A Decade of Diversion: Ohio's Behavioral Health Juvenile Justice Initiative

Researchers report that between 65-75% of juvenile justice-involved youth experience mental health or substance abuse problems,[1,2] as well as elevated levels of violence exposure and trauma.[1,3] Due to the complex needs of these young people, jurisdictions have developed detention alternatives that allow for more complete behavioral health assessments and provide more comprehensive and evidence-based treatment services than are available in most juvenile justice facilities.

In the late 1990s, Ohio's juvenile court judges met with representatives from the Ohio Departments of Mental Health and Addiction Services (Ohio MHAS) and Youth Services (ODYS). The judges discussed the increasing number of youth appearing in their courts with significant mental health or substance use issues. Although these young people would have benefitted from behavioral health treatment, diversion options were simply not available throughout the state.

One recommendation that arose from this meeting was to develop alternatives to detention for juvenile justice-involved youth with behavioral health concerns. In lieu of detention, youth would be diverted into community-based behavioral health treatment. This alternative to detention came to be known as the Behavioral Health Juvenile Justice (BHJJ) Initiative.

OHIO'S BEHAVIORAL HEALTH JUVENILE JUSTICE INITIATIVE

The BHJJ program was created to provide detention alternatives for juvenile justice-involved youth with behavioral health concerns. The program targets young people ages 10-18 who have at least one psychiatric diagnosis. Participating counties were required to use evidence-based or promising treatment models, although each county was free to select the model(s) that best met the needs of their residents. Juvenile courts were required to partner with their local alcohol, drug, and mental health board and identify local behavioral health treatment agencies that would provide the identified treatment. Six projects were funded in the first cohort, and the first young person was enrolled in January 2006. Since then, eight additional projects have been funded.

The entry point into BHJJ is the local juvenile court. A young person charged with a crime is screened for behavioral health issues.[4] If the screening indicates a potential issue, a full diagnostic assessment is given by a local treatment provider. If the young person meets the eligibility criteria and agrees to participate in BHJJ, a recommendation is made to the judge. In the vast majority of cases, the recommendation is accepted, the family is enrolled, and the court refers the family to the treatment

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provider to begin services. A central tenet of BHJJ is to provide services in the least restrictive environment possible, and thus most treatment services are provided in the home.

Since 2006, more than 3,500 young people have received BHJJ services. More males (60%) and young people of color (52%) have participated, and the average age at intake is 15.5 years old. Participants presented with an average of 2.5 psychiatric diagnoses, and common diagnoses include Attention Deficit Hyperactivity Disorder (ADHD), Cannabis-related disorders, and Oppositional Defiant Disorder (ODD). Over half report problems with alcohol or drugs, most commonly alcohol, marijuana, and painkillers.

Trauma and violence exposure is common – especially among females. Twenty-seven percent of girls and 7% of boys have a history of sexual abuse. Girls are more likely than boys to talk about (50 to 30%) and attempt suicide (24 to 9%). The majority have family members who experience behavioral health issues. Many report elevated levels of anger and depression.

Results of a recent 10-year outcome evaluation indicated that program participation led to significant improvements in general functioning and problem severity.[4] Youth reported reductions in trauma symptoms and substance use. Grades improved, and school suspensions and expulsions were greatly reduced. Two out of three participants completed treatment successfully, and over 96% were not sent to a state-run youth prison following participation in the program.

The BHJJ program is also a cost-efficient alternative to detention. The average cost per young person enrolled in BHJJ services was approximately $5,000.[5] This figure includes direct state contributions to the program but does not include additional local or federal dollars used to supplement the program. In comparison, it costs approximately $200,000 to house a young person in a state-run youth prison for the average length of stay of 12.5 months.

LESSONS LEARNED

The effectiveness of BHJJ can be tied to several factors. Any court applying for funding must partner with its local Alcohol, Drug, and Mental Health (ADAMH) board and local treatment providers. This helps to ensure the necessary partnerships and services exist before program implementation. Next, while the state requires each site to use an evidence-based or promising practice, each site is free to choose the treatment model or models that best serve the needs of its clients. Treatment is not a one-size-fits-all experience. Young people bring with them varied and complicated treatment needs, and BHJJ allows counties to populate their menu of treatment services with the best options for their clients.

Another reason for success has been the state's investment in quality assurance and evaluation services. The state funds an independent evaluation of BHJJ and has used its results to advocate for additional funding at the local, state, and federal levels, and counties use the results to track program outcomes and identify gaps in services. The state also offered funding for collaboration with implementation and fidelity experts, which improved the likelihood of successful implementation and positive programmatic outcomes.

Finally, the program would not work without judges and magistrates who are willing to divert young people away from detention and into community-based behavioral health treatment. Over the past decade, there has been a shift in attitudes regarding the incarceration of

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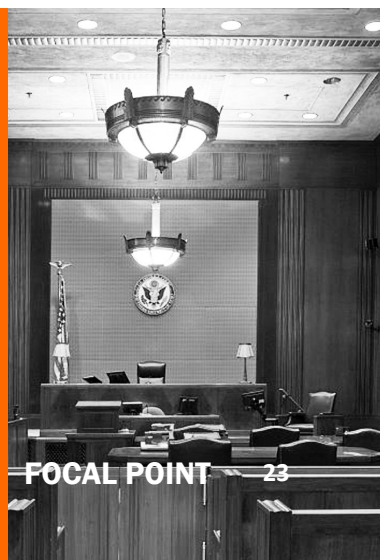

Views from the Bench: Judge Anthony Capizzi Reflects on BHJJ

The BHJJ initiative began in Montgomery County, Ohio in 2005 with a focus on developing evidenced-based behavioral health services for violent female offenders. We decided that Functional Family Therapy (FFT), a home-based behavioral health intervention,[6] would be ideal for our youth and families. The Court partnered with South Community, our local community mental health provider, to provide the FFT services. FFT has since become a significant part of the menu of services offered to youth involved with the Montgomery County Juvenile Court (MCJC).

Over the past eight years, the MCJC and South Community Inc. have expanded the use of BHJJ and FFT to allow both females and males and their families from every area of our court to access this valuable resource. For example, in 2012, South Community expanded the FFT service to include FFT-Contingency Management (FFT-CM)[6] for youth and families with substance abuse issues. The addition of FFT-CM has been invaluable for the young people I see in our Drug Court program. The availability of FFT-CM allows me to ensure the entire family is being treated, which leads to better outcomes. In 2015, we were able to serve 335 young people and their families though the BHJJ program.

As a juvenile court judge, I feel confident referring youth and their families to a program that has such empirical support behind it. With FFT, I have the opportunity to allow youth to be treated in the community. This approach is fiscally responsible and allows our community to treat young people in their own homes with their families rather than removing them for placement in expensive environments that often show little success.

our nation's youth. Programs like BHJJ have demonstrated that youth can be safely and effectively served in this manner without compromising public safety.

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