



Written Statement of

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On behalf of

Youth Villages

**“Reviewing the Juvenile Justice System
and How It Serves At-risk Youth”**

Before the

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Good morning! My name is Dr. Tim Goldsmith, and I am Youth Villages' Chief Clinical Officer. I want to thank Chairman Kline and the other distinguished House Members of the Education and the Workforce Committee for inviting me to speak about Youth Villages' experiences serving youth in the juvenile justice system.

Youth Villages is a nonprofit organization serving more than 23,000 at-risk youth and their families each year in 12 states and the District of Columbia. Our organization has received numerous accolades for our effectiveness in improving outcomes for at-risk youth, including recognition from Harvard Business School, Casey Family Programs and the National Coalition for Juvenile Justice. In my role as Youth Villages' Chief Clinical Officer over the last 26 years, I have led the development and implementation of interventions aimed at improving the outcomes of at-risk youth. Two of those interventions are intensive in-home services, Intercept[®] and MST[®], which address the needs of youth who have been involved in the juvenile justice system or foster care system and their families.

The youth we work with are extremely vulnerable. They have had chaotic and troubled home lives, experienced unimaginable traumatic events and hardships, and lived in impoverished communities. Some believe the youth we serve have an already determined trajectory and their early involvement with the law only means they are "beyond repair." However, our experience has shown us that many of these youths' trajectories can be positively changed with intensive, family-focused, cost-effective, in-home services that allow the youth to safely remain in their communities with their families.

To illustrate, let me share Ben's story with you. Ben was 14 years old when he had already amassed 40 criminal charges – mainly for breaking and entering -- stealing from homes and cars in a three-county area. From that history, where would you guess Ben's life would end up? He could have been sent to long-term detention, where he would meet and associate with other troubled teens and have little or no access to evidence-based help. Instead, he and his mom were referred to a Youth Villages Multisystemic Therapy program. Our MST specialist met with Ben and his family three times each week. We were on call 24/7 if they needed us. When Ben got caught smoking marijuana on school grounds a month into treatment, we didn't give up.

Instead, we helped his mom tighten up her supervision and continued therapeutic work with Ben. At one point in the court process, Ben faced his victims, including a farmer from the community. After the hearing was over, Ben went up to him and offered to work to repay him – even though he didn’t have to. Ben went to work, and his victim became his mentor and one of his greatest advocates. Ben’s life is now completely different. He has goals: he wants to be a farmer or lumberman. Ben’s story is only one of many I could share with you, and we believe there could be many more of these success stories if we shift the way we think about how to effectively intervene with at-risk youth.

When we started providing these services, they were a tough sell. The vast majority of judges across the nation believed that punishment was the only way to address the youth’s offenses and crimes. Others were skeptical about the community’s safety. Slowly, but surely, our results started speaking for themselves. With their intensity and clinical-based models, our services were strengthening families and helping them properly supervise and care for their own children. This dramatically changed the outcomes for these youth – and it kept the community safe. Over these years, I have witnessed an increased interest in community-based and family-focused approaches. However, we are still not where we need to be. According to the Annie E. Casey Foundation, 75 percent of youth who are in juvenile facilities are confined for non-violent offenses¹, meaning that the vast majority of these youth could potentially be treated with community-based interventions that do not require confinement.

At Youth Villages, we strongly believe in the need for alternatives to youth incarceration. First, we do not believe that a punitive approach is developmentally appropriate. Scientific research has shown that the adolescent brain has difficulties processing the differences between right and wrong, controlling impulsivity and engaging in logical thinking². This evidence has already influenced several U.S. Supreme Court rulings that limit the state’s ability to impose life without parole sentences and that have abolished death sentences for juveniles. Furthermore, in

¹ Annie E. Casey Foundation. (2013) *Youth Incarceration in the United States*. Retrieved from: <http://www.aecf.org/m/resourcedoc/aecf-YouthIncarcerationInfographic-2013.pdf>.

² See, e.g., Jay N. Giedd et al., “Brain Development During Childhood and Adolescence: A Longitudinal MRI Study,” *Nature Neuroscience* 2, no. 10 (1999): 861; Jay N. Giedd, “Structural Magnetic Resonance Imaging of the Adolescent Brain,” in *Adolescent Brain Development: Vulnerabilities and Opportunities*, ed. Ronald E. Dahl and Linda Patia Spear, *Annals of the New York Academy of Sciences*, Vol. 1021 (2004); Nitin Gogtay et al., “Dynamic Mapping of Human Cortical Development During Childhood Through Early Adulthood,” *Proceedings of the National Academy of Science* 101 (2004): 8174; Arthur W. Toga, Paul M. Thompson, and Elizabeth R. Sowell, “Mapping Brain Maturation,” *Trends in Neurosciences* 29, no. 3 (March 2006):148-59; online publication, Feb. 10, 2006.

the populations we serve, adolescent development is compounded with trauma, which has been linked to criminal offenses³. Second, research also suggests that confinement, as compared to community-based services, can lead to higher incarceration rates later in life⁴ and higher likelihood of dropping out of high school⁵.

This scientific evidence, combined with our experiences, informs our belief that a youth's trajectory can be changed with services that address trauma, promote self-regulation and guide the youth toward natural supports in the community. Our experience proves the feasibility of programming that is family focused, has positive outcomes for youth, and is cost effective.

Families as the solution: Both of our in-home programs offer intensive in-home services that provide therapy and supports for not just the youth, but his or her family as well. Our experience has shown us that seeing families as part of the solution benefits everyone. Therapeutic work with the family unit allows us to address many root issues that led to delinquency in the first place, while also strengthening the network and supports that will help the youth stay on a sustainable positive path.

Positive outcomes: Youth Villages is an outcome-driven organization. We work with states to collect and measure outcomes of youth after they complete our programs, and what we have found is extremely positive. Twelve months after discharge from our in-home programs, 75 percent of youth with prior legal involvement have not had any further involvement with the law, meaning that our programs' re-offending rates are approximately 25 percent. Compare this to a state like Virginia, where twelve months after discharge from a correctional center, 46.3 percent of juveniles had been re-arrested⁶.

Cost effective: Our programs have not only been effective, but they have resulted in cost savings. While a residential placement can cost the state an average of \$426 a day per youth⁷, our

³ Widom, C.S. and Maxfield, M.G. (2001). *An update on the "Cycle of Violence."* National Institute of Justice: Research in Brief. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

⁴ Fabelo, Tony, Nancy Arrigona and Michael Thompson. (2015) *Closer to Home: An Analysis of the State and Local Impact of the Texas Juvenile Justice Reforms*. Retrieved from: <http://csgjusticecenter.org/wp-content/uploads/2015/01/texas-JJ-reform-closer-to-home.pdf>.

⁵ Aizer, Anna and Joseph J. Doyle. *Juvenile Incarceration, Human Capital and Future Crime: Evidence From Randomly-Assigned Judges*. National Bureau of Economic Research (June 2013). Retrieved from: http://www.mit.edu/~jdoyle/aizer_doyle_judges_06242013.pdf.

⁶ Retrieved from: <http://vaperforms.virginia.gov/indicators/publicsafety/recidivism.php>

⁷ The Pew Charitable Funds. (2015) *Re-examining Juvenile Incarceration*. Retrieved from: http://www.pewtrusts.org/~media/assets/2015/04/reexamining_juvenile_incarceration.pdf

in-home services typically cost \$100 a day and have a shorter duration. According to an analysis conducted by *Fight Crime, Invest in Kids*, MST can save a state up to \$16,000 per child.

I believe that our work demonstrates that alternatives to juvenile incarceration are not only necessary, but possible and cost effective. We have shown that with intensive and therapeutic approaches that target both youth and strengthen their families, we can address the root of the negative behaviors and help young people get on a law-abiding path to safe, good citizenship. Furthermore, this can be done for around a fourth of the cost of a detention facility.

Ultimately, this benefits everyone because stronger families mean stronger neighborhoods. Stronger neighborhoods mean stronger communities. And stronger communities mean a stronger America.

Dr. Tim Goldsmith
Chief Clinical Officer, Youth Villages

Dr. Tim Goldsmith has been a member of the Youth Villages executive staff since 1989. As the chief clinical officer, he provides leadership and supervision in the development and implementation of all clinical programs and interventions. Dr. Goldsmith has direct responsibility for the clinical, research, placement services and performance improvement departments.



He has been intimately involved in the development and implementation of evidence-based programs at Youth Villages, including Trauma Focused Cognitive Behavior Therapy, Multisystemic Therapy and other outcome-based strategies. Dr. Goldsmith holds a B.S. degree in sociology from Lambuth College. He received his MA and Ph.D. in Marriage and Family Therapy from the University of Southern California.

Dr. Goldsmith received a gubernatorial appointment to the Tennessee Commission on Children and Youth. He is a member of the national advisory council of the Children in Managed Care Initiative of the Center for Healthcare Strategies (funded by the Annie E. Casey Foundation.)

His professional publications include: “Not All Managed Care Health Care Plans are Created Equal: Differences in Mental Health Service Provision, Program Participation and Outcomes among Medicaid Program Participants,” with S. Hurley and G. Lord in “The 16th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base” (pp. 485-490).