

Ohio's Institutional Juvenile Justice Reform Efforts: *An Update for Stakeholders*

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Meet the Presenters



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Past, Present, and Future



Reasons for Reform

There are many reasons that systems go through reform:

- **Realization that current practice is not working**
- **Legal action**
- **Research suggests alternative options**
- **Public influences**

Changing the Footprint: Smaller and Closer to Home

- RECLAIM Study
- Ohio Youth Assessment System
- Cognitive-Behavioral Treatment Centers
- Behavioral Health/Juvenile Justice
- Litigation: *S.H. v Stickrath*
- Release Authority Reform
- Systematic release of low/moderate risk youth
- Targeted RECLAIM

The Current Juvenile Justice System Footprint



February 2010

- ODYS
 - 1,082 incarcerated
 - 1,150 under supervision
- CCF
 - 313 average daily pop (Jan. 2010)
- RECLAIM
 - 100,000+ youth currently served annually

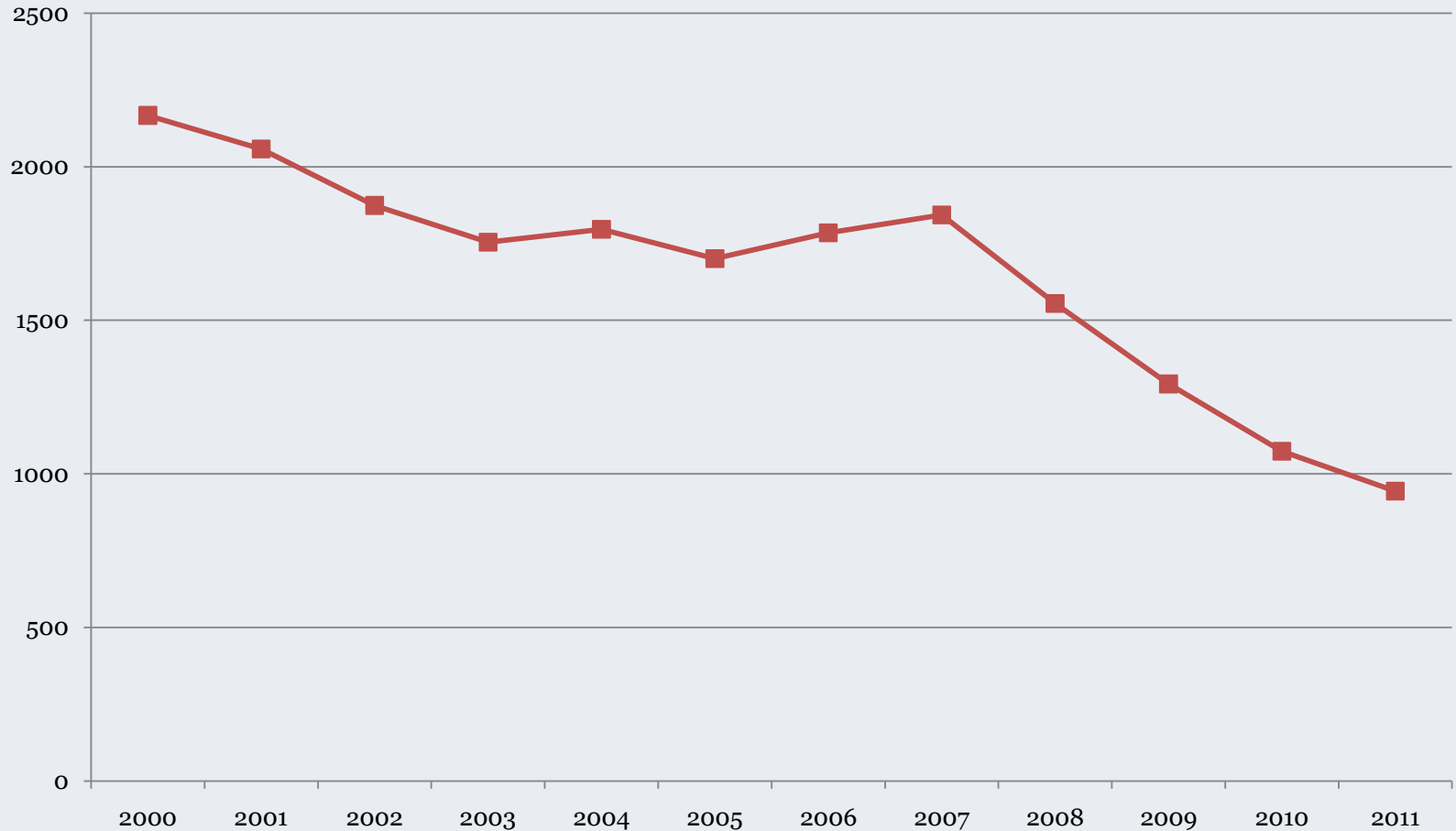


February 2011

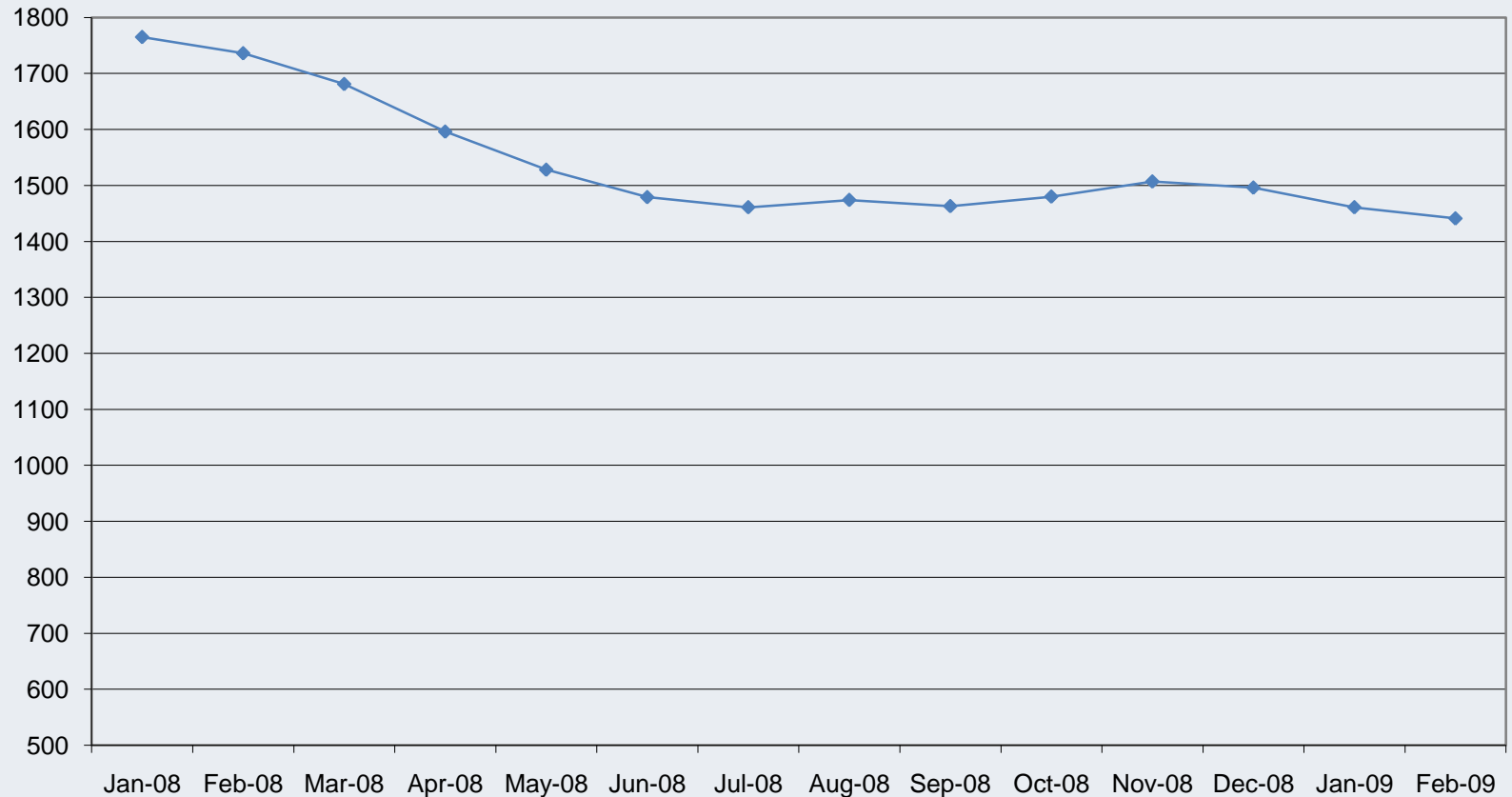
- ODYS
 - 786 incarcerated
 - 944 under supervision
- CCF
 - 310 average daily pop (Feb. 2011)
- RECLAIM
 - 100,000+ youth served annually



ODYS Annual Population

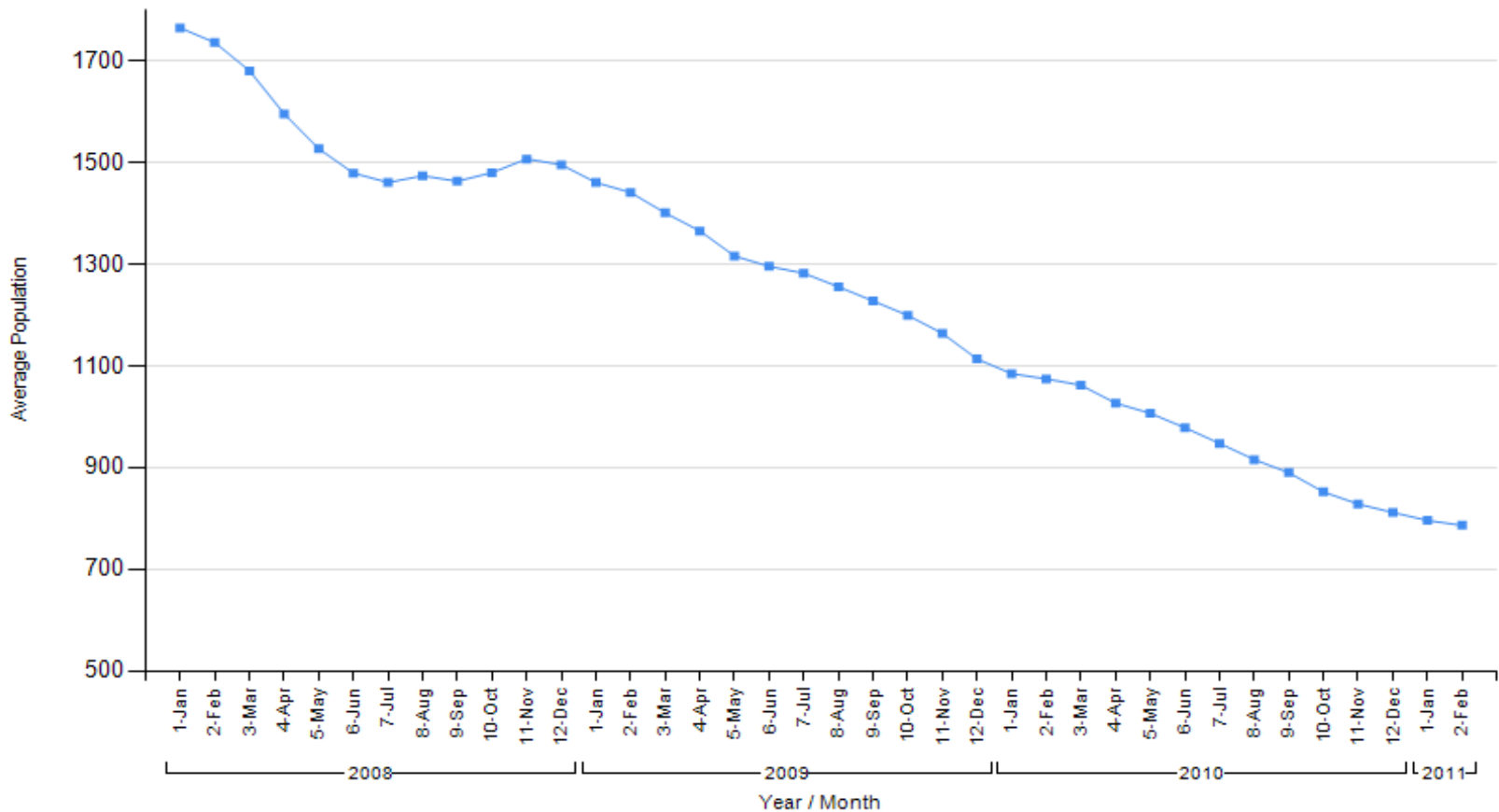


ODYS Average Daily Facility Population by Month: CY 2008

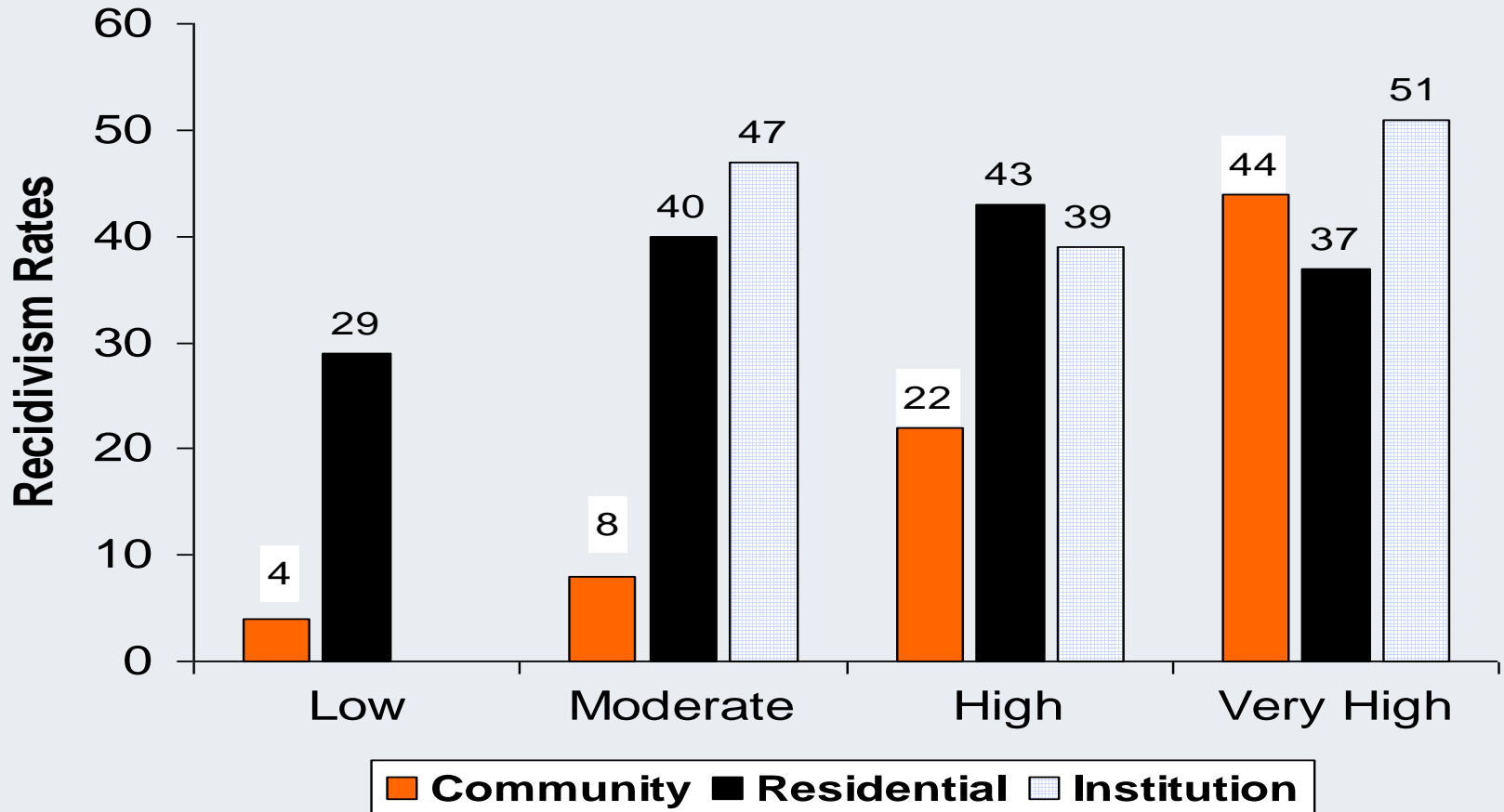


ODYS Average Daily Facility Population by Month

January 2008 - February 2011



Risk Level by New Commitment: Results from Ohio Study of over 14,000 Youth



Three Elements to the Risk Principle



Target those youth with higher probability of recidivism



Provide most intensive treatment to higher risk youth



Intensive treatment for lower risk offender can increase recidivism

Need Principle

Provide services to address needs that are tied to delinquency:

- Antisocial attitudes
- Antisocial peers
- Antisocial personality
- Substance abuse
- Employment
- Education
- Family



Responsivity/Treatment Principle

Use treatments that have shown to work with juvenile delinquents:



- Cognitive behavioral approaches that target criminogenic risk factors
- Structured social learning where new skills and behavioral are modeled
- Family based approaches that train family on appropriate techniques

Process of Changing the Footprint of Juvenile Justice

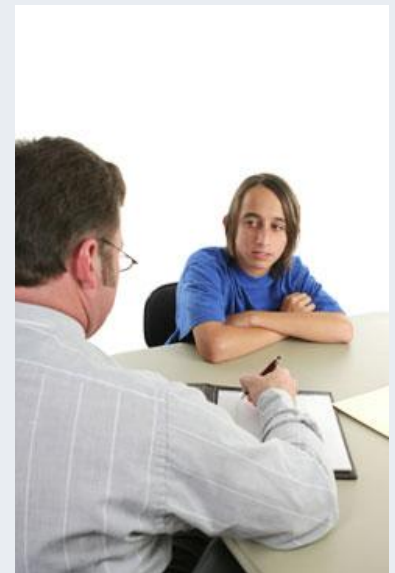
Develop a common language regarding risk, need, and responsivity.

Develop community alternatives to placements.

Create options within the ODYS to address youth's needs.

Ohio Youth Assessment System

- Assessment process that spans from arrest through discharge from parole.
- Provides a common language regarding risk, need, and responsivity.
- Assists youth in being matched with effective interventions
- Offers communities to address youth in the least restrictive setting





Enhancing Community Efforts

Goal / Outcomes

Goal

To provide appropriate services to youth by matching risk level with the least restrictive program setting and by expanding community program capacity to provide services for youth and increase support for assessment and program delivery.



Outcomes

Reduced commitments and reduced risk, lower recidivism and safer communities.



Principles

- Following research on the appropriate setting to provide effective services to youth
- Assessing youth risk level using the OYAS
- Investments in evidence-based programs
- Targeting services
- Quality assurance
- Data collection
- Measuring outcomes



RECLAIM Ohio

Reasoned and Equitable Community and
Local Alternative to Incarceration of Minors



- Funding initiative which encourages courts to develop or purchase community-based options to best meet the needs of youth.
- \$30.6 million annually, partnered with Youth Services Grant (\$16.7 million).
- 1995 evaluation results.
- Statutory funding formula allocates dollars to juvenile courts.

Targeted RECLAIM

- Provides funding for evidence-based and model community programs to reduce DYS commitments.
- Has included Multisystem Therapy (MST), Multidimensional Family Therapy and Cognitive-Behavioral Therapy.
- Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit counties.

Behavioral Health / Juvenile Justice

- BHJJ provides funding for the identification and diversion of offenders with serious behavioral health needs and enhances the community's ability to serve these youth locally
- Includes MST, Functional Family Therapy, Intensive Home-Based Therapy, Integrated Co-Occurring Treatment, and High-Fidelity Wraparound
- Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit Counties



Reduction in DYS Facility Population

- March 2007
 - Average daily facility population 1,849
- March 2010
 - Average daily facility population 1,062
- March 2011
 - Average daily facility population 775

Reduction in DYS Parole Population

- March 2007
 - Average daily parole population 1,426
- March 2010
 - Average daily parole population 1,109
- March 2011
 - Average daily parole population 888



Disproportionate Minority Contact



- Statewide initiative to reduce the number of system involved minority youth.
- 14 Ohio counties with the highest minority youth populations to identify and address issues that impact DMC.
- 22 DMC projects were funded with Title II funds.
- Projects are being evaluated by The Ohio State University.

Juvenile Detention Alternatives Initiative

- Funding and technical assistance by Annie E. Casey Foundation.
- Focuses on the detention component of the juvenile justice system because youth are often unnecessarily or inappropriately detained at great expense.
- Promotes changes to policies, practices, and programs to: reduce reliance on secure confinement; improve public safety; reduce racial disparities and bias; save taxpayers' dollars; and stimulate overall juvenile justice reforms.
- Ohio is a state JDAI site with five county sites: Cuyahoga, Franklin, Lucas, Montgomery, and Summit.

CCF Program Conversion

- 12 Community Corrections Facilities serve felony youth who would otherwise be committed to DYS.
- Converting the 12 CCFs to a cognitive-behavioral model.
- University of Cincinnati provides training, coaching and technical assistance.

Release Authority

- Goal is to release youth when they are first legally eligible for release consideration unless:
 - Serious incident while in ODYS custody;
 - Need for continued treatment or rehabilitative services; or
 - Youth poses a significant public safety concern.

In rare cases, the Release Authority may exercise an override by convening the full board

- Individual reentry meetings.

Parole Reform

- The University of Cincinnati has trained Juvenile Probation Officers in Effective Practices In Community Supervision (EPICS) model of supervision
- EPICS focuses on targeting criminogenic needs, maladaptive attitudes and beliefs, problem-solving skills, and appropriate referrals in the community
- Video communicator project



Evidence Based/Informed Practices Community Based Treatment The Bridge to Reentry and Beyond

Juvenile Justice Youth: A Snapshot

Percent of youth who received community services prior to commitment:

66.5% Outpatient mental health*

24.7% Residential treatment*

28% Substance abuse services*

80 % of youth assessed by ODYS with substance abuse issues:

60% Severe

11% Moderate

9% Mild

50% of youth currently on the mental health (MH) caseload

33 youth are currently on the MH Units = 33 (5 females/28 males)

BHJJ Initiative

- Began as a way to enhance judicial options for youth with serious behavioral health needs.
- Designed to transform the systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth and their families.
- Now more strategically focused on the identification and diversion of deep-end youthful offenders with serious behavioral health needs from ODYS, based on needs as identified by the participating courts.

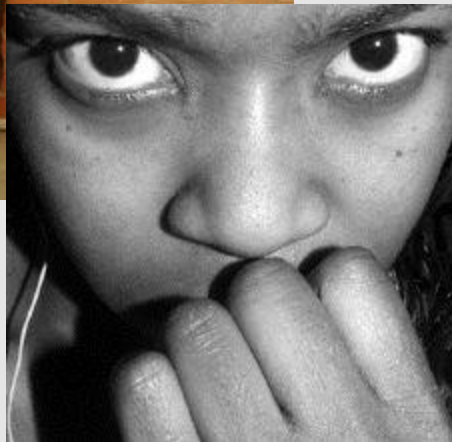


BHJJ Youth Profile



1560 youth enrolled since 2006:

- 52% Male
- 35% African Americans, 57% Caucasians
- Average age - 15 years (range = 10-18)
- Average of 2 DSM-IV Axis I diagnoses per youth
 - ODD, ADHD, Cannabis Dependence, Depressive Disorder among most common
- 25% charged with a felony within 12 months prior to enrollment



BHJJ Youth Profile As Reported by Caregivers

	Females	Males
Has the youth ever been physically abused?	22%	18%
Has the youth ever been sexually abused?	32%	7%
Has the youth ever had a problem with substance abuse?	45%	40%
Has the youth ever talked about committing suicide?	52%	35%
Has the youth ever attempted suicide?	26%	8%

BHJJ Results

63% identified as successful completers (11% rejected services, 6% out of home placement, 4% moved, 4% withdrawn)



- Average length of stay 6 months.
- Significant improvement in Ohio Scales from intake to termination Problem Severity and Functioning significantly improved across all three raters.
- Significant improvements in Trauma Symptom Checklist for Children (TSCC) subscale scores from intake to termination.
- Significant reductions in the amount of youth in both the clinical and sub-clinical range at termination.
- Decreases in self-reported substance use for most commonly used substances.

Results, *continued*

Twelve months after termination from BHJJ:

8.5% of youth under 18 were charged with a felony

- 6.5% of successful completers, 10.7% of unsuccessful completers

26.8% of youth under 18 were adjudicated delinquent

- 22.4% of successful completers, 35.7% of unsuccessful completers

15 youth have sent to an ODYS facility subsequent to their enrollment in BHJJ (1.4%)

- Of those 15 youth, 6 had a felony charge in the 12 months prior to their enrollment in BHJJ

Program	Description; Youth Served
Multi-systemic Therapy (MST)	Intensive family based intervention for youth with externalizing behavior
Functional Family Therapy (FFT)	Family therapy model for youth with disruptive behavior disorders
Multi-dimensional Treatment Foster Care (MTFC)	Specialized foster care linking foster and home to focus on disruptive behaviors in youth
Multi-dimensional Family Treatment (MDFT)	Intensive family-based substance abuse treatment
Trauma-focused Cognitive Behavioral Therapy (TF-CBT)	Outpatient therapy for youth with history of trauma
Assertive Community Treatment (ACT)	Team-based adult service for transition age youth living independently

Evidenced-Based Practices in Ohio

Promising Practices

Program	Description; Youth Served
Intensive Home-Based Treatment (IHBT)	Intensive home based treatment for families with youth with emotional and behavioral disorders
High Fidelity Wraparound	A process to facilitate cross-system collaboration and team planning
Integrated Co-Occurring Treatment (ICT)	Intensive home-based integrated Mental Health and Substance Use treatment

Family-Based Approaches

**Demonstrate
Program
Effectiveness
MST Dashboard
FY 09, FY 10,
FY 11**

Indicator	Value (Target)
Total Cases Discharged	1598
Percent of youth at home	87.84% (90%)
Percent of youth in school	86.89% (90%)
Percent of youth with no new arrests	77.79% (90%)
Percent of youth completing treatment	85.39% (85%)
Average Adherence Score	0.703 (0.61)

IHBT Benefits Youth in Multiple Systems

Offers direct service supports to other child-serving systems (education, juvenile justice, child welfare) and assists them in safely maintaining youth in less restrictive settings.

Increases positive outcomes for their system (school success; decreased arrest rates, decreased abuse and neglect, etc.).

Saves their system money.

Actively assesses and manages youth and family risk.

Of the youth served, 86% remained in their homes during IHBT and at the time of discharge.



Findings that Impact Juvenile Justice and Child Welfare

Juvenile Justice

At the conclusion of IHBT, there was a 50% drop in:

Youth arrested (44% to 21%).

Youth on probation (27.5 to 13%).

Youth detained (13.5% to 7.1%).

Child Welfare

- Children do not have to leave home to get needed treatment.
- Custody relinquishment is not an issue when children are maintained successfully in their homes.
- Relationships with family members, friends, neighbors, teachers, and support systems are maintained.

Findings that Impact School Success and Substance Abuse

School Success

- The percent of youth getting passing grades during IHBT treatment increased from 65 to 77%.
- The percent of youth with disciplinary problems in school decreased greatly from 68 to 49% during IHBT.

Substance Abuse

- The number of youth reported to have functional impairment due to alcohol use decreased from (11.9%, n = 38) at time of admission to (1.9%, n = 5) at discharge.
- The number of youth reported to have functional impairment due to drug use decreased from (15.8 %, n = 56) at time of admission to (4.2%, n = 11) youth at time of discharge.

Placement Type	Average Cost Per Diem	Annualized Cost	System(s) Impacted
Foster Care Level IV	\$123.90	\$45,224	Local Job and Family Services
Group Home	\$125	\$45,625	Local Job and Family Services; Juvenile Courts
Residential Treatment (non-secure)	\$200.56	\$73,204	Local Job and Family Services; Juvenile Courts; School Systems
Residential Treatment (secure)	\$335	\$122,275	Local Job and Family Services; Juvenile Courts; School Systems
Juvenile Commitment	\$300	\$99,462 (10.9 months)	ODYS; Local Juvenile Courts
IHBT (average cost per treatment episode)		\$7,500	All

Fiscal Impact for System Stakeholders

Cost Benefit Analysis

Information		Cost	Benefit
86% of 394 youth served remained in the home (339)	339 youth X \$57,788 = \$19,590,132		\$19,590,132 Placement costs avoided
Average cost of placement \$57,788			
IHBT Grant FY 08 & 09 (394 youth)	394 x \$7,500 = \$2,955,000	\$2,955,00 Total cost of IHBT	
Typical Case Rate for IHBT = \$7,500			
55 youth placed	55 x \$57,788 = \$3,178,340	\$3,178,340 Total cost of placement	
Average cost of placement \$57,788			

Cost Benefit Analysis, *continued*

			Total Benefit
394 youth served in IHBT Grant FY 08 and 09	Cost saved minus cost of IHBT and cost of youth placed		\$13,456,792 (for all youth served)
	\$13,456,792 divided by total youth served (394)		\$34,154 (Cost savings per youth)
	Total Benefit (19,590,132 – 3,178,340)/Total Service Cost (2,955,000)	For every (\$1) dollar spent in IHBT	\$5.55 is returned in placement costs avoided



Common Denominators

- Quality assessment drives individualized treatment planning.
- Central role of family and strength-based.
- Utilizing evidence based and effective interventions.
 - Ability to track and measure outcomes.
 - Ongoing technical assistance and/or coaching.
 - Organizational infrastructure that supports new approaches.



Summary

- Ohio is achieving clinical and systems outcomes for youth.
- Ohio has a rather impressive array of EBPs.
- The practices have cross system outcomes for youth, families, and communities.
- While still developing, Ohio has the know how and infrastructure to implement EBPs.
- The percentage of youth with access to evidence based/informed practices is a fraction of the need.
- These projects and practices represent the exception not the norm to how our systems operate and serve youth.

Questions & Answers



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