

2014

An Evaluation of the Behavioral Health Juvenile Justice Initiative

2006-2013

Jeff Kretschmar, Ph.D., Fredrick Butcher, Ph.D. &
Dan Flannery, Ph.D.
Case Western Reserve University, Jack, Joseph, and Morton
Mandel School of Applied Social Sciences, Begun Center for
Violence Prevention Research and Education
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EXECUTIVE SUMMARY: AN EVALUATION OF THE BEHAVIORAL HEALTH/JUVENILE JUSTICE INITIATIVE (BHJJ): 2006 – 2013

Jeff M. Kretschmar, Ph.D., Fred Butcher, Ph.D., & Daniel J. Flannery, Ph.D.

Case Western Reserve University
Jack, Joseph, and Morton Mandel School of Applied Social Sciences
Begun Center for Violence Prevention Research and Education

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 intended to transform and expand the local systems' options to better serve these youth. Recent emphasis was placed on decreasing the population of ODYS facilities while providing alternatives to incarceration. Six counties participated in BHJJ in the newest biennium: Cuyahoga, Franklin, Montgomery, Hamilton, Lucas and Summit. BHJJ was funded by a partnership between the Ohio Departments of Youth Services (ODYS) and Mental Health and Addiction Services (ODMHAS). The Begun Center for Violence Prevention Research and Education at Case Western Reserve University provided research and evaluation services for the program.

The BHJJ program diverts youth from local and state detention centers into more comprehensive, community-based mental and behavioral health treatment. The BHJJ program enrolled juvenile justice-involved youth between 10-18 years of age who met several of the following criteria: a DSM IV Axis I diagnosis, substantial mental status impairment, a co-occurring substance use/abuse problem, a pattern of violent or criminal behavior, and a history of multi-system involvement.

Demographics and Youth Characteristics

- ❖ 2,545 youth have been enrolled in BHJJ (58% males, 52% Caucasian). In the past two years, more non-whites (57%) than whites (43%) and males (67%) than females (33%) have been enrolled.
- ❖ Youth averaged 2.3 Axis I diagnoses. Females were significantly more likely to be diagnosed with Depressive Disorders, Alcohol-related Disorders, Bipolar Disorder, and Post-traumatic Stress Disorder (PTSD) and Adjustment Disorders. Males were significantly more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Cannabis-Related Disorders, and Conduct Disorder.
- ❖ Over 40% of males and 34% of females were diagnosed with both a mental health and substance use diagnosis.
- ❖ Caregivers reported that 28% of the females had a history of sexual abuse, nearly 50% talked about suicide, and over 22% had attempted suicide. Over 60% of males and 68% of females had family members who were diagnosed with or showed signs of depression.
- ❖ According to the OYAS, 71% of the youth served in BHJJ were moderate or high risk.

- ❖ In the current BHJJ counties, 35% of youth had felony charges in the 12 months prior to enrollment, ranging from 17% in Montgomery County to 90% in Summit County.

Educational Information

- ❖ Nearly 70% of the youth were suspended or expelled from school in the year prior to their enrollment. At termination, 83% of youth were attending school. At intake, 36% of youth earned mostly A's, B's, or C's while at termination, 49% of youth earned mostly A's, B's, or C's.
- ❖ At termination, workers reported that 94% 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 from intake to termination.
- ❖ Results from the Ohio Scales indicated the caregiver, worker, and youth all reported increased youth functioning and decreased problem severity while in BHJJ treatment.
- ❖ Both males and females reported decreased substance use with respect to most of the commonly used substances, including alcohol and marijuana.
- ❖ Youth demonstrated a 50% reduction in the risk for out of home placement at the time of termination. Seven percent of successful completers and 57% of unsuccessful completers were at risk for out of home placement at termination.
- ❖ Over 92% of caregivers agreed that they were satisfied with the services their child received through BHJJ and 95% agreed that the services received were culturally and ethnically sensitive.

Termination and Recidivism Information

- ❖ Sixty-five percent (65.1%) of the youth terminated from the BHJJ program were identified locally as successful treatment completers. Nearly 72% (71.9%) of youth enrolled in the past biennium were identified as successful treatment completers. The average length of stay in the program was approximately 7 months (5.5 months for youth enrolled during previous biennium).
- ❖ Successful treatment completion in BHJJ produced lower percentages of subsequent juvenile court charges, felonies, misdemeanors, and delinquent adjudications than unsuccessful completion, although both groups demonstrated decreased juvenile court involvement after termination from BHJJ compared to before enrollment.
- ❖ One year after termination, 15% of successful treatment completers and 21% of unsuccessful treatment completers had a new felony charge. Of the youth entering BHJJ with at least one felony charge, 23% of successful treatment completers and 32% of unsuccessful treatment completers were charged with a new felony in the 12 months following BHJJ termination.
- ❖ Eighty-two of the 2336 youth (3.5%) enrolled in BHJJ for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.

- ❖ In a matched comparison, 2.2% of youth who completed BHJJ successfully were committed to an ODYS institution 12 months after their termination while 19.0% of youth released from an ODYS facility were re-committed to an ODYS facility in the 12 months following their release.
- ❖ Using only the direct State contribution to BHJJ of \$12.6 million since 2006, the average cost per youth enrolled in BHJJ was \$4954. The FY12 per diem to house a youth at an ODYS institution was \$466 and the average length of stay was 11.8 months. Based on these numbers, the estimated cost of housing the average youth at an ODYS facility in FY12 was approximately \$167,000.

AN EVALUATION OF THE BEHAVIORAL HEALTH/JUVENILE JUSTICE (BHJJ) INITIATIVE: 2006-2013

JUVENILE JUSTICE AND MENTAL HEALTH

Youth involved in the juvenile justice system report significant behavioral health impairment. While estimates vary, most studies report that between 65-75% of juvenile justice-involved (JJI) youth have at least one mental health or substance abuse disorder and 20% to 30% report suffering from a serious mental disorder (Cocozza & Skowrya, 2000; Shufelt & Cocozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002). Rates of similar mental health/substance use disorders among the general adolescent population are far lower (Cuellar, McReynolds, & Wasserman, 2006; Friedman, Katz-Levy, Manderscheid, & Sondheimer, 1996; Merikangas, et al., 2010; Otto, Greenstein, Johnson, & Friedman, 1992; U.S. Department of Health and Human Services, 1999).

Studies have found that JJI females are often more likely to suffer from mental health disorders than JJI males (Teplin et al., 2002; Nordess et al., 2002; Shufelt & Cocozza, 2006; Wasserman, McReynolds, Ko, Katz, & Carpenter, 2005). Driving this difference is the fact that Anxiety and Mood Disorders are far more common in JJI girls than JJI boys (Shufelt & Cocozza, 2006; Teplin et al., 2002; Wasserman et al., 2005). Not only are JJI girls more likely to report mental health disorders, they are also more likely to report co-occurring mental health and substance use disorders than JJI males (Abram, Teplin, McClelland, & Dulcan, 2003; Wasserman et al., 2005; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010).

While it is clear that a significant percentage of JJI youth have mental health problems, many have not received help or treatment for these issues prior to entering the system. One study found that only 34% of juvenile detainees with Anxiety, Mood, or Disruptive Behavior Disorders had ever received prior mental health treatment (Novins, Duclos, Martin, Jewett, & Manson, 1999). In another study, only 17% of juvenile detainees reported previous mental health treatment by a psychiatrist or therapist (Feinstein et al., 1998). A SAMHSA-funded study reported that while 94% of juvenile justice facilities had some type of mental health services available to youth, the quality and comprehensiveness of these services varied greatly based on the facility (Goldstrom, Jaiquan, Henderson, Male, & Manderscheid, 1998). Goldstrom et al. (1998) reported that 71% of juvenile detention centers offer mental health screening while only 56% conduct full evaluations. In facilities where full evaluations are offered, screenings and assessments are often not standardized (Hoge, 2002; Soler, 2002).

JUVENILE JUSTICE/MENTAL HEALTH DIVERSION PROGRAMS

The prevalence of juvenile justice youth with mental health issues is cause for alarm. While the juvenile justice system is often the first time a youth is screened for mental health problems, the system is often ill-prepared to properly treat these youth (Cocozza & Skowrya, 2000; Skowrya & Powell, 2006;

Teplin et al., 2002; U.S. Department of Justice, 2005). In response to the growing number of youth entering the juvenile justice system with mental health issues and the lack of proper care in these facilities, many communities have developed diversion programs or mental health courts as an alternative to detention or incarceration. These programs allow for more in-depth assessment and evaluation and more comprehensive and evidence-based treatment and supervision services than are available in typical juvenile justice facilities.

A recent meta-analysis of 28 juvenile offender diversion programs found mixed results (Schwalbe, Gearing, MacKenzie, Brewer, & Ibrahim, 2012). The diversion programs were separated into five categories: case management, individual treatment, family treatment, youth court, and restorative justice. The authors found that the overall effect of diversion programs on recidivism were non-significant. The only diversion category that produced significant reductions in recidivism was family treatment. Restorative justice programs were effective only when researchers played an active role in their implementation. Due to small sample sizes, other outcome variables of interest including mental health outcomes, substance use, and school performance were not included in the meta-analysis. The authors reported that although only a few diversion programs specifically targeted youth with mental health or substance abuse problems, youth in these programs demonstrated reduced recidivism and out of home placements compared to non-diverted youth.

OHIO'S BEHAVIORAL HEALTH/JUVENILE JUSTICE (BHJJ) INITIATIVE

Nearly 15 years ago, Ohio's juvenile court judges met with representatives from the Ohio Department of Mental Health (ODMH) and the Ohio Department of Youth Services (ODYS) to address a growing and serious concern. Many of the youth who appeared in court demonstrated serious mental health and/or substance use problems. Not only did these judges lack the resources and expertise to identify, assess, and serve these youth, but there were few alternative programs into which these youth could be placed in lieu of a detention facility.

The state recommended funding local pilot projects in an attempt to divert youth who demonstrated a need for behavioral health service from incarceration and into community-based treatment settings. The pilot program operated in three counties in Ohio. While small in scope, the pilot project was successful in reducing the number of youth with behavioral health issues committed to the ODYS.

In 2005, the state allocated new resources to the Behavioral Health/Juvenile Justice (BHJJ) project and funded several counties throughout Ohio to expand upon the work accomplished in the pilot phase. The intent of the BHJJ project was to transform the local systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth and their families and to identify effective programs, practices, and policies. As in the pilot, the initiative was designed to divert JJI youth with mental health or substance use issues from detention and into community and evidence-based treatment. The state identified criteria to be used by participating counties to determine if a youth was appropriate for inclusion in the BHJJ project, including: a DSM-IV diagnosis, aged 10 to 18, substantial mental status

impairment, co-occurring substance abuse, a pattern of criminal behavior, charged and/or adjudicated delinquent, a threat to public safety, exposed to trauma or domestic violence, and a history of multi-system involvement. Each county was able to determine which and how many criteria the youth had to meet to be eligible for participation.

Since 2006, 11 counties have been selected to participate in the BHJJ program. Urban, suburban, and rural counties have been included in the project. These counties were required to use evidence-based or evidence-informed treatment models; however, the state allowed each county to select the model that best fit the needs of their youth and families. Examples of the types of treatment models provided through BHJJ include Multi-systemic Therapy (MST), Functional Family Therapy (FFT), Integrated Co-Occurring Treatment (ICT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Multidimensional Family Therapy (MDFT).

While each county employs slightly different protocols and procedures in the implementation of BHJJ, the juvenile court is the typical entry point into the program. Youth who have been charged with a crime are given a psychological assessment to determine if they meet criteria for inclusion in BHJJ. If the youth meets criteria and the youth and family agrees to participate, the youth is recommended for BHJJ participation. If the judge or magistrate accepts the recommendation, the youth is enrolled in the BHJJ program and referred or linked to the treatment agency responsible for providing the treatment services. In most cases the youth remains on probation supervision during their time in the BHJJ program. While residential placement is an option in some of the participating counties, a mission of BHJJ is to provide treatment in the least restrictive setting possible and therefore the majority of the treatment is provided in-home or in outpatient settings.

A key component to the BHJJ program is the ongoing outcome evaluation provided by the Begun Center for Violence Prevention Research and Education at the Mandel School for Applied Social Sciences at Case Western Reserve University. The current evaluation report includes data from 2006 through June 30, 2013. For information or copies of previous evaluation reports, please contact Dr. Jeff Kretschmar at jeff.kretschmar@case.edu or visit (<http://mha.ohio.gov/Default.aspx?tabid=136>).

MEASURES AND INSTRUMENTATION

All of the instruments collected as part of the BHJJ evaluation were in TeleForm© format. TeleForm© is a software program that allows for data transmission via fax machine, scanner, or .pdf file. Instruments are created using this software and once completed, can be faxed or scanned directly into a database.

OHIO YOUTH PROBLEM, FUNCTIONING, AND SATISFACTION SCALES (OHIO SCALES)

The Ohio Scales (Ogles, Melendez, Davis, & Lunnen, 2001) were designed to assess clinical outcomes for children with severe emotional and behavioral disorders, and were developed primarily to track service effectiveness. The measure assesses four primary domains of outcomes with four

subscales: Problem Severity, Functioning, Hopefulness, and Satisfaction with services. In the Ohio Scales–Caregiver version, the caregiver rates his/her child’s problem severity and functioning, and the caregiver’s satisfaction with services and hopefulness about caring for his or her child. In the Ohio Scales–Youth version, the youth rates his/her own problem severity and functioning, and his/her satisfaction with services and hopefulness about life or overall well-being. The Worker version does not include the Satisfaction or Hopefulness scales. A score is generated for each of the four subscales, with a total score for the scale generated by summing the items.

TRAUMA SYMPTOM CHECKLIST FOR CHILDREN (TSCC)

The Trauma Symptom Checklist for Children (TSCC) is a 54-item Likert-type questionnaire containing six subscales designed to measure anxiety, anger, depression, posttraumatic stress, dissociation, and sexual concerns (Briere, 1996). Youth respond to a series of questions regarding the frequency of certain thoughts, events, or behaviors. Responses are made on a 4-point, 0-3 scale with “0” indicating “never” and “3” indicating “almost all the time”.

SUBSTANCE USE SURVEY – REVISED

This measure, adapted from the SAMHSA-funded Tapestry Project (a demonstration and research project that identifies, serves and follows youth and families from Cuyahoga County, Ohio, with significant behavioral and mental health needs), collects information reported by the youth about the frequency of his or her substance use, including tobacco, alcohol, marijuana, cocaine, painkillers, and several additional substances.

ENROLLMENT AND DEMOGRAPHICS FORM (ENROLLMENT FORM)

This form permits program staff to record several important pieces of information including date of enrollment, reasons for BHJJ services, DSM-IV diagnoses, Global Assessment of Functioning (GAF) scores, and agencies with which the youth is involved. In addition, out-of-home placement status, risk for placement, and educational and vocational data are collected.

CHILD INFORMATION UPDATE FORM (TERMINATION FORM)

This form is completed by the treatment staff at termination from the BHJJ program, and is used to record DSM-IV diagnoses, GAF score, date and reasons for termination from the program, and out-of-home placement risk. Educational and vocational data, as well as information related to contacts with the police are also captured.

RECENT EXPOSURE TO VIOLENCE

This 26-item scale measures several youth-reported violent acts: threats, beatings, hitting, knife attacks, sexual abuse, and shootings (adapted from Singer, Anglin, Song, & Lunghofer, 1995). Youths respond to a 4-point scale ranging from “0” (never) to “3” (almost every day). Subjects report

separately on violence they have experienced directly and violence they have witnessed. For threats, slapping/hitting, and beatings, questions are specific to the setting in which the violence has occurred: at home, at school, or in the neighborhood. The remaining items do not specify the setting in which the violence occurred. This scale, which has an acceptable internal consistency (Cronbach's alpha = .86), served as our measure of victimization. In this biennium, the Recent Exposure to Violence measure was made optional.

CAREGIVER INFORMATION QUESTIONNAIRE (INTAKE AND TERMINATION)

The Caregiver Information Questionnaire, adapted from SAMHSA/Center for Mental Health Services (2005), permits staff to record information including demographics, risk factors, family composition, physical custody of the child, abuse history, family history of mental health issues, the child's mental and physical health service use history, caregiver employment status, and child's presenting problems.

YOUTH SERVICES SURVEY FOR FAMILIES

The Youth Services Survey for Families (YSSF) (SAMHSA) was designed to assess caregiver satisfaction with services the youth received, and if, as a result of those services, the youth is showing improved functioning. This measure was optional for this biennium.

RECIDIVISM

Recidivism can be defined in many ways: a new offense, a violation of probation, new adjudication, or commitment to ODYS. Recidivism is a standard measure of program success, especially as an indicator of treatment outcomes over time. For this evaluation, recidivism was defined in three ways; a new misdemeanor or felony charge, a new adjudication, and a placement in an ODYS facility any time after enrollment in the BHJJ program. These data are provided to the evaluators by the juvenile court in each participating county. Recidivism data are presented for youth prior to and after enrollment and termination from BHJJ.

OHIO YOUTH ASSESSMENT SYSTEM (OYAS)

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. The OYAS contains five distinct versions of the tool administered at different points in the juvenile justice process: Diversion, Detention, Disposition, Residential, and Reentry. Youth receive a total score and fall into three risk levels; low, moderate, or high. Each county's juvenile court supplied OYAS data to the evaluators.

DATA COLLECTION SCHEDULE

The evaluation contains both mandatory and optional questionnaires (see Table 1 and Table 2).

Table 1. Required BHJJ Questionnaires

Measure	Who Completes	When Administered
Ohio Scales	Youth & Worker	Intake, every 3 months, Term
Trauma Symptom Checklist for Children (TSCC)	Youth	Intake, Term
Substance Use Survey – Revised (SUS)	Youth with Program Staff	Intake, every 6 months, Term
Enrollment and Demographics Information Form (EDIF)	Program Staff	Intake
Child Information Update Form (CIUF)	Program Staff	Term
Caregiver Information Questionnaire – Intake (CIQ-I)	Caregiver with Program Staff	Intake

Table 2. Optional BHJJ Questionnaires

Measure	Who Completes	When Administered
Ohio Scales	Caregiver	Intake, every 3 months, Term
Recent Exposure to Violence Scale (REVS)	Youth	Intake, Term
Caregiver Information Questionnaire – Term (CIQ-F)	Caregiver with Program Staff	Term
Youth Service Survey for Families (YSSF)	Caregiver	Term

DATE OF BHJJ PARTICIPATION

To date, 11 counties throughout Ohio have participated in the BHJJ program (see Table 3). The aggregate report included data from all 11 counties. Currently, there are six BHJJ counties: Cuyahoga, Franklin, Montgomery, Hamilton, Lucas, and Akron. In addition to the aggregate report, individual county reports are included for each of these counties.

Table 3. Dates of BHJJ Participation

County	BHJJ Participation Dates
Butler	2008 – 2009
Champaign	2006 - 2009
Cuyahoga	2006 – present
Fairfield	2006 - 2009
Franklin	2006 - present
Hamilton	2008 – present
Logan	2006 - 2009
Lucas	2009 – present
Montgomery	2006 - present
Summit	2009 - present
Union	2006 - 2009

PROJECT DESCRIPTIONS

Each county was asked to provide a description of their BHJJ project for inclusion in this report. Descriptions of the six participating BHJJ counties and their associated models are found below.

CUYAHOGA COUNTY

Cuyahoga County’s BHJJ model implements effective, evidence-based, culturally-appropriate services and treatment for serious juvenile offenders, ages 12 to 18, who exhibit serious behavioral health needs. These youth are juvenile justice-involved, residents of Cuyahoga County, adjudicated for misdemeanors or felonies, and have a history of multi-system involvement. The goal of this project is to provide community based services in the least restrictive environment, with a renewed emphasis on quality Wraparound services and crisis stabilization to improve outcomes for youth. Specialized court services, including assessment and Care Coordination are provided by Cuyahoga County’s Juvenile Court. Evidence based treatment modalities and community based services are provided through subcontracted service providers.

The BHJJ referral process is initiated through traditional Probation Officers who suspect that a youth has mental health concerns or has an identified substance abuse problem. The Probation Officer

administers the University of Cincinnati's *Ohio Youth Assessment System* (OYAS) instrument and refers the youth to the BHJJ Manager for review. The BHJJ Manager then refers the case to the BHJJ Assessor. As an alternate route for BHJJ referrals (particularly if a case is pending) referrals may be presented at a Court Staffing which includes a judge, public defender, probation staff and treatment staff. At that staffing, the case is funneled to the BHJJ Assessor to determine if crisis stabilization, standard community-based services, or BHJJ services are warranted.

The BHJJ Assessor: The Assessor completes the ODMH (SOQIC) assessment and the initial Ohio Scales Problem, Functioning, and Satisfaction Scales and the Trauma Symptom Checklist for Children (TSCC). These, along with the OYAS completed by the Court, yield a complete picture of the needs of youth and families based on a comprehensive bio-psychosocial assessment resulting in substance use, mental health, and co-occurring diagnoses. The assessment includes corresponding recommendations for appropriate placement and treatment across the domains of substance use/abuse, mental health, family functioning, school/work/vocational, peer relationship and structured recreation, and community supervision needs. The BHJJ Assessor then determines the most appropriate evidence based practice or community based program based upon all assessment information. In doing so, the Wraparound process is employed to allow families the opportunity to identify their additional challenges and strengths/assets. Once all assessments are complete, a Probation After-Care (PAC) Worker and a Care Coordinator are assigned.

The BHJJ Care Coordinator: The Care Coordinator immediately organizes a team meeting with the family to discuss the results of the assessment and develop a plan to meet the identified needs of the youth. The plan is designed to address each youth's individualized needs, strengths and goals in a range of life domains, and creates a team including the participation of supportive others identified by the family. This is a core principle of the Wraparound process: family voice and choice. A youth and his/her family can be referred to a number of evidence based services through the BHJJ project such as Integrated Co-Occurring Treatment (ICT) through Bellefaire, JCB, Multi-Systemic Therapy (MST) through the Applewood Center, and Assertive Community Treatment (ACT) through Beech Brook, but Care Coordinators also have the ability to develop or locate non-traditional services.

The goal is to work with youths and their families to identify their holistic needs and provides access to treatment and services to meet those needs. Services identified above are geared toward youth with mental health and substance use disorders; parent/guardian empowerment; care coordination to connect youth to traditional and non-traditional interventions, outpatient and residential alcohol and other drug treatment, short term crisis stabilization and long term residential treatment; Wraparound services that include mentoring and respite. Some youth continue to receive services from private providers and others are connected to community services for continued support after they have completed the program.

Placement Aftercare Coordinator (PAC): PACs operate within the Court's Intensive Aftercare Program and provide not only the legal aspect of case management, but also helps to coordinate the range of program components accessed through the Court system. PACs are employed by the Juvenile Court in the BHJJ project. They work in tandem with Care Coordinators to ensure the youth's

compliance with Court mandates, while also fully participating in their treatment. In order to provide more intensive service, an additional PAC has been added to the Court staff, bringing the total to three.

As mentioned above, ancillary services are necessary to support youth and families in the community. Therefore, wraparound services remain fundamental within the project. Care Coordination includes contracting for non-traditional Wraparound services such as respite, mentoring, art/music therapy, and pro-social activities including recreation and community involvement opportunities. This enables the development of individualized intervention plans and provides the flexibility necessary to tailor services and supports in response to changing needs and circumstances. Additionally, the BHJJ Assessor and Care Coordinator are charged with accessing least restrictive options, which include the utilization of crisis beds, respite services, and evidence based treatment prior to residential treatment placements. This is achieved, in part, by leveraging local Community Wraparound and Family-Centered Services and Supports (FCSS) funds.

Success is not defined by one entity within the BHJJ project. Success is dependent upon the accomplishment of the BHJJ youth maintaining placement in the community; reducing court involvement and having no currently pending case before the court; decreasing behavioral health symptoms (alcohol, drugs and mental health); improved educational status and/or pursuing a vocational interest; and an improved familial dynamic with parent empowerment.

FRANKLIN COUNTY

The Franklin County BHJJ Initiative was developed to meet the treatment and support needs of youth who, at a minimum, are seriously emotionally disturbed, substance abusing, serious juvenile offenders and may be involved in the child welfare system. This model has improved intersystem communication and shared outcomes among the behavioral health, juvenile justice, and child welfare systems.

This project is supported by the Cross System Initiative Committee (CSI), a local partnership that includes ADAMH, Franklin County Children Services (FCCS), Franklin County Common Pleas Court, Division of Domestic Relations and Juvenile Branch (Juvenile Court), and Franklin County Family and Children First Council. The model moves a youth from the Franklin County Juvenile Court Pre-Sentence Investigation through a screening and assessment process that involves a care manager who coordinates and facilitates the service delivery team throughout the program. The service delivery team includes the youth and family, probation officer, school, family-defined support, treatment providers, and other system representatives as necessary.

The assessors, who are independently-licensed behavioral health clinicians housed at the court, complete a comprehensive, evidence-based diagnostic assessment that covers all youth/family domains, is family-focused and strengths-based, includes criminogenic risk factors, and provides evidence-based recommendations. The clinicians are co-located at Juvenile Court to expedite the assessment process

and enhance the collaboration between the two systems. The assessors are also available to present the identified treatment recommendations to the judges/magistrates.

The target population for screening and assessment is court-involved youth aged 10-18 coming through Pre-Sentence Investigation. The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) is used by court staff on all youth coming through Pre-Sentence Investigation, as well as with youth involved with Intake, Probation, and Juvenile Detention Center. The court's care coordinators work closely with the BHJJ clinicians to arrange BHJJ assessments of youth referred by the court. These youth include not only probation-involved youth but also youth for which the care coordinators are performing a case management function for adjudicated and non-adjudicated youth in an effort to prevent further penetration into the juvenile justice system.

Treatment recommendations are individualized, based on the youth and family's particular mental health and/or substance abuse needs, with consideration also being given to location/transportation, individual preferences, level of urgency, current custody arrangements (e.g., youth in shelter care, group homes, or other out of home placements) as well as the age of the youth. Treatment recommendations are for evidence-based and evidence-informed programs that have been successful in addressing the needs of this diverse population. The following table captures the services available in Franklin County:

Treatment Model	Funding
MST (Multisystemic Therapy)	ADAMH Board of Franklin County, Franklin County Children Services & Franklin County Family and Children First Council
FFT (Functional Family Therapy)	ADAMH Board of Franklin County, Franklin County Children Services & Franklin County Juvenile Court
MDFT (Multidimensional Family Therapy)	Franklin County Children Services & Franklin County Juvenile Court
ICT (Integrated Co-occurring Treatment)	ADAMH Board of Franklin County, Department of Justice Re-Entry grant

The BHJJ service team carefully selects youth who meet the criteria of the grant at the time of pre-sentencing. Eligibility criteria for this initiative are as follows, although every criterion may not apply to all youth:

- Male or female ages 12 to 17
- DSM IV diagnosis
- Substantial mental status impairment in behavioral, cognitive, or affective functioning
- Co-occurring substance abuse disorders
- Adjudicated delinquent
- Learning disabilities and developmental disabilities
- Violent or pattern of criminal behavior

Successful completion of the Franklin County BHJJ programs is defined as successful completion of the individualized treatment plan created by the youth, family and ongoing treatment provider.

HAMILTON COUNTY

The BHJJ project in Hamilton County consists of a collaborative effort between Hamilton County Juvenile Court (HCJC), Hamilton County Mental Health and Recovery Services Board and Lighthouse Youth Services. Together these entities provide services for the developing Juvenile Mental Health Court enhancing the coordination of care for youth and families through the use of evidence based clinical practice. The Lighthouse Individualized Docket Services (LIDS) program reflects the values of Ohio Family and Children First Council's County Comprehensive Family Services Coordination Plan. Lighthouse Youth Services (LYS) is a certified provider of the Ohio Department of Mental Health to provide "Other" Mental Health Services, Community Psychiatric Support Treatment (CPST), Behavioral Health Counseling and Therapy, Mental Health Assessment, and Pharmacological Management. Lighthouse is also certified through the Ohio Department of Alcohol and Drug Addiction Services to provide Alcohol or Other Drug (AOD) Treatment and Prevention services. The agency is also accredited through CARF International.

BHJJ funding has provided the opportunity for the program to identify and implement a model of screening, assessment and evaluation protocols that provide for a comprehensive service delivery system. Referrals are received by court personnel or within the community. Initial screening for the program can be completed by the Hamilton County Justice Center Psychology Clinic if the youth is in detention or Mental Health Access Point (MHAP), the front door to community mental health services, if the youth is in the community. The initial screening consists of a set of eligibility criteria including, age, mental health diagnosis, caregiver availability and degree of criminal charges. Youth are further reviewed at weekly staff meetings to determine appropriateness for the program and to identify the treatment modality; Functional Family Therapy (FFT) or Assertive Community Treatment (ACT). The staff meeting consists of representatives from the Juvenile Court, MHAP, and LYS staff. If a family does not fit with either evidenced based modality, the MHAP representative can facilitate an appropriate connection to mental health services and provide interim services as needed.

Below is the initial set of eligibility criteria:

- Hamilton County resident,
- Males and females,
- Age 12-17 years (with the ability to consult with the review team on eligibility for youth under age 12 years),
- Pre-adjudication for first time offenders and/or youth who have no more than 5 prior contacts with juvenile court (PDD only),
- Adjudication of delinquency (IDD only),
- As defined by DSM-IV TR, and DSM V once operational, serious emotional disorders/neurobiological disorders (including but not limited to the following): affective disorders (e.g. bi-polar and major depressive episode); anxiety disorders (e.g. phobias and post-traumatic stress disorder) ; psychotic disorders (e.g. schizophrenia and schizoaffective disorder); severe attention deficit hyperactivity disorder; with or without co-occurring serious emotional disorders and substance abuse disorders;

- As defined by DSM-IV TR, and DSM V once operational behavioral disorders normally diagnosed in childhood (e.g. oppositional-defiant, disruptive behavior, and conduct disorders) with co-occurring mental health or substance abuse disorders;
- Identified caregiver willing to engage in treatment with the youth; and
- Voluntary admission with the consent of the parent/custodian

Prior to admission all youth are assessed using the Ohio Youth Assessment System (OYAS), the HCMHR SB Diagnostic Assessment Form (DAF) or the HCJC Multidimensional Assessment Form. These instruments provide an extensive overview of the family’s functioning level in multiple domains as well as identifying the youth’s mental health diagnosis. Further assessment occurs after admission using several instruments from FFT Outcome Quest (OQ) Measures and the Juvenile Substance Abuse Profile (JSAP).

Through BHJJ funding, the Hamilton County Juvenile Mental Health Court is able to deliver evidence based services in a cross system model with MHAP, Hamilton County Mental Health Recovery Services Board (HCMHR SB), Juvenile Court and LYS. All services provided to the youth/family are reported to the Magistrates on the Individualized Disposition Docket (IDD) and the Pre Diversion Docket (PDD) through the use of dedicated probation staff and the LYS Court Liaison. The Magistrates are then able to utilize this information in their decision making. This intensive, cross system model enhances the ability to provide appropriate individualized services for the local target population.

Lighthouse has implemented the following evidence based practices in several programs: Positive Behavioral Intervention Services (PBIS), Girls’ Circle, Parents As Teachers, Work Appreciation for Youth (WAY), a proprietary evidence based practice replicated in consultation with Children’s Village, New York, Multidimensional Treatment Foster Care. Functional Family Therapy (FFT) is offered in the LIDS program as well as two evidence-based substance abuse programs: Adolescent Community Reinforcement Approach (A-CRA) and Teen Intervene, Trauma Focused Treatment (L.I.T.E. group-Learning to Integrate Trauma with Expression) and Assertive Community Treatment (ACT). Each of these programs offers quality interventions for children and families in a least restrictive setting, and has contributed to a clear reduction in out-of-home placements. Youth and families participating in the LIDS program have access to all programs within Lighthouse.

The LIDS program is a model of successful community intersystem collaboration. HCJC and HCMHR SB have worked through a period of extensive planning and careful implementation to develop these systems. As a result of this work, HCMHR SB makes available funding for “Other” mental health services for LIDS intervention services such as the Court Liaison’s activities (i.e., completing court reports, attending docket sessions, etc.). Monthly Infrastructure meetings with LYS, HCJC, and MHAP enable ongoing program review and development as well as ongoing process improvement. The LIDS Advisory Committee also provides oversight and coordination of care between systems. The Committee meets quarterly, is chaired by the HCMHR SB and includes partners from LYS, HCJC, MHAP and community partners such as NAMI.

Typical length of stay in the program is about 5-6 months to complete Functional Family Therapy and meet probation requirements. Although admission to the program is voluntary, discharge from the program is not voluntary and requires court approval. Youth who are successfully discharged from IDD have completed all phases of FFT or if a Track II/III client have substantially completed all treatment goals. Youth and family have demonstrated substantial compliance with Court orders and rules of Probation. Youth who are unsuccessfully discharged from IDD have failed to complete all phases of FFT or if a Track II/III client have failed to complete treatment goals. Youth and/or family have not demonstrated sufficient compliance with Court orders and rules of Probation. Youth who are neutrally discharged from IDD have been unable to complete the program for a variety of reasons. These reasons may include: death; moving out of county; being AWOL; lack of participation on the part of the parent; need for a higher level of care by the client or an extenuating circumstance that occurs prior to treatment being initiated which results in termination.

MONTGOMERY COUNTY

Montgomery County's BHJJ program is known as the LIFE Program (Learning Independence and Family Empowerment) and serves females and males between the ages of 10 and 18 who are involved with Montgomery County Juvenile Court; who have a DSM-IV diagnosis and meet at least 1 of the following criteria:

- Substantial mental status impairment in behavioral, cognitive and/or affective domains
- Co-occurring Substance Abuse
- Violent and/or pattern of criminal behavior
- Threat to public safety, community, self, and/or others
- Substantial impairment in daily living skills and limited success in major life domains
- Exposed to and/or victim of trauma and/or domestic violence
- History of multi-system involvement

Youth and families involved in the LIFE Program are referred by Juvenile Court personnel. The youth is assessed by Samaritan Crisis Care, which provides 24 hour county-wide crisis services and also completes diagnostic assessments for Montgomery County Juvenile Court (MCJC). A MCJC Probation Officer or Intervention Specialist could also identify an adolescent who met program criteria and refer the youth directly to the LIFE Program, who will complete the full diagnostic assessment at the first visit. In other instances, a youth could be paroled from the Ohio Department of Youth Services (ODYS) or released from one of the MCJC secure facilities and referred directly in to the LIFE Program.

When the referral is complete, the case is assigned to a therapist who contacts the family within 48 hours. The therapist meets with the family in their home to conduct family therapy sessions utilizing the Functional Family Therapy (FFT) model, with the frequency of sessions determined by client need. On average, the FFT intervention ranges from 8 to 12 sessions. A youth and family successfully complete the intervention when they have completed all phases of the FFT Model; have decreased recidivism and

have increased overall youth and family functioning. Families may be offered booster sessions after treatment has ended if needed.

In addition to services from the therapist, a LIFE Probation Officer or Intervention Specialist is assigned to the youth to provide intense intervention or probation services. The youth also has access to a South Community psychiatrist, as needed and a Natural Helper (a family mentor) through MCJC Reclaiming Futures Natural Helper Program. The family also meets in their home with the Outcomes Support Specialist at specified intervals during treatment to complete outcome measures, which are submitted to the BHJJ Project Evaluator at Case Western Reserve University.

The Therapists, Program Managers, Probation Officers, Intervention Specialists, Outcomes Support Specialists and Psychiatrist attend weekly interdisciplinary team meetings. Other providers, such as case managers, who are involved with LIFE clients are invited to attend as needed. Juvenile Court personnel then will report progress on treatment or make any recommendations to treatment to the court Judges/Magistrates. The Therapists in the LIFE Program also meet for weekly group clinical consultation and individual supervision with the FFT Site Lead/LIFE Program Managers. Global Therapist Ratings are completed by the FFT Site Lead/Program Manager, and families complete surveys periodically throughout the course of treatment to assure fidelity of the FFT model.

Additionally, The FFT Site Lead/LIFE Program Manager, Program Director, Team Coordinator, Probation Officers and Samaritan Crisis Care Assessors attend a referral meeting as needed to address any issues with the referral process. Specific referrals and appropriateness of the referrals are discussed, as well as any changes that need to be made in the process.

The LIFE Program also embraces suggestions and feedback from the Advisory Board. The LIFE Advisory Board oversees the overall functioning of the program. The Advisory Board includes: South Community, Montgomery County Alcohol Drug Addiction and Mental Health Services Board, Montgomery County Juvenile Court, Ohio Department of Youth Services, Reclaiming Futures Mentoring Program, Samaritan Crisis Care and a parent. The Advisory Board meets quarterly. Reports are distributed and successes and barriers are discussed.

As the FFT intervention ends, the therapist and probation officer continue to collaborate and to link the youth and family with community resources as needed, to help sustain the changes made during treatment. The youth could also be linked with other services provided within South Community's continuum of care. If the family experiences difficulty after treatment has ended, they are able to contact South Community directly and indicate their previous involvement with the LIFE Program. A determination is made as to whether the family could benefit from FFT "booster sessions" or whether another intervention is more appropriate. A client and family is deemed to be successfully terminated if they have completed all three phases of the FFT model and have learned new skills to reduce the risk factors associated with their referral.

LUCAS COUNTY

Since SFY 2010, the Lucas County Behavioral Health and Juvenile Justice (LCBHJJ) Initiative has provided the opportunity to develop, sustain, and enhance two evidence-based approaches designed to serve serious juvenile offenders who have behavioral health care needs. The initiative's goals are to treat youth in the community with the least restrictive care that ensures safety for the youth and community, and divert them from commitment into the Ohio Department of Youth Services (ODYS). The evidence-based approaches are Multi-systemic Therapy (MST) and High Fidelity Wraparound. MST provided by the Zepf Center is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders - their homes and families, schools and teachers, neighborhoods and friends. High Fidelity Wraparound is provided by Lucas County Family Council and is designed to support planning for targeted youth, their parents/caregivers, and families in their natural environment.

The gateway into MST and High Fidelity Wraparound comes through three points of entry within the Juvenile Court; Juvenile Probation, Rescue, and the Assessment Center. The primary gateway has been through the Juvenile Probation department. Youth at high risk for ODYS commitment are identified by the Probation Officer or through the Court's resource staffing process. The resource staffing process is made up of a team within the Probation Department that reviews cases being referred for out of home placement. During SFY 2013 Lucas County incorporated an additional portal into the LCBHJJ initiative by way of the Juvenile Detention Center through the Rescue program (housed in the detention center). The target population for the LCBHJJ project is any youth at risk of being committed to ODYS. An emphasis is placed on serving the ethnic/racial population representative of the youth (primarily African American and Bi-racial males) committed to ODYS from Lucas County between the ages of 10 to 18. Participants in this project also have a mental health diagnosis, contact with the juvenile justice system and may have a pattern of violent and/or criminal behavior. The charges typically associated with these youth are aggravated burglary, burglary, domestic violence, carrying a concealed weapon, safe school violations, and assault. Some youth in the program have misdemeanor charges which stem from a lack of supervision in the home. Particular attention is given to those individuals transitioning from the youth to the adult system of care. Once identified, youth are referred to MST or Wraparound through juvenile probation, the primary gateway. At the point of referral, the OYAS is completed. The decision for referral is based on the issues surrounding the youth and their family and specific program criteria.

Successful completion of the MST program is based upon the mutual agreement of the primary caregiver(s) and the MST team. The primary outcomes for the program are: the youth is currently living at home, the youth is attending school (is not truant) or vocational training or, if of the legally appropriate age to not attend school, has a paying job (≥ 20 hours/week), and the youth has not been arrested since the beginning of MST treatment, for an offense committed during MST treatment. Other factors taken into consideration for discharge readiness include evidence that the primary caregiver(s) has improved their parenting skills necessary for handling subsequent problems, improved family relations, improved their network of informal social supports' success in an educational or vocational

setting, changes in the youth's behavior and pro-social peers and activities. For youth involved in Wraparound, successful completion is when the families' self-identified goals are met. The primary concerns that are addressed are safety and family relations. The LCBHJJ project continues to ensure safety for the youth and the community and diverting serious juvenile offenders from commitment into the Ohio Department of Youth Services.

SUMMIT COUNTY

The BHJJ project in Summit County is truly a collaborative effort and includes the following partners: The Summit County Juvenile Court, the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, The Village Network, Child Guidance and Family Solutions (CGFS), The Center for Innovative Practices of Case Western Reserve University (CIP), Mental Health America of Summit County (MHA), True North Ministries and East Akron YMCA. The project employs two evidence-based practices with the youth enrolled: Integrated Co-occurring Treatment (ICT) through CGFS with CIP oversight and Trauma—Focused Cognitive Behavioral Therapy (TF-CBT) through the Village Network. Additional programs and supports are provided through the use of MHA Parent Advocates for caregivers, mentors for youth provided by True North Ministries and East Akron YMCA, and court supervision and case management. Each year, the BHJJ project seeks to enroll between 30-40 youth into the program.

The BHJJ project enrolls males and females between 12 to 18 years old who have committed a felony offense and who have serious substance abuse/mental health issues. Preference is given to youth at least 14 years of age, as BHJJ services, while flexible, are most effective with this age-range. Since 2009, roughly 67% of the approximately 140 youth referred were African American, 28% White and 5% Bi-racial. Nearly all of the youth were charged with one or more felonies and scored moderate to high-risk on the OYAS. Approximately 80% of the referrals were males and the general age range was between 14 and 18 years old.

All youth under consideration for referral to BHJJ services must first be staffed (a meeting held among various experienced court staff from probation, felony disposition, and partnering agency professionals) post-adjudication for appropriateness (mental health and/or substance abuse issues, serious offenders, etc.). Potential BHJJ youth have been placed on probation or intensive probation, and many are on suspended ODYS commitments. Once the youth has been admitted into the program and assigned to a provider agency treatment program, the Probation Officer, Probation Supervisor, Felony Disposition Supervisor and the program Case Manager, along with any other contributing agency/organization member (i.e. mental health professional, chemical dependency counselor, school personnel, etc.) meet to develop case plans and provide further disposition recommendations to the judiciary. All available assessments (Substance Abuse Subtle Screening Inventory (SASSI), Ohio Youth Assessment System (OYAS), Screen Pediatric Psychosocial Influences (SPPI), etc.) are reviewed and discussed to help inform these decisions. These assessments are administered by court staff when the youth is first brought into detention. In many cases, these youth have been previously involved with the

court and some or all of these tests may have been administered at that/those time(s). New assessments are administered each time a youth becomes re-involved with the court.

If the youth and family are ordered to participate and cooperate with the behavioral health service provider, a referral is made to the provider by the probation officer assigned to the case. Once the youth/family has engaged, monthly reviews are scheduled to gauge progress, service gaps and any non-compliance issues. A Behavioral Health Court Docket (BHC) was implemented during FY2011 BHJJ programming to bolster judicial oversight and provide structure to the application of incentives and sanctions to both youth and their caregivers.

Once an initial recommendation has been made as to which of the two provider services is more appropriate and ordered by judicial process, The Village Network or Child Guidance and Family Solutions begins delivering services and applying further assessments as needed. One of the key components of the treatments offered by both of these organizations is the flexibility built into both models to ensure that services are delivered in a culturally competent manner and that youth and families referred to them are not rejected or that when difficulties arise, they are not ejected from the program, with the exception of incidents that may cause serious concerns over public safety issues.

Successful treatment completion is determined by the service provider based on number of sessions completed, compliance with court orders, probation and the individual and family case plan as set forth by the program case manager. For TFCBT, successful completion is measured by: improved functioning, decreased risk related to relevant issues, increased school engagement (more days present at school) and performance, no additional felony charges, no commitments to DYS, 40 or more successful engagements with the counselor (face to face contacts), and consistent compliance with any medication orders. At the end of the program they continue to maintain in the community, and avoid substitute care. For ICT, successful completion includes: acceptable attendance and participation during treatment sessions, avoidance of ODYS placement, improved stability at home, stabilization of mental health symptoms, reduction in substance use, improved functioning at school and in the community, and connection to other treatment provider(s) or supports at the end of treatment.

DATA ANALYSIS PLAN

The report is divided into two main sections. The first is an aggregate report using data from all the BHJJ counties. This includes data collected from the beginning of the BHJJ program in 2005 through June 30, 2013 and includes data from all counties who have participated, regardless of their current participation status. After the aggregate report are individual county reports highlighting data from each current BHJJ county since they have been participating in the BHJJ program.

DESCRIPTION OF THE ANALYSES USED IN THE REPORT

Several types of inferential statistics are used throughout the report. Two types of bivariate analyses are discussed throughout both the overall report and the county specific reports. The chi-

square analysis refers to a bivariate technique where a relationship between two variables is tested to determine if there are any significant differences. For example, if we are interested in whether males and females differ on whether they have ever used alcohol, a chi-square test is used. If there is a statistically significant result, this indicates that the difference between females and males is unlikely to have occurred by chance. Thus, we would describe the difference for the gender groups as a *real difference* rather than one that could have occurred by chance.

The second type of bivariate analysis used throughout the report is the t-test. T-tests are similar to chi-square tests in that they test two variables to determine whether there are significant differences. For example, if we are interested in whether females and males differ on their levels of posttraumatic stress symptoms, a t-test is used. Since the variable posttraumatic stress lies on a continuous scale, we examine whether the corresponding means for the two gender groups significantly differ. Independent samples t-tests are used when there are two distinct groups (e.g. female and male) while paired samples t-tests are used when we are interested in whether means for the same group from different time points differ significantly (e.g. pre/post differences).

While statistical significance is an indication of how likely differences between groups or time points could occur by chance, effect sizes measure the magnitude of these observed differences. In other words, while statistical significance tells us whether a difference exists, effect sizes tell us how much of a difference exists. For chi-square tests, Cramer's V indicates the effect size of the observed differences where 0.1 is interpreted as a small effect, 0.3 is interpreted as a medium effect, and 0.5 is interpreted as a large effect. In the case of t-tests, effect sizes are measured by Cohen's *d*. Interpretation of Cohen's *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect.

One-way ANOVAs are used when we are interested in whether mean differences on a dependent variable are significant along a categorical independent variable. For instance, one-way ANOVAs are conducted when we are interested in whether caregivers, youth, and workers differ significantly on mean Ohio Scales Functioning scores. The question of interest here is whether there are *real differences* between mean scores for the three different reporters.

Logistic regression is a multivariate statistical technique where the question to be answered is whether or not a variable predicts group membership. The use of the term multivariate here indicates that there is more than one independent variable included in the analysis. Each of the variables in the model contributes to the prediction of group membership and therefore, the effects of each variable in the analysis are controlled. Consider the question of whether recidivism can be predicted by risk assessment scores, age, race, and gender. Group membership in this case refers to whether or not an individual recidivated (yes/no). Results of the logistic regression will indicate the probability of recidivism for a male youth compared to a female, while controlling for, or holding constant, risk assessment scores, age, and race.

RESULTS

DEMOGRAPHICS

As of June 30, 2013, 2,545 youth have been enrolled in the BHJJ program (see Table 4). The average age at enrollment was 15.6 years (SD=1.53). More males (58.4%, n = 1,478) than females (41.6%, n = 1054) have been enrolled. Caucasians (52.3%, n = 1,316) and African Americans (39.3%, n = 990) comprised the majority of the total sample.

Since July 1, 2009, the BHJJ program has operated in only large urban counties. In the last biennium, there have been more males (67.4%, n = 464) than females (32.6%, n = 224), and more African Americans (46.4%, n = 319) than Caucasians (42.9%, n = 295) enrolled. From July 1, 2011 through June 30, 2013, more than two thirds (67.4%) of BHJJ enrollees have been male and more than half (57.1%) have been non-Caucasian. The average age was 15.5 years (SD = 1.47).

Table 4. Enrollment by County

County	Total Number of Youth Enrolled
Butler	28
Champaign	97
Cuyahoga	277
Fairfield	30
Franklin	346
Hamilton	166
Logan	269
Lucas	145
Montgomery	1,040
Summit	116
Union	31
Total	2,545

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother (57.5%, n = 1,338) (see Table 5). More than 85% of BHJJ youth lived with at least one parent at enrollment (85.3%, n = 1,985).

Table 5. Custody Arrangement for BHJJ Youth

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	20.4% (n=474)
Biological Mother Only	57.5% (n=1,338)
Biological Father Only	7.4% (n=173)
Adoptive Parent(s)	3.8% (n=89)
Sibling	0.3% (n=6)
Aunt/Uncle	2.0% (n=47)
Grandparents	6.7% (n=155)
Friend	0.1% (n=3)
Ward of the State	0.6% (n=13)
Other	1.2% (n=28)

Nearly 80% of the BHJJ caregivers had at least a high school diploma or GED, and over 7% had a bachelor's degree or higher. Slightly over one-fifth of caregivers (22.0%) reported they did not graduate from high school (see Table 6).

Table 6. Educational Outcomes for Caregivers of BHJJ Youth

Number of School Years Completed	Number of Caregivers
Less than High School	22.0% (n=503)
High School Graduate or G.E.D.	35.9% (n=816)
Some College or Associate Degree	34.3% (n=780)
Bachelor's Degree	4.4% (n=100)
More than a Bachelor's Degree	3.3% (n=75)

Caregivers were asked to report their annual household income. The average household income was between \$20,000 and \$24,999. Nearly three-quarters of caregivers (74.4%) reported an annual household income below \$35,000 and 47.7% reported an annual household income less than \$20,000. Nearly one out of every four BHJJ families (24.5%) reported an annual household income below \$10,000 (see Table 7).

Table 7. Annual Household Income for BHJJ Families

Annual Household Income	BHJJ Families
Less than \$5,000	15.6% (n=348)
\$5,000 - \$9,999	8.9% (n=199)
\$10,000 - \$14,999	13.2% (n=294)
\$15,000 - \$19,999	10.0% (n=223)
\$20,000 - \$24,999	14.1% (n=315)
\$25,000 - \$34,999	12.6% (n=282)
\$35,000 - \$49,999	13.3% (n=296)
\$50,000 - \$74,999	7.7% (n=171)
\$75,000 - \$99,999	2.8% (n=62)
\$100,000 and over	1.9% (n=43)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 8). Chi-square analysis was conducted on each item and significant differences are identified in Table 8. Overall, caregivers of females reported significantly higher levels of physical abuse, sexual abuse, running away, talking about suicide, attempting suicide, exposure to domestic violence, and family histories of depression, mental illness, and substance use than caregivers of males. Caregivers of males reported significantly higher levels of substance abuse than caregivers of females.

Caregivers reported that 20.5% of females and 15.3% of males had a history of being physically abused and 28.1% of females and 7.1% of males had a history of being sexually abused. Caregivers of nearly 50% of BHJJ females reported having heard the child talk about suicide and over 22% of caregivers of BHJJ females reported the youth attempted suicide at least once. Over half of BHJJ males (60.3%) and females (68.2%) had family members who were diagnosed with or showed signs of depression. Over one third of males (33.8%) and 31.9% of females were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 8. 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)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	31.9% (n=298)	33.8% (n=446)

* p < .05, ** p < .01, *** p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 10.4% (n = 76) of females had been pregnant and 8.7% (n = 30) were currently expecting a child. Caregivers reported that 5.3% (n = 54) of males had impregnated a female and 3.9% (n = 18) were currently expecting a child. Nearly 9% of females (8.8%, n = 20) and 6.4% (n = 26) of males currently had children. Of those who had children, 85.7% (n = 12) of females but none of the males currently lived with the child.

PROBLEMS LEADING TO BHJJ SERVICES

The case worker or staff member assigned to the family typically completed a diagnostic assessment as part of the intake process. The workers were asked to identify the problems leading to the youth being referred for BHJJ services. For both females and males, the most common problem leading to BHJJ services was conduct/delinquency problems (91.3% and 91.8% respectively) (see Table 9). Chi-square analysis indicated females had significantly higher rates of suicide, depression, anxiety, adjustment, school performance problems, and eating disorders than males. Males had significantly higher rates of hyperactive and attention-related problems as well as problems related substance use and learning disabilities.

Table 9. Problems Leading to Services

Problems Leading to Services	Females	Males
Suicide-related problems	12.8% (n=130) ^{***}	5.6% (n=79)
Depression-related problems	47.6% (n=483) ^{***}	27.7% (n=393)
Anxiety-related problems	19.8% (n=201) ^{***}	13.2% (n=187)
Hyperactive and attention-related problems	25.0% (n=254)	34.9% (n=496) ^{***}
Conduct/delinquency-related problems	91.3% (n=927)	91.8% (n=1,304)
Substance use, abuse, dependence-related problems	38.0% (n=386)	44.1% (n=627) ^{**}
Adjustment-related problems	14.5% (n=147) ^{***}	6.9% (n=98)
Psychotic behaviors	2.2% (n=22)	2.3% (n=33)
Pervasive development disabilities	0.7% (n=7)	1.1% (n=15)
Specific developmental disabilities	0.4% (n=4)	1.2% (n=17)
Learning disabilities	4.3% (n=44)	9.6% (n=136) ^{***}
School performance problems not related to learning disabilities	37.1% (n=377) [*]	32.4% (n=460)
Eating disorders	1.7% (n=17) [*]	0.7% (n=10)

* p < .05, ** p < .01, *** p < .001

OHIO YOUTH ASSESSMENT SYSTEM

Ohio Youth Assessment System (OYAS) data on BHJJ youth were collected by Cuyahoga, Franklin, Hamilton, Montgomery, Lucas, and Summit counties. OYAS data for youth collected at the time point closest to their respective enrollment dates were used for those enrolled since 2009. Montgomery County recently began collecting OYAS data for BHJJ youth and therefore very few youth have OYAS data reported. **Overall, 29.5% of the sample scored in the Low range, 47.7% scored in the Moderate range, and 22.8% scored in the High range.** Table 10 shows the frequency distribution of OYAS categories for BHJJ youth by gender and race. Chi-square tests revealed significant group differences in the OYAS categories based on both gender and race.

Table 10. OYAS Risk Categories by Gender and Race

	OYAS Low	OYAS Moderate	OYAS High
Female	39.7% (n = 85)	41.6% (n = 89)	18.7% (n = 40)
Male**	25.7% (n = 149)	50.0% (n = 290)	24.3% (n = 141)
White	39.1% (n = 109)	47.3% (n = 132)	13.6% (n = 38)
Nonwhite***	24.1% (n = 123)	48.1% (n = 246)	27.8% (n = 142)

* p < .05, ** p < .01, *** p < .001

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake in the BHJJ program. These diagnoses were either identified through a psychological assessment given as part of the enrollment process or in some cases, from psychological assessments given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for females was Oppositional Defiant Disorder (ODD) while the most common Axis I diagnosis for males was Attention Deficit Hyperactivity Disorder (ADHD) (see Table 11).

A total of 5,628 Axis I diagnoses were identified for 2,436 youth with diagnostic information (2.31 diagnoses per youth). Data related to diagnoses per youth vary greatly by county (see county reports for additional information). Females reported 2,345 Axis I diagnoses (2.31 diagnoses per female) and males reported 3,283 Axis I diagnoses (2.31 diagnoses per male). Chi-square analysis indicated females were significantly more likely to be diagnosed with Depressive Disorders, Alcohol-related Disorders, Bipolar Disorder, Post-traumatic Stress Disorder (PTSD), and Adjustment Disorder. Males were significantly more likely to be diagnosed with Cannabis-related Disorders, ADHD, and Conduct Disorder. Over 40% of males (41.9%, n = 550) and over one third of females (33.5%, n = 317) were identified as having both a DSM-IV Axis I mental health diagnosis and a substance use diagnosis. Of youth enrolled since July 2011, 26.2% of females (n = 58) and 45.5% (n = 208) of males were diagnosed with both a mental health and substance use diagnosis.

Table 11. Most Common DSM-IV Diagnoses

DSM-IV Axis I Diagnosis	Females	Males
Oppositional Defiant Disorder	41.3% (n = 419)	38.9% (n = 553)
Cannabis-related Disorders	27.5% (n = 279)	35.3% (n = 501) ^{***}
Attention Deficit Hyperactivity Disorder	26.5% (n = 269)	42.5% (n = 604) ^{***}
Depressive Disorders	23.0% (n = 233) ^{***}	12.5% (n = 178)
Alcohol-related Disorders	13.3% (n = 135) ^{**}	9.9% (n = 140)
Bipolar Disorder	10.3% (n = 105) [*]	7.5% (n = 106)
Conduct Disorder	9.7% (n = 98)	21.2% (n = 301) ^{***}
Post-traumatic Stress Disorder	9.4% (n = 95) ^{***}	5.3% (n = 75)
Adjustment Disorder	7.2% (n = 73) [*]	5.1% (n = 72)
Mood Disorder	11.1% (n = 113)	9.1% (n = 130)
Disruptive Behavior Disorder	6.6% (n = 67)	7.8% (n = 111)

^{*} p < .05, ^{**} p < .01, ^{***} p < .001

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were included in the evaluation packet at both intake into and termination from the BHJJ program. The items were completed by the worker with help from the youth and caregiver. Just under 70% of the youth (69.8%, n = 969) were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. While in treatment with BHJJ, 35.7% (n = 416) of the youth were expelled or suspended from school.

At termination, workers reported that 43.7% (n = 490) of youth were attending school more than before starting treatment and 50.7% (n = 569) of youth were attending school ‘about the same’ amount compared to before starting treatment. Workers reported that 5.6% (n = 63) were attending school less often than before treatment in BHJJ. At termination, 36.7% (n = 389) of the youth attending school had Individual Educational Plans (IEPs).

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 84.5% (n = 1088) of youth were currently attending school while at termination, 83.4% (n = 899) of BHJJ youth were attending school. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received. Table 12 displays the grades typically received by the BHJJ youth at intake and termination from the program. **At intake, 36.3% of youth were earning mostly A’s, B’s, or C’s and 34.7% were earning mostly D’s and F’s. At termination from BHJJ, 49.3% of youth were earning mostly A’s, B’s, or C’s, and 19.1% were earning mostly D’s and F’s.**

Table 12. Academic Performance

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A’s and B’s	13.5% (n = 173)	16.7% (n = 174)
Mostly B’s and C’s	22.8% (n = 291)	32.6% (n = 339)
Mostly C’s and D’s	29.0% (n = 370)	31.6% (n = 328)
Mostly D’s and F’s	34.7% (n = 443)	19.1% (n = 198)

Academic improvement was largely dependent upon BHJJ completion status (see Table 13). While academic performance varied little at intake for youth regardless of future BHJJ completion status, youth who completed successfully reported significant academic performance improvement at termination. For example, at intake, 36.1% of unsuccessful completers and 38.7% of successful completers received mostly A's, B's, or C's. At termination, 32.4% of unsuccessful completers and 57.1% of successful completers received mostly A's, B's, or C's.

Table 13. 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)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 5.7% (n = 80) of youth were employed, with the vast majority (96.0%, n = 72) of those youth working part-time. At termination, 9.9% (n = 118) of the youth were employed and 84.8% (n = 95) were employed part-time. In the 12 months prior to their enrollment in BHJJ 7.7% of youth (n = 108) received employment counseling or vocational training. At intake, 15.9% (n = 223) of youth planned to pursue employment counseling or vocational training in the next 12 months. **At termination, 12.2% (n = 145) of youth received employment counseling or vocational training in the past 12 months and 19.8% (n = 234) planned to pursue employment counseling or vocational training in the next 12 months.**

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on intake, 3 month, 6 month, 9 month, and termination data. While additional assessment periods did exist, the number of assessments in these groups was less than ideal for analysis and these assessment periods are not reported here. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

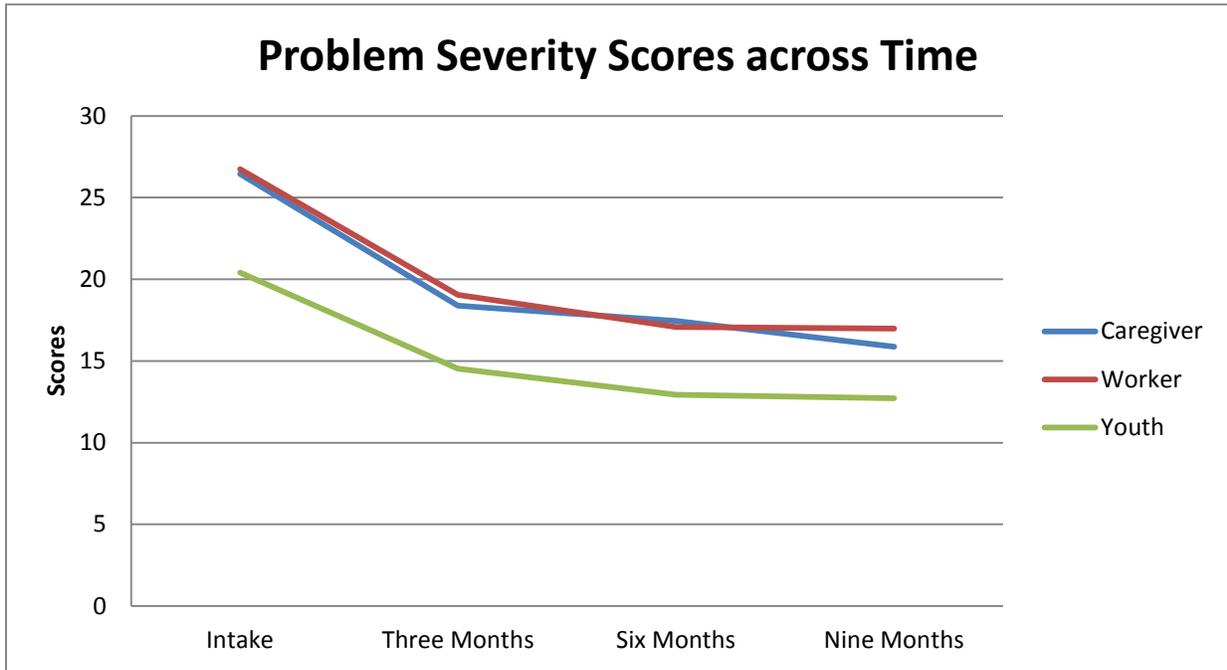
PROBLEM SEVERITY

Means for the Problem Severity scale by rater and assessment period can be found in Table 14 and also in Figure 1 and Figure 2. One-way ANOVAs were performed on the data to examine the effect county of enrollment had on intake Problem Severity scores. Results of the One-Way ANOVAs revealed significant differences on the Problem Severity scale at intake for caregivers $F(5, 1,649) = 14.41, p < .001$; for workers: $F(5, 1,895) = 3.17, p < .01$; and for youth $F(5, 1,854) = 11.42, p < .001$. Post hoc comparisons revealed that Franklin County reported significantly lower Problem Severity scores than most other counties for the youth and caregiver ratings. Additional county-level information can be found in the individual county reports.

Table 14. Problem Severity Scores over Time

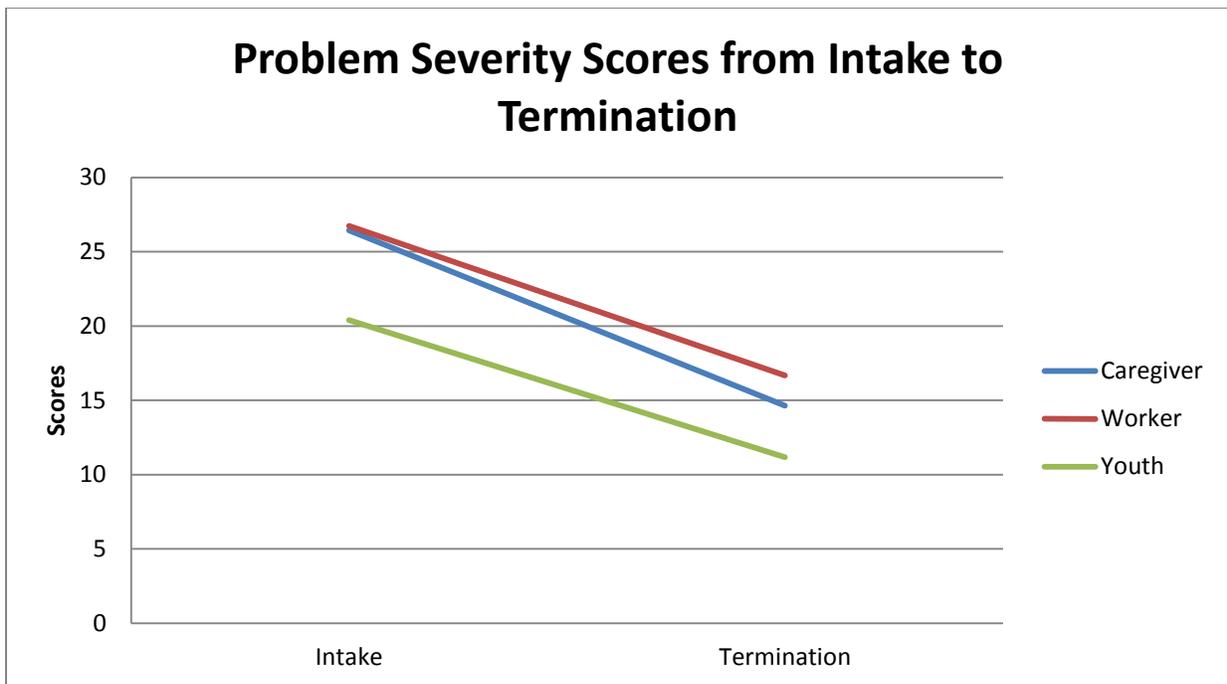
	Caregiver	Worker	Youth
Intake	26.44 (SD=17.00; n=2,073)	26.75 (SD=13.19; n=2,329)	20.41 (SD=14.69; n=2,293)
Three Months	18.38 (SD=14.06; n=1,075)	19.05 (SD=12.11; n=1,244)	14.53 (SD=12.57; n=1,199)
Six Months	17.46 (SD=14.56; n=453)	17.09 (SD=11.44; n=539)	12.93 (SD=11.60; n=507)
Nine Months	15.87 (SD=12.30; n=234)	16.98 (SD=11.39; n=254)	12.73 (SD=11.49; n=248)
Termination	14.65 (SD=13.47; n=1,097)	16.67 (SD=12.88; n=1,512)	11.18 (SD=10.93; n=1,195)

Figure 1. Problem Severity Scores across Time



*all comparisons from intake to each successive time point are significant at the $p < .001$ level

Figure 2. Problem Severity Scores from Intake to Termination



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

CAREGIVER RATINGS

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 15) compared to intake. Significant improvements were noted at 3 months: $t(1,003) = 16.95$, $p < .001$; 6 months: $t(428) = 9.71$, $p < .001$; 9 months: $t(220) = 9.09$, $p < .001$; and at termination $t(994) = 21.49$, $p < .001$. Medium effect sizes were noted for the periods between intake and three months, between intake and nine months, and between intake and termination. A small effect size was noted for the period between intake and six months.

Table 15. Paired Samples T-Tests for Problem Severity - Caregiver

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	26.44 (SD=17.00; n=1,004)	18.34 (SD=14.08; n=1,004)	16.95 ^{***}	.53
Intake to Six Months	25.60 (SD=17.77; n=429)	17.26 (SD=14.68; n=429)	9.71 ^{***}	.47
Intake to Nine Months	26.60 (SD=18.19; n=221)	15.46 (SD=12.18; n=221)	9.09 ^{***}	.61
Intake to Termination	25.58 (SD=16.68; n=995)	14.34 (SD=13.18; n=995)	21.49 ^{***}	.68

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATINGS

For workers, paired samples t-tests indicated significant improvement in Problem Severity from intake to each successive data collection point (see Table 16). Improvements were noted at 3 months: $t(1,187) = 19.96$, $p < .001$; 6 months: $t(512) = 16.78$, $p < .001$; 9 months: $t(243) = 10.15$, $p < .001$; and at termination $t(1,399) = 24.13$, $p < .001$. Medium effect sizes were found for each of the time periods presented in Table 16.

Table 16. Paired Samples T-Tests for Problem Severity - Worker

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	26.90 (SD=13.18; n=1,188)	18.94 (SD=12.09; n=1,188)	19.96 ^{***}	.58
Intake to Six Months	28.06 (SD=13.96; n=513)	16.82 (SD=11.29; n=513)	16.78 ^{***}	.74
Intake to Nine Months	27.71 (SD=13.71; n=244)	17.06 (SD=11.53; n=244)	10.15 ^{***}	.65
Intake to Termination	26.22 (SD=12.99; n=1,400)	16.49 (SD=12.79; n=1,400)	24.13 ^{***}	.64

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATINGS

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (Table 17). Improvements were noted at 3 months: $t(1,146) = 14.56, p < .001$; 6 months: $t(487) = 11.73, p < .001$; 9 months: $t(239) = 8.50, p < .001$; and at termination $t(1,110) = 20.68, p < .001$. Medium effect sizes were observed for the periods between intake and six months, between intake and nine months, and intake and termination. A small effect size was noted for the time period between intake and three months.

Table 17. Paired Samples T-Tests for Problem Severity - Youth

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	20.43 (SD=14.99; n=1,147)	14.47 (SD=12.69; n=1,147)	14.56 ^{***}	.43
Intake to Six Months	20.58 (SD=15.27; n=488)	12.71 (SD=11.35; n=488)	11.73 ^{***}	.53
Intake to Nine Months	20.87 (SD=14.75; n=240)	12.67 (SD=11.56; n=240)	8.50 ^{***}	.55
Intake to Termination	19.61 (SD=14.43; n=1,111)	11.06 (SD=10.92; n=1,111)	20.68 ^{***}	.62

* $p < .05$, ** $p < .01$, *** $p < .001$

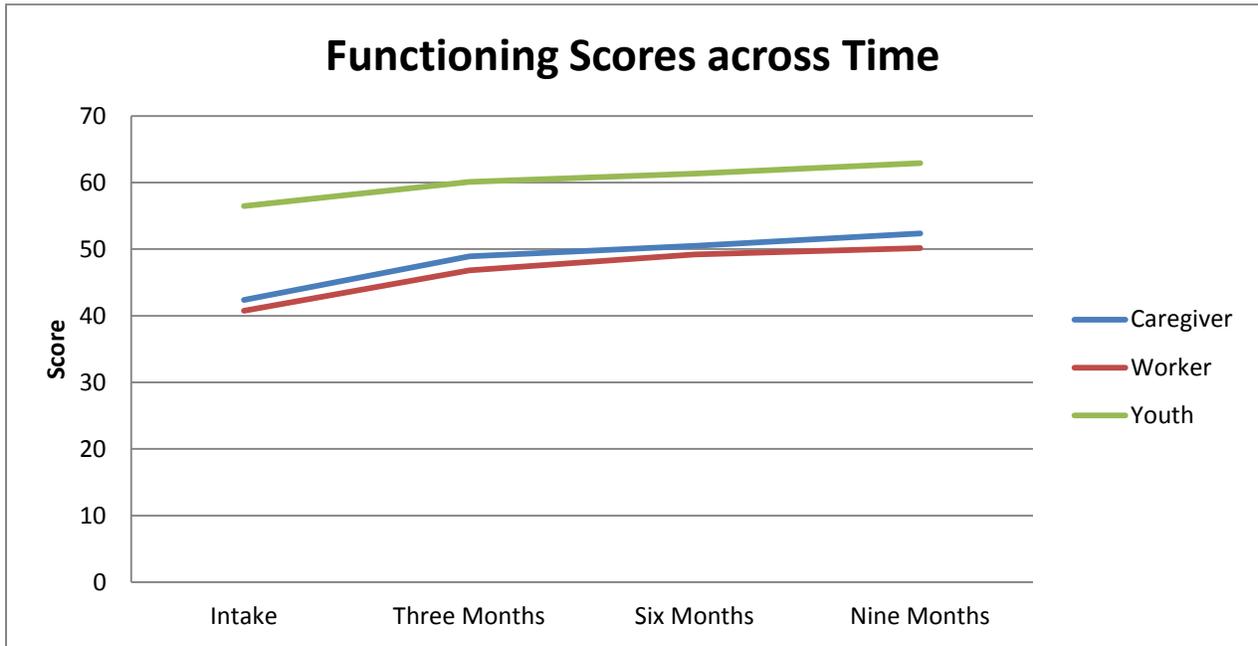
FUNCTIONING SCORES

Means for the Functioning scale by rater and assessment period can be found in Table 18 and Figure 3 and Figure 4. One-way ANOVAs were performed to examine the effect county of enrollment had on intake Functioning scores. Results revealed significant differences on the Functioning scale at intake for caregivers: $F(5, 1,653) = 13.33, p < .001$; workers: $F(5, 1,888) = 4.94, p < .001$; and youth: $F(5, 1,846) = 6.76, p < .001$. Post hoc comparisons revealed that caregivers in Franklin County consistently reported higher Functioning scores for youth compared to all other BHJJ counties. Additional county-level information can be found in the individual county reports.

Table 18. Functioning Scores across Time

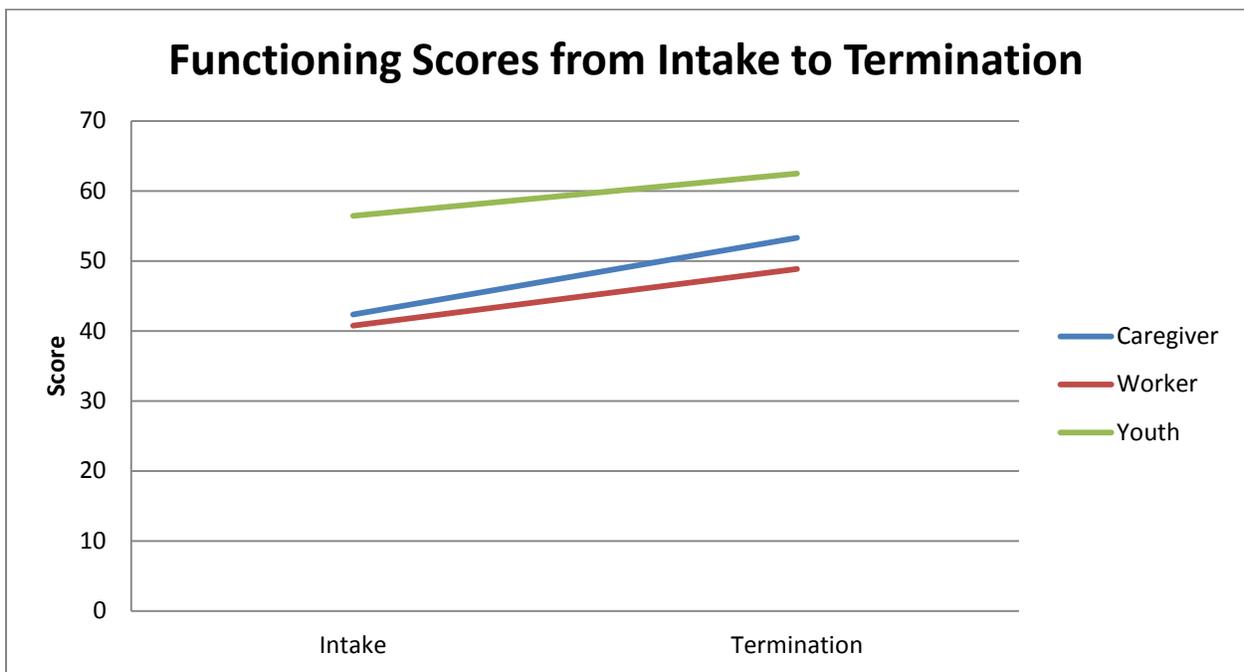
	Caregiver	Worker	Youth
Intake	42.36 (SD=16.54; n=2,083)	40.76 (SD=12.04; n=2,319)	56.46 (SD=12.96; n=2,285)
Three Months	48.94 (SD=16.61; n=1,074)	46.83 (SD=13.53; n=1,240)	60.08 (SD=13.46; n=1,202)
Six Months	50.49 (SD=16.39; n=454)	49.21 (SD=13.67; n=538)	61.33 (SD=12.79; n=507)
Nine Months	52.34 (SD=14.64; n=232)	50.14 (SD=13.74; n=254)	62.90 (SD=12.28; n=250)
Termination	53.32 (SD=16.74; n=1,107)	48.87 (SD=14.68; n=1,518)	62.47 (SD=13.19; n=1,202)

Figure 3. Functioning Scores across Time



*all comparisons from intake to each successive time point are significant at the $p < .001$ level

Figure 4. Functioning Scores from Intake to Termination



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

CAREGIVER RATINGS

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 19) compared to intake. Significant improvements were noted at 3 months: $t(1,008) = -14.20$, $p < .001$; 6 months: $t(437) = -9.95$, $p < .001$; 9 months: $t(223) = -8.32$, $p < .001$; and termination: $t(1,002) = -20.68$, $p < .001$. Medium effect sizes were found for the periods between intake and nine months and between intake and termination. Small effect sizes were observed for the time periods between intake and three months and between intake and six months.

Table 19. Paired Samples T-Tests for Functioning Scores - Caregiver

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	42.09 (SD=16.50; n=1,009)	49.15 (SD=16.53; n=1,009)	-14.20 ^{***}	.44
Intake to Six Months	42.13 (SD=16.92; n=438)	50.83 (SD=16.31; n=438)	-9.95 ^{***}	.47
Intake to Nine Months	41.94 (SD=17.64; n=224)	52.23 (SD=14.84; n=224)	-8.32 ^{***}	.55
Intake to Termination	42.72 (SD=16.68; n=1,003)	53.66 (SD=16.49; n=1,003)	-20.68 ^{***}	.65

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATINGS

Paired samples t-tests indicated significant improvement in functioning at every data collection point (see Table 20). Significant improvements were observed at 3 months: $t(1,175) = -14.69$, $p < .001$; 6 months: $t(507) = -12.84$, $p < .001$; 9 months: $t(240) = -7.36$, $p < .001$; and termination: $t(1,399) = -19.87$, $p < .001$. Medium effect sizes were observed for the time period between intake and six months, and intake and termination. Small effect sizes were observed for the time periods between intake and three months and between intake and intake and nine months.

Table 20. Paired Samples T-Tests for Functioning Scores - Worker

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	41.22 (SD=12.54; n=1,176)	46.97 (SD=13.63; n=1,176)	-14.69 ^{***}	.43
Intake to Six Months	40.91 (SD=12.87; n=508)	49.42 (SD=13.78; n=508)	-12.84 ^{***}	.57
Intake to Nine Months	42.12 (SD=12.95; n=241)	49.97 (SD=13.82; n=241)	-7.36 ^{***}	.47
Intake to Termination	40.56 (SD=11.98; n=1,400)	48.97 (SD=14.77; n=1,400)	-19.87 ^{***}	.53

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 21). A medium effect size was noted for the time period between intake and nine months while small effect sizes were observed for all other time periods.

Table 21. Paired Samples T-Tests for Functioning Scores - Youth

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	56.63 (SD=12.91; n=1,151)	60.27 (SD=13.20; n=1,151)	-9.22 ^{***}	.27
Intake to Six Months	55.95 (SD=13.00; n=486)	61.57 (SD=12.75; n=486)	-8.17 ^{***}	.37
Intake to Nine Months	55.83 (SD=12.70; n=241)	62.86 (SD=12.40; n=241)	-7.76 ^{***}	.50
Intake to Termination	56.81 (SD=13.07; n=1,108)	62.55 (SD=13.38; n=1,108)	-13.56 ^{***}	.41

* $p < .05$, ** $p < .01$, *** $p < .001$

TRAUMA SYMPTOM CHECKLIST FOR CHILDREN (TSCC)

The Trauma Symptom Checklist for Children (TSCC) is a 54-item Likert-type survey composed of six subscales: anger, anxiety, depression, dissociation, post-traumatic stress disorder, and sexual concerns. The TSCC was administered at intake and termination from BHJJ. The TSCC contains an Underresponse and Hyperresponse scale. The Underresponse scale “reflects a tendency toward denial, a general under-endorsement response set, or a need to appear unusually symptom-free (Briere, 1996).” According to the professional manual, any child who has a t-score above 70 on the Underresponse scale should be eliminated from further data analysis. The Hyperresponse scale “indicates a general overresponse to TSCC items, a specific need to appear especially symptomatic, or a state of being overwhelmed by traumatic stress (Briere, 1996)”. The TSCC professional manual recommends eliminating any child with a Hyperresponse t-score above 90 from further data analysis.

An examination of the Underresponse scale indicated that of the 2,224 complete intake TSCC surveys, 19.0% (n = 422) contained t-scores at 70 or higher while of the 1,511 complete termination TSCC surveys, 35.9% (n = 371) contained t-scores at 70 or higher. A similar examination of the Hyperresponse scale revealed that 1.0% (n = 22) scored 90 or above on the intake TSCC while 0.6% (n = 6) scored 90 or above on the termination TSCC. These youth were eliminated from all further data analyses conducted on the TSCC.

Mean subscale scores at intake and termination can be found in Table 22 and Table 23. The TSCC reports different means for ages (8-12, 13-17) and gender. Here, we present only the means for youth between 13-17, as the number of youth in the younger age group was quite low at both intake and termination (males: 56 at intake, 20 at termination; females: 38 at intake and 18 at termination).

Differences in mean subscale scores are presented using two indices (see Table 24). Paired-samples t-tests were conducted to show whether means at intake and termination on each TSCC subscale differed significantly. Data were available for youth aged 8-17 who had completed the TSCC at

both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes as represented by Cohen’s *d* are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect¹. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

Results from paired samples t-tests indicated that there were significant symptom reductions on all subscales from intake to termination (see Table 24 and Figure 5). Statistically significant improvements were found for Anxiety; $t(530) = 6.77, p < .001$, Depression; $t(530) = 8.92, p < .001$, Anger; $t(529) = 8.59, p < .001$, Posttraumatic Stress; $t(530) = 8.07, p < .001$, Dissociation; $t(527) = 8.12, p < .001$, and Sexual Concerns; $t(528) = 4.40, p < .001$. Considering Cohen’s (1988) established cutoffs, small effects were found for the Depression, Anger, Posttraumatic stress, Anxiety and Dissociation subscales. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Table 22. Means and Standard Deviations for TSCC Subscales at Intake and Termination for Older (13-17) Males in the BHJJ Program

	Intake			Termination		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Anxiety	3.68	3.27	926	3.05	2.81	349
Depression	4.73	3.81	927	3.61	3.23	349
Anger	8.74	5.38	927	6.93	4.59	348
Posttraumatic Stress	6.15	4.79	927	5.04	4.13	349
Dissociation	6.27	4.51	920	5.14	3.82	349
Sexual Concerns	3.81	3.58	925	3.35	3.45	349

Table 23. Means and Standard Deviations for TSCC Subscales at Intake and Termination for Older (13-17) Females in the BHJJ Program

	Intake			Termination		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Anxiety	6.15	4.22	635	4.78	3.60	240
Depression	8.21	4.95	635	6.04	3.79	240
Anger	10.63	5.70	635	7.89	4.94	240
Posttraumatic Stress	8.991	5.72	635	7.01	4.92	240
Dissociation	7.93	4.95	634	6.23	4.45	240
Sexual Concerns	3.82	3.44	634	3.50	3.76	239

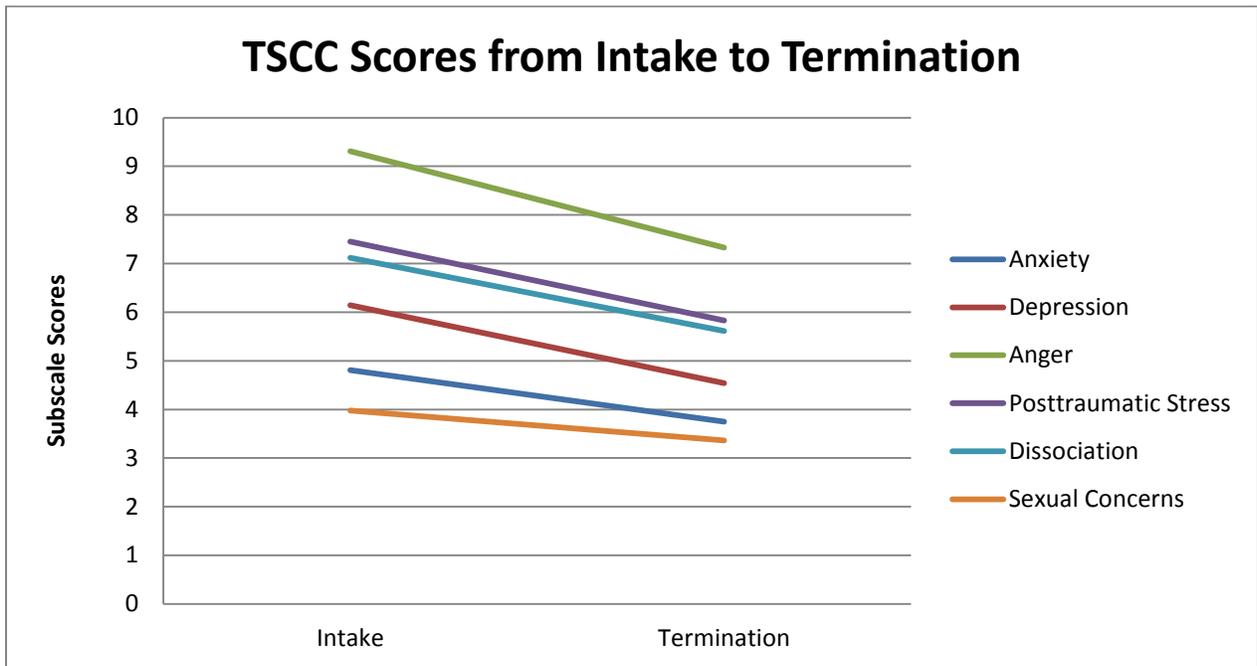
¹ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Table 24. Paired Samples T-tests for TSCC Subscales from Intake to Termination

	Intake	Termination	<i>t</i>	<i>d</i>
Anxiety	4.81 (SD=3.82; n=531)	3.75 (SD=3.26; n=531)	6.77**	.30
Depression	6.14 (SD=4.52; n=531)	4.54 (SD=3.64; n=531)	8.92**	.39
Anger	9.31 (SD=5.62; n=530)	7.33 (SD=4.77; n=530)	8.59**	.38
Posttraumatic Stress	7.45 (SD=5.27; n=531)	5.83 (SD=4.58; n=531)	8.07**	.33
Dissociation	7.12 (SD=4.65; n=528)	5.61 (SD=4.17; n=528)	8.16**	.34
Sexual Concerns	3.98 (SD=3.63; n=529)	3.36 (SD=3.60; n=529)	4.40**	.17

* $p < .05$, ** $p < .01$, *** $p < .001$

Figure 5. TSCC Scores from Intake to Termination



* all comparisons significant at the $p < .001$ level

SUBSTANCE ABUSE

SUBSTANCE USE SURVEY

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 25 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use by gender. For both females and males, alcohol, cigarettes, and marijuana were the three most commonly used substances. Chi-square tests revealed that significantly more females than males reported lifetime use of cocaine, heroin, and ecstasy. A significantly higher proportion of males reported lifetime use of chewing tobacco and marijuana. For the three most commonly reported substances, we examined whether youth who had reported no lifetime use at intake had reported any use at termination. Among youth reporting no lifetime use of alcohol at intake, 23.8% (n = 55) of males and 19.1% (n = 34) of females reported any use at termination. Of those who reported no cigarette use at intake, 18.1% (n = 48) of males and 15.6% (n = 28) of females reported any use at termination. Among those who reported no lifetime use of marijuana at intake, 15.8% (n = 29) of males and 14.5% (n = 25) of females reported marijuana use at termination. Chi-square analyses revealed no significant gender differences for any of the three substances.

Youth were also asked whether they had used each substance in the past six months. Figure 6 and Figure 7 present past six month use for the most commonly reported substances for males and females respectively **among those who reported lifetime use of each specific substance**. Overall, both males and females reported a decrease in six month use with respect to the most commonly used substances with the exception of cigarette use for males. Chi-square tests showed a significant decrease from intake to termination in six month alcohol and marijuana use among males. For females, significant decreases from intake to termination were found in six month use of alcohol, cigarettes, marijuana, pain killers, cocaine, and tranquilizers.

The percentage of males using alcohol in the past six months dropped from 55.1% (n = 445) to 37.1% (n = 125) from intake to termination. For females, 63.3% (n = 336) reported past six month use at intake while 36.1% (n = 79) reported past six month alcohol use at termination. Over three-quarters of males (75.3%, n = 549) and females (79.9%, n = 422) reported past six month cigarette use at intake. At termination, 76.3% (n = 284) and 72.1% of females reported past six month cigarette use.

Past six month marijuana use declined from 69.5% (n = 627) at intake to 47.4% (n = 181) at termination for males and 65.5% (n = 362) at intake and 37.2% (n = 86) at termination for females. Self-report pain killer use in the past six months declined from 48.4% (n = 90) to 23.3% (n = 14) in males and from 59.1% (n = 81) to 21.2% (n = 11). Over 50% (55.1%, n = 49) of females reported past six month cocaine use at intake while 14.3% (n = 5) reported past six month cocaine use at termination. At intake, 51.6% (n = 47) of females reported past six month tranquilizer use while 22.9% (n = 8) had used

tranquilizers at termination. Nearly 50% of males (49.1%, n = 108) of males reported past six month use of chewing tobacco while 42.3% reported six month use at termination.

If youth reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 8 and Figure 9 show the percentage of those youth who reported any 30 day use for the three most commonly reported substances by gender (alcohol, cigarettes, and marijuana). We restricted our analyses to alcohol, cigarettes, and marijuana due to a small sample size of youth who had reported using other substances in the past 30 days. With the exception of cigarette use in males, the data show a reduction in past 30 day use of all of the most commonly reported substances from intake to termination. Past six month use of alcohol declined from 30.5% (n = 205) at intake to 14.2% (n = 53) at termination for males and from 32.4% (n = 149) at intake and 15.3% (n = 38) at termination for females. For males, past six month marijuana use declined from 44.2% (n = 334) at intake to 22.3% (n = 86) at termination and from 35.0% (n = 163) to 15.4% (n = 39) for females. McNemar's tests were conducted to test for significant differences in 30 day substance use. Both males and females exhibited statistically significant decreases in past 30 day alcohol and marijuana use from intake to termination.

In addition to the percentage of youth reporting 30 day use, Figure 10 and Figure 11 present the average number of days youth reported using alcohol, cigarettes, and marijuana in the past 30 days. Prior to running these analyses, we restricted the sample to those who had reported any 30 day use at intake. For both gender groups, the average number of days declined from intake to termination for alcohol and marijuana. In the past 30 days, males reported using alcohol for an average of 2.21 days (SD = 4.09; n = 364) at intake and 1.40 days termination (SD = 3.54; n = 106). Females reported using alcohol for an average of 2.50 days (SD = 5.20; n = 284) at intake and 1.57 days (SD = 3.96; n = 67) at termination. For marijuana, males reported using for an average of 6.85 days (SD = 9.64; n = 526) out of the past 30 days at intake and 4.10 days (SD = 7.27; n = 157) at termination while females reported using for an average of 5.89 days (SD = 9.64; n = 308) at intake and 3.69 days (SD = 7.02; n = 72) at termination. Paired samples t-tests revealed a statistically significant decrease in the average number of days from intake to termination for alcohol and marijuana for both males and females.

Table 25. Self-Reported Substance Use at Intake for All BHJJ Youth

	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 = 226) ^{***}	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 (use inconsistent with prescription)	14.6% (n = 197)	14.07 (SD = 1.70)	16.7% (n = 154)	14.26 (SD = 1.50)
GHB	0.2% (n = 3)	14.50 (SD = 0.71)	0.4% (n = 4)	14.25 (SD = 1.26)
Inhalants	3.6% (n = 48)	13.33 (SD = 2.25)	3.9% (n = 36)	13.20 (SD = 2.27)
Heroin	1.0% (n = 14)	14.86 (SD = 1.23)	2.9% (n = 27) ^{**}	14.44 (SD = 1.48)
Amphetamines	3.3% (n = 44)	14.22 (SD = 1.44)	3.2% (n = 29)	14.07 (SD = 2.19)
Ritalin (use inconsistent with prescription)	7.8% (n = 104)	13.21 (SD = 2.83)	9.1% (n = 84)	14.06 (SD = 1.72)
Barbiturates	2.2% (n = 29)	14.17 (SD = 1.26)	3.1% (n = 29)	14.52 (SD = 1.22)
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)
PCP	1.6% (n = 21)	14.57 (SD = 1.43)	1.9% (n = 18)	14.59 (SD = 1.12)
Ketamine	1.0% (n = 14)	15.15 (SD = 1.29)	1.3% (n = 12)	14.55 (SD = 1.29)
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)

* p < .05, ** p < .01, *** p < .001

Figure 6. Self-Report Previous 6 Month Substance Use from Intake to Termination for Males

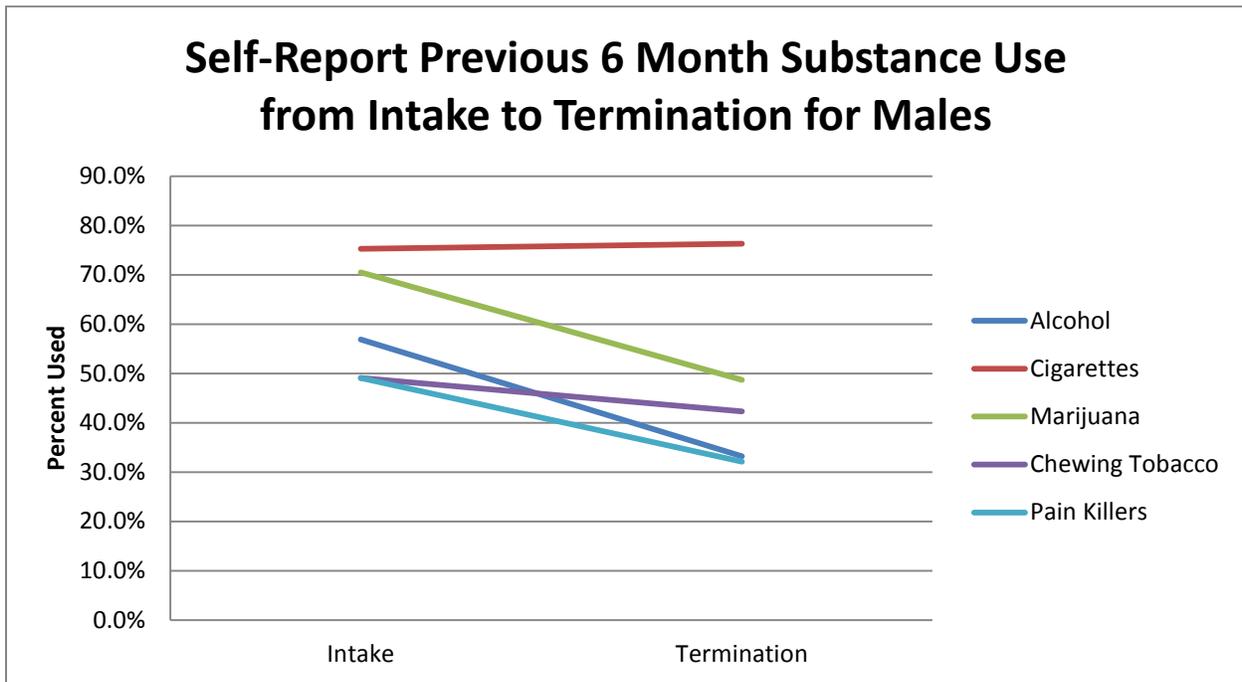


Figure 7. Self-Report Previous 6 Month Substance Use from Intake to Termination for Females

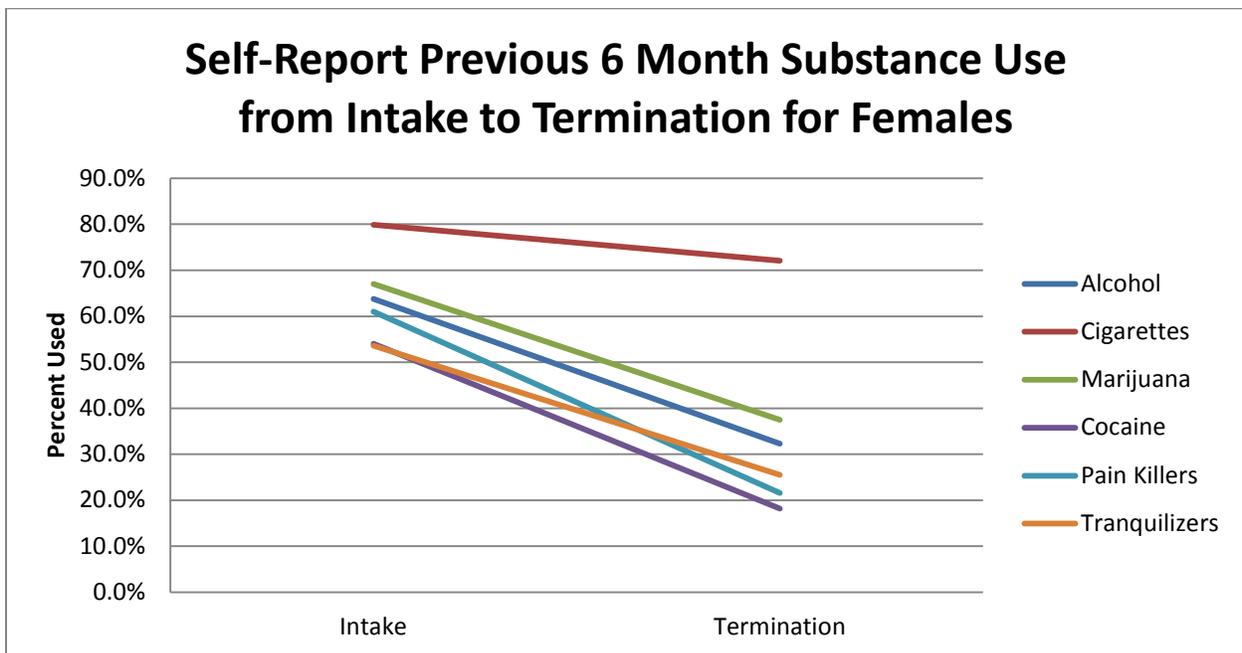


Figure 8. Self-Report Previous 30 Day Substance Use from Intake to Termination for Males

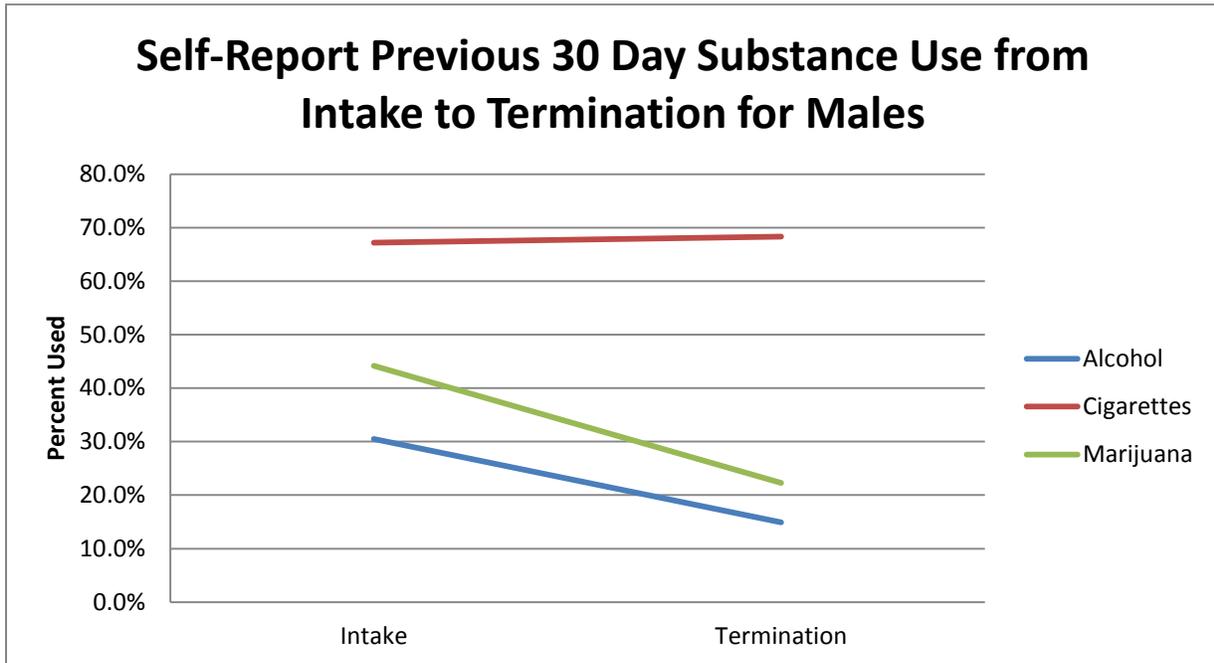


Figure 9. Self-Reported Previous 30 Day Substance Use from Intake to Termination for Females

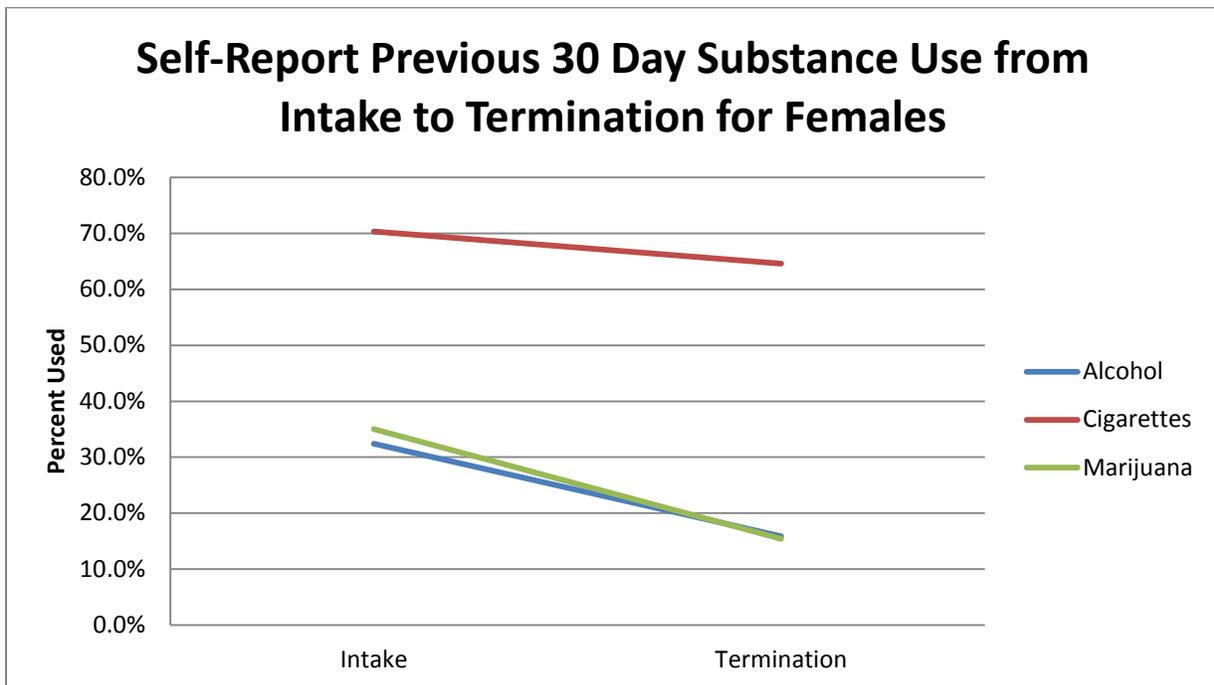


Figure 10. Average Previous 30 Day Substance Use from Intake to Termination for Males

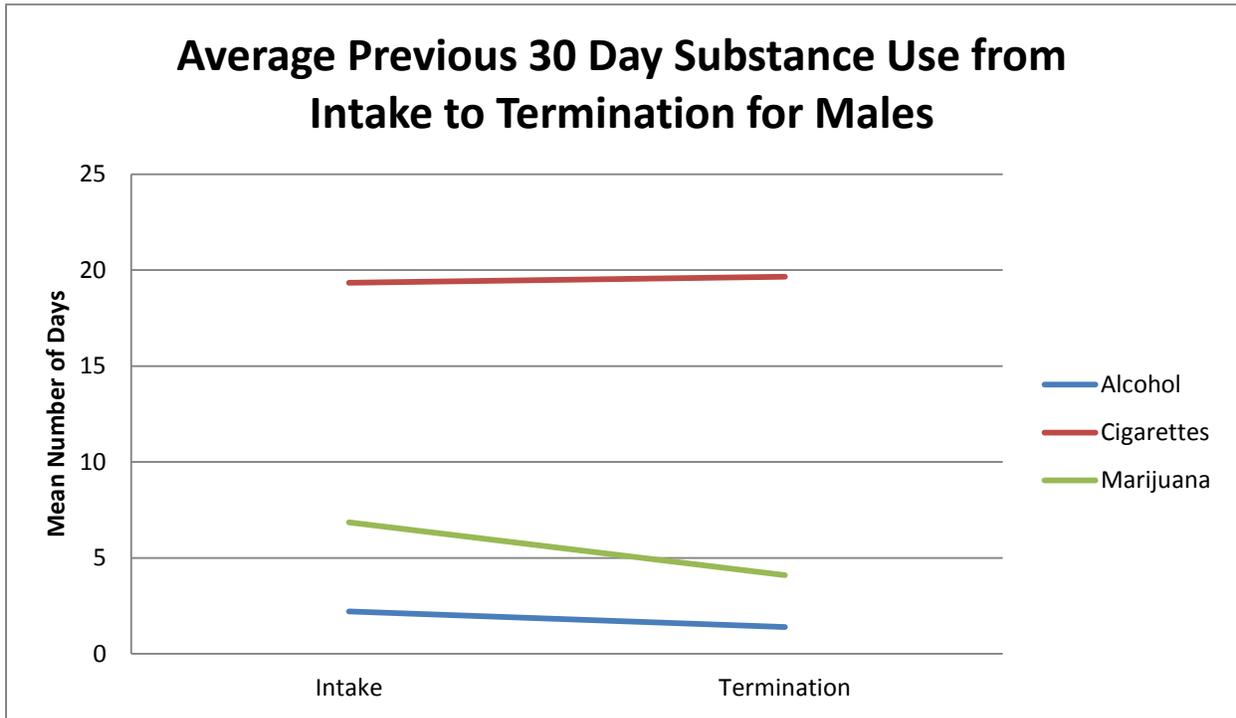
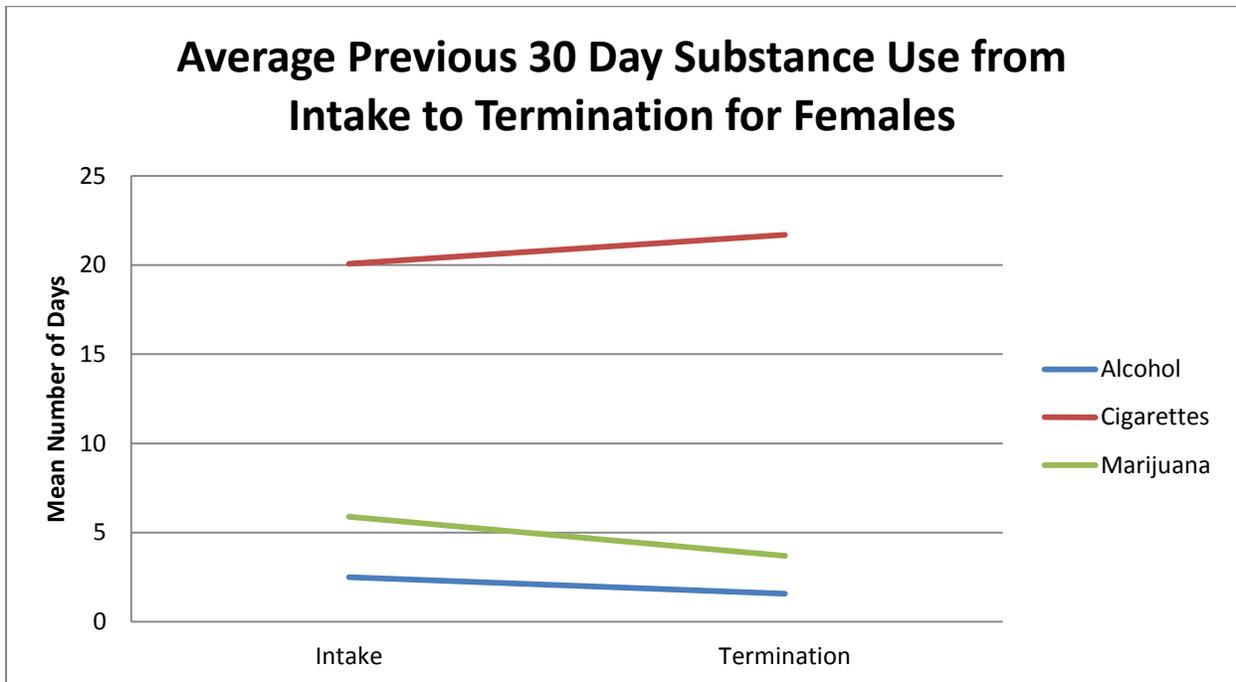


Figure 11. Average Previous 30 Day Substance Use from Intake to Termination for Females



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the previous 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The scale ranges from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicated problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 12, Figure 13, and Figure 14). For all three raters, a larger percentage of respondents indicated that the youth had no problems with drugs or alcohol at termination in comparison with responses at intake. At intake, 57.1% (n = 1,171) of caregivers and 46.1% (n = 1,077) of workers reported no problems with alcohol or drugs while 75.5% (n = 821) of caregivers and 65.2% (n = 986) of workers reported no problems at termination. Similarly, 61.3% (n = 1,405) of youth reported no problems with alcohol or drugs at intake and 80.1% (n = 969) at termination.

Figure 12. Problems with Drugs or Alcohol in the Past 30 Days - Caregiver Ratings

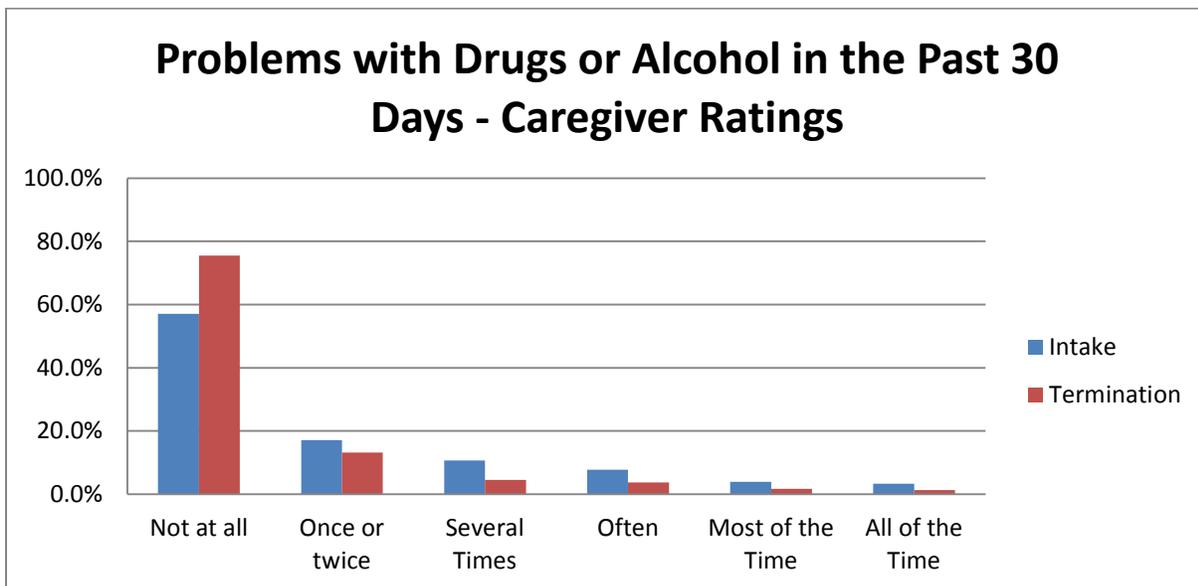


Figure 13. Problems with Drugs or Alcohol in the Past 30 Days - Worker Ratings

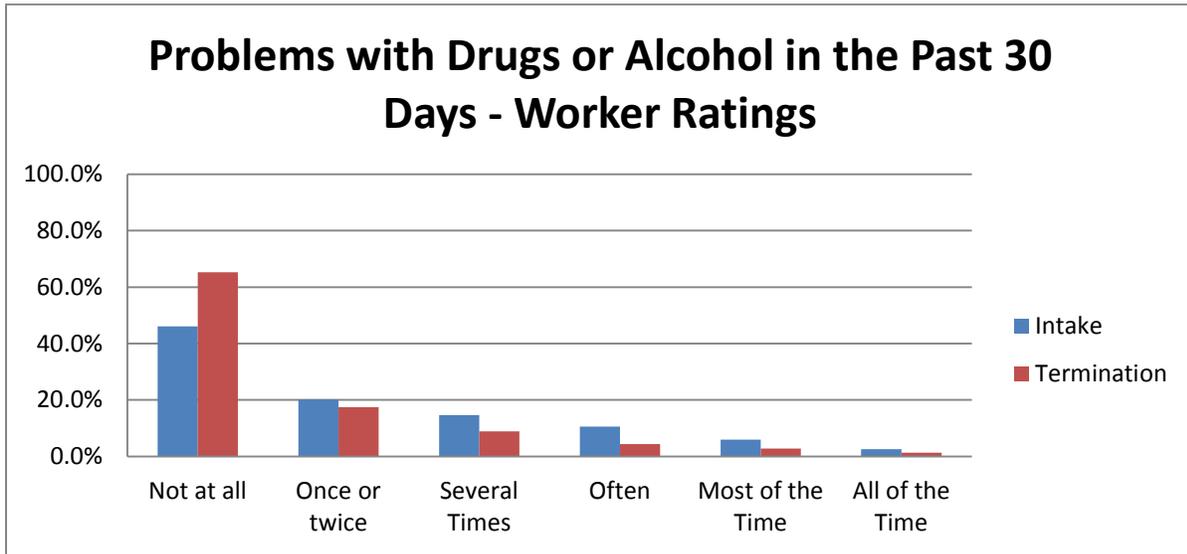
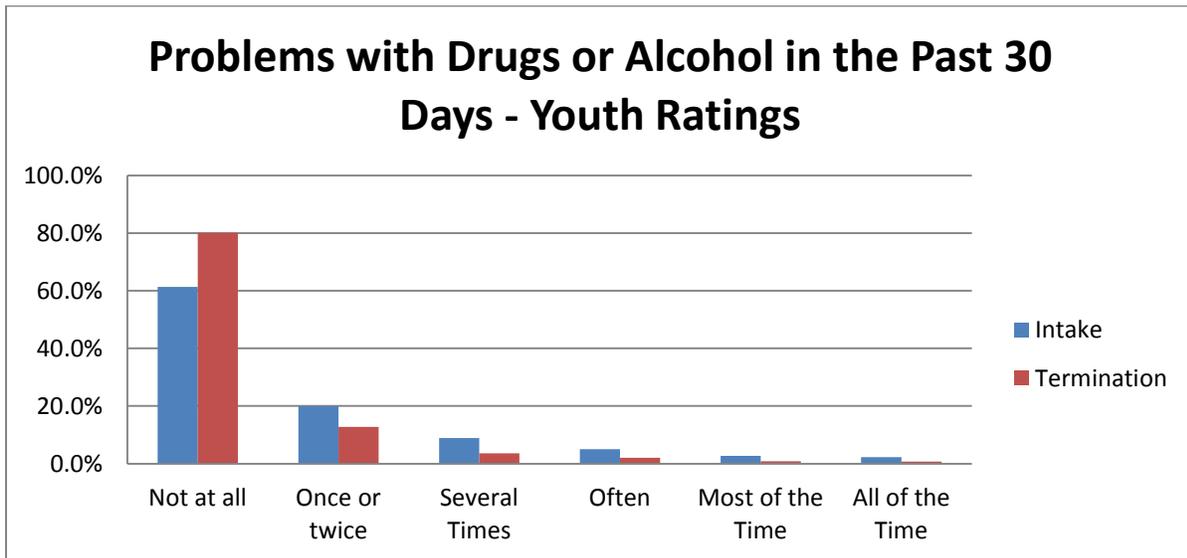


Figure 14. Problems with Drugs or Alcohol in the Past 30 Days - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 2,040 youth terminated from the BHJJ program. **Over 65% (65.1%, n = 1,315) of the youth terminated from the BHJJ program were identified as successful treatment completers.** Sixty youth were terminated from the program when the youth or family moved out the county. Therefore over two-thirds (68.1%, n = 1,375) of youth enrolled in BHJJ were terminated successfully or because the youth or family moved out of the county and were no longer able to receive BHJJ services. Slightly more than 3% (3.2%, n = 65) were terminated due to some level of incarceration. The most frequently identified termination reason that fell into the 'other' category included aging out of the program, revocation of the court order requiring participation in BHJJ, and various types of family emergencies. Table 26 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013 which included only the Big Six counties, 71.9% (n = 323) terminated successfully. In comparison with the entire sample, a slightly higher percentage of youth enrolled in the last two years terminated successfully.

Table 26. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed 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)

AVERAGE LENGTH OF STAY

The average length of stay in the BHJJ program was 209 days. For youth identified as completing treatment successfully, the average length of stay was 224 days and for youth identified as unsuccessful treatment completers, the average length of stay was 180 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 163 days with successful treatment completers averaging 174 days and unsuccessful treatment completers averaging 135 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 47.9% of the youth (n = 974) were at risk for out of home placement. At termination, 24.0% (n = 468) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 7.3% (n = 93) were at risk for out of home placement at termination while 56.7% (n = 370) of youth who completed unsuccessfully were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 68.0% (n = 807) of the youth and had stayed the same for 23.5% (n= 279) of the youth. Police contacts increased for 6.5% (n = 77) of the youth and worker was unable to estimate for 2.0% (n = 24).

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program. The Youth Services Survey for Families (YSSF) was introduced as part of the data collection efforts in the 2009-2011 evaluation period. For the current evaluation, the YSSF was retained as an optional form in the termination data packet. Given the low number of YSSF forms completed for youth enrolled after June 1, 2011, some county specific reports may reflect data that are similar to those presented in the previous reporting period.

At termination from the BHJJ program, 92.6% (n = 637) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received (see Figure 15) and 87.8% (n = 604) either strongly agreed or agreed that the services their child and/or family receive were right for them (see Figure 16). A strong majority (83.3%, n = 574) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 17) and 95.4% (n = 649) indicated that they strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 18).

Figure 15. Caregiver Satisfaction with the BHJJ Program

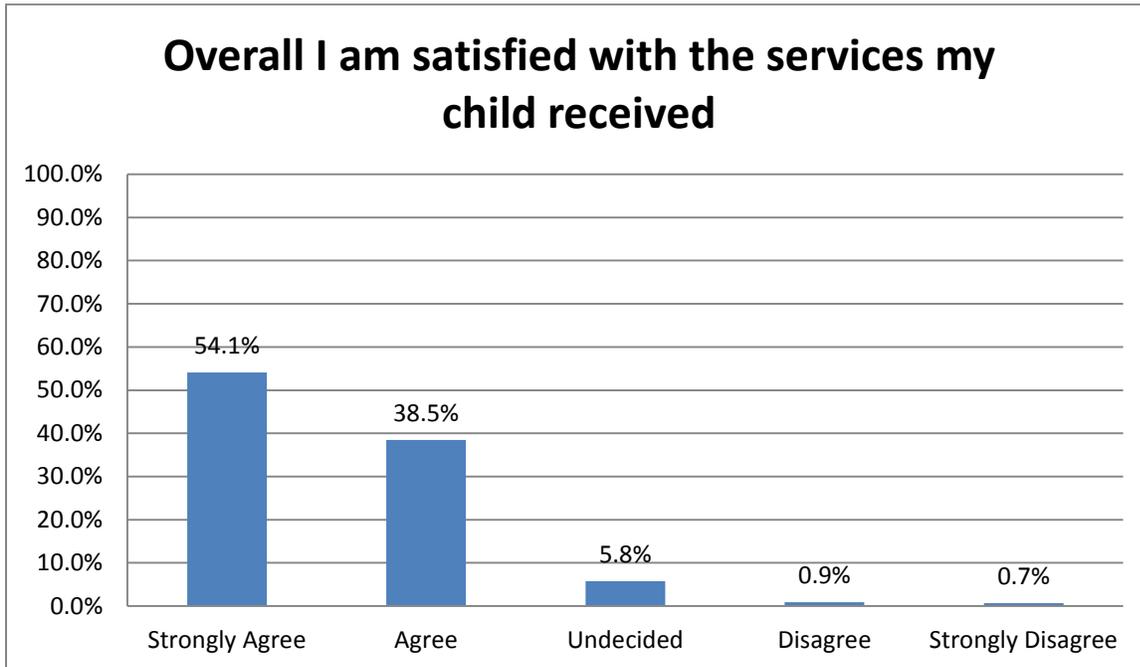


Figure 16. Services Received Were Right for Us

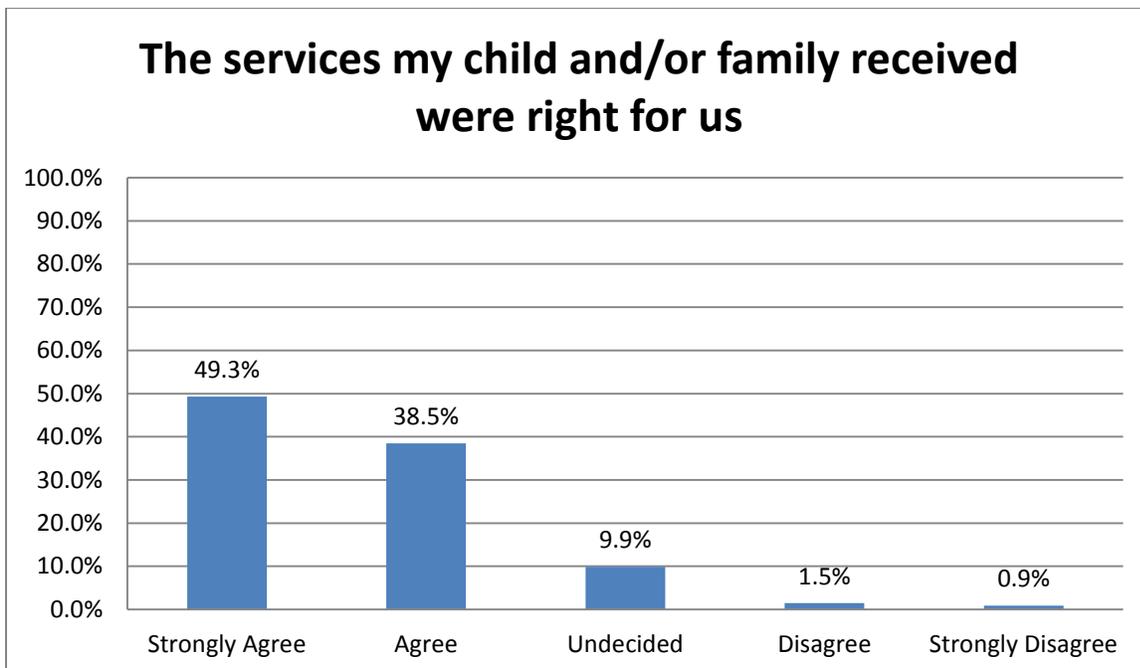


Figure 17. We Received the Help We Wanted

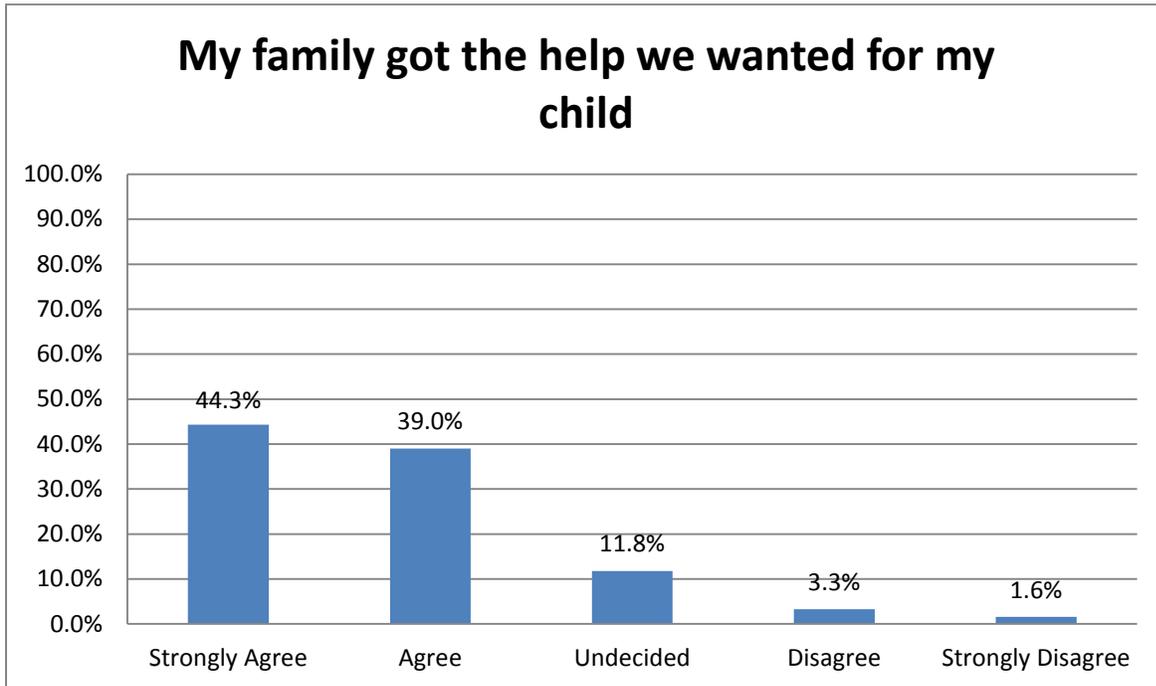
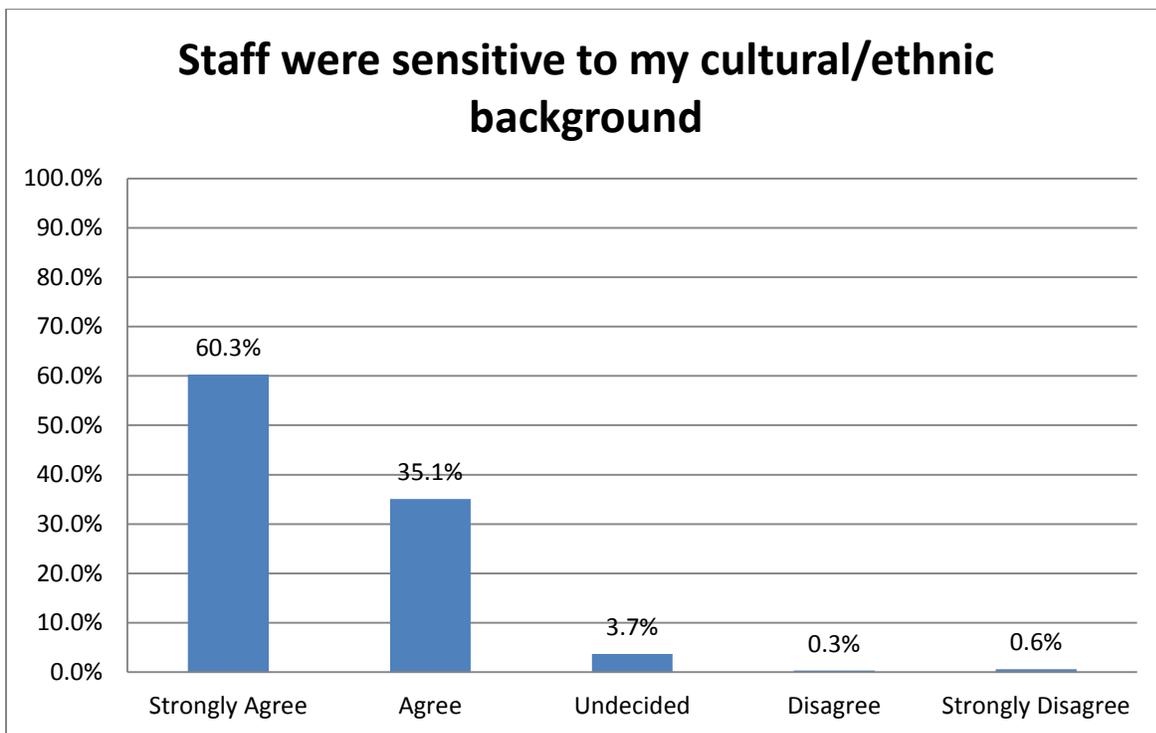


Figure 18. Cultural Competency of BHJJ Services



RECIDIVISM

METHODOLOGY

Court data were provided by the local juvenile courts in each BHJJ county, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

The data presented here consists of juvenile court history and recidivism data for all of the counties that have participated in the BHJJ program since 2006. Some of the original counties are still participating in the program, while others are no longer involved. Up to date recidivism information was not gathered for those counties that are no longer participating. For those counties, the data collection date was adjusted to reflect the last date of their participation in the BHJJ program. Adjudication

information was not provided for two former BHJJ counties and thus those counties are not included in the present adjudication analyses. Information on the dates of participation can be found in Table 3.

RECIDIVISM RESULTS

PREVIOUS JUVENILE COURT INVOLVEMENT

In the 12 months prior to their BHJJ enrollment, 69.0% (n = 1,613) of all BHJJ youth had misdemeanor charges and 31.1% (n = 727) had at least one felony charge (see Table 28). When we examined the Big Six counties (Cuyahoga, Franklin, Montgomery, Hamilton, Lucas, Summit), we found that 34.9% (n = 668) had a felony charge in the 12 months prior to enrollment ranging from 17.3% (n = 155) in Montgomery County (the county with the largest enrollment) to 90.4% (n = 103) in Summit County. Additional information regarding felony charges prior to enrollment in the current BHJJ counties can be found in Table 27.

Table 27. Number of Youth with Felony Charges in the 12 Months Prior to Enrollment Among Current BHJJ Counties

County	Youth with Felony Charges in the 12 Months prior to BHJJ Enrollment
Cuyahoga	66/269 (24.5%)
Franklin	236/344 (68.6%)
Montgomery	155/897 (17.3%)
Hamilton	41/153 (26.8%)
Lucas	67/135 (49.6%)
Summit	103/114 (90.4%)
Total	668/1,912 (34.9%)

Previous juvenile court information was similar for youth regardless of completion status (successful vs. unsuccessful) (see Table 29 and Table 30). In the 12 months prior to enrollment, 67.1% (n = 829) of successful completers and 67.7% (n = 435) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A slightly higher percentage of successful completers had a felony charge in the 12 months prior to intake (30.9%; n = 381) than unsuccessful completers (28.9%; n = 186). Chi-square analyses revealed that a significantly higher percentage of unsuccessful completers (73.1%; n = 470) than successful completers (67.6%; n = 835) were charged with a misdemeanor offense in the 12 months prior to intake. Although there was a noticeable disparity in the percentage of youth charged with a misdemeanor in the 12 months prior to intake, there were no significant differences in prior felony charges and delinquent adjudications based on program completion status.

Table 28. Charges Prior to BHJJ Enrollment

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 2,336)	36.4% (n = 851)	1,451	12.1% (n = 284)	398	33.2% (n = 776)
6 months (n = 2,336)	55.4% (n = 1,295)	2,674	23.0% (n = 538)	805	53.7% (n = 1,254)
12 months (n = 2,336)	69.0% (n = 1,613)	3,948	31.1% (n = 727)	1,169	66.9% (n = 1,563)
18 months (n = 2,336)	73.7% (n = 1,723)	4,812	34.1% (n = 796)	1,351	71.3% (n = 1,665)

Table 29. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 1,235)	36.0% (n = 445)	708	11.4% (n = 141)	195	32.6% (n = 403)
6 months (n = 1,235)	54.4% (n = 672)	1,275	22.1% (n = 273)	410	54.2% (n = 669)
12 months (n = 1,235)	67.6% (n = 835)	1,879	30.9% (n = 381)	597	67.1% (n = 829)
18 months (n = 1,235)	72.5% (n = 896)	2,291	33.5% (n = 414)	678	71.4% (n = 882)

Table 30. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 643)	37.6% (n = 242)	438	12.1% (n = 78)	103	34.2% (n = 220)
6 months (n = 643)	58.3% (n = 375)	808	21.6% (n = 139)	192	53.7% (n = 345)
12 months (n = 643)	73.1% (n = 470)	1,185	28.9% (n = 186)	301	67.7% (n = 435)
18 months (n = 643)	77.6% (n = 499)	1,445	32.3% (n = 208)	362	72.3% (n = 465)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth's BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the 'Total Misdemeanors' and 'Total Felonies' columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 48.0% (n = 763) were charged with at least one new misdemeanor and 17.9% (n = 285) were charged with at least one new felony (see Table 31). Less than 43% (42.9%; n = 681) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ.

Table 31. Recidivism after BHJJ Enrollment

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 2,176)	20.3% (n = 441)	722	5.8% (n = 127)	180	18.0% (n = 392)
6 months (n = 1,990)	32.1% (n = 639)	1,219	10.8% (n = 215)	319	28.5% (n = 567)
12 months (n = 1,588)	48.0% (n = 763)	1,901	17.9% (n = 285)	448	42.9% (n = 681)
18 months (n = 1,176)	57.8% (n = 680)	2,027	24.9% (n = 293)	535	52.1% (n = 613)

In the 12 months after enrollment in BHJJ, 42.5% (n = 383) of successful completers were charged with at least one new misdemeanor, 12.3% (n = 111) were charged with at least one new felony, and 36.4% (n = 328) were adjudicated delinquent (see Table 32). Of the youth who completed unsuccessfully, 55.3% (n = 260) were charged with at least one new misdemeanor, 27.0% (n = 127) were charged with at least one new felony, and 52.1% (n = 245) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 33). **Chi-square analyses revealed that a significantly higher percentage of unsuccessful completers were charged with misdemeanors, felonies, and adjudicated delinquent than successful completers at each of the time points after enrollment that were examined.**

Table 32. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully

	# 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)	26.7% (n = 298)	514	6.2% (n = 69)	109	23.2% (n = 259)
12 months (n = 901)	42.5% (n = 383)	836	12.3% (n = 111)	187	36.4% (n = 328)
18 months (n = 652)	53.4% (n = 348)	884	17.9% (n = 117)	231	45.9% (n = 299)

Table 33. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully

	# 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 = 560)	40.0% (n = 224)	456	18.7% (n = 105)	149	36.6% (n = 205)
12 months (n = 470)	55.3% (n = 260)	719	27.0% (n = 127)	192	52.1% (n = 245)
18 months (n = 359)	63.2% (n = 227)	758	33.7% (n = 121)	218	59.3% (n = 213)

RECIDIVISM AFTER BHJJ TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but was not included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 44.8% (n = 466) of youth were charged with at least one new misdemeanor and 17.7% (n = 184) were charged with at least one new felony (see Table 34). Forty percent (40.1%; n = 417) of youth were adjudicated delinquent in the 12 months following their termination from BHJJ.

Table 34. Recidivism after BHJJ Termination

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 1,601)	15.9% (n = 254)	443	4.2% (n = 67)	121	14.4% (n = 230)
6 months (n = 1,403)	26.6% (n = 374)	733	8.9% (n = 125)	213	24.0% (n = 337)
12 months (n = 1,041)	44.8% (n = 466)	1,073	17.7% (n = 184)	357	40.1% (n = 417)
18 months (n = 666)	56.6% (n = 377)	1,150	25.4% (n = 169)	354	51.4% (n = 342)

In the 12 months following their termination from BHJJ, 43.5% (n = 246) of successful completers were charged with at least one new misdemeanor, 15.0% (n = 85) were charged with at least one new felony, and 38.8% (n = 219) were adjudicated delinquent (see Table 35). Of the youth who completed unsuccessfully, 44.9% (n = 168) were charged with at least one new misdemeanor, 20.6% (n = 77) were charged with at least one new felony, and 40.6% (n = 219) were adjudicated delinquent in the 12 months after their termination from BHJJ (see Table 36). **Chi-square analyses showed that a significantly higher percentage of youth who terminated unsuccessfully were charged with felonies than youth who terminated successfully in each of the time periods examined following termination.**

Table 35. Recidivism after BHJJ Termination for Youth who Completed Successfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 923)	14.3% (n = 132)	216	3.1% (n = 29)	63	13.1% (n = 121)
6 months (n = 791)	25.5% (n = 202)	373	7.1% (n = 56)	106	22.8% (n = 180)
12 months (n = 565)	43.5% (n = 246)	522	15.0% (n = 85)	168	38.8% (n = 219)
18 months (n = 354)	54.5% (n = 193)	562	22.0% (n = 78)	160	49.2% (n = 174)

Table 36. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 513)	17.3% (n = 89)	162	5.8% (n = 29)	43	15.6% (n = 80)
6 months (n = 477)	27.7% (n = 132)	266	10.7% (n = 51)	79	24.9% (n = 119)
12 months (n = 374)	44.9% (n = 168)	413	20.6% (n = 77)	154	40.6% (n = 219)
18 months (n = 246)	56.9% (n = 140)	421	29.7% (n = 73)	162	52.4% (n = 129)

PREVIOUS FELONY

We analyzed the recidivism data further by examining youth who had been charged with a felony in the 12 months prior to intake. Of the youth entering the program (n = 727) with at least one felony charge in the 12 months prior to intake, 26.0% (n = 78) were charged with a new felony in the 12 months following termination. **In other words, nearly three quarters of youth who were charged with a felony in the 12 months prior to their BHJJ enrollment were not charged with a new felony in the 12 months after their termination.** We separated the data further based upon completion status. Twenty three percent (23.3%; n = 37) of youth with a felony charge in the 12 months prior to enrollment who successfully completed treatment were charged with a new felony 12 months following termination. Of youth with a felony charge in the 12 months prior to enrollment who completed treatment unsuccessfully, 31.8% (n = 34) were charged with a new felony in the 12 months following termination.

ODYS COMMITMENTS

Among the 2,336 BHJJ for whom we had recidivism data, 3.5% (n = 82) were sent to an ODYS facility at any time following their enrollment in BHJJ, including after a youth's termination from BHJJ (see Table 37). For those counties no longer participating in the BHJJ program, we used the final dataset that the respective juvenile court sent to the evaluators. Therefore, it is possible that a youth in one of these counties may have been sent to an ODYS facility after data collection had ended. **Over 90% (90.4%; n = 103) of the youth in the Summit County BHJJ program had felony charges in the 12 months prior to their BHJJ enrollment. After enrollment in BHJJ, 16 of the 114 youth (14.0%) enrolled in Summit County were subsequently sent to an ODYS facility.**

Table 37. ODYS Admissions for Youth Enrolled in BHJJ

BHJJ County	Number of Youth in Recidivism Analysis	Youth Committed to ODYS after BHJJ Enrollment
Cuyahoga ^a	269	7 (2.6%)
Fairfield	29	0 (0.0%)
Franklin ^a	344	22 (6.4%)
Logan	252	3 (1.2%)
Montgomery ^a	897	23 (2.6%)
Union	31	0 (0.0%)
Champaign	84	0 (0.0%)
Butler	28	1 (3.6%)
Hamilton ^a	153	2 (1.3%)
Lucas ^a	135	8 (5.9%)
Summit ^a	114	16 (14.0%)
Total	2,336	82 (3.5%)

^aCurrent BHJJ Counties

Table 38 and Table 39 present the percentage of BHJJ youth being committed to DYS facilities by time period. At 12 months after enrollment, a total of 24 youth (1.5%) were sent to DYS facilities. Nineteen of the 24 youth sent to DYS facilities (79.2%) were charged with a felony in the 12 months prior to BHJJ enrollment and 5 youth (20.8%) were not charged with a felony in the same time period. In the 12 months following termination, 31 of the 1,249 youth (2.5%) were sent to a DYS facility. Of the 31 youth sent to a DYS facility, 24 youth (77.4%) were charged with a felony in the 12 months prior to BHJJ enrollment and 7 youth (22.6%) were not charged with a felony in the year prior to enrollment.

Table 38. DYS Commitments After Enrollment for BHJJ Youth

Time Period	All BHJJ Youth	Sent to DYS	
		Youth Charged with Felony 12 Months Prior to Enrollment	Youth Not Charged with Felony 12 Months Prior to Enrollment
After Enrollment			
3 Months	3/1,795 (0.2%)	3/626 (0.5%)	0/1,166 (0.0%)
6 Months	8/1,739 (0.5%)	7/609 (1.1%)	1/1,130 (0.1%)
12 Months	24/1,593 (1.5%)	19/537 (3.5%)	5/1,056 (0.5%)
18 Months	38/1,417 (2.7%)	29/481 (6.0%)	9/936 (1.0%)

Table 39. DYS Commitments After Termination for BHJJ Youth

Time Period	All BHJJ Youth	Sent to DYS	
		Youth Charged with Felony 12 Months Prior to Enrollment	Youth Not Charged with Felony 12 Months Prior to Enrollment
After Termination			
3 Months	13/1,452 (0.9%)	10/478 (2.1%)	3/974 (0.3%)
6 Months	23/1,403 (1.6%)	20/451 (4.4%)	3/952 (0.3%)
12 Months	31/1,249 (2.5%)	24/400 (6.0%)	7/849 (0.8%)
18 Months	37/1,055 (3.5%)	28/332 (8.4%)	9/723 (1.2%)

BHJJ AND ODYS COMPARISON

The Ohio Department of Youth Services provided BHJJ evaluators with a sample of youth who were released from ODYS facilities. As one measure of the effectiveness of the BHJJ program, we compared the rate of BHJJ youth being committed to a DYS facility in the 12 months following termination from the program to the rate of youth returning to a DYS facility in the 12 months following release. Very few BHJJ youth had ever been committed to an ODYS facility prior to their enrollment in BHJJ. Therefore, one way to measure success in BHJJ is to avoid first-time ODYS commitment. The comparison group was comprised of youth who were committed to ODYS facilities. A measure of success for these youth is to avoid recommitment to ODYS. We note that returning to a DYS facility and first-time commitment to DYS facilities are not identical outcomes and caution should be used when interpreting results.

To obtain comparable samples, we first identified youth in the currently participating BHJJ counties who had been charged with at least one felony in the 12 months prior to intake. Youth in the ODYS comparison sample only included youth from the six currently participating BHJJ counties. Youth in BHJJ suffer from mental/behavioral health issues; therefore, we requested that the youth included in the DYS sample were from the mental health caseload. To control for demographic differences between the two samples, we matched the two samples based on gender and race. Table 40 shows the demographic distribution of the DYS and BHJJ samples. Both samples were matched to have identical gender and racial characteristics. To create the DYS and BHJJ subsamples, each of the four gender/racial groups shown in Table 40 were randomly selected. The resulting subsamples are separate analyses with different groups of youth based on the availability and makeup of the BHJJ and DYS samples. As with the recidivism analyses included earlier in this section, we have separated the BHJJ sample based on their completion status.

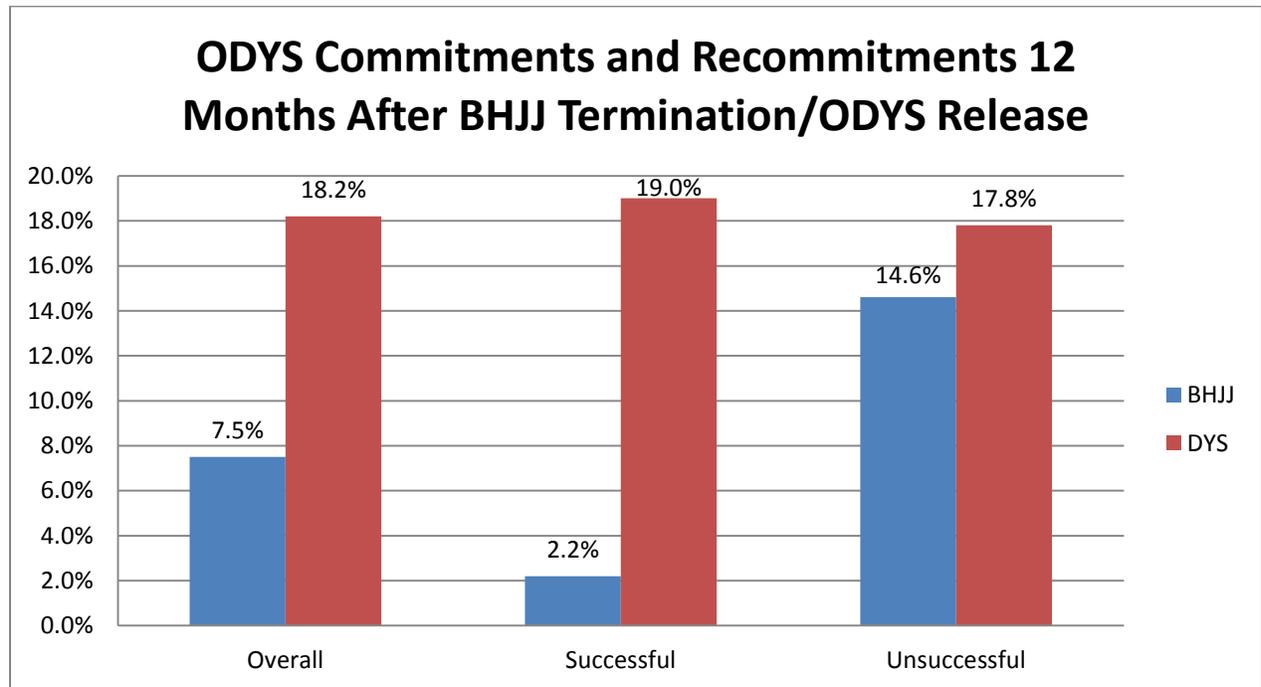
Table 40. Description of Matched Samples

	Composition of Overall BHJJ and DYS Samples	Composition of Successful BHJJ Youth and Matched DYS Sample	Composition of Unsuccessful BHJJ Youth and Matched DYS Sample
Male White	16.2% (n = 41)	22.9% (n = 41)	24.8% (n = 32)
Male Nonwhite	73.9 (n = 187)	63.1% (n = 113)	55.8% (n = 72)
Female White	1.2% (n = 3)	1.7% (n = 3)	2.3% (n = 3)
Females Nonwhite	8.7% (n = 22)	12.3% (n = 22)	17.1% (n = 22)
Total	100.0% (n = 253)	100.0% (n = 179)	100.0% (n = 129)

Within 12 months following release from a DYS facility, 18.2% (n = 46) of youth were recommitted while 7.5% (n = 19) of BHJJ youth were committed to a DYS facility with 12 months of termination from the program (see Figure 19). Chi-square analyses showed that a significantly lower percentage of BHJJ youth were committed to a DYS facility than DYS youth were recommitted. Cramer's V revealed a small effect size (V = .16) for the BHJJ sample overall. From the DYS subsample matched to

the BHJJ youth who were identified as successful treatment completers, 19.0% (n = 34) of youth were recommitted within 12 months while 2.2% (n = 4) of the subsample of successful BHJJ treatment completers were sent to DYS facilities. Chi-square analyses showed that these group differences were statistically significant with a small effect size ($V = .27$). Slightly less than 18% (17.8%, n = 23) of the DYS subsample matched to the subsample of BHJJ youth identified as unsuccessful treatment completers were recommitted, while 14.6% (n = 19) of unsuccessful BHJJ youth were sent to a DYS facility. Chi-square analyses revealed no significant group differences.

Figure 19. ODYS Commitments and Recommitments 12 Months after BHJJ Termination/ODYS Release



Note: For the BHJJ sample, the percentage refers to the youth committed to an ODYS facility following termination from BHJJ. For the ODYS sample, the percentage refers to the youth recommitted to an ODYS facility following their release from an ODYS facility.

OHIO YOUTH ASSESSMENT SYSTEM

The Ohio Youth Assessment System (OYAS) is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. In this section we focus on the three risk levels; low, moderate, or high based on scores provided by each county's juvenile court. The OYAS scores provided by each of the juvenile courts were those closest to a youth's enrollment in BHJJ. While we used these data to predict future recidivism, we acknowledge that OYAS scores at termination would be more appropriate predictors of recidivism. Results should be interpreted with caution.

To test whether OYAS risk levels predicted recidivism and successful completion of the BHJJ program, two separate analyses are presented. Chi-square analyses are presented to test the bivariate relationship between OYAS risk levels and recidivism as well as successful completion. Recidivism was

defined as whether the individual had a new felony charge or a new delinquent adjudication within 12 months of termination. Table 41 shows the percentages of successful completion and recidivism by the OYAS risk categories. Chi-square analyses revealed significant group differences for any felony charge at 12 months after termination and successful completion. The percentage of youth with a felony charge at 12 months after termination significantly differed by OYAS risk categories ($\chi^2(2) = 17.49, p < .001, n = 314$) with a small effect size ($V = .24$). Over 40% of youth identified by the OYAS as high risk were charged with at least one felony within 12 months following termination. The percentage of youth who completed the program successfully differed significantly by OYAS risk categories ($\chi^2(2) = 37.03, p < .001, n = 549$) with a small effect size ($V = .26$).

Table 41. Recidivism at 12 Months Following Termination and Percentage of Successful Completers by OYAS Risk Categories

	OYAS Low	OYAS Moderate	OYAS High
Felony Charge at 12 months ***	12.2% (n = 11)	28.3% (n = 41)	40.5% (n = 32)
Delinquent Adjudications at 12 months	48.9% (n = 44)	55.2% (n = 80)	58.2% (n = 46)
Successful Completers ***	84.2% (n = 128)	74.4% (n = 195)	52.6% (n = 71)

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 42 presents three separate models predicting recidivism at 12 months after termination and successful completion of BHJJ from gender, age, race, and OYAS risk categories. The model chi-square statistic indicated that the proposed model predicting delinquent adjudications at 12 months after termination represented the data well ($\chi^2(5) = 12.66, p < .05, n = 290$). Two variables significantly predicted having a delinquent adjudication 12 months after termination. The odds of BHJJ males adjudicated delinquent 12 months after termination were 1.87 times greater than for BHJJ females. The odds of nonwhite youth adjudicated delinquent in the 12 months following termination were 1.71 times greater than for white youth.

The model predicting a felony charge within 12 months following termination represented the data well ($\chi^2(5) = 42.68, p < .001, n = 290$). The odds of BHJJ males charged with a felony at 12 months after termination was 3.40 times greater than for BHJJ females. The odds of nonwhite youth charged with a felony at 12 months following termination was 3.28 times greater than for white youth. The odds of a youth in the low risk category being charged with a felony within 12 months after termination was 2.94 times less than for youth in the high risk category.

For the logistic regression model predicting successful completion from the BHJJ program, the proposed model represented the data well ($\chi^2(5) = 33.27, p < .001, n = 519$). The odds of youth in the low risk category completing the program successfully were 4.47 times greater than for those youth in the high risk category. The odds of a youth in the moderate risk category completing the BHJJ program successfully were 2.54 times greater than for those youth in the high risk category.

Table 42. Logistic Regression Models Predicting Recidivism at 12 Months and Successful Completion

	Delinquent at 12 months			Felony at 12 Months			Successful Completion		
	B	SE B	e ^b	B	SE B	e ^b	B	SE B	e ^b
Female (Male)	.62*	.27	1.87	1.22**	.40	3.40	.23	.32	1.25
Age	-.04	.08	.96	-.01	.02	.99	-.11	.07	.90
Nonwhite (White)	.54*	.26	1.71	1.19**	.35	3.28	-.07	.22	.94
OYAS Low (High)	-.06	.35	.94	-1.09*	.44	.34	1.50***	.30	4.47
OYAS Moderate (High)	-.13	.30	.88	-.42	.32	.66	.93***	.23	2.54
n	290			290			519		
χ ²	12.66*			42.68**			33.27***		
df	5			5			5		

* p < .05, ** p < .01, *** p < .001

FINANCIAL IMPLICATIONS

The FY12 per diem to house a youth at an Ohio Department of Youth Services institution was \$466 and the average length of stay was 11.8 months. Based on these numbers, the estimated cost of housing the average youth at an ODYS facility in FY12 was approximately \$167,000. Since 2006, 2545 youth have been enrolled in BHJJ and the direct State contribution to the program has been \$12.6 million. This does not include additional county resources, Medicaid dollars, or other sources of funding. Using these figures, the average cost per youth enrolled in BHJJ was \$4954.

COUNTY-LEVEL DATA

The focus of the evaluation now turns to the analysis of county-level data. The large sample size in the overall analyses allowed for multiple statistical comparisons across time. For counties that have small sample sizes, meaningful statistical comparisons across all time points and raters cannot be made. In addition, while Ohio Scales means are plotted across time, some time points, such as 9 and 12 months after intake, may have very small associated sample sizes. Interpretations of data based on very small sample sizes must be made cautiously, as the results may drastically change with the addition of just a few data points.

CUYAHOGA COUNTY

DEMOGRAPHICS

Cuyahoga County has enrolled 277 youth in the BHJJ program since 2006. While originally focused on the female juvenile offender, Cuyahoga County opened the program to both males and females in 2009. Of the 277 youth enrolled since 2006, 53.1% (n = 147) were female and 46.9% (n = 130) were male. Since beginning to enroll males in July 2009, over 60% of new enrollees (63.1%, n = 118) have been male (see Table 43). In the past two years, over 70% (71.4%, n = 65) of new enrollees in Cuyahoga County have been males.

The majority of the overall sample of youth were either Caucasian (46.9%, n = 129) or African American (45.5%, n = 125). A similar pattern was found for youth enrolled since July 2011 with the majority of Cuyahoga County enrollees being either African American (47.3%, n = 43) or Caucasian (46.2%, n = 42). The average age of the youth at intake into BHJJ in Cuyahoga County was 16.3 years old (SD = 1.08) with a range between 12.3 and 18.4 years.

Table 43. Demographic Information for BHJJ Youth in Cuyahoga County

	All Youth Enrolled (2006 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 53.1% (n = 147)	Female = 28.6% (n = 26)
	Male = 46.9% (n = 130)	Male = 71.4% (n = 65)
Race	African American = 45.5% (n = 125)	African American = 47.3% (n = 43)
	Caucasian = 46.9% (n = 129)	Caucasian = 46.2% (n = 42)
	Other = 7.7% (n = 21)	Other = 6.5% (n = 6)
Age at Intake	16.3 years (SD = 1.08)	16.3 years (SD = 1.07)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother (59.3%, n = 150) (see Table 44). Over 83% of the BHJJ youth (83.8%) lived with at least one biological parent at the time of enrollment.

Nearly 80% of the BHJJ caregivers had at least a high school diploma or GED, and over 12.2% had a bachelor’s degree or higher (see Table 45). Slightly over one-fifth of caregivers (21.2%) reported that they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$20,000 - \$24,999 (see Table 46). Over 70% of caregivers (70.9%) reported annual household incomes below \$35,000 and 40.3% reported an annual household income of less than \$20,000. Nearly one out of every five (18.5%) reported an annual household income below \$10,000.

Table 44. Custody Arrangement for BHJJ Youth in Cuyahoga County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	19.4% (n = 49)
Biological Mother Only	59.3% (n = 150)
Biological Father Only	5.1% (n = 13)
Adoptive Parent(s)	6.7% (n = 17)
Aunt/Uncle	1.6% (n = 4)
Grandparents	6.3% (n = 16)
Ward of the State	0.4% (n = 1)
Other	1.2% (n = 3)

Table 45. Educational Outcomes for Caregivers of BHJJ Youth in Cuyahoga County

Number of School Years Completed	Number of Caregivers
Less than High School	21.2% (n = 52)
High School Graduate or G.E.D.	30.2% (n = 74)
Some College or Associate Degree	36.3% (n = 89)
Bachelor’s Degree	6.5% (n = 16)
More than a Bachelor’s Degree	5.7% (n = 14)

Table 46. Annual Household Income for BHJJ Families in Cuyahoga County

Annual Household Income	BHJJ Families
Less than \$5,000	11.6% (n = 28)
\$5,000 - \$9,999	6.9% (n = 17)
\$10,000 - \$14,999	11.7% (n = 29)
\$15,000 - \$19,999	10.1% (n = 25)
\$20,000 - \$24,999	14.5% (n = 36)
\$25,000 - \$34,999	16.1% (n = 40)
\$35,000 - \$49,999	14.1% (n = 35)
\$50,000 - \$74,999	9.3% (n = 23)
\$75,000 - \$99,999	4.8% (n = 12)
\$100,000 and over	1.2% (n = 3)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 47). Chi-square analysis was conducted on each item and significant differences are identified in Table 47. Overall, caregivers of females reported significantly higher levels of sexual abuse, running away, talking about suicide, attempting suicide, and a family history of depression.

Caregivers reported that 33.6% of females and 7.8% of males had a history of sexual abuse. Caregivers of 60.0% of BHJJ females reported having heard the child talk about suicide and 28.8% of caregivers of BHJJ females reported the youth attempted suicide at least once. Nearly 80% (79.1%) of females and 64.3% of BHJJ males had family members who were diagnosed with or showed signs of depression. Over 50% of females (51.9%) and 46.9% of males were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 47. Youth and Family History in Cuyahoga County

Question	Females	Males
Has the child ever been physically abused?	21.3% (n=29)	15.5% (n=18)
Has the child ever been sexually abused?	33.6% (n=45)***	7.8% (n=9)
Has the child ever run away?	73.3% (n=99)*	58.8% (n=67)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	86.6% (n=116)	92.2% (n=107)
Has the child ever talked about committing suicide?	60.0% (n=81)***	32.2% (n=38)
Has the child ever attempted suicide?	28.8% (n=38)***	10.4% (n=12)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	43.7% (n=59)	37.3% (n=44)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	79.1% (n=102)*	64.3% (n=74)
Has anyone in the child's biological family had a mental illness, other than depression?	55.4% (n=72)	52.3% (n=57)
Has the child ever lived in a household in which someone was convicted of a crime?	45.8% (n=60)	38.9% (n=44)
Has anyone in the child's biological family had a drinking or drug problem?	73.5% (n=97)	73.3% (n=85)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	51.9% (n=69)	46.9% (n=53)

*p < .05, ** p < .01, ***p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 18.4% (n = 18) of females had been pregnant and 14.6% (n = 7) were currently expecting a child. Caregivers reported that 12.6% (n = 13) of males had impregnated a female and 10.2% (n = 5) were currently expecting a child. Two females (5.6%) and four males (7.4%) currently had children. Of those who had children, 100% of females (n = 2) but none of the males (n = 3) currently lived with the child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Cuyahoga County youth based on the OYAS risk categories by gender and race are presented in Table 48. Chi-square analyses revealed significant group differences in OYAS categories based on race.

Table 48. OYAS Categories by Race and Gender for Cuyahoga County

	OYAS Low	OYAS Moderate	OYAS High
Female	25.4% (n = 17)	52.2% (n = 35)	22.4% (n = 15)
Male	25.4% (n = 31)	52.5% (n = 64)	22.1% (n = 27)
White	29.9% (n = 23)	57.1% (n = 44)	13.0% (n = 10)
Nonwhite*	22.5% (n = 25)	49.5% (n = 55)	27.9% (n = 31)

*p < .05, ** p < .01, ***p < .001

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for both females (68.1%) and males (91.5%) were Cannabis-Related Disorders (see Table 49).

A total of 765 Axis I diagnoses were identified for 259 youth with diagnostic information (2.95 diagnoses per youth). Females reported 392 Axis I diagnoses (2.78 diagnoses per female) and males reported 373 Axis I diagnoses (3.16 diagnoses per male). Chi-square analyses indicated males were significantly more likely than females to be diagnosed with Cannabis-related Disorders and Oppositional Defiant Disorder. Over 70% of females (70.1%) and 90.7% of males had co-occurring substance use and mental health diagnosis.

Table 49. Most Common DSM-IV Axis I Diagnoses in Cuyahoga County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	68.1% (n = 96)	91.5% (n = 108) ***
Attention Deficit Hyperactivity Disorder	35.5% (n = 50)	45.8% (n = 54)
Alcohol-related Disorders	31.2% (n = 44)	22.0% (n = 26)
Oppositional Defiant Disorder	24.8% (n = 35)	43.2% (n = 51) **
Depressive Disorders	26.2% (n = 37)	25.4% (n = 30)
Conduct Disorder	11.3% (n = 16)	16.9% (n = 20)
Mood Disorder	10.6% (n = 15)	6.8% (n = 8)
Bipolar Disorder	9.9% (n = 14)	6.8% (n = 8)
Post-traumatic Stress Disorder	14.2% (n = 20)	8.5% (n = 10)

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were included in the evaluation packet at both intake into and termination from the BHJJ program. The items were completed with help from the youth and caregiver. In the 12 months prior to their enrollment, 73.2% (n = 131) of the youth were either suspended or expelled from school. Just under 30% (29.1%, n = 46) of the youth were expelled or suspended while in treatment with BHJJ.

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 74.1% (n = 126) of youth were currently attending school while at termination, 74.5% (n = 108) of youth were attending school. If the youth was attending school, the workers were asked to identify the types of grades the youth typically received. Table 50 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 40.5% of youth were receiving A's, B's, or C's. At termination 62.1% of youth were receiving A's, B's, or C's. Of the youth attending school at termination, 52.5% (n = 53) had Individual Educational Plans (IEPs).

At termination, workers reported that 67.0% (n = 71) of youth were attending school more than before starting treatment and 30.2% (n = 32) were attending school 'about the same' amount compared to before starting treatment. Workers reported that 0.9% (n = 1) of youth were attending school less often than before treatment in BHJJ.

Table 50. Academic Performance in Cuyahoga County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	15.5% (n = 26)	19.0% (n = 26)
Mostly B's and C's	25.0% (n = 42)	43.1% (n = 59)
Mostly C's and D's	33.9% (n = 57)	30.7% (n = 42)
Mostly D's and F's	25.6% (n = 43)	7.3% (n = 10)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 4.4% (n = 8) of youth were employed and all were working part-time. At termination, 8.2% (n = 13) were employed (8 youth in part time positions and 5 youth in full time positions). In the 12 months prior to their enrollment in BHJJ, 6.2% (n = 11) received employment counseling or vocational training. An additional 27.7% (n = 49) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 14.6% (n = 23) of youth received employment counseling or vocational training in the past 12 months and 39.0% (n = 60) planned to pursue employment counseling or vocational training in the next 12 months.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

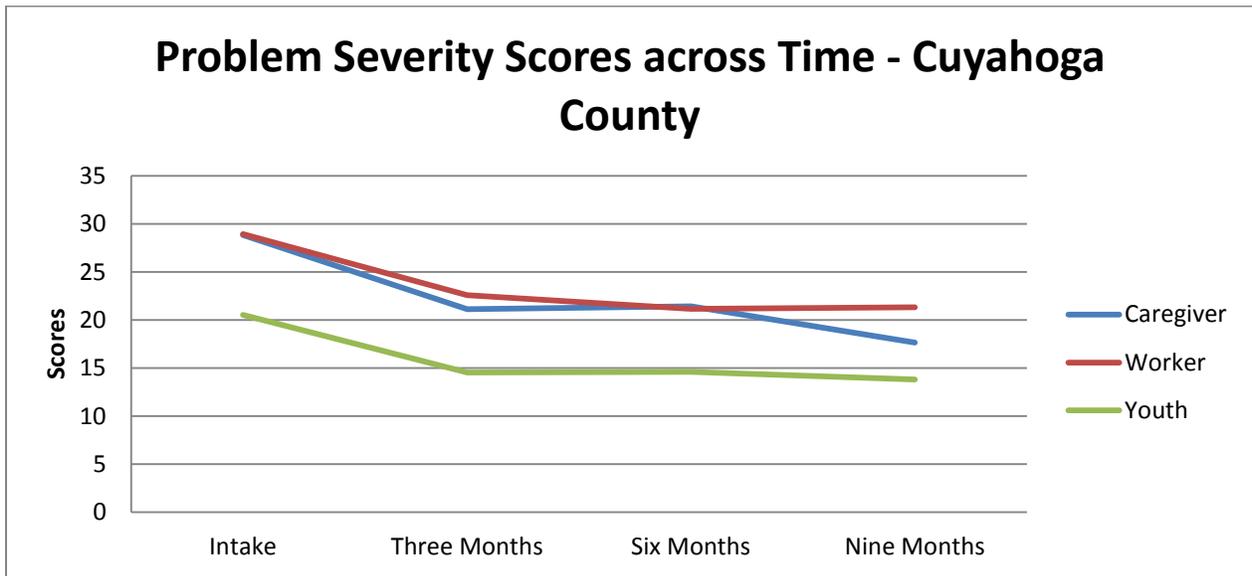
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Cuyahoga County youth can be found in Table 51 and represented graphically in Figure 20. Means from intake to termination are presented in Figure 21.

Table 51. Ohio Scales Problem Severity Scores for Youth in Cuyahoga County

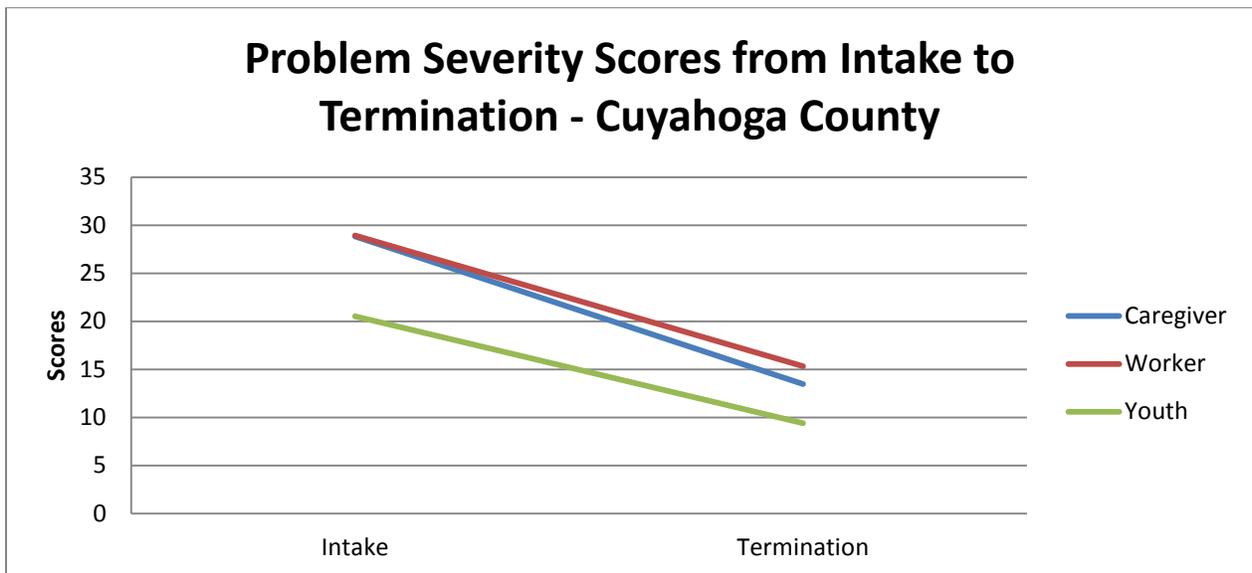
	Caregiver	Worker	Youth
Intake	28.82 (SD=18.35; n=252)	28.94 (SD=14.98; n=252)	20.52 (SD=15.46; n=252)
Three Months	21.11 (SD=15.52; n=176)	22.58 (SD=12.67; n=185)	14.55 (SD=12.78; n=178)
Six Months	21.42 (SD=15.66; n=139)	21.16 (SD=12.21; n=147)	14.62 (SD=12.61; n=145)
Nine Months	17.66 (SD=12.74; n=91)	21.31 (SD=13.16; n=93)	13.82 (SD=12.23; n=92)
Termination	13.49 (SD=13.63; n=134)	15.33 (SD=10.04; n=151)	9.40 (SD=10.49; n=137)

Figure 20. Problem Severity Scores across Time - Cuyahoga County



*all comparisons from intake to each successive time point are significant at the $p < .001$ level

Figure 21. Problem Severity Scores from Intake to Termination - Cuyahoga County



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

CAREGIVER RATING

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 52) compared to intake. Significant improvements were noted at 3 months $t(169) = 5.38, p < .001$; 6 months: $t(135) = 4.57, p < .001$; 9 months: $t(89) = 5.42, p < .001$; and at termination: $t(127) = 7.48, p < .001$. Medium effect sizes were found for the periods between intake and nine months and between intake and termination. Small effect sizes were observed for the period between intake and three months and between intake and six months.

Table 52. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	28.39 (SD=18.61; n=170)	21.32 (SD=15.61; n=170)	5.38 ^{***}	.41
Intake to Six Months	29.26 (SD=19.33; n=136)	21.34 (SD=15.79; n=136)	4.57 ^{***}	.39
Intake to Nine Months	29.32 (SD=19.53; n=90)	17.47 (SD=12.68; n=90)	5.42 ^{***}	.57
Intake to Termination	26.57 (SD=16.99; n=128)	13.35 (SD=13.71; n=128)	7.48 ^{***}	.66

* = $p < .05$, ** = $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 53). Significant improvements were noted at 3 months $t(178) = 5.54, p < .001$; 6 months: $t(140) = 7.19, p < .001$; 9 months: $t(91) = 4.33, p < .001$; and at termination: $t(139) = 9.70, p < .001$. Small effect sizes were noted for the time periods between intake and three months and between intake and nine months while a medium effect size was observed for the period between intake and six months. A large effect size was noted for the period between intake and termination.

Table 53. Paired Samples T-Tests for Worker Report Problem Severity Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	29.24 (SD=14.90; n=179)	22.51 (SD=12.70; n=179)	5.54 ^{***}	.41
Intake to Six Months	31.30 (SD=15.60; n=141)	20.66 (SD=11.82; n=141)	7.19 ^{***}	.60
Intake to Nine Months	30.63 (SD=14.45; n=92)	21.40 (SD=13.20; n=92)	4.33 ^{***}	.45
Intake to Termination	29.43 (SD=14.90; n=140)	14.51 (SD=9.46; n=140)	9.70 ^{***}	.82

* = $p < .05$, ** = $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point. Significant improvements were observed at 3 months: $t(170) = 5.68, p < .001$; 6 months: $t(139) = 5.27, p < .001$; 9 months: $t(88) = 4.85, p < .001$; and at termination: $t(127) = 6.67, p < .001$. Small effect sizes were found for the time periods between intake and three months and between intake and six months. Medium effect sizes were observed for time periods between intake and nine months and between intake and termination.

Table 54. Paired Samples T-Tests for Youth Report Severity Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	20.70 (SD=15.63; n=171)	14.54 (SD=12.95; n=171)	5.68 ^{***}	.43
Intake to Six Months	22.32 (SD=15.85; n=140)	14.74 (SD=12.80; n=140)	5.27 ^{***}	.44
Intake to Nine Months	22.38 (SD=15.37; n=89)	14.08 (SD=12.34; n=89)	4.85 ^{***}	.51
Intake to Termination	20.43 (SD=16.17; n=128)	10.74 (SD=9.48; n=128)	6.67 ^{***}	.54

* = $p < .05$, ** = $p < .01$, *** $p < .001$

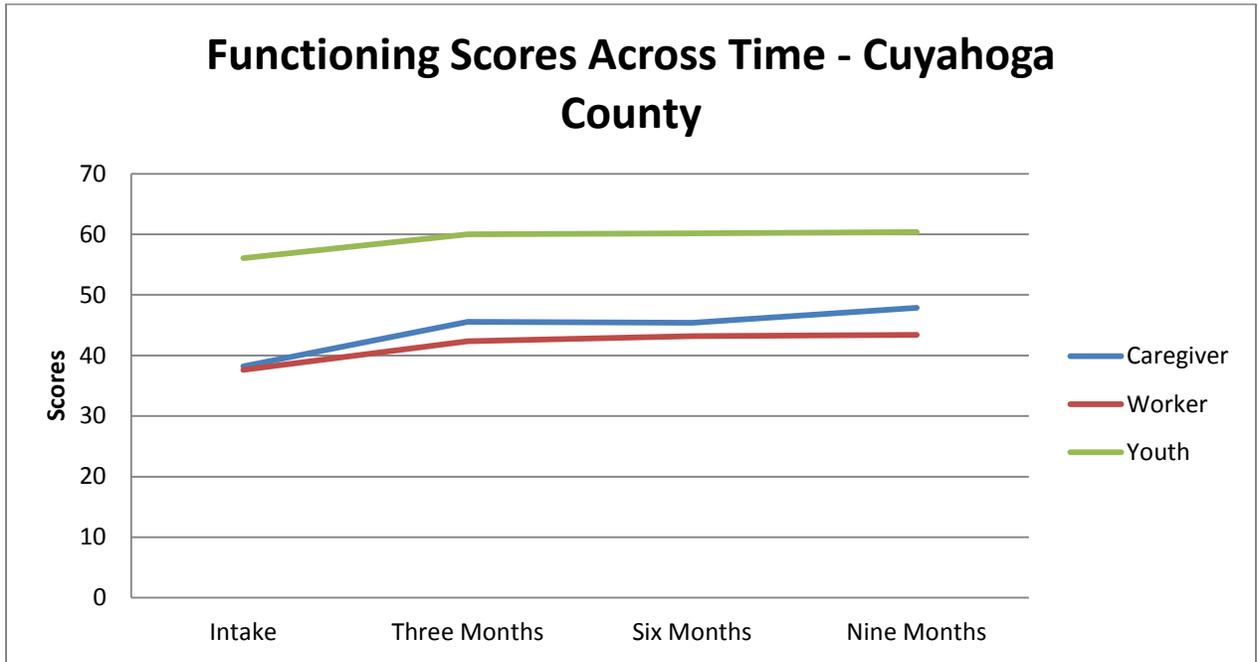
FUNCTIONING

Overall means for the Functioning scale by rater and assessment period for Cuyahoga County youth can be found in Table 55 and represented graphically in Figure 22. Means from intake to termination are presented in Figure 23.

Table 55. Ohio Scales Functioning Scores for Youth in Cuyahoga County

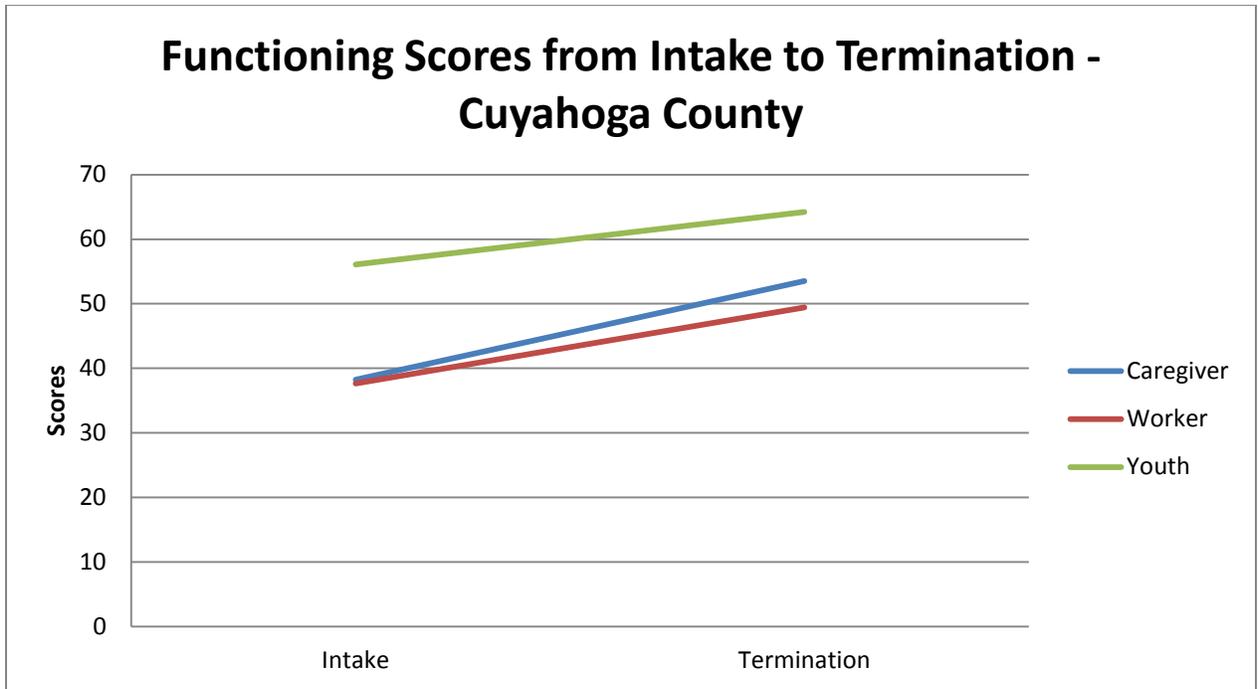
	Caregiver	Worker	Youth
Intake	38.22 (SD=16.31; n=252)	37.64 (SD=11.35; n=251)	56.09 (SD=12.52; n=250)
Three Months	45.58 (SD=15.73; n=175)	42.38 (SD=10.87; n=183)	60.02 (SD=12.56; n=179)
Six Months	45.42 (SD=15.62; n=139)	43.19 (SD=12.39; n=148)	60.19 (SD=13.17; n=143)
Nine Months	47.88 (SD=14.38; n=91)	43.43 (SD=13.53; n=91)	60.35 (SD=13.78; n=91)
Termination	53.53 (SD=16.86; n=134)	49.43 (SD=13.52; n=153)	64.20 (SD=12.77; n=137)

Figure 22. Functioning Scores Across Time - Cuyahoga County



*all comparisons from intake to each successive time point are significant at the $p < .01$ level

Figure 23. Functioning Scores from Intake to Termination - Cuyahoga County



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

CAREGIVER RATING

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 56) compared to intake. Significant improvements were noted at 3 months: $t(169) = -6.03, p < .001$; 6 months: $t(136) = -5.23, p < .001$; 9 months: $t(90) = -4.79, p < .001$; and termination: $t(127) = -9.37, p < .001$. Small effect sizes were noted for the intervals between intake and three months and between intake and six months while a medium effect size was observed for the period between intake and nine months. A large effect size was noted for the time period between intake and termination.

Table 56. Paired Samples T-Tests for Caregiver Report Functioning Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	38.10 (SD=15.94; n=170)	45.45 (SD=15.81; n=170)	-6.03 ^{***}	.46
Intake to Six Months	37.06 (SD=15.80; n=137)	45.40 (SD=15.73; n=137)	-5.23 ^{***}	.45
Intake to Nine Months	37.65 (SD=17.04; n=91)	47.88 (SD=14.38; n=91)	-4.79 ^{***}	.50
Intake to Termination	38.18 (SD=15.92; n=128)	53.74 (SD=16.85; n=128)	-9.37 ^{***}	.82

* = $p < .05$, ** = $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests indicated significant improvement in the Functioning scale for each of the measurement intervals (see Table 57). Significant improvements were noted at 3 months: $t(173) = -4.92, p < .001$; 6 months: $t(140) = -5.05, p < .001$; 9 months: $t(87) = -2.68, p < .01$; and termination: $t(141) = -9.49, p < .001$. Small effect sizes were noted for the time periods between intake to three months, between intake and six months, and between intake and nine months. A large effect size was found for the period between intake and termination.

Table 57. Paired Samples T-Tests for Worker Report Functioning Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	37.42 (SD=11.19; n=174)	42.54 (SD=11.03; n=174)	-4.92 ^{***}	.37
Intake to Six Months	36.47 (SD=12.09; n=141)	43.33 (SD=12.57; n=141)	-5.05 ^{***}	.43
Intake to Nine Months	36.98 (SD=12.35; n=88)	42.82 (SD=13.03; n=88)	-2.68 ^{**}	.28
Intake to Termination	36.14 (SD=11.36; n=142)	49.93 (SD=13.16; n=142)	-9.49 ^{***}	.80

* = $p < .05$, ** = $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests conducted on the youth ratings of Problem Severity indicated significant improvement at all four data collection points (see Table 58). Significant improvements were observed at 3 months: $t(170) = -3.13$, $p < .01$; 6 months: $t(136) = -3.81$, $p < .001$; 9 months: $t(87) = -2.95$, $p < .01$; and termination: $t(124) = -5.36$, $p < .001$. Small effect sizes were found for the time periods between intake and three months, between intake and six months, between intake and nine months, and between intake and termination.

Table 58. Paired Samples T-Tests for Youth Report Functioning Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	56.48 (SD=12.24; n=171)	59.96 (SD=12.59; n=171)	-3.13**	.24
Intake to Six Months	54.95 (SD=12.15; n=137)	60.15 (SD=13.43; n=137)	-3.81***	.32
Intake to Nine Months	54.67 (SD=12.23; n=88)	59.95 (SD=13.82; n=88)	-2.95**	.31
Intake to Termination	55.91 (SD=11.84; n=125)	63.97 (SD=13.14; n=125)	-5.36***	.48

* = $p < .05$, ** = $p < .01$, *** $p < .001$

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Cuyahoga County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 59 and Table 60 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Cuyahoga County BHJJ youth who have subscale scores both at intake and at termination (see Table 61). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect². While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

² For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Statistically significant improvements were noted for the Anxiety ($t(44) = 2.93, p < .01$), Depression ($t(44) = 4.19, p < .001$), Anger ($t(44) = 4.37, p < .001$), Posttraumatic stress ($t(44) = 3.06, p < .01$), and Dissociation ($t(43) = 3.65, p < .01$) subscales. The data indicated moderate effect sizes for the Depression, Anger, and Dissociation subscales. A small effect was found for the Anxiety, Posttraumatic Stress, and Sexual Concerns scales. Means reported in Table 61 are represented graphically in Figure 24.

Table 59. Mean TSCC Subscale Scores from Intake to Termination for Cuyahoga County Males

	Intake	Termination
Anxiety	3.35 (SD=3.10; n = 69)	4.00 (SD=2.52; n=18)
Depression	4.68 (SD=3.53; n = 69)	3.50 (SD=1.79; n=18)
Anger	8.53 (SD=5.02; n = 69)	6.61 (SD=4.16; n=18)
PTS	6.75 (SD=4.79; n = 69)	6.89 (SD=4.15; n=18)
Dissociation	6.60 (SD=4.55; n = 68)	5.72 (SD=4.90; n=18)
Sexual Concerns	4.31 (SD=4.01; n=69)	3.89 (SD=3.17; n=18)

Table 60. Mean TSCC Subscale Scores from Intake to Termination for Cuyahoga County Females

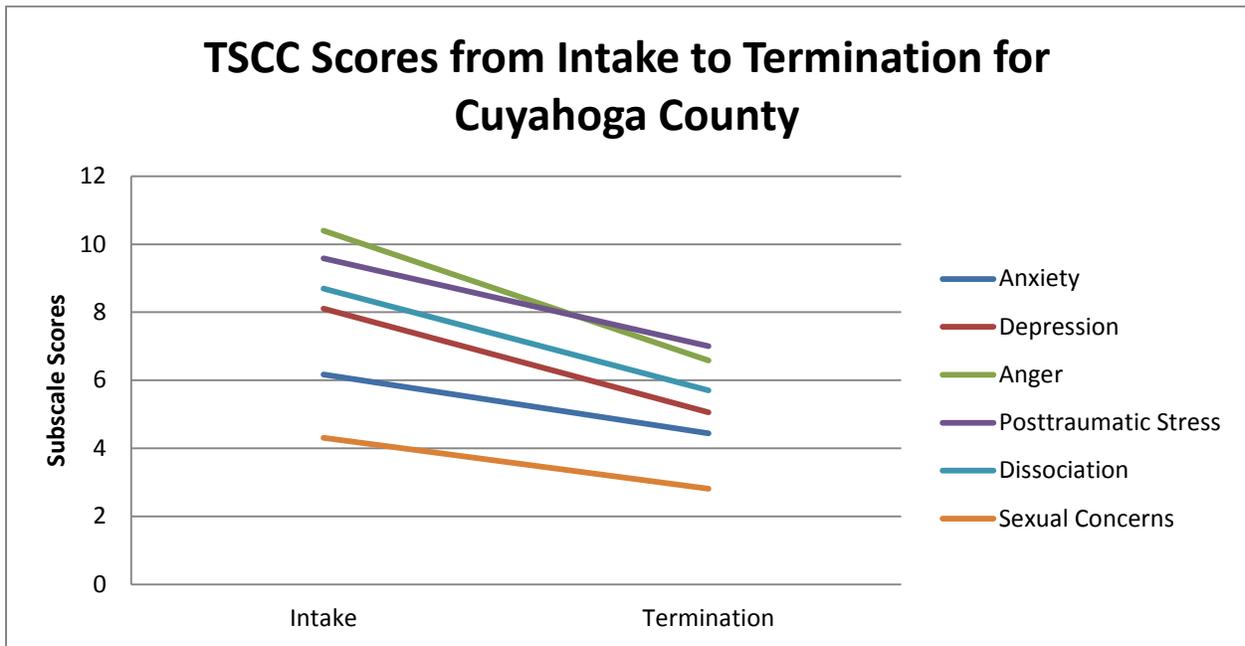
	Intake	Termination
Anxiety	6.17 (SD=4.48; n = 93)	4.56 (SD=2.99; n=32)
Depression	8.97 (SD=5.31; n = 93)	5.59 (SD=3.24; n=32)
Anger	10.20 (SD=5.96; n = 93)	6.43 (SD=3.92; n=32)
PTS	9.26 (SD=6.23; n = 93)	6.80 (SD=4.96; n=32)
Dissociation	7.87 (SD=5.13; n = 93)	5.53 (SD=4.36; n=32)
Sexual Concerns	4.19 (SD=3.43; n=93)	3.53 (SD=3.25; n=32)

Table 61. Paired Samples T Tests for TSCC Subscales for Cuyahoga County Youth

	Intake	Termination	t	d
Anxiety	6.17 (SD=4.49; n=45)	4.44 (SD=2.90; n=45)	2.93 **	.46
Depression	8.11 (SD=5.68; n=45)	5.06 (SD=3.04; n=45)	4.19 ***	.67
Anger	10.40 (SD=6.43; n=45)	6.58 (SD=3.99; n=45)	4.37 ***	.71
PTS	9.58 (SD=5.78; n=45)	7.00 (SD=4.77; n=45)	3.06 **	.49
Dissociation	8.70 (SD=5.53; n=44)	5.70 (SD=4.76; n=44)	3.65 **	.58
Sexual Concerns	4.31 (SD=3.38; n=45)	2.81 (SD=3.36; n=45)	1.74	.45

** = $p < .01$, *** $p < .001$

Figure 24. TSCC Means from Intake to Termination for Cuyahoga County Youth



SUBSTANCE USE

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 62 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the three most commonly used substances for both males and females. Chi-square analyses revealed that a significantly higher proportion of males reported a lifetime use of chewing tobacco. A significantly higher proportion of females reported lifetime use of alcohol, cocaine, pain killers, heroin, Ritalin, barbiturates, and ecstasy than males.

Youth were also asked to report whether they had used each substance in the past six months. Figure 25 and Figure 26 present past six month use for the most commonly reported substances for males and females respectively among those who reported lifetime use. Overall, both males and females reported a decrease in six month use with respect to the most commonly used substances. Past six month use of alcohol declined from 66.3% (n = 55) at intake to 40.0% (n = 14) at termination for males and from 82.9% (n = 87) at intake to 32.1% (n = 18) at termination for females. Marijuana use in the past six months declined from 84.4% (n = 92) at intake to 60.9% (n = 28) at termination for males and from 85.2% (n = 98) at intake to 31.7% (n = 19) at termination for females. McNemar's tests revealed significant decreases in past six month alcohol and marijuana use from intake to termination for both males and females.

If they had reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 27 and Figure 28 show the percentage of those youth reporting any 30 day use for the three most commonly reported substances by gender. With the exception of past 30 day cigarette use in males, the data showed decreases in the most commonly used substances. The percentage of youth reporting past 30 day use of alcohol decreased from 27.1% (n = 19) at intake to 17.4% (n = 8) at termination for males and from 37.5% (n = 36) at intake to 15.8% (n = 9) at termination for females. At intake, 50.6% (n = 45) of males and 41.0% (n = 41) of females reported past 30 day marijuana use while at termination, 32.6% (n = 14) of males and 9.7% (n = 6) of females reported past 30 day marijuana use. Since the sample was restricted to only those who had reported both lifetime and previous six month use, the resulting sample did not allow us to conduct significance tests.

Table 62. Self-Report Substance Use at Intake for Cuyahoga County BHJJ Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	75.0% (n = 87)	13.24 (SD = 2.31)	86.2% (n = 112)*	12.86 (SD = 2.08)
Cigarettes	68.1% (n = 79)	13.09 (SD = 1.98)	76.5% (n = 104)	12.60 (SD = 2.14)
Chewing Tobacco	16.5% (n = 19)**	14.68 (SD = 0.95)	4.4% (n = 6)	11.60 (SD = 3.21)
Marijuana	96.6% (n = 112)	13.19 (SD = 1.85)	90.9% (n = 120)	13.03 (SD = 1.96)
Cocaine	10.5% (n = 12)	14.91 (SD = 1.51)	22.4% (n = 30)*	14.60 (SD = 1.33)
Pain Killers (use inconsistent with prescription)	21.4% (n = 24)	14.43 (SD = 1.24)	32.6% (n = 44)*	14.44 (SD = 1.67)
GHB	0.0% (n = 0)	^a	2.2% (n = 3)	14.33 (SD = 1.53)
Inhalants	5.3% (n = 6)	14.40 (SD = 1.34)	11.4% (n = 15)	13.13 (SD = 1.92)
Heroin	0.9% (n = 1)	15.00 ^b	11.2% (n = 15)**	14.80 (SD = 1.47)
Amphetamines	7.1% (n = 8)	13.67 (SD = 1.75)	10.2% (n = 13)	13.54 (SD = 2.73)
Ritalin (use inconsistent with prescription)	11.4% (n = 13)	14.09 (SD = 1.64)	21.5% (n = 29)*	14.36 (SD = 1.47)
Barbiturates	0.9% (n = 1)	14.00 ^b	7.5% (n = 10)*	14.63 (SD = 1.30)
Non-prescription Drugs	10.7% (n = 12)	15.50 (SD = 1.08)	15.1% (n = 19)	14.06 (SD = 1.30)
Hallucinogens	13.2% (n = 15)	15.07 (SD = 0.96)	17.4% (n = 23)	14.39 (SD = 1.53)
PCP	1.7% (n = 2)	16.00 (SD = 1.41)	6.7% (n = 9)	14.44 (SD = 1.42)
Ketamine	7.0% (n = 8)	15.14 (SD = 1.07)	5.9% (n = 8)	14.14 (SD = 1.34)
Ecstasy	13.2% (n = 15)	14.85 (SD = 1.07)	29.8% (n = 39)**	14.35 (SD = 1.53)
Tranquilizers	11.4% (n = 13)	14.46 (SD = 1.39)	17.9% (n = 24)	14.37 (SD = 1.13)

* p < .05; ** p < .01

^a Age of first use is not provided in cases where no respondent reported ever using a substance.

^b Standard Deviations are not provided when only one respondent reported using a substance.

Figure 25. Self-Report Previous 6 Month Substance Use from Intake to Termination for Males – Cuyahoga County

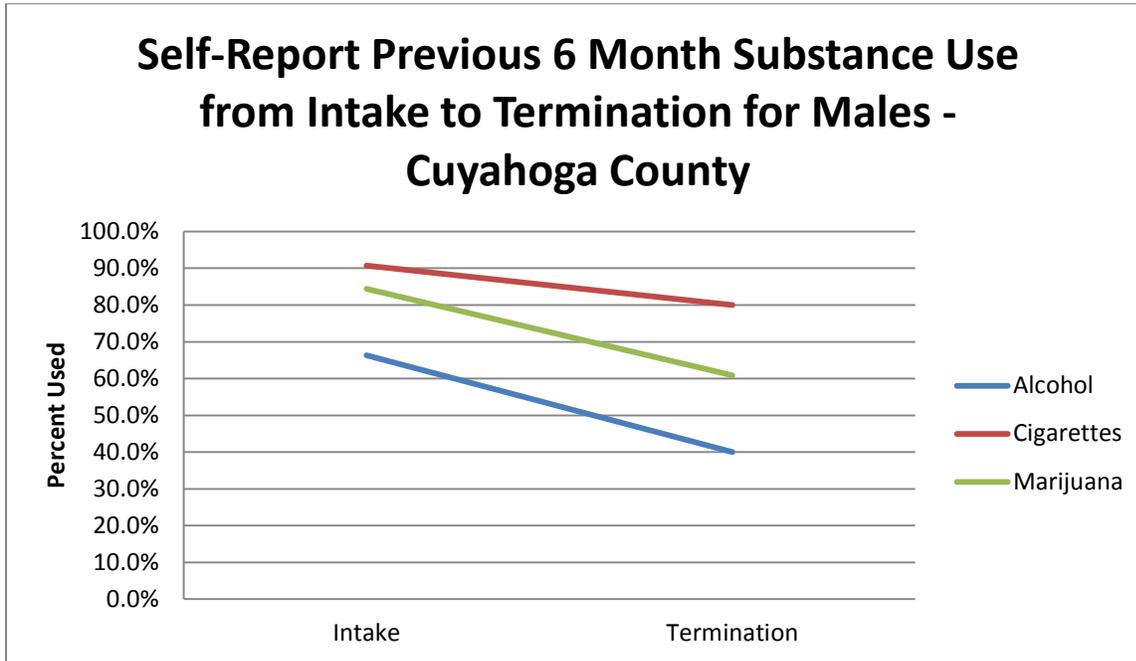


Figure 26. Self-Report Previous 6 Month Substance Use from Intake to Termination for Females – Cuyahoga County

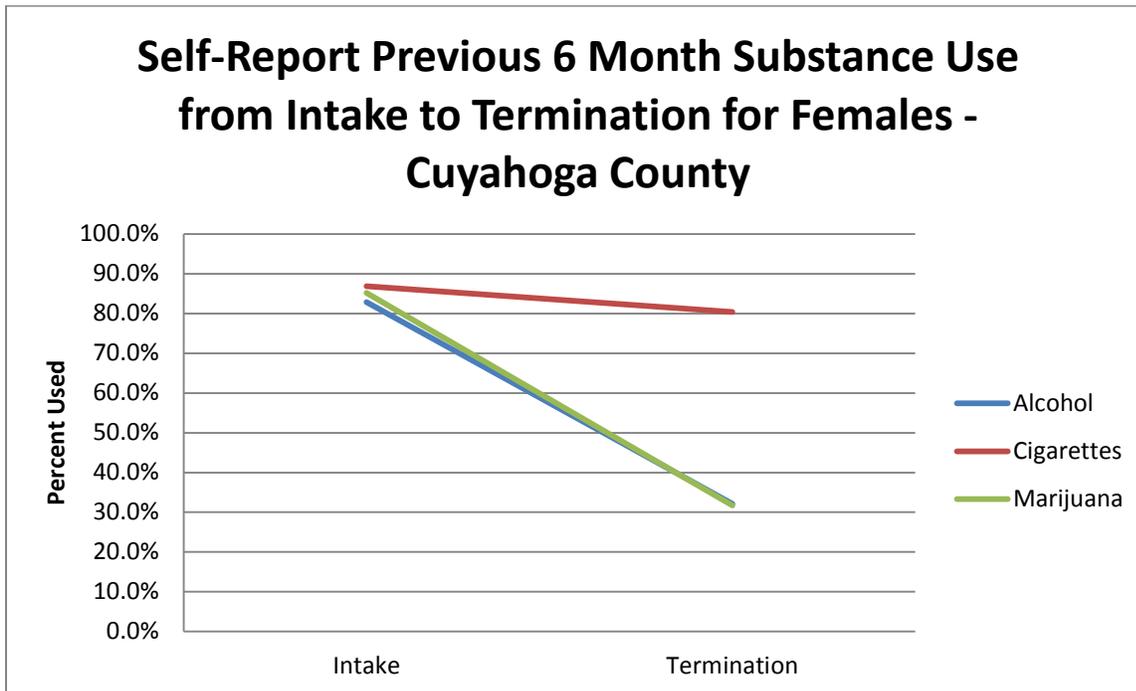


Figure 27. Self-Report 30 Day Substance Use from Intake to Termination for Males – Cuyahoga County

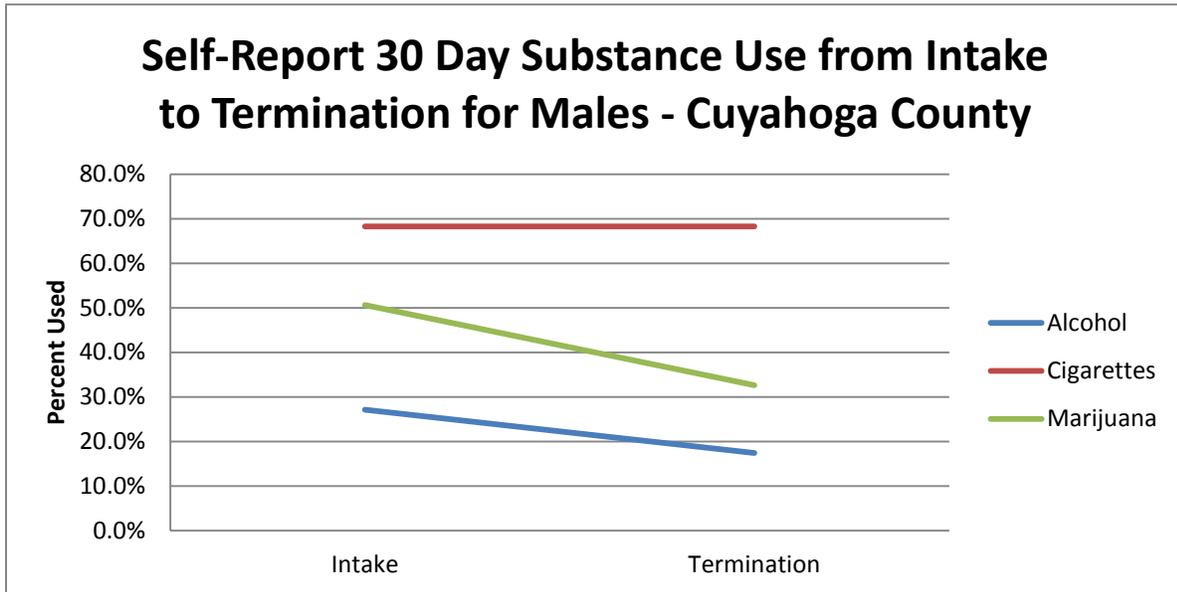
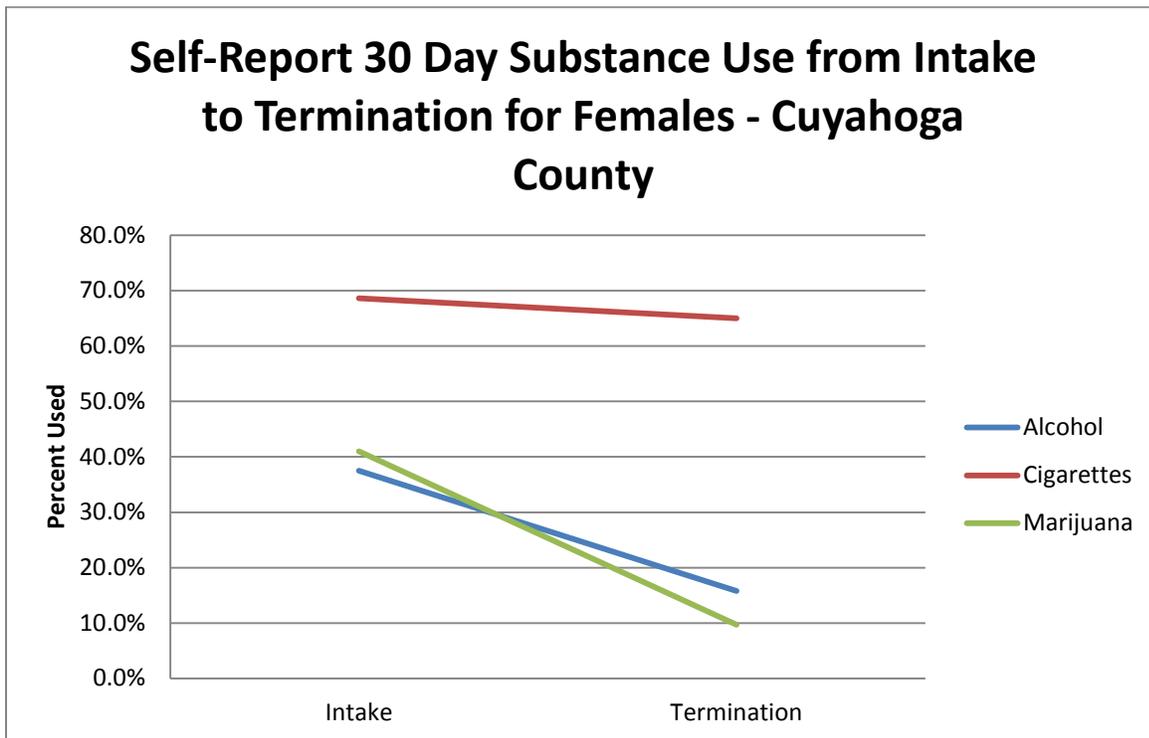


Figure 28. Self-Report 30 Day Substance Use from Intake to Termination for Females – Cuyahoga County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the past 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The responses range from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicating problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 29, Figure 30, and **Figure 31**). At intake 35.4% (n = 87) of caregivers and 34.9% (n = 89) of workers reported no problems with drugs or alcohol in the past 30 days while 66.4% (n = 87) of caregivers and 66.4% (n = 101) of workers reported no problems at termination. Similarly, 45.5% (n = 115) of youth reported no problems in the past 30 days with drugs or alcohol at intake while 77.2% (n = 105) of youth reported no problems at termination.

Figure 29. Problems with Drugs or Alcohol in the Past 30 Days for Cuyahoga County Youth - Caregiver Ratings

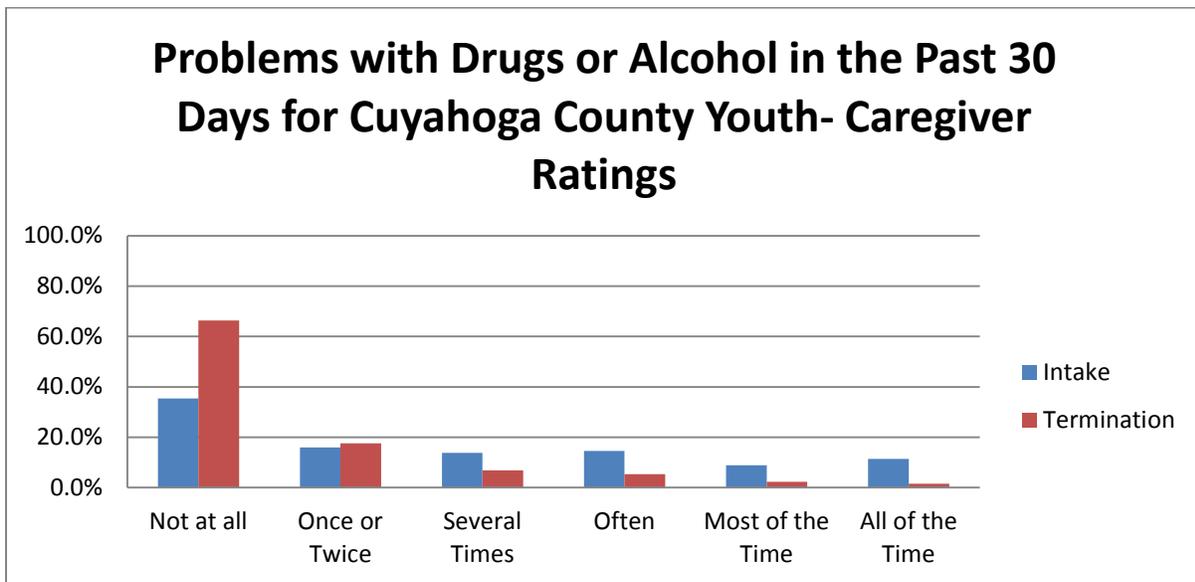


Figure 30. Problems with Drugs or Alcohol in the Past 30 Days for Cuyahoga County Youth - Worker Ratings

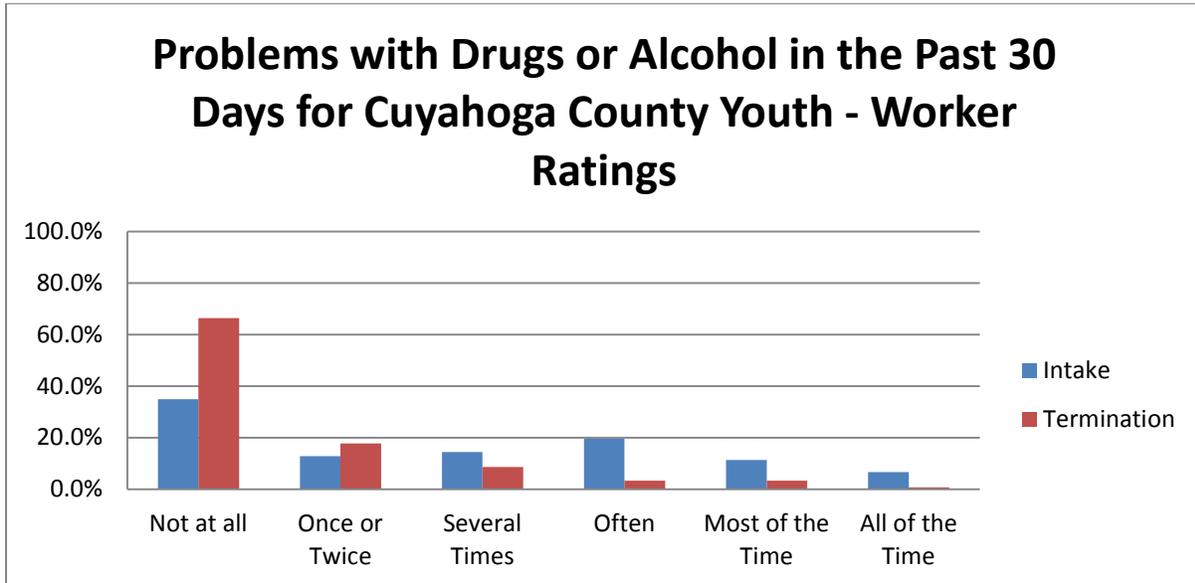
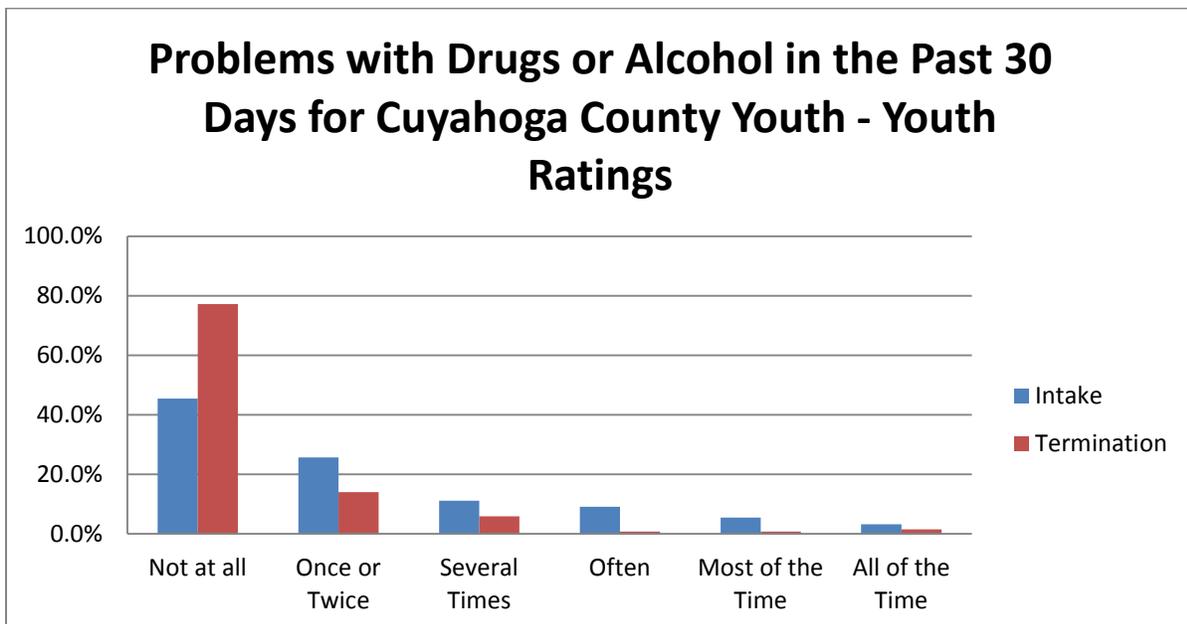


Figure 31. Problems with Drugs or Alcohol in the Past 30 Days for Cuyahoga County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 223 youth terminated from the BHJJ program in Cuyahoga County. **Over 60% (62.8%, n = 140) of the youth terminated from the BHJJ program were identified as successful treatment completers.** An additional 2.7% of youth (n = 6) were terminated from the program when the youth or family moved out of the county. Therefore, over 65% (65.5%, n = 146) of youth enrolled in BHJJ were terminated successfully or because the youth or family moved out of the county and were no longer able to receive BHJJ services. In Cuyahoga County 5.8% (n = 13) were terminated from the program due to some level of incarceration. Table 63 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013 a similar percentage of youth terminated successfully from the BHJJ program in Cuyahoga County (63.0%, n = 29).

Table 63. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	62.8% (n = 140)	63.0% (n = 29)
Client Did Not Return/Rejected Services	6.3% (n = 14)	2.2% (n = 1)
Out of Home Placement	9.4% (n = 21)	10.9% (n = 5)
Client/Family Moved	2.7% (n = 6)	0.0% (n = 0)
Client Withdrawn	0.9% (n = 2)	0.0% (n = 0)
Client AWOL	9.0% (n = 20)	17.4% (n = 8)
Client Incarcerated	5.8% (n = 13)	6.5% (n = 3)
Other	3.1% (n = 7)	0.0% (n = 0)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Cuyahoga County BHJJ program was 328 days. The average length of stay was similar for both youth who terminated successfully (327 days) and unsuccessfully (329 days). For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 243 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 54.5% of the youth (n = 103) in Cuyahoga County were at risk for out of home placement. At termination, 23.6% (n = 50) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 3.6% (n = 5) were at risk for out of home placement at termination while 61.6% (n = 45) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 73.4% (n = 116) of the youth and had stayed the same for 13.3% (n= 21) of the youth. Police contacts increased for 3.8% (n = 6) of the youth while the worker was unable to estimate for 9.5% (n = 15).

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (Figure 32). At termination from the BHJJ program, 88.0% (n = 95) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 80.5% (n = 87) either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 33). A strong majority (77.8%, n = 84) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 34) and 90.5% (n = 95) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 35).

Figure 32. Caregiver Satisfaction with the BHJJ Program

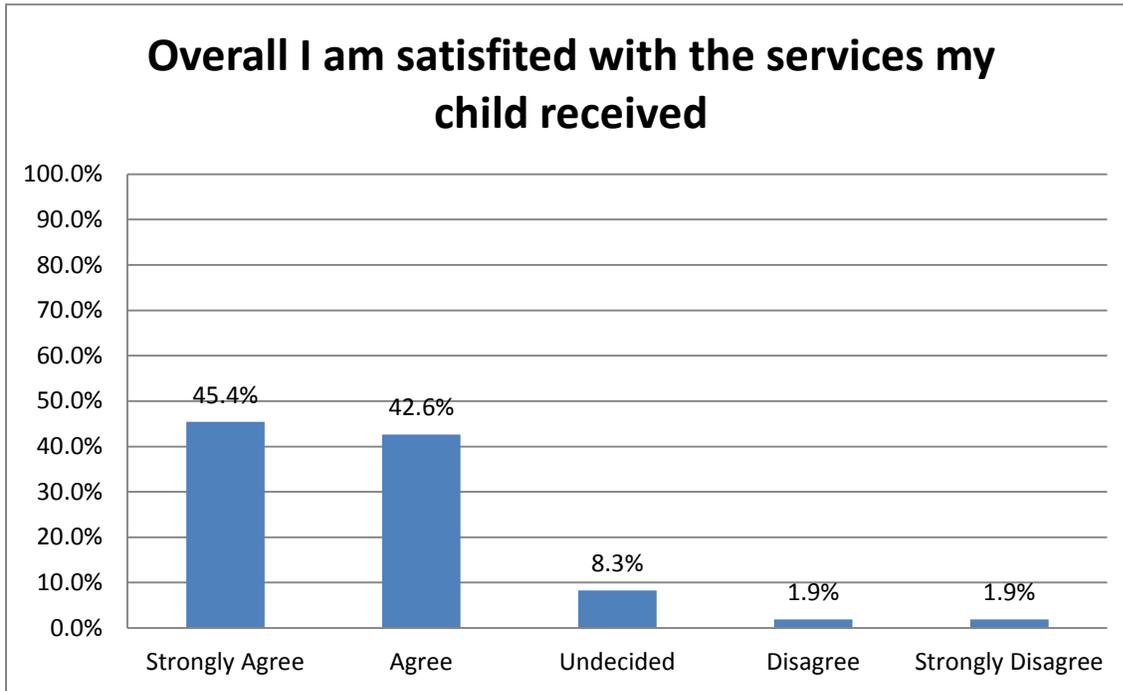


Figure 33. Services Received Were Right for Us

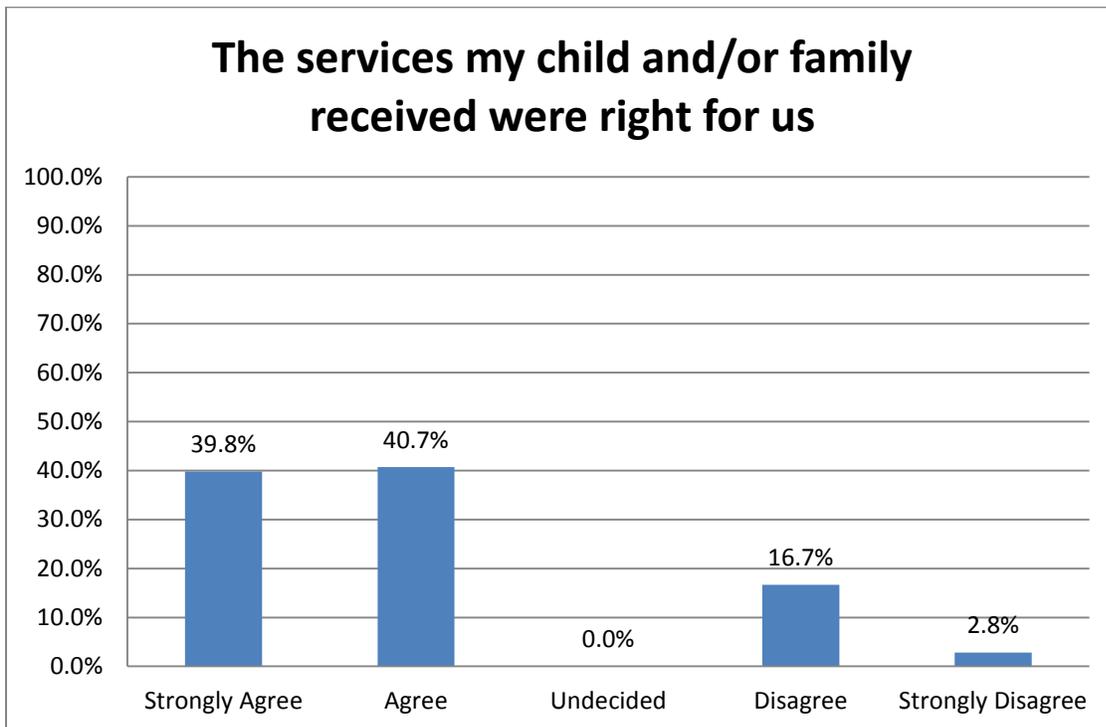


Figure 34. We Received the Help We Wanted

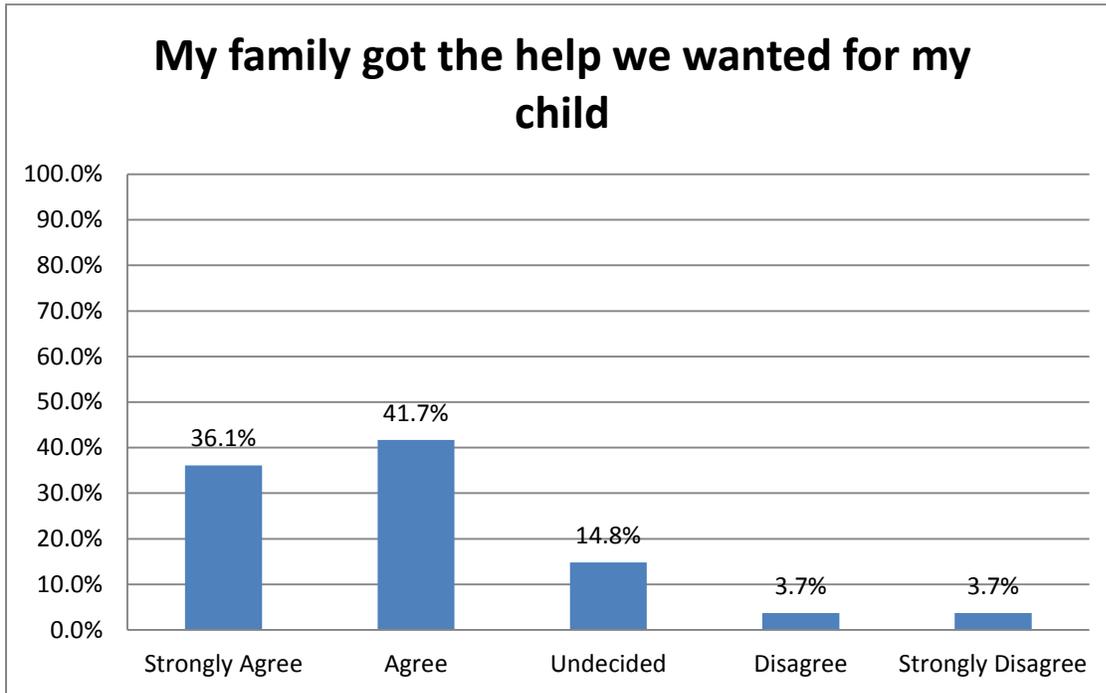
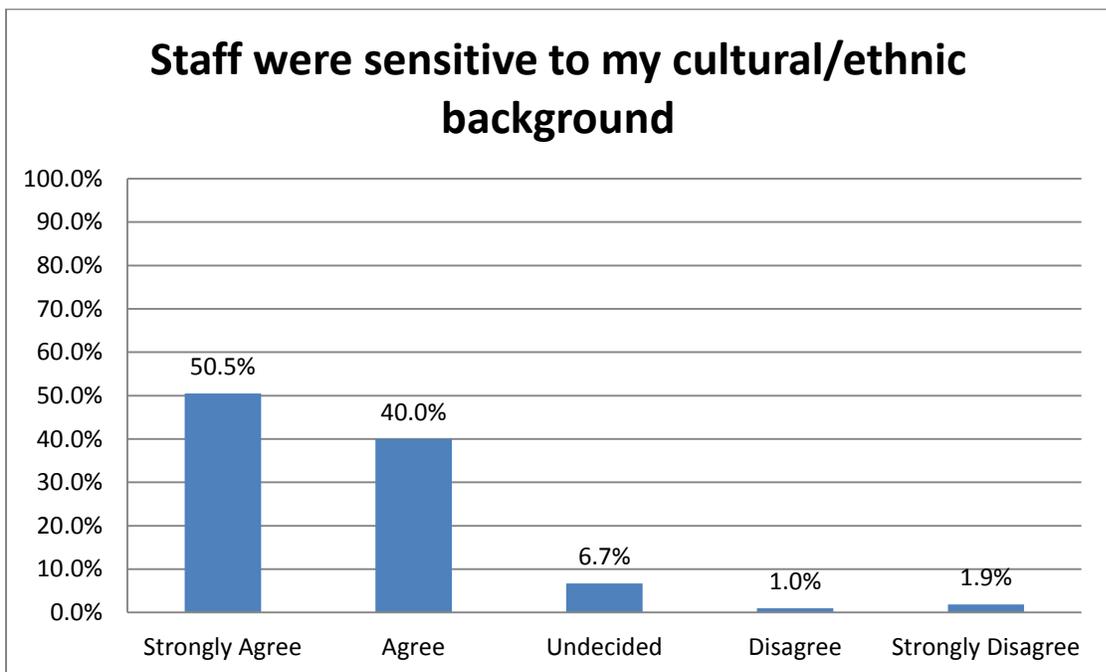


Figure 35. Satisfaction with Cultural Sensitivity of Staff



RECIDIVISM

METHODOLOGY

Court data were provided by the Cuyahoga County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 71.7% (n = 193) of the BHJJ youth had misdemeanor charges, 24.5% (n = 66) had at least one felony charge, and 78.8% were adjudicated delinquent (see Table 64).

Table 64. Charges Prior to BHJJ Enrollment – Cuyahoga County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 269)	26.4% (n = 71)	108	6.3% (n = 17)	20	27.1% (n = 73)
6 months (n = 269)	49.4% (n = 133)	247	12.6% (n = 34)	50	53.5% (n = 144)
12 months (n = 269)	71.7% (n = 193)	418	24.5% (n = 66)	105	78.8% (n = 212)
18 months (n = 269)	78.4% (n = 211)	504	27.5% (n = 74)	117	87.0% (n = 234)

Previous juvenile court information is presented for youth based on BHJJ completion status (successful vs. unsuccessful) (see Table 65 and Table 66). In the 12 months prior to enrollment, 77.7% (n = 108) of successful completers and 76.5% (n = 62) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A slightly lower percentage of successful completers had a felony charge in the 12 months prior to intake (20.9%, n = 29) than unsuccessful completers (23.5%, n = 19).

Table 65. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Cuyahoga County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 139)	24.5% (n = 34)	44	5.0% (n = 7)	7	28.1% (n = 39)
6 months (n = 139)	46.8% (n = 65)	103	9.4% (n = 13)	19	52.5% (n = 73)
12 months (n = 139)	69.8% (n = 97)	194	20.9% (n = 29)	43	77.7% (n = 108)
18 months (n = 139)	79.1% (n = 110)	245	24.5% (n = 34)	50	87.1% (n = 121)

Table 66. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Cuyahoga County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 81)	29.6% (n = 24)	42	4.9% (n = 4)	7	28.4% (n = 23)
6 months (n = 81)	48.1% (n = 39)	70	13.6% (n = 11)	15	51.9% (n = 42)
12 months (n = 81)	67.9% (n = 55)	100	23.5% (n = 19)	30	76.5% (n = 62)
18 months (n = 81)	71.6% (n = 58)	115	25.9% (n = 21)	32	82.7% (n = 67)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications. In the 12 months following enrollment in BHJJ, 39.4% of youth were charged with a new misdemeanor, 19.4% were charged with a new felony, and 43.8% were adjudicated delinquent (see Table 67).

Table 67. Recidivism after BHJJ Enrollment

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 235)	18.3% (n = 43)	69	8.1% (n = 19)	27	20.0% (n = 47)
6 months (n = 211)	25.1% (n = 53)	94	10.9% (n = 23)	33	27.0% (n = 57)
12 months (n = 160)	39.4% (n = 63)	128	19.4% (n = 31)	47	43.8% (n = 70)
18 months (n = 104)	43.3% (n = 45)	97	25.0% (n = 26)	49	49.0% (n = 51)

In the 12 months after enrollment in BHJJ 30.7% (n = 27) of successful completers were charged with at least one new misdemeanor, 12.5% (n = 11) were charged with at least one new felony, and 34.1% (n = 30) were adjudicated delinquent (see Table 68). Of the youth who completed unsuccessfully, 51.6% (n = 32) were charged with at least one new misdemeanor, 24.2% (n = 15) were charged with at least one new felony, and 53.2% (n = 33) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 69).

Table 68. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 128)	18.0% (n = 23)	38	7.0% (n = 9)	17	19.5% (n = 25)
6 months (n = 118)	20.3% (n = 24)	43	7.6% (n = 9)	17	22.0% (n = 26)
12 months (n = 88)	30.7% (n = 27)	52	12.5% (n = 11)	23	34.1% (n = 30)
18 months (n = 51)	35.3% (n = 18)	35	17.6% (n = 9)	22	37.3% (n = 19)

Table 69. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 77)	18.0% (n = 23)	22	10.4% (n = 8)	8	19.5% (n = 15)
6 months (n = 70)	30.0% (n = 21)	32	17.1% (n = 12)	14	31.4% (n = 22)
12 months (n = 62)	51.6% (n = 32)	67	24.2% (n = 15)	19	53.2% (n = 33)
18 months (n = 48)	54.2% (n = 26)	60	29.2% (n = 14)	24	60.4% (n = 29)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 24.6% (n = 17) of youth were charged with at least one new misdemeanor, 11.6% (n = 8) were charged with at least one new felony, and 21.7% (n = 15) were adjudicated delinquent (see Table 70).

Table 70. Recidivism after BHJJ Termination

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 130)	9.2% (n = 12)	22	3.1% (n = 4)	4	7.7% (n = 10)
6 months (n = 112)	15.2% (n = 17)	31	5.4% (n = 6)	8	13.4% (n = 15)
12 months (n = 69)	24.6% (n = 17)	22	11.6% (n = 8)	15	21.7% (n = 15)
18 months (n = 40)	27.5% (n = 11)	19	10.0% (n = 4)	8	25.0% (n = 10)

In the 12 months following their termination from BHJJ, 22.6% (n = 7) of successful completers were charged with at least one new misdemeanor, 6.5% (n = 2) were charged with at least one new felony, and 19.4% (n = 6) were adjudicated delinquent (see Table 71). Of the youth who completed unsuccessfully, 28.6% (n = 10) were charged with at least one new misdemeanor, 17.1% (n = 6) were charged with at least one new felony, and 25.7% (n = 9) were adjudicated delinquent in the 12 months after their termination from BHJJ (see Table 72).

Table 71. Recidivism after BHJJ Termination for Youth who Completed Successfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 67)	6.0% (n = 4)	5	1.5% (n = 1)	1	4.5% (n = 3)
6 months (n = 53)	13.2% (n = 7)	10	3.8% (n = 2)	3	13.2% (n = 7)
12 months (n = 31)	22.6% (n = 7)	7	6.5% (n = 2)	3	19.4% (n = 6)
18 months (n = 15)	20.0% (n = 3)	4	6.7% (n = 1)	2	20.0% (n = 3)

Table 72. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 58)	12.1% (n = 7)	15	3.4% (n = 2)	2	10.3% (n = 6)
6 months (n = 54)	16.7% (n = 9)	19	5.6% (n = 3)	4	13.0% (n = 7)
12 months (n = 35)	28.6% (n = 10)	15	17.1% (n = 6)	12	25.7% (n = 9)
18 months (n = 24)	33.3% (n = 8)	15	12.5% (n = 3)	6	29.2% (n = 7)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 16 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 16 youth, 25.0% (n = 4) were charged with a new felony in the 12 months after their termination from BHJJ.

Seven of the 269 BHJJ youth (2.6%) from Cuyahoga County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

FRANKLIN COUNTY

DEMOGRAPHICS

Franklin County has enrolled 346 youth in the BHJJ program since 2006. Of the 346 youth enrolled since 2006, 17.1% (n = 59) were female and 82.9% (n = 286) were male. Since July 2011, 85.9% (n = 73) of new enrollees have been male (see Table 73).

The majority of the overall sample of youth were either African American (56.6%, n = 194) or Caucasian (32.1%, n = 110). A similar pattern was observed for youth enrolled since July 2011 (51.8%, n = 44 African American and 32.9%, n = 28 Caucasian). The average age of the youth at intake into BHJJ was 15.9 years old (SD = 1.50) with a range between 9.6 and 19.25 years.

Table 73. Demographic Information for BHJJ Youth in Franklin County

	All Youth Enrolled (2006 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 17.1% (n = 59) Male = 82.9% (n = 286)	Female = 14.1% (n = 12) Male = 85.9% (n = 73)
Race	African American = 56.6% (n = 194) Caucasian = 32.1% (n = 110) Other = 11.4% (n = 39)	African American = 51.8% (n = 44) Caucasian = 32.9% (n = 28) Other = 15.3% (n = 13)
Age at Intake	15.9 years (SD = 1.50)	16.0 years (SD = 1.41)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother 47.6% (n = 127) (see Table 74). At time of enrollment, 86.9% (n = 232) of the BHJJ youth lived with at least one biological parent.

Nearly 75% of the BHJJ caregivers (74.8%, n = 247) had at least a high school diploma or GED, and 5.4% (n = 18) had a bachelor's degree or higher (see Table 75). One in four caregivers (25.1%, n = 83) reported they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$15,000 - \$19,999 (see Table 76). Over three quarters of caregivers (78.5%, n = 256) reported annual household incomes below \$35,000 and 55.8% (n = 182) reported an annual household income of less than \$20,000. Over 35% (35.2%, n = 115) reported an annual household income below \$10,000.

Table 74. Custody Arrangement for BHJJ Youth in Franklin County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	27.3% (n = 73)
Biological Mother Only	47.6% (n = 127)
Biological Father Only	12.0% (n = 32)
Adoptive Parent(s)	2.6% (n = 7)
Sibling(s)	0.4% (n = 1)
Aunt/Uncle	3.5% (n = 12)
Grandparents	4.1% (n = 14)
Ward of the State	0.9% (n = 3)
Other	0.9% (n = 3)

Table 75. Educational Outcomes for Caregivers of BHJJ Youth in Franklin County

Number of School Years Completed	Number of Caregivers
Less than High School	25.1% (n = 83)
High School Graduate or G.E.D.	40.9% (n = 135)
Some College or Associate Degree	28.5% (n = 94)
Bachelor's Degree	3.0% (n = 10)
More than a Bachelor's Degree	2.4% (n = 8)

Table 76. Annual Household Income for BHJJ Families in Franklin County

Annual Household Income	BHJJ Families
Less than \$5,000	23.9% (n = 78)
\$5,000 - \$9,999	11.3% (n = 37)
\$10,000 - \$14,999	12.0% (n = 39)
\$15,000 - \$19,999	8.6% (n = 28)
\$20,000 - \$24,999	13.5% (n = 44)
\$25,000 - \$34,999	9.2% (n = 30)
\$35,000 - \$49,999	13.8% (n = 45)
\$50,000 - \$74,999	5.2% (n = 17)
\$75,000 - \$99,999	1.5% (n = 5)
\$100,000 and over	0.9% (n = 3)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 77). Chi-square analysis was conducted on each item and significant differences are identified in Table 77. Overall, caregivers of females reported significantly higher levels of sexual abuse, running away, talking about suicide, attempting suicide, and a family history of mental illness. Caregivers of males reported higher levels of substance abuse.

Caregivers reported that 19.6% of females and 12.9% of males had a history of physical abuse and 19.6% of females and 3.3% of males had a history of sexual abuse. Caregivers of 38.6% of BHJJ females reported having heard the child talk about suicide and 16.1% of caregivers of BHJJ females reported the youth attempted suicide at least once. More than half of the caregivers of females (55.4%) and 45.6% of males reported a family history of depression. Caregivers reported that 62.5% of females and 49.8% of males had a family history of substance use problems.

Table 77. Youth and Family History in Franklin County

Question	Females	Males
Has the child ever been physically abused?	19.6% (n=11)	12.9% (n=36)
Has the child ever been sexually abused?	19.6% (n=11)**	3.3% (n=9)
Has the child ever run away?	47.4% (n=27)*	31.5% (n=84)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	31.6% (n=18)	49.3% (n=136)*
Has the child ever talked about committing suicide?	38.6% (n=22)**	20.1% (n=56)
Has the child ever attempted suicide?	16.1% (n=9)**	4.0% (n=11)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	42.9% (n=24)	31.6% (n=89)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	55.4% (n=31)	45.6% (n=124)
Has anyone in the child's biological family had a mental illness, other than depression?	42.6% (n=23)**	24.0% (n=64)
Has the child ever lived in a household in which someone was convicted of a crime?	51.9% (n=27)	41.6% (n=112)
Has anyone in the child's biological family had a drinking or drug problem?	62.5% (n=35)	49.8% (n=133)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	17.9% (n=10)	12.9% (n=35)

* p < .05, ** p < .01, *** p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 8.1% (n = 3) of females had been pregnant and none were currently expecting a child. Caregivers reported that 8.5% (n = 15) of males had impregnated a female and 3.0% (n = 4) were currently expecting a child. Over 8% of females (8.7%, n = 2) and 6.9% (n = 9) of males currently had children. Of those who had children, 50% of females (n = 1) but none of the males (n = 9) currently lived with the child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Franklin County youth based on the OYAS risk categories by gender and race are presented in Table 78. Chi-square analyses revealed significant group differences in OYAS categories based on race.

Table 78. OYAS Risk Categories by Gender and Race - Franklin County

	OYAS Low	OYAS Moderate	OYAS High
Female	26.7% (n = 8)	56.7% (n = 17)	16.7% (n = 5)
Male	19.0% (n = 34)	53.6% (n = 96)	27.4% (n = 49)
White **	35.9% (n = 23)	43.8% (n = 28)	20.3% (n = 13)
Nonwhite	13.2% (n = 19)	58.3% (n = 84)	28.5% (n = 41)

* p < .05, ** p < .01, *** p < .001

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given as part of the enrollment process or in some cases, from psychological assessments given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for females was Oppositional Defiant Disorder (35.6%) and Cannabis-related Disorders for males (48.4%) (see Table 79).

A total of 768 Axis I diagnoses were identified for 342 youth with diagnostic information (2.24 diagnoses per youth). Females reported 120 Axis I diagnoses (2.03 diagnoses per youth) and males reported 648 Axis I diagnoses (2.29 diagnoses per youth). Chi-square analyses indicated a significantly higher proportion of males were diagnosed with Cannabis-related Disorders, Attention Deficit Hyperactivity Disorder (ADHD), and Conduct Disorder. A significantly higher proportion of females were diagnosed with Oppositional Defiant Disorder and Post-traumatic Stress Disorder. Nearly 20% of females (19.3%) and 51.1% of males had a co-occurring substance use and mental health diagnosis.

Table 79. Most Common DSM-IV Axis I Diagnoses in Franklin County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	11.9% (n = 7)	48.4% (n = 137) ***
Attention Deficit Hyperactivity Disorder	15.3% (n = 9)	28.6% (n = 81) *
Alcohol-related Disorders	6.8% (n = 4)	9.5% (n = 27)
Oppositional Defiant Disorder	35.6% (n = 21) *	23.3% (n = 66)
Depressive Disorders	22.0% (n = 13)	22.3% (n = 63)
Conduct Disorder	20.3% (n = 12)	37.1% (n = 105) *
Mood Disorder	15.3% (n = 9)	8.8% (n = 25)
Bipolar Disorder	3.4% (n = 2)	2.5% (n = 7)
Post-traumatic Stress Disorder	11.9% (n = 7) ***	0.7% (n = 2)

* p < .05, ** p < .01, *** p < .001

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were included in the evaluation packet at both intake into and termination from the BHJJ program. The items were completed by the worker with help from the youth and caregiver. In the 12 months prior to enrollment in the BHJJ project, 81.1% (n = 163) of the youth were either suspended or expelled from school. Slightly over one quarter (25.9%, n = 42) of the youth were expelled or suspended while in treatment with BHJJ.

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 87.3% (n = 165) of youth were currently attending school (this does not include youth on summer break). At termination, 82.3% (n = 121) of Franklin County youth were attending school. Again, this does not include youth out of school due to summer break. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received. Table 80 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 4.4% (n = 8) of the youth typically received mostly A's and B's. At termination, 19.9% of the youth were typically receiving mostly A's and B's. Of those attending school at termination, 22.1% had Individual Educational Plans (IEPs).

At termination, workers reported that 45.0% (n = 72) of youth were attending school more than they were before starting treatment and an additional 41.3% (n = 66) were attending school 'about the same' amount compared to before starting treatment. Workers reported that 8.8% (n = 14) of youth were attending school less often than before treatment in BHJJ.

Table 80. Academic Performance in Franklin County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	4.4% (n = 8)	19.9% (n = 30)
Mostly B's and C's	14.2% (n = 26)	36.4% (n = 55)
Mostly C's and D's	33.9% (n = 62)	26.5% (n = 40)
Mostly D's and F's	47.5% (n = 87)	17.2% (n = 26)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 6.9% (n = 14) of youth were employed, and that 100% of them were working part-time. At termination, 16.9% (n = 28) were employed (18 youth in part-time positions and 8 youth in full-time positions). In the 12 months prior to their enrollment in BHJJ, 3.9% (n = 8) received employment counseling or vocational training. At termination, 8.5% (n = 14) of youth

received employment counseling or vocational training in the past 12 months and 13.5% (n = 22) planned to pursue employment counseling or vocational training in the next 12 months.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

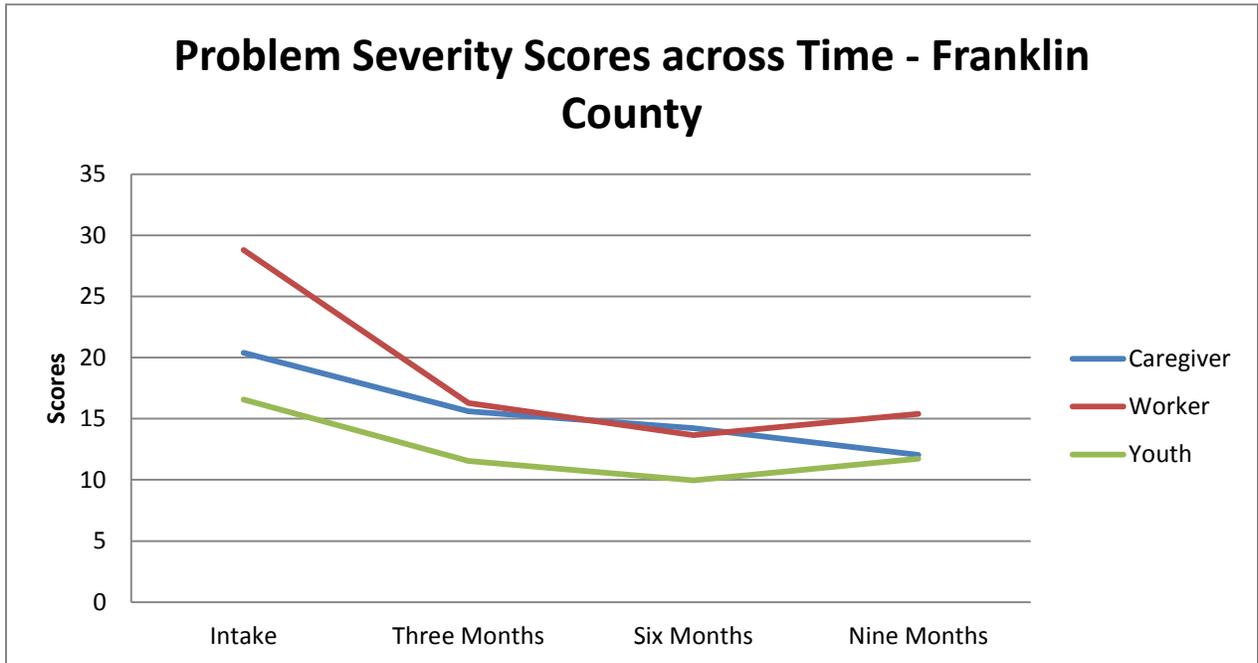
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Franklin County youth can be found in Table 81 and represented graphically in Figure 36. Means from intake to termination are presented in Figure 37.

Table 81. Ohio Scales Problem Severity Scores for Youth in Franklin County

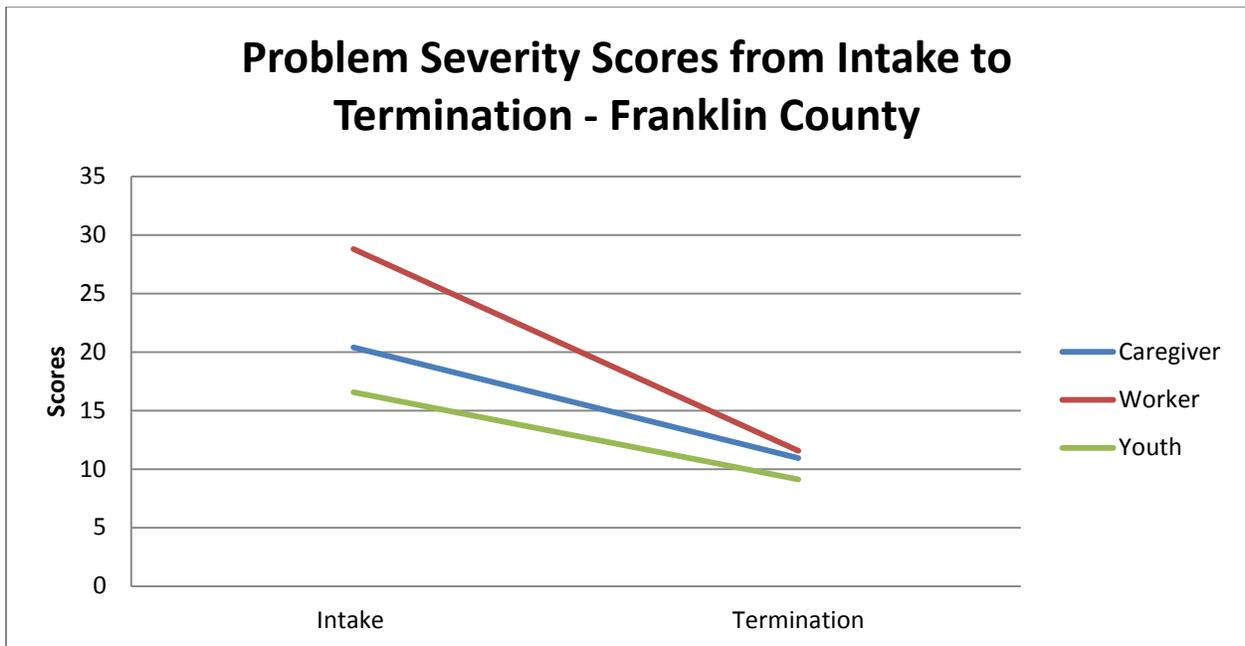
	Caregiver	Worker	Youth
Intake	20.39 (SD=15.07; n=253)	28.80 (SD=11.92; n=341)	16.56 (SD=12.60; n=340)
Three Months	15.60 (SD=12.95; n=142)	16.29 (SD=11.50; n=222)	11.55 (SD=10.12; n=217)
Six Months	14.22 (SD=12.21; n=74)	13.65 (SD=9.18; n=123)	9.97 (SD=8.54; n=111)
Nine Months	12.03 (SD=7.80; n=18)	15.39 (SD=10.60; n=31)	11.74 (SD=12.77; n=27)
Termination	10.94 (SD=12.10; n=123)	11.56 (SD=11.61; n=189)	9.11 (SD=9.71; n=186)

Figure 36. Problem Severity Scores across Time - Franklin County



*all comparisons from intake to each successive time point are significant at least at the $p < .05$ level

Figure 37. Problem Severity Scores from Intake to Termination - Franklin County



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

CAREGIVER RATINGS

Paired samples t-tests revealed significant improvements in Problem Severity at three of the four measurement intervals presented in Table 82. Significant improvements were noted at 3 months $t(138) = 5.04, p < .001$; 6 months: $t(72) = 2.76, p < .01$; and at termination: $t(120) = 5.69, p < .001$. Small effect sizes were observed for the period between intake and three month, intake and six months, and intake and nine months. A medium effect sizes was found for the period between intake termination.

Table 82. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	21.76 (SD=15.86; n=139)	15.73 (SD=13.03; n=139)	5.04 ^{***}	.43
Intake to Six Months	19.47 (SD=13.81; n=73)	14.22 (SD=12.29; n=73)	2.76 ^{**}	.32
Intake to Nine Months	15.88 (SD=11.30; n=17)	12.15 (SD=8.02; n=17)	1.31	.32
Intake to Termination	18.10 (SD=14.48; n=121)	11.02 (SD=12.18; n=121)	5.69 ^{***}	.51

* = $p < .05$, ** = $p < .01$, *** $p < .001$

WORKER RATINGS

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 83). Significant improvements were noted at 3 months $t(219) = 13.45, p < .001$; 6 months: $t(122) = 12.00, p < .001$; 9 months: $t(30) = 4.23, p < .001$; and at termination: $t(187) = 15.79, p < .001$. A medium effect size was found for the time period between intake and nine months while large effect sizes were observed for the remaining assessment periods.

Table 83. Paired Samples T-Tests for Worker Report Problem Severity Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	28.79 (SD=12.09; n=220)	16.37 (SD=11.52; n=220)	13.45 ^{***}	.91
Intake to Six Months	29.50 (SD=12.77; n=123)	13.65 (SD=9.18; n=123)	12.00 ^{***}	1.08
Intake to Nine Months	28.66 (SD=12.71; n=31)	15.39 (SD=10.60; n=31)	4.23 ^{***}	.76
Intake to Termination	27.38 (SD=11.89; n=188)	11.54 (SD=11.64; n=188)	15.79 ^{***}	1.15

* = $p < .05$, ** = $p < .01$, *** $p < .001$

YOUTH RATINGS

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 84). Significant improvements were observed at 3 months: $t(211) = 5.38, p < .001$; 6 months: $t(108) = 6.70, p < .001$; 9 months: $t(26) = 2.16, p < .05$; and at termination: $t(181) = 7.85, p < .001$. Small effect sizes were found for the time periods between intake and three months and between intake and nine months. Medium effect sizes were observed for time periods between intake and six months and between intake and termination.

Table 84. Paired Samples T-Tests for Youth Report Problem Severity Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	16.22 (SD=13.01; n=212)	11.51 (SD=10.14; n=212)	5.38 ^{***}	.37
Intake to Six Months	17.33 (SD=12.81; n=109)	10.01 (SD=8.61; n=109)	6.70 ^{***}	.64
Intake to Nine Months	19.11 (SD=16.46; n=27)	11.74 (SD=12.77; n=27)	2.16 [*]	.42
Intake to Termination	15.92 (SD=11.16; n=182)	9.16 (SD=9.81; n=182)	7.85 ^{***}	.58

* = $p < .05$, ** = $p < .01$, *** $p < .001$

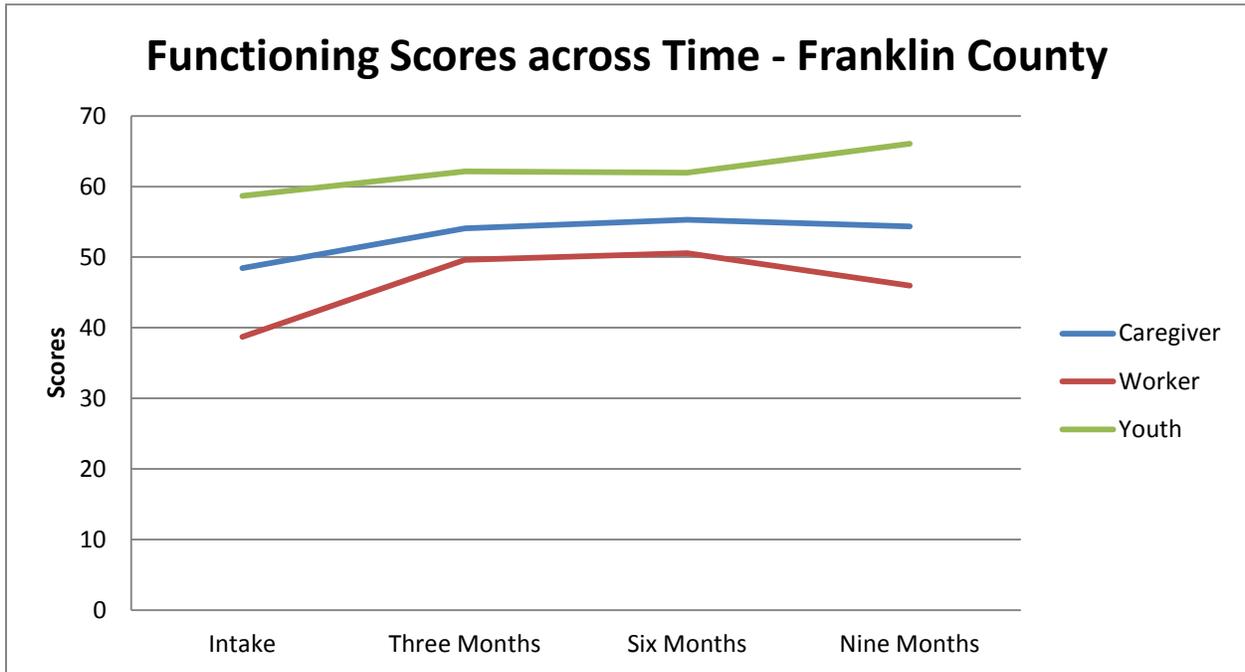
FUNCTIONING

Overall means for the Functioning scale by rater and assessment period for Franklin County youth can be found in Table 85 and represented graphically in Figure 38. Means from intake to termination are presented in Figure 38 and Figure 39.

Table 85. Ohio Scales Functioning Scores across Time for Youth in Franklin County

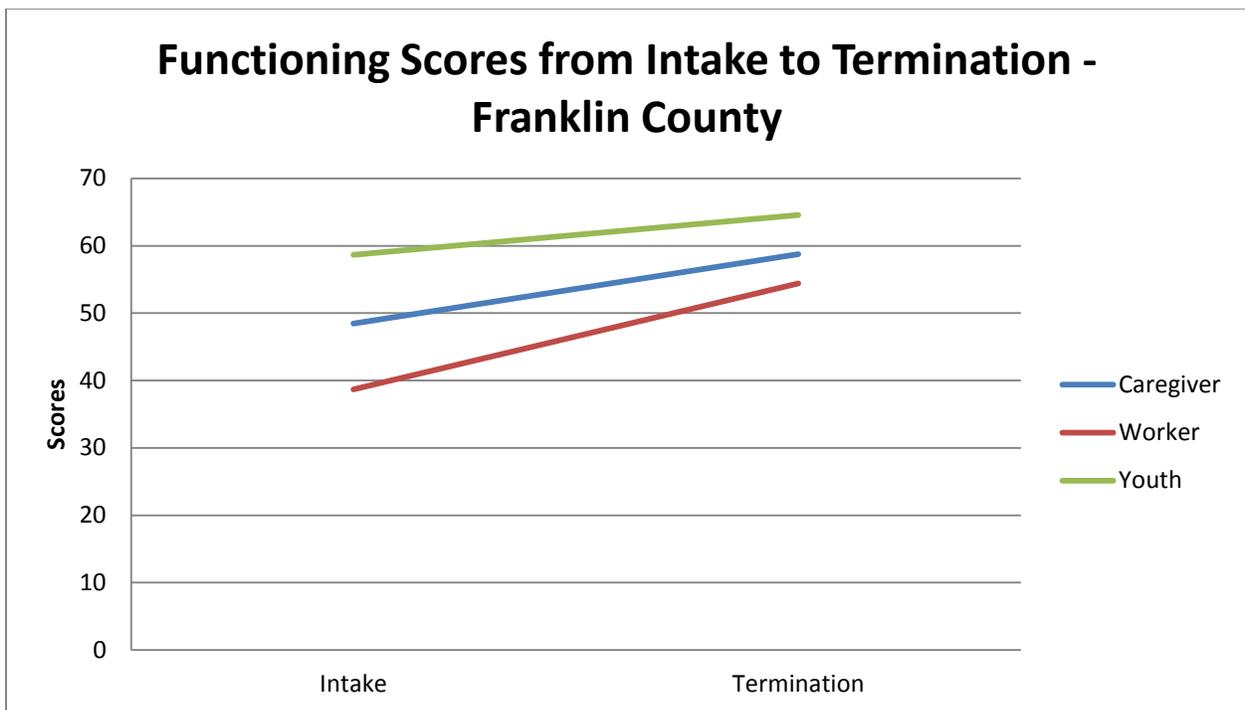
	Caregiver	Worker	Youth
Intake	48.46 (SD=16.39; n=252)	38.70 (SD=11.89; n=339)	58.65 (SD=12.40; n=341)
Three Months	54.06 (SD=14.84; n=141)	49.61 (SD=14.60; n=218)	62.15 (SD=12.03; n=217)
Six Months	55.27 (SD=13.57; n=73)	50.56 (SD=13.92; n=121)	61.98 (SD=13.06; n=112)
Nine Months	54.35 (SD=12.54; n=17)	45.97 (SD=14.67; n=31)	66.07 (SD=10.20; n=27)
Termination	58.75 (SD=13.84; n=121)	54.41 (SD=16.50; n=188)	64.55 (SD=13.16; n=188)

Figure 38. Functioning Scores across Time - Franklin County



*all comparisons from intake to each successive time point are significant at least at the $p < .05$ level

Figure 39. Functioning Scores from Intake to Termination - Franklin County



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

CAREGIVER RATINGS

Paired samples t-tests revealed significant improvements in Functioning at three of the four measurement intervals shown in Table 86. Significant improvements were noted at 3 months: $t(137) = -4.17, p < .001$; 6 months: $t(71) = -3.81, p < .001$; and termination: $t(117) = -5.53, p < .001$. Small effect sizes were noted for the intervals between intake and three months, intake and six months, and intake and nine months while a medium effect size was observed for the time periods between intake and termination.

Table 86. Paired Samples T-Tests for Caregiver Report Functioning Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	48.04 (SD=16.57; n=138)	53.89 (SD=14.83; n=138)	-4.17 ^{***}	.35
Intake to Six Months	48.03 (SD=15.59; n=72)	55.58 (SD=13.40; n=72)	-3.81 ^{***}	.45
Intake to Nine Months	50.19 (SD=15.74; n=16)	54.37 (SD=12.95; n=16)	-1.40	.35
Intake to Termination	50.60 (SD=16.36; n=118)	58.65 (SD=13.93; n=118)	-5.53 ^{***}	.51

* = $p < .05$, ** = $p < .01$, *** $p < .001$

WORKER RATINGS

Paired samples t-tests revealed significant improvements in Functioning as reported by the workers for all measurement intervals (see Table 87). Significant improvements were noted at 3 months: $t(213) = -10.52, p < .001$; 6 months: $t(119) = -7.74, p < .001$; 9 months: $t(29) = -2.28, p < .05$; and termination: $t(186) = -12.88, p < .001$. Medium effect sizes were observed for the time periods between intake and three months and between intake and six months while a small effect size was noted for the period between intake and nine months. A large effect size was found for the period between intake and termination.

Table 87. Paired Samples T-Tests for Worker Report Functioning Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	38.56 (SD=11.90; n=214)	49.63 (SD=14.65; n=214)	-10.52 ^{***}	.72
Intake to Six Months	38.37 (SD=11.33; n=120)	50.58 (SD=13.98; n=120)	-7.74 ^{***}	.71
Intake to Nine Months	39.37 (SD=12.68; n=30)	46.47 (SD=14.66; n=30)	-2.28 [*]	.41
Intake to Termination	38.97 (SD=12.17; n=185)	54.58 (SD=16.57; n=185)	-12.88 ^{***}	.94

* = $p < .05$, ** = $p < .01$, *** $p < .001$

For the data provided by BHJJ youth, paired samples t-tests revealed significant improvement in functioning at each measurement interval (see Table 88). Significant improvements were noted at 3 months: $t(212) = -3.97, p < .001$; 6 months: $t(110) = -2.87, p < .01$; 9 months: $t(26) = -3.67, p < .01$; and termination: $t(184) = -5.38, p < .001$. A medium effect size was found for the interval between intake and nine months while small effect sizes were observed for the three remaining time periods.

Table 88. Paired Samples T-Tests for Youth Report Functioning Scores for Franklin County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	58.48 (SD=12.90; n=213)	62.04 (SD=12.05; n=213)	-3.97***	.27
Intake to Six Months	56.92 (SD=14.81; n=111)	61.82 (SD=13.01; n=111)	-2.87**	.27
Intake to Nine Months	56.81 (SD=15.54; n=27)	66.07 (SD=10.20; n=27)	-3.67**	.71
Intake to Termination	59.00 (SD=12.42; n=185)	64.36 (SD=13.17; n=185)	-5.38***	.39

* = $p < .05$, ** = $p < .01$, *** $p < .001$

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Franklin County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 89 and Table 90 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Franklin County BHJJ youth who have subscale scores both at intake and at termination (see Table 91). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect³. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

³ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Statistically significant improvements were noted for all subscales including: Anxiety ($t(94) = 2.72, p < .01$), Depression ($t(94) = 4.13, p < .001$), Anger ($t(94) = 4.01, p < .001$), Posttraumatic Stress ($t(94) = 2.35, p < .05$), Dissociation ($t(94) = 2.10, p < .05$), and Sexual Concerns ($t(94) = 2.14, p < .05$). The data indicated small effect sizes for all six subscales. Means reported in Table 91 are represented graphically in Figure 40.

Table 89. Mean TSCC Subscale Scores from Intake to Termination for Franklin County Males

	Intake	Termination
Anxiety	3.59 (SD=2.86; n = 199)	3.19 (SD=3.00; n=83)
Depression	4.48 (SD=3.21; n = 199)	3.17 (SD=3.09; n=83)
Anger	7.84 (SD=5.00; n = 199)	5.90 (SD=4.53; n=83)
PTS	6.22 (SD=4.83; n = 199)	5.53 (SD=4.30; n=83)
Dissociation	5.32 (SD=3.87; n = 199)	4.97 (SD=3.85; n=83)
Sexual Concerns	3.78 (SD=3.28; n=199)	2.68 (SD=2.99; n=83)

Table 90. Mean TSCC Subscale Scores from Intake to Termination for Franklin County Females

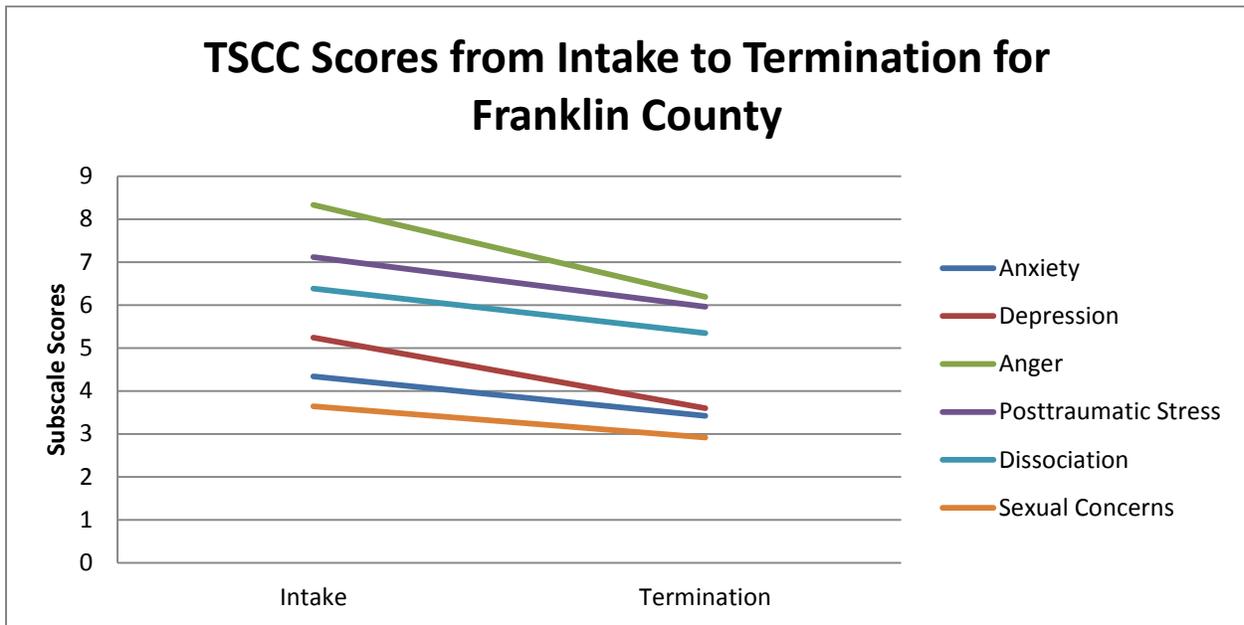
	Intake	Termination
Anxiety	7.12 (SD=4.31; n = 31)	5.33 (SD=3.63; n=15)
Depression	8.03 (SD=4.88; n = 31)	7.60 (SD=4.76; n=15)
Anger	10.84 (SD=4.96; n = 31)	8.60 (SD=5.12; n=15)
PTS	9.32 (SD=6.29; n = 31)	7.87 (SD=3.20; n=15)
Dissociation	7.87 (SD=3.20; n = 31)	7.40 (SD=3.64; n=15)
Sexual Concerns	3.61 (SD=2.27; n=31)	4.07 (SD=4.66; n=15)

Table 91. Paired Samples T Tests for TSCC Subscales for Franklin County Youth

	Intake	Termination	t	d
Anxiety	4.34 (SD=3.42; n=95)	3.42 (SD=3.00; n=95)	2.72 ^{**}	.29
Depression	5.24 (SD=3.93; n=95)	3.60 (SD=3.40; n=95)	4.13 ^{***}	.45
Anger	8.33 (SD=4.73; n=95)	6.19 (SD=4.64; n=95)	4.01 ^{***}	.46
PTS	7.12 (SD=5.36; n=95)	5.96 (SD=4.25; n=95)	2.35 [*]	.24
Dissociation	6.38 (SD=4.45; n=95)	5.35 (SD=3.96; n=95)	2.10 [*]	.25
Sexual Concerns	3.64 (SD=2.80; n=95)	2.92 (SD=3.36; n=95)	2.14 [*]	.23

* = $p < .05$, ** = $p < .01$, *** $p < .001$

Figure 40. TSCC Means from Intake to Termination for Franklin County Youth



SUBSTANCE USE

Youth in the BHJJ program completed a self-report survey of substance use every six months. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 92 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the most commonly reported substances for both males and females. More than 10% of youth (12.1%, n = 41) also reported using pain killers. Chi-square analyses revealed no significant gender differences.

Self-report data of past six month use by gender are presented in Figure 41 and Figure 42. With the exception of six month cigarette use for females, substance use in the past six months decreased from intake to termination. The percentage of youth reporting alcohol use in the past six months decreased from 62.1% (n = 110) at intake to 33.7% (n = 28) at termination among males and from 79.3% (n = 23) at intake to 31.3% (n = 5) at termination among females. Among males who reported lifetime use of marijuana, 81.8% (n = 180) reported past six month use of marijuana at intake while 44.0% (n = 44) reported past six month marijuana use at termination. Among females who reported lifetime use of marijuana, 70.0% (n = 28) reported past six month marijuana use at intake while 45.0% (n = 9) reported past six month use at termination. McNemar's tests revealed statistically significant decreases in past six month alcohol and marijuana use from intake to termination for both males and females.

If they had reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 43 shows the percentage of youth reporting any 30 days use for the three most commonly reported substances. Due to sample

size limitations, we were unable to examine past 30 day drug use separately by gender. Past 30 day drug use for the most commonly reported substances declined from intake to termination with the most notable decreases for alcohol and marijuana use. At intake, 38.8% (n = 69) reported alcohol use in the past 30 days while 12.2% (n = 11) reported past 30 day alcohol use at termination. Over 50% of youth (57.5%; n = 96) reported past 30 day marijuana use at intake while 13.1% (n = 11) reported past 30 day marijuana use at termination. Since the sample was restricted to only those who had reported both lifetime and previous six month use, the resulting sample did not allow us to conduct significance tests.

Table 92. Self-Report Substance Use at Intake for Franklin County BHJJ Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	69.0% (n = 191)	13.77 (SD = 1.96)	56.9% (n = 33)	13.47 (SD = 1.98)
Cigarettes	54.1% (n = 151)	13.10 (SD = 2.23)	53.4% (n = 31)	12.41 (SD = 2.74)
Chewing Tobacco	6.2% (n = 17)	13.41 (SD = 2.72)	5.1% (n = 3)	12.67 (SD = 3.21)
Marijuana	79.9% (n = 222)	13.44 (SD = 2.02)	72.9% (n = 43)	13.52 (SD = 1.82)
Cocaine	3.2% (n = 9)	15.22 (SD = 1.30)	12.3% (n = 7)	14.67 (SD = 1.21)
Pain Killers (use inconsistent with prescription)	10.7% (n = 30)	13.85 (SD = 1.99)	19.0% (n = 11)	14.91 (SD = 1.58)
GHB	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Inhalants	1.8% (n = 5)	14.00 (SD = 1.83)	0.0% (n = 0)	^a
Heroin	0.4% (n = 1)	16.00 ^b	1.7% (n = 1)	13.00 ^b
Amphetamines	1.1% (n = 3)	15.00 (SD = 1.41)	0.0% (n = 0)	^a
Ritalin (use inconsistent with prescription)	7.0% (n = 19)	12.76 (SD = 3.36)	8.9% (n = 5)	13.80 (SD = 1.30)
Barbiturates	0.4% (n = 1)	15.00 ^b	1.7% (n = 1)	14.00 ^b
Non-prescription Drugs	2.9% (n = 8)	14.38 (SD = 1.68)	8.6% (n = 5)	14.25 (SD = 3.50)
Hallucinogens	3.6% (n = 10)	14.90 (SD = 1.10)	0.0% (n = 0)	^a
PCP	0.4% (n = 1)	15.00 ^b	0.0% (n = 0)	^a
Ketamine	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Ecstasy	3.2% (n = 9)	15.11 (SD = 1.17)	8.6% (n = 5)	14.80 (SD = 1.09)
Tranquilizers	2.9% (n = 8)	15.13 (SD = 1.36)	3.4% (n = 2)	13.00 (SD = 1.41)

* p < .05; ** p < .01

^a Age of first use is not provided in cases where no respondent reported ever using a substance.

^b Standard Deviations are not provided when only one respondent reported using a substance.

Figure 41. Self-Report Previous 6 Month Substance Use from Intake to Termination for Males – Franklin County

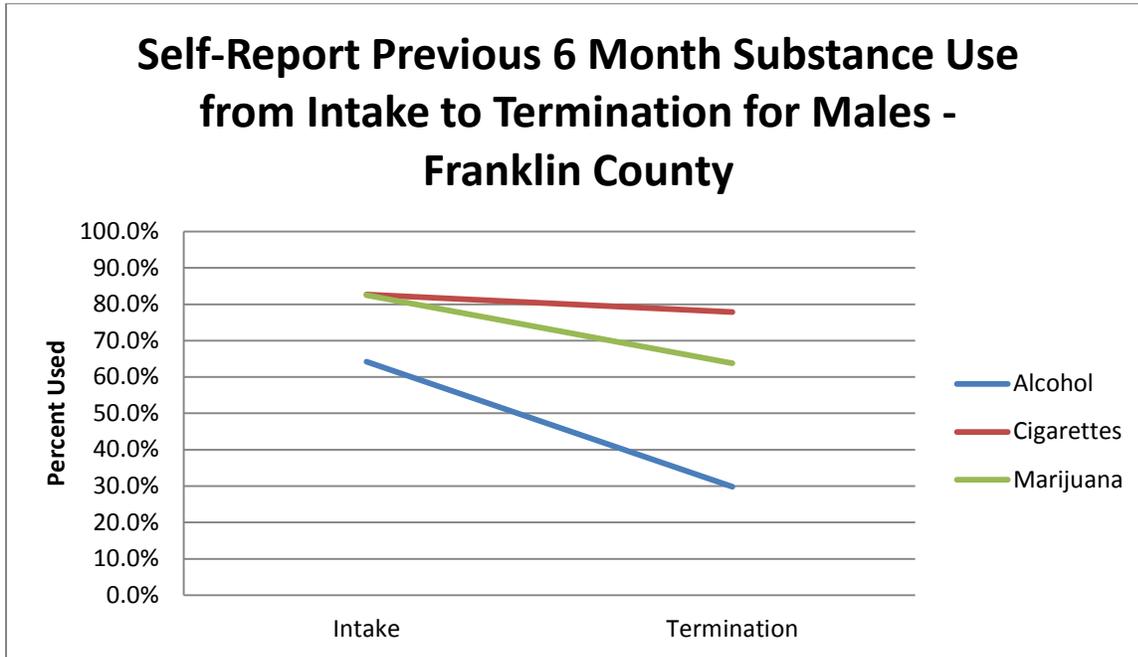


Figure 42. Self-Report Previous 6 Month Substance Use from Intake to Termination for Females – Franklin County

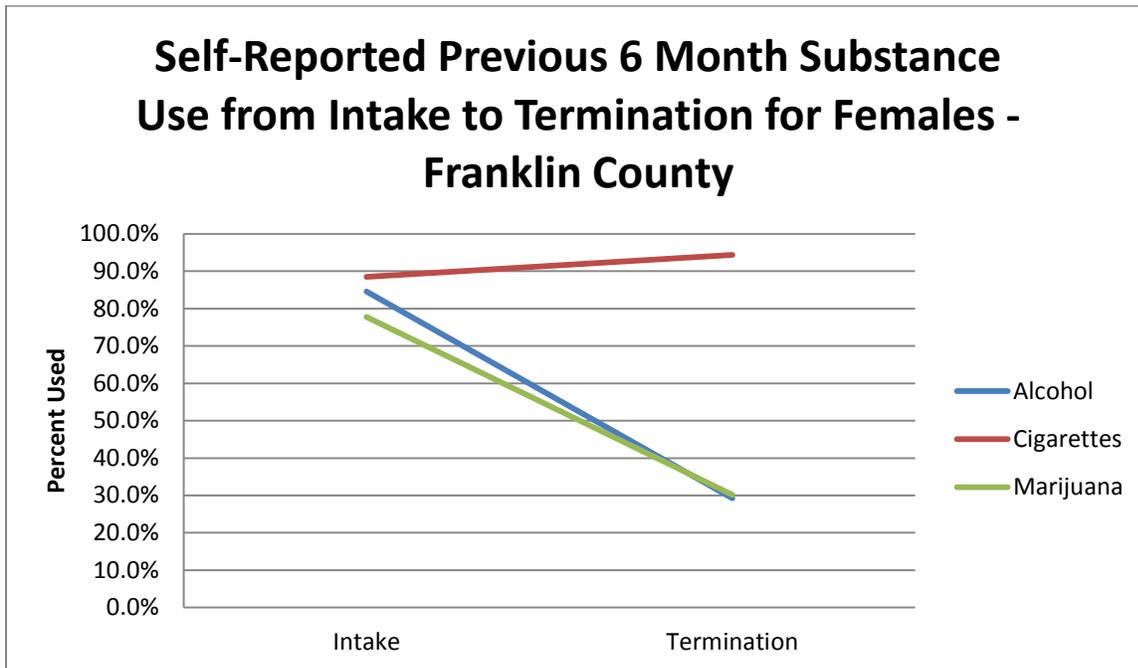
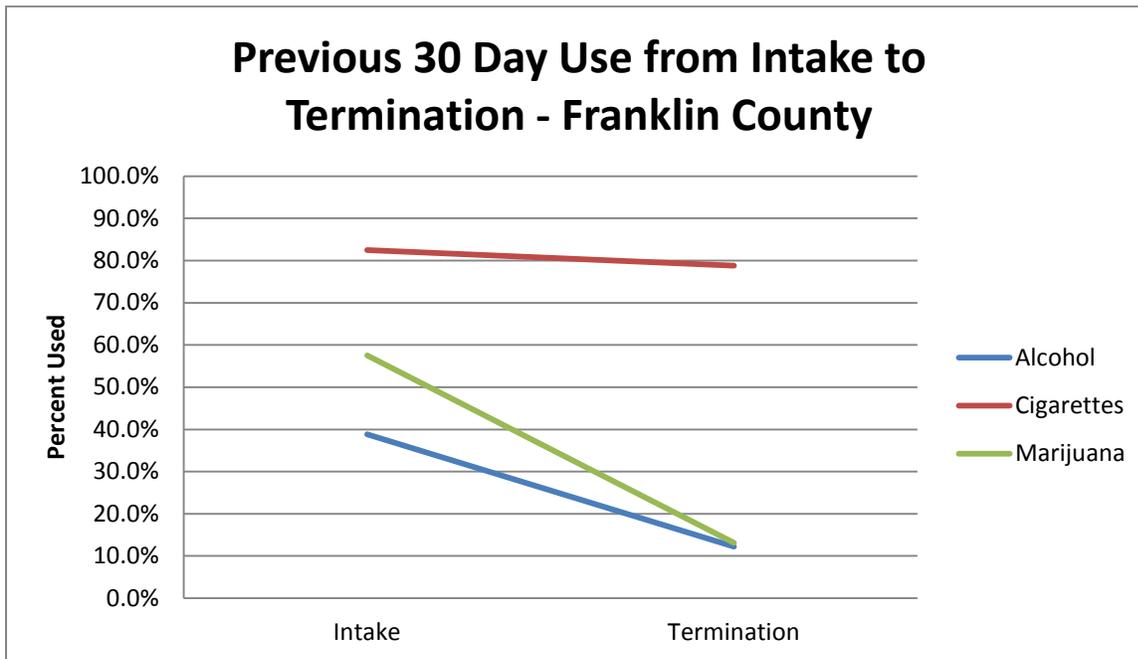


Figure 43. Previous 30 Day Use from Intake to Termination - Franklin County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-Scale item about the youth's problems with alcohol and drugs during the previous 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The scale ranges from zero to five, with zero indicated no problems at all with drugs or alcohol in the past 30 days and five indicated problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 44, Figure 45, and Figure 46). At intake, 48.2% (n = 120) of caregivers and 27.6% (n = 94) of workers reported the youth had no problems at all with drugs or alcohol while 68.6% (n = 83) of caregivers and 68.4% (n = 130) of workers reported no problems at termination. Similarly, 48.5% (n = 165) of youth reported no problems in the past 30 days with drugs or alcohol at intake while 81.8% (n = 153) of youth reported no problems at termination.

Figure 44. Problems with Drugs or Alcohol in the Past 30 Days for Franklin County Youth - Caregiver Ratings

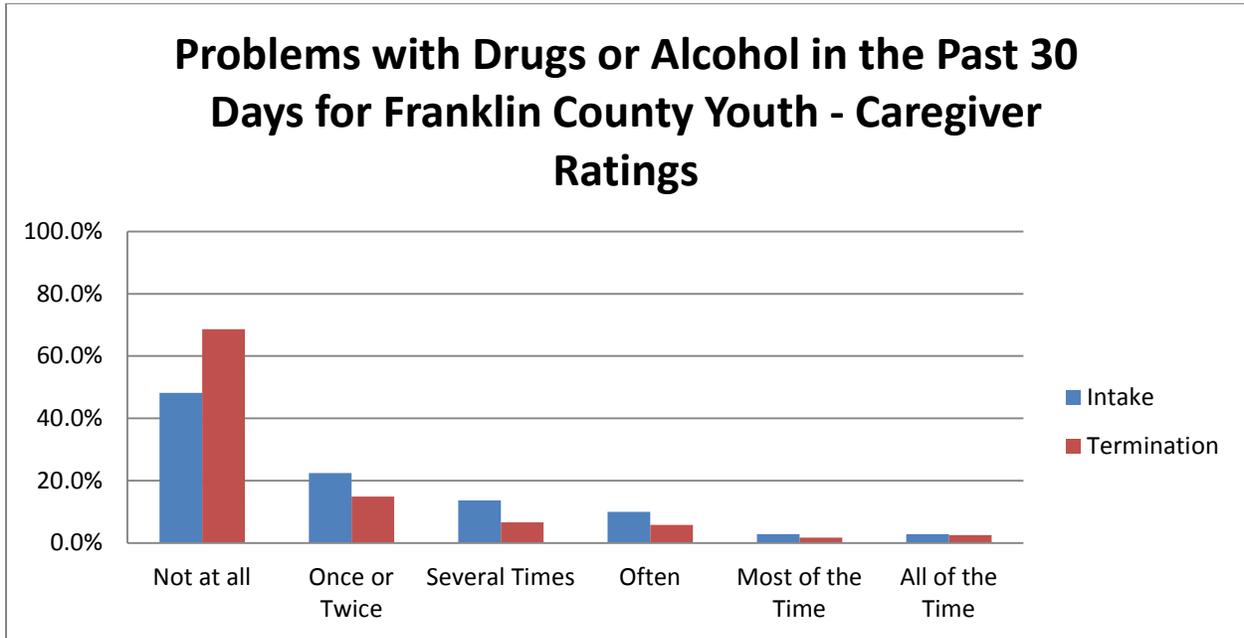


Figure 45. Problems with Drugs or Alcohol in the Past 30 Days for Franklin County Youth - Worker Ratings

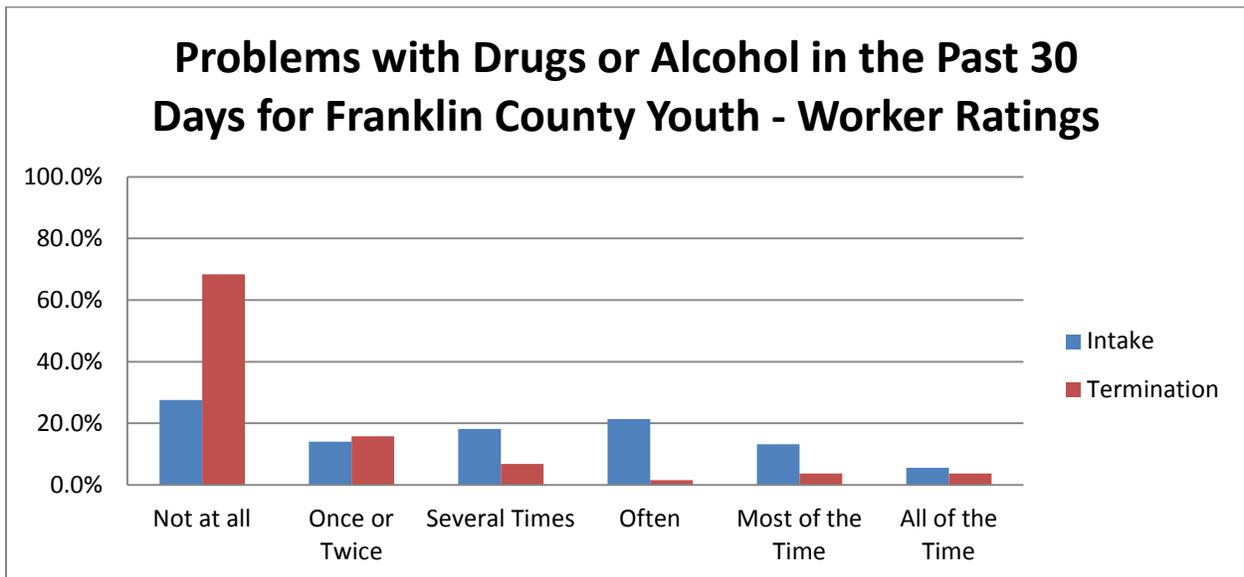
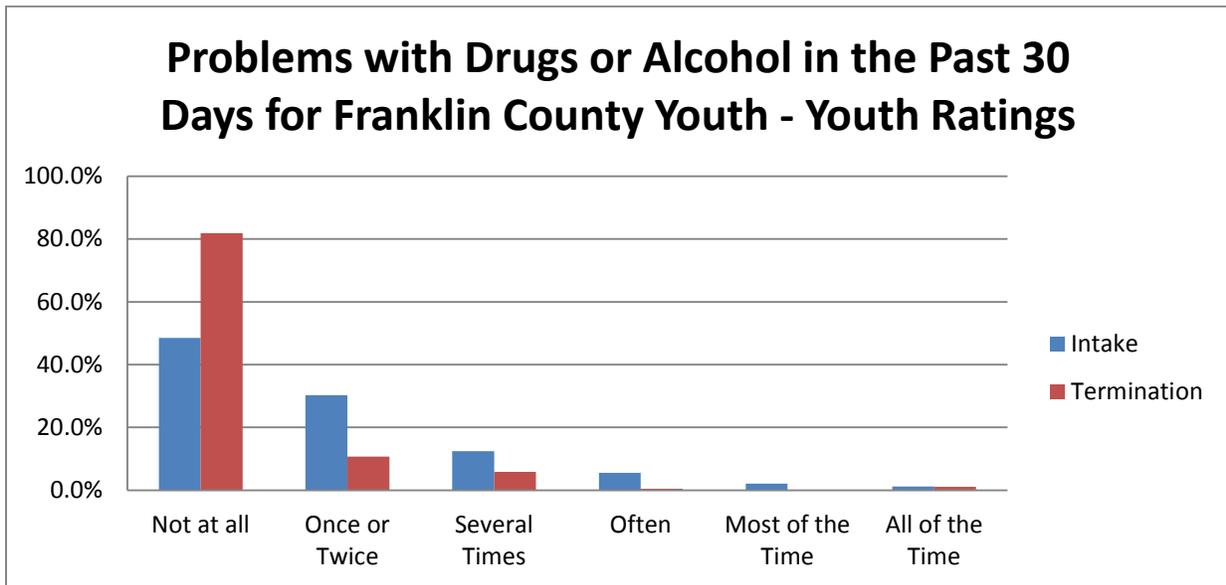


Figure 46. Problems with Drugs or Alcohol in the Past 30 Days for Franklin County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth’s termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 252 youth terminated from the BHJJ program in Franklin County. **Seventy three percent (n = 184) of the youth terminated from the BHJJ program were identified as successful treatment completers.** An additional 1.2% of youth (n = 3) were terminated from the program when the youth or family moved out of the county. Therefore, nearly 75% (74.2%, n = 187) of youth enrolled in BHJJ were terminated successfully or because the youth or family moved out of the county and were no longer able to receive BHJJ services. In Franklin County 2.0% (n = 5) were terminated from the program due to some level of incarceration. Table 93 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013, 80% (n = 52) of youth terminated successfully from the BHJJ program in Franklin County.

Table 93. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	73.0% (n = 184)	80.0% (n = 52)
Client Did Not Return/Rejected Services	5.6% (n = 14)	3.1% (n = 2)
Out of Home Placement	11.5% (n = 29)	6.2% (n = 4)
Client/Family Moved	1.2% (n = 3)	3.1% (n = 2)
Client Withdrawn	2.0% (n = 5)	1.5% (n = 1)
Client AWOL	2.4% (n = 6)	1.5% (n = 1)
Client Incarcerated	2.0% (n = 5)	1.5% (n = 1)
Other	2.4% (n = 6)	3.1% (n = 2)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Franklin County BHJJ program was 241 days. For youth identified as completing treatment successfully, the average length of stay was 243 days and for youth identified as unsuccessful treatment completers, the average length of stay was 236 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 232 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 76.8% of the youth (n = 239) in Franklin County were at risk for out of home placement. At termination, 21.4% (n = 48) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 5.7% (n = 10) were at risk for out of home placement at termination while 80.9% (n = 38) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 72.7% (n = 120) of the youth and had stayed the same for 18.8% (n= 31) of the youth. Police contacts increased for 5.5% (n = 6) of the youth and worker was unable to estimate for 3.0% (n = 5).

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 47). At termination from the BHJJ program, 88.7% (n = 63) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 84.5% (n = 60) either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 48). A strong majority (77.8%, n = 58) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 49) and 91.5% (n = 64) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 50).

Figure 47. Caregiver Satisfaction with the BHJJ Program

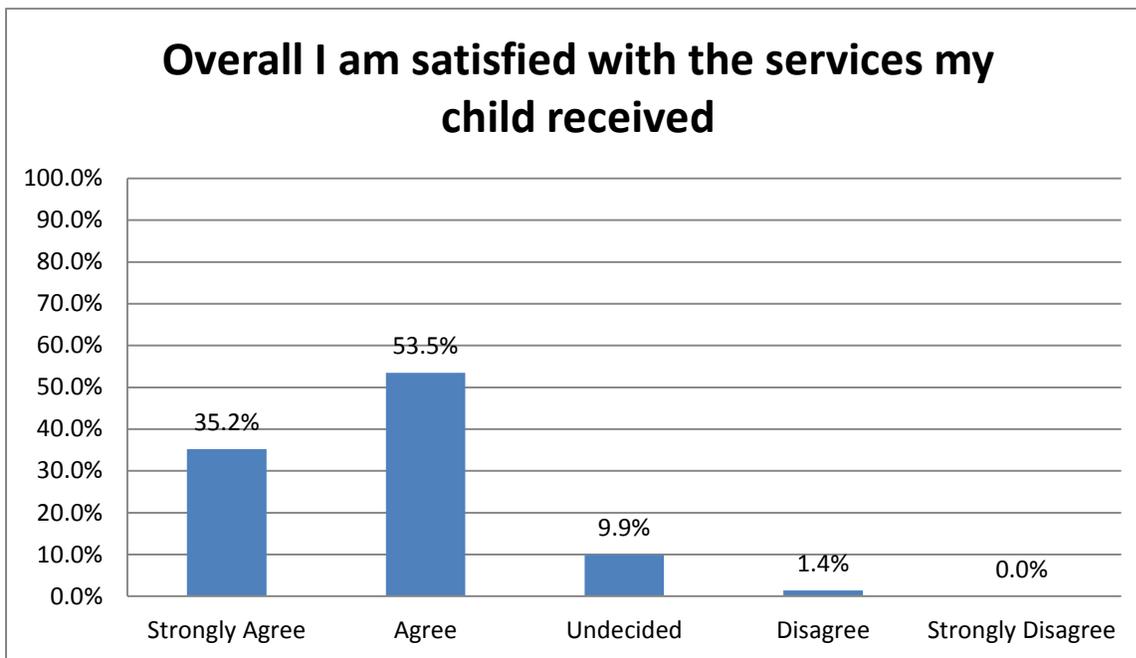


Figure 48. Services Received Were Right for Us

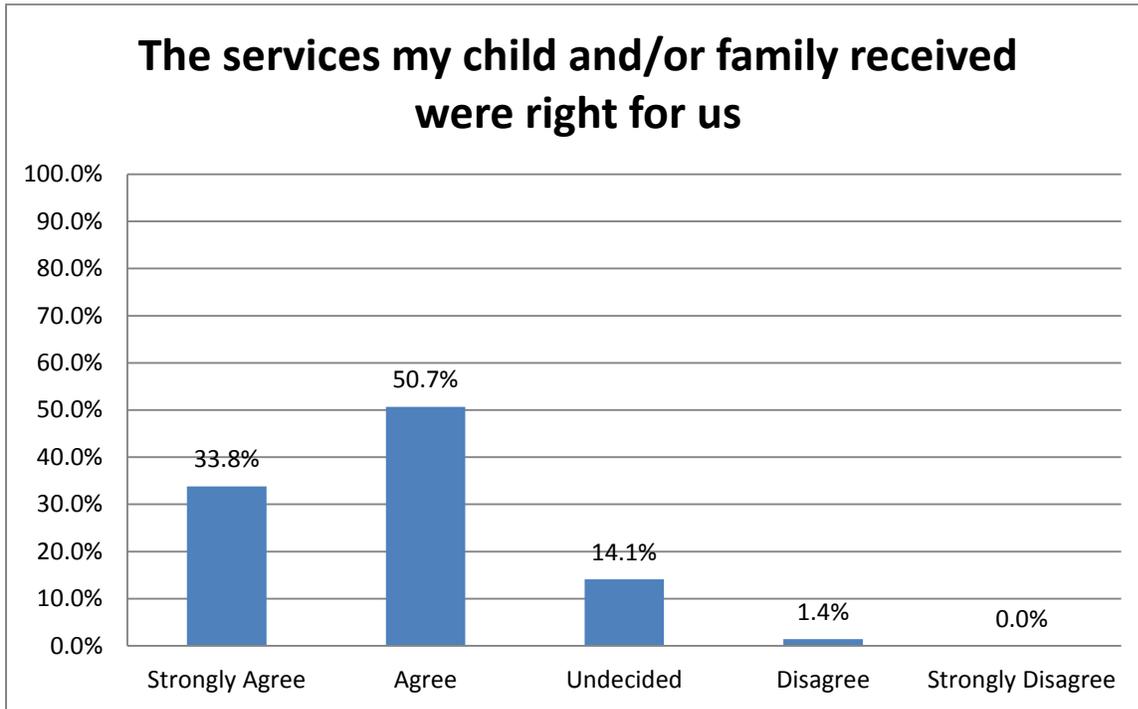


Figure 49. We Received the Help We Wanted

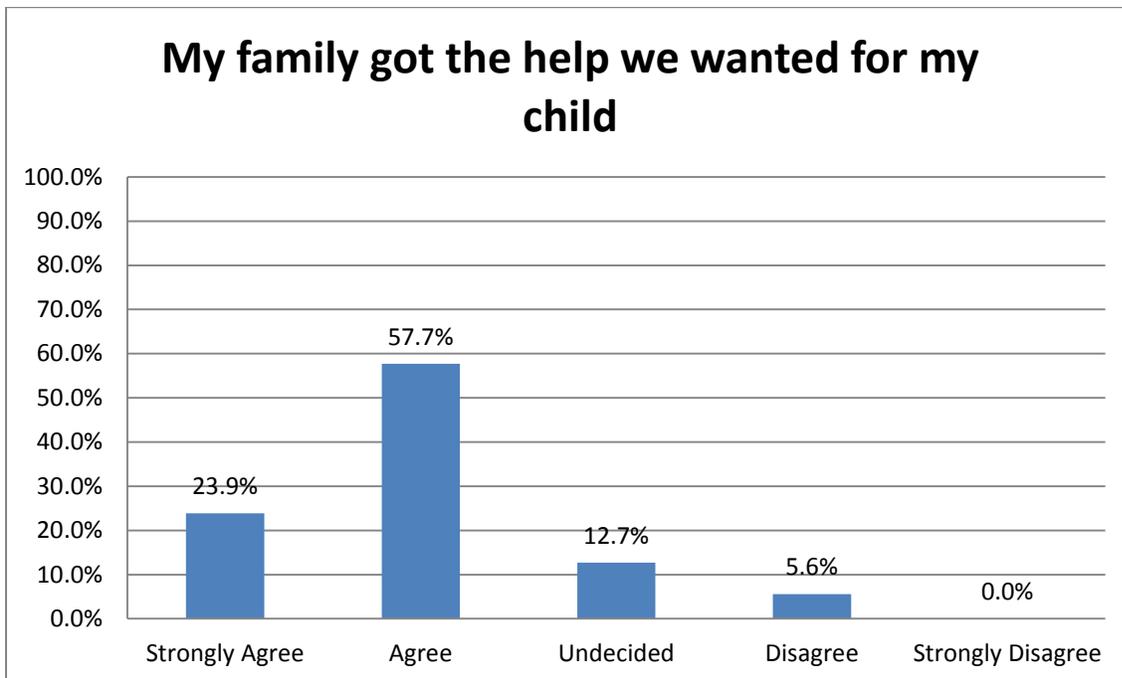
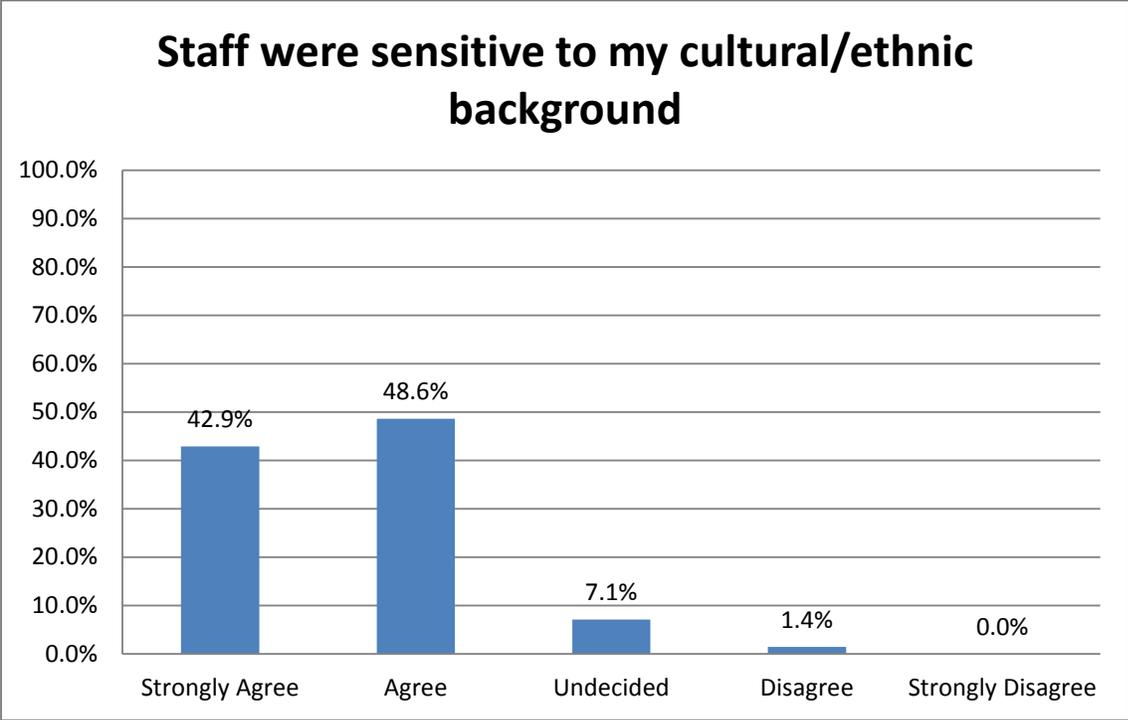


Figure 50. Cultural Competency of BHJJ Services



RECIDIVISM

METHODOLOGY

Court data were provided by the Franklin County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 69.5% (n = 239) of the BHJJ youth had misdemeanor charges and 68.6% (n = 236) had at least one felony charge (see Table 94).

Table 94. Charges Prior to BHJJ Enrollment – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 344)	27.9% (n = 96)	176	23.8% (n = 82)	115	38.1% (n = 131)
6 months (n = 344)	52.9% (n = 182)	374	53.5% (n = 184)	271	74.7% (n = 257)
12 months (n = 344)	69.5% (n = 239)	556	68.6% (n = 236)	353	91.9% (n = 316)
18 months (n = 344)	75.6% (n = 260)	661	70.9% (n = 244)	376	95.1% (n = 327)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 95 and Table 96). In the 12 months prior to enrollment, 93.5% (n = 172) of successful completers and 97.0% (n = 64) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A slightly lower percentage of successful completers had a felony charge in the 12 months prior to intake (70.1%, n = 129) than unsuccessful completers (71.2%, n = 47).

Table 95. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 184)	23.4% (n = 43)	78	24.5% (n = 45)	61	37.0% (n = 68)
6 months (n = 184)	50.5% (n = 93)	186	55.4% (n = 102)	152	78.3% (n = 144)
12 months (n = 184)	67.4% (n = 124)	276	70.1% (n = 129)	192	93.5% (n = 172)
18 months (n = 184)	73.4% (n = 135)	322	71.2% (n = 131)	202	95.1% (n = 175)

Table 96. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 66)	30.3% (n = 20)	41	18.2% (n = 12)	16	37.0% (n = 68)
6 months (n = 66)	57.6% (n = 38)	83	53.0% (n = 35)	43	78.8% (n = 52)
12 months (n = 66)	74.2% (n = 49)	126	71.2% (n = 47)	69	97.0% (n = 64)
18 months (n = 66)	80.3% (n = 53)	154	75.8% (n = 50)	77	91.5% (n = 86)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 53.2% (n = 123) of youth were charged with at least one new misdemeanor and 25.1% (n = 58) were charged with at least one new felony. Fifty percent (50.2%, n = 116) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 97).

Table 97. Recidivism after BHJJ Enrollment – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 318)	20.0% (n = 63)	116	7.6% (n = 24)	30	19.0% (n = 60)
6 months (n = 288)	34.7% (n = 100)	200	14.9% (n = 43)	62	34.0% (n = 98)
12 months (n = 231)	53.2% (n = 123)	288	25.1% (n = 58)	88	50.2% (n = 116)
18 months (n = 179)	62.6% (n = 112)	337	31.3% (n = 56)	96	60.3% (n = 108)

In the 12 months after enrollment in BHJJ 46.0% (n = 58) of successful completers were charged with at least one new misdemeanor, 23.8% (n = 30) were charged with at least one new felony, and 43.7% (n = 55) were adjudicated delinquent (see Table 98). Of the youth who completed unsuccessfully, 66.7% (n = 32) were charged with at least one new misdemeanor, 35.4% (n = 17) were charged with at least one new felony, and 66.7% (n = 32) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 99).

Table 98. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 169)	18.3% (n = 31)	60	7.7% (n = 13)	15	18.3% (n = 31)
6 months (n = 157)	29.9% (n = 47)	96	14.0% (n = 22)	34	30.6% (n = 48)
12 months (n = 126)	46.0% (n = 58)	126	23.8% (n = 30)	51	43.7% (n = 55)
18 months (n = 97)	53.6% (n = 52)	146	28.9% (n = 28)	52	51.5% (n = 50)

Table 99. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 61)	24.6% (n = 15)	21	14.8% (n = 9)	13	26.2% (n = 16)
6 months (n = 55)	49.1% (n = 27)	48	27.3% (n = 15)	22	47.3% (n = 26)
12 months (n = 48)	66.7% (n = 32)	82	35.4% (n = 17)	24	66.7% (n = 32)
18 months (n = 36)	80.6% (n = 29)	101	41.7% (n = 15)	29	77.8% (n = 28)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 47.6% (n = 49) of youth were charged with at least one new misdemeanor, 23.3% (n = 24) were charged with at least one new felony, and 42.7% (n = 44) were adjudicated delinquent (see Table 100).

Table 100. Recidivism after BHJJ Termination – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 168)	16.7% (n = 28)	50	5.4% (n = 9)	13	14.3% (n = 24)
6 months (n = 144)	26.4% (n = 38)	77	11.8% (n = 17)	28	25.7% (n = 37)
12 months (n = 103)	47.6% (n = 49)	113	23.3% (n = 24)	53	42.7% (n = 44)
18 months (n = 58)	63.8% (n = 37)	115	29.3% (n = 17)	41	58.6% (n = 34)

In the 12 months after enrollment in BHJJ 46.0% (n = 58) of successful completers were charged with at least one new misdemeanor, 23.8% (n = 30) were charged with at least one new felony, and 43.7% (n = 55) were adjudicated delinquent (see Table 101). Of the youth who completed unsuccessfully, 66.7% (n = 32) were charged with at least one new misdemeanor, 35.4% (n = 17) were charged with at least one new felony, and 66.7% (n = 32) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 102).

Table 101. Recidivism after BHJJ Termination for Youth who Completed Successfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 107)	16.8% (n = 18)	33	4.7% (n = 5)	8	15.9% (n = 17)
6 months (n = 90)	27.8% (n = 25)	53	12.2% (n = 11)	21	28.9% (n = 26)
12 months (n = 62)	45.2% (n = 28)	67	21.0% (n = 13)	31	41.9% (n = 26)
18 months (n = 33)	60.6% (n = 20)	65	24.2% (n = 8)	20	57.6% (n = 19)

Table 102. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully – Franklin County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 34)	14.7% (n = 5)	12	8.8% (n = 3)	4	14.7% (n = 5)
6 months (n = 30)	26.7% (n = 8)	18	16.7% (n = 5)	6	30.0% (n = 9)
12 months (n = 25)	56.0% (n = 14)	34	32.0% (n = 8)	19	44.0% (n = 11)
18 months (n = 13)	69.2% (n = 9)	30	46.2% (n = 6)	18	61.5% (n = 8)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 74 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 74 youth, 17.6% (n = 13) were charged with a new felony in the 12 months after their termination from BHJJ.

Twenty two of the 344 BHJJ youth (6.4%) from Franklin County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

HAMILTON COUNTY

DEMOGRAPHICS

Hamilton County has enrolled 166 youth in the BHJJ program since 2008. Of the 166 youth enrolled, 30.7% (n = 51) were female and 69.3% (n = 115) were male. Since July 2011, 70.5% (n = 43) of new enrollees have been male (see Table 103).

The majority of the overall sample of youth were either African American (47.9%, n = 79) or Caucasian (43.0%, n = 71). A similar pattern was found for youth enrolled since July 2011, although a slightly higher proportion of African Americans (54.1%, n = 33) and slightly lower proportion of Caucasians (37.7%, n = 23) was observed. The average age of the youth at intake into BHJJ was 15.1 years old (SD = 1.48) with a range between 11.1 and 17.6 years.

Table 103. Demographic Information for BHJJ Youth in Hamilton County

	All Youth Enrolled (2008 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 30.7% (n = 51)	Female = 29.5% (n = 18)
	Male = 69.3% (n = 115)	Male = 70.5% (n = 43)
Race	African American = 47.9% (n = 79)	African American = 54.1% (n = 33)
	Caucasian = 43.0% (n = 71)	Caucasian = 37.7% (n = 23)
	Other = 9.1% (n = 15)	Other = 8.2% (n = 5)
Age at Intake	15.1 years (SD = 1.48)	15.1 years (SD = 1.36)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, nearly half (47.6%, n = 127) of youth lived with the biological mother and 86.9% (n = 232) lived with at least one biological parent (see Table 104).

A majority of the BHJJ caregivers (82.6%, n = 119) had at least a high school diploma or GED, and 11.8% (n = 17) had a bachelor's degree or higher (see Table 105). Over 17% of caregivers (17.4%, n = 25) reported they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$20,000 - \$24,999 (see Table 106). Nearly 80% of caregivers (78.8%, n = 116) reported annual household incomes below \$35,000 and 42.1% reported an annual household income of less than \$20,000.

Table 104. Custody Arrangement for BHJJ Youth in Hamilton County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	27.3% (n = 73)
Biological Mother Only	47.6% (n = 127)
Biological Father Only	12.0% (n = 32)
Adoptive Parent(s)	2.6% (n = 7)
Sibling(s)	0.4% (n = 1)
Aunt/Uncle	3.5% (n = 12)
Grandparents	4.1% (n = 14)
Ward of the State	0.9% (n = 3)
Other	0.9% (n = 3)

Table 105. Educational Outcomes for Caregivers of BHJJ Youth in Hamilton County

Number of School Years Completed	Number of Caregivers
Less than High School	17.4% (n = 25)
High School Graduate or G.E.D.	41.0% (n = 59)
Some College or Associate Degree	29.8% (n = 43)
Bachelor's Degree	3.5% (n = 5)
More than a Bachelor's Degree	8.3% (n = 12)

Table 106. Annual Household Income for BHJJ Families in Hamilton County

Annual Household Income	BHJJ Families
Less than \$5,000	17.0% (n = 25)
\$5,000 - \$9,999	9.5% (n = 14)
\$10,000 - \$14,999	6.8% (n = 10)
\$15,000 - \$19,999	8.8% (n = 13)
\$20,000 - \$24,999	16.3% (n = 24)
\$25,000 - \$34,999	20.4% (n = 30)
\$35,000 - \$49,999	9.5% (n = 14)
\$50,000 - \$74,999	7.5% (n = 11)
\$75,000 - \$99,999	1.4% (n = 2)
\$100,000 and over	2.7% (n = 4)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 107). Chi-square analysis was conducted on each item and significant differences are identified in Table 107. Overall, a significantly higher proportion of the caregivers of

females reported a lifetime history of sexual abuse, running away, and attempting suicide. A higher proportion of the caregivers of males reported that the child had lived in a household in which someone was convicted of a crime.

Caregivers reported that 14.6% of females and 10.1% of males had a history of physical abuse and 20.8% of females and 4.3% of males had a history of sexual abuse. Caregivers of 45.8% (n = 22) of BHJJ females reported having heard the child talk about suicide and over one quarter (26.5%, n = 13) of the caregivers of females reported their child had ever attempted suicide. A majority of the caregivers of females (63.0%, n = 29) and males (67.7%, n = 65) reported a family history of depression. Over half of the caregivers of females (55.1%, n = 27) and males (50.5%, n = 47) reported their child taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 107. Youth and Family History in Hamilton County

Question	Females	Males
Has the child ever been physically abused?	14.6% (n=7)	10.1% (n=10)
Has the child ever been sexually abused?	20.8% (n=10)**	4.3% (n=4)
Has the child ever run away?	70.8% (n=34)**	46.3% (n=44)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	39.1% (n=18)	51.5% (n=50)
Has the child ever talked about committing suicide?	45.8% (n=22)	34.7% (n=33)
Has the child ever attempted suicide?	26.5% (n=13)*	10.6% (n=10)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	24.5% (n=12)	30.9% (n=30)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	63.0% (n=29)	67.7% (n=65)
Has anyone in the child's biological family had a mental illness, other than depression?	37.0% (n=17)	43.0% (n=40)
Has the child ever lived in a household in which someone was convicted of a crime?	11.1% (n=5)	38.5% (n=35)**
Has anyone in the child's biological family had a drinking or drug problem?	40.4% (n=19)	54.6% (n=53)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	55.1% (n=27)	50.5% (n=47)

*p < .05, ** p < .01, ***p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 8.7% (n = 4) of females had been pregnant and 6.1% (n = 2) were currently expecting a child. Caregivers reported that 2.5% (n = 2) of males had impregnated a female and one youth (1.4%) was currently expecting a child. Caregivers of one female (3.8%) and one male (1.6%) reported currently having a child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Hamilton County youth based on the OYAS risk categories by gender and race are presented in Table 108. Chi-square analyses revealed no significant group differences in the OYAS categories based on gender or race.

Table 108. OYAS Risk Categories by Gender and Race - Hamilton County

	OYAS Low	OYAS Moderate	OYAS High
Female	70.0% (n = 28)	27.5% (n = 11)	2.5% (n = 1)
Male	48.4% (n = 46)	47.4% (n = 45)	4.2% (n = 4)
White	58.9% (n = 33)	39.3% (n = 22)	1.8% (n = 1)
Nonwhite	51.3% (n = 40)	43.6% (n = 34)	5.1% (n = 4)

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given as part of the enrollment process or in some cases, from psychological assessments given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for females (29.2%, n = 14) and males (51.5%, n = 52) was Attention Deficit Hyperactivity Disorder (ADHD) (see Table 109).

Youth reported an average of 1.80 Axis I diagnoses. Females reported 82 Axis I diagnoses (1.71 diagnoses per female) and males reported 187 Axis I diagnoses (1.85 diagnoses per male). Chi-square analysis indicated that a significantly higher proportion of males were diagnosed with ADHD. Over 20% of females (23.1%, n = 9) and males (26.8%, n = 22) had a co-occurring substance use and mental health diagnosis.

Table 109. Most Common DSM-IV Axis I Diagnoses in Hamilton County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	14.6% (n = 7)	19.8% (n = 20)
Attention Deficit Hyperactivity Disorder	29.2% (n = 14)	51.5% (n = 52)*
Alcohol-related Disorders	2.1% (n = 1)	2.0% (n = 2)
Oppositional Defiant Disorder	25.0% (n = 12)	24.8% (n = 25)
Depressive Disorders	25.0% (n = 12)	12.9% (n = 13)
Conduct Disorder	4.2% (n = 2)	10.9% (n = 11)
Mood Disorder	8.3% (n = 4)	13.9% (n = 14)
Bipolar Disorder	10.4% (n = 5)	13.9% (n = 14)
Post-traumatic Stress Disorder	14.6% (n = 7)	5.9% (n = 6)

*p < .05, ** p < .01, ***p < .001

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were included in the evaluation packet at both intake into and termination from the BHJJ program. The items were completed by the worker with help from the youth and caregiver. In the 12 months prior to their enrollment in the BHJJ project, 57.3% (n = 55) of the youth were either suspended or expelled from school while 43.9% (n = 29) of the youth were expelled or suspended while in treatment with BHJJ.

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 89.0% (n = 89) of youth were currently attending school while at termination, 92.6% (n = 63) of youth were attending school. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received. Table 110 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 11.0% (n = 11) of youth received mostly A's or B's while 24.6% (n = 15) received mostly A's or B's at termination. Of those who were attending school, 64.0% (n = 32) had Individual Educational Plans (IEPs).

At termination workers reported that 55.7% (n = 39) of youth were attending school more than before starting treatment and 32.9% (n = 23) of youth were attending 'about the same' amount compared to before starting treatment. Workers reported that 8.6% (n = 6) of youth were attending school less often than before treatment in BHJJ.

Table 110. Academic Performance in Hamilton County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	11.0% (n = 11)	24.6% (n = 15)
Mostly B's and C's	21.0% (n = 21)	41.0% (n = 25)
Mostly C's and D's	41.0% (n = 41)	26.2% (n = 16)
Mostly D's and F's	27.0% (n = 27)	8.2% (n = 5)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 4.8% (n = 5) of youth were employed, and that 100% of them were working part-time. At termination, 8.6% (n = 6) of the youth were employed and all were in part-time positions. In the 12 months prior to intake, 2.0% (n = 2) received employment counseling or vocational training. At termination, 20.6% (n = 14) had received employment counseling or vocational training and 40.8% (n = 29) planned to pursue employment counseling or vocational training.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

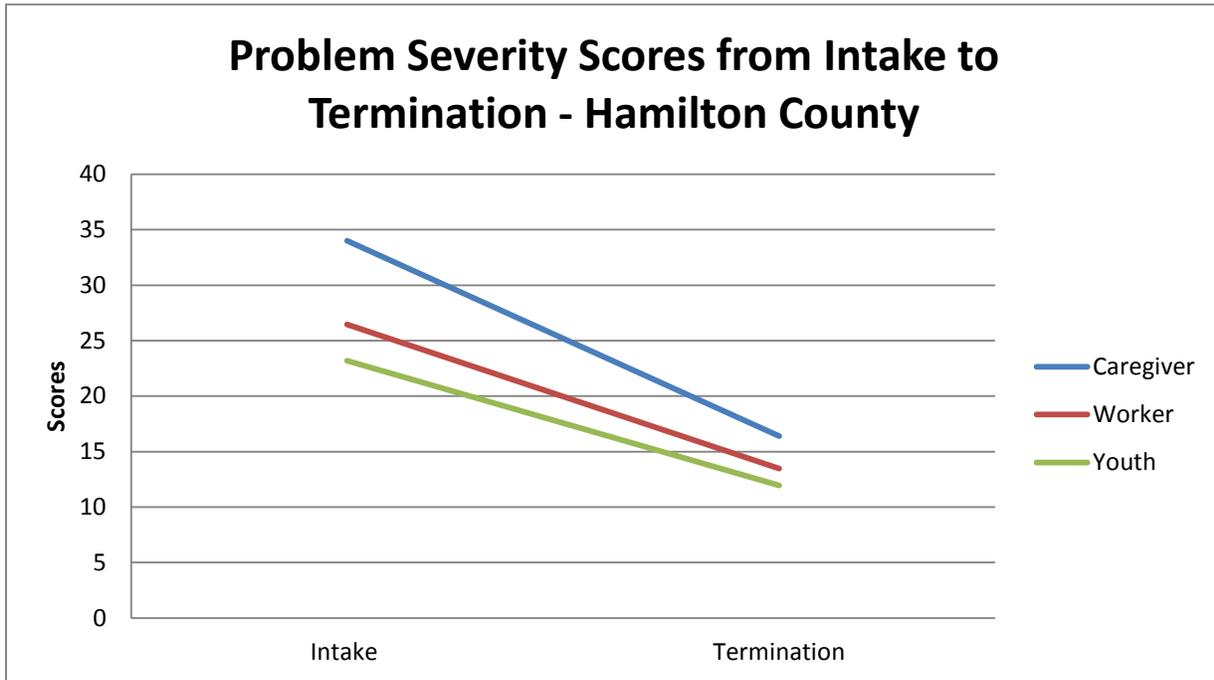
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Hamilton County youth can be found in Table 111 and represented graphically in Figure 51.

Table 111. Ohio Scales Problem Severity Scores for Youth in Hamilton County

	Caregiver	Worker	Youth
Intake	33.99 (SD=15.98; n=92)	26.47 (SD=12.72; n=133)	23.19 (SD=15.33; n=138)
Termination	16.38 (SD=14.20; n=55)	13.48 (SD=8.87; n=67)	11.96 (SD=9.41; n=64)

Figure 51. Problem Severity Scores from Intake to Termination - Hamilton County



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

Paired samples t-tests revealed significant improvement in Problem Severity scores from intake to termination for all three raters (see Table 112). Significant improvement from intake to termination were found for caregivers: $t(33) = 5.04, p < .001$; workers: $t(48) = 4.67, p < .001$; and youth: $t(46) = 4.62, p < .001$. For the worker and youth ratings, medium effect sizes were noted for the measurement interval between intake and termination while caregiver ratings indicated a large effect.

Table 112. Paired Samples T-Tests for Problem Severity Scores - Hamilton County

	Intake	Termination	<i>t</i>	<i>d</i>
Caregiver	31.01 (SD=14.55; n=34)	16.74 (SD=11.84; n=34)	5.04 ^{***}	.86
Worker	21.47 (SD=9.98; n=49)	13.54 (SD=8.49; n=49)	4.67 ^{***}	.67
Youth	21.07 (SD=13.02; n=47)	12.24 (SD=9.21; n=47)	4.62 ^{***}	.68

* $p < .05$, ** $p < .01$, *** $p < .001$

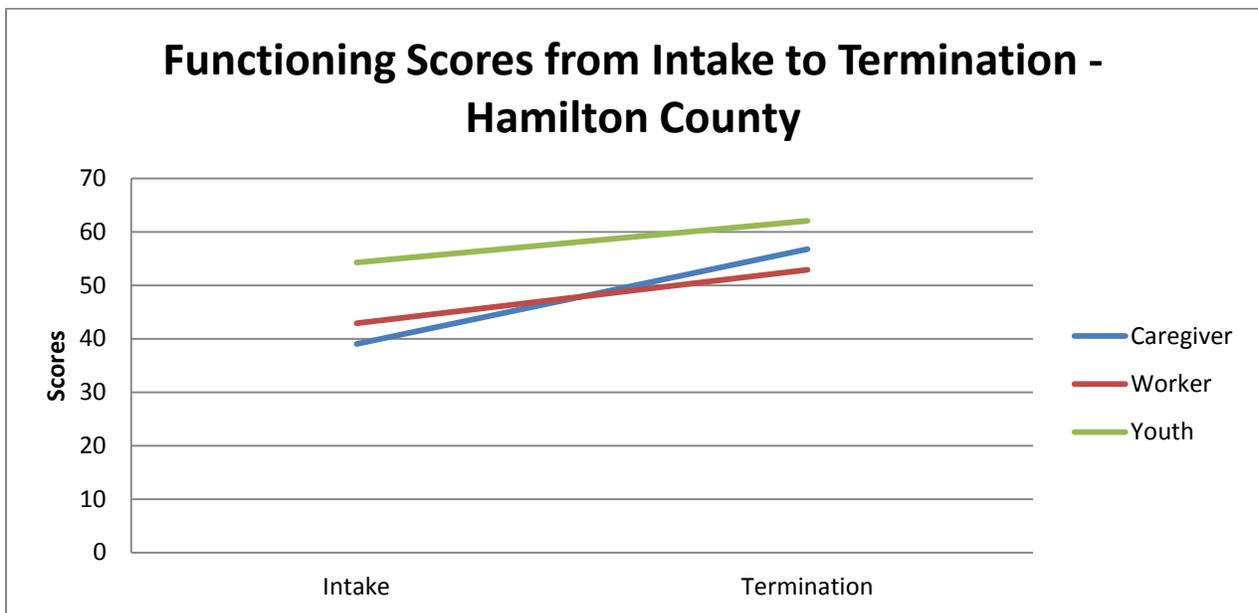
FUNCTIONING

Overall means for the Functioning scale by rater and assessment period for Hamilton County youth can be found in Table 113 and represented graphically in Figure 52.

Table 113. Ohio Scales Functioning Scores for Youth in Hamilton County

	Caregiver	Worker	Youth
Intake	39.04 (SD=15.77; n=92)	42.89 (SD=10.91; n=131)	54.30 (SD=13.55; n=135)
Termination	56.76 (SD=16.47; n=55)	52.89 (SD=11.89; n=66)	62.10 (SD=10.97; n=59)

Figure 52. Functioning Scores from Intake to Termination - Hamilton County



*all comparisons from intake to termination are significant at least at the $p < .05$ level

Paired samples t-tests indicated significant improvement in Functioning scores from intake to termination for all three raters (see Table 114). Significant improvement from intake to termination were found for caregivers: $t(33) = -5.37$, $p < .001$; workers; $t(48) = -2.14$, $p < .05$; and youth; $t(41) = -3.37$, $p < .01$. Effect sizes ranged from small (worker), to medium (youth), to large (caregiver).

Table 114. Paired Samples T-Tests for Functioning Scores - Hamilton County

	Intake	Termination	<i>t</i>	<i>d</i>
Caregiver	40.59 (SD=14.56; n=34)	55.23 (SD=14.46; n=34)	-5.37 ^{***}	.92
Worker	47.90 (SD=11.25; n=49)	53.22 (SD=12.59; n=49)	-2.14 [*]	.30
Youth	54.64 (SD=15.94; n=42)	62.90 (SD=11.03; n=42)	-3.37 ^{**}	.52

* $p < .05$, ** $p < .01$, *** $p < .001$

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Hamilton County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 115 and Table 116 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Hamilton County BHJJ youth who have subscale scores both at intake and at termination (see Table 117). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect⁴. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

Statistically significant improvements were noted for the Anger ($t(31) = 3.05, p < .01$), Posttraumatic Stress ($t(31) = 3.51, p < .01$), and Dissociation ($t(31) = 3.00, p < .01$) subscales. The data indicated small effect sizes for all subscales except Sexual Concerns. Means reported in Table 117 are represented graphically in Figure 53.

Table 115. Mean TSCC Subscale Scores from Intake to Termination for Hamilton County Males

	Intake	Termination
Anxiety	4.03 (SD=3.33; n = 61)	3.16 (SD=1.84; n=25)
Depression	4.65 (SD=3.28; n = 61)	4.16 (SD=3.14; n=25)
Anger	8.75 (SD=5.00; n = 61)	6.52 (SD=3.77; n=25)
PTS	5.83 (SD=4.50; n = 61)	4.32 (SD=3.57; n=25)
Dissociation	6.68 (SD=4.69; n = 61)	6.40 (SD=4.25; n=25)
Sexual Concerns	3.77 (SD=3.47; n=61)	3.80 (SD=3.66; n=25)

⁴ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Table 116. Mean TSCC Subscale Scores from Intake to Termination for Hamilton County Females

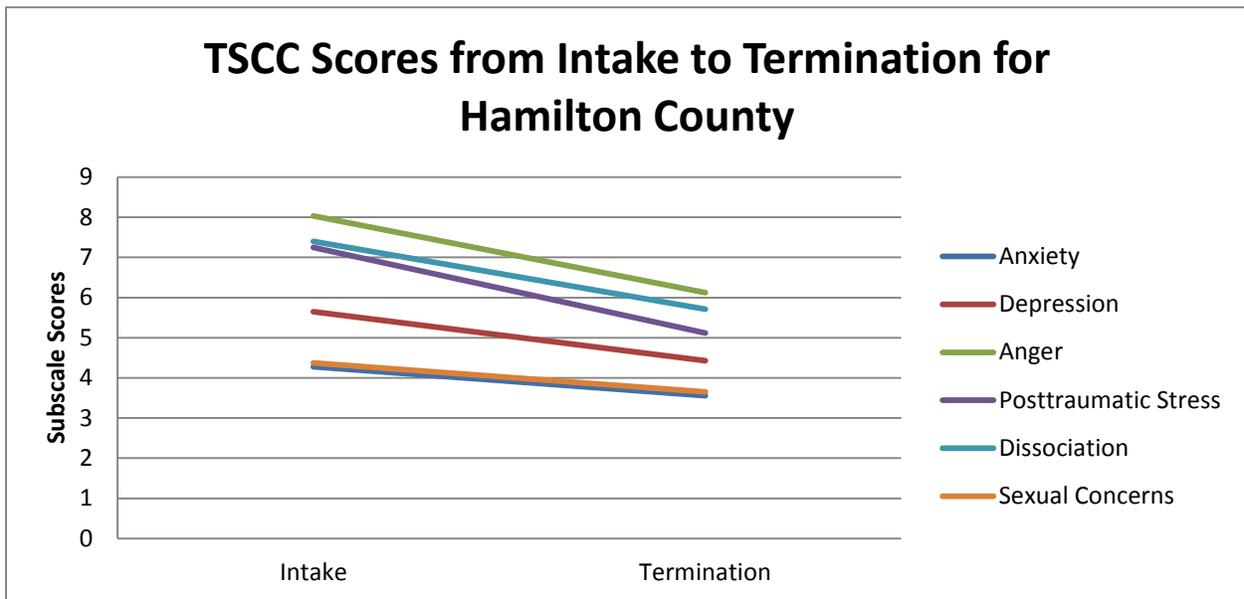
	Intake	Termination
Anxiety	6.30 (SD=4.45; n = 33)	3.90 (SD=3.21; n=10)
Depression	8.81 (SD=5.16; n = 33)	4.80 (SD=2.57; n=10)
Anger	9.67 (SD=4.36; n = 33)	5.00 (SD=1.88; n=10)
PTS	9.12 (SD=6.31; n = 33)	6.40 (SD=3.59; n=10)
Dissociation	8.15 (SD=4.10; n = 33)	4.30 (SD=3.02; n=10)
Sexual Concerns	4.00 (SD=4.43; n=33)	2.90 (SD=1.91; n=10)

Table 117. Paired Samples T Tests for TSCC Subscales for Hamilton County Youth

	Intake	Termination	t	d
Anxiety	4.28 (SD=3.00; n=32)	3.56 (SD=2.27; n=32)	1.56	.27
Depression	5.65 (SD=3.93; n=32)	4.43 (SD=2.90; n=32)	1.71	.35
Anger	8.03 (SD=4.34; n=32)	6.12 (SD=3.49; n=32)	3.05**	.49
PTS	7.25 (SD=5.00; n=32)	5.12 (SD=3.70; n=32)	3.51**	.48
Dissociation	7.40 (SD=4.12; n=32)	5.71 (SD=3.52; n=32)	3.00**	.44
Sexual Concerns	4.37 (SD=4.44; n=32)	3.65 (SD=3.37; n=32)	1.13	.18

* = p < .05, ** = p < .01, *** p < .001

Figure 53. TSCC Means from Intake to Termination for Hamilton County Youth



SUBSTANCE USE

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 118 presents the percentages of BHJJ who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the three most commonly used substances for both males and females. Chi-square analyses revealed a significantly higher proportion of males reported lifetime use of chewing tobacco.

Youth were also asked to report whether they had used each substance in the past six months. Figure 54 presents past six month use for the most commonly reported substances. Due to sample size limitations, we were unable to examine the data separately by gender. The percentage of youth reporting past six month use declined from intake to termination with respect to the three most commonly reported substances. At intake, 60.0% (n = 30) reported past six month alcohol use while 16.7% (n = 2) reported alcohol use in the past six months at termination. Among youth who reported lifetime marijuana use, 82.9% (n = 34) reported past six month use at intake and 30.0% (n = 3) at termination. McNemar's tests showed no significant differences from intake to termination. However, due to small sample sizes, this finding should be interpreted with caution.

If youth reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days (see Figure 55). Similar to the data on past six month use, the number of youth reporting past 30 day use of the most commonly reported substances declined for the most commonly reported substances. At intake, 31.8% (n = 14) reported past 30 day alcohol use while 16.7% (n = 2) reported past 30 day alcohol use at termination. Over half (61.8%, n = 21) reported past 30 day marijuana use at intake while at termination, 10.0% (n = 1) reported past 30 day marijuana use. No significance tests were conducted due to low sample sizes.

Table 118. Self-Reported Substance Use for Hamilton County Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	41.9% (n = 39)	13.22 (SD = 1.91)	42.2% (n = 19)	13.22 (SD = 1.91)
Cigarettes	44.2% (n = 42)	12.12 (SD = 2.83)	37.0% (n = 17)	13.60 (SD = 1.18)
Chewing Tobacco	13.7% (n = 13)*	14.22 (SD = 1.72)	2.3% (n = 1)	14.00 ^b
Marijuana	57.7% (n = 56)	13.18 (SD = 1.64)	53.3% (n = 24)	13.70 (SD = 1.38)
Cocaine	3.2% (n = 3)	14.67 (SD = 1.53)	2.2% (n = 1)	16.00 ^b
Pain Killers (use inconsistent with prescription)	11.7% (n = 11)	14.56 (SD = 0.88)	4.5% (n = 2)	13.50 (SD = 2.12)
GHB	1.1% (n = 1)	^a	0.0% (n = 0)	^a
Inhalants	1.1% (n = 1)	13.00 ^b	0.0% (n = 0)	^a
Heroin	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Amphetamines	2.1% (n = 2)	15.00 ^b	2.2% (n = 1)	16.00 ^b
Ritalin (use inconsistent with prescription)	6.2% (n = 6)	12.00 (SD = 3.67)	8.7% (n = 4)	15.33 (SD = 0.58)
Barbiturates	1.1% (n = 1)	15.00 ^b	0.0% (n = 0)	^a
Non-prescription Drugs	7.4% (n = 7)	14.67 (SD = 1.21)	6.7% (n = 3)	13.67 (SD = 2.08)
Hallucinogens	4.2% (n = 4)	15.00 (SD = 1.00)	2.2% (n = 1)	15.00 ^b
PCP	0.0% (n = 0)	^a	2.3% (n = 1)	16.00 ^b
Ketamine	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Ecstasy	5.2% (n = 5)	15.20 (SD = 1.30)	4.4% (n = 2)	14.50 (SD = 2.12)
Tranquilizers	4.3% (n = 4)	14.50 (SD = 1.00)	2.2% (n = 1)	15.00 ^b

* p < .05

^a Age of first use is not provided in cases where no respondent reported ever using a substance or in cases where the respondent did not report age of first use.

^b Standard Deviations are not calculated when only one respondent reported using a substance.

Figure 54. Previous 6 Month Substance Use from Intake to Termination - Hamilton County

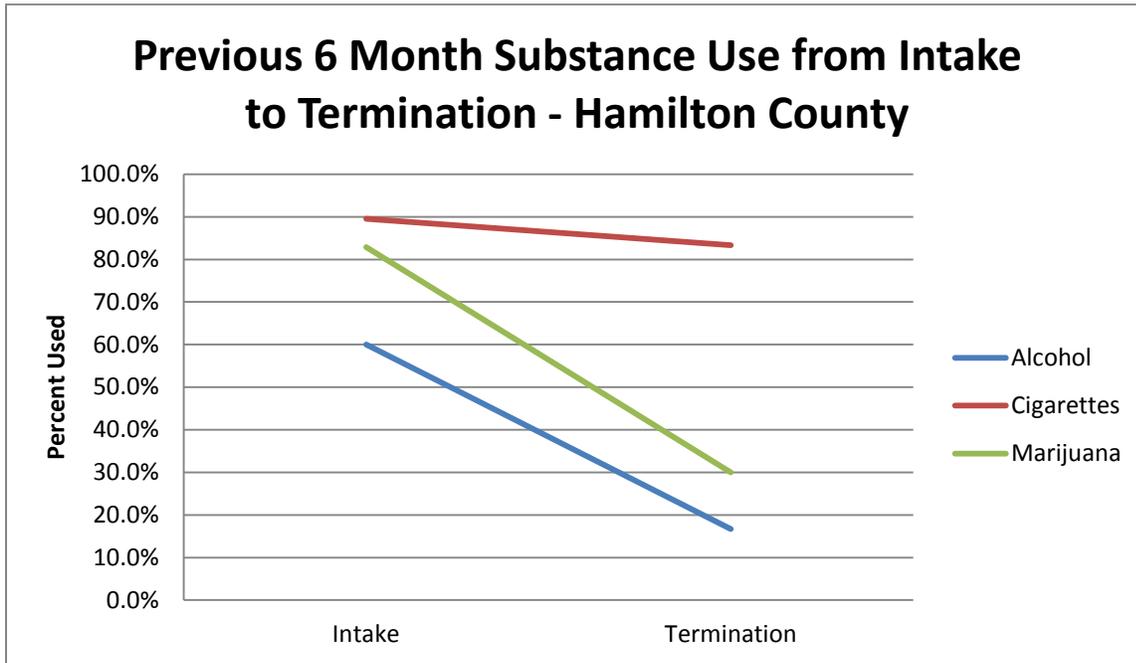
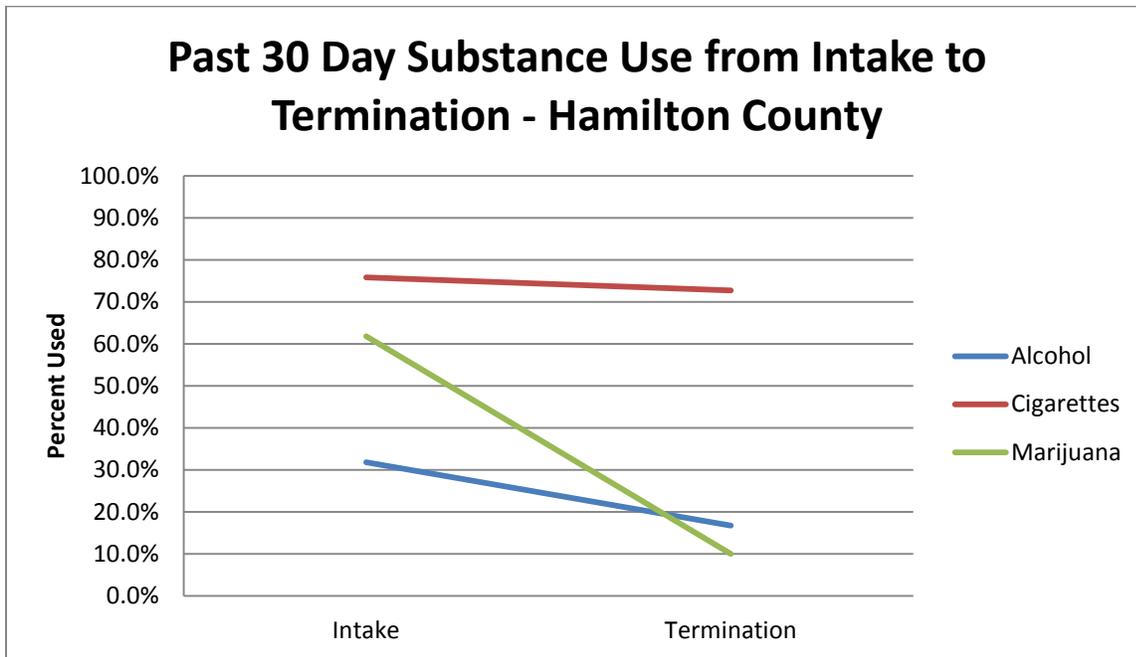


Figure 55. Past 30 Day Substance Use from Intake to Termination - Hamilton County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the past 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The responses range from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicating problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 56, Figure 57, Figure 58). At intake, 51.6% (n = 48) of caregivers and 49.6% (n = 66) of workers reported no problems with drugs or alcohol in the past 30 days while 78.2% (n = 43) of caregivers and 72.7% (n = 48) of workers reported no problems at termination. Similarly, 56.5% (n = 78) of youth reported no problems in past 30 days with drugs or alcohol at intake while 79.7% (n = 51) of youth reported no problems at termination.

Figure 56. Problems with Drugs or Alcohol in the Past 30 Days for Hamilton County Youth – Caregiver Ratings

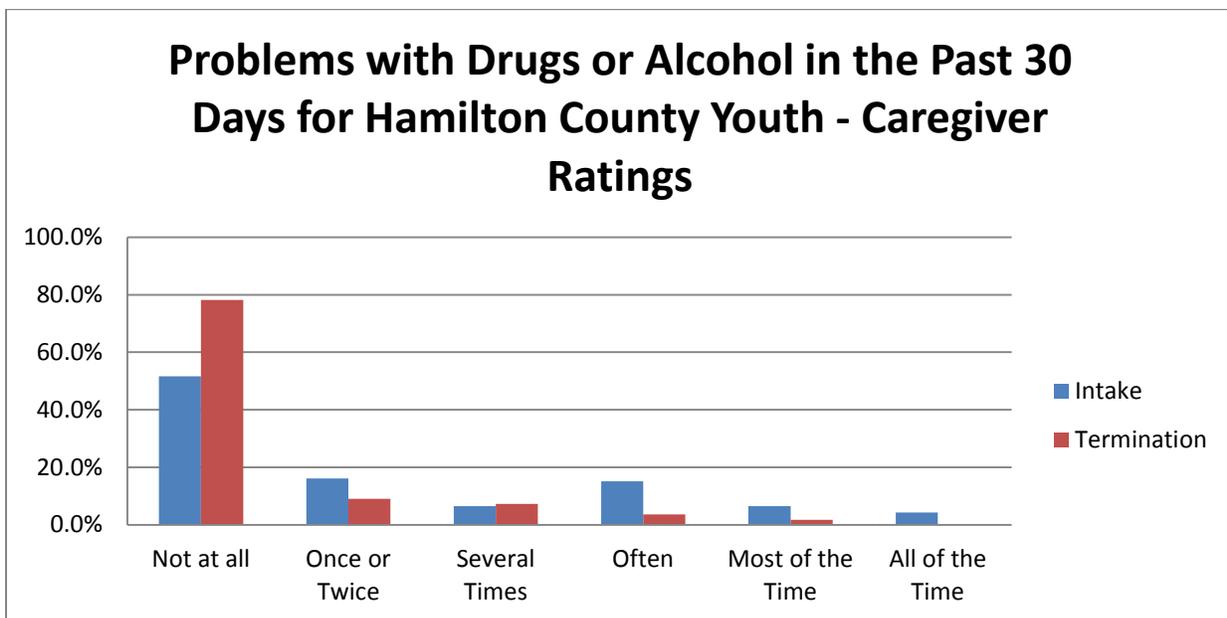


Figure 57. Problems with Drugs or Alcohol in the Past 30 Days for Hamilton County Youth - Worker Ratings

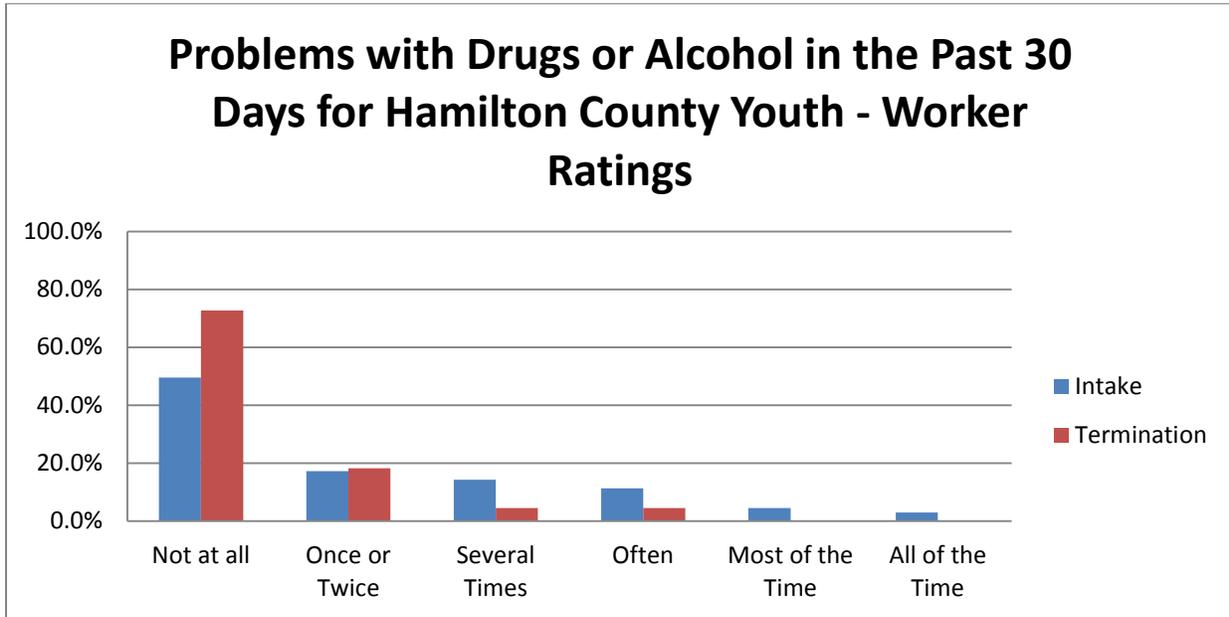
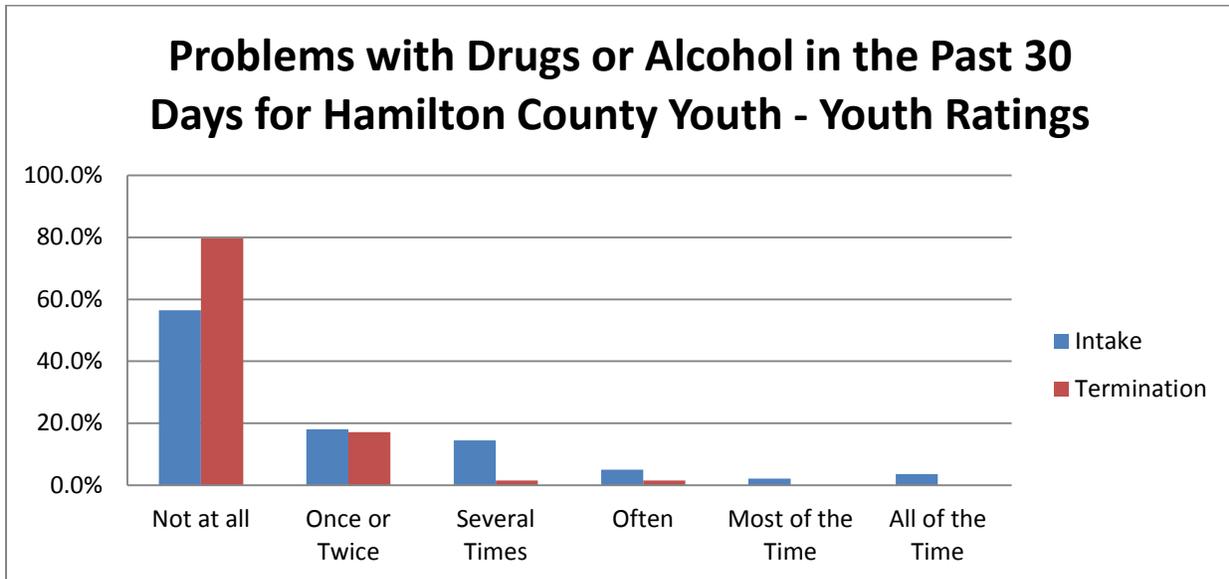


Figure 58. Problems with Drugs or Alcohol in the Past 30 Days for Hamilton County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 88 youth terminated from the BHJJ program in Hamilton County. **Over 85% (85.2%, n = 75) of the youth terminated from the BHJJ program were identified as successful treatment completers.** An additional 5.7% (n = 5) of youth enrolled in the Hamilton County BHJJ program were terminated to due to an out of home placement. Table 119 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013, 100.0% (n = 12) of youth terminated successfully.

Table 119. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	85.2% (n = 75)	100.0% (n = 12)
Client Did Not Return/Rejected Services	1.1% (n = 1)	0.0% (n = 0)
Out of Home Placement	5.7% (n = 5)	0.0% (n = 0)
Client/Family Moved	0.0% (n = 0)	0.0% (n = 0)
Client Withdrawn	2.3% (n = 2)	0.0% (n = 0)
Client AWOL	0.0% (n = 0)	0.0% (n = 0)
Client Incarcerated	3.4% (n = 3)	0.0% (n = 0)
Other	2.3% (n = 2)	0.0% (n = 0)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Hamilton County BHJJ program was 202 days. For youth identified as completing treatment successfully, the average length of stay was 208 days and for youth identified as unsuccessful treatment completers, the average length of stay was 160 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 218 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 7.4% of the youth (n = 8) in Hamilton County were at risk for out of home placement. At termination, 14.6% (n = 12) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 4.3% (n = 3) were at risk for out of home placement at termination while 75.0% (n = 9) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 80.9% (n = 55) of the youth and had stayed the same for 16.2% (n = 11) of the youth. Police contacts increased for 2.9% (n = 2) of the youth.

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 59). At termination from the BHJJ program, 100% (n = 36) of caregivers strongly agreed or agreed with the statement that they were satisfied with the services their child received. For caregivers in Hamilton County, 100% (n = 36) strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 60). When asked if their family got the help they wanted for their child, 97.3% (n = 36) (see Figure 61) while 100% (n = 36) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 62).

Figure 59. Caregiver Satisfaction with the BHJJ Program

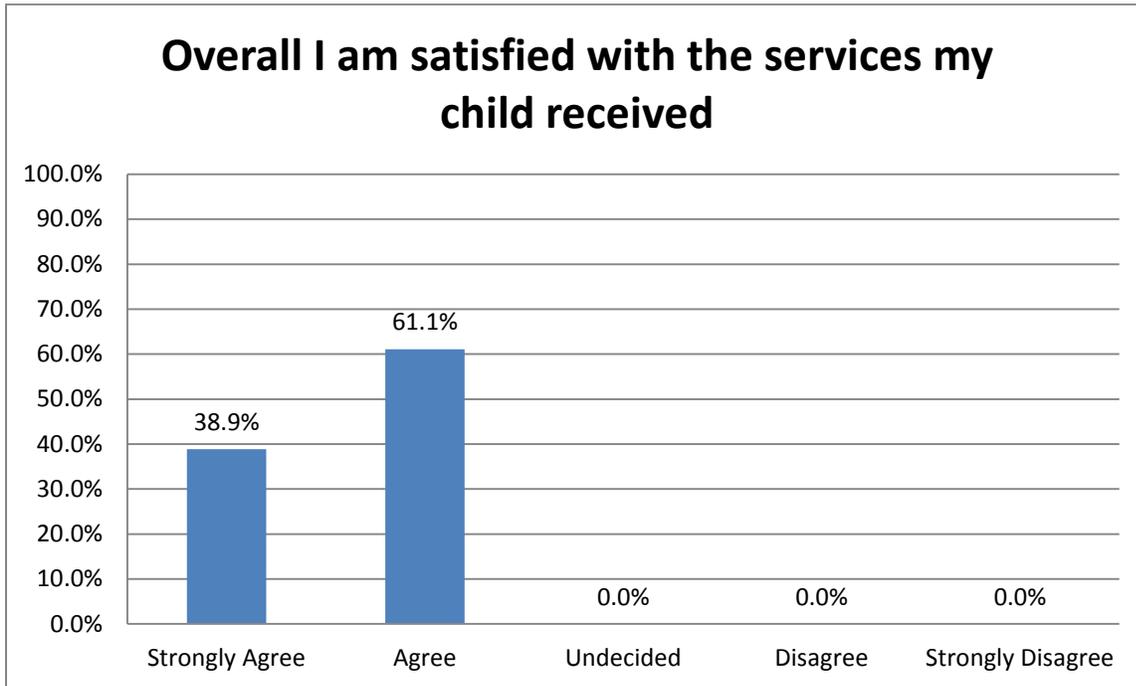


Figure 60. Services Received Were Right for Us

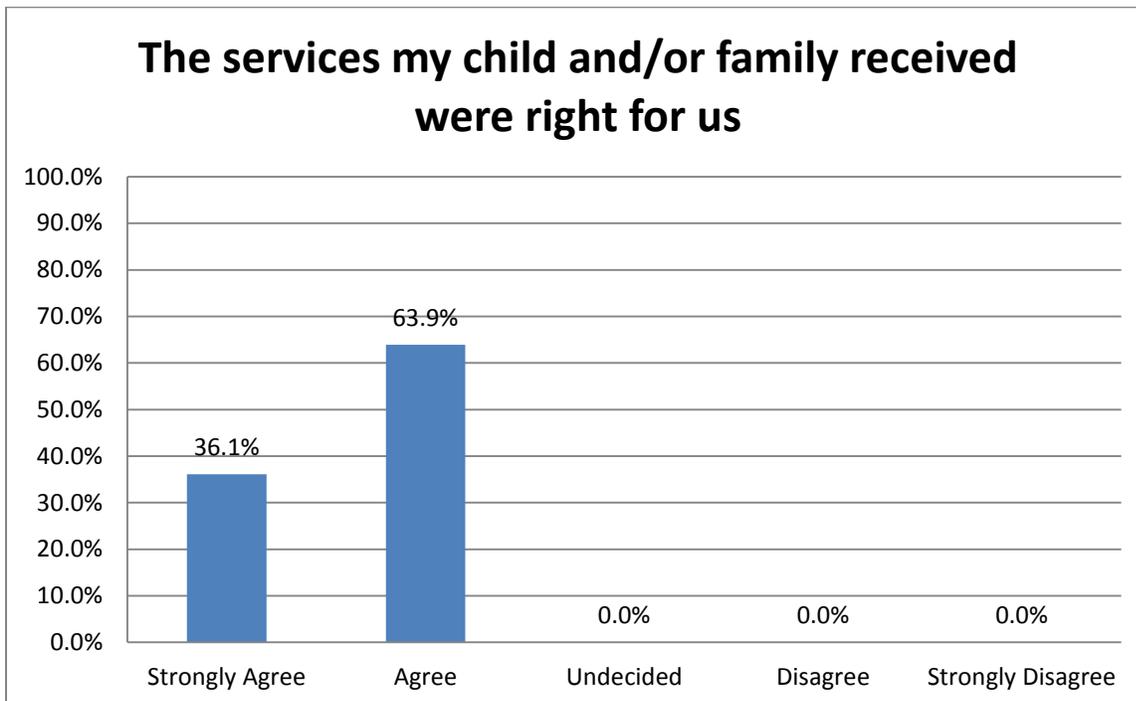


Figure 61. We Received the Help We Wanted

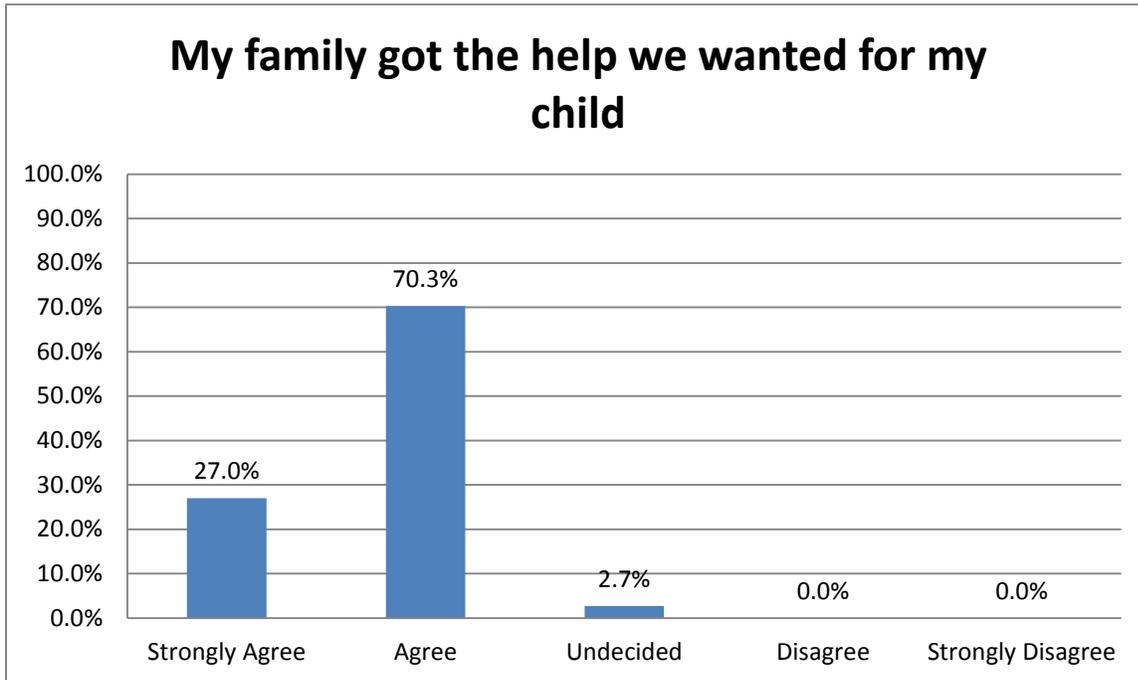
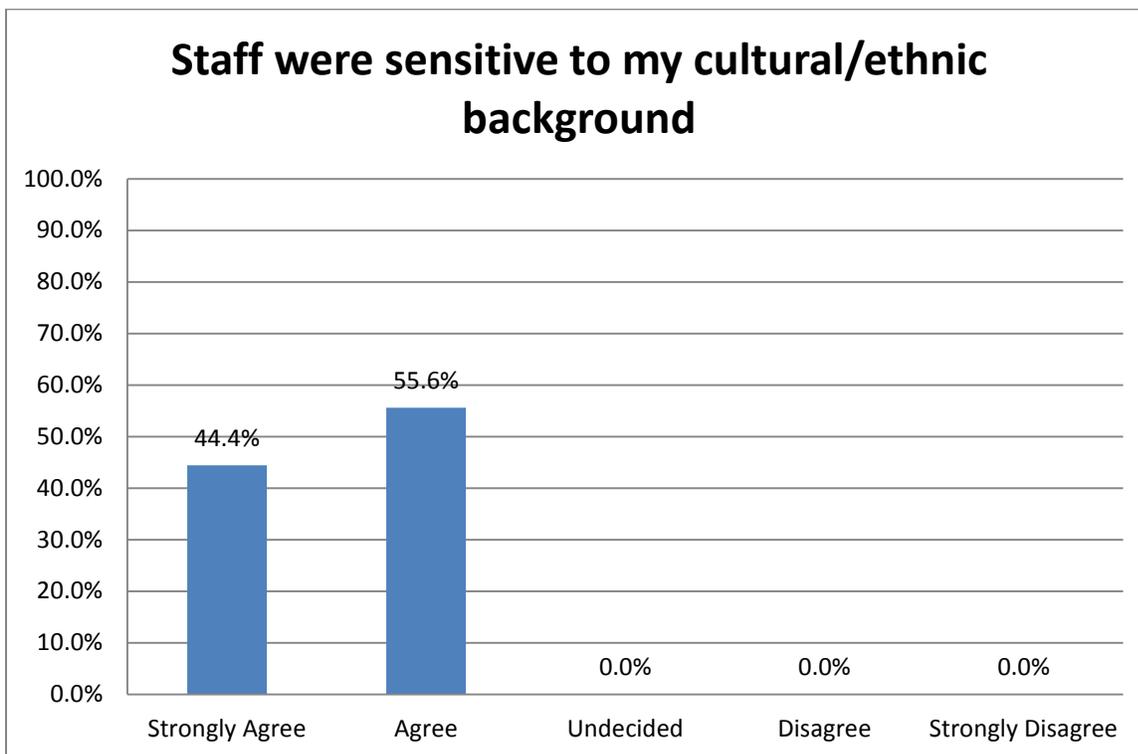


Figure 62. Cultural Competency of BHJJ Services



RECIDIVISM

METHODOLOGY

Court data were provided by the Hamilton County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 65.4% (n = 100) of the BHJJ youth had misdemeanor charges, 26.8% (n = 41) had at least one felony charge, and 61.4% were adjudicated delinquent (see Table 120).

Table 120. Charges Prior to BHJJ Enrollment – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 153)	39.2% (n = 60)	119	9.8% (n = 15)	21	33.3% (n = 51)
6 months (n = 153)	56.9% (n = 87)	219	24.2% (n = 37)	58	53.6% (n = 82)
12 months (n = 153)	65.4% (n = 100)	302	26.8% (n = 41)	67	61.4% (n = 94)
18 months (n = 153)	68.6% (n = 105)	377	28.8% (n = 44)	78	66.7% (n = 102)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 121 and Table 122). In the 12 months prior to enrollment, 52.8% (n = 38) of successful completers and 83.3% (n = 10) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A lower percentage of successful completers had a felony charge in the 12 months prior to intake (26.4%, n = 19) than unsuccessful completers (33.3%, n = 4).

Table 121. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 72)	41.7% (n = 30)	50	11.1% (n = 8)	9	29.2% (n = 21)
6 months (n = 72)	56.9% (n = 41)	97	25.0% (n = 18)	27	50.0% (n = 36)
12 months (n = 72)	65.3% (n = 47)	122	26.4% (n = 19)	30	52.8% (n = 38)
18 months (n = 72)	50% (n = 69.4)	150	27.8% (n = 20)	32	59.7% (n = 43)

Table 122. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 12)	41.7% (n = 5)	14	25.0% (n = 3)	3	50.0% (n = 6)
6 months (n = 12)	50.0% (n = 6)	16	25.0% (n = 3)	4	58.3% (n = 7)
12 months (n = 12)	75.0% (n = 9)	24	33.3% (n = 4)	7	83.3% (n = 10)
18 months (n = 12)	75.0% (n = 9)	34	33.3% (n = 4)	13	83.3% (n = 10)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 50.0% (n = 59) of youth were charged with at least one new misdemeanor and 12.7% (n = 15) were charged with at least one new felony. Forty seven percent (46.6%, n = 55) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 123).

Table 123. Recidivism after BHJJ Enrollment – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 144)	25.0% (n = 36)	71	5.6% (n = 8)	16	20.8% (n = 30)
6 months (n = 136)	33.1% (n = 45)	106	7.4% (n = 10)	18	29.4% (n = 40)
12 months (n = 118)	50.0% (n = 59)	206	12.7% (n = 15)	33	46.6% (n = 55)
18 months (n = 91)	65.9% (n = 60)	253	22.0% (n = 20)	43	61.5% (n = 56)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 124 and Table 125). In the 12 months prior to enrollment, 52.8% (n = 38) of successful completers and 83.3% (n = 10) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A lower percentage of successful completers had a felony charge in the 12 months prior to intake (26.4%, n = 19) than unsuccessful completers (33.3%, n = 4).

Table 124. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 72)	20.8% (n = 15)	33	1.4% (n = 1)	2	12.5% (n = 9)
6 months (n = 71)	29.6% (n = 21)	47	1.4% (n = 1)	2	21.1% (n = 15)
12 months (n = 65)	50.8% (n = 33)	95	7.7% (n = 5)	12	41.5% (n = 27)
18 months (n = 49)	67.3% (n = 33)	116	12.2% (n = 6)	15	57.1% (n = 28)

Table 125. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 12)	16.7% (n = 2)	8	25.0% (n = 3)	5	33.3% (n = 4)
6 months (n = 12)	33.3% (n = 4)	14	33.3% (n = 4)	6	58.3% (n = 7)
12 months (n = 12)	41.7% (n = 5)	22	33.3% (n = 4)	8	75.0% (n = 9)
18 months (n = 12)	50.0% (n = 6)	27	50.0% (n = 6)	10	75.0% (n = 9)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 53.8% (n = 43) of youth were charged with at least one new misdemeanor, 11.3% (n = 9) were charged with at least one new felony, and 47.5% (n = 38) were adjudicated delinquent (see Table 126).

Table 126. Recidivism after BHJJ Termination – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 118)	15.3% (n = 18)	37	3.4% (n = 4)	5	16.1% (n = 19)
6 months (n = 104)	34.6% (n = 36)	77	7.7% (n = 8)	11	31.7% (n = 33)
12 months (n = 80)	53.8% (n = 43)	108	11.3% (n = 9)	10	47.5% (n = 38)
18 months (n = 60)	66.7% (n = 40)	157	23.3% (n = 14)	17	61.7% (n = 37)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 127 and Table 128). In the 12 months prior to enrollment, 52.8% (n = 38) of successful completers and 83.3% (n = 10) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A lower percentage of successful completers had a felony charge in the 12 months prior to intake (26.4%, n = 19) than unsuccessful completers (33.3%, n = 4).

Table 127. Recidivism after BHJJ Termination for Youth who Completed Successfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 64)	10.9% (n = 7)	12	1.6% (n = 1)	1	10.9% (n = 7)
6 months (n = 58)	36.2% (n = 21)	34	3.4% (n = 2)	2	29.3% (n = 17)
12 months (n = 44)	56.8% (n = 25)	54	6.8% (n = 3)	3	43.2% (n = 19)
18 months (n = 34)	67.6% (n = 23)	77	17.6% (n = 6)	6	58.8% (n = 20)

Table 128. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully – Hamilton County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 12)	16.7% (n = 2)	2	8.3% (n = 1)	1	33.3% (n = 4)
6 months (n = 12)	33.3% (n = 4)	5	8.3% (n = 1)	1	41.7% (n = 5)
12 months (n = 11)	45.5% (n = 5)	11	27.3% (n = 3)	3	63.6% (n = 7)
18 months (n = 10)	70.0% (n = 7)	17	30.0% (n = 3)	3	80.0% (n = 8)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 23 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 23 youth, 8.7% (n = 2) were charged with a new felony in the 12 months after their termination from BHJJ.

Two of the 153 BHJJ youth (1.3%) from Hamilton County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

MONTGOMERY COUNTY

DEMOGRAPHICS

Montgomery County has enrolled 1,040 youth in the BHJJ program since 2006. Of the 1,040 youth enrolled, 47.0% (n = 485) were female and 53.0% (n = 546) were male (data were missing for nine youth). Since July 2011, 59.1% (n = 189) of new enrollees have been male (see Table 129).

The majority of the overall sample of youth were either or Caucasian (50.0%, n = 514) or African American (41.5%, n = 426). A similar pattern was found for youth enrolled since July 2011, although a slightly lower proportion of African Americans (37.2%, n = 119) and slightly higher proportion of Caucasians (50.9%, n = 163) was observed. The average age of the youth at intake into BHJJ was 15.5 years old (SD = 1.54) with a range between 8.6 and 18.5 years.

Table 129. Demographic Information for BHJJ Youth in Montgomery County

	All Youth Enrolled (2006 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 47.0% (n = 485) Male = 53.0% (n = 546)	Female = 40.9% (n = 131) Male = 59.1% (n = 189)
Race	African American = 41.5% (n = 426) Caucasian = 50.0% (n = 514) Other = 8.5% (n = 87)	African American = 37.2% (n = 119) Caucasian = 50.9% (n = 163) Other = 11.8% (n = 38)
Age at Intake	15.5 years (SD = 1.54)	15.3 years (SD = 1.56)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother (57.3%, n = 524) (see Table 130). At time of enrollment, 85.5% (n = 781) of the BHJJ youth lived with at least one biological parent.

Over 75% of the BHJJ caregivers (76.1%, n = 690) had at least a high school diploma or GED, and 7.8% (n = 70) had a bachelor's degree or higher (see Table 131). Over one in five caregivers (23.9%, n = 218) reported that they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$20,000 - \$24,999 (see Table 132). Three out of four caregivers (75.4%, n = 672) reported annual household incomes below \$35,000 and 47.3% (n = 421) reported an annual household income below \$20,000. Nearly 20% of BHJJ families (19.9%, n = 177) reported an annual household income below \$10,000.

Table 130. Custody Arrangement for BHJJ Youth in Montgomery County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	21.7% (n=198)
Biological Mother Only	57.3% (n=524)
Biological Father Only	6.5% (n=59)
Adoptive Parent(s)	3.8% (n=35)
Sibling	0.2% (n=2)
Aunt/Uncle	2.0% (n=18)
Grandparents	6.8% (n=62)
Friend	0.0% (n=0)
Ward of the State	0.4% (n=4)
Other	1.3% (n=12)

Table 131. Educational Outcomes for Caregivers of BHJJ Youth in Montgomery County

Number of School Years Completed	Number of Caregivers
Less than High School	23.9% (n=218)
High School Graduate or G.E.D.	27.0% (n=245)
Some College or Associate Degree	41.3% (n=375)
Bachelor's Degree	5.0% (n=45)
More than a Bachelor's Degree	2.8% (n=25)

Table 132. Annual Household Income for BHJJ Families in Montgomery County

Annual Household Income	BHJJ Families
Less than \$5,000	11.7% (n=104)
\$5,000 - \$9,999	8.2% (n=73)
\$10,000 - \$14,999	16.7% (n=149)
\$15,000 - \$19,999	10.7% (n=95)
\$20,000 - \$24,999	15.7% (n=140)
\$25,000 - \$34,999	12.4% (n=111)
\$35,000 - \$49,999	12.7% (n=113)
\$50,000 - \$74,999	8.3% (n=74)
\$75,000 - \$99,999	1.9% (n=17)
\$100,000 and over	1.8% (n=16)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 133). Chi-square analysis was conducted on each item and significant differences are identified in Table 133. Overall, a significantly higher proportion of the caregivers of females reported a history of sexual abuse, running away, talking about suicide, and attempting suicide. A significantly higher proportion of the caregivers of males reported a history of substance abuse and that the child was currently taking emotional or behavioral medication.

Caregivers reported that 20.2% (n = 96) of females and 15.8% (n = 70) of males had a history of being physically abused while 27.5% (n = 128) of females and 9.6% (n = 42) of males had a history of being sexually abused. Caregivers of 48.4% of females and 35.9% of males reported hearing the child talking about committing suicide and 22.2% of females and 13.5% of males had attempted suicide at least once. Over two out of three caregivers of females (68.4%, n = 316) and males (67.3%, n = 284) reported a family history of depression.

Table 133. Youth and Family History in Montgomery County

Question	Females	Males
Has the child ever been physically abused?	20.2% (n=96)	15.8% (n=70)
Has the child ever been sexually abused?	27.5% (n=128) ^{***}	9.6% (n=42)
Has the child ever run away?	61.2% (n=287) ^{**}	53.0% (n=229)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	37.2% (n=174)	44.6% (n=194) [*]
Has the child ever talked about committing suicide?	48.4% (n=229) ^{***}	35.9% (n=159)
Has the child ever attempted suicide?	22.2% (n=103) ^{**}	13.5% (n=59)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	44.6% (n=212)	43.7% (n=192)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	68.4% (n=316)	67.3% (n=284)
Has anyone in the child's biological family had a mental illness, other than depression?	51.4% (n=239)	48.2% (n=199)
Has the child ever lived in a household in which someone was convicted of a crime?	40.2% (n=186)	42.3% (n=181)
Has anyone in the child's biological family had a drinking or drug problem?	65.5% (n=304)	65.7% (n=284)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	24.8% (n=116)	41.5% (n=176) ^{***}

* p < .05, ** p < .01, *** p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) and if they were currently expecting a child. Caregivers reported that 10.1% (n = 41) of females had been pregnant and 12.9% (n = 18) were currently expecting a child. Caregivers reported that 3.2% (n = 14) of males had impregnated a female and 9.3% (n = 5) were currently expecting a child. Over 15% of females (15.3%, n = 13) and (10.6%, n = 5) of males currently had children. Of those who had children, 100% of females (n = 8) but none of the males currently lived with the child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Montgomery County youth based on the OYAS risk categories by gender and race are presented in Table 134. Montgomery County recently began collection of OYAS data in the last biennium. Available data are limited to youth enrolled in BHJJ through intensive probation services (n = 40). Chi-square analyses revealed no significant group differences in the OYAS categories based on gender or race.

Table 134. OYAS Categories by Race and Gender for Montgomery County

	OYAS Low	OYAS Moderate	OYAS High
Female *	85.0% (n = 17)	5.0% (n = 1)	10.0% (n = 2)
Male	50.0% (n = 10)	40.0% (n = 8)	10.0% (n = 2)
White	60.9% (n = 14)	34.8% (n = 8)	25.0% (n = 1)
Nonwhite	76.5% (n = 13)	5.9% (n = 1)	17.6% (n = 3)

* p < .05

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given as part of the enrollment process or in some cases, from psychological assessments given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for both females (51.3%, n = 267) and males (54.8%, n = 258) was Oppositional Defiant Disorder (see Table 135).

A total of 2,558 Axis I diagnoses were identified for 991 youth with diagnostic information (2.58 diagnoses per youth). Females reported 1,307 Axis I diagnoses (2.51 diagnoses per female) and males reported 1,251 Axis I diagnoses (2.66 diagnoses per male). Chi-square analysis indicated that a significantly higher proportion of females were diagnosed with Depressive Disorders while a significantly higher proportion of males were diagnosed with Attention Deficit Hyperactivity Disorder and Conduct

Disorder. Of the youth who had available diagnostic information, 31.1% (n = 161) of females and 36.5% (n = 171) of males had a co-occurring substance use and mental health diagnosis.

Table 135. Most Common DSM-IV Axis I Diagnoses in Montgomery County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	26.2% (n = 136)	28.2% (n = 133)
Attention Deficit Hyperactivity Disorder	23.8% (n = 124)	51.6% (n = 243)***
Alcohol-related Disorders	14.2% (n = 74)	11.0% (n = 52)
Oppositional Defiant Disorder	51.3% (n = 267)	54.8% (n = 258)
Depressive Disorders	26.0% (n = 135)***	10.8% (n = 51)
Conduct Disorder	9.2% (n = 48)	18.3% (n = 86)***
Mood Disorder	11.9% (n = 62)	10.8% (n = 51)
Bipolar Disorder	12.7% (n = 66)	11.7% (n = 55)
Post-traumatic Stress Disorder	6.7% (n = 35)*	3.6% (n = 17)

*p < .05, ** p < .01, ***p < .001

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were included in the evaluation packet at both intake and termination from the BHJJ program. The items were completed by the worker with help from the youth and caregiver. In the 12 months prior to intake, 66.9% (n = 451) were either suspended or expelled from school. While in treatment with BHJJ, 34.9% (n = 209) of BHJJ youth were either suspended or expelled from school.

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 87.9% (n = 538) of youth were currently attending school excluding those on summer break. At termination, 85.9% (n = 475) of youth were attending school. Again, this does not include youth out of school due to summer break. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received (see Table 136). Table 137 presents the academic performance of BHJJ youth in Montgomery County from intake to termination based on completion status. At termination, 21.7% (n = 73) of successful completers received mostly A's and B's while 8.4% (n = 15) of unsuccessful completers received mostly A's and B's.

At termination, workers reported that 32.6% (n = 197) of youth were attending school more than before starting treatment and 59.4% (n = 359) of youth were attending school 'about the same'

amount compared to before starting treatment. Workers reported 4.1% (n = 25) of youth were attending school less often than before treatment in BHJJ.

Table 136. Academic Performance in Montgomery County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	19.0% (n = 113)	16.8% (n = 88)
Mostly B's and C's	26.5% (n = 158)	29.8% (n = 156)
Mostly C's and D's	25.2% (n = 150)	32.8% (n = 172)
Mostly D's and F's	29.4% (n = 175)	20.6% (n = 108)

Table 137. Academic Performance in Montgomery County 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	15.4% (n = 25)	8.4% (n = 15)	20.6% (n = 70)	21.7% (n = 73)
Mostly B's and C's	27.2% (n = 44)	24.0% (n = 43)	28.0% (n = 95)	32.9% (n = 111)
Mostly C's and D's	25.9% (n = 42)	38.5% (n = 69)	25.7% (n = 87)	29.7% (n = 100)
Mostly D's and F's	31.5% (n = 51)	29.1% (n = 52)	25.7% (n = 87)	15.7% (n = 53)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 6.5% (n = 44) of youth were employed, and that 95.1% (n = 39) were working part-time. At termination, 9.0% (n = 56) of the youth were employed and 92.5% (n = 49) were working part time. In the 12 months prior to intake, 12.1% (n = 82) of BHJJ youth received employment counseling or vocational training and 13.0% (n = 88) planned to pursue employment counseling or vocational training. At termination, 13.0% (n = 80) of youth received employment counseling or vocational training in the past 12 months and 15.0% (n = 92) planned to pursue employment counseling or vocational training in the next 12 months.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

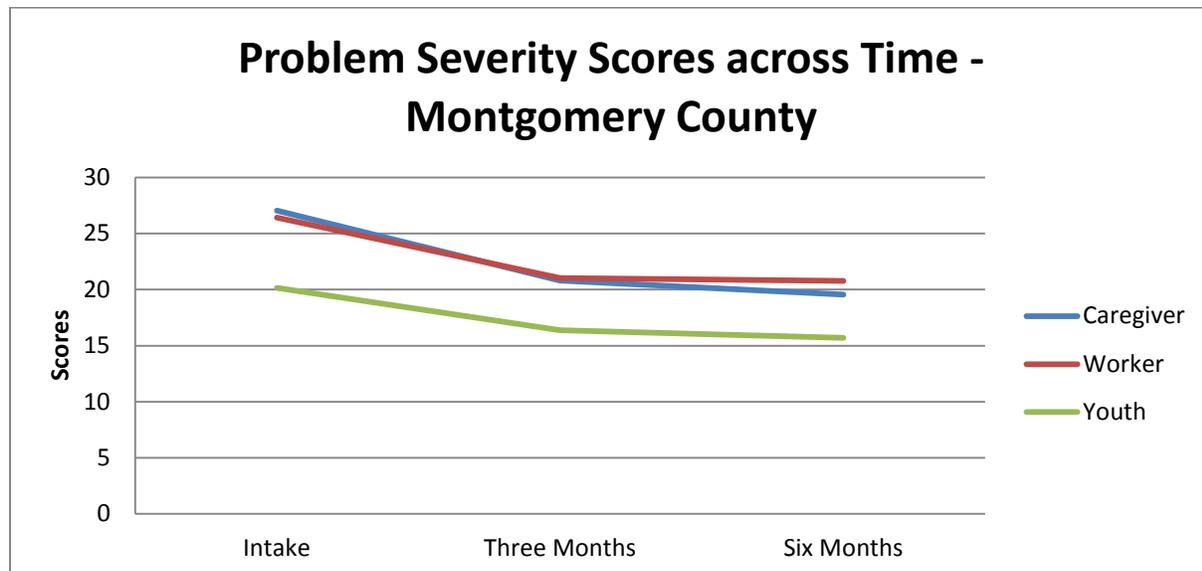
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Montgomery County youth can be found in Table 138 and represented graphically in Figure 63. Means from intake to termination are presented in Figure 64.

Table 138. Ohio Scales Problem Severity Scores for Youth in Montgomery County

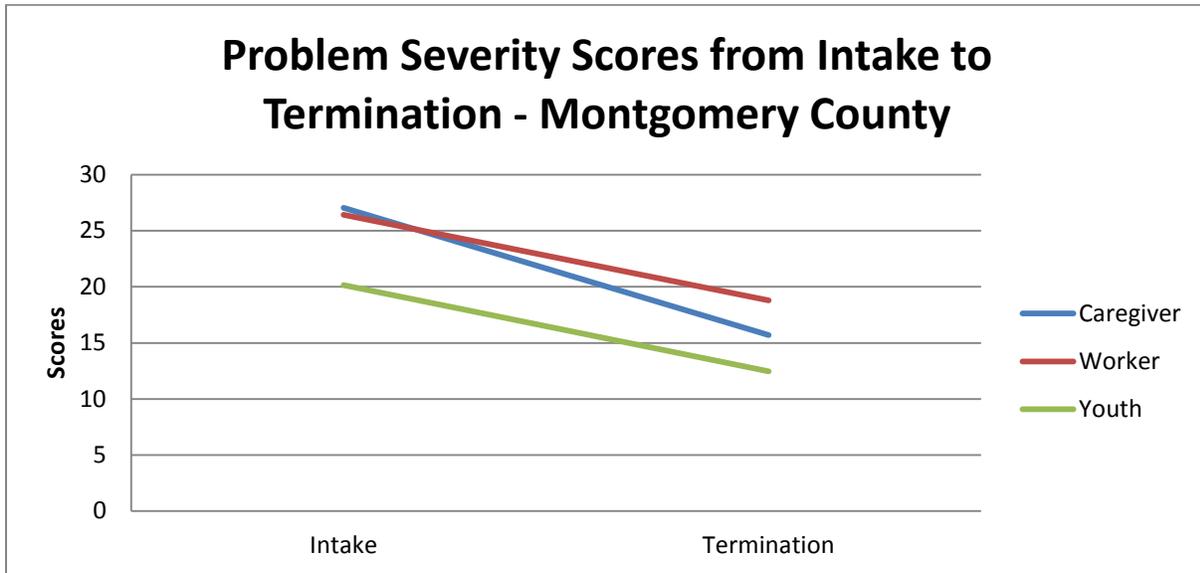
	Caregiver	Worker	Youth
Intake	27.03 (SD=16.65; n=901)	26.43 (SD=13.26; n=937)	20.14 (SD=14.27; n=912)
Three Months	20.80 (SD=13.77; n=358)	21.03 (SD=12.05; n=365)	16.39 (SD=12.63; n=354)
Six Months	19.54 (SD=16.49; n=52)	20.77 (SD=14.13; n=58)	15.69 (SD=13.66; n=54)
Termination	15.69 (SD=13.26; n=534)	18.78 (SD=13.52; n=773)	12.47 (SD=11.41; n=511)

Figure 63. Problem Severity Scores across Time - Montgomery County



*all comparisons from intake to each successive time point are significant at least at the $p < .01$ level

Figure 64. Problem Severity Scores from Intake to Termination - Montgomery County



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

CAREGIVER RATING

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 139) compared to intake. Significant improvements were noted at 3 months $t(321) = 11.28, p < .001$; 6 months: $t(44) = 4.88, p < .001$; and at termination: $t(488) = 16.10, p < .001$. Medium effect sizes were found for each of these measurement intervals.

Table 139. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	30.14 (SD=16.42; n=322)	21.06 (SD=13.98; n=322)	11.28***	.63
Intake to Six Months	31.86 (SD=20.46; n=45)	19.04 (SD=16.89; n=45)	4.88***	.73
Intake to Termination	26.50 (SD=16.29; n=489)	15.42 (SD=12.93; n=489)	16.10***	.73

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 53). Significant improvements were noted at 3 months $t(339) = 8.87, p < .001$; 6 months: $t(51) = 4.81, p < .001$; and at termination: $t(709) = 13.18, p < .001$. Small effect

sizes were observed for the time periods between intake and three months and between intake and termination. A medium effect size was observed for the interval between intake and six months.

Table 140. Paired Samples T-Tests for Worker Report Problem Severity Scores for Montgomery County

	Mean Time 1	Mean Time 2	t	d
Intake to Three Months	27.49 (SD=12.86; n=340)	21.11 (SD=12.28; n=340)	8.87 ^{***}	.48
Intake to Six Months	31.45 (SD=12.99; n=52)	20.57 (SD=14.57; n=52)	4.81 ^{***}	.66
Intake to Termination	25.82 (SD=12.86; n=710)	18.76 (SD=13.45; n=710)	13.18 ^{***}	.49

* p < .05, ** p < .01, *** p < .001

YOUTH RATING

Scores on the Problem Severity scale as reported by youth showed significant improvement for all three measurement intervals (see Table 141). Significant improvements were noted at 3 months $t(328) = 6.75, p < .001$; 6 months: $t(46) = 3.05, p < .01$; and at termination: $t(472) = 12.58, p < .001$. Small effect sizes were observed for the intervals between intake and three months and between intake and six months. A medium effect size was noted for the measurement interval between intake and termination.

Table 141. Paired Samples T-Tests for Youth Report Problem Severity Scores for Montgomery County

	Mean Time 1	Mean Time 2	t	d
Intake to Three Months	21.58 (SD=14.84; n=329)	16.46 (SD=12.81; n=329)	6.75 ^{***}	.37
Intake to Six Months	22.73 (SD=18.08; n=47)	14.58 (SD=13.69; n=47)	3.05 ^{**}	.44
Intake to Termination	19.50 (SD=13.94; n=473)	12.20 (SD=11.26; n=473)	12.58 ^{***}	.57

* p < .05, ** p < .01, *** p < .001

FUNCTIONING

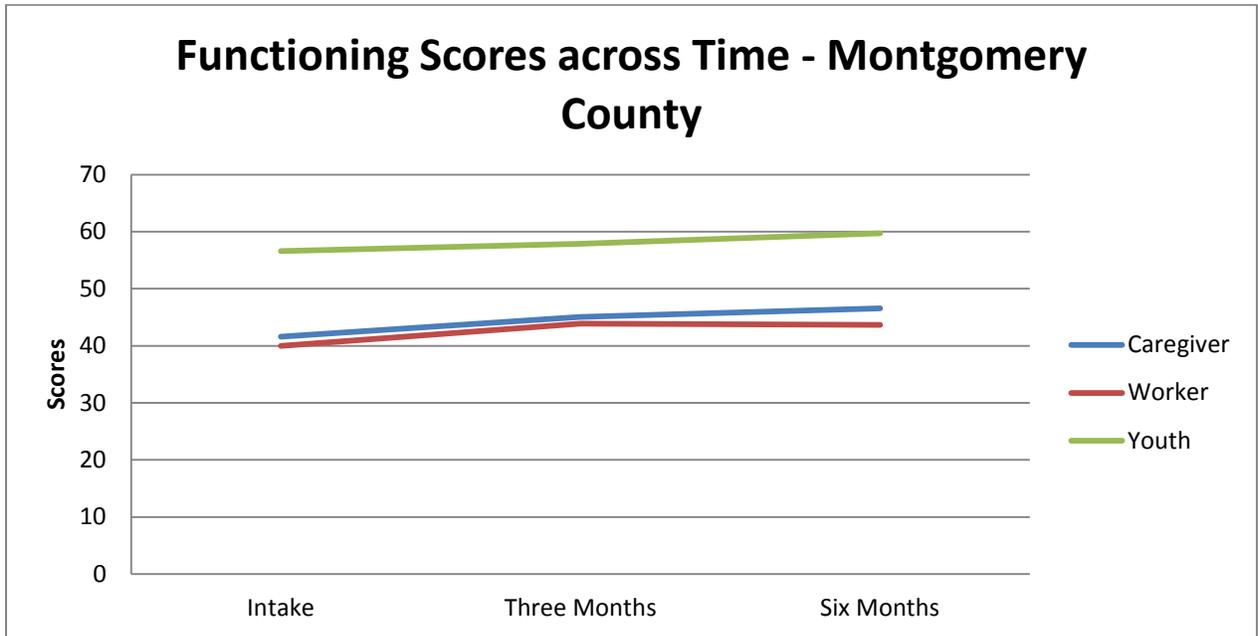
Overall means for the Functioning scale by rater and assessment period for Montgomery County youth can be found in Table 142 and represented graphically in Figure 65. Means from intake to termination are presented in Figure 66.

Table 142. Ohio Scales Functioning Scores across Time for Youth in Montgomery County

	Caregiver	Worker	Youth
Intake	41.62 (SD=16.14; n=902)	40.00 (SD=11.33; n=934)	56.58 (SD=12.97; n=908)
Three Months	45.07 (SD=16.32; n=354)	43.87 (SD=11.75; n=365)	57.88 (SD=13.67; n=354)
Six Months	46.58 (SD=17.31; n=53)	43.69 (SD=12.56; n=58)	59.73 (SD=14.46; n=55)
Termination	51.80 (SD=16.70; n=543)	47.00 (SD=13.78; n=776)	61.06 (SD=12.68; n=521)

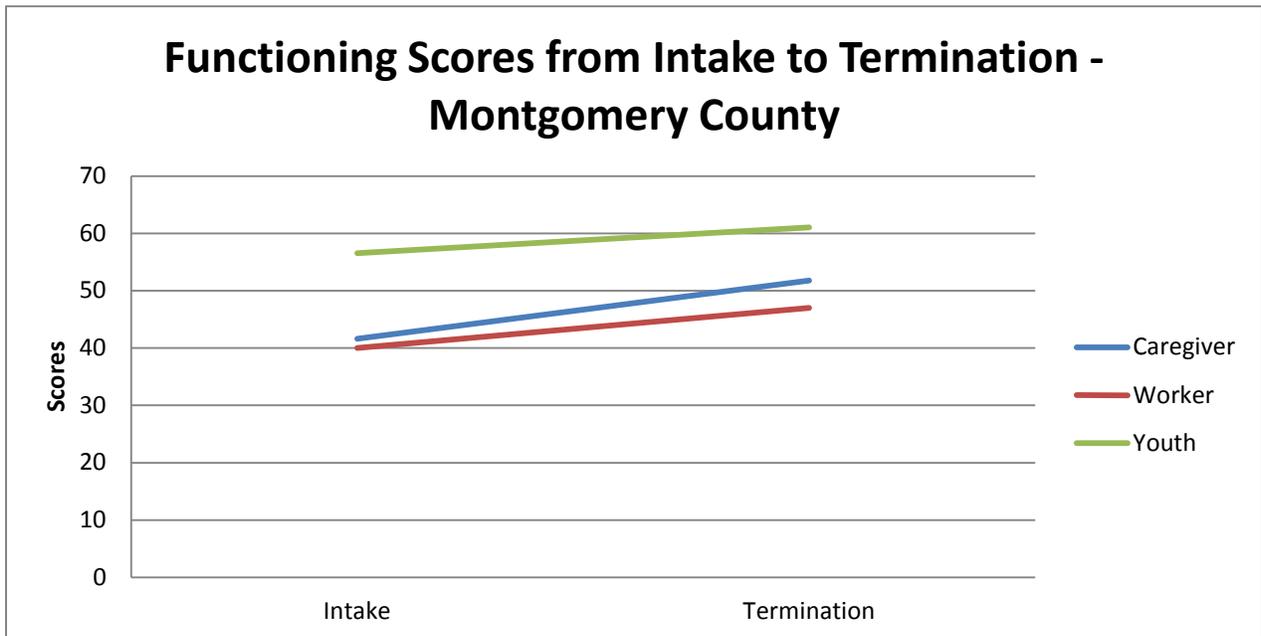
* p < .05, ** p < .01, *** p < .001

Figure 65. Functioning Scores across Time - Montgomery County



*all comparisons from intake to each successive time point are significant at least at the $p < .05$ level

Figure 66. Functioning Scores from Intake to Termination - Montgomery County



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

CAREGIVER RATING

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 143) compared to intake. Significant improvements were noted at 3 months: $t(317) = -7.79$, $p < .001$; 6 months: $t(46) = -3.73$, $p < .01$; and termination: $t(493) = -14.41$, $p < .001$. Medium effect sizes were observed for the intervals between intake and six months and between intake and termination while a small effect size was observed between intake and three months.

Table 143. Paired Samples T-Tests for Caregiver Report Functioning Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	38.72 (SD=15.63; n=318)	45.03 (SD=16.26; n=318)	-7.79 ^{***}	.44
Intake to Six Months	37.17 (SD=18.04; n=47)	47.53 (SD=16.93; n=47)	-3.73 ^{**}	.54
Intake to Termination	42.12 (SD=16.29; n=494)	52.35 (SD=16.46; n=494)	-14.41 ^{***}	.65

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests indicated significant improvement in the Functioning scale for each of the measurement intervals (see Table 144). Significant improvements were noted at 3 months: $t(338) = -5.83$, $p < .001$; 6 months: $t(51) = -3.98$, $p < .001$; and termination: $t(709) = -11.29$, $p < .001$. Small effect sizes were observed for the time periods between intake and three months and between intake and termination while a medium effect size was found for the periods between intake and six months.

Table 144. Paired Samples T-Tests for Worker Report Functioning Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	39.89 (SD=11.68; n=339)	43.83 (SD=11.92; n=339)	-5.83 ^{***}	.31
Intake to Six Months	35.81 (SD=11.55; n=52)	43.94 (SD=12.67; n=52)	-3.98 ^{***}	.55
Intake to Termination	40.64 (SD=11.17; n=710)	46.91 (SD=13.76; n=710)	-11.29 ^{***}	.42

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests conducted on the youth ratings of Problem Severity indicated significant improvement at all three data collection points (see Table 145). Significant improvements were observed at 3 months: $t(330) = -4.06, p < .001$; 6 months: $t(47) = -2.26, p < .05$; and termination: $t(474) = -7.38, p < .001$. Small effect sizes were noted for each of the measurement intervals.

Table 145. Paired Samples T-Tests for Youth Report Functioning Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	55.38 (SD=13.54; n=331)	58.27 (SD=13.18; n=331)	-4.06 ^{***}	.22
Intake to Six Months	55.46 (SD=13.96; n=48)	60.83 (SD=14.39; n=48)	-2.26 [*]	.32
Intake to Termination	56.62 (SD=12.87; n=475)	61.22 (SD=12.79; n=475)	-7.38 ^{***}	.34

* $p < .05$, ** $p < .01$, *** $p < .001$

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Montgomery County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 146 and Table 147 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Montgomery County BHJJ youth who have subscale scores both at intake and at termination (see Table 148). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect⁵. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

Statistically significant improvements were noted for all subscales including: Anxiety ($t(246) = 4.31, p < .001$), Depression ($t(246) = 6.34, p < .001$), Anger ($t(246) = 4.90, p < .001$), Posttraumatic Stress

⁵ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

($t(246) = 5.35, p < .001$), Dissociation ($t(246) = 5.84, p < .001$, and Sexual Concerns ($t(246) = 2.44, p < .05$). The data indicated small effect sizes for all subscales except Sexual Concerns. Means reported in Table 148 are represented graphically in Figure 67.

Table 146. Mean TSCC Subscale Scores from Intake to Termination for Montgomery County Males

	Intake	Termination
Anxiety	3.52 (SD=3.50; n = 292)	2.77 (SD=2.77; n=130)
Depression	4.61 (SD=4.11; n = 292)	3.55 (SD=3.30; n=130)
Anger	8.57 (SD=5.33; n = 292)	7.10 (SD=4.57; n=130)
PTS	5.77 (SD=4.72; n = 292)	4.70 (SD=4.23; n=130)
Dissociation	6.25 (SD=4.36; n = 288)	5.19 (SD=3.46; n=130)
Sexual Concerns	3.53 (SD=3.35; n=291)	3.46 (SD=3.63; n=130)

Table 147. Mean TSCC Subscale Scores from Intake to Termination for Montgomery County Females

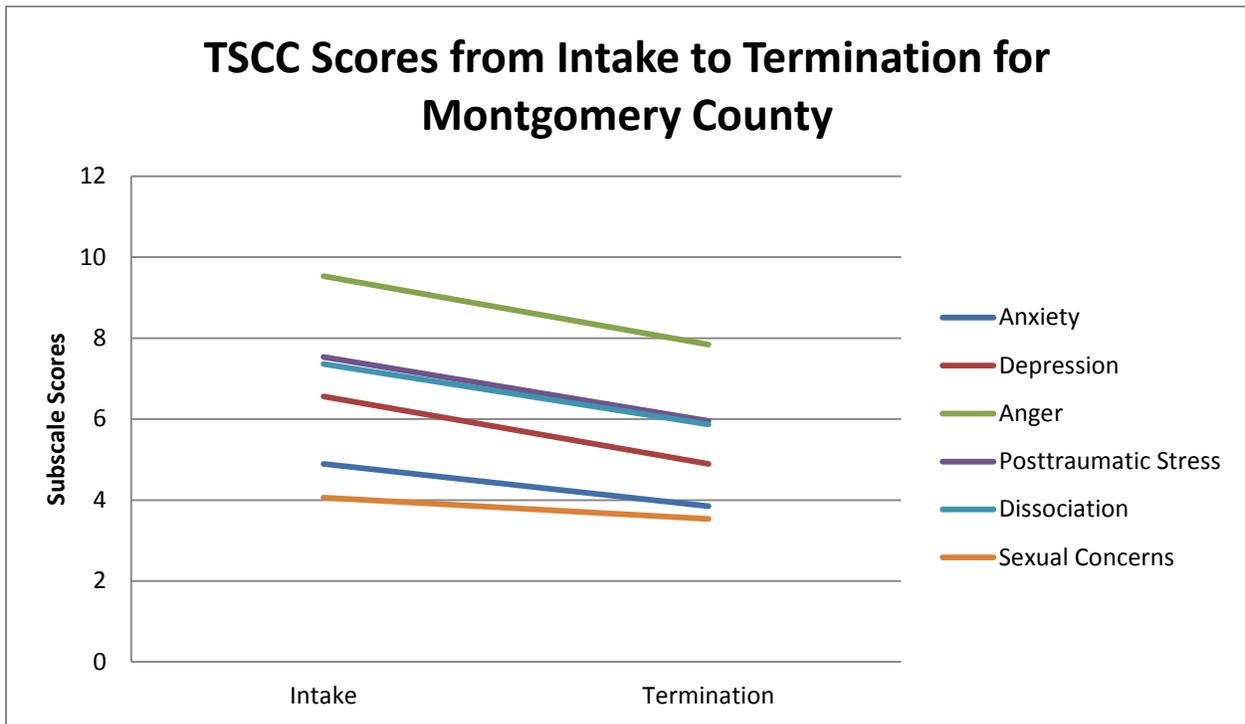
	Intake	Termination
Anxiety	5.56 (SD=4.03; n = 309)	5.00 (SD=3.75; n=132)
Depression	7.73 (SD=4.71; n = 309)	6.28 (SD=3.99; n=132)
Anger	10.83 (SD=5.78; n = 309)	8.48 (SD=5.20; n=132)
PTS	8.60 (SD=5.30; n = 309)	7.38 (SD=5.25; n=132)
Dissociation	7.62 (SD=4.86; n = 308)	6.64 (SD=4.74; n=132)
Sexual Concerns	3.71 (SD=3.55; n=308)	3.77 (SD=4.24; n=131)

Table 148. Paired Samples T Tests for TSCC Subscales for Montgomery County Youth

	Intake	Termination	t	d
Anxiety	4.89 (SD=3.92; n=247)	3.85 (SD=3.48; n=247)	4.31 ^{***}	.28
Depression	6.56 (SD=4.48; n=247)	4.89 (SD=3.90; n=247)	6.34 ^{***}	.40
Anger	9.53 (SD=5.73; n=247)	7.84 (SD=4.99; n=247)	4.90 ^{***}	.31
PTS	7.53 (SD=5.06; n=247)	5.95 (SD=4.92; n=247)	5.35 ^{***}	.32
Dissociation	7.36 (SD=4.58; n=247)	5.87 (SD=4.24; n=247)	5.84 ^{***}	.34
Sexual Concerns	4.06 (SD=3.79; n=247)	3.53 (SD=3.90; n=247)	2.44 [*]	.14

* = $p < .05$, ** = $p < .01$, *** $p < .001$

Figure 67. TSCC Means from Intake to Termination for Montgomery County Youth



SUBSTANCE USE

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 149 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the three most commonly used substances for both males and females. Chi-square analyses revealed that a significantly higher proportion of males reported lifetime use of marijuana and chewing tobacco than females.

Youth were also asked to report whether they had used each substance in the past six months. Figure 68 and Figure 69 present past six month use for the most commonly reported substances for males and females respectively among those who reported lifetime use. With the exception of cigarette use among males, the percentage of those using substances decreased for both males and females among the most commonly reported substances. At intake, 48.1% (n = 117) of males and 50.4% (n = 113) of females reported past six month use of alcohol. At termination, 28.9% (n = 41) of males and 30.8% (n = 41) reported past six month use of alcohol. Among males who reported lifetime use of marijuana, 55.1% (n = 141) reported past six month use at intake and 39.4% (n = 52) reported past six month use at termination. Among females, 59.8% (n = 134) reported past six month use of marijuana at intake while 41.1% (n = 51) reported past six month use at termination. McNemar's tests revealed a significant decrease in the proportion of males using marijuana from intake to termination. Additionally,

the proportion of females using alcohol and marijuana significantly decreased from intake to termination.

If they had reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 70 and Figure 71 show the percentage of those youth reporting any 30 day use for the three most commonly reported substances by gender. Similar to the six month data, 30 day use declined from intake to termination with the exception of cigarette use among males. At intake, 26.5% (n = 53) of males and 28.4% (n = 54) of females reported past 30 day alcohol use while 15.1% (n = 18) of males and 12.1% (n = 14) of females reported past 30 day alcohol use at termination. Among males who reported both lifetime and past six month marijuana use, 32.9% (n = 68) reported past 30 day use at intake and 20.7% (n = 25) reported past 30 day use at termination. Over 30% of females (30.4%; n = 58) reported past 30 day marijuana use at intake while 19.6% (n = 22) reported past 30 day use at termination. McNemar’s tests revealed a statistically significant decrease in the proportion of females using marijuana from intake to termination.

Table 149. Self-Report Substance Use at Intake for Montgomery County BHJJ Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	58.7% (n = 257)	13.02 (SD = 2.44)	56.7% (n = 258)	13.38 (SD = 1.92)
Cigarettes	60.6% (n = 265)	12.27 (SD = 2.66)	54.5% (n = 249)	12.47 (SD = 2.40)
Chewing Tobacco	20.6% (n = 89)**	13.72 (SD = 2.33)	4.4% (n = 20)	14.11 (SD = 1.73)
Marijuana	62.0% (n = 272)*	13.04 (SD = 2.10)	53.9% (n = 246)	13.24 (SD = 1.70)
Cocaine	4.6% (n = 20)	14.55 (SD = 1.23)	6.0% (n = 27)	14.48 (SD = 2.38)
Pain Killers (use inconsistent with prescription)	14.4% (n = 63)	14.00 (SD = 1.54)	11.3% (n = 51)	13.98 (SD = 1.31)
GHB	0.2% (n = 1)	14.00	0.2% (n = 1)	14.00
Inhalants	3.2% (n = 14)	13.21 (SD = 2.61)	2.4% (n = 11)	13.82 (SD = 1.72)
Heroin	1.8% (n = 8)	14.25 (SD = 1.03)	1.3% (n = 6)	14.33 (SD = 0.82)
Amphetamines	2.5% (n = 11)	13.91 (SD = 1.51)	1.8% (n = 8)	14.75 (SD = 0.89)
Ritalin (use inconsistent with prescription)	5.8% (n = 25)	13.80 (SD = 1.73)	5.3% (n = 24)	14.22 (SD = 1.59)
Barbiturates	2.8% (n = 12)	13.83 (SD = 1.47)	2.4% (n = 11)	14.18 (SD = 1.40)
Non-prescription Drugs	5.3% (n = 23)	13.40 (SD = 1.14)	4.2% (n = 19)	13.74 (SD = 1.97)
Hallucinogens	5.9% (n = 26)	14.19 (SD = 1.13)	3.7% (n = 17)	14.53 (SD = 1.46)
PCP	2.3% (n = 10)	14.70 (SD = 1.06)	1.1% (n = 5)	14.40 (SD = 0.55)
Ketamine	0.9% (n = 4)	15.50 (SD = 1.29)	0.4% (n = 2)	14.50 (SD = 0.71)
Ecstasy	4.1% (n = 18)	14.78 (SD = 1.17)	2.6% (n = 12)	14.50 (SD = 1.31)
Tranquilizers	13.7% (n = 60)	14.10 (SD = 1.83)	11.3% (n = 51)	14.49 (SD = 1.62)

* p < .05; ** p < .01

^a Standard Deviations are not calculated when only one respondent reported using a substance.

Figure 68. Self-Report Previous 6 Month Substance Use from Intake to Termination for Males - Montgomery County

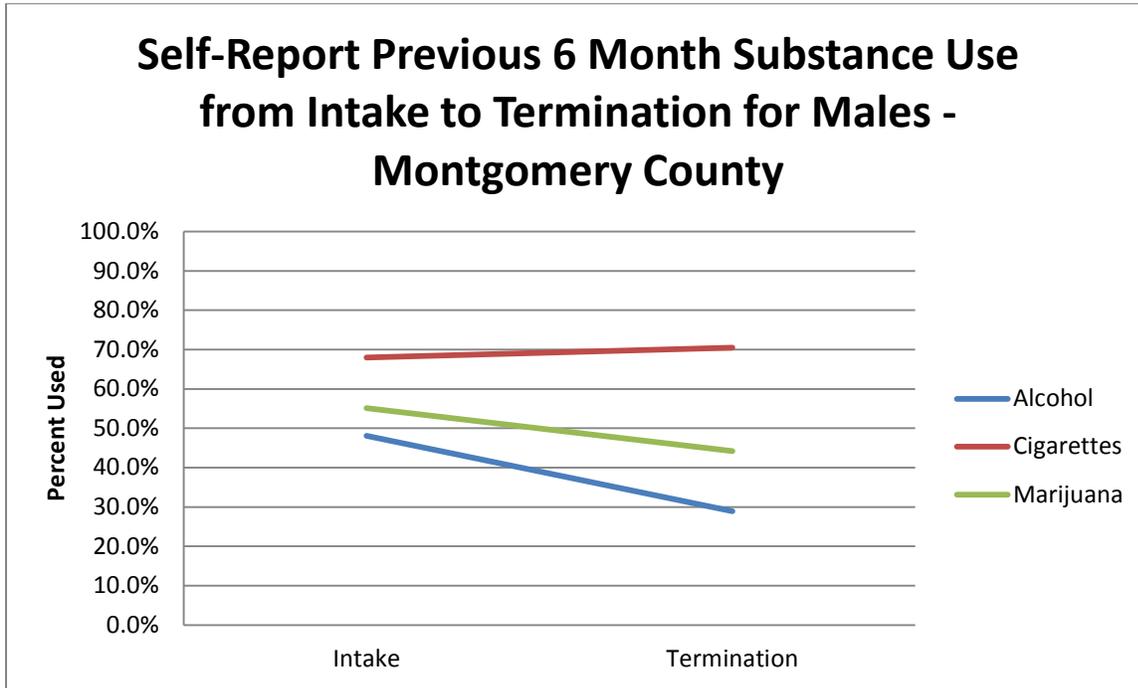


Figure 69. Self-Report Previous 6 Month Substance Use from Intake to Termination for Females – Montgomery County

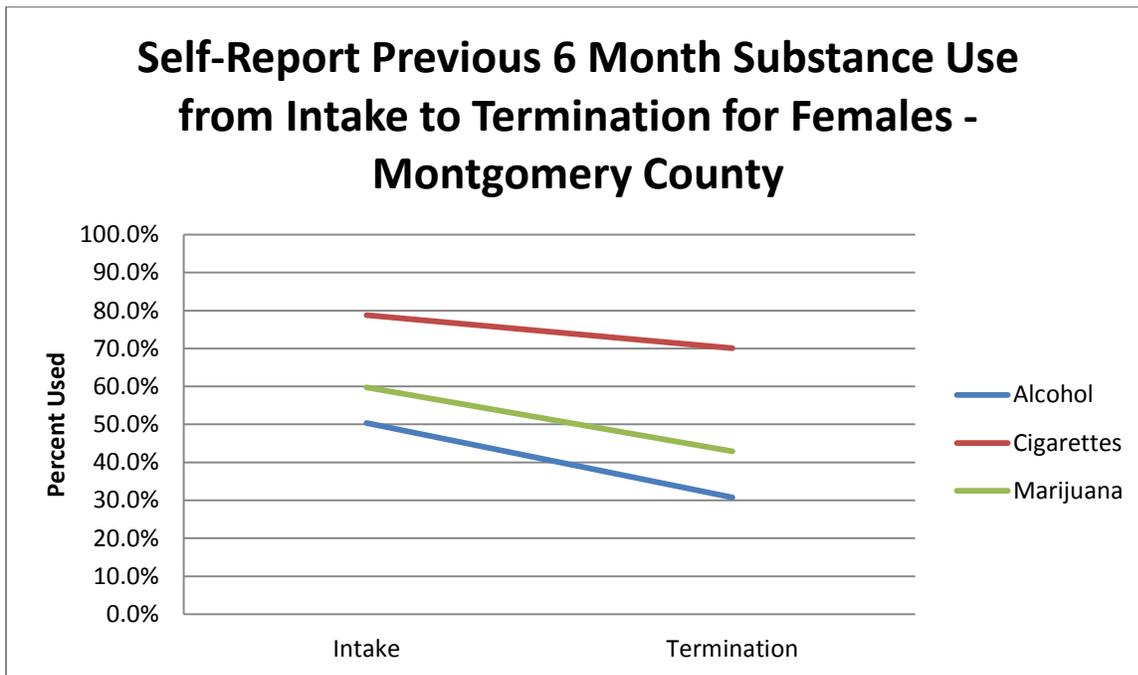


Figure 70. Self-Report 30 Day Substance Use for Males – Montgomery County

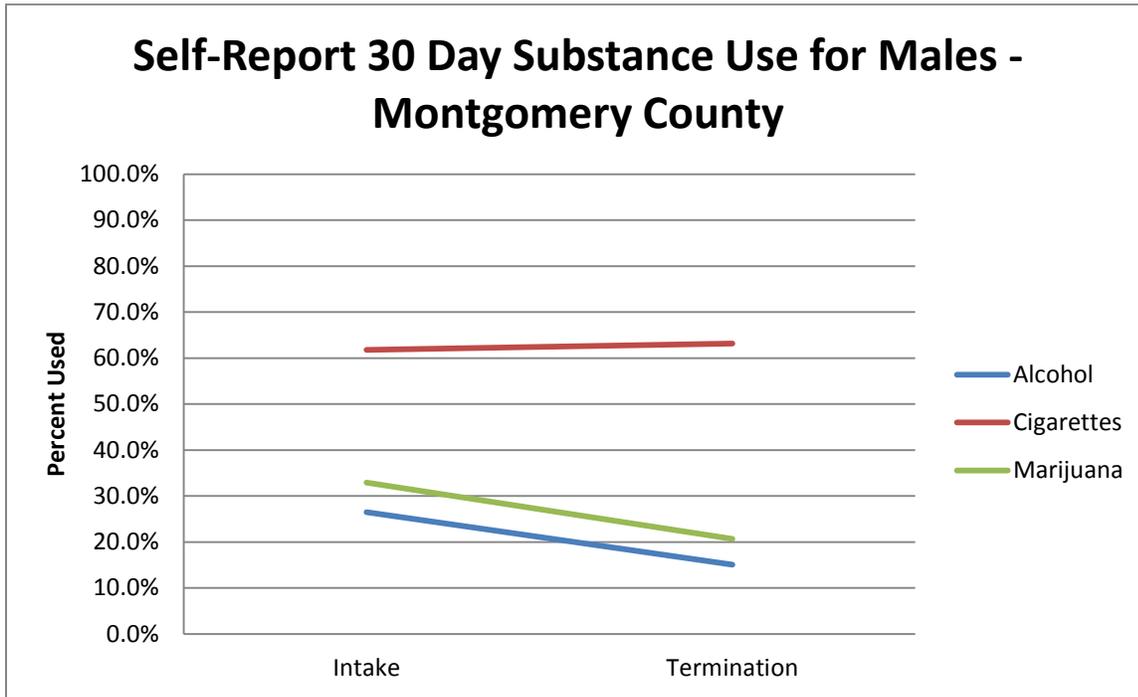
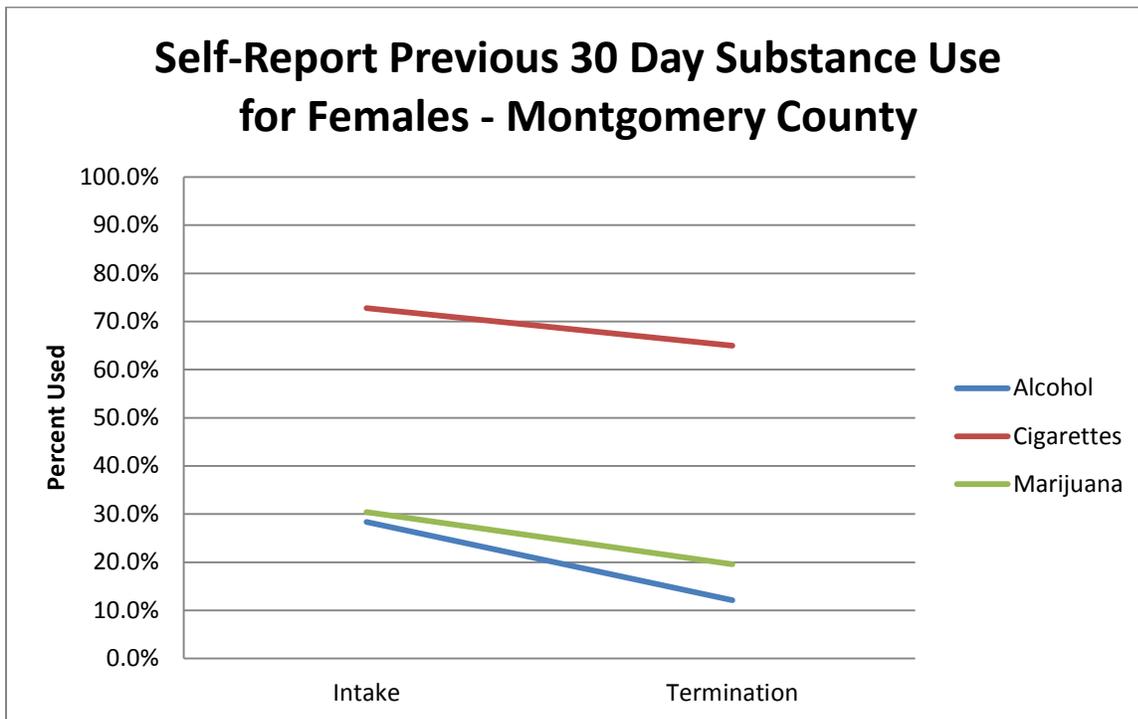


Figure 71. Self-Report Previous 30 Day Substance Use for Females – Montgomery County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the past 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The responses range from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicating problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 72, Figure 73, and Figure 74). At intake 64.2% (n = 571) of caregivers and 52.0% (n = 486) of workers reported no problems with drugs or alcohol in the past 30 days while 77.8% (n = 413) of caregivers and 62.1% (n = 481) of workers reported no problems at termination. Similarly, 70.6% (n = 642) of youth reported no problems in the past 30 days with drugs or alcohol at intake while 80.8% (n = 425) of youth reported no problems at termination.

Figure 72. Problems with Drugs or Alcohol in the Past 30 Days for Montgomery County Youth - Caregiver Ratings

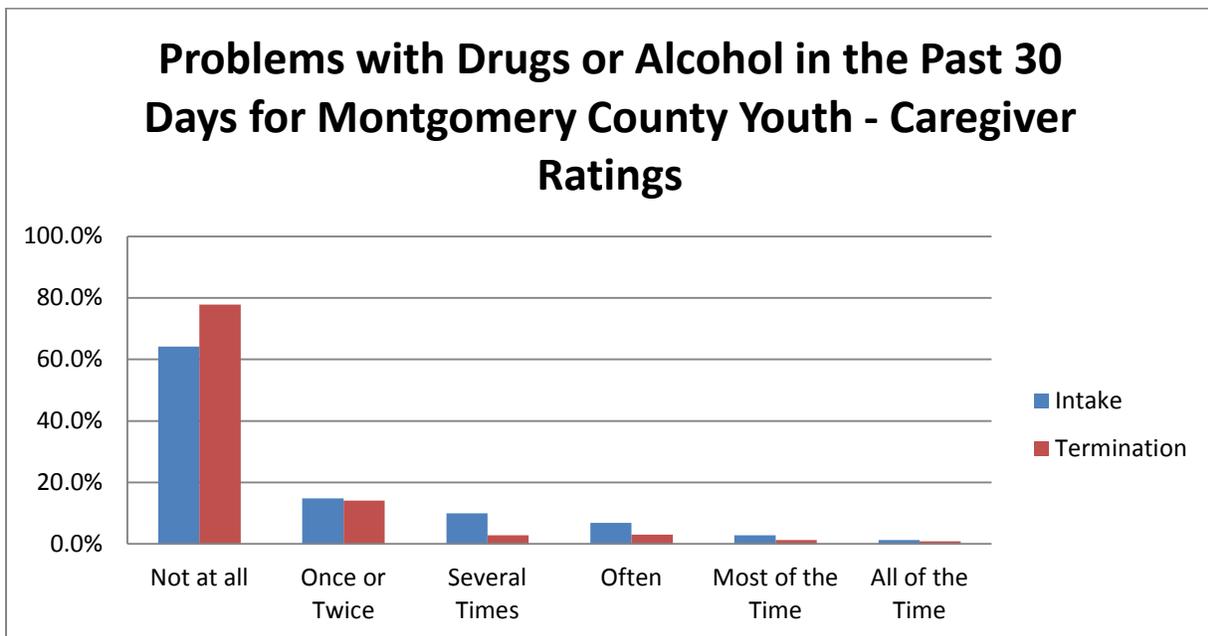


Figure 73. Problems with Drug or Alcohol in the Past 30 Days for Montgomery County Youth - Worker Ratings

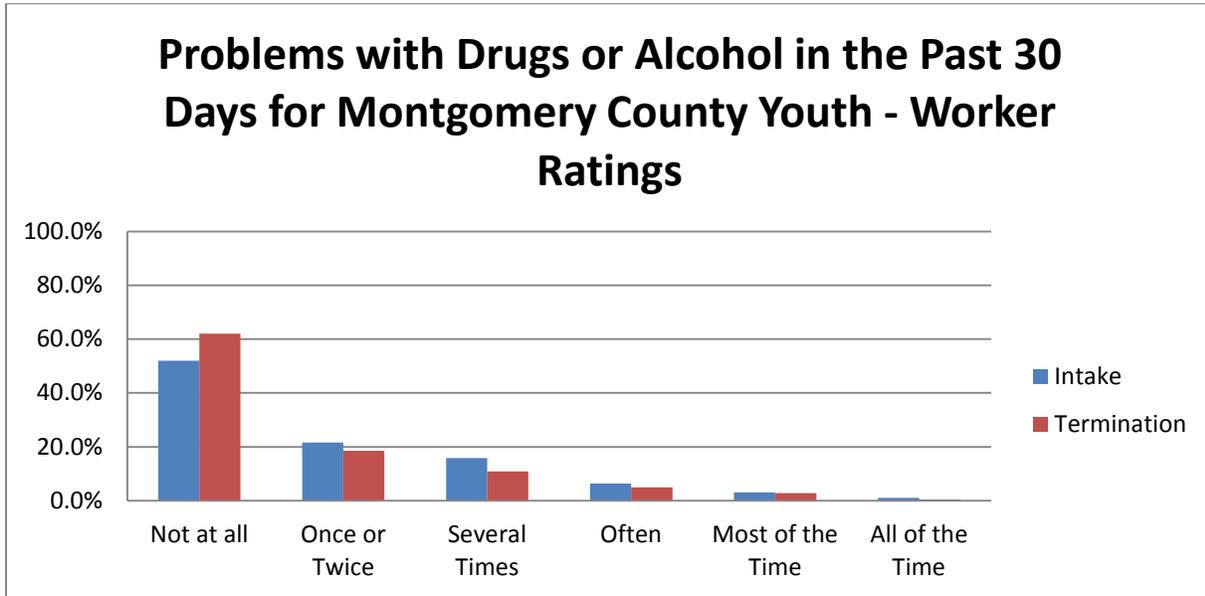
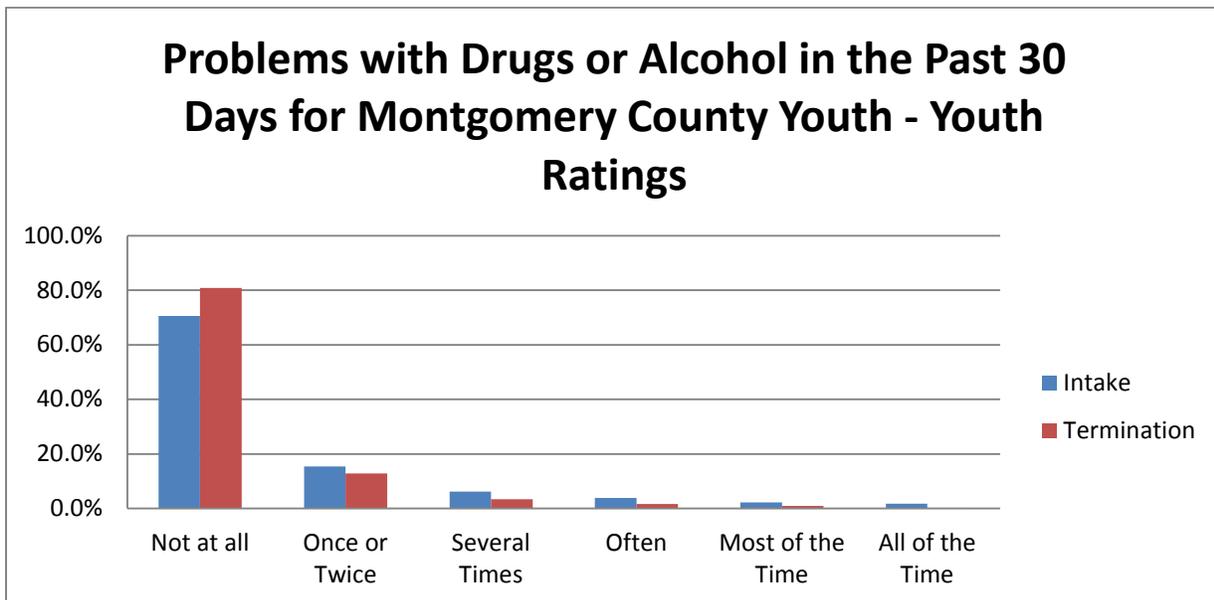


Figure 74. Problems with Drugs or Alcohol in the Past 30 Days for Montgomery County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 918 youth terminated from the BHJJ program in Montgomery County. **Over 60% (60.3%, n = 554) of the youth terminated from the BHJJ program were identified as successful treatment completers.** An additional 2.3% of youth (n = 21) were terminated from the program when the youth or family moved out of the county. Therefore, 62.3% (n = 575) of youth enrolled in BHJJ were terminated successfully or because the youth or family moved out of the county and were no longer able to receive BHJJ services. In Montgomery County 13.1% (n = 120) were withdrawn from the program and 7.6% (n = 70) were terminated from the program due to an out of home placement. Table 150 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013, 69.7% (n = 166) of youth terminated successfully from the BHJJ program in Montgomery County.

Table 150. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	60.3% (n = 554)	69.7% (n = 166)
Client Did Not Return/Rejected Services	5.9% (n = 54)	3.7% (n = 9)
Out of Home Placement	7.6% (n = 70)	7.1% (n = 17)
Client/Family Moved	2.3% (n = 21)	2.9% (n = 7)
Client Withdrawn	13.1% (n = 120)	9.2% (n = 22)
Client AWOL	2.6% (n = 24)	2.5% (n = 6)
Client Incarcerated	3.1% (n = 28)	3.4% (n = 8)
Other	5.1% (n = 47)	1.3% (n = 3)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Montgomery County BHJJ program was 147 days. For youth identified as completing treatment successfully, the average length of stay was 162 days and for youth identified as unsuccessful treatment completers, the average length of stay was 124 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 131 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 36.2% of the youth (n = 345) in Montgomery County were at risk for out of home placement. At termination, 28.5% (n = 261) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 8.0% (n = 44) were at risk for out of home placement at termination while 59.4% (n = 214) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 61.5% (n = 378) of the youth and had stayed the same for 28.9% (n = 178) of the youth. Police contacts increased for 9.1% (n = 56) of the youth and worker was unable to estimate for 0.5% (n = 3).

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 75). At termination from the BHJJ program, 95.2% (n = 371) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 91.3% (n = 356) either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 76). A strong majority (86.7%, n = 339) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 77) and 97.4% (n = 377) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 78).

Figure 75. Caregiver Satisfaction with the BHJJ Program

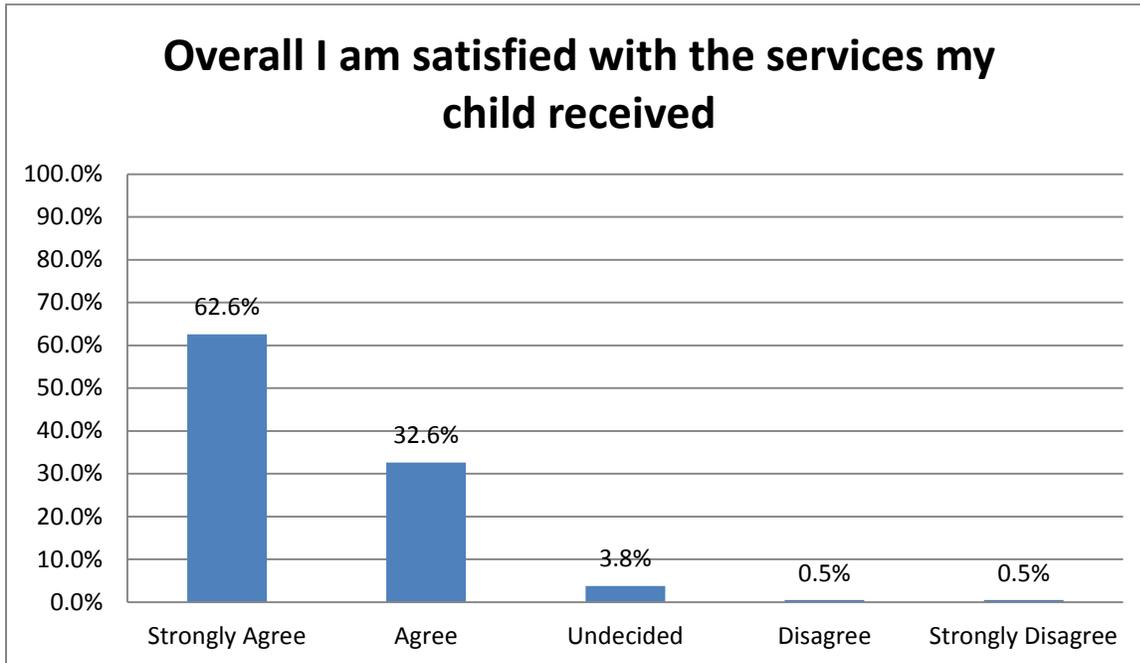


Figure 76. Services Received Were Right for Us

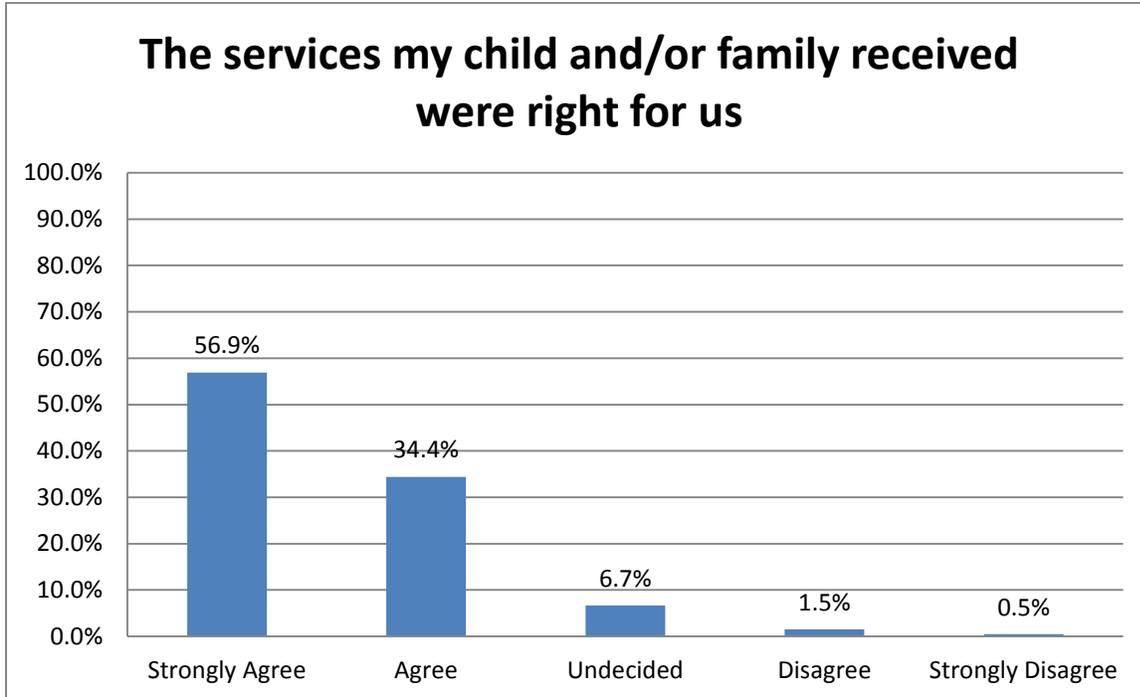


Figure 77. We Received the Help We Wanted

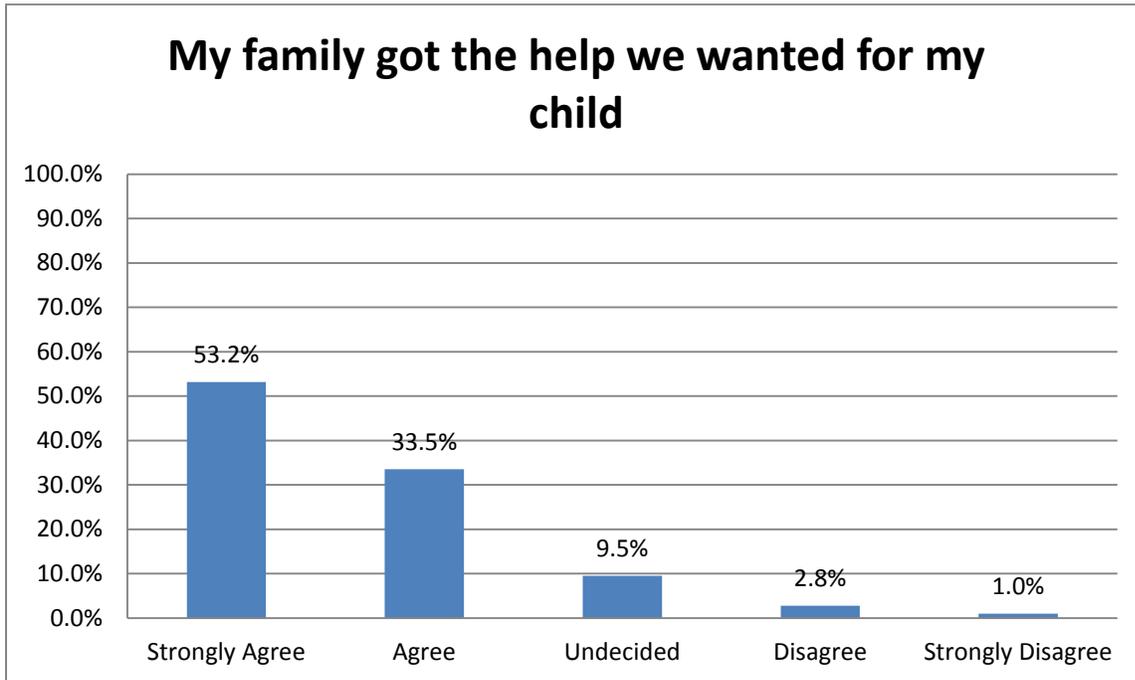
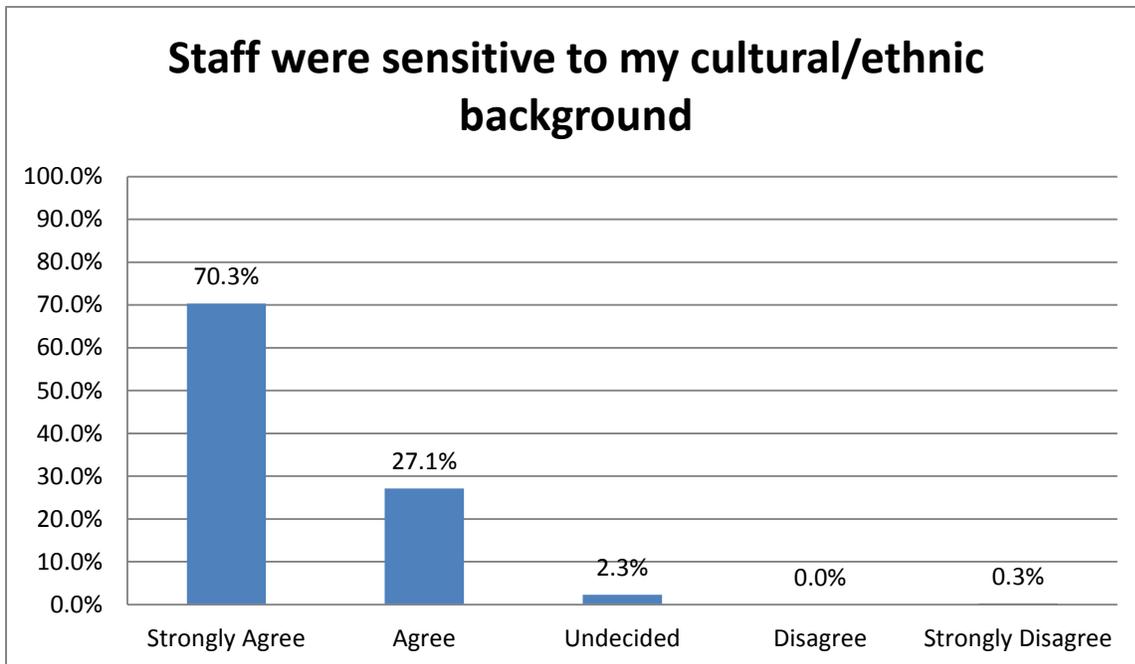


Figure 78. Satisfaction with Cultural Sensitivity of Staff



RECIDIVISM

METHODOLOGY

Court data were provided by the Montgomery County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 71.0% (n = 637) of the BHJJ youth had misdemeanor charges, 17.3% (n = 155) had at least one felony charge, and 63.8% were adjudicated delinquent (see Table 151).

Table 151. Charges Prior to BHJJ Enrollment – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 897)	39.1% (n = 351)	551	5.7% (n = 51)	63	31.3% (n = 281)
6 months (n = 897)	58.3% (n = 523)	995	11.8% (n = 106)	141	50.8% (n = 456)
12 months (n = 897)	71.0% (n = 637)	1,430	17.3% (n = 155)	239	63.8% (n = 572)
18 months (n = 897)	75.3% (n = 675)	1,682	19.8% (n = 178)	315	68.5% (n = 614)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 152 and Table 153). In the 12 months prior to enrollment, 64.2% (n = 318) of successful completers and 65.1% (n = 211) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A slightly lower percentage of successful completers had a felony charge in the 12 months prior to intake (17.6%, n = 87) than unsuccessful completers (18.8%, n = 61).

Table 152. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 495)	39.6% (n = 196)	292	4.2% (n = 21)	25	30.3% (n = 150)
6 months (n = 495)	58.2% (n = 288)	507	10.9% (n = 54)	68	50.7% (n = 251)
12 months (n = 495)	70.3% (n = 348)	731	17.6% (n = 87)	125	64.2% (n = 318)
18 months (n = 495)	74.3% (n = 368)	849	19.6% (n = 97)	157	67.9% (n = 336)

Table 153. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 324)	38.9% (n = 126)	219	9.0% (n = 29)	37	34.0% (n = 110)
6 months (n = 324)	59.0% (n = 191)	405	14.2% (n = 46)	65	52.5% (n = 170)
12 months (n = 324)	72.2% (n = 234)	583	18.8% (n = 61)	105	65.1% (n = 211)
18 months (n = 324)	77.2% (n = 250)	704	22.5% (n = 73)	137	71.9% (n = 233)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 47.1% (n = 319) of youth were charged with at least one new misdemeanor and 14.7% (n = 100) were charged with at least one new felony. Forty two percent (41.9%, n = 284) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 154).

Table 154. Recidivism after BHJJ Enrollment – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 880)	19.7% (n = 173)	255	4.3% (n = 38)	58	16.7% (n = 147)
6 months (n = 818)	31.7% (n = 259)	448	8.4% (n = 69)	112	27.4% (n = 224)
12 months (n = 678)	47.1% (n = 319)	704	14.7% (n = 100)	156	41.9% (n = 284)
18 months (n = 514)	59.3% (n = 305)	790	21.6% (n = 111)	205	52.7% (n = 271)

In the 12 months after enrollment in BHJJ 42.3% (n = 161) of successful completers were charged with at least one new misdemeanor, 7.9% (n = 30) were charged with at least one new felony, and 36.5% (n = 139) were adjudicated delinquent (see Table 155). Of the youth who completed unsuccessfully, 52.9% (n = 139) were charged with at least one new misdemeanor, 24.3% (n = 64) were charged with at least one new felony, and 48.3% (n = 127) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 156).

Table 155. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 488)	14.8% (n = 72)	102	1.8% (n = 9)	17	12.7% (n = 62)
6 months (n = 457)	25.4% (n = 116)	177	3.5% (n = 16)	28	21.4% (n = 98)
12 months (n = 381)	42.3% (n = 161)	317	7.9% (n = 30)	50	36.5% (n = 139)
18 months (n = 285)	56.8% (n = 162)	359	14.7% (n = 42)	85	48.8% (n = 139)

Table 156. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 316)	26.6% (n = 84)	125	8.2% (n = 26)	36	22.8% (n = 72)
6 months (n = 304)	39.1% (n = 119)	229	14.8% (n = 45)	71	34.9% (n = 106)
12 months (n = 263)	52.9% (n = 139)	352	24.3% (n = 64)	97	48.3% (n = 127)
18 months (n = 201)	62.7% (n = 126)	392	29.4% (n = 59)	106	56.7% (n = 114)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 45.1% (n = 250) of youth were charged with at least one new misdemeanor, 16.2% (n = 90) were charged with at least one new felony, and 40.6% (n = 225) were adjudicated delinquent (see Table 157).

Table 157. Recidivism after BHJJ Termination – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 773)	15.9% (n = 123)	188	3.9% (n = 30)	60	14.6% (n = 113)
6 months (n = 705)	26.7% (n = 188)	321	7.7% (n = 54)	97	23.8% (n = 168)
12 months (n = 554)	45.1% (n = 250)	523	16.2% (n = 90)	174	40.6% (n = 225)
18 months (n = 382)	56.3% (n = 215)	572	23.6% (n = 90)	178	51.8% (n = 198)

In the 12 months following their termination from BHJJ, 43.3% (n = 130) of successful completers were charged with at least one new misdemeanor, 12.7% (n = 38) were charged with at least one new felony, and 38.7% (n = 116) were adjudicated delinquent (see Table 158). Of the youth who completed unsuccessfully, 47.8% (n = 108) were charged with at least one new misdemeanor, 19.9% (n = 45) were charged with at least one new felony, and 42.9% (n = 97) were adjudicated delinquent in the 12 months after their termination from BHJJ (see Table 159).

Table 158. Recidivism after BHJJ Termination for Youth who Completed Successfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 431)	15.5% (n = 67)	97	2.1% (n = 9)	26	13.9% (n = 60)
6 months (n = 390)	24.6% (n = 96)	158	4.9% (n = 19)	41	21.8% (n = 85)
12 months (n = 300)	43.3% (n = 130)	255	12.7% (n = 38)	73	38.7% (n = 116)
18 months (n = 205)	53.7% (n = 110)	269	19.5% (n = 40)	79	48.3% (n = 99)

Table 159. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully – Montgomery County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 293)	17.1% (n = 50)	82	5.8% (n = 17)	28	15.7% (n = 46)
6 months (n = 279)	30.1% (n = 84)	151	10.8% (n = 30)	49	26.2% (n = 73)
12 months (n = 226)	47.8% (n = 108)	245	19.9% (n = 45)	91	42.9% (n = 97)
18 months (n = 155)	59.4% (n = 92)	273	28.4% (n = 44)	91	56.1% (n = 87)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 89 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 89 youth, 22.5% (n = 20) were charged with a new felony in the 12 months after their termination from BHJJ.

Twenty three of the 897 BHJJ youth (2.6%) from Montgomery County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

LUCAS COUNTY

DEMOGRAPHICS

Lucas County has enrolled 145 youth in the BHJJ program since 2009. Of the 145 youth enrolled, 29.2% (n = 42) were female and 70.8% (n = 102) were male. Since July 2011, 66.7% (n = 44) of new enrollees have been male (see Table 160).

The majority of the overall sample of youth were either African American (56.6%, n = 81) or Caucasian (35.7%, n = 51). A similar pattern was found for youth enrolled since July 2011, although a slightly higher proportion of African Americans (60.6%, n = 40) and slightly lower proportion of Caucasians (30.3%, n = 20) was observed. The average age of the youth at intake into BHJJ was 15.2 years old (SD = 1.34) with a range between 11.8 and 18.1 years.

Table 160. Demographic Information for BHJJ Youth in Lucas County

	All Youth Enrolled (2009 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 29.2% (n = 42) Male = 70.8% (n = 102)	Female = 33.3% (n = 22) Male = 66.7% (n = 44)
Race	African American = 56.6% (n = 81) Caucasian = 35.7% (n = 51) Other = 7.7% (n = 11)	African American = 60.6% (n = 40) Caucasian = 30.3% (n = 20) Other = 9.1% (n = 6)
Age at Intake	15.2 years (SD = 1.34)	15.1 years (SD = 1.3)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother (58.8%, n = 77) (see Table 161). At time of enrollment, 82.4% (n = 108) of the BHJJ youth lived with at least one biological parent.

Over three quarters of caregivers (76.8%, n = 99) had at least a high school diploma or GED, and over 4.7% (n = 6) had a bachelor's degree or higher (see Table 162). Slightly less than a quarter of caregivers (23.2%, n = 30) reported that they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$10,000 - \$14,999 (see Table 163). The majority of BHJJ families had a household income of less than \$10,000 (53.6%, n = 67) with 44.0% (n = 55) of caregivers reporting a household income less than \$5,000.

Table 161. Custody Arrangement for BHJJ Youth in Lucas County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	18.3% (n = 24)
Biological Mother Only	58.8% (n = 77)
Biological Father Only	5.3% (n = 7)
Adoptive Parent(s)	6.1% (n = 8)
Aunt/Uncle	1.5% (n = 2)
Grandparents	8.4% (n = 11)
Other	1.5% (n = 2)

Table 162. Educational Outcomes for Caregivers of BHJJ Youth in Lucas County

Number of School Years Completed	Number of Caregivers
Less than High School	23.2% (n = 30)
High School Graduate or G.E.D.	36.4% (n = 47)
Some College or Associate Degree	35.7% (n = 46)
Bachelor's Degree	3.1% (n = 4)
More than a Bachelor's Degree	1.6% (n = 2)

Table 163. Annual Household Income for BHJJ Families in Lucas County

Annual Household Income	BHJJ Families
Less than \$5,000	44.0% (n = 55)
\$5,000 - \$9,999	9.6% (n = 12)
\$10,000 - \$14,999	11.2% (n = 14)
\$15,000 - \$19,999	8.8% (n = 11)
\$20,000 - \$24,999	11.2% (n = 14)
\$25,000 - \$34,999	4.0% (n = 5)
\$35,000 - \$49,999	8.0% (n = 10)
\$50,000 - \$74,999	3.2% (n = 4)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 164). Chi-square analysis was conducted on each item and significant differences are identified in Table 164. Overall, a significantly higher proportion of the caregivers of females reported a history of sexual abuse, talking about suicide, and the child currently taking emotional or behavioral medications.

Caregivers reported that 35.9% of females and 7.8% of males had a history of sexual abuse. Over 50% of the caregivers of females (56.8%, n = 21) and 36.3% (n = 33) of the caregivers of males reported that their child had talked about committing suicide. The majority of both the caregivers of females (64.1%, n = 25) and males (67.4%, n = 58) reported a family history of depression.

Table 164. Youth and Family History in Lucas County

Question	Females	Males
Has the child ever been physically abused?	15.4% (n=6)	15.2% (n=14)
Has the child ever been sexually abused?	35.9% (n=14) ^{***}	7.8% (n=7)
Has the child ever run away?	74.4% (n=29)	56.7% (n=51)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	47.4% (n=18)	58.4% (n=52)
Has the child ever talked about committing suicide?	56.8% (n=21) [*]	36.3% (n=33)
Has the child ever attempted suicide?	17.9% (n=7)	13.5% (n=12)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	26.3% (n=10)	39.6% (n=36)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	64.1% (n=25)	67.4% (n=58)
Has anyone in the child's biological family had a mental illness, other than depression?	47.4% (n=18)	48.2% (n=41)
Has the child ever lived in a household in which someone was convicted of a crime?	27.8% (n=10)	40.4% (n=36)
Has anyone in the child's biological family had a drinking or drug problem?	45.9% (n=17)	55.1% (n=49)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	57.9% (n=22) [*]	38.6% (n=34)

*p < .05, ** p < .01, ***p < .001

At intake caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 7.9% (n = 3) of females had been pregnant and 1.6% (n = 1) of males had impregnated a female. No youth participating in the BHJJ project in Lucas County was currently expecting a child. One male (3.3%) and no female youth currently had children. The youth was not currently living with the child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Lucas County youth based on the OYAS risk categories by gender and race are presented in Table 165. Chi-square analyses revealed significant group differences in OYAS categories based on gender and race.

Table 165. OYAS Risk Categories by Gender and Race - Lucas County

	OYAS Low	OYAS Moderate	OYAS High
Female*	36.6% (n = 15)	48.8% (n = 20)	14.6% (n = 6)
Male	17.6% (n = 16)	50.5% (n = 46)	31.9% (n = 29)
White*	34.9% (n = 15)	48.8% (n = 21)	16.3% (n = 7)
Nonwhite	18.0% (n = 16)	50.6% (n = 45)	31.5% (n = 28)

*p < .05

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given in close proximity to a youth's enrollment in BHJJ. The most common Axis I diagnosis for both females (70.0%, n = 28) and males (66.7%, n = 64) was Oppositional Defiant Disorder (see Table 166).

A total of 287 Axis I diagnoses were identified for 136 youth with diagnostic information (2.11 diagnoses per youth). Females reported 92 Axis I diagnoses (2.30 diagnoses per female) and males reported 195 Axis I diagnoses (2.03 diagnoses per male). Chi-square analyses indicated that a significantly higher proportion of females had been diagnosed with Depressive Disorders and Conduct Disorder. Of the 136 youth with available diagnostic information, 13.5% of females and 16.3% of males had co-occurring substance use and mental health diagnoses.

Table 166. Most Common DSM-IV Axis I Diagnoses in Lucas County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	12.5% (n = 5)	15.6% (n = 15)
Attention Deficit Hyperactivity Disorder	62.5% (n = 25)	64.6% (n = 62)
Alcohol-related Disorders	0.0% (n = 0)	1.0% (n = 1)
Oppositional Defiant Disorder	70.0% (n = 28)	66.7% (n = 64)
Depressive Disorders	17.5% (n = 7)**	3.1% (n = 3)
Conduct Disorder	10.0% (n = 4)*	2.1% (n = 2)
Mood Disorder	7.5% (n = 3)	11.5% (n = 11)
Bipolar Disorder	15.0% (n = 6)	9.4% (n = 9)
Post-traumatic Stress Disorder	10.0% (n = 4)	8.3% (n = 8)

*p < .05, ** p < .01

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were added to the evaluation packet at both intake into and termination from the BHJJ program. The items were completed by the worker with help from the caregiver and youth. Nearly 80% of the youth were either suspended or expelled from school in the 12 months prior to enrollment in the BHJJ project (79.0%, n = 98). Less than 50% of the youth were suspended or expelled from school while in treatment with BHJJ (49.5%, n = 46).

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 77.9% (n = 95) of youth were currently attending school while at termination, 82.4% (n = 70) of youth were attending school. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received. Table 167 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 21.2% (n = 27) of youth typically received A's, B's, or C's while at termination, 37.8% (n = 31) of youth were typically receiving A's, B's, or C's. Among those attending school at termination, 35.7% (n = 25) had Individual Education Plans (IEPs).

At termination, workers reported that 58.1% (n = 54) of the youth were attending school more than before starting treatment and 31.2% (n = 29) of youth were attending school 'about the same' amount compared to before starting treatment. Workers reported that 5.4% (n = 5) of youth were attending school less often than before starting treatment.

Table 167. Academic Performance in Lucas County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	4.7% (n = 6)	9.8% (n = 8)
Mostly B's and C's	16.5% (n = 21)	28.0% (n = 23)
Mostly C's and D's	23.6% (n = 30)	39.0% (n = 32)
Mostly D's and F's	55.1% (n = 70)	23.2% (n = 19)

VOCATIONAL DATA

At intake into BHJJ, workers reported that 3.0% (n = 4) of youth were employed, and that 75.0% (n = 3) of them were working part-time. At termination, 4.3% (n = 4) of the youth were employed and all were working part-time. Two youth (1.5%) received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and 12.8% (n = 17) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 4.3% (n = 4) of youth received employment counseling or vocational training in the past 12 months and 21.7% (n = 20) planned to pursue employment counseling or vocational training in the next 12 months.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

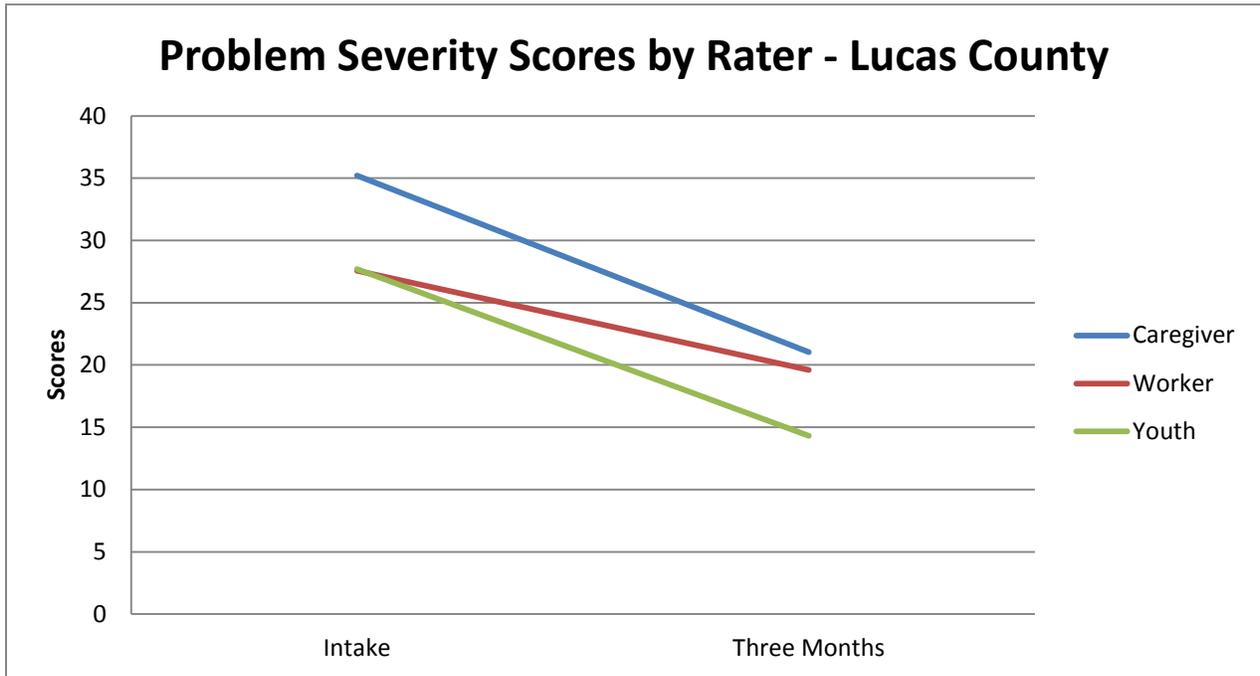
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Lucas County youth can be found in Table 168 and represented graphically in Figure 79. Mean from intake to termination are presented in Figure 80.

Table 168. Ohio Scales Problem Severity Scores for Youth in Lucas County

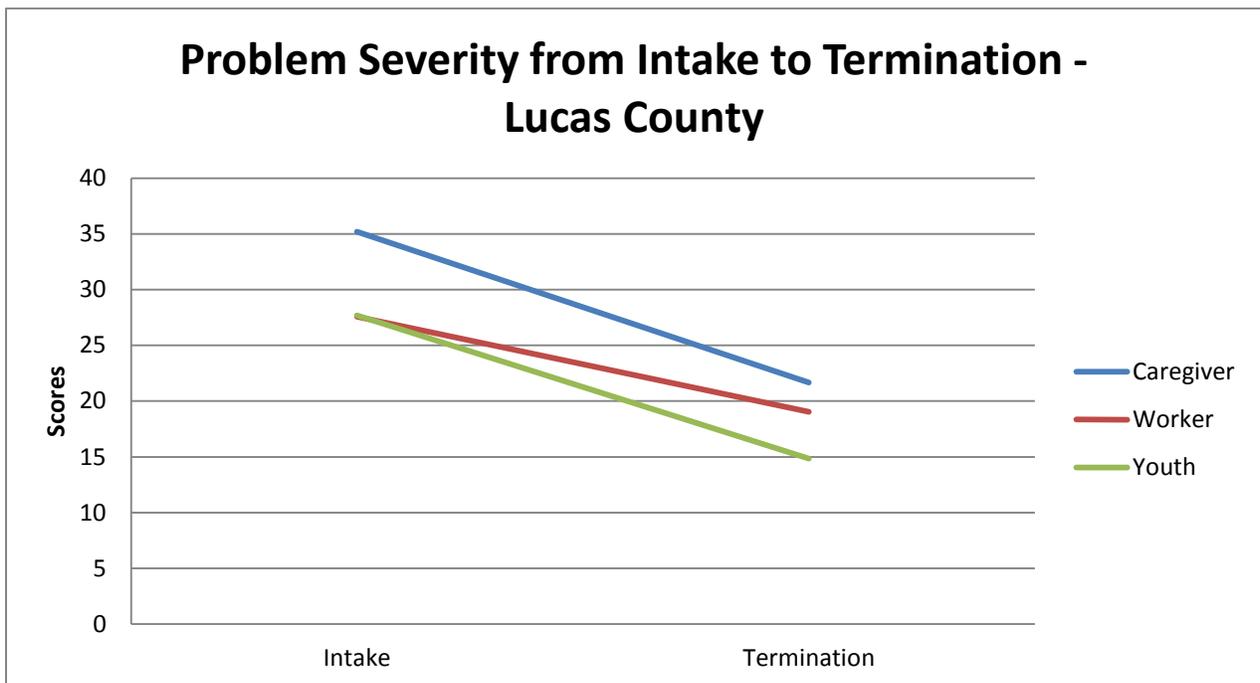
	Caregiver	Worker	Youth
Intake	35.21 (SD=16.35; n=58)	27.58 (SD=12.97; n=126)	27.70 (SD=15.73; n=106)
Three Months	21.04 (SD=16.08; n=25)	19.60 (SD=15.10; n=78)	14.32 (SD=14.10; n=59)
Termination	21.67 (SD=16.49; n=41)	19.03 (SD=15.11; n=92)	14.83 (SD=13.62; n=75)

Figure 79. Problem Severity Scores by Rater - Lucas County



*all comparisons from intake to three months are significant at the $p < .001$ level

Figure 80. Problem Severity from Intake to Termination - Lucas County



*all comparisons from intake to termination are significant at least at the $p < .01$ level

CAREGIVER RATING

Paired samples t-tests revealed significant improvement in Problem Severity scores from intake to three months: $t(18) = 3.63$, $p < .001$ and from intake to termination: $t(31) = 3.47$, $p < .01$. The data indicated a large effect for the measurement interval between intake and three months and a medium effect for the interval between intake and termination.

Table 169. Paired Samples T-Tests for Caregiver Report Problem Severity Scores - Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	31.05 (SD=12.37; n=19)	20.37 (SD=15.46; n=19)	3.63 ^{***}	.83
Intake to Termination	34.94 (SD=16.88; n=32)	21.55 (SD=17.89; n=32)	3.47 ^{**}	.65

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

Paired samples t-tests indicated significant improvement from intake to three months: $t(71) = 4.70$, $p < .001$ and from intake to termination: $t(81) = 5.39$, $p < .001$. The data indicated a medium effect size for both measurement intervals.

Table 170. Paired Samples T-Tests for Worker Report Problem Severity Scores - Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	27.03 (SD=12.95; n=72)	18.30 (SD=13.94; n=72)	4.70 ^{***}	.55
Intake to Termination	28.41 (SD=12.67; n=82)	18.40 (SD=14.81; n=82)	5.39 ^{***}	.59

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

For youth, paired samples t-tests indicated significant improvements in Problem Severity from intake to three months: $t(53) = 5.29$, $p < .001$ and from intake to termination: $t(65) = 5.83$, $p < .001$. Medium effect sizes were observed for both measurement intervals.

Table 171. Paired Samples T-Tests for Youth Report Problem Severity Scores - Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	24.95 (SD=14.88; n=54)	13.91 (SD=14.38; n=54)	5.29 ^{***}	.72
Intake to Termination	26.83 (SD=15.88; n=66)	15.03 (SD=14.01; n=66)	5.83 ^{***}	.71

* $p < .05$, ** $p < .01$, *** $p < .001$

FUNCTIONING

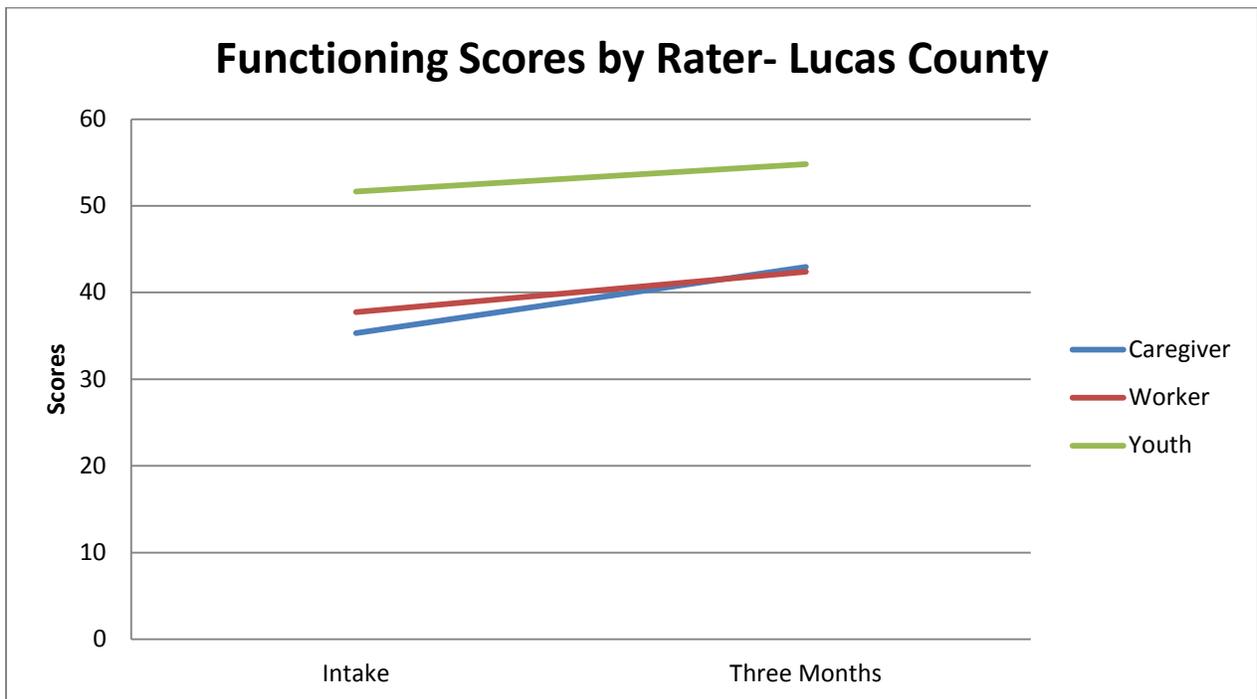
Overall means for the Functioning scale by rater and assessment period for Lucas County youth can be found in Table 172 and represented graphically in Figure 81. Means from intake to termination are presented in Figure 82.

Table 172. Ohio Scales Functioning Scores by Rater – Lucas County

	Caregiver	Worker	Youth
Intake	35.31 (SD=15.37; n=58)	37.75 (SD=12.47; n=127)	51.66 (SD=13.10; n=107)
Three Months	42.96 (SD=16.47; n=26)	42.40 (SD=13.27; n=78)	54.80 (SD=18.29; n=60)
Termination	43.49 (SD=19.04; n=43)	42.69 (SD=15.11; n=93)	57.55 (SD=13.92; n=74)

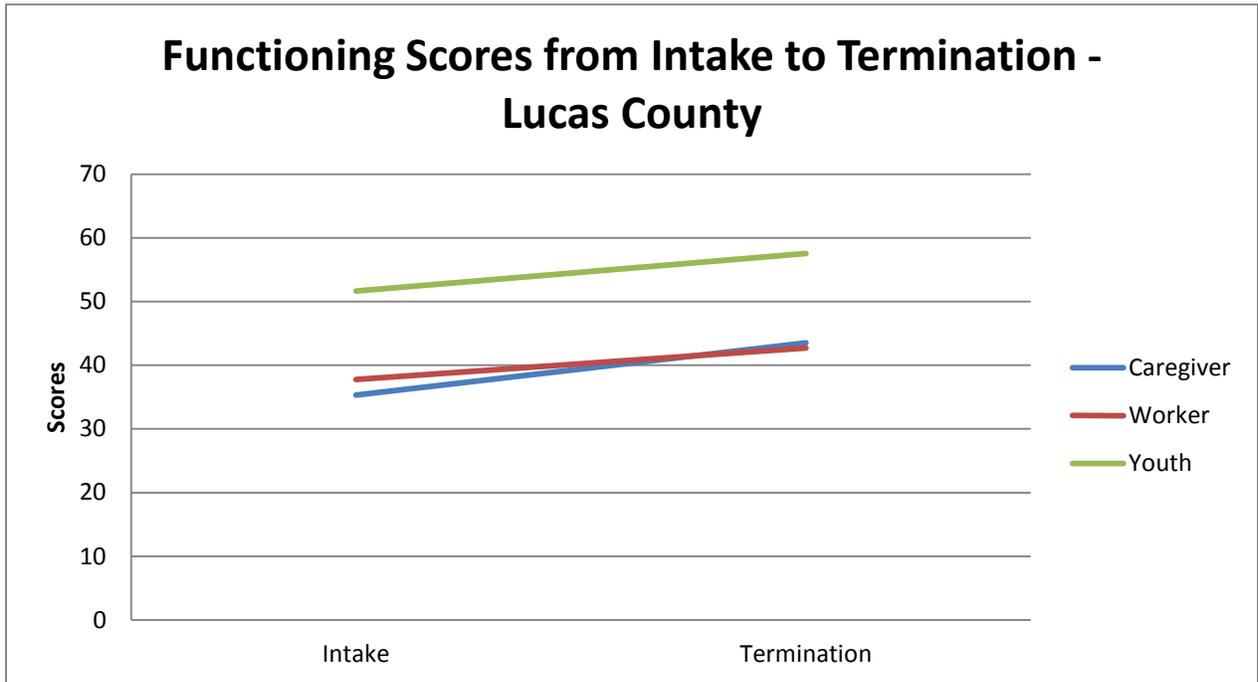
* p < .05, ** p < .01, *** p < .001

Figure 81. Functioning Scores by Rater - Lucas County



*worker and youth comparisons from intake to three months are significant at the p < .01 level

Figure 82. Functioning Scores from Intake to Termination - Lucas County



*caregiver and worker comparisons from intake to termination are significant at least at the $p < .05$ level

CAREGIVER RATING

Paired samples t-tests revealed a significant improvement in scores on the Functioning scale from intake to termination: $t(32) = -2.98$, $p < .01$ with a medium effect size.

Table 173. Paired Samples T-Tests for Caregiver Report Functioning Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	36.90 (SD=14.83; n=20)	44.75 (SD=16.41; n=20)	-1.77	.40
Intake to Termination	35.51 (SD=16.64; n=33)	44.88 (SD=19.21; n=33)	-2.98**	.52

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests revealed significant improvement in scores on the Functioning scale from intake to three months: $t(71) = -2.66$, $p < .05$ and from intake to termination: $t(82) = -2.53$, $p < .05$. Small effect sizes were observed for both measurement intervals.

Table 174. Paired Samples T-Tests for Worker Report Functioning Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	37.69 (SD=12.77; n=72)	42.49 (SD=13.60; n=72)	-2.66*	.31
Intake to Termination	38.07 (SD=12.72; n=83)	42.59 (SD=15.47; n=83)	-2.53*	.28

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests revealed a significant improvement in scores on the Functioning scale from intake to termination: $t(65) = -3.19$, $p < .01$ with a small effect size.

Table 175. Paired Samples T-Tests for Youth Report Functioning Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	51.81 (SD=12.60; n=55)	55.67 (SD=17.53; n=55)	-1.45	.22
Intake to Termination	50.51 (SD=13.32; n=66)	56.98 (SD=14.34; n=66)	-3.19**	.39

* $p < .05$, ** $p < .01$, *** $p < .001$

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Lucas County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 176 and Table 177 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Lucas County BHJJ youth who have subscale scores both at intake and at termination (see Table 178). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are

also presented using the recommended criteria for its interpretation in Cohen's (1988) seminal work. Interpretation of Cohen's *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect⁶. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

No statistically significant improvements were noted for any of the TSCC subscales; however, small effect sizes were found for all the subscales except Depression. Means reported in Table 178 are represented graphically in Figure 83.

Table 176. Mean TSCC Subscale Scores from Intake to Termination for Lucas County Males

	Intake	Termination
Anxiety	4.83 (SD=3.67; n = 54)	4.00 (SD=3.60; n=23)
Depression	5.33 (SD=4.59; n = 54)	5.17 (SD=4.61; n=23)
Anger	11.53 (SD=5.68; n = 54)	9.91 (SD=5.34; n=23)
PTS	6.70 (SD=5.16; n = 54)	5.08 (SD=4.03; n=23)
Dissociation	6.96 (SD=5.29; n = 53)	5.52 (SD=5.18; n=23)
Sexual Concerns	5.25 (SD=4.49; n=54)	4.47 (SD=3.99; n=23)

Table 177. Mean TSCC Subscale Scores from Intake to Termination for Lucas County Females

	Intake	Termination
Anxiety	6.47 (SD=3.67; n = 23)	4.38 (SD=3.09; n=13)
Depression	7.95 (SD=3.63; n = 23)	6.38 (SD=3.15; n=13)
Anger	12.17 (SD=5.59; n = 23)	9.15 (SD=3.15; n=13)
PTS	8.21 (SD=5.75; n = 23)	7.46 (SD=3.71; n=13)
Dissociation	8.56 (SD=4.65; n = 23)	4.46 (SD=2.98; n=13)
Sexual Concerns	5.21 (SD=3.55; n=23)	3.07 (SD=2.21; n=13)

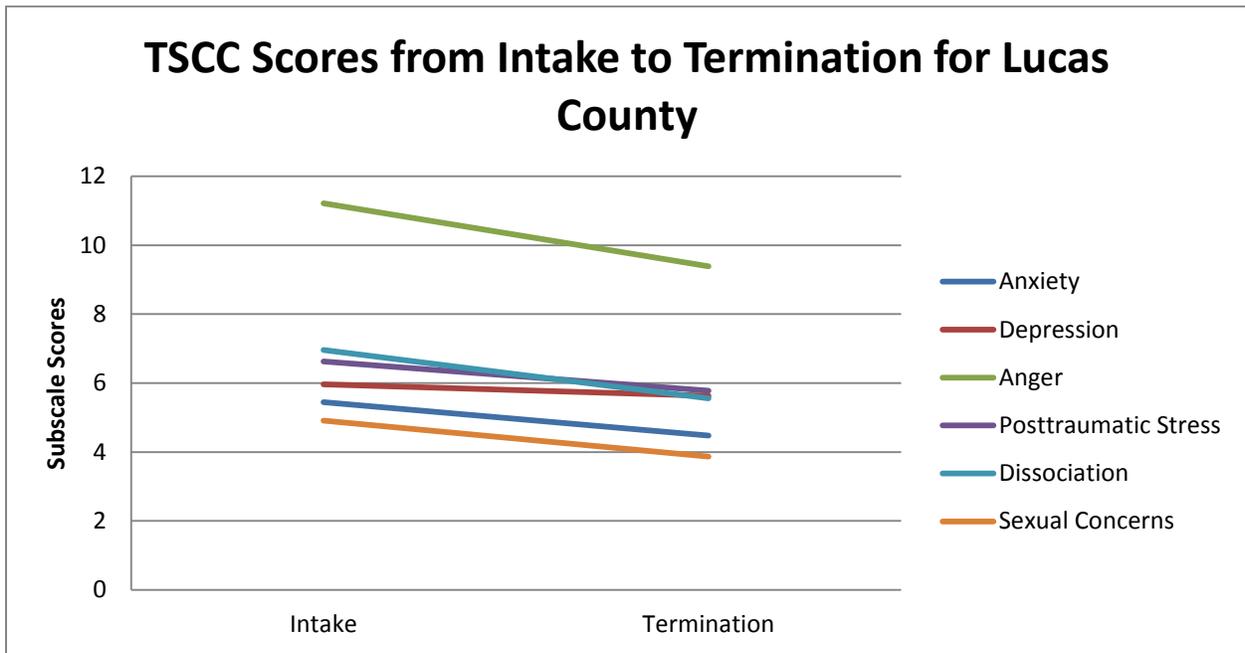
Table 178. Paired Samples T Tests for TSCC Subscales for Lucas County Youth

	Intake	Termination	t	d
Anxiety	5.45 (SD=3.24; n=33)	4.48 (SD=3.52; n=33)	1.31	.29
Depression	5.96 (SD=4.47; n=33)	5.63 (SD=4.27; n=33)	0.40	.08
Anger	11.21 (SD=5.10; n=33)	9.39 (SD=4.66; n=33)	1.74	.37
PTS	6.63 (SD=4.32; n=33)	5.78 (SD=3.84; n=33)	1.32	.21
Dissociation	6.96 (SD=3.78; n=32)	5.56 (SD=4.55; n=32)	1.89	.33
Sexual Concerns	4.91 (SD=4.46; n=33)	3.87 (SD=3.49; n=33)	1.75	.26

* = $p < .05$, ** = $p < .01$, *** $p < .001$

⁶ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Figure 83. TSCC Means from Intake to Termination for Lucas County Youth



SUBSTANCE USE

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 179 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the three most commonly used substances for both males and females. Chi-square analyses revealed that a significantly higher proportion of females reported lifetime use of ecstasy and non-prescription drugs than males.

Youth were also asked to report whether they had used each substance in the past six months. Due to sample size limitations, we were unable to examine the data separately by gender. Figure 84 presents past six month use for the most commonly reported substances among those who reported lifetime use. The percentage of youth reporting past six month substance use decreased from intake to termination. At intake 63.4% (n = 45) of youth reported alcohol use in the six months prior to intake while 48.5% (n = 16) reported past six month alcohol use at termination. McNemar's tests revealed a significant decrease in past six month marijuana use.

If they had reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 85 shows the percentage of those youth reporting any 30 day use for the three most commonly reported substances. The percentage of youth reporting past 30 day use of alcohol and marijuana decreased from intake to termination. Youth reporting past 30 day use of alcohol declined from 34.8% (n = 23) at intake to 29.0%

(n = 9) at termination. Similarly for marijuana use, youth reporting past 30 day use declined from 55.2% (n = 32) at intake to 35.7% (n = 10) at termination. No significance tests were conducted due to low sample sizes.

Table 179. Self-Reported Substance Use at Intake for Lucas County Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	62.8% (n = 54)	12.67 (SD = 1.99)	66.7% (n = 26)	13.46 (SD = 1.41)
Cigarettes	47.7% (n = 41)	12.03 (SD = 2.33)	57.5% (n = 23)	13.29 (SD = 1.74)
Chewing Tobacco	7.1% (n = 6)	13.83 (SD = 1.47)	7.5% (n = 3)	16.00 ^b
Marijuana	70.9% (n = 61)	11.82 (SD = 2.10)	69.2% (n = 27)	13.48 (SD = 1.26)
Cocaine	2.3% (n = 2)	13.00 (SD = 1.41)	5.0% (n = 2)	13.00 ^b
Pain Killers (use inconsistent with prescription)	7.0% (n = 6)	14.75 (SD = 0.96)	10.0% (n = 4)	15.00 (SD = 2.00)
GHB	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Inhalants	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Heroin	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Amphetamines	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Ritalin (use inconsistent with prescription)	3.5% (n = 3)	10.50 (SD = 7.78)	2.5% (n = 1)	14.00 ^b
Barbiturates	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Non-prescription Drugs	0.0% (n = 0)	^a	10.0% (n = 4) [*]	15.67 (SD = 2.31)
Hallucinogens	2.3% (n = 2)	14.00 (SD = 0.00)	2.5% (n = 1)	^a
PCP	1.2% (n = 1)	13.00 ^b	2.5% (n = 1)	^a
Ketamine	0.0% (n = 0)	^a	2.6% (n = 1)	16.00 ^b
Ecstasy	2.3% (n = 2)	14.50 (SD = 0.71)	12.8% (n = 5) [*]	14.00 (SD = 1.00)
Tranquilizers	3.5% (n = 3)	14.33 (SD = 0.58)	0.0% (n = 0)	^a

^{*} p < .05

^a Age of first use is not provided in cases where no respondent reported ever using a substance or in cases where the respondent did not report age of first use.

^b Standard Deviations are not calculated when only one respondent reported using a substance.

Figure 84. Previous 6 Month Substance Use from Intake to Termination - Lucas County

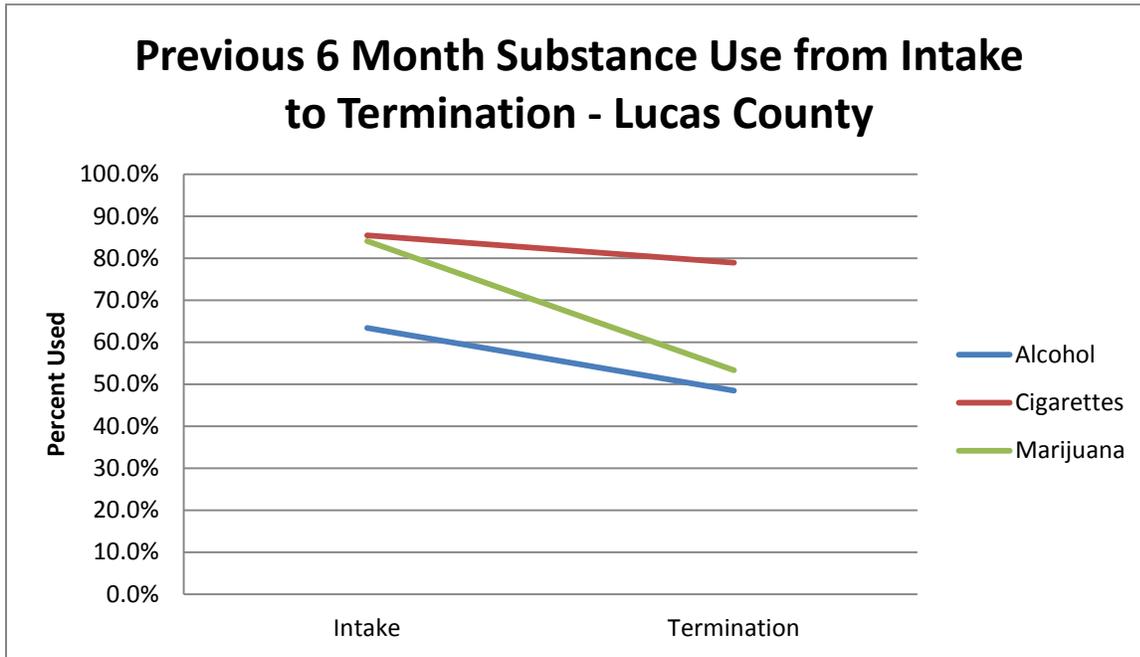
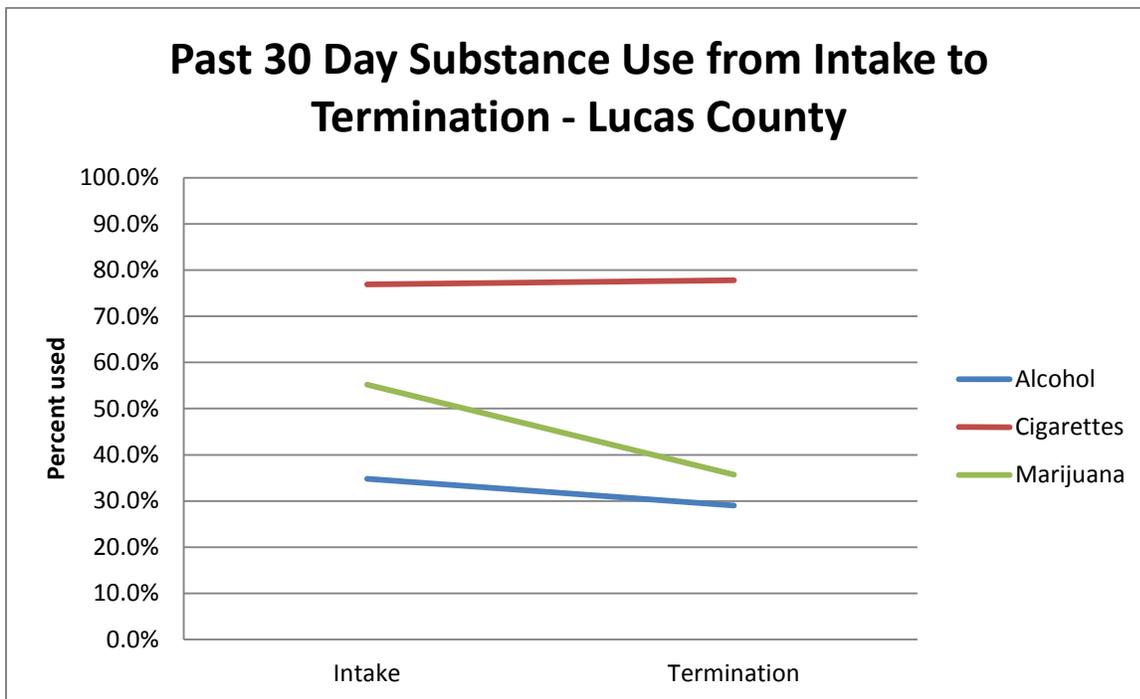


Figure 85. Past 30 Day Substance Use from Intake to Termination - Lucas County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the past 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The responses range from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicating problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 86, Figure 87, Figure 88). At intake, 40.7% (n = 20) of caregivers and 51.2% (n = 65) of workers reported no problems with drugs or alcohol in the past 30 days while 71.8% (n = 28) of caregivers and 62.4% (n = 58) of workers reported no problems at termination. Similarly, 54.7% (n = 58) of youth reported no problems in past 30 days with drugs or alcohol at intake while 72.0% (n = 54) of youth reported no problems at termination.

Figure 86. Problems with Drugs or Alcohol in the Past 30 Days for Lucas County Youth - Caregiver Ratings

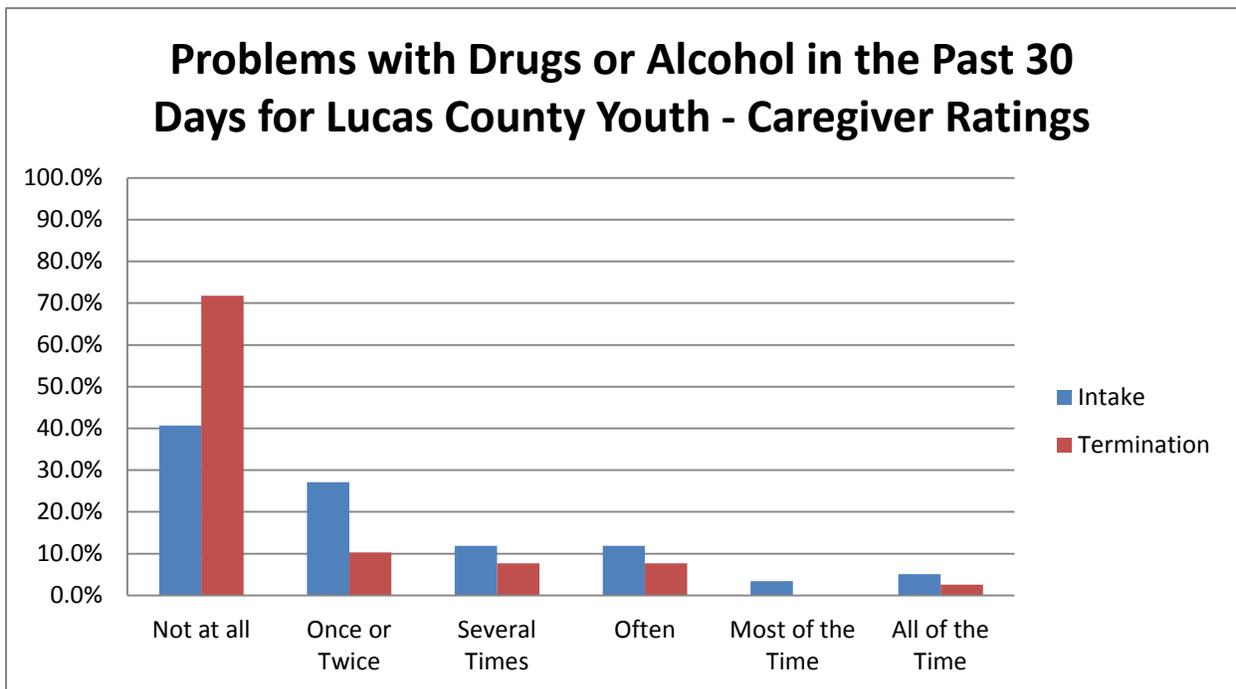


Figure 87. Problems with Drugs or Alcohol in the Past 30 Days for Lucas County Youth - Worker Ratings

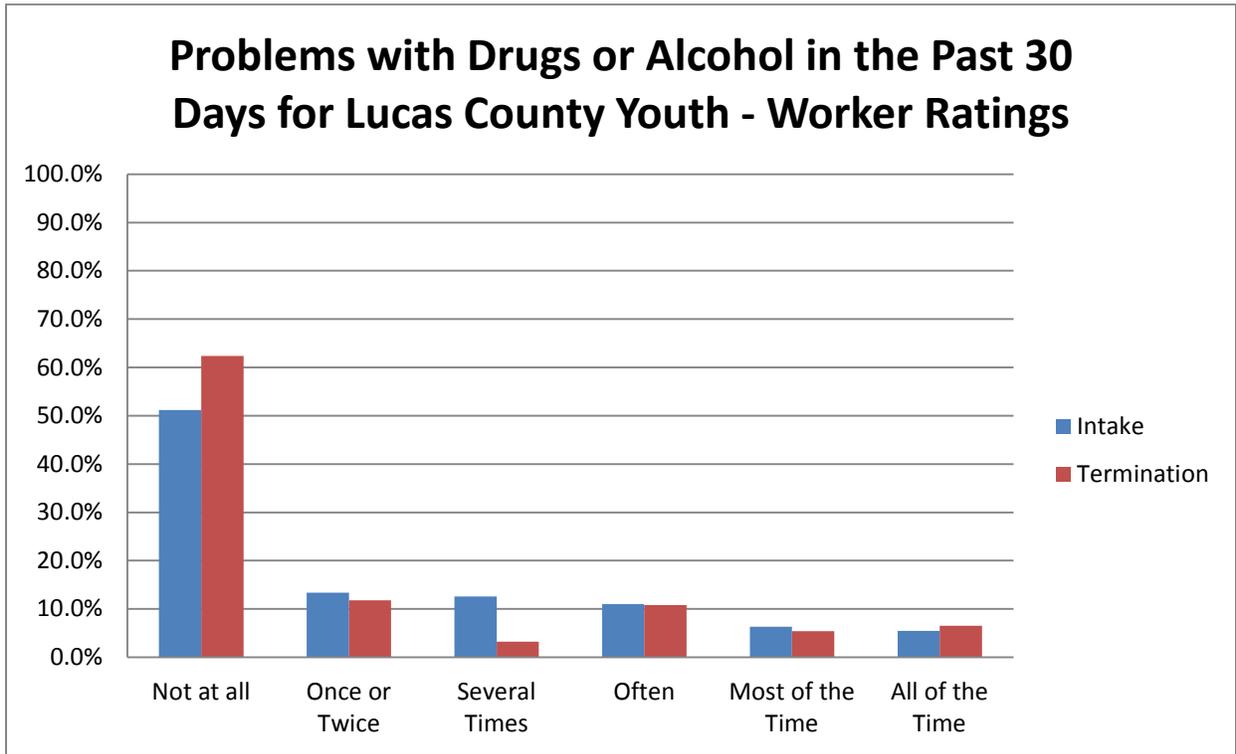
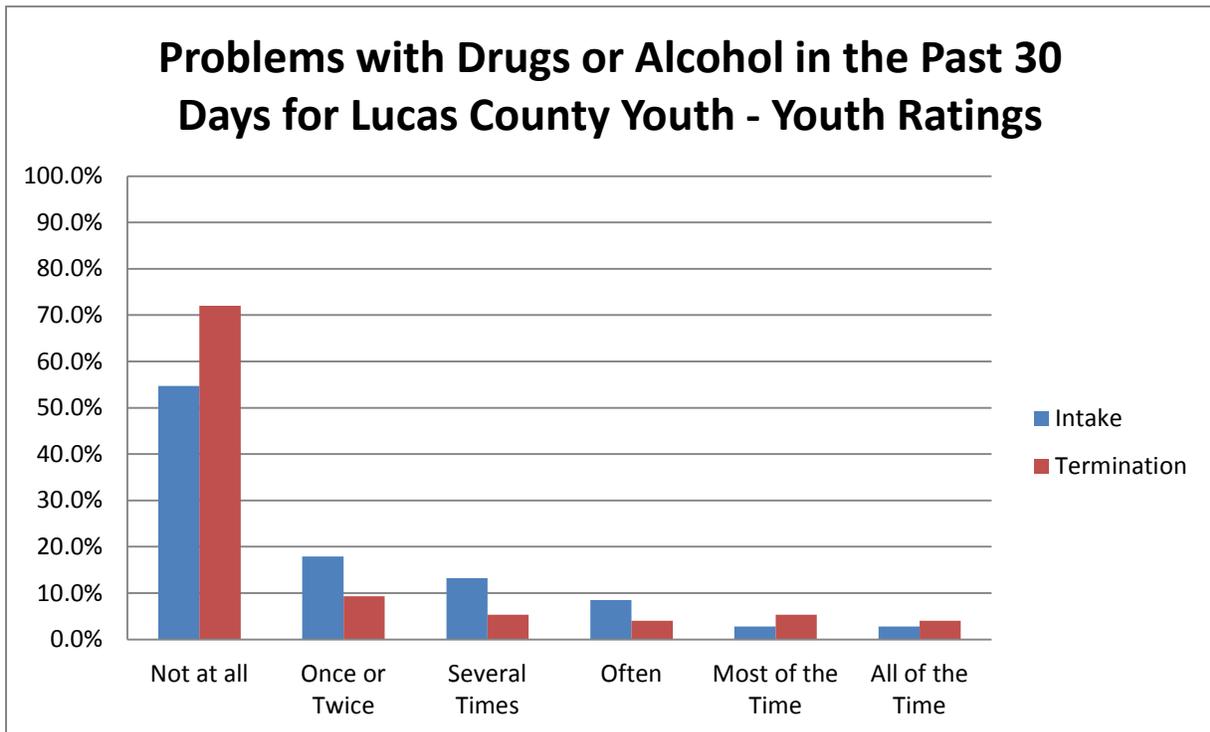


Figure 88. Problems with Drugs or Alcohol in the Past 30 Days for Lucas County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 92 youth terminated from the BHJJ program in Lucas County. **Over 70% (72.8%, n = 67) of the youth terminated from the BHJJ program were identified as successful treatment completers.** An additional 3.3% of youth (n = 3) were terminated from the program when the youth or family moved out of the county. Therefore, over three-quarters of BHJJ youth in Lucas County (76.1%, n = 70) were terminated successfully or because the youth or family moved out of the county and were no longer able to receive BHJJ services. In Lucas County 7.6% (n = 7) were terminated from the program due to an out of home placement. Table 180 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013, 76.7% (n = 33) of youth terminated successfully from the BHJJ program in Lucas County.

Table 180. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	72.8% (n = 67)	76.7% (n = 33)
Client Did Not Return/Rejected Services	1.1% (n = 1)	0.0% (n = 0)
Out of Home Placement	7.6% (n = 7)	9.3% (n = 4)
Client/Family Moved	3.3% (n = 3)	4.7% (n = 2)
Client Withdrawn	2.2% (n = 2)	0.0% (n = 0)
Client AWOL	3.3% (n = 3)	0.0% (n = 0)
Client Incarcerated	2.2% (n = 2)	4.7% (n = 2)
Other	7.6% (n = 7)	4.7% (n = 2)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Lucas County BHJJ program was 161 days. For youth identified as completing treatment successfully, the average length of stay was 170 days and for youth identified as unsuccessful treatment completers, the average length of stay was 139 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 131 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 77.1% of the youth (n = 84) in Lucas County were at risk for out of home placement. At termination, 31.9% (n = 29) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 10.9% (n = 7) were at risk for out of home placement at termination while 84.0% (n = 21) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 82.6% (n = 76) of the youth and had stayed the same for 15.2% (n = 14) of the youth. Police contacts increased for 2.2% (n = 2) of the youth.

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 89). At termination from the BHJJ program, 85.7% (n = 36) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 81.0% (n = 34) either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 90). A strong majority (71.5%, n = 30) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 91) and 97.6% (n = 41) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 92).

Figure 89. Caregiver Satisfaction with the BHJJ Program

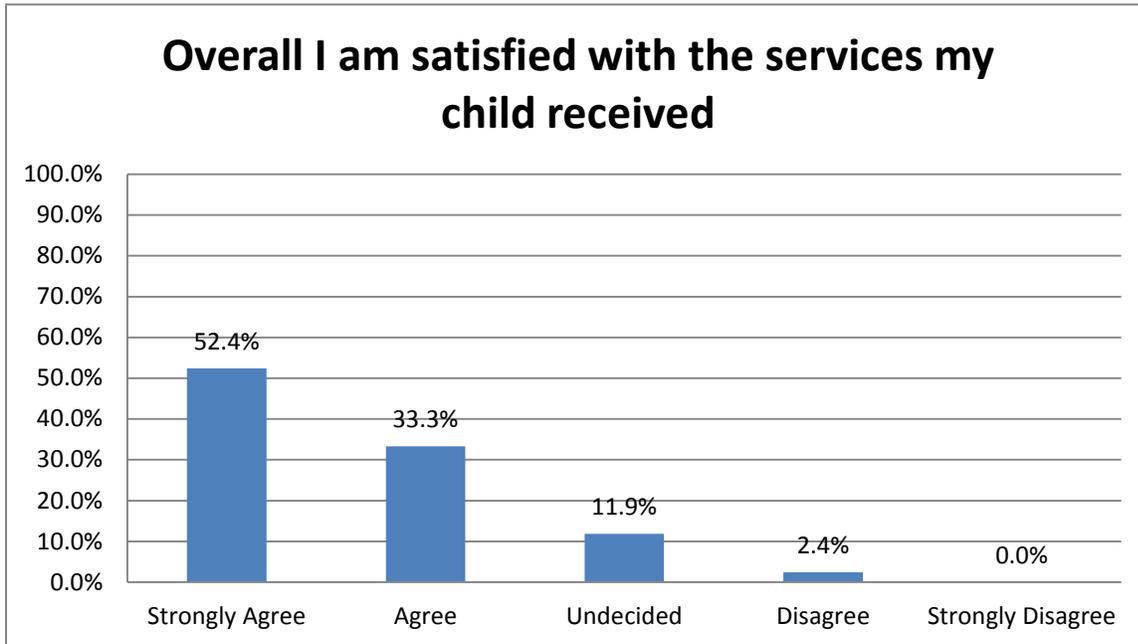


Figure 90. Services Received Were Right for Us

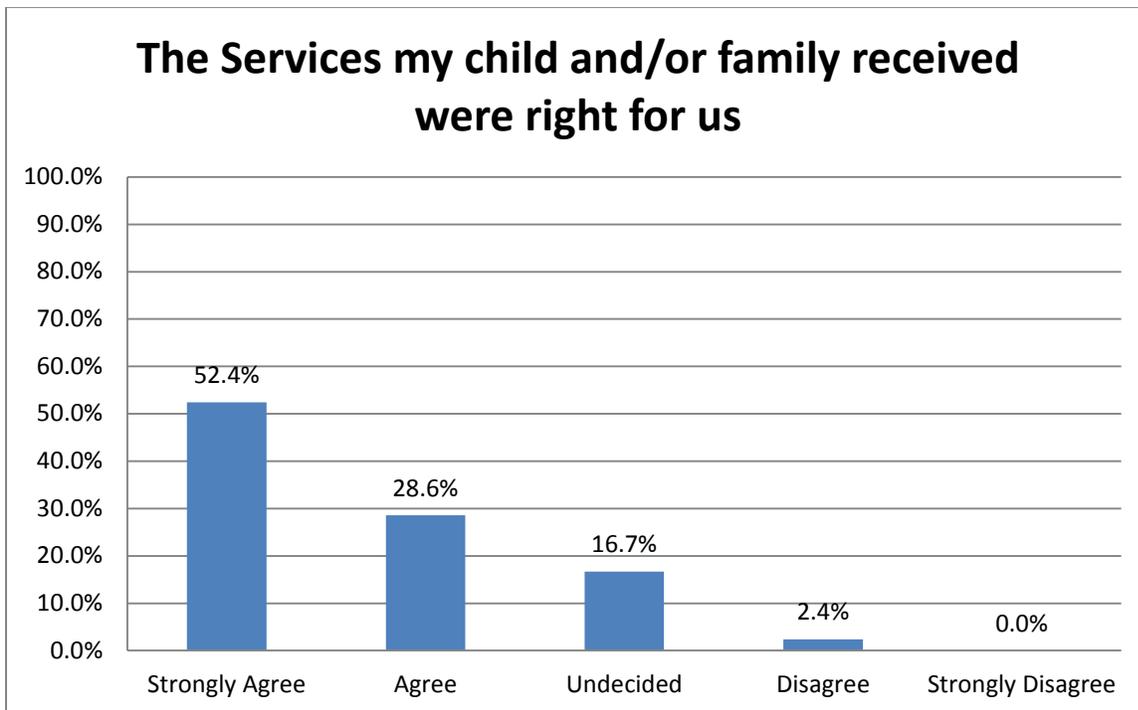


Figure 91. We Received the Help We Wanted

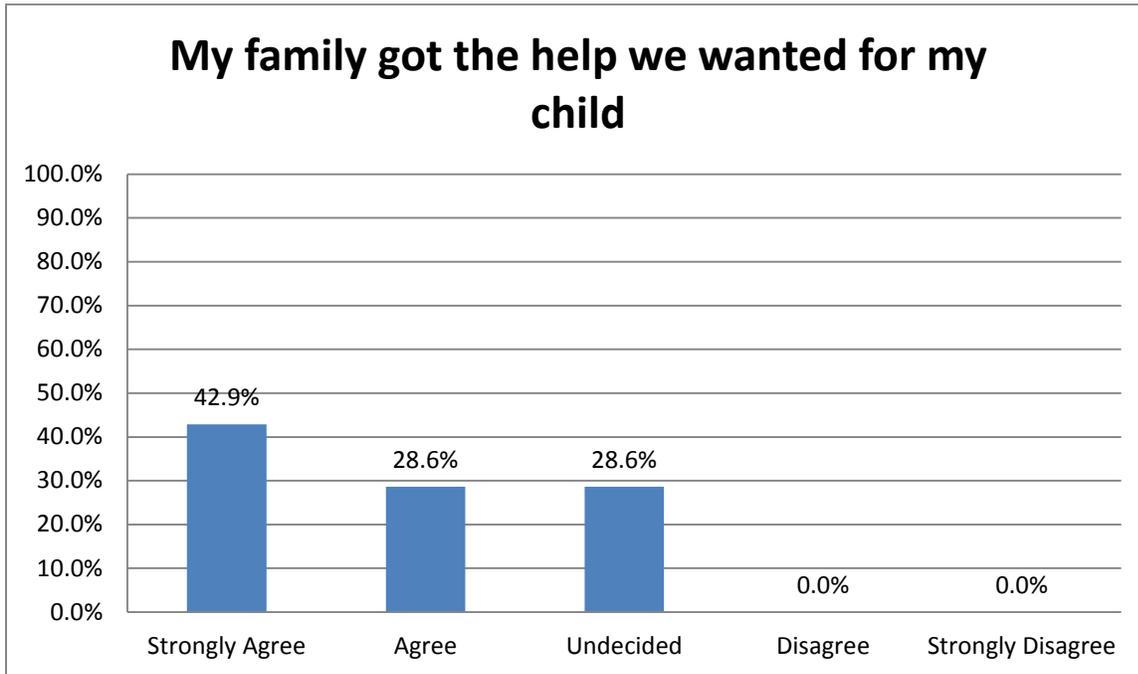
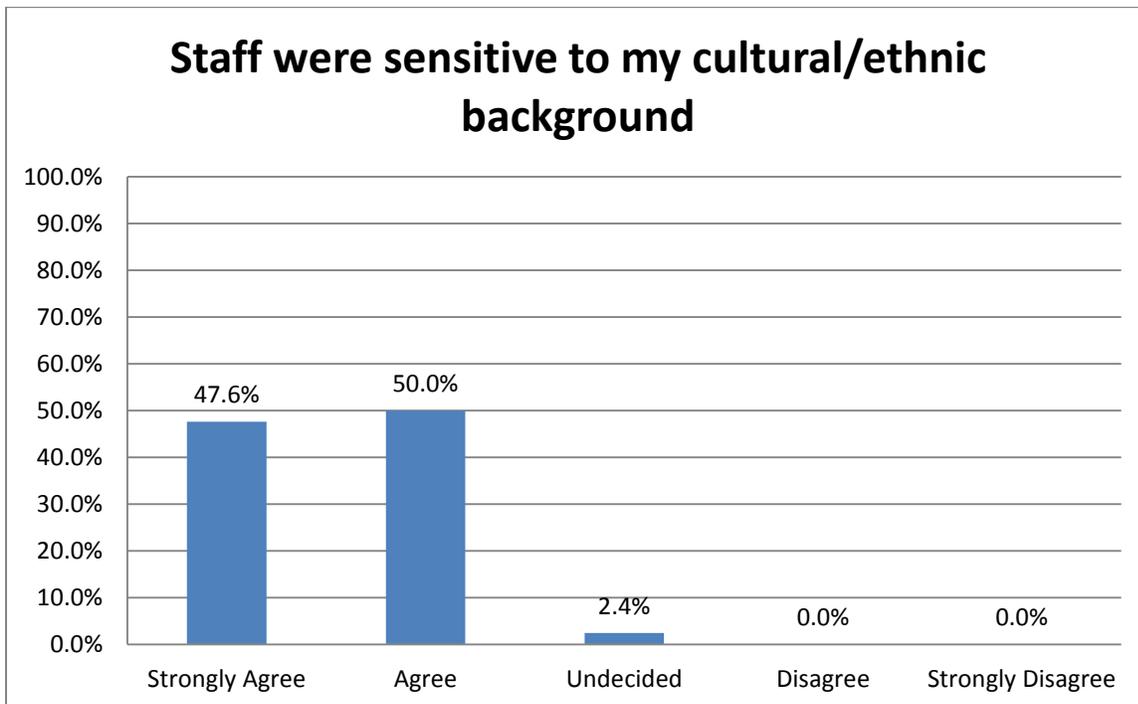


Figure 92. Satisfaction with Cultural Sensitivity of Staff



RECIDIVISM

METHODOLOGY

Court data were provided by the Lucas County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 87.4% (n = 118) of the BHJJ youth had misdemeanor charges and 49.6% (n = 67) had at least one felony charge (see Table 181).

Table 181. Charges Prior to BHJJ Enrollment – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 135)	54.8% (n = 74)	173	28.1% (n = 38)	53	63.0% (n = 85)
6 months (n = 135)	71.9% (n = 97)	323	36.3% (n = 49)	73	79.3% (n = 107)
12 months (n = 135)	87.4% (n = 118)	492	49.6% (n = 67)	109	91.9% (n = 124)
18 months (n = 135)	94.1% (n = 127)	670	58.5% (n = 79)	133	96.3% (n = 130)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 182 and Table 183). In the 12 months prior to enrollment, 92.4% (n = 61) of successful completers and 100% (n = 21) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A lower percentage of successful completers had a felony charge in the 12 months prior to intake (50.0%, n = 33) than unsuccessful completers (57.1%, n = 12).

Table 182. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 66)	54.5% (n = 36)	83	27.3% (n = 18)	24	63.6% (n = 42)
6 months (n = 66)	75.8% (n = 50)	149	36.4% (n = 24)	34	80.3% (n = 53)
12 months (n = 66)	89.4% (n = 59)	217	50.0% (n = 33)	48	92.4% (n = 61)
18 months (n = 66)	93.9% (n = 62)	306	54.5% (n = 36)	55	98.5% (n = 65)

Table 183. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 21)	61.9% (n = 13)	25	28.6% (n = 6)	10	71.4% (n = 15)
6 months (n = 21)	81.0% (n = 17)	59	38.1% (n = 8)	13	90.5% (n = 19)
12 months (n = 21)	100.0% (n = 21)	104	57.1% (n = 12)	19	100.0% (n = 21)
18 months (n = 21)	100.0% (n = 21)	135	66.7% (n = 14)	25	100.0% (n = 21)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 79.3% (n = 73) of youth were charged with at least one new misdemeanor and 31.5% (n = 29) were charged with at least one new felony. Seventy two percent (71.7%, n = 66) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 184).

Table 184. Recidivism after BHJJ Enrollment – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 127)	41.7% (n = 53)	95	12.6% (n = 16)	20	40.2% (n = 51)
6 months (n = 116)	61.2% (n = 71)	161	19.0% (n = 22)	33	59.5% (n = 69)
12 months (n = 92)	79.3% (n = 73)	256	31.5% (n = 29)	45	71.7% (n = 66)
18 months (n = 64)	85.9% (n = 55)	256	43.8% (n = 28)	48	81.3% (n = 52)

In the 12 months after enrollment in BHJJ 75.5% (n = 37) of successful completers were charged with at least one new misdemeanor, 26.5% (n = 13) were charged with at least one new felony, and 65.3% (n = 32) were adjudicated delinquent (see Table 185). Of the youth who completed unsuccessfully, 89.5% (n = 17) were charged with at least one new misdemeanor, 47.4% (n = 9) were charged with at least one new felony, and 78.9% (n = 15) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 186).

Table 185. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 66)	36.4% (n = 24)	33	9.1% (n = 6)	7	31.8% (n = 21)
6 months (n = 66)	54.5% (n = 36)	66	12.1% (n = 8)	12	51.5% (n = 34)
12 months (n = 49)	75.5% (n = 37)	98	26.5% (n = 13)	19	65.3% (n = 32)
18 months (n = 30)	83.3% (n = 25)	91	40.0% (n = 12)	20	80.0% (n = 24)

Table 186. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 21)	66.7% (n = 14)	30	19.0% (n = 4)	6	57.1% (n = 12)
6 months (n = 21)	90.5% (n = 19)	52	33.3% (n = 7)	9	76.2% (n = 16)
12 months (n = 19)	89.5% (n = 17)	81	47.4% (n = 9)	12	78.9% (n = 15)
18 months (n = 13)	92.3% (n = 12)	68	53.8% (n = 7)	9	84.6% (n = 11)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 74.2% (n = 49) of youth were charged with at least one new misdemeanor, 28.8% (n = 19) were charged with at least one new felony, and 69.7% (n = 46) were adjudicated delinquent (see Table 187).

Table 187. Recidivism after BHJJ Termination – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 104)	36.5% (n = 38)	76	7.7% (n = 8)	13	34.6% (n = 36)
6 months (n = 95)	50.5% (n = 48)	116	16.8% (n = 16)	24	46.3% (n = 44)
12 months (n = 66)	74.2% (n = 49)	163	28.8% (n = 19)	33	69.7% (n = 46)
18 months (n = 42)	78.6% (n = 33)	151	45.2% (n = 19)	34	71.4% (n = 30)

In the 12 months following their termination from BHJJ, 69.7% (n = 23) of successful completers were charged with at least one new misdemeanor, 33.3% (n = 11) were charged with at least one new felony, and 66.7% (n = 22) were adjudicated delinquent (see Table 188). Of the youth who completed unsuccessfully, 80.0% (n = 12) were charged with at least one new misdemeanor, 26.7% (n = 4) were charged with at least one new felony, and 80.0% (n = 12) were adjudicated delinquent in the 12 months after their termination from BHJJ (Table 189).

Table 188. Recidivism after BHJJ Termination for Youth who Completed Successfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 63)	31.7% (n = 20)	34	6.3% (n = 4)	6	28.6% (n = 18)
6 months (n = 55)	49.1% (n = 27)	57	12.7% (n = 7)	9	40.0% (n = 22)
12 months (n = 33)	69.7% (n = 23)	64	33.3% (n = 11)	16	66.7% (n = 22)
18 months (n = 23)	73.9% (n = 17)	79	47.8% (n = 11)	18	73.9% (n = 17)

Table 189. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully – Lucas County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 20)	50.0% (n = 10)	21	15.0% (n = 3)	3	50.0% (n = 10)
6 months (n = 20)	50.0% (n = 10)	31	25.0% (n = 5)	6	55.0% (n = 11)
12 months (n = 15)	80.0% (n = 12)	51	26.7% (n = 4)	6	80.0% (n = 12)
18 months (n = 7)	85.7% (n = 6)	23	71.4% (n = 5)	8	57.1% (n = 4)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 32 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 32 youth, 34.4% (n = 11) were charged with a new felony in the 12 months after their termination from BHJJ.

Eight of the 135 BHJJ youth (5.9%) from Lucas County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

SUMMIT COUNTY

DEMOGRAPHICS

Summit County has enrolled 116 youth in the BHJJ program since 2009. Of the 116 youth enrolled, 23.3% (n = 27) were female and 76.7% (n = 89) were male. Since July 2011, 76.9% (n = 50) of new enrollees have been male (see Table 190).

The majority of the overall sample of youth were either African American (60.9%, n = 70) or Caucasian (29.6%, n = 34). A similar pattern was found for youth enrolled since July 2011. The average age of the youth at intake into BHJJ was 15.7 years old (SD = 1.36) with a range between 10.6 and 18.1 years.

Table 190. Demographic Information for BHJJ Youth in Summit County

	All Youth Enrolled (2009 - 2013)	Youth Enrolled between July 2011 – June 2013
Gender	Female = 23.3% (n = 27) Male = 76.7% (n = 89)	Female = 23.1% (n = 15) Male = 76.9% (n = 50)
Race	African American = 60.9% (n = 70) Caucasian = 29.6% (n = 34) Other = 9.6% (n = 11)	African American = 61.5% (n = 40) Caucasian = 29.2% (n = 19) Other = 9.2% (n = 6)
Age at Intake	15.7 years (SD = 1.36)	15.7 years (SD = 1.30)

CUSTODY ARRANGEMENT AND HOUSEHOLD INFORMATION

At intake, the majority of youth lived with the biological mother (63.9%, n = 69) (see Table 191). At time of enrollment, 87.1% (n = 94) of the BHJJ youth lived with at least one biological parent.

Over 80% of the BHJJ caregivers (83.5%, n = 86) had at least a high school diploma or GED, and 9.8% (n = 10) had a bachelor's degree or higher (see Table 192). More than 16% of caregivers (16.5%, n = 17) reported that they did not graduate from high school.

Caregivers reported their annual household income. The median household income for BHJJ families was between \$15,000 - \$19,999 (see Table 193). More than 80% of caregivers (82.9%, n = 71) reported an annual household income below \$35,000 and 56.4% (n = 47) reported an annual household income of less than \$20,000. More than one quarter of caregivers (26.6%, n = 25) reported an annual household income below \$10,000.

Table 191. Custody Arrangement for BHJJ Youth in Summit County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	16.7% (n=18)
Biological Mother Only	63.9% (n=69)
Biological Father Only	6.5% (n=7)
Adoptive Parent(s)	0.9% (n=1)
Aunt/Uncle	1.9% (n=2)
Grandparents	9.3% (n=10)
Other	0.9% (n=1)

Table 192. Educational Outcomes for Caregivers of BHJJ Youth in Summit County

Number of School Years Completed	Number of Caregivers
Less than High School	16.5% (n=17)
High School Graduate or G.E.D.	38.8% (n=40)
Some College or Associate Degree	34.9% (n=36)
Bachelor's Degree	4.9% (n=5)
More than a Bachelor's Degree	4.9% (n=5)

Table 193. Annual Household Income for BHJJ Families in Summit County

Annual Household Income	BHJJ Families
Less than \$5,000	20.2% (n=19)
\$5,000 - \$9,999	6.4% (n=6)
\$10,000 - \$14,999	11.7% (n=11)
\$15,000 - \$19,999	18.1% (n=11)
\$20,000 - \$24,999	19.1% (n=17)
\$25,000 - \$34,999	7.4% (n=7)
\$35,000 - \$49,999	11.7% (n=11)
\$50,000 - \$74,999	2.1% (n=2)
\$75,000 - \$99,999	2.1% (n=2)
\$100,000 and over	1.1% (n=1)

YOUTH AND FAMILY HISTORY

Caregivers were asked to respond to a series of questions designed to obtain data related to the youth's family history (see Table 194). Chi-square analysis was conducted on each item and significant differences are identified in Table 194. A significantly higher proportion of the caregivers of females reported a history of the child being sexually abused and a history of the child running away.

Caregivers reported that 16.0% (n = 4) of females and 10.1% (n = 8) of males had a history of physical abuse and 16.0% (n = 4) of females and 1.2% (n = 1) of males had a history of sexual abuse. Caregivers of 38.5% (n = 10) of females and 20.3% (n = 16) of males reported having heard the child talking about committing suicide. A majority of the caregivers of females (56.0%, n = 14) reported that the child had been exposed to domestic violence. At intake, 46.2% (n = 12) of the caregivers of females and 38.5% (n = 30) of the caregivers of males reported the BHJJ youth had lived in a household in which someone was convicted of a crime.

Table 194. Youth and Family History in Summit County

Question	Females	Males
Has the child ever been physically abused?	16.0% (n=4)	10.1% (n=8)
Has the child ever been sexually abused?	16.0% (n=4)*	1.2% (n=1)
Has the child ever run away?	77.8% (n=21)*	51.2% (n=41)
Has the child ever had a problem with substance abuse, including alcohol and/or drugs?	55.6% (n=15)	65.4% (n=51)
Has the child ever talked about committing suicide?	38.5% (n=10)	20.3% (n=16)
Has the child ever attempted suicide?	14.8% (n=4)	5.2% (n=4)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	56.0% (n=14)	35.8% (n=29)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	56.0% (n=14)	50.0% (n=39)
Has anyone in the child's biological family had a mental illness, other than depression?	45.8% (n=11)	36.1% (n=26)
Has the child ever lived in a household in which someone was convicted of a crime?	46.2% (n=12)	38.5% (n=30)
Has anyone in the child's biological family had a drinking or drug problem?	48.0% (n=12)	56.4% (n=44)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	33.3% (n=8)	28.9% (n=22)

*p < .05, ** p < .01, ***p < .001

At intake, caregivers were asked if the youth had ever been pregnant (or if male, had ever impregnated a female) or were currently expecting a child. Caregivers reported that 7.7% (n = 2) of females had been pregnant and none were currently expecting a child. Six caregivers of males (9.8%) reported their male BHJJ youth had impregnated someone and two (6.7%) were currently expecting a child. Two females (16.7%) and 5 males (13.9%) currently had children but none of the youth currently lived with the child.

OHIO YOUTH ASSESSMENT SYSTEM

The OYAS is a criminogenic risk assessment tool designed to assist juvenile court staff with placement and treatment decisions based on a youth's risk score. Distribution of Summit County youth based on the OYAS risk categories by gender and race are presented in. Chi-square analyses revealed no significant group differences in OYAS categories.

Table 195. OYAS Risk Categories by Gender and Race - Summit County

	OYAS Low	OYAS Moderate	OYAS High
Female	30.8% (n = 8)	23.1% (n = 6)	46.2% (n = 12)
Male	20.7% (n = 18)	42.5% (n = 37)	36.8% (n = 32)
White	28.1% (n = 9)	50.0% (n = 16)	21.9% (n = 7)
Nonwhite	20.0% (n = 16)	33.8% (n = 27)	46.2% (n = 37)

DSM-IV DIAGNOSES

Workers were asked to report any DSM-IV Axis I diagnoses at intake into the BHJJ program. These diagnoses were either identified through a psychological assessment given as part of the enrollment process or in some cases, from psychological assessments given in close proximity to a youth enrollment in BHJJ. The most common Axis I diagnosis for females were Cannabis-Related Disorders (51.9%, n = 14) while Conduct Disorder was the most common diagnosis for males (66.7%, n = 56) (see Table 196). A total of 383 Axis I diagnoses were identified for 111 youth with diagnostic information (3.45 diagnoses per youth). Females reported 104 Axis I diagnoses (3.85 diagnoses per female) and males reported 279 Axis I diagnoses (3.32 diagnoses per male). Chi-square analyses indicated that a significantly higher proportion of females were diagnosed with Oppositional Defiant Disorder and Mood Disorder while a significantly higher proportion of males were diagnosed with Conduct Disorder. Of the 136 youth with available diagnostic information, 63.0% of females and 63.4% of males had co-occurring substance use and mental health diagnoses.

Table 196. Most Common DSM-IV Axis I Diagnoses in Summit County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-related Disorders	51.9% (n = 14)	56.0% (n = 47)
Attention Deficit Hyperactivity Disorder	40.7% (n = 11)	46.4% (n = 39)
Alcohol-related Disorders	14.8% (n = 4)	16.7% (n = 14)
Oppositional Defiant Disorder	37.0% (n = 10)*	14.3% (n = 12)
Depressive Disorders	11.1% (n = 3)	4.8% (n = 4)
Conduct Disorder	33.3% (n = 9)	66.7% (n = 56)**
Mood Disorder	48.1% (n = 13)**	21.4% (n = 18)
Bipolar Disorder	7.4% (n = 2)	4.8% (n = 4)
Post-traumatic Stress Disorder	18.5% (n = 5)	8.3% (n = 7)

*p < .05, ** p < .01

EDUCATIONAL AND VOCATIONAL INFORMATION

EDUCATIONAL DATA

Several items that focused on educational and vocational information were added to the evaluation packet at both intake into and termination from the BHJJ program. The items were completed by the worker with help from the youth and caregiver. Over 65% (65.1%, n = 71) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. While in treatment with BHJJ, 50.6% (n = 44) of the youth were suspended or expelled from school.

Educational data were analyzed for youth who were eligible for inclusion (youth on summer break or who had graduated at the time of the survey were not included in the analyses). At intake, 79.8% (n = 75) of youth were currently attending school while at termination, 77.5% (n = 62) of youth were attending school. If the youth was attending school, the worker was asked to identify the types of grades the youth typically received. Table 197 displays the grades typically received by the BHJJ youth at intake and termination from the program. At termination, 50.0% (n = 28) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 36.4% (n = 32) of youth were attending school more than before starting treatment and 55.7% (n = 49) of youth were attending school 'about the same' amount compared to before starting treatment. Workers reported that 5.7% (n = 5) of youth were attending school less often than before treatment in BHJJ.

Table 197. Academic Performance in Summit County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	8.7% (n = 9)	8.3% (n = 7)
Mostly B's and C's	22.3% (n = 23)	25.0% (n = 21)
Mostly C's and D's	29.1% (n = 30)	31.0% (n = 26)
Mostly D's and F's	39.8% (n = 41)	35.7% (n = 30)

VOCATIONAL DATA

At intake into BHJJ, 4.5% (n = 5) of youth were employed and all were working part-time. At termination, 12.2% (n = 11) of youth were employed and all were working part-time. In the 12 months prior to their enrollment in BHJJ, 2.8% (n = 3) of youth received employment counseling or vocational training and 21.5% (n = 23) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 11.2% (n = 10) of youth received employment counseling or vocational training in the past 12 months and 12.2% (n = 11) planned to pursue employment counseling or vocational training in the next 12 months.

OHIO SCALES

One of the main measures in the data collection packet was the Ohio Scales. The Ohio Scales were completed by the youth, caregiver, and worker at intake and then every three months following intake until termination from services. Because termination can occur at any point in time along the continuum of service, separate charts are included that display the means from intake to termination. Decreases in Problem Severity and increases in Functioning correspond to positive change.

All Problem Severity and Functioning analyses were conducted on assessment periods with enough valid cases to produce meaningful results. Paired-samples t-tests were used to compare Problem Severity scores at intake to Problem Severity scores at the other assessment periods. A paired samples t-test compares the means of two variables by computing the difference between the two variables for each case and testing to see if the average difference is significantly different from zero. In order for a case to be included in the analyses, the rater must have scores for both assessment periods. For example, a caregiver must supply scores for both the intake and 3 month assessment period to be included in the paired samples t-test for that time point. If the caregiver only has an intake score, his or her data is not included in the analysis.

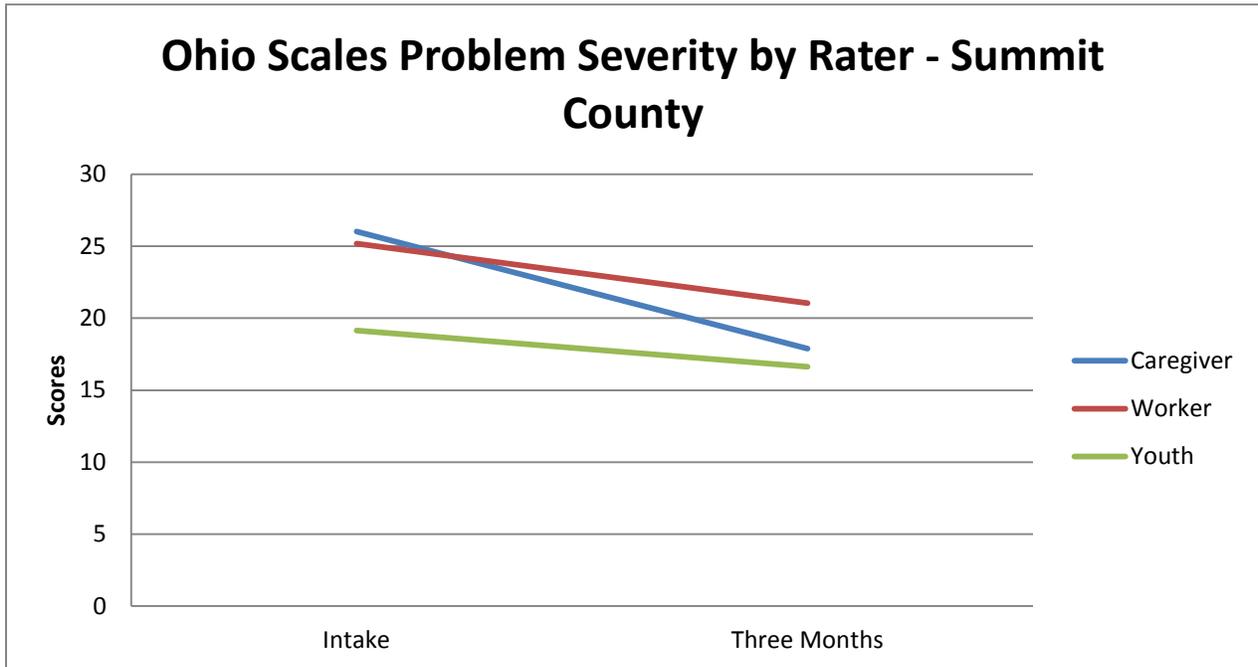
PROBLEM SEVERITY

Overall means for the Problem Severity scale by rater and assessment period for Summit County can be found in Table 198 and represented graphically in Figure 93. Means from intake to termination are presented in Figure 94.

Table 198. Ohio Scales Problem Severity Scores for Youth in Summit County

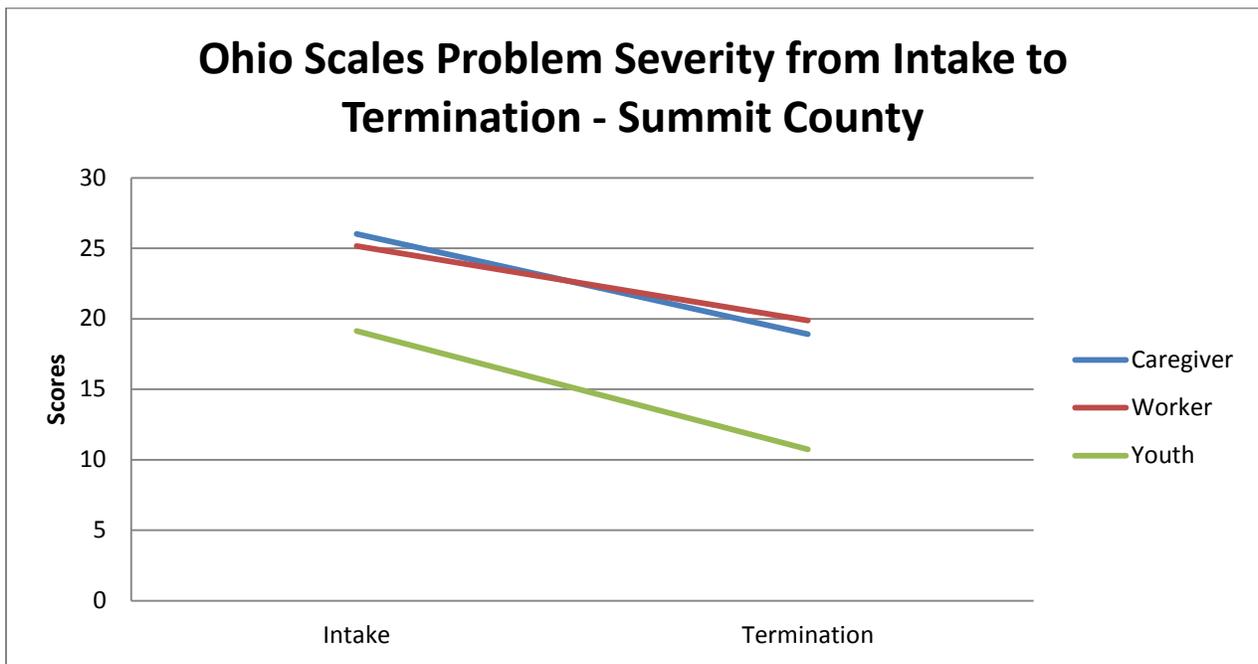
	Caregiver	Worker	Youth
Intake	26.02 (SD=19.35; n=99)	25.17 (SD=12.51; n=112)	19.14 (SD=15.71; n=112)
Three Months	17.89 (SD=14.73; n=66)	21.04 (SD=10.38; n=77)	16.62 (SD=14.21; n=75)
Termination	18.91 (SD=15.19; n=72)	19.88 (SD=10.07; n=80)	10.74 (SD=9.57; n=82)

Figure 93. Ohio Scales Problem Severity by Rater - Summit County



*caregiver ratings from intake to three months are significant at the $p < .01$ level

Figure 94. Ohio Scales Problem Severity from Intake to Termination - Summit County



*all comparisons from intake to termination are significant at least at the $p < .05$ level

CAREGIVER RATING

Paired samples t-tests indicated significant improvement in scores on the Problem Severity scale from intake to three months $t(59) = 2.91$, $p < .01$ and from intake to termination: $t(61) = 2.60$, $p < .05$ with small effect sizes.

Table 199. Paired Samples T-Tests for Caregiver Report Problem Severity - Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	23.30 (SD=18.53; n=60)	17.85 (SD=15.00; n=60)	2.91**	.37
Intake to Termination	23.18 (SD=17.06; n=62)	18.45 (SD=14.61; n=62)	2.60*	.33

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

For workers, paired samples t-tests indicated a significant improvement in scores on the Problem Severity scale from intake to termination: $t(77) = 2.67$, $p < .01$ with a small effect size.

Table 200. Paired Samples T-Tests for Worker Report Problem Severity - Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	23.00 (SD=12.49; n=74)	20.92 (SD=10.45; n=74)	1.58	.18
Intake to Termination	23.77 (SD=13.09; n=78)	19.97 (SD=10.18; n=78)	2.67**	.30

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests indicated a significant improvement in scores on the Problem Severity scale from intake to termination: $t(78) = 4.25$, $p < .001$ with a small effect size.

Table 201. Paired Samples T-Tests for Youth Report Problem Severity - Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	16.28 (SD=13.26; n=72)	16.54 (SD=14.40; n=72)	-0.19	.02
Intake to Termination	17.44 (SD=16.25; n=79)	10.81 (SD=9.61; n=79)	4.25***	.47

* $p < .05$, ** $p < .01$, *** $p < .001$

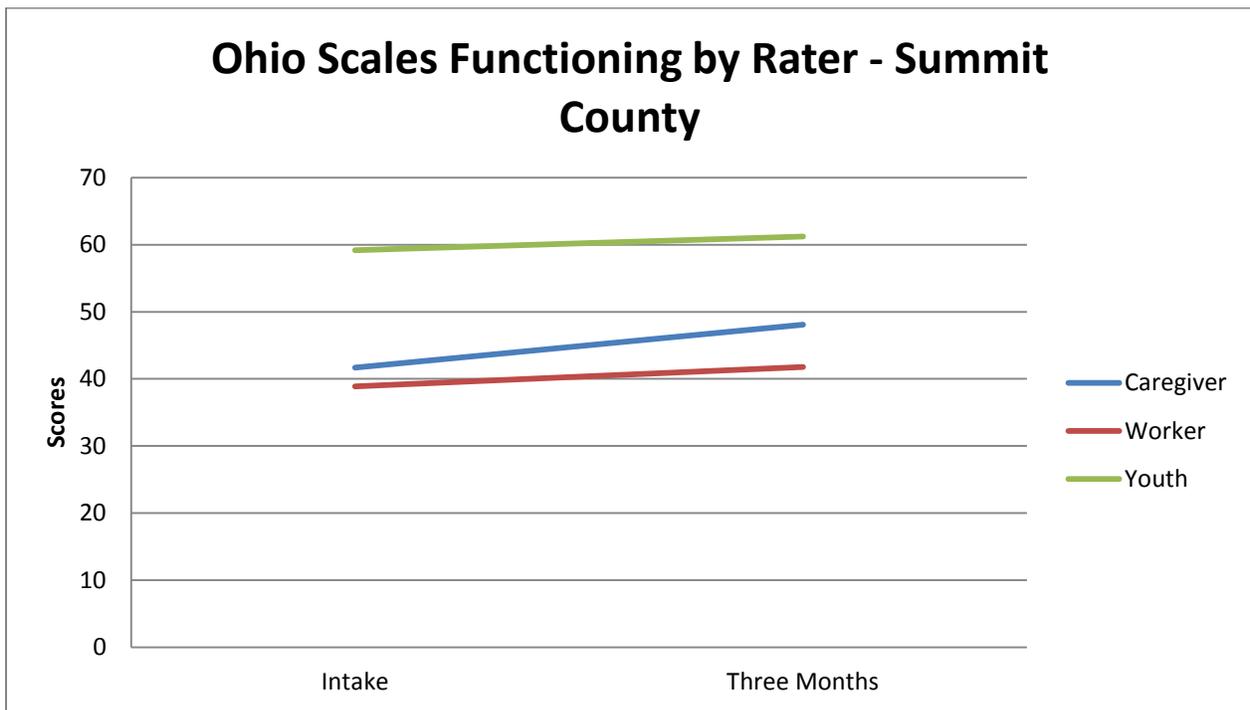
FUNCTIONING

Overall means for the Functioning scale by rater and assessment period for Summit County youth can be found in Table 202 and represented graphically in Figure 95. Means from intake to termination are presented in Figure 96.

Table 202. Ohio Scales Functioning Scores for Youth in Summit County

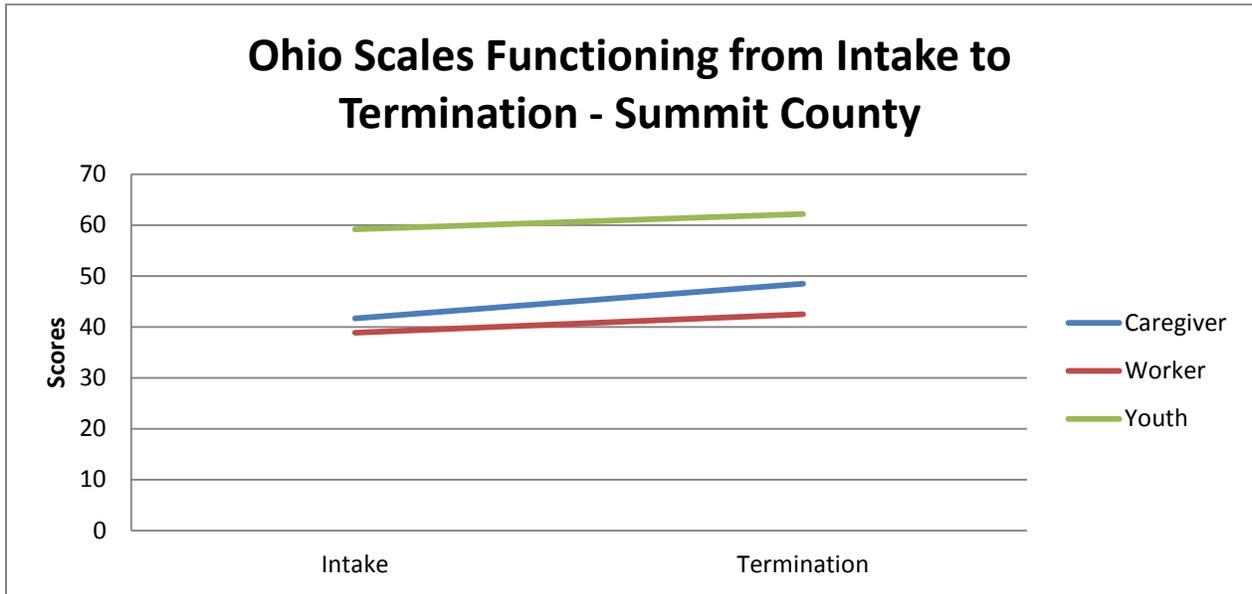
	Caregiver	Worker	Youth
Intake	41.69 (SD=17.24; n=103)	38.87 (SD=11.40; n=112)	59.16 (SD=12.04; n=111)
Three Months	48.10 (SD=18.17; n=67)	41.79 (SD=11.13; n=77)	61.20 (SD=12.55; n=75)
Termination	48.47 (SD=18.51; n=72)	42.49 (SD=11.86; n=82)	62.19 (SD=15.92; n=83)

Figure 95. Ohio Scales Functioning by Rater - Summit County



*caregiver ratings from intake to three months are significant at the $p < .01$ level

Figure 96. Ohio Scales Functioning from Intake to Termination - Summit County



CAREGIVER RATING

Paired samples t-tests revealed a significant improvement in the scores on the Functioning scale from intake to three months: $t(61) = -2.85$, $p < .01$ with a small effect size. While the t-test was not significant, there was a small effect size for the intake to termination period.

Table 203. Paired Samples T-Tests for Caregiver Report Functioning Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	42.82 (SD=17.19; n=62)	48.39 (SD=17.95; n=62)	-2.85**	.36
Intake to Termination	44.87 (SD=15.74; n=64)	48.28 (SD=18.80; n=64)	-1.64	.20

* $p < .05$, ** $p < .01$, *** $p < .001$

WORKER RATING

Paired samples t-tests on data reported by workers showed no significant improvement in scores on the Functioning scale at either measurement interval.

Table 204. Paired Samples T-Tests for Worker Report Functioning Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	40.99 (SD=11.54; n=74)	42.09 (SD=10.84; n=74)	-0.84	.09
Intake to Termination	40.52 (SD=11.29; n=79)	42.67 (SD=12.01; n=79)	-1.65	.16

* $p < .05$, ** $p < .01$, *** $p < .001$

YOUTH RATING

Paired samples t-tests on data reported by youth showed no significant improvement in scores on the Functioning scale at either measurement interval.

Table 205. Paired Samples T-Tests for Youth Report Functioning Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	61.31 (SD=10.51; n=71)	61.20 (SD=12.49; n=71)	0.08	.01
Intake to Termination	60.68 (SD=11.09; n=79)	62.30 (SD=16.24; n=79)	-1.18	.13

* $p < .05$, ** $p < .01$, *** $p < .001$

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Summit County at both intake and termination. The TSCC is made up of six subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns. Higher scores on each of the subscales indicate higher levels of trauma symptoms. Table 206 and Table 207 show the mean TSCC scores at intake and at termination by gender. As described in the TSCC section in the overall BHJJ report, TSCC subscale scores are reported for youth ages 13-17 and those who were not identified as either underresponders or hyperresponders. The removal of such a large number of youth who were identified as “Underresponders” had a significant impact on the paired samples t-test results and the effect sizes. We are currently examining the practicality of removing these youth from the analyses.

Paired samples t-tests were conducted on the six subscales for Summit County BHJJ youth who have subscale scores both at intake and at termination (see Table 61). Data were available for youth aged 8-17 who had completed the TSCC at both intake and termination, and youth who were not identified as either underresponders or hyperresponders. Effect sizes, represented by Cohen’s *d*, are also presented using the recommended criteria for its interpretation in Cohen’s (1988) seminal work. Interpretation of Cohen’s *d* is based on the criteria where 0.2 indicates a small effects size, 0.5 indicates a medium effect, and 0.8 indicates a large effect⁷. While statistical significance refers to whether the observed differences in the means are likely to have occurred by chance, effect sizes measure the magnitude of the observed differences.

No statistically significant improvements were noted for any of the TSCC subscales; however, small effect sizes were found the Anxiety and Posttraumatic Stress subscales. Means reported in Table 208 are represented graphically in Figure 97.

⁷ For a more thorough review see Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Table 206. Mean TSCC Subscale Scores from Intake to Termination for Summit County Males

	Intake	Termination
Anxiety	3.34 (SD=3.00; n = 50)	2.60 (SD=2.49; n=33)
Depression	3.70 (SD=3.83; n = 50)	2.75 (SD=2.51; n=33)
Anger	8.82 (SD=5.67; n = 50)	7.12 (SD=4.53; n=32)
PTS	6.06 (SD=5.10; n = 50)	4.69 (SD=4.05; n=33)
Dissociation	5.58 (SD=3.89; n = 50)	4.79 (SD=3.71; n=33)
Sexual Concerns	4.04 (SD=4.26; n=50)	4.18 (SD=4.06; n=33)

Table 207. Mean TSCC Subscale Scores from Intake to Termination for Summit County Females

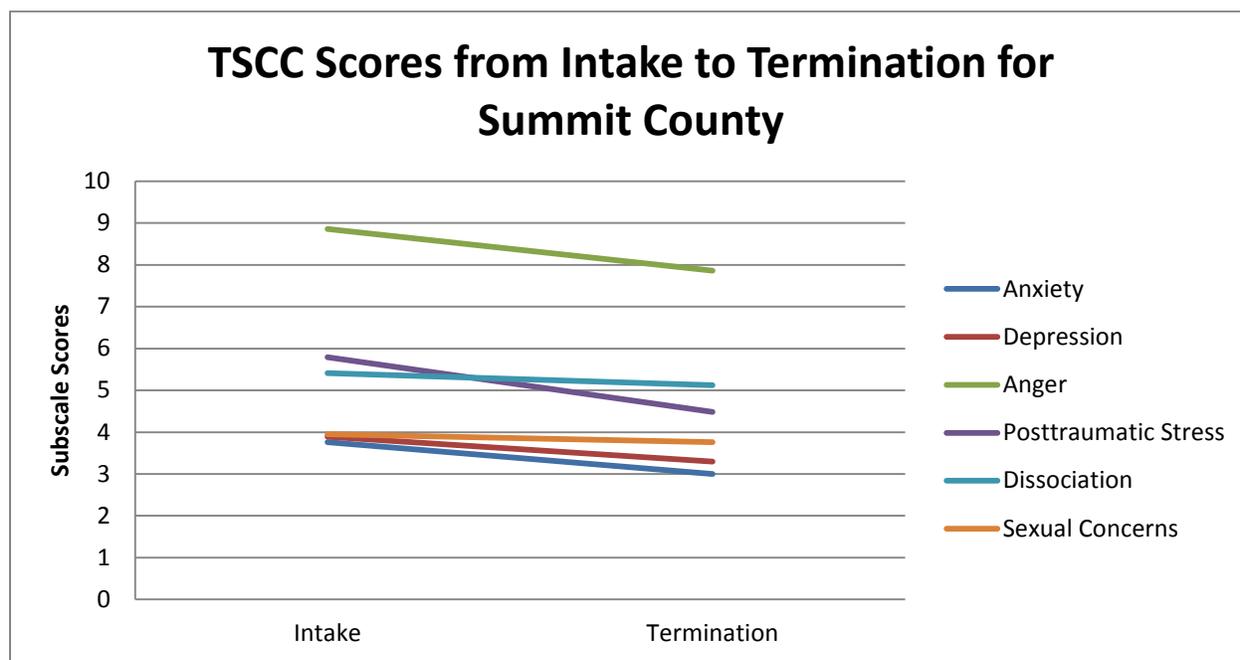
	Intake	Termination
Anxiety	6.06 (SD=5.55; n = 17)	4.50 (SD=4.95; n=8)
Depression	6.58 (SD=5.07; n = 17)	5.87 (SD=3.39; n=8)
Anger	10.94 (SD=7.93; n = 17)	10.37 (SD=8.31; n=8)
PTS	6.05 (SD=6.27; n = 17)	3.37 (SD=2.61; n=8)
Dissociation	6.58 (SD=5.42; n = 17)	6.63 (SD=6.14; n=8)
Sexual Concerns	3.17 (SD=2.78; n=17)	2.37 (SD=2.87; n=8)

Table 208. Paired Samples T Tests for TSCC Subscales for Summit County Youth

	Intake	Termination	t	d
Anxiety	3.76 (SD=3.88; n=39)	3.00 (SD=3.17; n=39)	1.83	.21
Depression	3.89 (SD=3.80; n=39)	3.30 (SD=2.98; n=39)	1.08	.17
Anger	8.86 (SD=6.15; n=38)	7.86 (SD=5.60; n=38)	1.37	.17
PTS	5.79 (SD=5.77; n=39)	4.48 (SD=3.83; n=39)	1.80	.27
Dissociation	5.41 (SD=4.63; n=39)	5.12 (SD=4.35; n=39)	0.53	.06
Sexual Concerns	3.95 (SD=3.81; n=39)	3.76 (SD=3.98; n=39)	0.32	.05

* = $p < .05$, ** = $p < .01$, *** $p < .001$

Figure 97. TSCC Means from Intake to Termination for Summit County Youth



SUBSTANCE USE

Every six months the youth completed a self-report measure of substance use. The survey was designed to measure any lifetime use of each drug as well as patterns of current use. Table 209 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use. Alcohol, cigarettes, and marijuana were the three most commonly used substances for both males and females. Chi-square analyses revealed no significant gender differences.

Youth were also asked to report whether they had used each substance in the past six months. Due to sample size limitations, we were unable to examine the data separately by gender. Figure 98 presents previous six month use for the most commonly reported substances for those who reported lifetime use. Previous six month substance use did not decrease from intake to termination for youth in Summit County. However, the average length of stay for youth in the BHJJ program in Summit County was less than six months. Therefore, the time period being measured at intake and termination may overlap. Substance use measures that examine use in the past 30 days may be a more accurate account of the substance use patterns for Summit County youth.

If they had reported any lifetime use and if they had reported use in the past six months, youth were asked whether they had used each substance in the past 30 days. Figure 99 shows the percentage of those youth reporting any 30 day use for the three most commonly reported substances. Among those who reported lifetime use and past six month use, the percentage of youth reporting past 30 day

substance use declined from intake to termination. At intake, 32.0% (n = 24) of youth reported past 30 day alcohol use while 18.0% (n = 9) reported past 30 day alcohol use at termination. Among those who reported lifetime and previous six month marijuana use, 38.0% (n = 27) reported past 30 day use at intake and 26.1% (n = 12) reported past 30 day marijuana use at termination. Since the sample was restricted to only those who had reported both lifetime and previous six month use, the resulting sample did not allow us to conduct significance tests.

Table 209. Self-Reported Substance Use for Summit County BHJJ Youth

	Males		Females	
	% Ever Used	Age of First Use	% Ever Used	Age of First Use
Alcohol	81.2% (n = 69)	12.91 (SD = 1.81)	74.1% (n = 20)	13.15 (SD = 1.60)
Cigarettes	71.4% (n = 60)	12.63 (SD = 2.23)	66.7% (n = 18)	12.50 (SD = 2.66)
Chewing Tobacco	10.6% (n = 9)	13.67 (SD = 0.87)	0.0% (n = 0)	^a
Marijuana	88.2% (n = 75)	12.49 (SD = 2.08)	77.8% (n = 21)	13.05 (SD = 2.13)
Cocaine	4.7% (n = 4)	13.75 (SD = 1.50)	11.1% (n = 3)	15.67 (SD = 0.58)
Pain Killers (use inconsistent with prescription)	15.3% (n = 13)	13.82 (SD = 0.98)	23.1% (n = 6)	14.33 (SD = 1.63)
GHB	0.0% (n = 0)	^a	0.0% (n = 0)	^a
Inhalants	5.9% (n = 5)	13.60 (SD = 1.34)	0.0% (n = 0)	^a
Heroin	1.2% (n = 1)	14.00 ^b	0.0% (n = 0)	^a
Amphetamines	1.2% (n = 1)	14.00 ^b	3.8% (n = 1)	14.00 ^b
Ritalin (use inconsistent with prescription)	7.1% (n = 6)	14.20 (SD = 1.79)	19.2% (n = 5)	15.00 (SD = 1.41)
Barbiturates	3.5% (n = 3)	14.00 (SD = 1.00)	3.8% (n = 1)	14.00 ^b
Non-prescription Drugs	17.9% (n = 15)	14.69 (SD = 1.03)	15.4% (n = 4)	15.00 (SD = 1.41)
Hallucinogens	4.7% (n = 4)	13.75 (SD = 1.50)	3.7% (n = 1)	16.00 ^b
PCP	1.2% (n = 1)	14.00 ^b	0.0% (n = 0)	^a
Ketamine	1.2% (n = 1)	14.00 ^b	0.0% (n = 0)	^a
Ecstasy	15.3% (n = 13)	13.91 (SD = 0.83)	11.5% (n = 3)	14.67 (SD = 0.58)
Tranquilizers	14.1% (n = 12)	13.82 (SD = 1.47)	11.5% (n = 3)	15.33 (SD = 0.58)

^a Age of first use is not provided in cases where no respondent reported ever using a substance or in cases where the respondent did not report age of first use.

^b Standard Deviations are not calculated when only one respondent reported using a substance.

Figure 98. Previous 6 Month Substance Use from Intake to Termination - Summit County

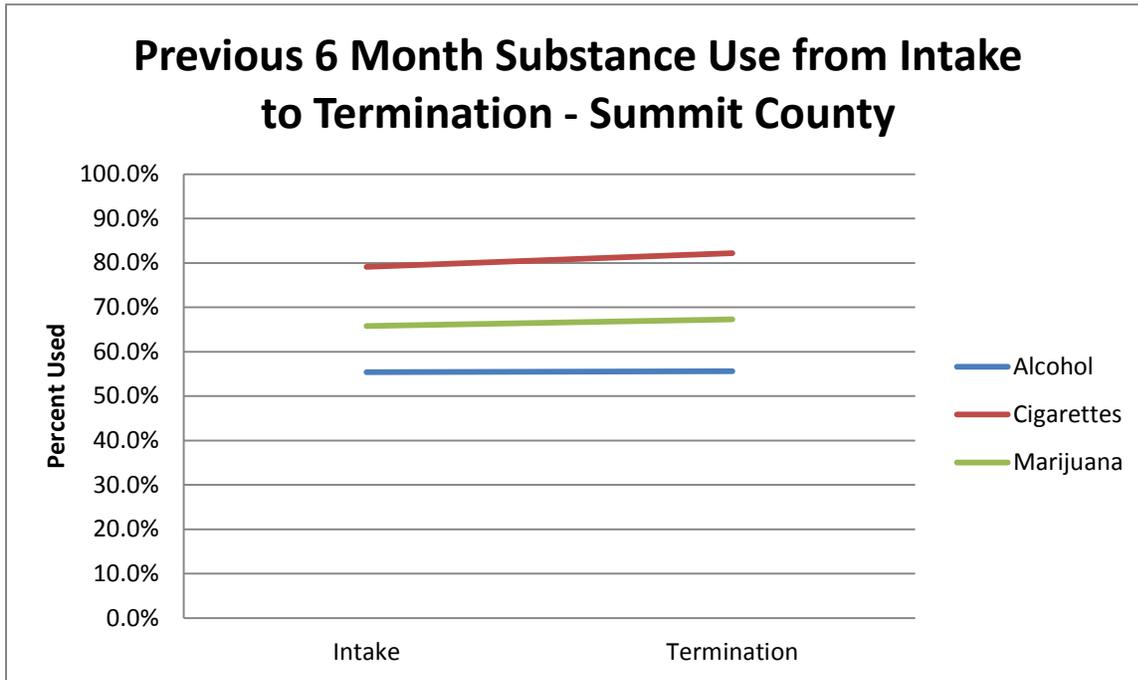
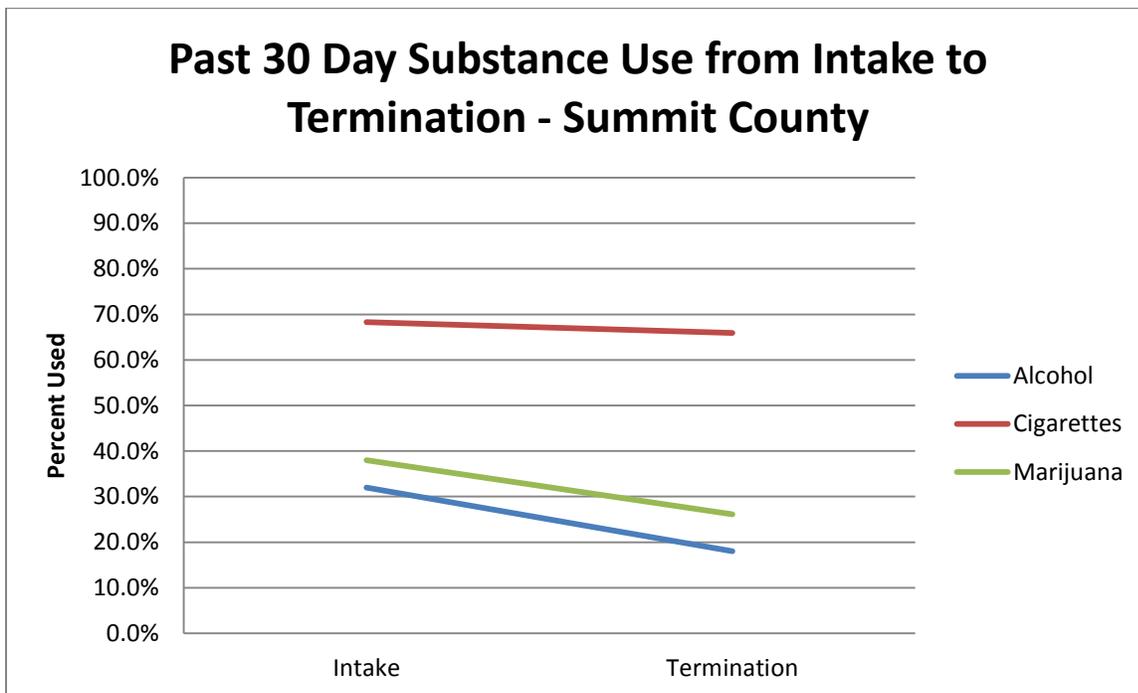


Figure 99. Past 30 Day Substance Use from Intake to Termination - Summit County



OHIO SCALES AND SUBSTANCE USE

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the past 30 days. This question appears on all three versions of the Ohio Scales (Caregiver, Worker, and Youth). The responses range from zero to five, with zero indicating no problems at all with drugs or alcohol in the past 30 days and five indicating problems with drugs or alcohol all of the time. Scores on this item were examined at intake and termination for the three raters. All raters reported fewer problems with drugs or alcohol at termination from BHJJ (see Figure 100, Figure 101, Figure 102). At intake 50.5% (n = 50) of caregivers and 29.5% (n = 33) of workers reported no problems with drugs or alcohol in the past 30 days while 60.0% (n = 42) of caregivers and 49.4% (n = 40) of workers reported no problems at termination. Similarly, 50.9% (n = 57) of youth reported no problems in the past 30 days with drugs or alcohol at intake while 72.0% (n = 59) of youth reported no problems at termination.

Figure 100. Problems with Drugs or Alcohol in the Past 30 Days for Summit County Youth - Caregiver Ratings

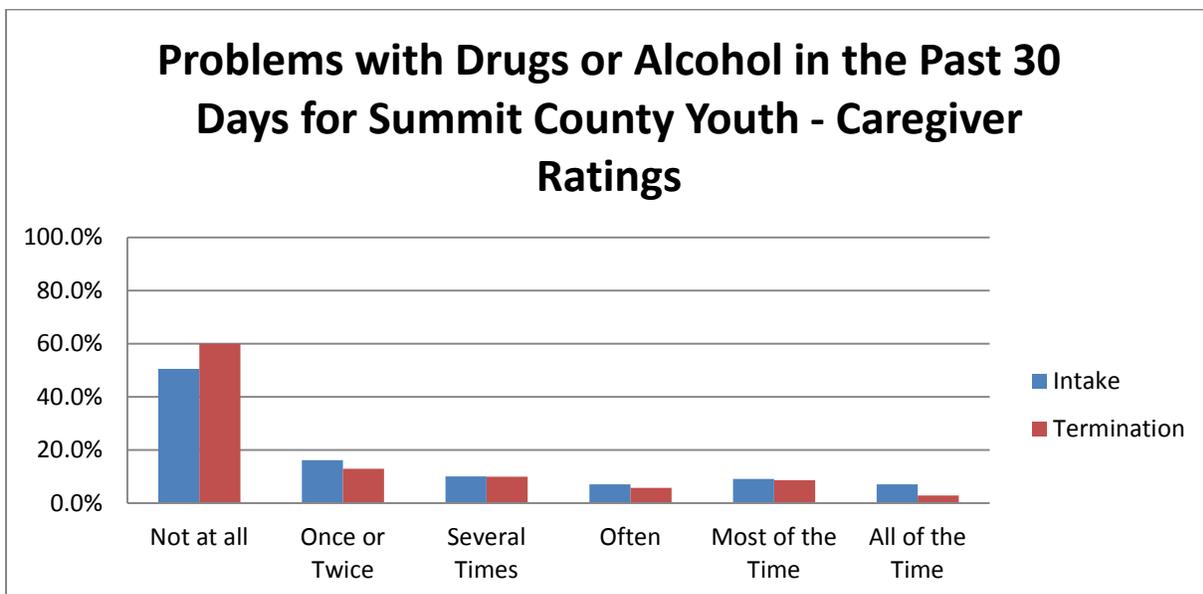


Figure 101. Problems with Drugs or Alcohol in the Past 30 Days for Summit County Youth - Worker Ratings

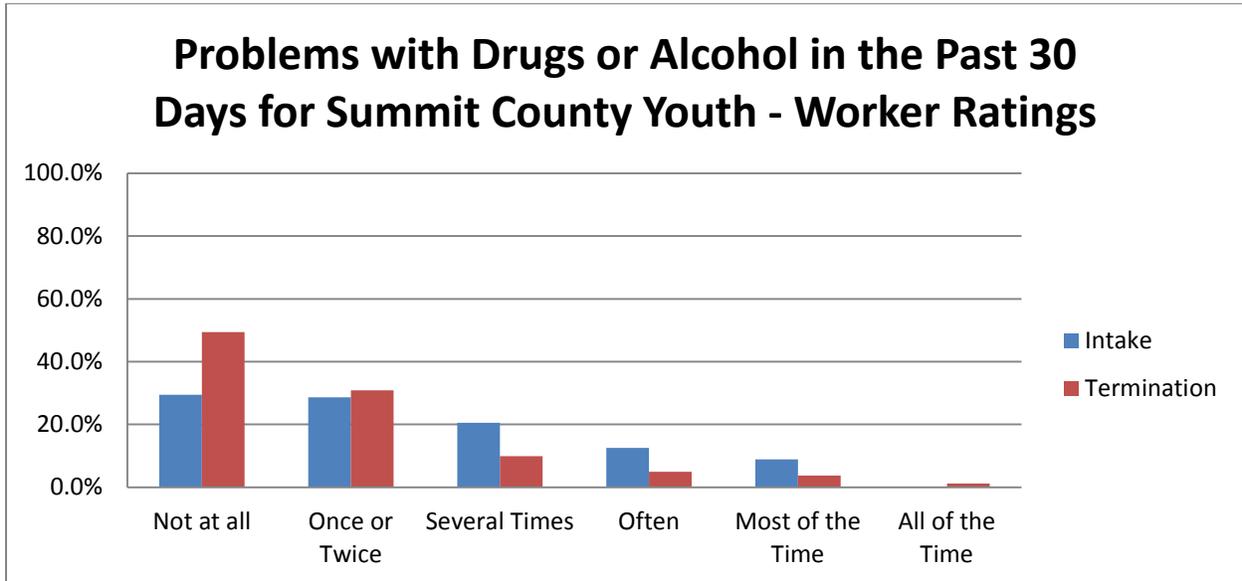
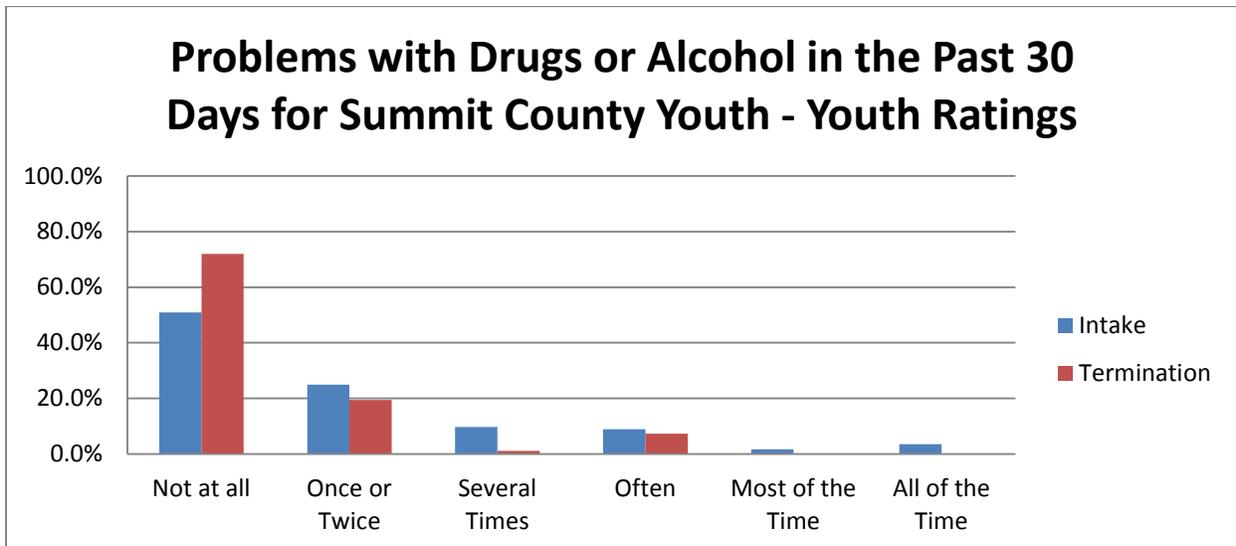


Figure 102. Problems with Drugs or Alcohol in the Past 30 Days for Summit County Youth - Youth Ratings



TERMINATION INFORMATION

REASONS FOR TERMINATION

Upon termination of treatment from BHJJ, the case worker is asked to identify the reason for the youth's termination from the program. This information is typically focused on treatment outcomes and driven by local definitions of success, not necessarily whether the youth received new court charges or adjudications (recidivism), although youth may be terminated from the BHJJ program due to new involvement with the court. Typically, successful treatment completion is tied to attendance at meetings, progress in therapy, compliance with terms of the treatment plan, etc. County-specific definitions of successful termination are described in detail in the Project Descriptions section.

To date, there have been 88 youth terminated from the BHJJ program in Summit County. **Over 62% (62.5%, n = 55) of the youth terminated from the BHJJ program were identified as successful treatment completers.** In Summit County 9.1% (n = 8) were terminated due to some level of incarceration and an additional 9.1% (n = 8) were terminated from the program due to an out of home placement. Table 210 presents all of the reasons for termination from BHJJ.

In the latest evaluation period that began July 2011 and ended in June 2013, 68.9% (n = 31) of youth terminated successfully from the BHJJ program in Summit County.

Table 210. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2011 to June 2013
Successfully Completed Services	62.5% (n = 55)	68.9% (n = 31)
Client Did Not Return/Rejected Services	1.1% (n = 1)	2.2% (n = 1)
Out of Home Placement	9.1% (n = 8)	13.3% (n = 6)
Client/Family Moved	0.0% (n = 0)	0.0% (n = 0)
Client Withdrawn	4.5% (n = 4)	4.4% (n = 2)
Client AWOL	2.3% (n = 2)	2.2% (n = 1)
Client Incarcerated	9.1% (n = 8)	4.4% (n = 2)
Other	11.4% (n = 10)	4.4% (n = 2)

AVERAGE LENGTH OF STAY

The average length of stay for youth in the Summit County BHJJ program was 171 days. For youth identified as completing treatment successfully, the average length of stay was 196 days and for youth identified as unsuccessful treatment completers, the average length of stay was 127 days. For youth enrolled since July 1, 2011, the average length of stay in BHJJ was 169 days.

RISK FOR OUT OF HOME PLACEMENT

At intake into and termination from the BHJJ program, workers were asked whether the youth was at risk for out of home placement. Upon entering the program, 47.1% of the youth (n = 41) in Summit County were at risk for out of home placement. At termination, 39.5% (n = 34) of youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 28.3% (n = 15) were at risk for out of home placement at termination while 56.3% (n = 18) of youth who terminated unsuccessfully from the program were at risk for out of home placement.

POLICE CONTACTS

With help from the caregiver and youth, the worker was asked to estimate the frequency of police contacts since the youth has been receiving mental health services through BHJJ. Workers reported that police contacts has been reduced for 69.7% (n = 62) of the youth and had stayed the same for 27.0% (n = 24) of the youth. Police contacts increased for 2.2% (n = 2) of the youth while the worker was unable to estimate for 1.1% (n = 1).

SATISFACTION WITH SERVICES

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 103). At termination from the BHJJ program, 87.8% (n = 36) of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 75.6% (n = 31) either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 104). A majority (67.5%, n = 27) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 105) and 90.0% (n = 36) strongly agreed or agreed with the statement that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 106).

Figure 103. Caregiver Satisfaction with the BHJJ Program

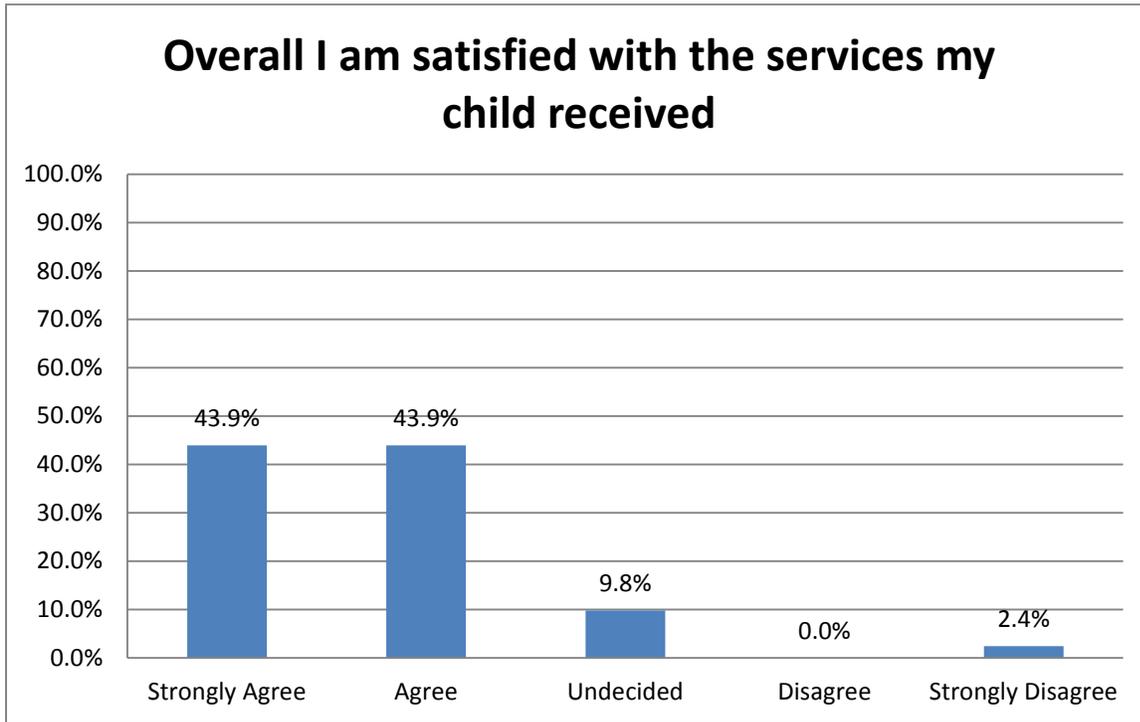


Figure 104. Services Received Were Right for Us

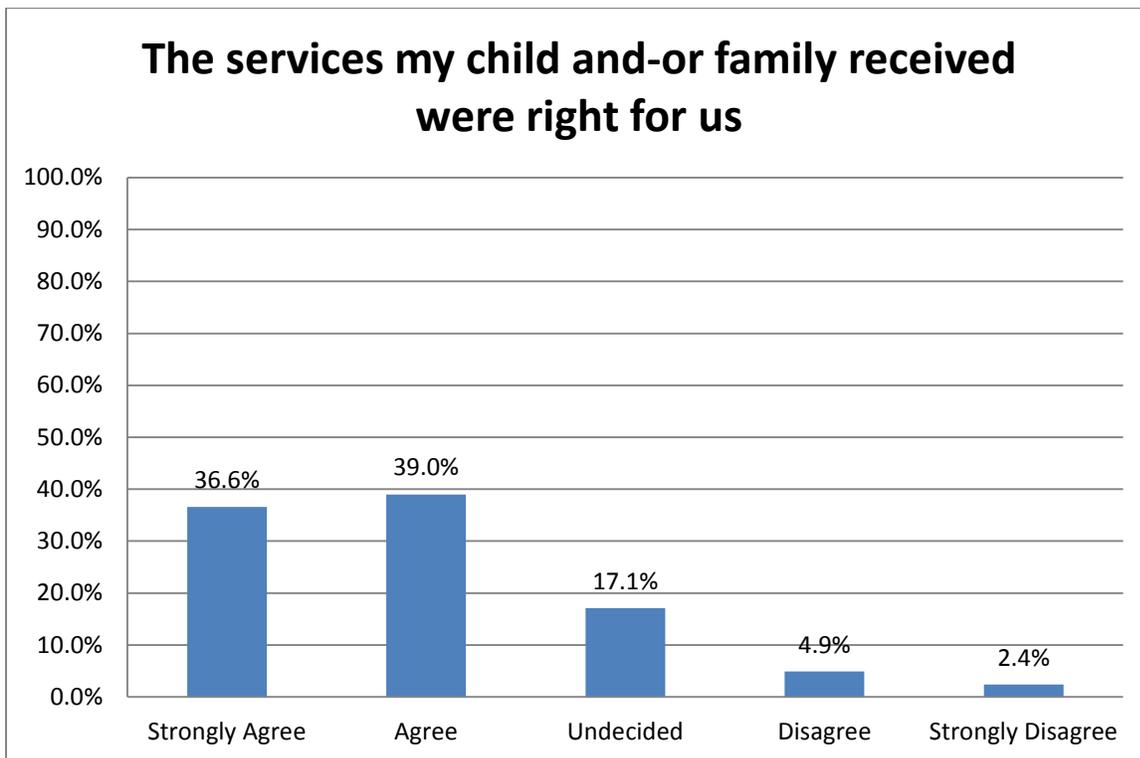


Figure 105. We Received the Help We Wanted

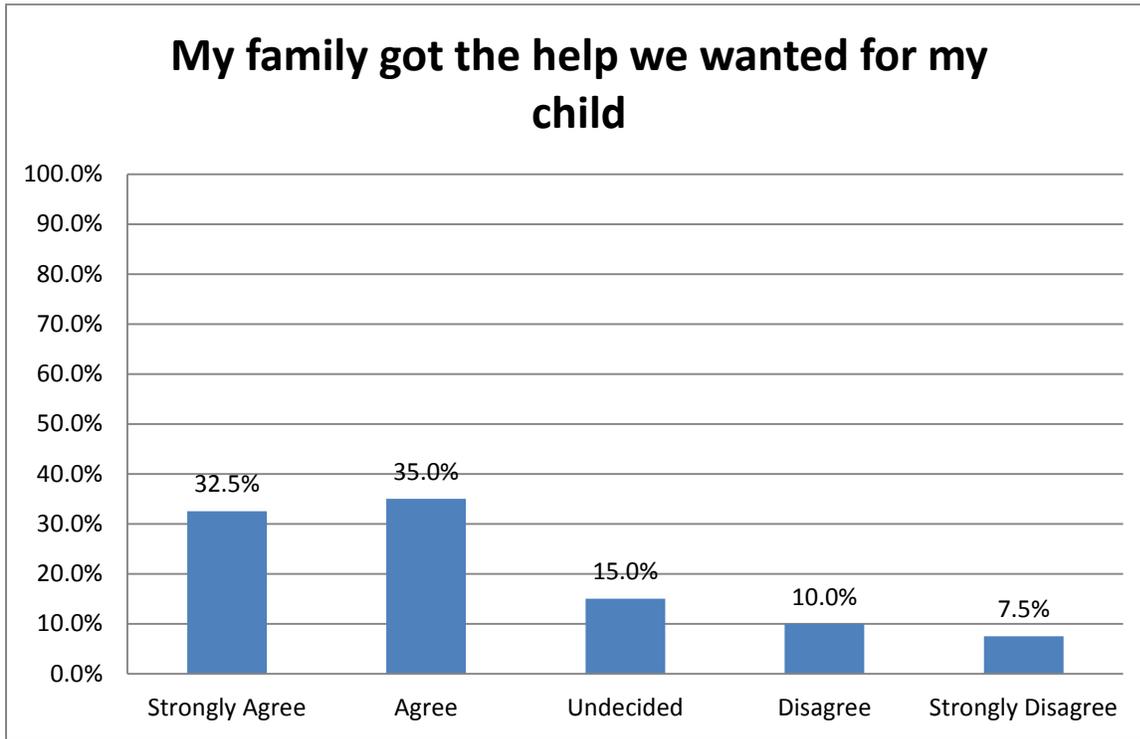
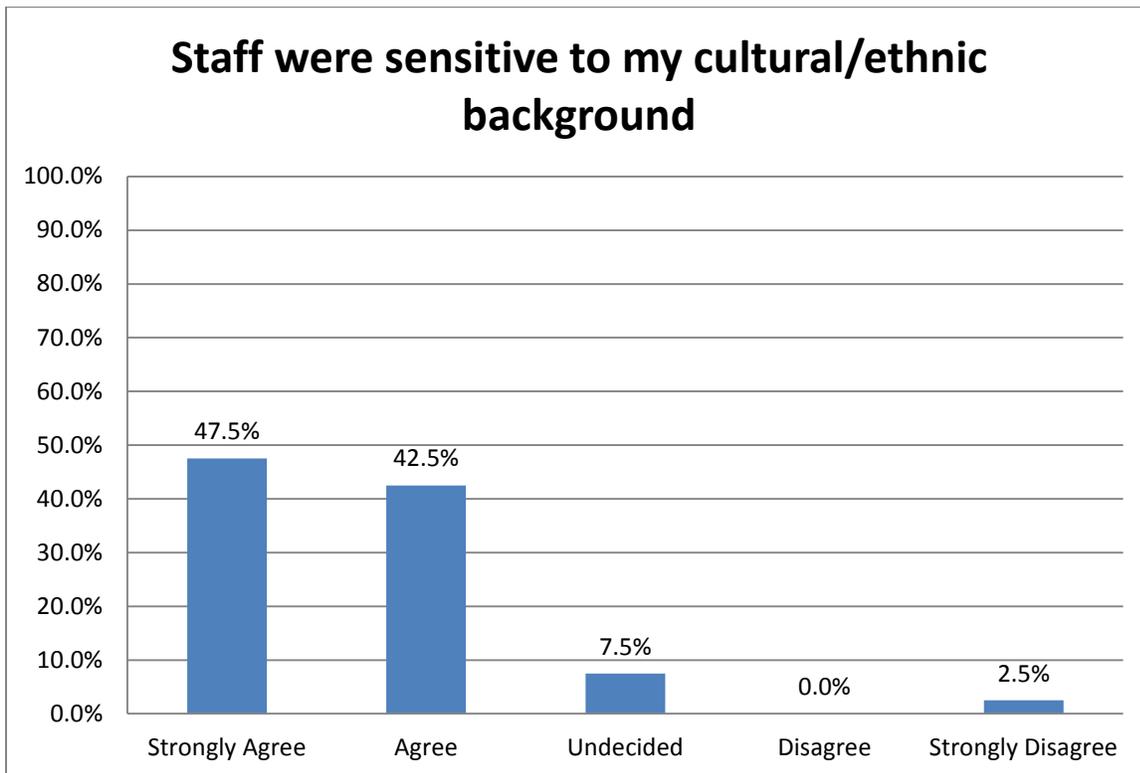


Figure 106. Cultural Competency of BHJJ Services



RECIDIVISM

METHODOLOGY

Court data were provided by the Summit County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS (at any time after their BHJJ enrollment, including after termination from BHJJ). Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. We also present the data by treatment completion status (successful vs. unsuccessful). Technical or probation violations were not considered to be new charges and thus were not included in the analyses. Data specific to charges for misdemeanor and felony charges are presented in the following sections. Juvenile court history and recidivism information are presented at 3, 6, 12, and 18 month intervals.

Several criteria for inclusion in the analysis were considered based on the time period of interest. While all youth 18 years of age and under are included in the analyses prior to enrollment, not all youth are included in each assessment period after enrollment and after termination. Any charges for youth over 18 years of age would likely be filed in adult court, and therefore would not appear in juvenile court records. A youth over 18 at the time of termination may show no future juvenile court involvement; however the individual may have charges in the adult system. Because we did not have access to adult records, youth 18 years of age or older at termination were eliminated from all analyses that examined charges after termination. Also, youth who turned 18 years old during the measurement interval in question (3, 6, 12, 18 months after enrollment or termination) were eliminated from the analysis because we lacked a complete picture of their possible court involvement.

Enrollment and termination dates were also used to identify youth for the analyses. For example, when examining recidivism data three months after termination from BHJJ we chose to include only those youth who had been terminated from BHJJ for at least three months prior to the end of the data collection period, June 30, 2013. If the youth was terminated one month prior to the end of the data collection, that youth only had one month to recidivate. Therefore, the full extent of their recidivism is not known. For example, in order to be included in the three month after termination analyses, a youth had to have been 17.75 years old or younger at the time of termination and must have been terminated at least three months prior to the end of the data collection period. To be included in the 6 month analysis, youth had to have been 17.50 years old or younger at termination and have been terminated 6 months prior to June 30, 2013. The same criteria were applied to the intervals following enrollment in BHJJ. When examining new charges occurring within three months after intake, youth must be 17.75 years old or younger at the time of enrollment and the enrollment date must be at least three months prior to the end of the data collection period for inclusion in the analysis.

RESULTS

JUVENILE COURT INVOLVEMENT PRIOR TO INTAKE

In the 12 months prior to their BHJJ enrollment, 83.3% (n = 95) of the BHJJ youth had misdemeanor charges, 90.4% (n = 103) had at least one felony charge, and 97.4% were adjudicated delinquent (see Table 211).

Table 211. Charges Prior to BHJJ Enrollment – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 114)	39.5% (n = 45)	88	52.6% (n = 60)	99	68.4% (n = 78)
6 months (n = 114)	66.7% (n = 76)	199	76.3% (n = 87)	162	88.6% (n = 101)
12 months (n = 114)	83.3% (n = 95)	316	90.4% (n = 103)	215	97.4% (n = 111)
18 months (n = 114)	87.7% (n = 100)	410	93.9% (n = 107)	233	99.1% (n = 113)

Previous juvenile court information is presented for youth based on BHJJ treatment completion status (successful vs. unsuccessful) (see Table 212 and Table 213). In the 12 months prior to enrollment, 98.1% (n = 53) of successful completers and 100% (n = 33) of unsuccessful completers were adjudicated delinquent in the 12 months prior to their enrollment in BHJJ. A lower percentage of successful completers had a felony charge in the 12 months prior to intake (87.0%, n = 47) than unsuccessful completers (93.9%, n = 31).

Table 212. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 54)	38.9% (n = 21)	40	51.9% (n = 28)	49	68.5% (n = 37)
6 months (n = 54)	59.3% (n = 32)	77	70.4% (n = 38)	79	88.9% (n = 48)
12 months (n = 54)	77.8% (n = 42)	119	87.0% (n = 47)	104	98.1% (n = 53)
18 months (n = 54)	83.3% (n = 45)	166	92.6% (n = 50)	114	100.0% (n = 54)

Table 213. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 33)	39.4% (n = 13)	26	60.6% (n = 20)	26	66.7% (n = 22)
6 months (n = 33)	78.8% (n = 26)	70	84.8% (n = 28)	44	87.9% (n = 29)
12 months (n = 33)	93.9% (n = 31)	103	93.9% (n = 31)	57	100.0% (n = 33)
18 months (n = 33)	97.0% (n = 32)	130	97.0% (n = 32)	61	100.0% (n = 33)

RECIDIVISM AFTER ENROLLMENT

We defined recidivism after enrollment as receiving a new charge or adjudication at 3, 6, 12, and 18 months after a youth’s BHJJ enrollment date. Once again even if a charge was eventually dismissed, it was included in the ‘Total Misdemeanors’ and ‘Total Felonies’ columns of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after enrollment in BHJJ, 70.3% (n = 52) of youth were charged with at least one new misdemeanor and 45.9% (n = 34) were charged with at least one new felony. Seventy two percent (71.6%, n = 53) of the youth were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 214).

Table 214. Recidivism after BHJJ Enrollment – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 107)	30.8% (n = 33)	53	12.1% (n = 13)	16	36.4% (n = 39)
6 months (n = 96)	50.0% (n = 48)	104	26.0% (n = 25)	31	51.0% (n = 49)
12 months (n = 74)	70.3% (n = 52)	176	45.9% (n = 34)	54	71.6% (n = 53)
18 months (n = 51)	78.4% (n = 40)	159	62.7% (n = 32)	67	86.3% (n = 44)

In the 12 months after enrollment in BHJJ 64.1% (n = 25) of successful completers were charged with at least one new misdemeanor, 43.6% (n = 17) were charged with at least one new felony, and 61.5% (n = 24) were adjudicated delinquent (see Table 215). Of the youth who completed unsuccessfully, 76.9% (n = 20) were charged with at least one new misdemeanor, 50.0% (n = 13) were charged with at least one new felony, and 88.5% (n = 23) were adjudicated delinquent in the 12 months after their enrollment in BHJJ (see Table 216).

Table 215. Recidivism after BHJJ Enrollment for Youth Who Completed Successfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 53)	18.9% (n = 10)	16	9.4% (n = 5)	6	28.3% (n = 15)
6 months (n = 50)	38.0% (n = 19)	33	18.0% (n = 9)	10	44.0% (n = 22)
12 months (n = 39)	64.1% (n = 25)	77	43.6% (n = 17)	25	61.5% (n = 24)
18 months (n = 24)	83.3% (n = 20)	66	58.3% (n = 14)	29	87.5% (n = 21)

Table 216. Recidivism after BHJJ Enrollment for Youth Who Completed Unsuccessfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 32)	43.8% (n = 14)	26	15.6% (n = 5)	6	46.9% (n = 15)
6 months (n = 31)	64.5% (n = 20)	54	38.7% (n = 12)	15	67.7% (n = 21)
12 months (n = 26)	76.9% (n = 20)	81	50.0% (n = 13)	25	88.5% (n = 23)
18 months (n = 20)	75.0% (n = 15)	83	75.0% (n = 15)	33	95.0% (n = 19)

RECIDIVISM AFTER TERMINATION

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth’s BHJJ termination date. If a charge was eventually dismissed, it was still included in the ‘Total Misdemeanors’ and ‘Total Felonies’ column of the associated tables but would not be included in the calculations of delinquent adjudications.

In the 12 months after termination from BHJJ, 65.5% (n = 38) of youth were charged with at least one new misdemeanor, 48.3% (n = 28) were charged with at least one new felony, and 65.5% (n = 38) were adjudicated delinquent (see Table 217).

Table 217. Recidivism after BHJJ Termination – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 91)	26.4% (n = 24)	55	11.0% (n = 10)	23	25.3% (n = 23)
6 months (n = 80)	41.3% (n = 33)	92	26.3% (n = 21)	41	41.3% (n = 33)
12 months (n = 58)	65.5% (n = 38)	112	48.3% (n = 28)	62	65.5% (n = 38)
18 months (n = 34)	88.2% (n = 30)	120	61.8% (n = 21)	70	85.3% (n = 29)

In the 12 months following their termination from BHJJ, 71.4% (n = 20) of successful completers were charged with at least one new misdemeanor, 50.0% (n = 14) were charged with at least one new felony, and 75.0% (n = 21) were adjudicated delinquent (see Table 218). Of the youth who completed unsuccessfully, 59.1% (n = 13) were charged with at least one new misdemeanor, 45.5% (n = 10) were charged with at least one new felony, and 63.6% (n = 14) were adjudicated delinquent in the 12 months after their termination from BHJJ (see Table 219).

Table 218. Recidivism after BHJJ Termination for Youth who Completed Successfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 46)	26.1% (n = 12)	31	15.2% (n = 7)	18	30.4% (n = 14)
6 months (n = 43)	41.9% (n = 18)	51	27.9% (n = 12)	26	39.5% (n = 17)
12 months (n = 28)	71.4% (n = 20)	55	50.0% (n = 14)	36	75.0% (n = 21)
18 months (n = 17)	82.4% (n = 14)	58	58.8% (n = 10)	32	88.2% (n = 15)

Table 219. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully – Summit County

	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n = 31)	32.3% (n = 10)	21	9.7% (n = 3)	5	22.6% (n = 7)
6 months (n = 27)	44.4% (n = 12)	34	25.9% (n = 7)	13	48.1% (n = 13)
12 months (n = 22)	59.1% (n = 13)	48	45.5% (n = 10)	21	63.6% (n = 14)
18 months (n = 14)	92.9% (n = 13)	57	71.4% (n = 10)	33	85.7% (n = 12)

FELONY OFFENDERS AND ODYS COMMITMENTS

We examined data for those youth who committed felony offenses in the 12 months prior to their BHJJ enrollment to determine if they had new felony charges after their BHJJ termination. A total of 53 felony offenders remained in the analysis after the data were restricted to youth 17 years old or younger, who had one full year to recidivate and for whom we had both recidivism and termination data. Of the 53 youth, 52.8% (n = 28) were charged with a new felony in the 12 months after their termination from BHJJ.

Sixteen of the 114 BHJJ youth (14.0%) from Summit County for whom we had recidivism data were committed to an ODYS facility at any time following their enrollment.

REFERENCES

- Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, *60*(11), 1097-1108.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC) Professional Manual*. Odessa, FL: Psychological Assessment Resources.
- Cocozza, J. & Skowrya, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Office of Juvenile Justice and Delinquency Prevention Journal*, *7*(1), 3-13.
- Cuellar, A.E., McReynolds, L., & Wasserman, G. (2006). A cure for crime: Can mental health treatment diversion reduce crime among youth? *Journal of Policy Analysis and Management*, *25*(1), 197-214.
- Feinstein, R. A., Lampkin, A., Lorish, C. D., Klerman, L. V., Maisiak, R., & Oh, M. K. (1998). Medical status of adolescents at time of admission to a juvenile detention center. *Journal of Adolescent Health*, *22*(3), 190-196.
- Friedman, R., Katz-Levy, J., Manderscheid, R., & Sondheimer, D. (1996). Prevalence of serious emotional disturbance in children and adolescents. In R. Manderscheid & M. A. Sonnenschein (Eds.), *Mental health in the United States* (pp. 71-89). Rockville, MD: U.S. Department of Health and Human Services.
- Goldstrom, I., Jaiquan, F., Henderson, M., Male, A., & Manderscheid, R.W. (2000). The availability of mental health services to young people in juvenile justice facilities: A national survey. In R.W. Manderscheid and M.J. Henderson (Eds.) *Mental Health, United States, 2000* (DHHS Publication No. SMA-01-3537, pp.248-268). Washington, DC: U.S. Government Printing Office.
- Hoge, R. D. (2002). Standardized instruments for assessing risk and need in youthful offenders. *Criminal Justice and Behavior*, *29*, 380-396.
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980-989.
- Nordess, P., Grummert, M., Banks, D., Schindler, M., Moss, M., Gallagher, K., & Epstein, M. (2002). Screening the mental health needs of youths in juvenile detention. *Juvenile & Family Court Journal*, *53*(2), 43-50.
- Novins, D. K., Duclos, C. W., Martin, C., Jewett, C. S., & Manson, S. M. (1999). Utilization of alcohol, drug,

- and mental health treatment services among American Indian adolescent detainees. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1102-1108.
- Ogles, B. M., Melendez, G., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical outcome assessment. *Journal of Child and Family Studies*, 10(2), 199-212.
- Otto, R.K., Greenstein, J.J., Johnson, M.K., & Friedman, R.M. (1992). Prevalence of mental disorders among youth in the juvenile justice system. In J.J. Coccozza (Ed.), *Responding to the mental health needs of youth in the juvenile justice system*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.
- Schwalbe, C. S., Gearing, R. E., McKenzie, M. J., Brewer, K. B., Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review*, 32, 26-33.
- Shufelt, J. L. & Coccozza, J. J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study*. Delmar, NY: National Center for Mental Health and Juvenile Justice.
- Singer, M. I., Anglin, T. M., Song, L. y. & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273(6), 477-482.
- Skowrya, K. & Powell, S. (2006). *Juvenile diversion: Programs for justice-involved youth with mental health disorders*. Delmar, NY: National Center for Mental Health and Juvenile Justice.
- Soler, M. (2002). Health issues for adolescents in the justice system. *Journal of Adolescent Health*, 31, 321-333.
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133-1143.
- U.S. Department of Health and Human Services. (2005). *National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program*. Rockville, MD: Author.
- U.S. Department of Justice. (2005). *Department of Justice activities under Civil Rights of Institutionalized Persons Act: Fiscal year 2004*. Washington, DC: Author.
- Wasserman, G. A., McReynolds, L. S., Ko, S. J., Katz, L. M., & Carpenter, J. R. (2005). Gender differences in psychiatric disorders at juvenile probation intake. *American Journal of Public Health*, 95(1), 131-137.

Wasserman, G. A., McReynolds, L., Lucas, C., Fisher, P., & Santos, L. (2002). The Voice DISC-IV with incarcerated male youths: Prevalence of disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(3), 314-321.

Wasserman, G. A., McReynolds, L. S., Schwalbe, C. S., Keating, J. M., & Jones, S. A. (2010). Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth. *Criminal Justice and Behavior, 37*(12), 1361-1376.