Executive Summary


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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 designed to provide these youth evidence and community-based behavioral health treatment in lieu of detention. Twelve counties participated in BHJJ during the most recent biennium: Ashtabula, Cuyahoga, Franklin, Hamilton, Holmes, Lorain, Lucas, Mahoning, Montgomery, Summit, Trumbull, and Wayne. BHJJ was funded through a partnership between the Ohio Departments of Youth Services (ODYS) and Mental Health and Addiction Services (OhioMHAS). The Begun Center for Violence Prevention Research and Education at Case Western Reserve University provided evaluation services for the program.

Demographics and Youth Characteristics

- 1,754 youth have been enrolled in BHJJ (54% males, 50% non-white). The average age of youth entering the program was 15.5 years old.

- The most common DSM diagnosis for males was Attention Deficit Hyperactivity Disorder and the most common diagnosis for females was Oppositional Defiant Disorder.

- 40% of males and 32% of females were diagnosed with both a mental health and substance use diagnosis.

- Caregivers reported that 23% of the females had a history of sexual abuse, 48% talked about suicide, and 24% had attempted suicide. 65% of males and 68% of females had family members who were diagnosed with or showed signs of depression.

- 63% of BHJJ females and 60% of BHJJ males had biological family members with drinking or drug problems.

- According to the OYAS, 62% of the BHJJ youth were moderate or high risk to reoffend.

- 18% of youth had at least one felony charge in the 12 months prior to BHJJ enrollment.

Educational Information

- About 66% of the youth were suspended or expelled from school in the year prior to their BHJJ enrollment. During treatment, 34% were suspended or expelled.
32% of unsuccessful completes and 61% of successful completers earned mostly A’s, B’s, or C’s at termination from BHJJ. At termination, 87% of youth were attending school.

At termination, workers reported that 90% of youth were attending school more or about the same amount as they were before starting treatment.

Mental/Behavioral Health Outcomes
- BHJJ youth reported a significant decrease in trauma symptoms related to anxiety, anger, depression, dissociation, posttraumatic stress, and sexual concerns from intake to termination.
- Results from the Ohio Scales indicated the caregiver, worker, and youth reported increased youth functioning and decreased problem severity while in BHJJ treatment.
- Males and females reported a decrease in alcohol and marijuana use at termination from BHJJ.
- Upon entering the program, 51% of the youth were at risk for out of home placement. At termination, 25% of youth were at risk for out of home placement.

Termination and Recidivism Information
- 61% of the youth terminated from the BHJJ program completed treatment successfully. The average length of stay in the program was 153 days.
- Workers reported that police contacts have been reduced for 62% of the youth.
- One year after termination, 13% of successful completers and 20% of unsuccessful completers had a new felony charge.
- Twenty-one of the 1,700 youth (1.2%) enrolled in BHJJ for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment in BHJJ.