

**SCHUBERT CENTER
FOR CHILD STUDIES**

Getting it Right: Realigning Juvenile Corrections in Ohio to Reinvest in What Works

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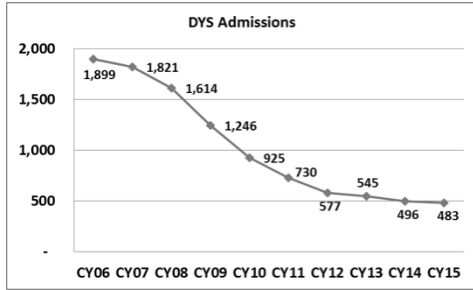
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Today's Discussion

- Overview of Ohio's deincarceration path
- Highlights of fiscal mechanisms
- Role of developmentally informed policy and practice reform activities
- Research and outcomes: BHJJ as an example
- Role of Evidence based and research informed interventions

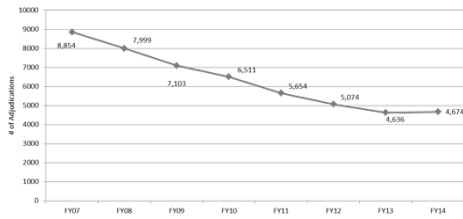
Changing Footprint of Juvenile Justice in Ohio

Total Ohio DYS Admissions



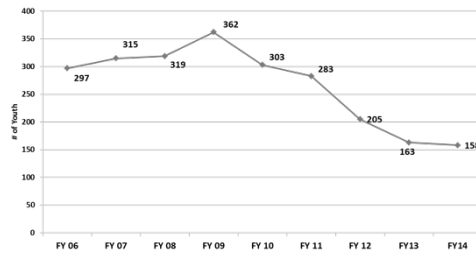
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Youth Adjudicated for Felonies in Ohio



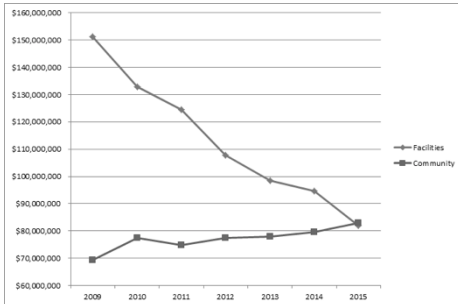
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Number of Youth Transferred to Adult Court in Ohio



6

ODYS Facility v Community Spending



7




8

Targeted RECLAIM Established FY 2010

- Courts target reduced admissions to DYS
- Funds evidence based interventions, e.g.
 - Cognitive Behavioral Therapy
 - Multi-Systemic Therapy
- University partnerships assure quality and program fidelity

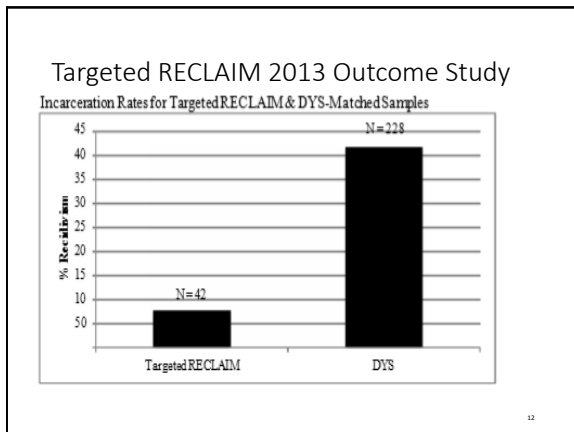
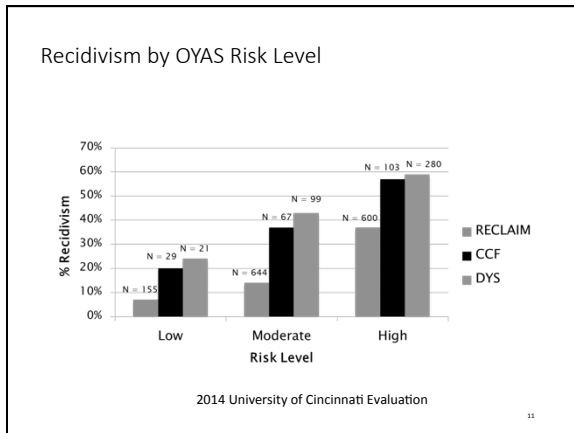
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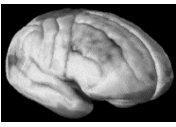
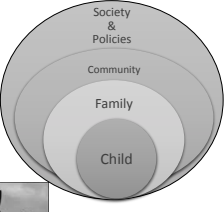
Competitive RECLAIM Established FY 2015


- Three categories
 - Diversion for low-risk youth
 - Intervention for moderate/high-risk youth
 - Regional home-based treatment
- 29 programs impacting 24 counties
- Quality assurance
 - Embedded in programs

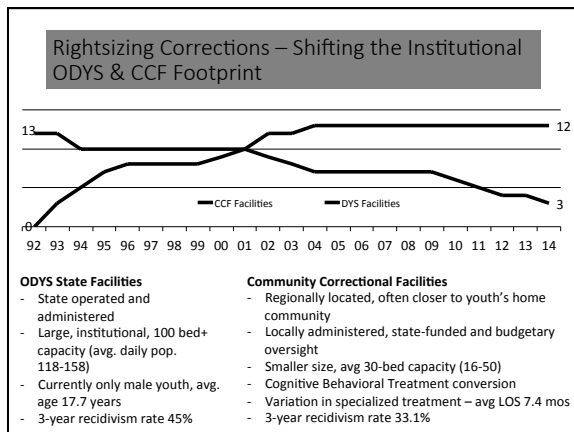
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Developmentally-Informed Policy & Practice



"Rightsizing" Corrections: Timeline of Strategic Litigation, Legislation & Fiscal Reform Efforts





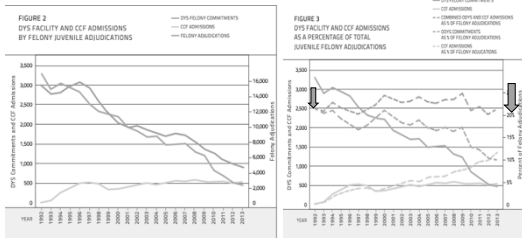




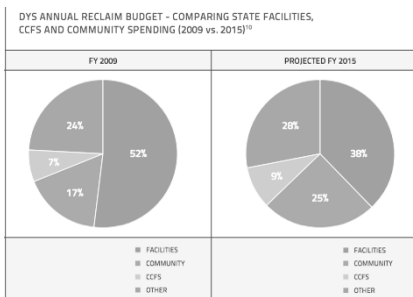

"This is a great story. Fewer kids in our institutions. More in community settings. What we know is if we can successfully apply community treatment, we have much better outcomes than when we lock people up and throw away the key. And that is what we are all searching for."

—Ohio Governor John Kasich

Ohio decrease in juvenile felonies and DYS placements, but increase in CCF admissions (1992-2013)

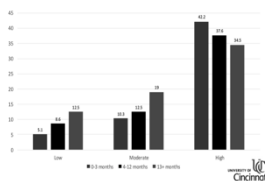


DYS Corrections Spending down by 14% in last 6 years



Research-Informed Practice

Recidivism Rates by Total Months in Programs



Findings from University of Cincinnati Study (2013):

- **3 months or less optimal** amount of intervention for **low and moderate risk** youth
- Recidivism rates for **low-risk youth** served in the community **more than 2 to 4 times lower** than those in CCF or DYS facility
- Placing **low risk youth** in **substance abuse programs** **increased** recidivism rates

Going Forward: Ohio's Path Toward Transformation through Best Practices

The infographic 'TRANSFORMING YOUTH JUSTICE' outlines a four-step process:

- PREVENT:** Youth from entering the justice system. Includes statistics: 10% of youth in the justice system are from the same families, 75% of youth in the justice system are from the same neighborhoods, and 10% of youth in the justice system are from the same schools.
- DISMANTLE:** Remove barriers to success. Includes statistics: 10% of youth in the justice system are from the same families, 75% of youth in the justice system are from the same neighborhoods, and 10% of youth in the justice system are from the same schools.
- INVEST:** Invest in community-based solutions that are age-appropriate and promote well-being. Includes statistics: 10% of youth in the justice system are from the same families, 75% of youth in the justice system are from the same neighborhoods, and 10% of youth in the justice system are from the same schools.
- ACHIEVE:** Community-based solutions that promote positive outcomes for youth. Includes statistics: 10% of youth in the justice system are from the same families, 75% of youth in the justice system are from the same neighborhoods, and 10% of youth in the justice system are from the same schools.

Arrows point from the infographic to the following text:

- Multi-System Youth Legislative Task Force
- Detention Alternatives
- Expansion of BHJJ & Competitive RECLAIM community-based diversion efforts

19

Leveraging Diversion to Prevent Deeper System Involvement of Youth

- School-Based Diversion
- Law Enforcement Youth Contact
- Home-Based
- Detention Diversion
- Investing in Positive Youth Development

20

An Evaluation of the Behavioral Health/Juvenile Justice Initiative: 2006-2015

Fredrick Butcher, Ph.D., Jeff M. Kretschmar, Ph.D., & Krystel Tossone, Ph.D.

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CASE WESTERN RESERVE
UNIVERSITY

Behavioral Health and Juvenile Justice Initiative

- Diversion of youth with serious behavioral health conditions to community treatment
- Compatible with local system of care
- Partnership between ODYS and OMHAS and local Juvenile Courts and Behavioral Health
- Reduce incarceration
- Provide evidence based/research informed interventions
- Collect and analyze data and outcomes

22

BHJJ Criteria

Based on an assessment conducted in a culturally competent manner, the youth proposed to be served must reflect a significantly impaired population:

- Youth with a DSM-IV diagnosis including Co-occurring substance abuse
- Violent and/or pattern of criminal behavior
- Charged and/or adjudicated delinquent (felony offense, misdemeanor offenses of violence) (ORC 2901.01)
- Incompetent to stand trial for felony offense, misdemeanor offenses of violence, and in need of mental health treatment other than competency restoration
- Threat to public safety, community and self or others
- Substantial impairment in daily living skills and limited success in major life domains, as assessed on a global scale instrument, such as Global Assessment Scale for Children
- Exposed to or a survivor of trauma and/or domestic violence
- History of multi-system involvement
- Other factors that may be present including MR/DD and or learning disabilities

23

Top Diagnosis

- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Cannabis-related Disorders
- Conduct Disorder
- Attention Deficit Hyperactivity Disorder
- Depressive Disorders
- Over 40% of males and 34% of females were diagnosed with both a mental health and substance use diagnosis
- Average 2.27 Dx

24

Demographics

	Total	Since July 1, 2013
Gender		
Male	61.4%	66.5%
Female	38.6%	33.5%
Race		
White	52.3%	41.6%
Nonwhite	47.7%	58.4%
Average Age	15.6 years	15.6 years

Over 26% of BHJJ families report an average household income less than \$10,000 and over 50% report an average household income less than \$20,000.

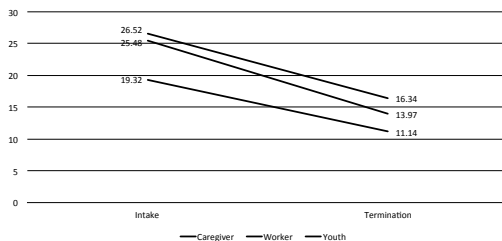
25

Youth and Family History

Question	Females	Males
Has the child ever been physically abused?	18.7%***	14.0%
Has the child ever been sexually abused?	27.0%***	7.4%
Has the child ever run away?	58.9%***	44.7%
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	46.3%	54.1%***
Has the child ever talked about committing suicide?	49.5%***	30.4%
Has the child ever attempted suicide?	23.6%***	9.4%
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	41.7%*	37.9%
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	68.1%***	60.8%
Has anyone in the child's biological family had a mental illness, other than depression?	48.3%***	40.3%
Has the child ever lived in a household in which someone was convicted of a crime?	38.8%	40.8%
Has anyone in the child's biological family had a drinking or drug problem?	61.8%*	57.7%

26

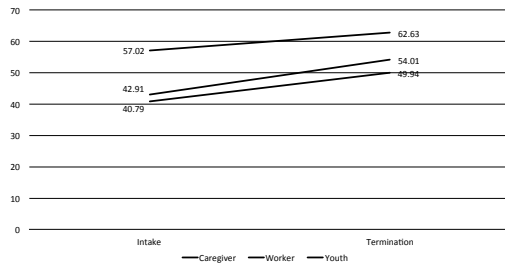
Ohio Scales Problem Severity Scores from Intake to Termination



All comparisons from intake to termination are significant at the $p < .001$ level. Large effect sizes for caregiver and worker and moderate effect for youth.

27

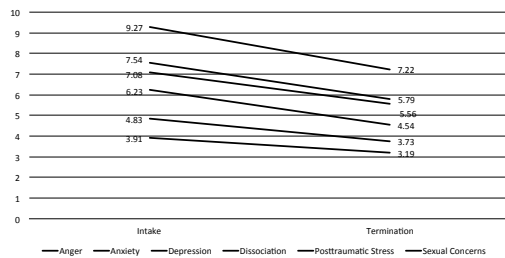
Ohio Scales Functioning Scores from Intake to Termination



All comparisons from intake to termination are significant at the $p < .001$ level. Moderate effect sizes reported for caregiver and worker, small effect for youth.

28

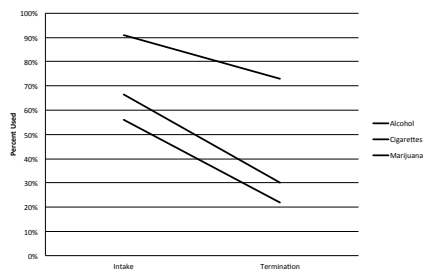
Trauma Symptom Checklist for Children



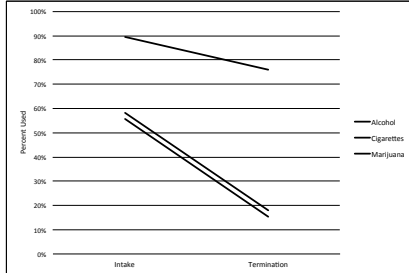
All comparisons significant at the $p < .001$ level. Small effect sizes reported for each subscale. Removal of underreporters may have a great effect on data

29

Self-Report Previous 30 Day Substance Use from Intake to Termination for Males



Self-Report 30 Day Substance Use from Intake to Termination for Females



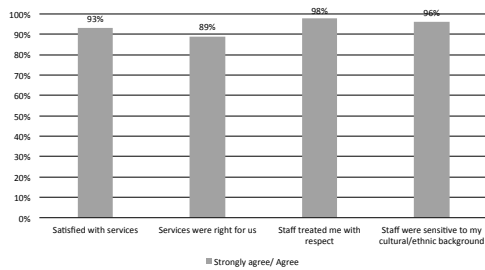
Completion of Treatment

- A majority of youth completed their treatment program: 63.9%
- Reasons of non-completion:
 - ✓ Client Did Not Return/Rejected Services
 - ✓ Out of Home Placement
 - ✓ Client/Family Moved
 - ✓ Client Withdrawn
 - ✓ Client AWOL
 - ✓ Client Incarcerated



32

Satisfaction with BHJJ Services



33

BHJJ Outcomes

- Significant improvement in functioning and problem severity as measured by the Ohio Scales
- Significant reductions in trauma symptoms
- Significant reductions in substance use
- 50% reduction in risk for out of home placement
- 2 out of 3 youth successfully completed their program
- 96.2% of youth were not sent to a DYS facility
- Preliminary evidence of success into adulthood
 - Less contact with the adult criminal justice system in Montgomery County



34

How Were Outcomes Achieved?

- Use of the **'right'** intervention
- Successful **implementation**
- **Dedicated** workforce
- **Ongoing** support, coaching, training
- Outcome **data collection**
- **Sharing** results with key stakeholders



35

Evidence Based/Research Supported Services

- Cognitive Behavioral Therapy in detention & community)
- Multi-Systemic Therapy (MST)
- Problem Sexual Behavior MST & EPICS
- Residential Cognitive Behavioral Therapy
- Multi-dimensional Family Therapy
- A-ACRA
- EPICS and Family EPICS
- High Fidelity Wraparound
- Functional Family Therapy
- Intensive Home Based Treatment
- Integrated Co-occurring Treatment
- Assertive Community Treatment
- Trauma focused CBT
- Transition to Independence Process



36

Financial Implications

- Direct State contribution to BHJJ
 - \$17.6 million since 2006
 - Average cost per youth enrolled in BHJJ was \$5,035
 - Does not include county dollars, Medicaid, etc.
- Youth in an ODYS institution
 - \$561 per diem for FY14
 - Average length of stay was 10.9 months
 - Estimated cost of housing the average youth was approximately \$185,000



The Right Balance



Collaboration

- Shared vision for a different kind of Juvenile Justice system
- Agreement on 'common grounds' for change
- State and University partnerships strengthened
- State and local partnership agreements
- Shared outcomes between systems

Opportunity

- Building on reform activities
- Advocacy impact
- Legislative support
- Proactive education of key stakeholders

38

Critical Rightsizing Factors



Fiscal/Funding

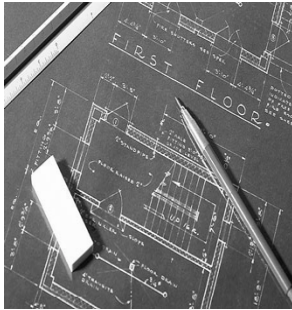
- Structured and accountable redirection of resources
- Increase in community based resources
- Average cost for BHJJ per youth = \$5,035
- Average cost for incarcerated youth = \$197,000

Research & Quality Improvement & Outcomes

- Promotion of evidence and research-based interventions at state and local levels
- Ongoing data collection and evaluation
- TA in selection and implementation of evidence based/research informed practices
- TA to counties on how best to use their data and results

39

Future Plans



40

Resources

- **Getting it Right**
- <http://schubert.case.edu/publications/research-and-policy-reports/getting-it-right-realigning-juvenile-corrections-in-ohio-to-reinvest-in-what-works/>
- **Bridge to Somewhere**
- <http://schubert.case.edu/publications/research-and-policy-reports/the-bridge-to-somewhere-how-research-made-its-way-into-legislative-juvenile-justice-reform-in-ohio-a-case-study/>
- **BHJJ Evaluation**
- <http://mha.ohio.gov/Default.aspx?tabid=136>
- **Targeted Reclaim**
- <http://www.dys.ohio.gov/dnn/Community/TargetedRECLAIM/tabid/211/Default.aspx>

41

Contact information

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42
