

WORKING TOGETHER TO GET IT RIGHT

**How State, Local Communities and Universities
Work Together To Implement Evidenced Based
Practices and Reduce Recidivism of Juvenile
Offenders**



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STATE OF OHIO
BEHAVIORAL HEALTH JUVENILE
JUSTICE INITIATIVE



• **Brief history:**

- 1998 – Juvenile Judges concerned about limited options for kids with serious mental health disorders
- 1998 - Departments of Youth Services and Ohio Department of Mental Health created a joint committee to explore alternatives
- 2004 – Ohio Department of Youth Services Response

OHIO DEPARTMENT OF YOUTH
SERVICES
GOALS



- Create a system more equipped to provide youth with treatment and education needs while also promoting public safety.
- Youth in the Department of Youth Services facilities be provided youth individual care, treatment, and rehabilitative services in the least restrictive setting consistent with youth's needs.
- Long term goal included of closing large institutional facilities and creating a system of smaller community based rehabilitative programs.

See more at:
<http://www.childrenewslawky.org/s-h-v-stickrath-case-no-204-cv-1206-s-d-ohio/#sthash.aa00VDFX.dpuf>


OHIO DEPARTMENT OF YOUTH SERVICES
MISSION STATEMENTS

<p>FISCAL YEAR 2002</p> <div style="background-color: #000080; color: white; padding: 5px; text-align: center;"> <p>DYS Mission</p> </div> <div style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>The mission of the Ohio Department of Youth Services is to protect the public by reducing juvenile crime.</p> </div>	<p>FISCAL YEAR 2013</p> <div style="background-color: #000080; color: white; padding: 5px; text-align: center;"> <p>Our Mission</p> </div> <div style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>Improve Ohio's future by rehabilitating youth and empowering families and communities</p> </div> <div style="background-color: #000080; color: white; padding: 5px; text-align: center;"> <p>Our Vision</p> </div> <div style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>A safer Ohio: one youth, one family and one community at a time</p> </div>
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Source: Ohio Department of Youth Services Annual Reports


STATE OF OHIO
BEHAVIORAL HEALTH JUVENILE JUSTICE INITIATIVE

– 2005 – Ohio Behavioral Health Juvenile Justice Initiative was Implemented



GOAL

To Divert Youth From Local and State Detention Centers into More Comprehensive, Community-Based Mental and Behavioral Health Treatment.



Montgomery County Juvenile Court
Dayton, Ohio


- Ohio's Behavioral Health Juvenile Justice Initiative (BHJJ)

-Began in 2005 with 6 Counties

-Required the introduction of Evidenced Based Practices

-Funding through:

- Ohio Dept. of Mental Health
- Ohio Dept. of Youth Services



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LIFE Program
Learning Independence and Family
Empowerment
Local Partnership

South Community, Inc.



Montgomery County
 Juvenile Court and
 Reclaiming Futures

ADAMHS Board of
 Montgomery County



SBHI/Crisis Care



LIFE Program
Learning Independence and Family
Empowerment
State and Federal Partners



**Multiple Pathways to South
 Community Inc. – Function Family
 Therapy**

- Ohio Department of Youth Services
 - Parole
- Nicholas Residential Treatment Center
 - 24 bed facility for boys 12-18
 - Open Setting
- Juvenile Cognitive Alternative Rehabilitation Effort
 - 18 bed program for boys housed within the Detention Center
 - 90 Day Stay
 - Aggression Replacement Training (ART)

Multiple Pathways to South Community Inc. – Function Family Therapy

- The Center for Adolescent Services
 - Community Correctional Facility
 - 44 bed facility, 34 for boys, 10 for girls
- MCJC Probation
 - 950 youth on Probation
 - 4 Dedicated Probation Officers
- MCJC Intervention Center (Diversion)
 - 24/7 Reception and Assessment Center
 - 2,900 cases diverted annually
 - Disproportionate Minority Contact Mediation Program

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Montgomery County Juvenile Court Dayton, Ohio

- Learning Independence and Family Empowerment LIFE Program
- Functional Family Therapy (FFT)



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Montgomery County Juvenile Court Dayton, Ohio

- Keys to Success
 - Early Involvement
 - Make a connection on day one
 - Opening our facilities and providing space
 - Become true partners with providers
 - Constant Collaboration
 - Line Staff
 - Administrative staff



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Why FFT?



Blueprints Model – Evidenced Based Practice

- Well Documented
- Highly Successful Family Intervention Program for Juvenile Offenders



Strength-based

- Consistent with local and state initiatives
- Focus on strengths and assists families to recovery

Goals:

- Significant and Long-Term Reduction in Youth Re-Offending and Violent Behavior
- Low Drop-Out and High Completion Rates
- Positive Impacts On Family Conflict, Family Communication, Parenting, and Youth Problem Behavior
- Significant Reduction in Sibling Entry into High-Risk Behaviors,



LIFE PROGRAM STRUCTURE

Therapist Contacts Family Within 48 Hours of Referral



Services Provided:

- Home Based Family Therapy
- Psychiatric Services
- Intensive Probation
- Case Management

Other Collaboration:

- FAMILY
- PROBATION/PAROLE OFFICER
- INTERVENTION CENTER
- NATURAL HELPER
- CHILD WELFARE
- OTHER SYSTEMS
- CASE WESTERN UNIVERSITY
- FUNCTIONAL FAMILY THERAPY, INC.

**CONTINGENCY MANAGEMENT
MODEL**



SUSTAINABILITY

Key Concepts

- LONG RANGE SUSTAINABILITY PLAN WRITTEN
- GOOD LEADERSHIP
- ADDRESSING TURNOVER
- RUN IT LIKE A BUSINESS
- CREATING CHEERLEADERS



SUSTAINABILITY

Key Concepts

- INTERAGENCY COLLABORATION
- INCLUDE YOUTH AND FAMILIES
- REDIRECTION OF RESOURCES
- DIRECT CONTRIBUTIONS BY EACH AGENCY
- REINVESTMENT STRATEGY
- INSURANCE
- IMPORTANCE OF DATA



Marketing

Selling

- Service
- Results

- You have to do both in ways that **MATCH** a particular customer



BHJJ Evaluation Results

- Evaluation covers all youth enrolled/terminated between Jan 2006 – June 2013
- Evaluation and research activities conducted by Case Western Reserve University

Demographics

2545 youth enrolled since 2006. 1040 from Montgomery County.

	Total	Since July 1, 2011
Gender		
Male	58.4% (n = 1,478)	67.4% (n = 464)
Female	41.6% (n = 1,054)	32.6% (n = 224)
Race		
White	52.3% (n = 1,316)	42.9% (n = 295)
Nonwhite	47.7% (n = 1,201)	57.1% (n = 393)
Average Age	15.6 years	15.5 years

Nearly 25% of BHJJ families report an average household income less than \$10,000 and 48% report an average household income less than \$20,000.

Youth and Family History

Question	Females	Males
Has the child ever been physically abused?	20.5% (n=194)**	15.3% (n=208)
Has the child ever been sexually abused?	28.1% (n=262)***	7.1% (n=95)
Has the child ever run away?	59.4% (n=558)***	43.9% (n=584)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	43.9% (n=411)	50.3% (n=674)**
Has the child ever talked about committing suicide?	49.6% (n=468)***	31.3% (n=425)
Has the child ever attempted suicide?	22.2% (n=207)***	9.6% (n=129)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	43.8% (n=414)*	39.4% (n=536)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	68.2% (n=626)***	60.3% (n=793)
Has anyone in the child's biological family had a mental illness, other than depression?	47.8% (n=440)***	39.7% (n=511)
Has the child ever lived in a household in which someone was convicted of a crime?	40.6% (n=372)	40.9% (n=540)
Has anyone in the child's biological family had a drinking or drug problem?	63.9% (n=590)*	59.2% (n=787)

Most Common Axis I Diagnoses

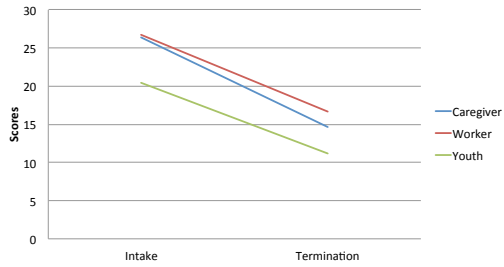
	Females	Males
Oppositional Defiant Disorder	41.3%	38.9%
Cannabis-related Disorders***	27.5%	35.3%
Attention Deficit Hyperactivity Disorder***	26.5%	42.5%
Depressive Disorders***	23.0%	12.5%
Alcohol-related Disorders**	13.3%	9.9%
Bipolar Disorder*	10.3%	7.5%
Conduct Disorder***	9.7%	21.2%
Post-traumatic Stress Disorder***	9.4%	5.3%
Adjustment Disorder*	7.2%	5.1%
Mood Disorder	11.1%	9.1%
Disruptive Behavior Disorder	6.6%	7.8%

Total 5,628 Axis I diagnoses for 2,426 youth (2.31 diagnoses per youth)

Academic Performance for Youth by Completion Status

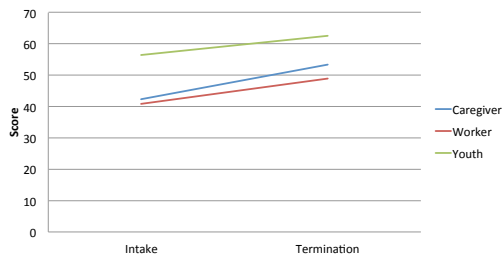
Typical Grades	Unsuccessful Completers		Successful Completers	
	Frequency at Intake	Frequency at Termination	Frequency at Intake	Frequency at Termination
Mostly A's and B's	12.4% (n = 36)	9.0% (n = 28)	14.6% (n = 99)	20.5% (n = 145)
Mostly B's and C's	23.7% (n = 69)	23.4% (n = 73)	24.1% (n = 164)	36.6% (n = 259)
Mostly C's and D's	26.8% (n = 78)	37.5% (n = 117)	28.7% (n = 195)	29.1% (n = 206)
Mostly D's and F's	37.1% (n = 108)	30.1% (n = 94)	32.6% (n = 222)	13.8% (n = 98)

Ohio Scales Problem Severity Scores from Intake to Termination



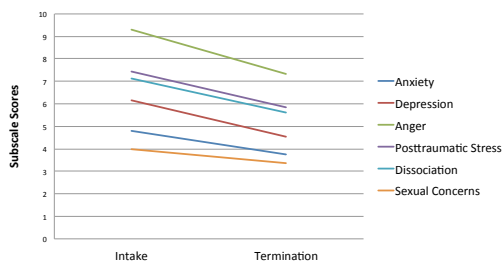
All comparisons from intake to termination are significant at the $p < .001$ level

Ohio Scales Functioning Scores from Intake to Termination



All comparisons from intake to termination are significant at the $p < .001$ level

Trauma Symptoms Checklist for Children

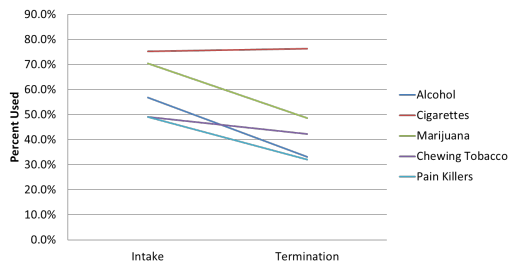


All comparisons significant at the $p < .001$ level

Self-Reported Substance Use at Intake

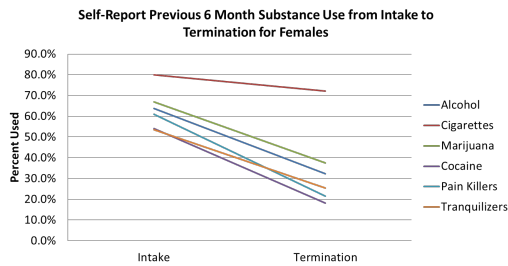
	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	63.5% (n = 855)	13.14 (SD = 2.23)	63.2% (n = 583)	13.26 (SD = 1.90)
Cigarettes	59.1% (n = 796)	12.42 (SD = 2.56)	60.7% (n = 565)	12.50 (SD = 2.33)
Chewing Tobacco	17.0% (n = 228)***	13.70 (SD = 2.19)	5.7% (n = 53)	13.90 (SD = 2.18)
Marijuana	69.0% (n = 930)***	13.04 (SD = 2.05)	61.9% (n = 573)	13.27 (SD = 1.76)
Cocaine	5.6% (n = 75)	14.57 (SD = 1.48)	10.2% (n = 94)***	14.55 (SD = 1.73)
Pain Killers	14.6% (n = 197)	14.07 (SD = 1.70)	16.7% (n = 154)	14.26 (SD = 1.50)
Ritalin	7.8% (n = 104)	13.21 (SD = 2.83)	9.1% (n = 84)	14.06 (SD = 1.72)
Non-prescription Drugs	7.0% (n = 93)	14.37 (SD = 1.42)	8.6% (n = 79)	14.04 (SD = 1.83)
Hallucinogens	6.5% (n = 87)	14.45 (SD = 1.39)	6.1% (n = 56)	14.44 (SD = 1.58)
Ecstasy	6.0% (n = 81)	14.65 (SD = 1.33)	8.6% (n = 79)	14.52 (SD = 1.35)
Tranquilizers	9.2% (n = 124)	14.26 (SD = 1.68)	10.2% (n = 94)	14.52 (SD = 1.47)

Previous 6 Month Substance Use from Intake to Termination for Males



Significant decreases in six month alcohol and marijuana use.

Previous 6 Months Substance Use from Intake to Termination for Females



Significant decreases from intake to termination for alcohol, cigarettes, marijuana, pain killers, cocaine, and tranquilizers.

Reasons for Termination from BHJJ

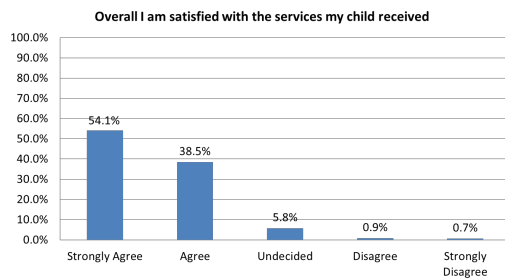
Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Treatment Services	65.1% (n = 1,315)	71.9% (n = 323)
Client Did Not Return/Rejected Services	6.2% (n = 125)	2.9% (n = 13)
Out of Home Placement	7.3% (n = 148)	8.0% (n = 36)
Client/Family Moved	3.0% (n = 60)	2.4% (n = 11)
Client Withdrawn	6.9% (n = 139)	5.6% (n = 25)
Client AWOL	2.9% (n = 58)	3.6% (n = 16)
Client Incarcerated	3.2% (n = 65)	3.6% (n = 16)
Other	5.4% (n = 109)	2.0% (n = 9)

70% successful treatment completion from 2011-2013 in Montgomery

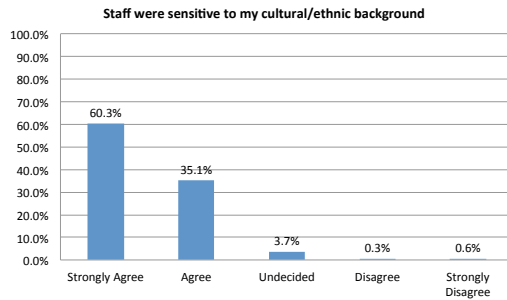
Termination Information

- Since July 1, 2011, the average length of stay was 163 days (131 for Montgomery)
 - 174 for successful youth, 135 for unsuccessful youth
- At Intake, 47.9% (n = 974) were at risk for out of home placement
 - At Termination, 24.0% (n = 468) were at risk for out of home placement
 - 7.3% (n = 93) of successful treatment completers
 - 56.7% (n = 370) of unsuccessful treatment completers

Caregiver Satisfaction with the BHJJ Program



Cultural Competency of BHJJ Services



Recidivism Post Enrollment

Successful Treatment Completers

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 1,171)	16.8% (n = 197)	315	3.9% (n = 46)	69	14.7% (n = 174)
6 months (n = 1,114)	20.7% (n = 238)	514	6.2% (n = 69)	109	23.2% (n = 259)
12 months (n = 991)	42.5% (n = 383)	836	12.3% (n = 111)	187	36.4% (n = 328)
18 months (n = 655)	53.4% (n = 348)	884	17.9% (n = 117)	231	45.9% (n = 299)

Unsuccessful Treatment Completers

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 593)	25.8% (n = 153)	248	9.6% (n = 57)	77	23.1% (n = 137)
6 months (n = 566)	40.0% (n = 224)	456	18.7% (n = 105)	149	36.0% (n = 205)
12 months (n = 470)	55.3% (n = 260)	719	27.0% (n = 127)	192	52.1% (n = 245)
18 months (n = 350)	63.2% (n = 227)	758	33.7% (n = 121)	218	59.3% (n = 213)

Felonies after BHJJ

- Of all the youth charged with a felony in the 12 months prior to intake, 26% were charged with a new felony in the 12 months after their termination (22.5% for Montgomery County)
 - 23.3% of felony level youth who completed treatment successfully were charged with a new felony
 - 31.8% of felony level youth who completed treatment unsuccessfully were charged with a new felony

ODYS Admissions for Youth Enrolled in BHJJ

BHJJ County	Number of Youth in Recidivism Analysis	Youth Committed to ODYS after BHJJ Enrollment
Cuyahoga	269	7 (2.6%)
Franklin	344	22 (6.4%)
Montgomery	897	23 (2.6%)
Hamilton	153	2 (1.3%)
Lucas	135	8 (5.9%)
Summit	114	16 (14.0%)
All Other Counties	424	4 (0.9%)
Total	2,336	82 (3.5%)

Financial Implications

- Direct State contribution to BHJJ
 - \$12.6 million since 2006
 - Average cost per youth enrolled in BHJJ was \$4954
 - Does not include county dollars, Medicaid, etc.
- Youth in an ODYS institution
 - \$466 per diem for FY12
 - Average length of stay was 11.8 months
 - Estimated cost of housing the average youth was approximately \$167,000



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