenge Program. *Journal of Research in Crime and Delinquency* 35(3):267–294.

¹⁷http://www.aecf.org/OurWork/JuvenileJustice/~media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ_NoPlaceForKids_Full.pdf p. 3.

¹⁸http://www.aecf.org/OurWork/JuvenileJustice/~media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ_NoPlaceForKids_Full.pdf, p. 12. Original Source: Hjalmarsson, Randi, “Criminal Justice Involvement and High School Completion,” *Journal of Urban Economics*, Vol. 63, No. 2, 2008.

¹⁹<http://www.ojjdp.gov/mpg/reentry.aspx?continuum=reentry>

²⁰<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=45>

²¹<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=463>

²²<http://www.cebc4cw.org/program/parenting-with-love-and-limits/detailed>

²³Baranowski, 2002 in Greenwood, P. *Changing Lives*. P. 82.

²⁴Educational and Residential Services. “Residential Treatment Program Comparison and Analysis Through December 2011” Erie, PA, page 5.

SUFFICIENT AND WELL-DEFINED PARTICIPANT BASE

Please see Table 1: Location and Scope of Modalities Proposed to learn how many youth are served by each model.

Table 1: Location and Scope of Modalities Proposed

County	Modality	Total Population ²⁵	Number of Teams and Therapists Required	Population to be Served by Modalities
Wayne	PLL Reentry	Residential- 3,215 (2,997 In-state private residential plus 218 public residential)	1 team, with 1 Masters Level Clinician and a Masters Level Case Manager	About 30 youth per team per year, for a total of 30 youth (<i>total youth served by PLL in Wayne equals 102</i>)
	PLL ATP	Probation/Crossover- 12,791	2 teams, with 1 Masters Level Clinician and 1 Masters Level Case Manager	About 36 youth per team per year, for a total of 72 youth per year (<i>total youth served by PLL in Wayne equals 102</i>)
	FFT	Probation- 12,791	1 team, with 4 FFT Masters Level Therapists	About 140 youth
	ART	Residential and Probation: 12,791 in probation, 3,215 in residential	1 team with 4 staff ²⁶	About 100 youth
Oakland	PLL Reentry	Residential- 3,215 (2,997 In-state private residential plus 218 public residential)	1 team, with 1 Masters Level Clinician and a Masters Level Case Manager	About 30 youth per team per year, for a total of 30 youth (<i>total youth served by PLL in Oakland equals 102</i>)
	PLL ATP	Probation/Crossover- 2,443	2 teams, with 1 Masters Level Clinician and 1 Masters Level Case Manager	About 36 youth per team per year, for a total of 72 youth per year (<i>total youth served by PLL in Oakland equals 102</i>)
	FFT	Probation- 2,443	1 team, comprised of 4 FFT Masters Level Therapists	About 140 youth
	ART	Residential and Probation: 2,443 in probation, 3,215 in residential	1 team with 4 staff	About 100 youth
Macomb	PLL Reentry	Residential- 3,215 (2,997 In-state private residential plus 218 public residential)	1 team, with 1 Masters Level Clinician and a Masters Level Case Manager	About 30 youth per team per year, for a total of 30 youth (<i>total youth served by PLL in Macomb equals 102</i>)
	PLL ATP	Probation/Crossover- 2,276	2 teams, with 1 Masters Level Clinician and 1 Masters Level Case Manager	About 36 youth per team per year, for a total of 72 youth per year (<i>total youth served by PLL in Macomb equals 102</i>)
	FFT	Probation- 2,276	1 team, comprised of 4 FFT Masters Level Therapists	About 140 youth
	ART	Residential and Probation: 2,276 in probation, 3,215 in residential	1 team with 4 staff	About 100 youth

ABILITY TO TAKE INITIATIVE TO SCALE

Given the years of experience both VisionQuest and NAFI have with implementing PLL, FFT, and ART, and given the strategic partnership these providers have with each model developer, the chances of success in implementing these models is high. The PLL Performance Group is able and willing to expand all of these initiatives to serve more counties in southeastern Michigan.

Moreover, there is currently a PLL site that provides both alternative to placement services and reentry services in Berrien County. Services are provided by Family Empowerment Services, of which John Wells is the sole LLC owner. According to Mr. Wells, the PLL front end (ATP) site has been very successful in diverting youth from the court system, and PLL Reentry has made significant gains in reducing recidivism rates. Mr. Wells states that this is the first residential program in Michigan that is

²⁵ Residential populations represent the whole state of Michigan, not specific counties. Data was not found for the number of youth in residential that were referred from specific counties.

²⁶ Staff could be teachers that the PLL Performance Group trains, or outside staff that travel to the school to deliver services

closely involved with families while the youth is in placement.²⁷ Due to the success of the PLL site in Berrien County, as well as the experience both VisionQuest and NAFI have in delivering PLL, it is expected that the process of expanding PLL services will be relatively straightforward and that the providers will be prepared for any implementation barriers that may arise. VisionQuest and NAFI are also interested in partnering with local providers in Wayne, Macomb, and Oakland counties to provide FFT, ART, and PLL services.

As mentioned in the section titled, “Availability of Performance Measures for Assessing Outcomes,” VisionQuest and NAFI both have developed compliance departments, and utilize the outcome tracking devices designed for FFT and PLL services. These layers of oversight will ensure that services are delivered with fidelity and ensure the proper implementation and follow up of all new PLL, FFT, and ART sites.

CLEAR AND IDENTIFIABLE STATE BUDGETARY SAVINGS²⁸

F. Carley, Fiscal Analyst, states that “while an estimated 26% of the youths in juvenile delinquency cases are placed in residential facilities, these placements make up the most significant proportion of the total juvenile justice spending.”²⁹ In the same paper, Carley notes the costs of residential placement, stating that “based on FY 2009-10 figures, the total per diem costs are estimated to range from \$342.0 million to \$503.3 million – including residential and community-based placements and adult prison. Total spending on the per diem costs of residential placements alone is estimated at \$342.0 million.”³⁰ Residential costs as they relate to public and private residential placements are detailed below in Table 2.

Table 2: Current Michigan Residential Costs

Comparison of Per Diem Costs Secure Residential Placements³¹

	Public: Shawono	Public: Bay Pines	Public: Maxey	Private: Average of Wolverine and Spectrum ³²	Adult Prison
Base Per Diem Costs	\$473	\$385	\$667	\$301	\$87*
Average Placement in days	395	395	395	350	2,555**
Estimated Cost Per Individual Placement³³	\$186,800	\$152,100	\$263,500	\$105,400	\$222,300
Estimated State Share of Costs	\$93,400	\$76,000	\$131,700	\$52,700	\$222,300
*This figure includes both the base per diem rate and the average food and transportation costs for the Thumb Correctional Facility, where a substantial number of juvenile waivers are placed.					
**This figure is based on Department of Corrections data, which show that seven years is the average sentence of the top five sentences as of February 2012.					

PLL Reentry Savings:

Recidivism Savings: PLL Reentry has the potential to reduce recidivism by 5% or more, lowering the population in residential and lowering the costs to the state. As reported above, the current recidivism rate as measured by felony arrest is 37% at two years after release from the last DHS residential placement, and the recidivism rate as measured by felony conviction is 22%.³⁴ Other statistics show a much higher involvement in the system, F. Carley reporting that 79% of the juveniles at Wolverine Buena Vista had three or more previous placements.³⁵ The cost of residential per day ranges from \$301 at private residential placements Wolverine and Spectrum, to \$667 per day at Maxey. With a length of stay of 350-395 days, preventing even one youth from residential placement will save the state and counties between \$105,400 and \$263,500.

If PLL Reentry serves 90 youth, the state standard of recidivism says that 37% of those youth will recidivate with a felony

²⁷ Wells, J. Personal Communication. 10/22/2013.

²⁸ This section includes averages of placement costs provided by the referenced sources. If the state could provide more accurate data, the PLL Performance Group can work to isolate the marginal costs for each individual youth in residential treatment instead of presenting an average cost.

²⁹ <http://www.senate.michigan.gov/sfa/publications%5Cissues%5Cresidentialjuvenilecases%5Cresidentialjuvenilecases.pdf>

³⁰ <http://www.senate.michigan.gov/sfa/publications%5Cissues%5Cresidentialjuvenilecases%5Cresidentialjuvenilecases.pdf> p. 6

³¹ Source: Carley, F. “A Comparison of Michigan’s Residential Placement Options for Juvenile Delinquency Cases.” *Issue Paper*. May 2012. P. 8.

³² Wolverine Family Services is a private facility serving the State, and Spectrum Family Services is a private facility serving Wayne County.

³³ Note- In the original source, the “Estimated Cost Per Individual Placement” row was rounded. In the narrative above, true values are used.

³⁴ This was from a total population of 2,382 youth who were released from residential treatment between January 1, 2002 and December 31, 2005. The study tracked offenders for varying lengths of time due to differing dates of release grouped by calendar years. Recidivism data was calculated at one year intervals. Source: <http://www.criminologycenter.fsu.edu/p/nationalDataClearinghouse/State%20Documents/Michigan/Michigan%20-%20DHS-BJJRecidivism.pdf>

³⁵ Carley, F. “A Comparison of Michigan’s Residential Placement Options for Juvenile Delinquency Cases.” *Issue Paper*. May 2012. P. 12

arrest (about 33 youth). If PLL reduces the recidivism rate to 32% (5% reduction) then only 28 youth will recidivate. **That 5% reduction represents a savings between \$527,000 and \$1,317,500 per year if each felony arrest results in a residential placement. This does not include savings related to court and attorney fees, as well as other costs to the state and community.**

Length of Stay Savings: By reducing the length of stay by just two months (60 days), the cost per youth at Maxey is reduced from \$263,465 to \$223,445, saving \$40,020 per youth. At private residential facilities, the reduction of the length of stay by two months reduces the cost per youth from \$105,350 to \$87,290, saving \$18,060 per youth. **If PLL Reentry serves 90 youth per year, PLL Reentry could save between \$1,625,400 and \$3,601,800 per year, depending on the placement of the youth.**

PLL ATP Savings:

PLL Alternative to Placement is a diversion program that prevents youth from entering residential placement. With its intensive focus on permanency and family reunification, and with its experience working with child welfare populations in South Carolina, PLL Alternative to Placement is an ideal program to reach the crossover youth population. Moreover, when comparing the cost of PLL versus the cost of residential, there are significant savings. The cost of PLL ATP per youth is \$9,310, whereas the cost of residential per youth for the average length of stay is \$176,950 (the average cost per service of the three public secure facilities and the two private facilities). **So, for every child diverted from residential stay to PLL ATP, the state and counties save \$167,640 per youth.**

Moreover, PLL ATP is able to reduce the number of youth returning to the juvenile justice system by 5%. While statistics for recidivism could not be found for this population, we assume statistics are lower, but comparable to the 37% recidivism rate for felony arrests. By reducing the recidivism rate by 5%, this saves the state considerable money in court, attorney, probation, and potentially residential costs.

FFT Savings:

According to the WSIPP study published in 2012³⁶, Functional Family Therapy costs an average of \$3,262 per youth, but saves both taxpayers and members of the program \$70,370. That's a net value of \$67,108, and a benefit to cost ratio of \$21.57. As Greenwood says in his book, *Changing Lives: Delinquency Prevention as Crime-Control Policy*, "the return on investment for taxpayer investments in well-managed MST and FFT programs is around \$7.50 for every dollar invested, which is a pretty good deal."³⁷

Given the average cost of \$176,950 for a residential placement in Michigan, for every youth diverted from a residential placement to FFT, the state and counties save \$173,688.

Moreover, FFT is able to reduce the number of youth returning to the juvenile justice system by 5%. While statistics for recidivism could not be found for this population, we assume statistics are lower, but comparable to the 37% recidivism rate for felony arrests. By reducing the recidivism rate by 5%, this saves the state considerable money in court, attorney, probation, and potentially residential costs.

ART Savings:

According to the WSIPP study published in 2012³⁸, ART costs \$1,508 per youth, but the benefits are monumentally higher. WSIPP calculated that the total benefits for every \$1,508 spent on a youth amount to \$62,947. Those benefits are for both members of the program, taxpayers, and other people in society, such as crime victims. According to WSIPP's calculations, the benefit to cost ratio for this program is \$41.75.

In Michigan, for every youth diverted from residential placement to ART, which costs on average \$176,950 per youth, the state and counties save \$175,422.

Moreover, ART is able to reduce the number of youth returning to the juvenile justice system by 5%. While statistics for recidivism could not be found for this population, we assume statistics are lower, but comparable to the 37% recidivism rate for felony arrests. By reducing the recidivism rate by 5%, this saves the state considerable money in court, attorney, probation, and potentially residential costs.

³⁶ Washington State Institute for Public Policy (2012). "Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, April 2012 Update.

³⁷ Greenwood, P. *Changing Lives*. P. 79.

³⁸ Washington State Institute for Public Policy (2012). "Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, April 2012 Update.

Table 3: Proposed Costs associated with the above program services outline.

Program	Cost per Team	Number of Teams	Start-Up Costs (Cost of First 2 months of Services)	Total Cost for Year 1	Total Cost for Years 2-6
Parenting with Love and Limits (Reentry and ATP)³⁹	\$279,300 for a team of 1 Masters Level Clinician and 1 Masters Level Case Manager	9 (3 in Wayne, 3 in Macomb, 3 in Oakland)	\$46,550	\$2,513,700	\$12,568,500
Functional Family Therapy (FFT)	\$481,380 for a team of 4 therapists	3 teams (1 in Wayne, 1 in Macomb, and 1 in Oakland)	\$80,230	\$1,444,140	\$7,220,700
Aggression Replacement Training (ART)	\$200,000 for a team of 4 staff	3 teams (1 in Wayne, 1 in Macomb, and 1 in Oakland)	\$32,833	\$600,000	\$3,000,000
Totals		Total Number of Teams	Total Start-Up Costs	Total Year 1 Costs	Total Years 2-6 Costs
		15	\$159,613	\$4,557,840	\$22,789,200 *

* Should the state wish to expand the program after year three when the first recidivism outcomes would be measurable for success, then this cost could be increase proportionally to serve additional areas in years four and on.

Table 4: Summary of Cost Benefits of Proposed Interventions described and documented below⁴⁰

Program	Cost per youth ⁴¹	Savings due to diversion per youth	Savings due to shortened length of stay per youth	Youth per year	Net Savings per Year	Net Savings total Pilot Project (Six Years) ⁴²
Functional Family Therapy (FFT)	\$3,438	\$173,688	n/a	420	\$72,948,960	\$437,693,760
Aggression Replacement Training (ART)	\$2,000	\$175,422	n/a	300	\$52,626,600	\$315,759,600
PLL Reentry	\$9,310	n/a	\$29,040 ⁴³	90	\$2,613,600	\$15,681,600
PLL ATP	\$9,310	\$167,640	n/a ⁴⁴	216	\$36,210,240	\$217,261,440
Totals				1,026	\$164,339,400	\$986,396,400

Table 5: Summary of Cost Benefits of FFT and ART as Determined by the Washington State Institute for Public Policy*

Program	Cost per Youth	Savings to tax payers & members of the program	Net Savings Benefit per Youth	Youth per Year	Net Savings per Year	Net Savings total Pilot Project (Six Years)
Functional Family Therapy (FFT)	\$3,262	\$70,370	\$67,108	420	\$28,185,360	\$169,112,160
Aggression Replacement Training (ART)	\$1,508	\$64,455	\$62,947	300	\$18,884,100	\$113,304,600

*Because PLL was not analyzed by WSIPP, the additional savings data is not available for this program.

Proposed Structure of Pay-for-Success contract:

³⁹PLL Reentry and PLL ATP are the same cost per youth, with PLL Reentry services having an average service duration of 6 months, and PLL ATP having an average service duration of 3-4 months. Due to PLL ATP's shorter service duration, more youth can be served per year—36 in PLL ATP vs. 30 in PLL Reentry.

⁴⁰ This table does not include cost savings due to reduced recidivism, largely because the data for recidivism after probation were not available and the costs of probation in each county were also not available.

⁴¹ The cost per youth for the PLL Performance Group is slightly higher than the costs reported by the WSIPP study, in part because the PLL Performance Group would be providing additional oversight and outcomes for its own services and services provided by local providers.

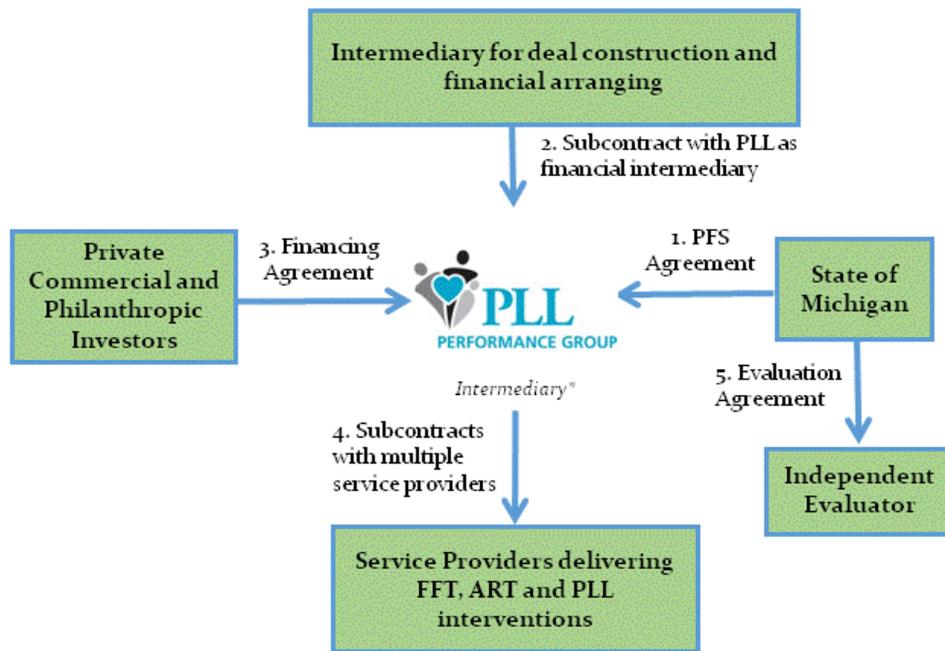
⁴² Keep in mind that these costs are calculated on the assumption that any youth sent to FFT, ART, or PLL ATP is being diverted from residential placement. If the State would be willing to provide costs for probation and other programs that youth would be diverted from, the PLL Performance Group can calculate a more accurate cost savings.

⁴³ These savings represent the average savings of reducing the length of stay at private residential placements (\$18,060) and Maxey's public residential stay (\$40,020).

⁴⁴ It is possible to reduce the length of stay for probation if the State or Counties are interested in this cost saving initiative.

The PLL Performance Group will form a relationship with a financial intermediary to develop the capacity to engage in a pay for success contracts. The figure on the right illustrates a potential structure where the State could contract with PLL Performance Group and work with the financial intermediary to raise up front financing and structure the contract. VisionQuest and NAFI—as the PLL Performance Group providers—manage the performance of program delivery and assembly of local service providers to deliver the proposed evidence-based programming—PLL, FFT, and ART as outlined above. The PLL Performance group has overall responsibility for executing and managing the evidenced-based programming with fidelity. The State, intermediaries, and providers should seek and agree upon an independent evaluator that can monitor the pay for success metrics negotiated by the intermediary/provider partnership and the state in the pay-for-success contract. A sample of the proposed structure can be found below.

Figure 1: PLL Performance Group Proposed SIB Structure



*A limited liability corporation will most likely be created and housed within the intermediary.

Please see the following additional documents regarding the effectiveness and cost savings of the proposed programming.

- Attachment 1 PLL Reentry Evaluation Summary, Indiana
- Attachment 2 PLL Summary Report, Illinois
- Attachment 3 Effectiveness and Efficacy of FFT Model
- Attachment 4 Evidenced Based Programs Summary of ART, FFT, and PLL



EVALUATION SITES AND TARGET POPULATIONS

Indiana
St. Joseph County Probate Court

- Holy Cross PLL* – youth adjudicated for sex offenses
- Rite of Passage PLL* – youth with conduct disorder
- Summit PLL* – dual-diagnosed youth

PLL RE-ENTRY MODEL

Intervention focused on:

- Treatment and family engagement beginning while the youth is still in residential care
- Parenting groups combined with family therapy
- Reductions in residential lengths of commitment

Parenting with Love and Limits (PLL) Re-Entry Services: Evaluation Summary

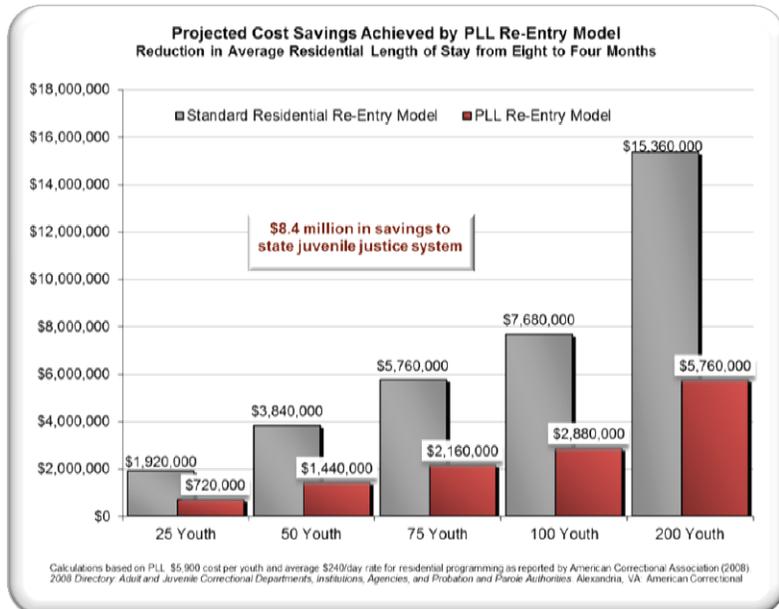
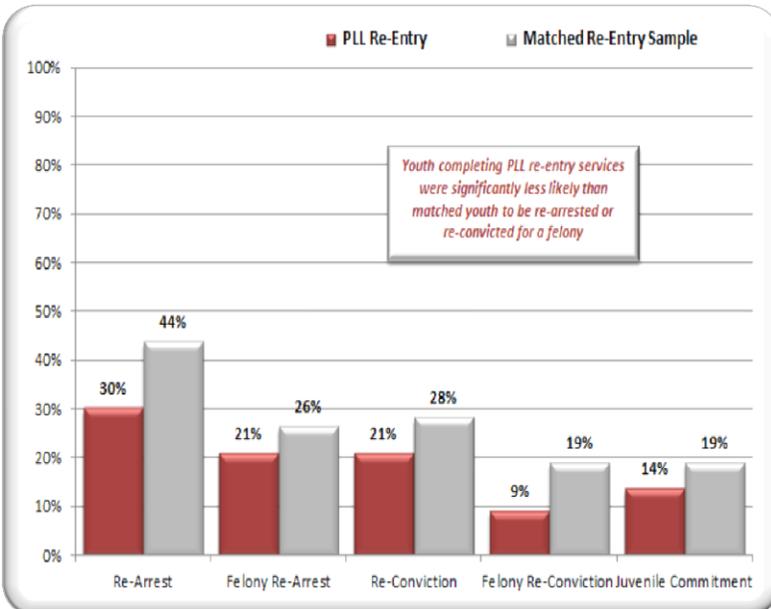
Under the weight of massive budget cuts, states are exploring ways to reduce juvenile justice system spending. Effective re-entry services are critical to successfully redirecting delinquent youth away from criminal offending and at-risk behaviors.

Parenting with Love and Limits (PLL) – recognized as an evidence-based practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) – developed an innovative re-entry model for juveniles transitioning from residential confinement (see sidebar).

The Justice Research Center conducted a quasi-experimental design study to assess the effectiveness of PLL re-entry services compared to standard juvenile aftercare interventions in St. Joseph County, Indiana. Recidivism outcomes were compared for a sample of 306 youth, comprised of 153 youth who completed PLL re-entry services and a matched cohort of 153 youth who completed standard re-entry programming in the study site.

Highlights from the evaluation include:

- ▶ PLL re-entry youth completed services significantly earlier than comparison group youth.
- ▶ Across all five recidivism outcome measures, PLL re-entry services outperformed the matched sample.
- ▶ Youth completing PLL services were significantly less likely than youth completing traditional re-entry services to be arrested or re-adjudicated for a felony offense within 12 months of program completion.



Summary Report: Champaign County, Illinois

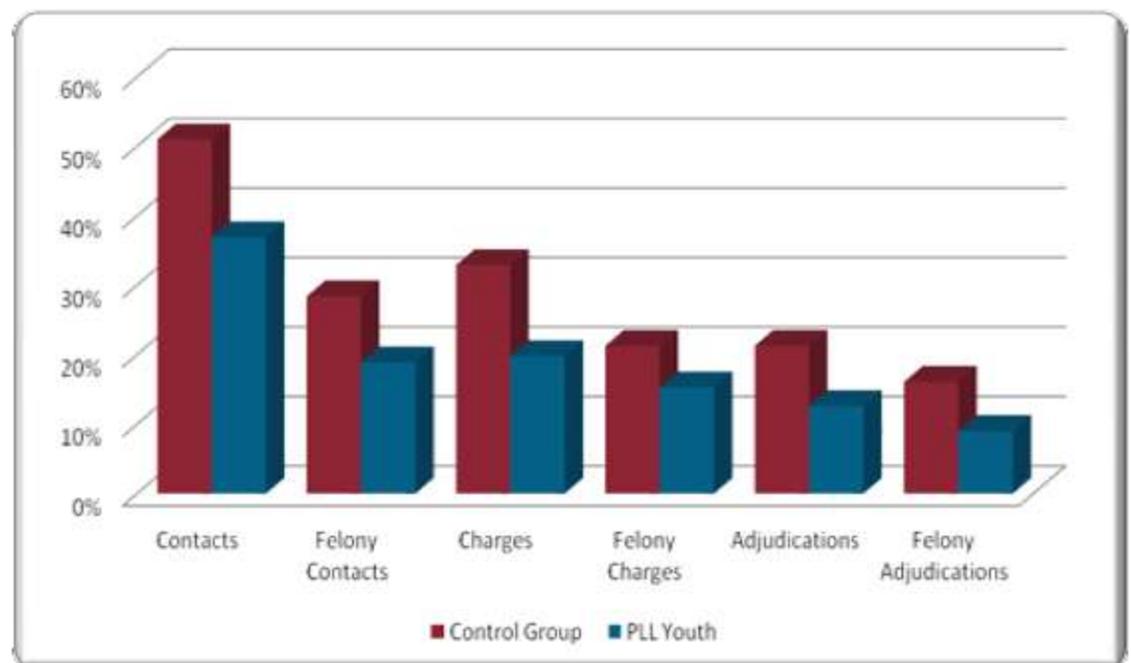
PLL Youth

- ❖ Average Age at First Offense: 14.5 years old
- ❖ 49.7% Violent Offenders
- ❖ 50.3% Charged with a Felony
- ❖ 74.2% Male
- ❖ 69.7% African American

Parenting with Love and Limits (PLL) is an evidence-based, family-focused alternative to placement and reentry program that aims to engage parents, improve youth behavior, and reduce both recidivism and the length of time a youth is in detention or residential placement.

In Champaign County, Illinois, PLL serves primarily as an Alternative to Placement (ATP) treatment program and also as a Transition/Linkage program for youth transitioning from the Juvenile Detention Center to the community. Research conducted by **Hornby Zeller Associates, Inc. (HZA)** showed

- ❖ 72% of all PLL families completed the program voluntarily;
- ❖ Youth behavioral and mental issues improved significantly ($p < 0.001$ in most cases) as measured using the Child Behavior Checklist;
- ❖ Family functioning improved significantly as measured using the Family Adaptability and Cohesion Effectiveness Scale IV ($p_{adapt} < 0.05$, $p_{coh} < 0.01$);
- ❖ The recidivism rate for PLL youth was significantly lower than the matched control group in multiple measures (adjudications, charges, and contacts; see chart below);
- ❖ Families achieved all of these outcomes during a shorter length of service than the historical averages for both probation (88.7 days vs. 600 days) and community mental health (110.3 days vs. 210 days).



FFT began when Dr. James Alexander conducted a series of outcome studies to examine the efficacy and effectiveness of family-based interventions for delinquent adolescents. These early studies shaped the evolution of the Functional Family Therapy that was fully described in Alexander and Parsons (1982).

With respect to cultural diversity, the efficacy and effectiveness research has included urban, suburban, and rural youth, including youth from the USA and Sweden. In addition, the samples in randomized controlled trials has included White Hispanic and non-Hispanic youth from diverse regions across the USA. Community-based replications have included large samples of White, Hispanic, African American youth and their families. In terms of dissemination and training, the FFT model's adaptability combined with FFT LLC's training delivery system has demonstrated ongoing success in working with a wide range of different cultures. Currently, FFT LLC is the largest evidence based training organization in the world. Its sites serve 25,000+ families per year in 39 US States and 7 foreign countries that represent a vast array of ethnic and cultural groups, currently including Maori, Moroccan, Surinamese, Puerto Rican, Haitian, Cuban, Mexican, Norwegian, Dutch, African-American, Asian, members of various Native American tribes in the Northwest and Southwest.

The effects of FFT have also been observed for youth **treated in multiple settings**, including juvenile justice, child welfare, school, and mental health/psychiatric. The positive effects of FFT have been observed across a wide range of providers, from para-professionals to psychiatrists/psychologists. In general, the results do not show a difference in outcomes by academic training, which may be one of the reasons for the robust effects of FFT across multiple settings. Also, there is some evidence that therapist-family racial/ethnic matching may enhance the effects of FFT for Hispanic youth. However, positive effects in multiple trials suggest that positive outcomes can be achieved without such matching.

FFT LLC replication outcomes FFT has been studied in replicated study protocols that contain clear outlines of the methodology for implementation, delivery, supervision, training and monitoring of model adherence and fidelity. In each of the evaluations below, FFT LLC's implementation, training, supervision, assessment and quality assurance protocol was used **in its entirety** to produce the following outcomes from each of selected studies below. These evaluations constitute on-going testing of the FFT LLC training, assessment, supervisory and quality assurance standards and protocols. No FFT LLC deviate from these protocols.

Selected studies include:

- **Aos, Phipps, Barnoski, & Lieb (2001); Barnoski (2002)**. The Washington State Institute for Public Policy conducted a formal evaluation of FFT for juvenile offenders who had been remanded for probation services. Approximately 600 rural and urban youth in 14 Washington counties were randomly assigned to receive either FFT or probation services as usual. The 40 participating FFT therapists all had at least 90 days of FFT experience under the supervision of the FFT LLC program. The study revealed that only half of the therapists adhered competently to the FFT model and that model adherence was linked to outcome such that significant reductions in recidivism were achieved only by therapists who implemented FFT with fidelity. When cases for adherent therapists were combined with those for non-adherent therapists, no differences were found between FFT and probation services as usual. These results were obtained even though the adherent therapists tended to be assigned more severe cases. **Barnoski (2002)** estimated that competent delivery of FFT could reduce recidivism rates for felonies and violent crime by as much as 35%. Cost analyses indicated that for competent FFT therapists, the estimated financial benefits of the dissemination were \$7.50 for each dollar of program cost (**Aos, Lieb, Mayfield, Miller, & Pennucci, 2004**).
- **Jones, Bumbarger, et al (2008)**. Based on FFT LLC sites in Pennsylvania and using the Blair County FFT LLC program as the examples, the authors project a 14.56\$ for each dollar spent on FFT. The estimate Blair County's FFT LLC program has saved its citizens over \$3.5 million. Projected across 11 FFT LLC sites in PA and the 4,156 families served annually, the authors project FFT LLC sites save the Commonwealth of PA over \$136 million economic benefits from reductions in youth offending.
- **Rhoades, Campbell, Bumbarger (2010)**. In their evaluation of 2010 outcomes for FFT LLC sites in the State of Pennsylvania, the authors found that of the 1,175 youth discharged from FFT across 2010 95% of the youth had no new criminal charges during treatment. 73% remained drug-free (as evidenced by negative drug screen[s] during their last three months in FFT). 60% improved on school attendance* and 60% improved on school performance*. Of the 1245 parents/caregivers discharged from FFT across 2010, 80% exhibited desired change and 71% showed improvement in their parenting skills.
- **Brooks, Janer, Early, and Mason (2012)**. For more than five years, FFT LLC has provided statewide training in FFT to Florida's Juvenile Redirections Project for youth in the juvenile justice system who are at immediate risk for outplacement. In this evaluation, FFT was associated with a 32% lower rate of adjudication and a 69% lower rate of juvenile and adult outplacement (compared to matched controls and all residential services). The results also demonstrate how intensive QA/QI can improve service delivery as measured by key process indicators over time which parallels the reductions in recidivism and adjudication. For example, Figures 1-3 below shows the systematic improvement in time from referral to open date (Engagement Phase goal), average sessions per month), and successful completion rates over time. This data provides support for the training and monitoring procedures that are used by the FFT LLC to ensure that community practitioners are delivering FFT in a way that matches (process and outcomes) the intervention that was delivered in the controlled trials.

Taken together, the studies reported have included examinations of treatment effects as well as sustained effects over time. Pre- to post-treatment change was examined in all of these studies and most included at least a one-year post-treatment follow-up. The Gordon et al. (1995) study included a 3-5 year follow-up into early adulthood. As such, the findings provide support for both the immediate and long-term effects of FFT on delinquency, substance use, and family functioning.

FFT uses outcome measures and objectives that are reliable and validated and supported by various studies. In both the early research led by James Alexander as well the replications conducted by Gordon, Hansson, Waldron, Friedman, and Slesnick, the research designs included well established methods/measures for capturing change. In several of these peer-reviewed publications, objective criminal records were obtained from the juvenile justice system. In most of these studies, additional measures of youth behavior problems and family functioning were also collected. The studies include information about the reliability and validity of these measures. In addition, consistent assessment protocols were applied in all of the successful FFT LLC site evaluations noted above. Every published article demonstrating the effectiveness of FFT after the earliest research studies has included all of the elements of the five-phase Anatomy of Intervention Model (AIM) described in Alexander, Barton, Waldron, and Mas (1983). **This five phase model includes a distinct 1) Engagement phase, 2) Motivation Phase, 3) Assessment Phase, 4) Behavior Change Phase and 5) Generalization Phase.**

Aggression Replacement Training® (ART®) is an evidence-based cognitive behavioral intervention program to help youth improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile justice programs across the United States and throughout the world. VisionQuest has experience in implementing ART® in several urban, community-based sites throughout the country. In order to complete the evidence-based model, youth must be able to participate in a total of 30 sessions over a 10 week period. The groups are “closed,” requiring that the same group must start and finish together. Therefore, in order to successfully complete the entire ART® curriculum, a longer than 30 day length of stay would be required. However, two of the components: Pro-Social Skills Training and Moral Reasoning can be implemented without the closed group requirement. VisionQuest proposes implementing these two components, even though the ERC will not technically offer the evidence-based ART®:

- **Pro-Social Skills Training:** Social skills training teaches youth what to do in threatening or stressful situations. ART’s “Skillstreaming” is a psycho-educational process that teaches an array of social skills utilizing modeling, role-playing, and trainer and peer feedback as youth work to practice interpersonal skills. Skills addressed include: listening and having a conversation (beginning social skills); following instructions and asking for help (advanced social skills); dealing with someone else’s anger and their own fear (dealing with feelings); using self-control (alternatives to aggression); responding to failure, preparing for difficult conversations, and dealing with group pressure (dealing with stress); and recognizing abilities (planning skills).
- **Training in Moral Reasoning:** To the extent that antisocial behavior reflects a delay of mature moral reasoning and egocentric bias, the aim of an effective program is to remediate that developmental delay. This component of ART® aims to raise participants’ awareness of others’ points of view and teaches youth to view their world in a fairer and more equitable way. Moral reasoning informs youth to more accurately identify justice in the world and to enhance their sense of fairness. Staff and youth discuss different problems while taking perspectives other than their own. The goal is to help youth identify errors in their thinking, and help them learn how to think differently and see situations differently so they can respond more appropriately in the future.

Aggression Replacement Training® is an evidence-based model rated as an effective program by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Functional Family Therapy (<http://www.fftinc.com>) is a community-based, evidence-based program that has been designated as a Blueprints for Violence Prevention model of practice; is one of four programs named by the U.S. Surgeon General as a model program for seriously delinquent youth; and has been rated by the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention as an exemplary prevention and intervention program.

FFT is a family-based approach to providing treatment for youth and their families that are between the ages of 10 and 18 and are primarily demonstrating disruptive externalizing behaviors (e.g., attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, etc.) that lead to delinquency, violence, drug abuse, gang involvement, and other negative manifestations. Youth with other mental health conditions such as anxiety and depression may also be served. Each family is assigned to a Therapist who is trained and clinically supervised by the model creator: FFT Inc. On average, a youth/family will receive FFT for 14 weeks. Over the course of this period, the therapist will work with the family in nine to 14 one-hour sessions. Services will occur in the family’s home or community and at times that are convenient for the family members.

FFT is an outcome driven systems based model of intervention/prevention that incorporates various levels of the client’s interpersonal cognitive, emotional, and behavioral experiences. Also addressed are intrapersonal perspectives that focus on the family and other systems that impact the youth and his/her family system. FFT is a strengths-based model of intervention that emphasizes the resources of the youth, their family, and those of the multiple systems involved in their lives. Its purpose is to foster resilience and ultimately decrease incidents of disruptive behavior for the youth. More specifically, some of the goals of the service are to: reduce intense/negativistic behavioral patterns; improve family communication, parenting practices, and problem-solving skills; and increase the family’s ability to access community resources.

VisionQuest’s FFT services are carried out in the context of five distinct phases, consistent with the certified FFT model.

- **Engagement Phase:** The goals of this phase involve enhancing perception of responsiveness and credibility; demonstrating a desire to listen, help, respect, and “match;” and addressing cultural competence. The main skills required are demonstrating qualities consistent with positive perceptions of clients, persistence, cultural/population sensitivity and matching. Therapist focus is on immediate responsiveness and maintaining a strength-based relational focus. Activities include high availability, telephone outreach, appropriate language and dress, proximal services or adequate transportation, contact with as many family members as possible, “matching” and respectful attitude.
- **Motivation Phase:** The goals of this phase include creating a positive motivational context, minimizing hopelessness and low self-efficacy, and changing the meaning of family relationships to emphasize possible hopeful experience. Required phase skills consist of relationship and interpersonal skills, a nonjudgmental approach, plus acceptance and sensitivity to diversity. Therapist focus is on the relationship process; separating blaming from responsibility while remaining strength-based. Activities include the interruption of highly negative interaction patterns and blaming (e.g. divert and interrupt), changing meaning through a strength-based relational focus, pointing process, sequencing, and reframing of the themes by validating negative impact of behavior, while introducing possible benign/noble (but misguided) motives for behavior. Finally, the introduction of themes and sequences that imply a positive future are important activities of this phase.
- **Relational Assessment:** The goals of relational assessment include eliciting and analyzing information pertaining to relational processes, as well as developing plans for the Behavior Change and Generalization phases. The skills of perceptiveness and understanding relational processes and interpersonal functions are required. The focus is directed to intra-family and extra-family context and capacities (e.g., values, attributions, functions, interaction patterns, sources of resistance, resources, and limitations). Therapist activities involve observation, questioning; inferences regarding the functions of negative behaviors, and switching from an individual problem focus to a relational perspective.

- **Behavior Change Phase:** Behavior Change goals consist of skill building, changing habitual problematic interactions and other coping patterns. Skills such as structuring, teaching, organizing, and understanding behavioral assessment are required. Therapists focus on communication training, using technical aids, assigning tasks, and training in conflict resolution. Phase activities are focused on modeling and prompting positive behavior, providing directives and information, developing creative programs to change behavior, all while remaining sensitive to family member abilities and interpersonal needs.
- **Generalization Phase:** The primary goals in the Generalization phase are extending positive family functioning; planning for relapse prevention and incorporating community systems. Skills include a multi-systemic/systems understanding and the ability to establish links, maintain energy, and provide outreach. The primary focus is on relationships between family members and multiple community systems. Generalization activities involve knowing the community, developing and maintain contacts, initiating clinical linkages, creating relapse prevention plans, and helping the family to develop independence.

Research has shown that participation in FFT not only produces positive results for the targeted child, but it also has beneficial impacts on the development of younger siblings. VisionQuest has over ten years of experience implementing FFT across the country. All of VisionQuest's FFT programs are currently in good standing with their respective states—Florida, Maryland, Pennsylvania, and Texas—and with FFT, Inc.

Parenting with Love and Limits is an evidence-based reentry program recognized by the OJJDP (one of only four models listed on OJJDP's Reentry page)¹; SAMHSA², the Promising Practices Network on Children, Families, and Communities³; and the California Clearinghouse⁴. The PLL program engages both youth and their families for a typical service duration of six to eight months, depending on the youth's length of stay. The PLL team, consisting of a Masters Level Therapist and a Bachelors Level Case Manager, provides six sessions of group therapy to the parents/guardians and the youth before the youth leaves residential, alongside of individual family therapy. Family therapy continues after the youth is released into aftercare, with the goal of helping the family decide on a plan that will create structure and foster nurturance in the family system. Moreover, PLL also provides intensive aftercare and wraparound services for the first two months after the youth leaves placement and provides check-ups at 30, 60, and 90 days post-discharge from the PLL program.

PLL was founded on the belief that a child's home environment—their family—makes all the difference as to whether the child recidivates or not. Respect and support of families is integral in the development of a treatment plan that addresses the goals of permanency, safety, and well being. According to a study by Williams and Chang (2000), "A review of all available research data show that youth will return to past behavioral problems if their parents remain unchanged in the areas of consistent limit setting, rebuilding emotional attachments, and improved communication" (p. 159). If a youth is positively changed by the services he or she receives, but the negative home environment is not changed, most youth will relapse after services have ended. This is why PLL treats the whole family system, thereby fostering a more structured—and nurturing—family.

A unique wraparound technique that PLL implements is the formation and utilization of a Community Based Action Team (CBAT). The case manager seeks community groups as well as the youth's personal contacts that will act as protective factors for the youth. CBAT teams can consist of job placement coordinators, school counselors, substance abuse counselors, faith based organizations, leaders from the YMCA or the YWCA, probation officers, and vocational trainers. Additionally, each youth will have "youth specific" members such as an uncle, a coach, the youth's pastor, etc. that are involved in the exit planning, some of whom may have a specific role upon youth's return home.

Each youth will have a Community Based Action Team (CBAT) assembled shortly after he is placed in the residential program. CBAT meets once per month while the youth is in residential, and if members are not able to attend in person they can join by WebEx or phone. These meetings offer the chance to collaboratively form a plan that best supports and upholds the youth when he is released from residential. The accountability gained by enlisting the support of the greater community helps to further reduce the risk of recidivism while also increasing the potential for a positive future. Overall, the goal of this project is to reduce recidivism rates by strengthening families and encouraging positive individual and family change. Major deliverables include the following:

Out-of-home care services:

- Group/Individual Therapy for Parents – Parents participate in 6 weekly 2-hour sessions in their community and individual sessions as needed.
- Family Therapy – 8 or more family therapy sessions are conducted either via videoconference or in person depending on the location of the youth's placement, including an emphasis on trauma-informed care.
- After-Care Plan – At Family Therapy session 4, an individualized Playbook is developed for the family to prepare for the youth's return home.
- Benchmark Meeting – The Therapist facilitates a meeting with the placement to determine the youth's progress in the program.
- Coordination and Communication –The Therapist connects the placement and Caseworker through ongoing communication and coordination.
- Community Based Action Team – The Team is developed to prepare for the youth's return home.

Community Services following discharge from out-of-home care:

- Family Therapy – Additional sessions continue at home or in the community.
- Case Management Services – Services include: coordination with PO and Caseworker, school reentry, job placement, physical and mental health referrals, links with identified mentor
- Discharge Summary – A summary of services is provided.
- Red Flag Checklist – An individualized Relapse Prevention list for families is reviewed at 30, 60, and 90 days post discharge from the PLL program. Tune-up sessions are available as indicated.

¹ <http://www.ojjdp.gov/mpg/reentry.aspx?continuum=reentry>

² <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=45>

³ <http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=463>

⁴ <http://www.cebc4cw.org/program/parenting-with-love-and-limits/detailed>