November 2026

# What does the research say about effective juvenile diversion approaches?

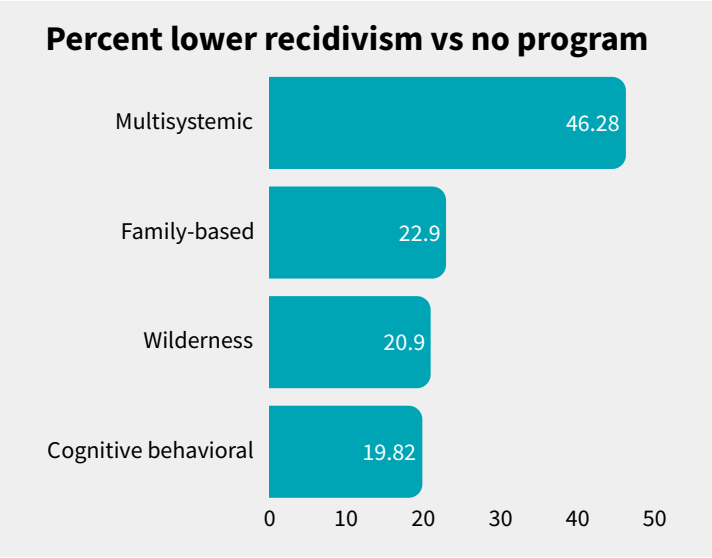
Compiled by Katherine Philp, EdD, University of Delaware

There is increasing recognition that youth incarceration is an ineffective strategy for reducing recidivism and further results in long-term mental and social harm.[1] In contrast, juvenile diversion programs redirect youth offenders from the justice system to community-based supports. This brief summarizes the research on youth diversion programs and situates this evidence within the context of Orange County, FL, to support decision-making by local policy makers.

## What does the research say?

**Research supports diversion as an effective alternative to detention**, mitigating the harmful impacts of justice involvement on youth as well as reducing costs to taxpayers. However, existing evidence also shows that approaches to diversion are highly diverse, and not all programs are equally effective.

A 2012 meta-analysis of 28 studies found a wide range of effect sizes (a statistical measure of program impact) across diversion programs.[4] More recent reviews show support for diversion as an effective intervention yet note that evidence remains inconclusive due to the wide range of program designs, study designs, and outcome measures.[6,7]




*Source: 2023 review of 48 meta-analyses*[7]

A 2020 review[8], for instance, examined the distinction between the effectiveness of specific programs (e.g., Multisystemic Therapy) versus generic evidence-based strategies or components of programs (e.g., mentoring). The authors found there are **only a small number of 'gold-standard' programs supported by research** and that evidence for general strategies is weak. See Appendix for program profiles.

A review of truancy programs – an issue closely tied to delinquency – found that effective interventions include family intervention and restorative justice.[9] Programs limited to case management were found to be ineffective.

**Overall, the available evidence on juvenile diversion programs suggests that programs have the potential to be effective when carefully designed, implemented, and evaluated for specific juvenile populations and needs.[7]**

## Florida Spotlight: Project Redirection

**Project Redirection** is an example of statewide adoption and implementation of evidence-based programs. Initially implemented in five judicial circuits, the initiative provided eligible youth with community-based, family-centered treatment using evidence-based approaches, including Functional Family Therapy and Multisystemic Therapy. Following promising results, the program expanded to 18 of Florida's 20 judicial circuits, including Orange County.

A 2010 evaluation by Florida's Office of Program Policy Analysis and Government Accountability[10] reported a range of beneficial outcomes including 9% lower probability of any arrest for a misdemeanor or felony, 31% lower probability of a criminal arrest, 14% lower probability of an arrest for a felony, 15% lower probability of an arrest for a violent felony, 14% lower probability of an adjudication for a felony, 35% lower probability of admission to prison, and 51.2 million in cost savings for the state.



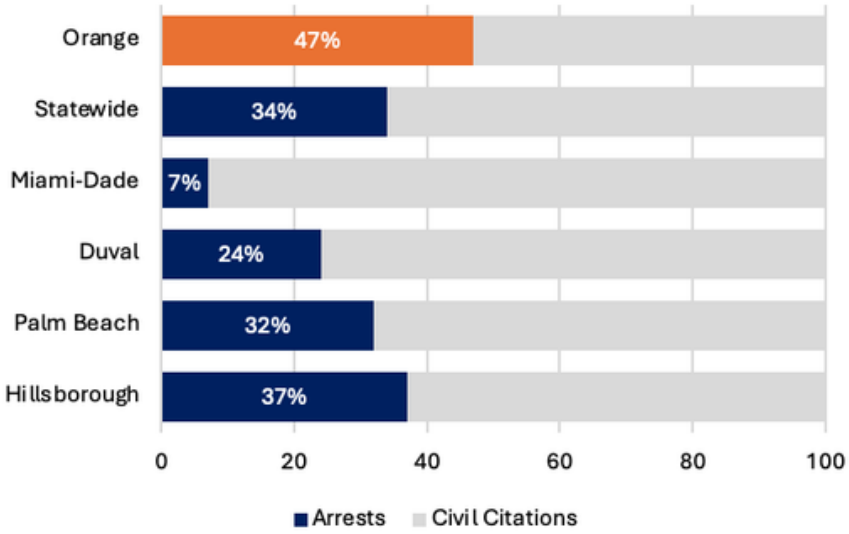
**51.2 million**
cost savings for the state

**31% lower**
probability of a criminal arrest

**35% lower**
probability of admission to prison

## Florida Policy Influence: Arrests vs. Civil Citations

Florida law enforcement has the authority to issue civil citations in lieu of arrests, a policy that has significantly reduced juvenile arrests statewide. However, **Orange County's ratio of juvenile arrests to civil citations remains higher than similarly sized counties.**




*Even when total arrests decline, the higher proportional use of arrest vs civil citation continues to trigger post-arrest pathways that are generally more cost and resource-intensive than community-based pre-arrest diversion programs.*

*Data source:* https://www.djj.state.fl.us/research/reports-and-data/interactive-data-reports/prearrest-delinquency-citation/prearrest-delinquency-citation-dashboard

## Miami-Dade Example: 3 systems-level practices

In an interview with leadership of Miami-Dade's Community Services Department, three key practices were identified that support diversion program implementation and outcomes. These practices align with the research evidence showing that diversion programs are highly variable, and thus, must be carefully tailored and monitored in light of their specific populations and contexts.

**1)Data Use:** Integrated data collection and reporting systems across juvenile justice and community services provide teams with near real-time views of youth demographics, offenses, and geographies. This data can be disaggregated to explore patterns by race, gender, neighborhood, etc., to support decision-making and responsive resource allocations.

**2)Evidence-based measures:** Risk and needs assessments help identify juvenile offenders' risk of reoffending, criminogenic needs, and service needs to inform appropriate intervention and treatment planning. These assessments should use reliable, validated instruments and be administered and interpreted with fidelity to established protocols.

**3)Integration of Related Units:** Juvenile Services was previously a stand-alone unit in the county, now housed under the Community Services Department, which also oversees violence interruption efforts that typically focus on adult offenders (e.g., hospital-based response models, Shot Spotter technology). While these programs operate under different units, departmental integration allows the teams to easily share data and identify patterns that can inform the work of each unit.

## Questions to Consider

Based on this information, Orange County Youth and Family Services may consider the following questions in relation to their juvenile diversion programs:

### 1 Are our current programs considered evidence-based?

Many Orange County programs appear to have roots in Project Redirection and align with the cited evidence in this brief. Leaders can also consult validated clearinghouses such as Blueprints or Crime Solutions to explore additional diversion program elements with an evidence lens. Within existing evidence-based programs, a review of tools and assessments used to guide decision-making can ensure these validated measures are being used to identify risk levels to route youth and families to the most appropriate supports.

### 2 How are we monitoring outcomes and implementation?

The research strongly supports the need to evaluate programs within specific contexts: that is, what works, for whom, under what conditions? Understanding how programs are implemented under existing evidence-based frameworks is as important as measuring outcomes. High-quality data collection and analysis systems support these insights. The ability to share up-to-date reports across units, departments, and community partners can support shared accountability and changes in service provision in response to evolving evidence patterns.

### 3 How does systems-level coordination support county goals?

Diversion outcomes are influenced by numerous factors outside of the Youth and Family Services Division, including the justice, school, and social services systems. Mapping where these systems may be siloed or disconnected can indicate opportunities for restructuring that supports diversion efforts. For example, what factors influence Orange County's relatively higher arrest rates vs. civil citations? How do juvenile diversion and mental health units communicate and collaborate?

# Appendix: 'Gold-standard' Diversion Programs Supported by Research

The following programs are rated promising or effective across multiple clearinghouses (Blueprints and CrimeSolutions):

| Functional Family Therapy (FFT) | |
|---|---|
| **Blueprints Rating** | Promising |
| **CrimeSolutions Rating** | Effective |
| **Program summary** | |
| Functional Family Therapy (FFT) is a short-term (average of 12-16 sessions, ranging from 8-30 depending on the severity of risk factors), family-based therapeutic intervention for delinquent youth at risk for institutionalization and their families. FFT is designed to improve within-family attributions, family communication, and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Based on the specific risk and protective factor profile of each family, the program targets parenting skills, youth compliance, and a wide range of behaviors involving cognitive, emotional, and behavioral domains. | |
| **Evaluation outcomes** | |
| Participants of FFT had significantly lower rates of juvenile and adult recidivism and were less likely to engage in risky behaviors, compared with the control group.[11-14] | |

| Multisystemic Therapy (MST) | |
|---|---|
| **Blueprints Rating** | Model Plus Program (highest standard) |
| **CrimeSolutions Rating** | Promising to Effective, based on the program adaptation |
| **Program summary** | |
| Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behavior in juvenile offenders. The MST program seeks to improve the real-world functioning of youth by changing their natural settings - home, school, and neighborhood - in ways that promote prosocial behavior while decreasing antisocial behavior. Therapists work with youth and their families to address the known causes of delinquency on an individualized, yet comprehensive basis. By using the strengths in each system (family, peers, school, and neighborhood) to facilitate change, MST addresses the multiple factors known to be related to delinquency across the key systems within which youth are embedded. The extent of treatment varies by family according to clinical need. | |
| **Evaluation outcomes** | |
| Participants of MST had significantly lower rates of recidivism, less problematic behaviors (e.g., internalizing and externalizing symptoms, delinquency, and aggression), and improved family relations, compared with the control group.[15-20] | |

| Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) | |
|---|---|
| **Blueprints Rating** | Model Program |
| **CrimeSolutions Rating** | Promising |

**Program summary**

An adaptation of MST, specifically designed for adolescents who have committed sexual offenses and demonstrated other problem behaviors. This program focuses on aspects of a youth's ecology that are functionally related to the problem sexual behavior and includes reduction of parent and youth denial about the sexual offenses and their consequences; promotion of the development of friendships and age-appropriate sexual experiences; and modification of the individual's social perspective-taking skills, belief system, or attitudes that contributed to sexual offending. The intervention is individualized for each family.

**Evaluation outcomes**

Participants of FFT had significantly lower rates of juvenile and adult recidivism and were less likely to engage in risky behaviors, compared with the control group.[21-26]

| Treatment Foster Care Oregon (TFCO) | |
|---|---|
| **Blueprints Rating** | Model Program |
| **CrimeSolutions Rating** | Effective |

**Program summary**

Treatment Foster Care Oregon (TFCO), formerly known as Multidimensional Treatment Foster Care, is a behavioral alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide TFCO-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

**Evaluation outcomes**

Boys who participated in TFCO showed significantly reduced criminal referral rates, criminal activities, and days spent in lock up, compared with the control group. Girls who participated in TFO showed significantly reduced delinquency, compared with the control group.[27,28]

## Funding & Support

This brief was completed at the request of a Florida policymaker and is part of a project funded by the William T. Grant Foundation, a joint effort of the HEDCO Institute for Evidence-Based Educational Practice at the University of Oregon and Johns Hopkins University. All information provided is the viewpoints of the brief authors and do not reflect the official views of the University of Oregon, Johns Hopkins, or Project LINK. For more information, please email linkproject@uoregon.edu.

## Methods

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

## References

1. Mendel, R. (2023, March 1). Why youth incarceration fails: An updated review of the evidence. The Sentencing Project. https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/
2. Wilson, H. A., & Hoge, R. D. (2013). The effect of youth diversion programs on recidivism: A meta-analytic review. *Criminal Justice and Behavior, 40*(5), 497-518. https://doi.org/10.1177/0093854812451089
3. Justice Policy Institute. (2014, December). Sticker shock: Calculating the full price tag for youth incarceration. https://justicepolicy.org/wp-content/uploads/2022/02/sticker_shock_final_v2.pdf
4. Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review, 32*(1), 26–33. https://doi.org/10.1016/j.cpr.2011.10.002
5. Mercer, G., Hunkin, H., Figueroa, F., Day, A., Pilkington, R. M., & Malvaso, C. G. (2026). Popular but poorly defined: A scoping review of youth diversion schemes. *Australian Journal of Social Issues, 61*(1), 114-126. https://doi.org/10.1002/ajs4.70084
6. Smith, H., & Paddock, E. (2026). A systematic review of diversion measures for first time entrants to the youth justice system. *Youth, 6*(3), 94. https://doi.org/10.3390/youth6030094
7. Pappas, L. N., & Dent, A. L. (2023). The 40-year debate: a meta-review on what works for juvenile offenders: LN Pappas, AL Dent. *Journal of Experimental Criminology, 19*(1), 1-30. https://doi.org/10.1007/s11292-021-09472-z
8. Elliott, D. S., Buckley, P. R., Gottfredson, D. C., Hawkins, J. D., & Tolan, P. H. (2020). Evidence-based juvenile justice programs and practices: A critical review. *Criminology & Public Policy, 19*(4), 1305-1328. https://doi.org/10.1111/1745-9133.12520
9. Pérez-Marco, M., Gonzálvez, C., Fuster, A., & Vicent, M. (2025). A systematic review of intervention programs for school attendance problems. *Children and Youth Services Review, 169*, 108091. https://doi.org/10.1016/j.childyouth.2024.108091
10. Office of Program Policy Analysis & Government Accountability. (2010, April). Redirection saves $51.2 million and continues to reduce recidivism (Report No. 10-38). Florida Legislature. https://oppaga.fl.gov/Documents/Reports/10-38.pdf
11. Gordon, D. A., Arbuthnot, J., Gustafson, K. E., & McGreen, P. (1988). Home-based behavioral-systems family therapy with disadvantaged juvenile delinquents. *American Journal of Family Therapy, 16*(3), 243-255. https://doi.org/10.1080/01926188808250729
12. Gordon, D. A., Graves, K., & Arbuthnot, J. (1995). The effect of functional family therapy for delinquents on adult criminal behavior. *Criminal Justice and Behavior, 22*(1), 60-73. https://doi.org/10.1177/0093854895022001005
13. Celinska, K., Furrer, S., & Cheng, C. C. (2013). An outcome-based evaluation of functional family therapy for youth with behavioral problems. *Journal of Juvenile Justice, 2*(2), 23-36. https://www.bscc.ca.gov/wp-content/uploads/JOJJVol2_Iss2.pdf
14. Gottfredson, D. C., Kearley, B., Thornberry, T. P., Slothower, M., Devlin, D., & Fader, J. J. (2018). Scaling-up evidence-based programs using a public funding stream: A randomized trial of Functional Family Therapy for court-involved youth. *Prevention Science, 19*(7), 939-953. https://doi.org/10.1007/s11121-018-0936-z

# References (continued)


15. Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M. & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*, 569-578. https://doi.org/10.1037//0022-006x.63.4.569
16. Ogden, T., & Halliday-Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and Adolescent Mental Health, 9*(2), 77-83. https://doi.org/10.1111/j.1475-3588.2004.00085.x
17. Weiss, B., Han, S., Harris, V., Catron, T., Ngo, V. K., Caron, A., Gallop, R., & Guth, C. (2013). An independent randomized clinical trial of Multisystemic Therapy with non-court-referred adolescents with serious conduct problems. *Journal of Consulting and Clinical Psychology, 81*(6), 1027-1039. https://doi.org/10.1037/a0033928
18. Asscher, J. J., Deković, M., Manders, W. A., van der Laan, P. H., Prins, P. J. M., & the Dutch MST Cost-Effectiveness Study Group 4. (2013). A randomized controlled trial of the effectiveness of Multisystemic Therapy in the Netherlands: Post-treatment changes and moderator effects. *Journal of Experimental Criminology, 9*, 169-187. https://doi.org/10.1007/s11292-012-9165-9
19. Deković, M., Asscher, J. J., Manders, W. A., Prins, P. J. M., & van der Laan, P. (2012). Within-intervention change: Mediators of intervention effects during Multisystemic Therapy. *Journal of Consulting and Clinical Psychology, 80*(4), 574-587. https://doi.org/10.1037/a0028482
20. Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomized controlled trial of Multisystemic Therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(12), 1220-1235. https://doi.org/10.1016/j.jaac.2011.09.017
21. Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology, 34*(2), 105-113. https://doi.org/10.1177/0306624X9003400204
22. Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology, 77*(1), 26-37. https://psycnet.apa.org/doi/10.1037/a0013035
23. Borduin, C. M., Quetsch, L. B., Johnides, B. D., & Dopp, A. R. (2021). Long-term effects of multisystemic therapy for problem sexual behaviors: A 24.9-year follow-up to a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 89*(5), 393-405. https://psycnet.apa.org/doi/10.1037/ccp0000646
24. Henggeler, S. W., Letourneau, E. J., Chapman, J. E., Borduin, C. M., Schewe, P. A., & McCart, M. R. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology, 77*(3), 451-462. https://psycnet.apa.org/doi/10.1037/a0013971
25. Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23*(1), 89–102. https://doi.org/10.1037/a0014352
26. Letourneau, E. J., Henggeler, S. W., McCart, M. R., Borduin, C. M., Schewe, P. A., & Armstrong, K. S. (2013). Two-year follow-up of a randomized effectiveness trial evaluating MST for juveniles who sexually offend. *Journal of Family Psychology, 27*(6), 978–985. https://doi.org/10.1037/a0034710
27. Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology, 66*(4), 624–633. https://doi.org/10.1037/0022-006X.66.4.624
28. Chamberlain, P., Leve, L. D., & DeGarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75*(1), 187–193. https://doi.org/10.1037/0022-006X.75.1.187