Executive Summary

An Evaluation of the Summit County Behavioral Health/Juvenile Justice (BHJJ) Initiative: 2009-2017

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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
- 284 youth have been enrolled in BHJJ (77% males, 78% non-white). The average age of youth entering the program was 15.9 years old.
- The most common DSM diagnosis for males was Conduct Disorder and the most common diagnosis for females was Oppositional Defiant Disorder.
- 55% of males and 48% of females were diagnosed with both a mental health and substance use diagnosis.
- Caregivers reported that 21% of the females had a history of sexual abuse, 36% talked about suicide, and 8% had attempted suicide. 38% of males and 44% of females had family members who were diagnosed with or showed signs of depression.
- 49% of BHJJ females and 51% of BHJJ males had biological family members with drinking or drug problems.
- According to the OYAS, 70% of the BHJJ youth were moderate or high risk to reoffend.
- 92% 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, 51% were suspended or expelled.
19% of unsuccessful completers and 35.7% of successful completers earned mostly A’s, B’s, or C’s at termination from BHJJ. At termination, 79% of youth were attending school.

At termination, workers reported that 91% 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, depression, and posttraumatic stress 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 reported a slight decrease in marijuana use at termination from BHJJ while females reported decreases in both marijuana and alcohol use.

- Upon entering the program, 61% of the youth were at risk for out of home placement. At termination, 44% of youth were at risk for out of home placement.

**Termination and Recidivism Information**

- 68% of the youth terminated from the BHJJ program completed treatment successfully. The average length of stay in the program was 171 days.

- Workers reported that police contacts have been reduced for 75% of the youth.

- One year after termination, 37% of successful completers and 50% of unsuccessful completers had a new felony charge.

- Twenty-eight of the 267 youth (10.5%) enrolled in BHJJ for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment in BHJJ.