Committee on Corrections and Juvenile Justice

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House Committee Chair, Representative Tom Kessler, Vice Chair Representative Rebecca Schmoe, and Ranking Minority Member, Representative Silas Miller, thank you for this opportunity to submit written testimony in opposition of Hb 2325, My name is Christopher Chastain, NAMI Kansas Public Policy, and Advocacy Director. What is NAMI Kansas you might be asking, and the simple response is I Am NAMI Kansas. The more complex answer is we are a statewide organization of the National Alliance on Mental Illness, providing services to Kansans for 36 years.

Juvenile justice policies in Kansas have undergone significant changes in recent years as the state grapples with the effects of increased detention on youth outcomes. Research shows that heavy reliance on secure confinement for juveniles is linked to high recidivism rates, negative mental health outcomes, and disrupted education. In the mid-2010s, Kansas had one of the highest juvenile detention rates in the nation, prompting concern that policies focused on incarceration were not achieving their goals. This report examines how increased juvenile detention impacts reoffending, mental health, and educational attainment in Kansas, and compares these findings with national trends. It also explores alternative approaches to juvenile justice that have proven more effective in reducing recidivism and improving youth outcomes.

Juvenile Detention Trends in Kansas

Kansas historically relied heavily on out-of-home placements for youth offenders, even as juvenile crime declined. By 2015, Kansas had the 6th highest youth detainment rate in the country. Over 80% of youth sent to Kansas juvenile corrections in that period were assessed as low or moderate risk (only ~20% were high-risk), and over one-third had only misdemeanor offenses. This mismatch suggested that many youths who posed minimal public safety risk were nonetheless being incarcerated. State reviews also found that juveniles removed from home often did not receive adequate treatment and tended to cycle back into the system; for example, most youths discharged from group homes were back in placement within 6 months.

National Context: Kansas's experience mirrored national patterns. Across the United States, juvenile incarceration has declined sharply over the past two decades, reflecting a shift away from large youth prison populations. In 2021, there were about 113,000 juvenile detention admissions for delinquency charges nationally, a 72% drop since 2005. The average daily population of youth in correctional custody fell about 75% from its peak in 2000 to 2022. Kansas eventually joined this trend through reforms, reducing its youth confinement numbers substantially after 2016 (discussed below). Racial and ethnic disparities remain a concern both in Kansas and nationally – in Kansas, Black youths have been nearly 6 times more likely to be detained than white youths, a disparity similar to many states.

Figure: Kansas has significantly reduced the number of youths in secure facilities over the past decade. After comprehensive reforms in 2016, the population of juveniles in correctional facilities dropped over 50% from FY 2010 to FY 2019. The state closed one of its two youth prisons by 2017 as incarceration rates fell.

Kansas's legislative reforms in 2016 (Senate Bill 367) were a turning point. Prior to reform, juvenile arrests had fallen by >50% (2004–2013) but the number of youths in out-of-home placement had only fallen 24%. Youth were being held longer as well – between 2008 and 2016 the average length of stay in Kansas juvenile facilities increased by 30% even as admissions dropped. Recognizing this, SB 367 instituted strict criteria to limit incarceration to higher-risk offenders and expanded community-based interventions. In the immediate aftermath, Kansas saw a 24% decline in its incarcerated youth population and closed a juvenile correctional facility. By 2019, the number of youths in Kansas correctional facilities was 52% lower than in 2010, reflecting one of the steepest declines in the nation. These trends set the stage for examining outcomes related to recidivism, mental health, and education.

Impact on Recidivism Rates

Evidence from Kansas and nationwide indicates that increasing juvenile detention often fails to reduce recidivism and can even increase it. According to the Kansas Department of Corrections, over 40% of youth released from the state's juvenile prisons were reincarcerated within three years. Similarly, 54% of youth sent to non-secure out-of-home facilities in Kansas did not complete those programs successfully, frequently ending up back under correctional supervision. These high reoffending rates suggest that for many youths, incarceration does not break the cycle of delinquency.

National recidivism data reinforces this concern. A comprehensive state-by-state review found that 70%–80% of youth released from juvenile correctional facilities are rearrested within 2–3 years of release. Of those, roughly 45%–72% are subsequently adjudicated or convicted for new offenses. Research consistently shows that incarcerated youth reoffend at rates equal or higher than comparable youth who were given noncustodial sanctions, after controlling offense and background. In other words, locking juveniles up often produces no public safety benefit relative to community-based supervision, and may worsen outcomes. Several studies have found that more punitive responses correlate with higher future offending: for example, even short stays in juvenile detention were linked to a small but significant uptick in felony recidivism in one multi-city analysis. Likewise, longer confinement periods have been associated with higher re-offense rates in places like Florida and New York City.

Kansas's own experience aligns with these findings. Before reform, the state spent the bulk of its juvenile justice budget on confinement and saw persistently high recidivism. In 2015, a Council of State Governments study in Kansas concluded that incarceration was not reducing reoffending, especially for lower-level youth, and that resources were skewed toward ineffective approaches. This evidence informed Kansas's shift toward alternatives aimed at lowering recidivism.

Key Recidivism Statistics:

• Kansas: 42% of youth released from juvenile prison were incarcerated again within 3 years. (By comparison, the adult 3-year recidivism rate in Kansas is around 35%.)

• National: 70–80% of released juveniles are rearrested within 2–3 years; about 50% on average receive a new conviction/adjudication.

• Effect of Incarceration: Youth incarcerated in juvenile facilities reoffend at equal or higher rates than similar youth kept in the community. Longer stays do not lower recidivism and often increase it.

In sum, increased juvenile detention has been associated with high recidivism in Kansas and across the U.S. The failure of incarceration to "rehabilitate" is now well-documented, prompting officials to seek alternative strategies to truly curb reoffending.

Impact on Mental Health Outcomes

Juvenile detention can have serious consequences for youth mental health. A large proportion of justice-involved youths enter the system with pre-existing behavioral health challenges, and confinement often exacerbates these issues. National studies estimate that over 70% of youths in the juvenile justice system have a diagnosable mental health disorder, and about 20% have a serious mental illness (such as severe mood, psychotic, or developmental disorders). In Kansas, officials have noted rising mental health needs among justice-involved youths, identifying inadequate access to treatment as a major barrier to positive outcomes. Indeed, some Kansas families have felt forced to rely on the justice system to secure services for their children – a 2003 GAO study found thousands of U.S. families relinquished custody to get youth mental health care they couldn't afford otherwise.

Confinement in a juvenile facility often worsens mental health problems instead of resolving them. Many detained youths report experiencing trauma, anxiety, and depression during incarceration. Research summarized by The Sentencing Project finds that incarcerated young people suffer higher rates of depression, post-traumatic stress disorder (PTSD), and suicidal ideation than their peers. The environment of a juvenile detention center – which can include isolation, use of force, and exposure to violence – may trigger or aggravate trauma symptoms. A comprehensive review noted that incarceration is itself a form of trauma for many adolescents and can retraumatize those with histories of abuse or adversity. Alarmingly, confinement in youth facilities has even been linked to shorter life expectancies, underscoring the profound stress and health impact it can have.

Kansas has recognized these concerns and started initiatives to address mental health in its juvenile justice system. The Kansas Juvenile Justice Oversight Committee's recent reports highlight efforts to expand mental health collaboration and treatment for system-involved youth. Still, gaps remain – for example, a state project noted that two-thirds of Kansas youth who experienced a major depressive episode did not receive mental health services they needed. Unmet mental health needs can lead to behavioral issues that result in deeper justice system involvement, creating a vicious cycle.

Mental Health Impacts of Detention: Incarcerated youth frequently describe feelings of hopelessness, fear, and anger associated with their confinement. They also lose access to normal adolescent support systems. This can manifest in acute outcomes like suicide attempts or self-harm while in custody, and longer-term outcomes such as chronic PTSD after release. In short, placing juveniles in detention tends to amplify mental health struggles rather than alleviate them. By contrast, community-based interventions that provide counseling, family therapy, and stability have shown far better results for improving youth well-being (see Alternatives section). Kansas officials acknowledge that improving access to mental health care outside of incarceration is critical to further reducing juvenile confinement.

Impact on Educational Attainment

Education is another domain significantly disrupted by juvenile detention. When a young person is removed from their community and placed in a correctional setting, their schooling is often interrupted or curtailed. In Kansas, as in other states, incarcerated youth are entitled to educational services within facilities, but the quality and continuity of education can vary. The very fact of confinement makes it challenging for young people to stay on track academically. They may earn some credits in a juvenile facility school or obtain a GED, but they often fall behind their peers in traditional schools. Furthermore, having a juvenile record or spending months/years out of regular school can hinder a youth's ability to re-enroll and graduate upon release.

Research indicates that juvenile incarceration has a strongly negative effect on educational attainment. A study that tracked youths in Phoenix and Philadelphia, for example, found that those who were incarcerated were less than half as likely to graduate high school as other demographically similar youth who had been in contact with the justice system but not incarcerated. Other studies have noted extremely low school re-enrollment rates for youth returning from confinement. Many do not return to school at all, or if they do, they struggle to catch up and eventually drop out. The Sentencing Project reports that incarceration "impedes young people's success in education," making high school graduation significantly less likely and reducing the chances of college or vocational training later. By their mid-20s and 30s, those who were incarcerated as teens tend to have lower total educational attainment and earning potential than those who avoided imprisonment.

In Kansas, the Department of Corrections has stated a commitment to educate and rehabilitate youth in its custody. After the 2016 reforms, Kansas redirected savings into enhanced programming, which includes educational, vocational, and reentry services for committed youth. Youth at the Kansas Juvenile Correctional Complex (the state's lone remaining youth prison) attend a school on campus and can earn credits toward a diploma. Despite these efforts, the fact remains that confinement disrupts normal educational progress. A semester or year spent in detention can mean missing key coursework, losing touch with one's home school, and facing stigma or bureaucratic hurdles when trying to re-enroll. Nationally, only about 15% of previously incarcerated youth manage to earn a high school diploma or GED by age 25 (versus far higher graduation rates for the general population).

In conclusion, increased juvenile detention tends to undermine academic achievement. Kansas youths who experienced incarceration often return to their communities academically behind. This educational loss is not just a personal setback but also a societal cost, as lower educational attainment is linked to higher unemployment and reoffending. Keeping youth in community settings whenever safely possible enables them to stay engaged in school, which is a protective factor against future crime.

Alternative Approaches and Effective Reforms

Given the poor outcomes associated with heavy juvenile detention, Kansas and many other jurisdictions have turned to alternative approaches that emphasize rehabilitation in the community. These strategies aim to hold youth accountable for wrongdoing while avoiding the detrimental effects of incarceration. Research has identified several evidence-based programs and policy changes that can substantially reduce recidivism and improve mental health and educational outcomes for justice-involved youth:

• Community-Based Supervision & Diversion: Rather than confining low-risk offenders, Kansas now diverts many youths to community programs. This includes supervised probation, mentoring, and restorative justice initiatives. Such approaches keep youths connected to family, school, and pro-social activities. Studies show that diverting youth from formal detention can lower re-offense rates. In Kansas, the shift toward community-based responses after 2016 coincided with continued declines in juvenile arrests and incarceration. Research indicates that alternatives to incarceration reduce recidivism by about 20% on average, while also saving between $2 and $10 for every $1 invested. In short, it's more effective and cost-efficient to supervise and treat youth in their communities whenever possible.

• Family-Focused Therapeutic Programs: Intensive in-home counseling models like Multisystemic Therapy (MST) and Functional Family Therapy (FFT) have proven highly effective for delinquent youth. These programs send trained therapists to work with the youth and their family, addressing the underlying drivers of the youth's behavior (such as family conflict, substance abuse, or mental health issues). Numerous evaluations have found that MST and FFT significantly reduce recidivism compared to incarceration. For example, Ohio's RECLAIM Ohio initiative (which expanded community programs including MST) reduced recidivism by 31% for high-risk youth and saved taxpayers more than $50 million in its first five years. By remaining at home and engaging their families, youth in these programs also tend to have better mental health outcomes and continue their education. Kansas has reinvested some of its reform savings into similar evidence-based family interventions across the state.

• Mental Health and Substance Abuse Treatment: Many youths who commit offenses have untreated mental illness or substance abuse problems. Rather than locking these youth in detention (where treatment may be minimal), a better approach is to connect them with community mental health services, therapy, and, if needed, treatment foster care or specialized

group homes. States that have created Youth Mental Health Courts or juvenile diversion to treatment programs report improved outcomes. Treatment-focused programs can stabilize a youth's condition and thereby reduce the behaviors that lead to rearrest. In Kansas, initiatives like the Stepping Up for Youth project aim to divert youth with behavioral health needs away from detention and into appropriate treatment settings. Early results indicate this reduces subsequent justice involvement. One wraparound program for youth with complex needs showed it improved mental health symptoms, increased school attendance, and cut recidivism by more than half compared to similar youth without the program. This demonstrates the power of treating root causes instead of simply incarcerating.

• Education and Job Training Programs: Ensuring that justice-involved youth continue to progress in school or job skills is key to preventing reoffending. Alternative approaches include evening reporting centers where youth attend after-school tutoring and skills classes (as an alternative to incarceration), and community schools or online curricula for those who struggle in traditional schools. Programs like YouthBuild (which combines education with vocational training for high-risk youth) have yielded notable success – a cost-benefit study found YouthBuild for adjudicated youth produced a return of $7 to $21 for every $1 spent, by reducing recidivism and increasing employment. Kansas's reforms reallocated funds into community-based education and vocation programs to support youth on probation. Keeping youths engaged in positive development activities reduces idle time and deters criminal behavior, breaking the school-to-prison pipeline.

• Legislative Reforms and Oversight: Kansas's SB 367 is an example of system-level change that codified many of the above approaches. The law prohibits out-of-home placement for low-level offenses, mandates use of a risk assessment to ensure only higher-risk youth are confined and requires reinvestment of savings into evidence-based practices. It also set up an oversight committee to track outcomes and ensure the reforms are reducing recidivism and racial disparities. Early impacts of this reform were dramatic: state officials projected a 60% reduction in out-of-home placements by 2022, generating $72 million in savings for reinvestment. As noted, Kansas quickly saw a 24% drop in incarcerated youth and closed a facility, reallocating funds to community programs. Other states (like Georgia, Kentucky, and South Dakota) have implemented similar justice reinvestment strategies with positive results on youth recidivism. Continuous oversight helps adjust policies to maximize public safety while minimizing confinement.

The common thread among these alternatives is that they seek to address the causes of delinquency (family issues, trauma, mental health, educational gaps) rather than simply punishing the symptoms. They also maintain youths' connections to positive influences (family, school, mentors). The evidence is compelling that such approaches outperform incarceration. For Kansas, shifting resources from incarceration to community programs has already produced better outcomes: youth crime continued to fall by over 50% in the last decade even as incarceration was scaled back, and fewer youth are cycling back through the system. While challenges like racial disparity and adequate funding remain, Kansas's experience demonstrates

that a balanced, rehabilitative approach can enhance public safety more effectively than reflexively locking up juveniles.

Conclusion

Increased juvenile detention in Kansas was associated with high recidivism, mental health struggles, and interrupted education for young people – outcomes that ultimately undermine public safety and youth development. These findings aligned with national research show that incarcerating youth often fails to deter future crime and can make matters worse. In contrast, states that have invested in alternative approaches – from family therapy to community supervision and treatment programs – have seen lower re-offense rates and improved life outcomes for youth. Kansas's juvenile justice reform illustrates both the pitfalls of over-reliance on detention and the promise of more effective strategies. Since reducing its youth confinement rate and expanding community programs, Kansas has closed youth prisons, saved millions of dollars, and continued to experience declines in youth offending.

Going forward, maintaining this progress will require continued support for interventions that work, such as mental health services, educational support, and restorative justice programs. It will also require vigilance to ensure that incarceration is truly used as a last resort – reserved for the small subset of youth who pose a serious risk and cannot be safely managed otherwise. For the vast majority of juvenile offenders, the research is clear that pathways other than detention led to better results for the youth and for society. Kansas's focus now is on building a full continuum of care in the community, addressing racial disparities, and sustaining the reductions in confinement. In summary, the evidence shows that when youth justice systems move away from widespread detention and toward rehabilitative alternatives, recidivism drops, young lives improve, and communities are safer.

Sources: The information in this report is drawn from Kansas Department of Corrections data and reports, research by policy organizations (Urban Institute, The Sentencing Project, Pew Charitable Trusts), and national studies on juvenile justice outcomes. Key statistics and findings have been cited to their original sources throughout the text. The trends and outcomes described reflect the consensus of recent evidence that emphasizes rehabilitation over incarceration for juvenile offenders in Kansas and across the United States.

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Thank you for this opportunity to speak and to share.

Best Regards,

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