

An Issue of Prevention

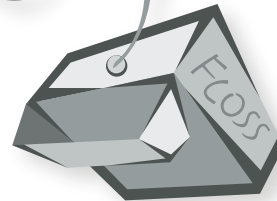
Gary Steadman and Jay Hutchins

In one of our editorial sessions, we speculated that an entire issue of *Oregon's Future* concerned with just the idea of prevention could cover a range of important topics.

The cost effectiveness of tobacco cessation programs, speed bumps, speeding laws, enforcement of traffic laws, zoning, and public health initiatives are all examples proving that prevention improves and saves lives plus saves money for society. Areas where the idea of prevention is more controversial or political are healthcare, mental health, and criminal justice. *Oregon's Future* is interested in examples of data driving innovative policy in prevention in spite of ideology. For instance, in Seattle it was found that in 2003 the public spent approximately \$50,000 annually for each of the 40 homeless alcoholics who most frequently ended up in emergency rooms, detox centers, or jail. Yet, it cost only about \$13,000 per person to house them in state-provided permanent housing; reducing the need for expensive medical care and making it easier to treat the chronically homeless who are mentally ill.

Many similar programs have had similar outcomes. The stumbling block for acceptance of these types of programs is that they work because recipients of services are allowed to continue abusing substances while receiving housing. President Bush's director of the Department of Housing and Urban Development in Seattle, John Meyers, embraced the idea after his initial shock, because it worked. We are sure that many of our readers will also be surprised to hear that Bush's Executive Director of the US Interagency Council on Homelessness, Philip Mangano, has convinced more than two hundred cities to radically reevaluate their policies and implement "housing first" programs. Dan Cook, author of the following article and an *Oregon's Future* advisor, has firsthand experience with prevention programs and wants to see data on prevention drive policy more often in Oregon.

Ya Gotta Floss to Prevent Decay



Dan Cook, Morrison Child and Family Services

Multnomah County currently has dozens of empty jail beds, not because it has embraced the idea that prevention trumps incarceration, but because it doesn't have the funds needed to maintain the jail at its full occupancy. Not to worry: our public officials are busily searching for the necessary dollars that will allow the jail to be fully occupied.

There is, however, considerable evidence that the current US policy of spending more on penitentiaries than on mental health treatment facilities is a waste of public resources—and that appropriate mental health treatment and family counseling is far more cost effective. It's like the advice the dentist gives you. You can floss and prevent most tooth decay, or you can face the drill.

Consider these facts:

Oregon spends 3.8 times more per prisoner than per public school pupil. *Source: Children's Defense Fund, "Children in Oregon," January 2003.*

While it costs almost \$50,000 a year to incarcerate a juvenile offender, it costs an average of just \$8,000 per year to provide family abuse prevention services to one family. And, over 92% of families who participate in these programs don't abuse again. *Source: City of Portland Children's Investment Fund*

Every \$1 invested in quality early childhood care and education saves as much as \$7 by increasing the likelihood that children will be literate, employed, and enrolled in post secondary education and less likely to be school dropouts, dependent on welfare, or arrested for criminal activity. *Source: Children's Defense Fund, "Children in Oregon," January 2003.*

Every \$1 spent vaccinating children against measles, mumps, and rubella saves \$16 in medical costs to treat those illnesses. *Source: Children's Defense Fund, "Children in Oregon," January 2003.*

Ripple Effect

Consider, as just one example of the power of prevention, the human toll exacted by one adult predatory sex offender during a lifetime. Estimates vary, but it is believed that sex offenders who

live to age 70 may have several hundred victims whom they offend several thousand times. There's no way to estimate the pain and collateral damage inflicted on an adult predator's victims during his or her lifetime. But clearly, there is a social cost. Victims generally require considerable medical and psychological help as a result of their trauma, and they often engage in anti-social behavior that has its own price tag within the community.

Morrison's Counterpoint program for early sex offenders (ages 4-19) is one of the most successful treatment programs in the nation for youth who have acted out sexually in inappropriate ways. For youth who have successfully completed treatment, the recidivism rate for sexual offending is less than 2 percent. Bottom line: the treatment works with a lot of kids. It breaks the offending pattern and stops the ripple effect of the pain caused by offenders. The success rate of Counterpoint represents a compelling argument for identifying potential sex offenders and treating them before they reach adult status. It also demonstrates the effectiveness of creative prevention programs as compared to the standard adjudication and incarceration process.

Counterpoint is just one of many nonprofit Oregon mental health treatment programs designed to intervene early to prevent families from falling apart and to prevent children from being abused and neglected. Despite ample proof that these programs work, the providers of these programs are experiencing decreasing support from government funders. Multnomah County dragged out a recent proposal process for nearly two years before once again "restructuring" the way it selected and reimbursed providers. The end result was reduced support for early intervention/prevention programs. The state continues to reduce the support for individuals referred to programs and the number of referrals it will make.

Yet there are those in the community who understand how crucial it is to intervene early to prevent family trauma. The City of Portland's Children's Investment Fund (CHIF) was created and funded by voters to address these issues. Since its inception, CHIF has been swamped with requests for money to pay for preventative programming. According to CHIF, "The need still outweighs resources available." It cites these examples:

- There were approximately \$11.9 million worth of investment requests for the Early Childhood Round per year. Approximately \$4 million was awarded.
- There were approximately \$8.5 million worth of requests for the Child Abuse Prevention & Intervention Round. Approximately \$1.6 million has been awarded.
- There were approximately \$11 million worth of investment requests per year for after-school and mentoring programs. Approximately \$3.2 million was awarded.

While politicians and bureaucrats scurry about looking for tax dollars to pay for more prison beds to please anxious voters, others are aware that Oregon's future will be a bleak one if we continue down this path. The statistics bear them out, and we, in our hearts, know it is better to offer help when it can do the most good.

Grant makers and private donors can't do it alone. If we as a society—as a community—are truly committed to safe and healthy families, we need the will to build a political base to advocate effectively for programs that intervene early in family crises.

The framing of the argument in support of these programs will be crucial to the strategy's success or failure. I believe we should have this discussion, and others focusing on the idea of the value of prevention in public health, mental health, and education, right here, in the pages of *Oregon's Future*. ▲

Prevention and Bureaucracy

There are currently some 1,800 youth incarcerated in the state of Oregon who have been adjudicated as sex offenders. State officials claim that there is a sex offender treatment plan for each of these youngsters. But treatment experts, including those at Counterpoint, question whether many of these plans are appropriate for the youth involved or whether the youth is supervised closely enough so that the plan is fully carried out. Like other juvenile offender treatment programs, Counterpoint is based on a cognitive behavioral and relapse prevention therapy model. The key is for offenders to take responsibility for their abusive actions and reject the "thinking errors" they used to justify their abuse. The typical Counterpoint client spends two years in treatment.

Counterpoint's work is evidence-based and scrutinized annually for outcomes, which are available for public inspection. Clearly, the earlier treatment begins, the greater the likelihood of a successful outcome. Yet only about 200 youth per year are referred by Department of Human Services (DHS), Oregon Youth Authority (OYA), or other agencies to a Counterpoint program.

Many youth in our state are receiving less than adequate treatment and going back into the community still battling their offending issues. Counterpoint's own research shows a recidivism rate of only 2 percent after one year for those who successfully complete treatment. According to national studies, overall recidivism rates for juvenile sex offenders treated in specialized programs range from 7 to 13 percent, while recidivism rates for adult offenders are 10 to 20 percent with treatment and as high as 43 percent without treatment. ▲

Dan Cook