

Juvenile Residential Programs

Youth are placed into juvenile justice residential settings for many legal reasons, but primarily as either a disposition after being adjudicated delinquent in juvenile court or while awaiting juvenile court decisions such as arraignment, adjudication, disposition, or placement. There has been a reduction in the numbers of youth placed in residential facilities in the past couple of decades (Puzzanchera and Hockenberry, 2017; Sickmund et al., 2017). The latest census in 2016 counted the fewest number of juveniles in residential placement since 1975 (Hockenberry and Sladky, 2018). While the causes for these reductions are uncertain, decreases in referrals to court (Puzzanchera and Hockenberry, 2018a; Sickmund and Puzzanchera, 2014) and the proliferation of research showing that most youth are best served in the community in nonresidential placements (Lipsey, 2009; Lipsey et al., 2010; Mendel, 2014; Ryon et al., 2013; Seigle, Walsh, and Weber, 2014) are potential contributing factors.

There are many different designs for residential programs, ranging from large locked facilities to smaller and more homelike environments. These residential programs differ in purpose and in their services, controls, goals, and objectives. This literature review provides information on the different types of residential programs available to youth in the juvenile justice system, including secure long-term facilities, residential treatment centers, wilderness camps, and shelter care. Descriptions of the youth who are placed in these facilities and information on the different types of facilities is provided, along with research findings, program outcomes, definitional challenges, and limitations of existing research.

Definitional Challenges

There are three primary definitional challenges when reviewing the literature about juvenile justice residential settings. First, some national data sources collect information at the facility level while others collect information at the individual youth level. Second, some sources use a census to count individual youth in residential placement while others use a count of cases processed through juvenile courts that involve or result in residential placement. Third, the way facilities are defined differs by source.

Counting youth or counting facilities. One challenge is whether the unit of analysis is defined at the facility level or at the individual youth level. For example, while one data source may use facility-level data and note that only 5 percent of facilities hold more than 100 residents, and another may use individual-level data and say that 25 percent of all youth residents are housed in facilities with more than 100 residents (Hockenberry and Sladky, 2018; Puzzanchera et al., 2018), both of these are true.

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Single-day count or case flows. The two ways that national data collection programs categorize youth in residential settings are 1) to count the number of juveniles in a facility at one point in time, and 2) to count the number of cases involving detention, those resulting in out-of-home placement over the course of a specified period, or both. The first approach is called a 1-day population count or census, while the second approach is often referred to as “case flow” and includes annual counts of the number of cases disposed. Case flow counts are particularly useful when comparing cases involving youth who were placed in out-of-home settings with those in which youth were not placed. However, these counts do not consider the amount of time a youth’s length of stay in a certain residential placement. Population census counts provide a picture of who would be residing in a facility on a regular day; however, they do not consider the flow in and out of the facility (OJJDP, n.d.). The following are examples of population census counts and population flows:

- **Population census counts.** The Census of Juveniles in Residential Placement (CJRP) is a biennial survey of public and private juvenile residential facilities in the United States that provides 1-day population counts. This census gives a picture of the standing population in facilities. It provides detailed information about a youth’s placement status, length of stay in placement, age, sex, race/ethnicity, and most serious offense. The Juvenile Residential Facility Census (JRFC) collects information about the facilities in which youth are held. Like the CJRP, the JRFC provides a 1-day population count and is conducted every 2 years. JRFC collects data on how facilities operate and the services they provide.¹
- **Case flows.** The National Juvenile Court Data Archive collects, verifies, preserves, and processes the automated records of cases that U.S. courts with juvenile jurisdiction handle and annually generates national estimates regarding the handling of delinquency and status offense cases. This collection provides data on the number of delinquency cases involving detention, the number resulting in out-of-home placement, or both. These counts represent the annual number of cases and provide a measure of the flow of cases through the stages of the juvenile court system, including detention and case disposition.

One example of the difference between a census and a case flow is to look at the counts of youth who are detained or committed. The 2015 census count of juveniles in residential placement found that there were 15,816 detained youth and 31,487 committed youth in residential placement on the day of the count (Sickmund et al., 2017). However, counts of the flow of delinquency cases to detention and out-of-home placement found that there were 237,400 cases involving detention and 67,700 cases adjudicated that resulted in residential placement in 2015 (Puzzanchera and Hockenberry, 2018a). Both of these counts are accurate, but provide slightly different information based on the unit of count to describe youth in residential programs.²

Categorizing residential programs. The method used to categorize facilities also differs by source. Although the classification system described in this literature review provides insight into the different types of residential facilities, there is no universal, standard definition of residential treatment programs (Sickmund, 2010). Reports from the General Accounting Office (GAO, 2007; GAO, 2008) noted the wide diversity of programs and facilities that appear under different names. Further, “[N]o [F]ederal laws define what constitutes a residential program, nor are there any standard, commonly

¹ Source: OJJDP. n.d. *Juvenile Residential Facility Census*. Project Snapshot. <https://www.ojjdp.gov/research/JRFC.html>

² The census counts include status and delinquency cases, whereas the court data described include only the delinquency cases.

recognized definitions for specific types of programs” (GAO, 2008:5). For example, while residential treatment centers (RTCs) would seem to be more treatment-focused and long-term secure facilities more like youth prisons, one report (Sickmund et al., 2017) found that more than 70 percent of youth in RTCs are in locked facilities. And another (Puzzanchera and Hockenberry, 2018b) found that long-term secure facilities were more likely than RTCs to offer mental health and substance abuse services. In addition, a study of almost 700 RTCs found that more than 80 percent reported using seclusion or restraint (Green-Hennessey and Hennessey, 2015).

In 2007, the GAO suggested that the lack of standard definitions has contributed to inconsistencies and challenges in the oversight of these programs, as individual programs can select their own classification. States often regulate programs that receive public funding, but may not license or regulate privately run programs, and federal oversight does not extend to private facilities that receive no federal funds (GAO, 2007).

Characteristics of Youth in Residential Settings

The number of youth being held in residential placement has decreased over the past couple of decades and reached a new low in 2015. During that year, the CJRP counted slightly more than 48,000 youth in residential placement on a single day, compared with more than 105,000 on a single day in 1997 (Puzzanchera and Hockenberry, 2017; Sickmund et al., 2017). Between 2006 and 2015, nearly 9 in 10 states had cut their juvenile residential placement rates by one half or more (Hockenberry, 2018).

Offense type. In 2015, the CJRP showed that the largest percentage of youth in residential placement were being held for person offenses (37.7 percent), followed by property offenses (21.7 percent), technical violations (17.8 percent), public order offenses (12.5 percent), drug offenses (5.4 percent), and status offenses (4.8 percent). Person offenses included robbery (9.8 percent), aggravated assault (8.1 percent), simple assault (8.1 percent), sexual assault (7.1 percent), criminal homicide (1.6 percent), and other offenses (2.9 percent). Property offenses included burglary (8.8 percent), theft (4.9 percent), auto theft (3.7 percent), arson (0.7 percent), and other property offenses (3.6 percent). Since 1997, the percentage of youth being held in residential settings for status offenses, drug offenses, and property offenses has declined while the percentage being held for person offenses and technical violations has increased (Sickmund et al., 2017); however, the counts of youth for each offense type have declined.

Sex. According to the CJRP, 85 percent of the youth in residential placement in 2015 were boys, and 15 percent were girls, a trend that has been relatively stable since 1997 (Sickmund et al., 2017). Compared with boys, girls were slightly younger and more likely to be held for a technical violation or status offense (Hockenberry, 2018). Girls were also more likely than boys to be held in a private facility (Hockenberry, 2018).

Race/ethnicity. In 2015, the CJRP showed that the juveniles in residential placement were 42 percent black; 31 percent white; 22 percent Hispanic; and 5 percent American Indian, Asian, Pacific Islander, or other race/ethnicity (Sickmund et al., 2017). This data suggests an overrepresentation of minority youth³. The racial breakdown in residential facilities has changed only slightly over the past two decades with small increases in the percentage of Hispanic youth and small decreases in the percentage of white and Asian youth (Sickmund et al., 2017).

Placement status. The CJRP categorizes a juvenile’s placement status⁴ according to four primary

³ For more information, see the *Model Programs Guide* literature review on [Disproportionate Minority Contact](#).

⁴ This literature review does not address residential placements outside of the juvenile justice system.

types: committed, detained, diverted, and other.⁵ In 2015, 70 percent of the juveniles counted in the CJRP census were in committed status, 28 percent were in detained status, 1 percent were in diverted status, and less than 1 percent were in some other or an unknown status.

Committed. The committed juvenile population includes those who were placed as part of a court-ordered disposition (Sickmund et al., 2017). Committed juveniles may have been adjudicated in juvenile court or convicted and sentenced in adult criminal court. In 2015, the CJRP showed that approximately 25 percent of cases that were adjudicated delinquent in juvenile court resulted in out-of-home placement (Puzzanchera and Hockenberry, 2018a). The proportion of adjudicated delinquency cases that result in out-of-home placement has remained relatively stable over the past 10 years. However, given the reductions in youth being referred to the juvenile court, the number of committed youth in residential placements has also decreased. In 2015, the CJRP counted 31,487 committed youth on a single day, compared with more than 75,000 in 1997 (Sickmund et al., 2017). Committed youth made up 65.5 percent of all juveniles in residential placement in 2015 (Sickmund et al., 2017). Thirty-five percent of committed youth were in long-term secure facilities; 33 percent in residential treatment centers; 13 percent in detention centers; 12 percent in group homes; and the rest in shelters, reception/diagnostic centers, boot camps, wilderness camps, or other placements.

When examining the flow of cases from juvenile court adjudication to placement in a facility, the literature shows that the rate at which adjudicated delinquency cases result in out-of-home placement varies by offense, race, and gender. For example, cases adjudicated delinquent for robbery in juvenile court were the most likely to result in out-of-home placement, while cases adjudicated delinquent for drug law violations were the least likely (43.5 cases disposed per 100 adjudicated cases, compared with 16.0, respectively).⁶ Regarding race, for every 100 cases adjudicated delinquent involving minority youth, there were 29.2 that resulted in out-of-home placement; for every 100 cases adjudicated delinquent involving white youth, there were 21.4 that resulted in out-of-home placement (Puzzanchera and Hockenberry, 2018a). In terms of commitment rates per the total youth population, the committed placement rate for black youth in 2015 was nearly five times the rate for white youth (Hockenberry, 2018). Finally, in regard to gender, the rate at which delinquency cases resulted in out-of-home placement for boys in 2015 was 27.6 per 100 adjudications; for girls, it was 20.9 per 100 adjudications (Puzzanchera and Hockenberry, 2018a).

Detained. Secure detention differs from secure commitment. Youth in the committed population have been adjudicated delinquent; the purpose of their residential placement is generally to address the factors related to offending and prevent recidivism. In contrast, the purpose of secure detention is generally to ensure that youth appear for all court hearings and to protect the community from future offending (Austin, Johnson, and Weitzer, 2005). The detained population includes juveniles being held while awaiting court decisions such as adjudication, disposition, or placement (Sickmund et al., 2017). The detained population also includes juveniles awaiting transfer to adult criminal court or awaiting a hearing or trial in adult criminal court (Sickmund et al., 2017). The 2015 CJRP found that 51 percent of the detained youth being held were awaiting juvenile court adjudication, 8 percent were awaiting a criminal court or transfer hearing, and 41 percent were adjudicated and awaiting disposition or placement (Sickmund et al., 2017).

⁵ In 2015, 0.4 percent of the youth in residential placement were in the other/unknown category, which may include facilities such as alternative schools and independent living.

⁶ Offense categories included person offenses, robbery, aggravated assault, simple assault, property offenses, property crime index, burglary, larceny-theft, drug law violations, and public order offenses.

In 2015, slightly more than one in every four cases referred to juvenile court resulted in secure detention (Puzzanchera and Hockenberry, 2018a). This proportion has remained relatively stable over the past 10 years. However, given the large decreases in the numbers of cases being referred to juvenile court, the numbers of youth in detention settings have also decreased. In 2015, the CJRP counted 15,816 detained youth on their 1-day count, compared with more than 28,000 detained youth in 1997 (Sickmund et al., 2017). The 2015 CJRP 1-day count found that 87 percent of detained youth were residing in detention centers; 6 percent in long-term secure facilities; and the rest in shelters, group homes, residential treatment centers, and diagnostic centers.

The rate at which cases involve detention at some point between referral and case disposition also varies by offense, race, and gender (Puzzanchera and Hockenberry, 2018a). Cases referred to juvenile court for robbery were the most likely to involve detention prior to case disposition, whereas cases referred to court for larceny-theft were the least likely (52.2 detentions per 100 referrals, compared with 14.0, respectively). Cases involving minority youth were more likely than those involving white youth to involve detention prior to case disposition: for every 100 cases referred to court involving minority youth, there were 27.7 cases detained, compared with a rate of 20.2 for every 100 cases involving white youth. When examining detention rates per the total youth population, these rates indicate even more disproportionality by race. In 2015, the national detained placement rate for black youth was six times the rate for white youth (Hockenberry, 2018). Finally, boys were more likely to be detained than girls. The rate at which cases involve detention prior to case disposition for boys in 2015 was 26.0 per 100 cases referred; for girls, it was 20.3 per 100 cases referred.

Diverted. A small proportion of juveniles are admitted voluntarily to residential placements in lieu of adjudication as part of a diversion agreement. In 2015, the CJRP counted 564 youth in diversion residential settings (Sickmund et al., 2017). This relatively small number fluctuates substantially over time.

Characteristics of Residential Facilities

Juvenile residential facilities vary considerably. The JRFC and CJRP classify the facilities serving committed, detained, and diverted youth as follows: detention center, shelter, reception/diagnostic center/assessment center, group home, ranch/wilderness camp, boot camp, residential treatment center, and long-term secure facility (Puzzanchera et al., 2018; Sickmund et al., 2017). While some facilities specialize in only one type of referral (e.g., a residential treatment center that only serves committed youth), the CJRP found that, in the aggregate, each of these facility types housed youth for a variety of purposes, such as a detention center that housed both detained and committed youth (Puzzanchera et al., 2018). As noted above, because these definitions of residential programs are fluid, their characteristics may vary from state to state.

Although there is no consistent definition of residential programs, there are important distinctions that can help differentiate across program types, including program goals, security features, physical environment, facility size, length of stay, treatment services, and targeted population. For instance, some residential facilities may resemble adult prisons or jails in setting and structure. Other programs may resemble campuses or houses, and others, such as wilderness camps, operate in outdoor settings (Sedlak and McPherson, 2010). Theoretical frameworks also provide an important distinction. For example, some residential programs, such as wilderness camps, are grounded in an experiential learning process (Russell, 2000). Others, such as boot camps, rely on a military model (Parent, 2003). There are also major differences between detention and secure confinement in terms of why a youth is being held and the range and intensity of programs available (Austin, Johnson, and Weitzer, 2005).

Size of facility. In 2016, 5 percent of residential facilities were large (greater than 100 beds) and served 25 percent of youth in placement. Forty percent of facilities had 21–100 beds and served 57 percent of youth in placement, and 56 percent of facilities had fewer than 20 beds and served 18 percent of the youth in placement (Puzzanchera et al., 2018). The percentage of residents being held in large facilities has steadily decreased: from 51 percent in 2000 to 25 percent in 2016.

Overcrowding. In the early 1990s, a national survey of juvenile detention and correction facilities found that more than 75 percent of youth incarcerated nationwide were housed in facilities that violated federal standards related to living space, and such crowded conditions were associated with high rates of injury and suicidal acts (Parent and Abt Associates, 1994).

In 2000, the JRFC began to collect data on overcrowding in facilities that housed youth. Based on the JRFC, in 2000, 20 percent of youth were housed in a facility that was overcrowded; however, by 2016, only 4 percent were in an overcrowded facility (Puzzanchera et al., 2018). In addition, the percentage of youth in a facility that was under capacity increased from 55 percent in 2000 to 80 percent in 2016.

Operation of facility. In 2016, 55 percent of the facilities were public, and 45 percent were private. Seventy-one percent of the juveniles were held in public facilities, and 29 percent were held in private facilities (Puzzanchera et al., 2018).

Levels of security. Most of the youth in residential placement in 2015 (89.2 percent) were in facilities that indicated that juveniles were restricted within the facility or its grounds by locked doors, gates, or fences for some or all of the time. Only 10.8 percent of youth were in facilities where no locks were indicated; these facilities are known as “staff secure.” The percentage of youth in residential placement in locked facilities has increased over the past 10 years.

Classification of Residential Programs

The classification system used by the JRFC provides a guide to understanding the unique characteristics of juvenile residential facilities. The research described below provides more detailed information about long-term secure facilities, residential treatment centers, detention centers, shelters, and wilderness camps.

Long-Term Secure Facilities

Long-term secure facilities (also called reformatories, training schools, and juvenile correctional facilities) provide strict confinement and have construction fixtures or staffing models designed to restrict the movements and activities of those placed in the facility. Some have external gates, fences, or walls with razor wire (Puzzanchera et al., 2018; Sickmund and Puzzanchera, 2014). In 2016, 11 percent of the juvenile residential facilities in the United States classified themselves as long-term secure facilities. The number of long-term secure facilities reported to JRFC has decreased from 322 in 2000 to 189 in 2016 (Puzzanchera et al., 2018).

Characteristics of long-term secure facilities. In 2016, the JRFC showed that 5 percent of long-term secure facilities (also referred to as training schools) held 1–10 residents, 10 percent held 11–20 residents, 39 percent held 21–50 residents, 30 percent held 51–100 residents, 14 percent held 101–200 residents, and 3 percent held more than 200 residents. Regarding operation, 20 percent were private facilities, 56 percent were state-run facilities, and 24 percent were locally run (Hockenberry and Sladky, 2018). In terms of facility security, 95 percent reported one or more confinement features such as secure day rooms that are locked by staff, security doors, or external walls with razor wire; 52 percent reported

using mechanical restraints such as handcuffs or restraining chairs; and 40 percent reported locking a youth alone in some type of seclusion for 4 hours or more to regain control of unruly behavior.

Additionally, in 2016, 92 percent of the long-term secure facilities reported that they provided onsite mental health services, and the same proportion reported providing substance abuse services (Puzzanchera and Hockenberry, 2018b). These types of facilities were more likely than others, such as detention centers or group homes, to offer these services.

Youth served in long-term secure facilities. Juveniles housed in secure correctional facilities are typically serious, violent, or chronic offenders who present with multiple psychological, social, behavioral, and intellectual needs (Committee on Adolescence, 2011; Fazel, Doll, and Långström, 2008; Quinn et al., 2005). These needs place them at a high risk for reoffense and involvement in the adult criminal justice system and increase their susceptibility to other risks such as suicidal ideation, homelessness, poor educational and employment outcomes, and other health problems (Aizer and Doyle, 2015; Barnert et al., 2017; Pilnik, 2016; Stokes et al., 2015). In 2015, 87.3 percent of the residents in long-term secure facilities were boys, and 12.7 percent were girls. Compared with youth in other facility types, youth in long-term secure facilities tend to be older: in 2015, 57 percent were ages 17 to 20. In terms of placement status, 92.1 percent were committed, 7.4 percent were being detained, and less than 1 percent were being diverted (Sickmund et al., 2017).

Residential Treatment Centers

Residential treatment centers (RTCs) are facilities that focus on providing individually planned treatment programs for youth, such as substance abuse, mental health, or sex offender treatment, in conjunction with residential care (Puzzanchera et al., 2018). RTCs provide “intensive, multidisciplinary treatment for severe behaviorally and emotionally troubled youth ... with treatments available to meet many varied youth needs” (Mallett and Boitel, 2016:158). The biennial JRFC found that 678 facilities identified themselves as RTCs in 2016, the largest of the seven facility categories⁷ (Puzzanchera et al., 2018).

Characteristics of RTCs. RTCs frequently offer a combination of psychiatric assessment; psychological testing; medication management; milieu therapy; social work services; special education services; and individual, group, and family therapy, counseling, and treatment, along with 24-hour supervision in a highly-structured environment (Bettman and Jaspersen, 2009; Mallett and Boitel, 2016). For example, in 2016, 87 percent of facilities that reported being RTCs said that they provided mental health services, and 75 percent reported providing substance abuse services (Puzzanchera and Hockenberry, 2018b).

In 2016, the JRFC showed that two thirds of RTCs were private facilities, 20 percent were state-run facilities, and 14 percent were run by local government. As for capacity, 26 percent held 1–10 residents, 22 percent held 11–20 residents, 32 percent held 21–50 residents, 16 percent held 51–100 residents, and 4 percent held more than 100 residents. In terms of facility security, 48 percent reported one or more confinement features, and 14 percent reported using mechanical restraints (Hockenberry and Sladky, 2018). In addition, a study of 693 licensed and/or accredited child and adolescent RTCs in the United States found that 82 percent of the facilities reported using seclusion or restraint in the prior year (Green-Hennessey and Hennessey, 2015).

Youth served in RTCs. RTCs generally house youth with significant psychiatric, psychological,

⁷ Residential facilities are asked to self-report on which type of facility they are.

behavioral, or substance abuse problems who have been unsuccessful in outpatient treatment or have proved too ill or unruly to be housed in foster care or served in day treatment programs and other nonsecure environments, but who do not yet require commitment to a psychiatric hospital or long-term secure facility (Bettmann and Jaspersen, 2009). The 2000 American Association of Children's Residential Centers National Survey identified four main reasons for admission into an RTC: 1) severe emotional disturbance, 2) aggressive/violent behaviors, 3) family/school/community problems, and 4) abuse (Foltz, 2004). In 2015, 83.8 percent of the youth in RTCs were boys, and 16.2 percent were girls. In terms of placement status, 94.7 percent were committed, 3.4 were being detained, and 1.7 percent were being diverted⁸ (Sickmund et al., 2017). There appears to be a general acceptance that the youth being sent to RTCs present increasingly intense and severe behavioral and emotional problems, academic problems, and substance use problems (Baker, Fulmore, and Collins, 2008; Baker, Ashare, and Charvat, 2009; Lyons et al., 2009). However, there is almost no research on the best target population for this type of facility and treatment. Mental health and substance abuse professionals have repeatedly called for clearer admission criteria for RTCs, to avoid incarcerating youth in inappropriate settings or with inappropriate and potentially dangerous peer groups (Whitaker, 2004).

Secure Detention

Detention centers are physically restricting facilities designed to provide short-term care for juveniles in custody pending court adjudication, disposition, placement, or transfer to another jurisdiction or to adult court (Puzzanchera et al., 2018). Youth can receive a placement in detention as a juvenile court disposition, which is sometimes called "juvenile hall." While other facility types may offer treatment or other approaches to address the contributing mechanisms to a youth's delinquency, the primary purpose of detention centers is to ensure appearance in court and protect the community while the youth is awaiting court appearance.

Characteristics of detention centers. In 2016, the JRFC showed that almost three quarters of detention centers were run by local government, 21 percent were state-run, and 8 percent were privately run. Almost all were locked facilities. Facility size ranged as follows: 26 percent held 1-10 residents, 23 percent held 11-20 residents, one third held 21-50 residents, 12 percent held 51-100 residents, and 5 percent held more than 100 residents.

Detention centers were the most likely of the facility types to use mechanical restraints and the most likely to report locking youth in their rooms for 4 or more hours to regain control of their unruly behavior, as found in 2016 (Hockenberry and Sladky, 2018).

Youth served in detention centers. The CJRP's 1-day snapshot of youth in detention centers in 2015 showed that 76.4 percent were detained, 22 percent were committed, and 2 percent were being diverted or were in other/unknown status (Sickmund et al., 2017). The average length of stay in detention nationally is about 20 days, and many youth spend only a few nights in these facilities (Mendel, 2014). Others may spend up to a year or more despite these facilities not being designed for long lengths of stay.

Shelter Care

A shelter provides temporary care, like that of a detention center, but is a physically unrestricting environment (Puzzanchera et al., 2018). However, the term "shelter care" points to another example of the definitional challenges in categorizing residential placement types. While some define shelter care as a nonsecure residential placement (Leon et al., 2016), the CJRP found that in 2015, 72.5 percent of

⁸ 0.2 percent were "other/unknown."

sheltered youth were restricted within the facility or its grounds by locked doors, gates, or fences for some or all of the time (Sickmund et al., 2017). Youth can be placed in shelter care if they are awaiting adjudication, if they are unable to return home immediately, or if they are waiting to be placed in a more structured residential home. In general, youth are placed in shelter care when they are in some form of a crisis or transition. Many youth are placed in shelter care when they first enter the foster care system (Leon et al., 2016). According to a 1999 evaluation of a short-term shelter for adolescents whose families were in crisis, the majority (62 percent) were eventually reunited with their families, while 35 percent went to live in other noninstitutional settings (Teare, 1999).

Communities throughout the United States vary on how they use shelter care. Some use shelters almost exclusively for children who are first entering the system (Leon et al., 2016). The JRFC counted 131 shelters serving system-involved youth in 2016, which is a decrease of 48 percent from 2000.

Characteristics of shelter care. Shelters vary in terms of the services they provide and the residents they serve. For example, some long-term shelters may hold a youth for 1 year or longer, while emergency shelters limit stays to 30 days or fewer (Koehn et al., 2001). Depending on the shelter, a youth may receive a service plan and assessment, medical screenings, individual and group counseling, in-house education, and access to food and recreational programming (Hicks-Coolick, Burnside-Eaton, and Peters, 2003). Some youth may receive follow-up aftercare or job training/placement services. Shelters generally provide a structured daily schedule and intense staff-resident interaction and allow a limited number of outside visitors. Research shows that most stays in shelters last 1 week or less (Van Hook, 1994; Wattenberg, Luke, and Cornelius, 2004). Length of stay is related to several factors, including age; race; developmental disabilities; being part of a large sibling group; and having emotional, behavioral, or substance abuse problems (Leon et al., 2016). However, there is no association between prior entries into the system (e.g., arrest history or psychiatric hospitalizations) and time spent in the shelter (Leon et al., 2016).

In addition, the JRFC showed that in 2016, 64 percent of shelters were privately run, 2 percent were state-run, and 34 percent were run by local government (Hockenberry and Sladky, 2018).

Youth served in shelter care. Most youth who enter shelter care are more likely to be older (12-17 years old), member of a racial/ethnic minority, and have health problems (Oakes and Freundlich, 2005). Some locales use shelter care to hold preadjudicated youth as an alternative to more secure detention (Mogulescu and Caro, 2008). This is common cases of youth who have committed status offenses and is also in line with the Juvenile Justice Delinquency Prevention Act's Deinstitutionalization of Status Offenders requirement.⁹ Youth who enter a shelter may be suffering from abuse, neglect, or mental health disorders or have prior involvement with the criminal justice system (Litrownik, 1999). Thus, many youth in shelters are likely to have emotional and behavioral problems and other special needs and concerns (Votta and Manion, 2003). While shelters may provide some form of stability and assistance to youth, they may also have problems such as bullying, theft of private property, and overcrowding (Dalton and Pakenham, 2002).

Ranch/Wilderness Camps

Wilderness camps are long-term residential facilities for youth, which are less strictly confined than long-term secure facilities, often allowing them greater contact with the community. Wilderness camps include ranches, forestry camps, wilderness or marine programs, or farms (Puzzanchera et al., 2018).

⁹ The requirement states that holding a youth in secure custody for a status offense (e.g., truancy, running away) is generally against federal statutes (with some exceptions).

Wilderness therapy was developed in the 1950s and 1960s in response to an increasing number of at-risk youth and the need for rehabilitation programs (Kelly and Baer, 1968). Wilderness camps are attended by more than 5,000 U.S. youth every year (Gass et al., 2012). The CJRP found there were 985 youth residing in a ranch or wilderness camp on a single day in 2015, which is the lowest number since the census started counting in 1997, when 7,338 youth were counted as residents of a ranch or wilderness camp (Sickmund et al., 2017)

Historically, wilderness therapy has been linked with delinquent youth; however, there are other populations that wilderness therapy programs may serve. These include private-pay clients and nonclinical, clinical, and adjudicated populations (Bettman et al., 2016; Carson and Gillis, 1994). Delinquent adolescents may especially benefit from wilderness therapy for a few reasons. First, engaging adolescents in verbal therapy may be difficult, but combining it with dynamic physical aspects may encourage adolescents to become more involved (Williams, 2000). Second, the outdoor environment provides adolescents with a feeling of freedom and may diminish opposition to therapy (Williams, 2000). Lastly, delinquent adolescents often have a history of insecure attachments and poor relationships with adults. The amount of contact between therapists and adolescents and the duration of wilderness therapy programs may establish a more trusting therapeutic relationship (Williams, 2000).

Characteristics of wilderness camps. Wilderness camps provide participants with a series of physically challenging outdoor activities designed to prevent or reduce delinquent behavior and recidivism as an alternative to traditional locked residential settings (Tarolla et al., 2002). These programs seek to remove youth from the distractions of their everyday lives, so they can concentrate on themselves while in the program. Although these programs vary in terms of settings, eligibility criteria, types of activities, duration, involvement of family members, and therapeutic goals, key components typically include therapeutic camping, rock climbing, wagon train trips, overnight solo experiences, alternative schools, individual and group therapy sessions, and family counseling (Roberts, 2004). Youth also learn and apply survival skills like food preparation, shelter building, fire making, and rural travel (Russell and Phillips-Miller, 2002). Youth are taught and learn through natural consequences: for instance, learning that they may become wet and cold if they fail to set up a shelter or will not have dinner if they fail to build a fire (Bettmann et al., 2016; Jones, Lowe, and Risler, 2004).

The three types of wilderness therapy programs are continuous trekking, short-term residential, and long-term residential (Hagan, 2002). These programs differ in both the length of stay and the use of a base camp versus continuous backpacking. Short-term programs typically last from 6 to 12 weeks, and long-term programs can last from 9 to 24 months (Hagan, 2002). An important component of wilderness therapy is that youth receive both individual and group therapy (Gass et al., 2012). Most programs host about 6 to 10 juveniles at a time (Vissell, 2004). Many of the survival skills needed for wilderness therapy also require group cooperation and teamwork to be successful (Russell, 1999).

Youth served in wilderness camps. In 2015, the CJRP found that, 95 percent of the youth served at ranches or wilderness camps were boys, and only 5 percent were girls. The percentage of residents whose most serious offense was a property crime (31.5 percent) was higher at wilderness camps than at any of the other facility types (Sickmund et al., 2017). In 2015, wilderness camps also had a larger Hispanic population (44.4 percent) than the other facility types.

Common Features of Residential Programs

As noted above, there are no standard definitions and no single oversight for all residential programs in juvenile justice. However, researchers, court rulings, and policies have indicated that residential

programs are generally responsible for residents' safety¹⁰, education,¹¹ and health¹² (Austin, Johnson, and Gregoriou, 2000; Estrada, 2006; Twomey, 2008). Additionally, there has been an increased focus on addressing the needs of the large numbers of system-involved youth with traumatic histories (Abram et al., 2004; Burrell, 2013; Ford, 2016; Kerig, Ford, and Olafson, 2014; Romaine et al., 2011; Rosenberg et al., 2014).

Safety. While there has not been extensive research on the subject of safety, a Performance-based Standards (PbS) survey suggests that the ability of juveniles to adjust to confinement and other new residential settings and to be receptive to treatment and learning opportunities depends on them feeling safe, which can lead directly to reductions in their antisocial activity and future system involvement (PbS Learning Institute, 2016). Additionally, some studies of both adults and juveniles have found that individuals who perceive facilities as less safe have higher levels of institutional misconduct (Gover, Perez, and Jennings, 2008; Lujan, 2017). In 2016, a PbS¹³ survey of juveniles in more than 150 residential facilities in 36 states found that 17 percent reported that they feared for their safety inside the facility, and 2 percent reported that someone at the facility had forced them to engage in sexual activity (PbS Learning Institute, 2016). Numerous laws, standards, and guidelines exist for juvenile facilities, including the Prison Rape Elimination Act Juvenile Facility Standards.¹⁴ Two of the most commonly referenced national standards for certifying or auditing conditions of confinement of juveniles are the American Correctional Association (ACA) standards and the Council for Juvenile Correctional Administrators (CJCA) performance-based standards (Clark, 2014).

Education. In 2016, 88 percent of juvenile residential facilities screened all youth for education needs, an increase from 78 percent in 2000 (Puzzanchera and Hockenberry, 2018b). The rights of juveniles in residential programs to receive a free adequate public education (FAPE) is addressed by federal and state laws and regulations, including the Individuals with Disabilities Education Act, the No Child Left Behind Act of 2001/Every Student Succeeds Act of 2015, and the Juvenile Justice and Delinquency Act of 2002 (ED/DOJ, 2014; Leone and Weinberg, 2012). There are ongoing litigations focused on the limited compliance with the requirement to provide a FAPE¹⁵ (Gagnon, Read, and Gonsoulin, 2015). The PbS survey of juveniles in more than 150 residential facilities in 36 states found that 64 percent of residents

¹⁰ Examples of Supreme Court cases related to safety while youth are in custody include: *Guidry v. Rapides Parish School Board*, 560 So.2d 125 (La. Ct. App. 1990); *C.J.W. by and through L.W. v. State*, 853 P.2d 4 (Kan. 1993); *Youngberg v. Romeo*, 457 U.S. 307, 102 S.Ct. 2452 (1982); *Jackson v. Fort Stanton State Hospital & Training School*, 757 F. Supp. 1243 (D. N.M. 1990); *Smith v. Wade*, 461 U.S. 30, 103 S.Ct. 1625 (1983); *Farmer v. Brennan*, 511 U.S. 825, 114 S.Ct. 1970 (1994); *Ramos v. Lamm*, 639 F.2d 559, 575 (10th Cir. 1980), 450 U.S. 1041, 99 S.Ct. 1861 (1981); *Harris v. Maynard*, 843 F.2d 414 (10th Cir. 1988); *Alexander S.*, 876 F. Supp. 773, 782 (D.S.C. 1995); *Ahrens v. Thomas*, 434 F. Supp. 873 (W.D. Mo. 1977), 570 F.2d 286 (8th Cir. 1978).

¹¹ Examples of Supreme Court cases related to education while youth are in custody include: Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482 (2000); No Child Left Behind Act, 20 U.S.C. §§ 6301-7941 (Supp. V 2005) and Id. § 6315(b)(2)(D); *Donnell C. v. Illinois State Board of Education*, 829 F. Supp. 1016 (N.D. Ill. 1993); *Green v. Johnson*, 513 F. Supp. 965 (D. Mass. 1981).

¹² Examples of Supreme Court cases related to health while youth are in custody include: *Estelle v. Gamble*, 429 U.S. 97 (1976); *Jackson v. Johnson*, 118 F. Supp. 2d 278 at 289; *Alexander S.*, 876 F. Supp. at 788; *A.M.*, 372 F.3d at 787.

¹³ Performance-based Standards (PbS) is a data-driven improvement model that provides a set of standards related to operations, programs, and services for juvenile justice agencies, facilities, and residential care providers. PbS provides a uniform data collection and reporting tool to measure the impact of services on youth, staff, and families to member juvenile justice facilities. Members join voluntarily.

¹⁴ 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-AB34.

¹⁵ For more information, see the *Model Programs Guide* literature review on Education for Juvenile Justice-Involved Youth.

rated school as “very helpful” or “helpful” in 2016, compared with 57 percent of residents in 2010 (PbS Learning Institute, 2016).

Mental and physical health. Several studies have found that youth in residential placements are more likely to have unmet physical, developmental, and mental health needs, and many have had inconsistent or nonexistent care in their home communities (Braverman and Murry, 2011; Schubert and Mulvey, 2014; Sedlak and McPherson, 2010; Shufelt and Coccozza, 2006). Youth in residential facilities also have the right to receive adequate health care¹⁶. Diagnoses such as suicidal ideation and behavior were identified as prevalent among a sample of system-involved youth in one county, and this behavior increases as involvement in the system increases (Teplin et al., 2015). Depression, sexual abuse, and trauma were the most commonly identified predictors of suicidal ideation and behavior. In 2016, 93 percent of facilities screened all youth for suicide risk, 74 percent for substance abuse, and 60 percent for mental health needs (Puzzanchera and Hockenberry, 2018b). These percentages have increased substantially since 2000.¹⁷

Punitive versus rehabilitative models. Research suggests that therapeutic techniques focused on behavior change, such as restorative programs, skill building, counseling, and service coordination, have larger impacts on recidivism than external control techniques and punitive models that use discipline, deterrence, and surveillance (Evans-Chase and Zhou, 2014; Lipsey et al., 2010). Therapeutic techniques can be used in any kind of residential setting. A review of systematic reviews on the effectiveness of correctional rehabilitation for adults and juveniles (Lipsey and Cullen, 2007) concluded that rehabilitation treatment can reduce recidivism and that it has greater capability for doing so than correctional sanctions. Similarly, a meta-analytic examination of the difference between therapeutic and control interventions for juvenile offenders (Lipsey et al., 2010) found programs that used restorative approaches, skill building, counseling, and multiple coordinated services were more successful than programs oriented toward instilling discipline (e.g., boot camps), programs focusing on deterrence through fear of the consequences of bad behavior (e.g., Scared Straight), and programs emphasizing surveillance (intensive probation or parole).

Trauma-informed approaches. Studies of detained and committed youth report multiple forms of victimization and exposure to at least one potentially traumatic event before their confinement (Abram et al., 2004; Burrell, 2013; Ford, 2016; Kerig, Ford, and Olafson, 2014; Romaine et al., 2011; Rosenberg et al., 2014). One study found that individuals who were abused or neglected as children were more likely to be arrested for delinquency and adult crime (Widom, 1989). Another study examining delinquent youth in Florida found that each adverse traumatic experience increased the likelihood of a youth becoming a chronic offender, even after controlling for other risk factors for criminal behavior (Fox et al., 2015).

Some studies have suggested that incarceration itself can be traumatic for youth, and it can be more difficult to address past trauma while incarcerated than while living in the community (Burrell, 2013; Dierkhising, Lan, and Natsuaki, 2013; Powel, 2014). Other studies have found that complex trauma can pose significant challenges to treating youth in secure settings and that greater exposure to early-life trauma is related to negative outcomes within residential facilities, including increased sexual misconduct, suicidal activity, and total misconduct (DeLisi et al., 2010; Ford et al., 2012). However, another study (Lujan, 2017) did not find an association between posttraumatic stress symptoms and

¹⁶ *Estelle v. Gamble*, 429 U.S. 97 (1976).

¹⁷ For more information, see the *Model Programs Guide* literature review on the [Intersection between Mental Health and the Juvenile Justice System](#).

institutional misconduct. Finally, youth with traumatic backgrounds may have different needs than youth without a history of trauma (Ford et al., 2012; Gover and MacKenzie, 2003; Ko et al., 2008). For example, a study of more than 500 confined juveniles in 48 facilities in 20 states (Gover and MacKenzie, 2003) found that, while controlling for other individual and institutional factors, juveniles who had experienced greater levels of child maltreatment had higher levels of anxiety and depression.

Some studies have explored the impact of providing trauma-informed care in residential programs (Bartlett et al., 2015; Elwyn, Esaki, and Smith, 2015; Hummer et al., 2010; Ko et al., 2008). For example, one study examined the effect of the Sanctuary Model, a trauma-informed operating system for human services organizations, on staff and youth in a secure juvenile justice facility (Elwyn, Esaki, and Smith, 2015). That research suggested that the facility was a safer place for both residents and staff after implementation of the model. After the intervention, the facility experienced improvement in 8 of the 12 measured variables, including youth misconduct rates, physical restraint and isolation rates, youth-on-youth assaults and fights, youth-on-staff assaults, youth and staff grievance complaints filed, and youth perceptions of safety.

Another study examined the impact of the [Trauma Affect Regulation: Guide for Education and Therapy \(TARGET\)](#) group for youth in combination with environmental modifications and staff training (Marrow et al., 2012). Findings indicated that the intervention was related to statistically significant reductions in depression, youth threats toward staff, use of physical restraints, and seclusion rates for youth incarcerated for felony-level offenses. The youth involved in the intervention program also reported greater hope and optimism.

Outcome Evidence

One meta-analysis of interventions with juvenile offenders in both residential and nonresidential settings (Lipsey, 2009) found no significant relationship between recidivism and the level of juvenile justice supervision. For juveniles of similar characteristics and similar intervention approaches, there was no difference in recidivism whether they were treated in the community, after diversion, while on probation or parole, or while incarcerated. The meta-analysis also concluded that three factors emerged as major correlates of program effectiveness: 1) serving high-risk offenders, 2) a “therapeutic” intervention philosophy, and 3) quality of intervention (Lipsey, 2009). Similarly, a review of systematic reviews of studies comparing juvenile and adult offenders who received rehabilitation treatment with those who did not, found lower mean recidivism for those in the treatment conditions (Lipsey and Cullen, 2007). In addition to the three factors mentioned above, researchers have identified additional practices that correlate with better outcomes for youth in residential settings, including a strong assessment system (Baird et al., 2013; Vincent et al., 2012; Young et al., 2006) and the use of cognitive-behavioral therapy (Genovés, Morales, and Sanchez-Meca, 2006).

Another study (Morehouse and Tobler, 2000) examined the effect of the [Residential Student Assistance Program \(RSAP\), which](#) is a substance abuse intervention program developed for high-risk adolescents living in residential facilities. The study authors looked at a sample of youth in a treatment center, in a locked county corrections facility, in a nonsecure facility for adjudicated juvenile offenders, and in three foster care facilities. The results indicated a statistically significant between-group difference in that youth who participated in RSAP were less likely to use alcohol and marijuana and reported less other drug use, compared with those who did not participate.

Research has also been done on the use of risk/needs assessments in the placement of youth and in

determining the appropriate types and levels of programming.¹⁸

While researchers have found some positive outcomes resulting from residential programs with comprehensive assessment systems and a treatment or therapeutic focus, other researchers have found potential risks associated with removing youth from their homes and communities and placing them with other delinquent peers in a residential facility (Barnert et al., 2017; Bettman and Jaspersen, 2009; Burrell, 2013; Leiber, Brubaker, and Fox, 2009; Leiber and Fox, 2005; Lipsey and Cullen, 2007; Mendel, 2014; Rodriguez, 2010; Schwalbe, Hatcher, and Maschi, 2009; Steiner, 2009; McGuire, 2002).

Below are descriptions of the empirical evidence available on programming options by type of residential program.

Programs in Long-Term Secure Facilities

While there may be some short-term reductions in offending during confinement, much of the literature suggests that there are often long-term, negative outcomes associated with long-term secure facilities (and secure detention). These include high recidivism, high costs, lower levels of educational attainment, and other risks related to separating youth from their families and communities and placing them with other delinquent youth (e.g., Aizer and Doyle, 2015; Dishion and Dodge, 2005; Mallet and Boitel, 2016; Mendel, 2014; Barnert et al., 2017). For example, a meta-analysis of nine studies conducted in the United States and Australia, (Black, 2016) found that incarceration *increased* recidivism by 8 percent, and recidivism *decreased* by 6 percent for non-incarceration sanctions. One study, which analyzed data across 10 years on judges randomly assigned to cases in Chicago, found that, after controlling for demographic characteristics and crime severity, juvenile incarceration reduced youth high school graduation rates by 13 percent and increased adult incarceration rates by 22 percent (Aizer and Doyle, 2015). And an assessment of comparable probation and residential placements found that probationers had statistically significant lower recidivism rates than those placed in commitment programs (Ryon et al., 2013).

Nevertheless, meta-analyses have found that quality programs can lead to reductions in recidivism in institutional environments such as long-term secure facilities. A meta-analysis of 83 programs for institutionalized serious juvenile offenders¹⁹ found that interpersonal skills programs (involving training in social skills and anger control) and teaching family homes (community-based, family-style group homes) showed large, statistically significant mean effect sizes (Lipsey, Wilson, and Cothorn, 2000). Findings showed consistently null results for milieu therapy, and no statistically significant or consistent mean effects for drug abstinence programs, wilderness/challenge programs, and employment-related programs. Another meta-analysis, on the effectiveness of treatment programs for serious juvenile offenders ages 12–21, in secure correctional settings, found that treatment programs can be effective in reducing recidivism and that the most effective methods were cognitive-behavioral (Genovés, Morales, and Sanchez-Meca, 2006).

The [Violent Offender Treatment Program \(VOTP\)](#) seeks to reduce recidivism among youth convicted of violent offenses and capital crimes. The program offers 6 months of intensive, therapeutic treatment to juveniles in residential facilities before they are released. Youth in the program have received blended sentences, which means that they begin serving their sentences in juvenile correctional facilities

¹⁸ For more information, please see the *Model Program Guide* literature review on [Risk/Needs Assessments for Youths](#).

¹⁹ Seventy-four were in juvenile justice institutions, and nine were in residential facilities under private or mental health administration.

and can then serve the remainder under parole supervision if they successfully complete the VOTP. A study of incarcerated older male juveniles in a southern state found a statistically significant reduction in recidivism rates for juveniles who participated in the program, compared with those who did not participate (Haerle, 2016).

[Equipping Youth to Help One Another \(EQUIP\)](#) is a multicomponent treatment program administered in juvenile correctional facilities with males, ages 15 to 18, who have committed less serious felonies (e.g., breaking and entering, burglary) and violations of parole. It seeks to establish a “climate for change” where youth can turn antisocial and self-destructive behavior into positive behavior that helps them and others around them. A study at a medium-security correctional facility for juveniles in a midwestern state found that participants in EQUIP demonstrated statistically significant larger gains in social skills, lower levels of institutional misconduct, and were less likely to recidivate than nonparticipants (Leeman, Gibbs, and Fuller, 1993).

Programs in Residential Treatment Centers

Diversity in the type and quality of services being offered and in the literature regarding the effectiveness of residential treatment centers (RTCs) shows mixed results. For example, a review of the outcome literature on adolescent residential treatment programs, including RTCs, which examined 13 studies, concluded that these therapeutic settings provide effective interventions for many clients (Bettmann and Jaspersen, 2009). However, the findings also indicated the following deficits in the existing literature that limit any definitive conclusions about the effectiveness of residential treatment programs: 1) lack of research that assesses the effectiveness of specific program elements, 2) no consensus in the research on a definition of residential treatment and little agreement on what constitutes treatment success, 3) insufficient details and descriptions in evaluation studies that look at the effectiveness of specific programs (making it difficult to replicate a particular treatment approach), and 4) a need for outcome research to examine the cultural sensitivity of child and adolescent residential treatment (Bettman and Jaspersen, 2009).

An evaluation of the [Mendota Juvenile Treatment Center \(MJTC\)](#), an intensive treatment program designed for serious and violent juvenile offenders, found positive effects on youth who received treatment in the program (Caldwell and Rybroeck, 2005). The study compared 101 youth who were treated through MJTC with 147 youth who were briefly assessed at MJTC, but who then returned to a secure correctional institution. Results showed that youth treated at MJTC were one sixth as likely to commit felony violent offenses as the comparison group, which is a statistically significant difference.

Programs in Secure Detention

In the short term, secure detention presumably makes it more likely that a youth appears in court and may temporarily prevent offending in the community. However, secure detention may also affect long-term public safety because research suggests that detention can have a negative impact on a youth’s mental and physical well-being, education, and future employment while interrupting positive family, peer, and school relationships and promoting a negative peer culture (Abram et al., 2017; Dishion and Dodge, 2005; Austin, Johnson, and Weitzer, 2005; Koyama, 2012), which are risk factors for offending.

Many studies have also shown that once youth are detained, even when controlling for their current offenses, offending histories, and other variables, they are more likely than non-detained youth to end up going deeper into the juvenile justice system (Leiber, Brubaker, and Fox, 2009; Leiber and Fox, 2005; Mendel, 2014; Rodriguez, 2010; Schwalbe, Hatcher, and Maschi, 2009). A study of longitudinal data in a large southern state found that length of stay in detention increased the odds of a formal disposition by a margin of between 9 and 20 percent for each additional day of detention (Caudill et al., 2013). The

researchers controlled for gender, race, age, gang membership, household status, history of abuse, and offense. Also, a study of juvenile courts in Missouri, which controlled for age, race, offense severity, concurrent delinquency, and prior record, found that being held in detention before adjudication was the largest predictor of whether a juvenile was adjudicated both delinquent and committed (McGuire, 2002). Pretrial detention placement can also negatively affect outcomes outside of the juvenile court. One study (Steiner, 2009) found that pretrial detention increased the likelihood that a convicted juvenile who was transferred to adult court would be sentenced to prison, even after controlling for legal factors such as offense type, offense severity, and relationship with court; extralegal factors such as sex and race; and other factors such as whether the juvenile had a public defender and whether there was a bench trial or jury trial.

The two main purposes for placing youth in secure detention are to ensure appearance for court hearings and to protect the community while the youth is detained (Austin, Johnson, and Weitzer, 2005). While youth are in detention centers, these two goals are almost always realized; therefore, most research on effectiveness focuses on outcomes after youth leave temporary placement, as in the examples below.

[Project BUILD](#) is a violence prevention curriculum designed to assist youth in detention to overcome obstacles such as gangs, violence, crime, and substance abuse. A study of youth in a detention center in Cook County, Illinois, found that youth who participated in the program had statistically significant, lower rates of recidivism than nonparticipants (Lurigio et al., 2000).

Similarly, [Behavior Intervention at Cook County \(Ill.\) Juvenile Temporary Detention Center \(JTDC\)](#) targeted high-risk juveniles in a detention center in Chicago. The program focused on correcting automatic or reactive behaviors, with the goal of reducing both the probability and number of readmissions. Findings indicated a statistically significant reduction in likelihood to be readmitted and in readmissions to the detention center for participants, compared with nonparticipants (Heller et al., 2015).

Programs in Shelter Care

According to a 2002 study of 11 agencies across the Midwest, youth tend to show improvement on outcomes that are critical for runaway and homeless youth 6 weeks after discharge. These include feelings of support from family, employment, self-esteem, days on the run, school suspensions and expulsions, being fired from employment, and sexual behavior (Thompson et al., 2002). A 2006 study of homeless and runaway youth showed that emergency shelter services can be useful in preventing future substance use (alcohol and illegal drugs) in residents post-discharge. Youth using emergency shelter and crisis services in the Missouri, Iowa, Nebraska, Kansas Runaway and Youth Services Network were found to have decreased substance use 6 weeks and 3 and 6 months after their discharge date (Pollio, 2006).

Specific programming inside shelters can also produce positive outcomes, as shown in an examination (Nugent, Bruley, and Allen, 1998) of the effectiveness of a condensed version of the [Aggression Replacement Training \(ART\) for Adolescents in a Runaway Shelter](#) on the antisocial behavior of adolescents living in a runaway shelter. The program combines anger-control training, social skills training, and moral reasoning. Participation in the program was associated with a statistically significant 20 percent reduction in the rate of antisocial behavior incidents per client every week and a statistically significant reduction of 1.1 antisocial behavior incidents per day.

Programs in Wilderness Camps

A meta-analysis of 29 studies of wilderness programs (Wilson and Lipsey, 2000), which involved more than 3,000 juvenile offenders, found that program participants experience recidivism rates that are about 8 percentage points lower than comparison subjects (29 percent and 37 percent, respectively). Although these moderately positive results reflect a statistically significant program effect, they do not reflect the inconsistencies in individual program results. The results from the meta-analysis also show that programs involving a combination of relatively intense physical activity and therapeutic enhancement, such as individual counseling, family therapy, and therapeutic group sessions, were especially effective. Those that involved less physically challenging activities and little or no therapeutic content had a less significant impact.

Another meta-analysis (Bedard, Rosen, and Vacha-Haase, 2003) found that wilderness therapy programs had a positive effect on several variables, including behavior change, interpersonal skills, self-esteem, and recidivism. These findings indicated that wilderness therapy programs may be more effective than incarceration or probation in decreasing recidivism and increasing self-worth and behavioral skills. A meta-analysis of wilderness therapy outcomes for private-pay clients also found a medium effect size for each of the constructs assessed, including self-esteem, locus of control, behavioral observations, personal effectiveness, clinical measures, and interpersonal measures (Bettman et al., 2016).

Limitations of Research

There are limitations to the research on residential programs. First, there is a lack of a standardized definition among federal, state, and local practitioners and researchers in terms of the different types of programs. Second, there are different ideas of which outcomes should be measured. While recidivism is often used as a measure of success for residential programs, this measure may not be sufficient for some types of interventions. Third, there are differences in short- and long-term outcomes. For example, evaluation research on the effect of RTCs stems in part from the varying needs of referral and reimbursement organizations. Psychiatric accrediting bodies expect evaluations to concentrate on symptom reduction on the basis of psychiatric diagnostic categories, while social service agencies are more interested in outcome measures of individual and family functioning (Bettmann and Jasperson, 2009). Fourth, positive outcomes in detention centers may focus more closely on reductions in negative consequences of this placement type. Finally, numerous methodological problems have characterized much of the evaluation research, including the use of idiosyncratic measures, poor samples, the lack of comparison groups, retrospective designs, and the lack of information in the evaluation studies about reliability, validity, demographics, and other important components of rigorous research (Bettmann and Jasperson, 2009; Behrens and Satterfield, 2006).

Conclusion

The number of youth being held in residential placement has decreased over time. For example, while there were 105,000 youth in residential placements on a single day in 1997, there were 48,000 youth in placement (Sickmund et al., 2017) on a single day in 2015. Boys and youth of color comprise the largest portions of the residential population.

There are many different types of residential programs, ranging from small, homelike environments to large, secure environments. Various types of programs, facility models, and approaches have demonstrated positive outcomes in residential facilities. Researchers have found that factors associated with program effectiveness include targeting high-risk offenders, using a strong assessment system, employing a rehabilitative or therapeutic intervention philosophy, incorporating cognitive-behavioral

therapy, and implementing high-quality interventions. In addition, some experts have suggested incorporating trauma-informed care (Branson et al., 2017; Miller and Najavits, 2012; Skowrya and Coccozza, 2007), engagement of families, and involvement of other service agencies while youth are in residential placement and or reentering the community.²⁰ However, more rigorous research is needed to evaluate these approaches.

Researchers have found that out-of-home placement can predict negative outcomes for youth related to their mental and physical well-being, education, deeper system involvement, future employment, and recidivism (Barnert et al., 2017; Bettman and Jasperson, 2009; Burrell, 2013; Leiber, Brubaker, and Fox, 2009; Leiber and Fox, 2005; Mendel, 2014; Rodriguez, 2010; Schwalbe, Hatcher, and Maschi, 2009; Steiner, 2009; McGuire, 2002). They have also found that several specific programs have been able to produce positive outcomes for youth in residential facilities. For example, implementation of the Aggression Replacement Training (ART) program was associated with reductions in antisocial behavior in a sample of youth living in a shelter (Nugent, Bruley, and Allen, 1998), implementation of the Violent Offender Treatment Program (VOTP) resulted in reductions in recidivism among incarcerated older male juveniles in a southern state (Haerle, 2016), and implementation of Project BUILD resulted in lower rates of recidivism among youth in a detention center (Lurigio et al., 2000).

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²⁰ For more information about engaging family members and juvenile reentry, please see the *Model Programs Guide* literature reviews on [Family Engagement in Juvenile Justice](#) and [Juvenile Reentry](#).

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