

An Evaluation of the Behavioral Health/Juvenile Justice Initiative (BHJJ): 2006 – 2011

Jeff M. Kretschmar, Ph.D., Daniel J. Flannery, Ph.D., & Fred Butcher, Ph.D.

Executive Summary

Juvenile justice-involved youth with serious behavioral health issues often have inadequate and limited access to care to address their complex and multiple needs. Ohio's Behavioral Health/Juvenile Justice (BHJJ) initiative was intended to transform and expand the local systems' options to better serve these youth. Recent emphasis was placed on decreasing the population of ODYS facilities while providing alternatives to incarceration. To assist with this aim, four of the previously existing BHJJ counties (Cuyahoga, Franklin, Montgomery, and Hamilton) as well as two new counties (Lucas and Summit) were funded by a partnership between the Ohio Departments of Youth Services (ODYS) and Mental Health (ODMH). The Begun Center for Violence Prevention Research and Education at Case Western Reserve University provided research and evaluation services for the program.

The BHJJ program diverts youth from local and state detention centers into more comprehensive, community-based mental and behavioral health treatment. The BHJJ program enrolled juvenile justice-involved youth between 10-18 years of age who met several of the following criteria: a DSM IV Axis I diagnosis, substantial mental status impairment, a co-occurring substance use/abuse problem, a pattern of violent or criminal behavior, and a history of multi-system involvement.

Demographics and Youth Characteristics

- 1758 youth have been enrolled in BHJJ (55% males). In the two years since BHJJ has operated only in the large urban counties, more non-whites (60%) than whites (40%) have been enrolled.
- Youth averaged 2.5 Axis I diagnoses. Females were significantly more likely to be diagnosed with Depressive Disorders, Alcohol-related Disorders, Bipolar Disorder, and Post-traumatic Stress Disorder (PTSD). Males were significantly more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder.
- Of youth enrolled since July 2009, 41% of females and 43% of males were diagnosed with both a mental health and substance use diagnosis.
- Caregivers reported that 30% of the females had a history of sexual abuse, nearly 50% talked about suicide, and over 22% had attempted suicide. Over half the males (59%) and females (67%) had family members who were diagnosed with or showed signs of depression.
- According to the OYAS, 76% of the youth served in BHJJ were moderate or high risk.
- In the current BHJJ counties, 34% of youth had felony charges in the 12 months prior to enrollment, ranging from 20% in Montgomery County to 94% in Summit County.

Educational/Vocational Information

- Over 70% of the youth were suspended or expelled from school in the year prior to their enrollment. At termination, 85% of youth were attending school. At intake, 39% of youth earned mostly A's, B's, or C's while at termination, 51% of youth earned mostly A's, B's, or C's.

- At termination, workers reported that 94% of youth were attending school more or about the same amount as they were before starting treatment.
- At termination, 16% of youth received employment counseling or vocational training and 23% planned to pursue employment counseling or vocational training.

Mental/Behavioral Health Outcomes

- There was both a decrease in trauma symptoms as well as a significant reduction in the number of youth who scored in the clinical range on the trauma scales at termination.
- Results from the Ohio Scales indicated the caregiver, worker, and youth all reported increased youth functioning and decreased problem severity while in BHJJ treatment.
- Both males and females reported decreased substance use with respect to most of the commonly used substances, including alcohol, marijuana, and pain killers.
- Youth demonstrated over a 50% reduction in the risk for out of home placement at the time of termination. Six percent of successful completers and 52% of unsuccessful completers were at risk for out of home placement at termination.
- Over 90% of caregivers agreed that they were satisfied with the services their child received through BHJJ and that the services received were culturally and ethnically sensitive.

Termination Information

- Nearly 62% of the youth terminated from the BHJJ program were identified locally as successful treatment completers. The average length of stay in the program was approximately 7 months.
- Successful completion of BHJJ produced lower percentages of subsequent juvenile court charges, felonies, misdemeanors, and delinquent adjudications than unsuccessful completion, although both groups demonstrated decreased juvenile court involvement after termination from BHJJ compared to before enrollment.
- One year after termination from BHJJ, 10% of successful completers and 19% of unsuccessful completers had a new felony charge.
- Thirty-two out of the 1665 youth (2%) enrolled in BHJJ for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.
- Using only the direct State contribution to BHJJ of \$8.4 million since 2006, the average cost per youth enrolled in BHJJ was \$4778. The FY11 per diem to house a youth at an ODYS institution was \$442 and the average length of stay was 12.6 months. Based on these numbers, the estimated cost of housing the average youth at an ODYS facility in FY11 was \$167,960.