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APPLIED SOCIAL SCIENCES

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An Evaluation of the Behavioral Health/Juvenile Justice (BHJJ) Initiative: 2006-2011

Submitted to the Ohio Department of Youth
Services and the Ohio Department of Mental
Health

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An Evaluation of the Behavioral Health/Juvenile Justice Initiative (BHJJ): 2006 – 2011

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

Executive Summary

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. To assist with this aim, four of the previously existing BHJJ counties (Cuyahoga, Franklin, Montgomery, and Hamilton) as well as two new counties (Lucas and Summit) were funded by a partnership between the Ohio Departments of Youth Services (ODYS) and Mental Health (ODMH). 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

- ❖ 1758 youth have been enrolled in BHJJ (55% males). In the two years since BHJJ has operated only in the large urban counties, more non-whites (60%) than whites (40%) have been enrolled.
- ❖ Youth averaged 2.5 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). Males were significantly more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder.
- ❖ Of youth enrolled since July 2009, 41% of females and 43% of males were diagnosed with both a mental health and substance use diagnosis.
- ❖ Caregivers reported that 30% of the females had a history of sexual abuse, nearly 50% talked about suicide, and over 22% had attempted suicide. Over half the males (59%) and females (67%) had family members who were diagnosed with or showed signs of depression.
- ❖ According to the OYAS, 76% of the youth served in BHJJ were moderate or high risk.
- ❖ In the current BHJJ counties, 34% of youth had felony charges in the 12 months prior to enrollment, ranging from 20% in Montgomery County to 94% in Summit County.

Educational/Vocational Information

- ❖ Over 70% of the youth were suspended or expelled from school in the year prior to their enrollment. At termination, 85% of youth were attending school. At intake, 39% of youth earned mostly A's, B's, or C's while at termination, 51% 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.
- ❖ At termination, 16% of youth received employment counseling or vocational training and 23% planned to pursue employment counseling or vocational training.

Mental/Behavioral Health Outcomes

- ❖ There was both a decrease in trauma symptoms as well as a significant reduction in the number of youth who scored in the clinical range on the trauma scales at 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, marijuana, and pain killers.
- ❖ Youth demonstrated over a 50% reduction in the risk for out of home placement at the time of termination. Six percent of successful completers and 52% of unsuccessful completers were at risk for out of home placement at termination.
- ❖ Over 90% of caregivers agreed that they were satisfied with the services their child received through BHJJ and that the services received were culturally and ethnically sensitive.

Termination Information

- ❖ Nearly 62% of the youth terminated from the BHJJ program were identified locally as successful treatment completers. The average length of stay in the program was approximately 7 months.
- ❖ Successful completion of 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 from BHJJ, 10% of successful completers and 19% of unsuccessful completers had a new felony charge.
- ❖ Thirty-two out of the 1665 youth (2%) enrolled in BHJJ for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.
- ❖ Using only the direct State contribution to BHJJ of \$8.4 million since 2006, the average cost per youth enrolled in BHJJ was \$4778. The FY11 per diem to house a youth at an ODYS institution was \$442 and the average length of stay was 12.6 months. Based on these numbers, the estimated cost of housing the average youth at an ODYS facility in FY11 was \$167,960.

An Evaluation of the Behavioral Health/Juvenile Justice Initiative (BHJJ): 2006 - 2011

Introduction

Problem Overview

A significant and largely unaddressed problem with the juvenile offender population is that those with serious mental health issues often do not receive adequate care. Whether it is due to limited resources for adequate screening and assessment or limitations in the provision of services, many youth with serious mental health needs are confined with the general offending population and do not receive appropriate assessment, diagnosis, treatment or aftercare. Juvenile justice systems mainly focus on traditional services to adjudicated youth and not necessarily mental health services.

State and national research studies report that many youth involved in the juvenile justice system also have co-occurring behavioral health care needs, particularly serious emotional disturbance (SED) and substance abuse (Malmgren & Meisel, 2002). Research has also demonstrated that the unique needs of girls within the juvenile justice system often are seldom identified or met (Teplin et al., 2002; Veysey, 2003). The Behavioral Health/Juvenile Justice (BHJJ) initiative was intended to transform and expand the local systems' options to serve youth who have co-occurring behavioral health care needs and who are serious juvenile offenders, with a special focus on the female population.

Summary of Program History

Mental Health Services to Juvenile Offenders Program

The initial Mental Health Services to Juvenile Offenders Program (MH/JOP) was conducted from April 2000 to June 2002 in response to the recommendations made by the Task Force on Mental Health Services to Juvenile Offenders. The MHJOP consisted of the implementation of three pilot projects designed to serve youth with serious mental health/behavioral disorders and who had committed violent offenses. Each of these sites was to: secure treatment beds for offending mentally ill youth; enhance the local continuum of care for this population; and increase collaboration among key systems and agencies in the provision of culturally-competent and gender-specific services. As a result, 131 adolescents were assessed for the MH/JOP, and 68 of these youth were admitted (referred youth) for treatment. Of the 68 youth admitted for treatment, 45 completed treatment and were released from the program. To assess the effectiveness of this program, the Institute for the Study and Prevention of Violence (ISPV) at Kent State University (KSU) contracted with the consortium of funding agencies to carry out an independent process and outcome evaluation.

The initial MH/JOP provided excellent descriptions of the targeted population: youth with serious mental health/behavioral disorders and who had committed violent offenses. The youth in the program were generally male, 16 years of age, Caucasian and African American, had low average IQs or below, averaged 6 court cases with 10 associated charges, and were at a moderate to high risk for reoffending. Youth had DSM IV Axis I diagnoses that were primarily mood/behavior/psychotic disorders with Axis II diagnosis primarily being Mild Mental Retardation.

In addition to describing the target population, systemic outcomes from the initial project were identified through focus groups among juvenile courts, mental health boards, judges, parents/caregivers, and treatment providers. As a result of these focus groups several themes emerged regarding program implementation: 1) there was positive family involvement in the program; 2) the program provided an appropriate alternative to ODYS commitment; 3) the level of care and security was appropriate; 4) the program reaffirmed differences between mental health and juvenile justice systems; and 5) there existed a need to increase the number of community-based mental health services.

Other outcomes from the initial MH/JOP focused on youth progress while in the program. Based on the Ohio Scales, youth, caregivers, and workers reported a significant decline in the amount of problems a youth experienced from intake to 12 months, and a significantly higher level of functioning for youth as they progressed through the program. Youth and parents also reported a significant increase in their satisfaction with life or the relationship with their child along with significant satisfaction with services they received while in the program.

Behavioral Health/Juvenile Justice Initiative: 2005 - 2007

As a result of the favorable evaluations of previous iterations, the BHJJ program received the continued support of the ODMH and the ODYS, and received additional funding to expand the project beginning in fiscal year 2005. **The intent of BHJJ was to transform the systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth and their families and to identify effective program and policy practices.** The main goals for this project period included: 1) meet the treatment and support needs of youth and their families; 2) improve intersystem communication, collaboration, and shared outcomes and to pursue funding, policy and program practices that support shared outcomes; 3) coordinate and expand funding for shared outcomes through reinvestment of current resources and through draw down of federal matching funds; and 4) acquire research and evaluation based information on treatment and systems outcomes.

While similar in scope to earlier versions of the project, some of the target population characteristics were slightly different. Youth did not have to meet all criteria to be included, but did need to meet several. Target criteria included:

- DSM IV diagnosis
- Aged 10 to 18
- Substantial mental status impairment in affective, behavioral, and/or cognitive domains
- Co-occurring substance abuse
- Violent and/or pattern of criminal behavior
- Charged and/or adjudicated delinquent
- Incompetent to stand trial for felony offense, misdemeanor offenses of violence, and in need of mental health treatment other than competency restoration
- Threat to public safety, community and self/others
- Substantial impairment in daily living skills and limited success in major life domains
- Exposed to/victim of trauma and/or domestic violence
- History of multi-system involvement

In an attempt to address the underrepresentation of young females involved in the juvenile justice and behavioral health systems, the State encouraged proposals dedicated to the female juvenile

offender. Six proposals were funded, three of which focused on females. Once again, all successful proposals had to incorporate evidence-based best practices into their treatment model. The continued goal of the BHJJ program was to treat those youth who meet the target criteria locally, thus reducing the number of referrals to the ODYS and improving mental and behavioral health outcomes.

Six projects were funded and seven counties participated in the BHJJ project in 2005. The counties included: Cuyahoga, Fairfield, Franklin, Logan/Campaign, Montgomery, and Union. Cuyahoga, Fairfield, and Montgomery counties chose to focus on female juvenile offenders only. While all counties had to use evidence based-best practice treatment models, each county was able to select the model that it felt best served its population. The entrance to the project was almost exclusively through the juvenile court, however the exact processes by which children were identified, assessed, and enrolled varied by county (for more specific information please see the BHJJ 2005-2007 report; available upon request).

BHJJ Evaluation

Kent State University's Institute for the Study and Prevention of Violence (ISPV) was chosen as the evaluation partner for the BHJJ project. Researchers from ISPV, in concert with staff at ODMH and ODYS created an evaluation plan and selected evaluation outcomes designed to measure the effectiveness of the BHJJ program. Overall, the evaluation highlighted the success of the BHJJ program. Four hundred fifty-five (455) youth were enrolled during the project period, and approximately half were females. There were a total of 771 Axis I diagnoses for these youth, for an average of 1.69 diagnoses per child. Abuse, both physical and sexual in nature, was quite prevalent in this sample.

Mental health functioning, as measured by the Ohio Scales as well as additional instruments, improved from intake to termination. Both trauma symptoms and self-reported substance use decreased at termination. Very few youth who were enrolled in the BHJJ program went on to spend time in an ODYS facility. Additional findings can be found in the complete 2005-2007 BHJJ report (available from authors upon request).

Behavioral Health/Juvenile Justice Initiative: 2007 – 2009

ODMH and ODYS secured additional funding for the BHJJ program through June 2009. The six existing projects were refunded and two additional projects were added: Butler and Hamilton. The target criteria remained the same during this biennium. In consultation with ODMH and ODYS and in order to decrease provider burden, several instruments were removed from the 2007-2009 evaluation protocol. A description of the instruments and a data collection timeline is included in the program report, available upon request.

BHJJ Evaluation

ISPV was funded to provide evaluation services to the project. As of June 30th, 2009, 1035 youth had been enrolled in the BHJJ program and over half the youth were females (51.3%). Caucasians comprised 64.4% of the sample, although in urban counties, non-Caucasians outnumbered Caucasians. The average age at enrollment was 15.12 years old. At intake, caregivers reported that 22.2% of females and 17.6% of males had a history of physical abuse victimization and 31.7% of females and 7.0% of males had a history of sexual abuse victimization. Caregivers of over 25% of females and 8% of males reported the youth had attempted suicide at least once. The most common Axis I diagnosis for females was Oppositional Defiant Disorder (ODD) while the most common diagnosis for males was Attention Deficit Hyperactivity Disorder (ADHD).

Youth reported significantly fewer trauma symptoms (TSCC) and improved problem severity and functioning (Ohio Scales) at termination from BHJJ. At termination, both males and females reported a decrease in six month substance use with respect to the most commonly used substances with the exception of cigarettes use for males.

At the time of the report, 709 youth had been terminated from the BHJJ program. The average length of stay in the BHJJ program was 243 days, or approximately 8 months. At intake, workers reported that 57.2% of the youth were at risk for out of home placement at intake into BHJJ while at termination, 17.0% of the youth were judged to be at risk for out of home placement.

Results from recidivism analyses revealed successful completion of BHJJ produced lower percentages of total charges, felonies, misdemeanors, and adjudications than unsuccessful completion. Data for both successful and unsuccessful completers showed decreased juvenile court involvement after termination from BHJJ compared to before enrollment. One year prior to BHJJ enrollment, 25% of the youth had at least one felony charge. One year after termination from BHJJ, 6.5% of the youth had a new felony charge. Of the 1035 youth enrolled in BHJJ, only 15 (1.4%) were subsequently sent to an ODYS institution.

Behavioral Health/Juvenile Justice Initiative: 2009 – 2011

While BHJJ still sought to transform the local systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth and their families, additional emphasis was placed on decreasing the population of ODYS facilities while providing alternatives to incarceration for these youth. To assist with this aim, four of the existing counties (Cuyahoga, Franklin, Montgomery, and Hamilton) as well as two new counties (Lucas and Summit) were funded through the BHJJ program. Historically, over 60% of the population in ODYS facilities came from these six counties (known as the 'Big Six'). The Institute for the Study and Prevention of Violence at Kent State University continued to provide evaluation services for the project.

In consultation with ODYS and ODMH, slight changes in the evaluation protocol were made. The Multi-Sector Service Contacts form was replaced by the Youth Services Survey for Families, a 26-item SAMHSA measure designed to measure satisfaction with services. The YSSF is also a part of SAMHSA's National Outcomes Measures (NOMs). In addition, several items related to education and vocational training were added to the Enrollment and Demographics Form (EDIF) and the Child Information Update Form (CIUF).

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). The 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”. In addition to the subscale scores, a total trauma symptoms score can be calculated by summing the individual subscale scores for each participant.

Substance Use Survey – Revised

This measure, used in 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.

Caregiver Information Questionnaire (Intake and Termination)

The Caregiver Information Questionnaire, borrowed 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 replaced the Multi-Sector Services Contact form as our primary measure of satisfaction with BHJJ services.

Recidivism

Recidivism can be defined in many ways: a new delinquency offense, a new status 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 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 in BHJJ as well as after termination from BHJJ.

Ohio Youth Assessment System (OYAS)

New to this evaluation is the collection of data from the 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 (Montgomery County did not use the OYAS with their BHJJ population).

Data Collection Schedule

Table 1. Data Collection Schedule

Measure	Who Completes	When Administered
Ohio Scales	Y, C, PS	I, every 3 months, T
Trauma Symptom Checklist for Children	Y	I, T
Substance Use Survey - Revised	Y w/ PS	I, every 6 months, T
Recent Exposure to Violence	Y	I, T
Youth Services Survey for Families (YSSF)	C w/ PS	T
Enrollment and Demographics Information Form (EDIF)	PS	I
Child Information Update Form	PS	T
Caregiver Information Questionnaire	C w/PS	I, T

Y = Youth C = Caregiver PS = Program Staff I = Intake T = Termination

Dates of Participation

Table 2. Dates of County Participation in BHJJ

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

We asked each county to provide a brief summary of their BHJJ project, which are included below.

Cuyahoga

Cuyahoga County’s BHJJ project specifically targeted youth involved with the juvenile justice system aged 12 to 18, who have been adjudicated for misdemeanors/felonies and concurrently diagnosed with severe mental health impairment, substance abuse, or co-occurring disorders. The program design is operationalized through the initiation of Juvenile Court staff. The referral and decision process for Cuyahoga BHJJ is initiated through traditional Probation Officers who suspect a youth has mental health concerns, substance abuse or co-occurring disorders, which increase the potential for deeper court involvement. The Probation Officer then forwards two copies of the record to the Court’s Placement Unit for review. The Court’s Assessment Specialist administers the Ohio Youth Assessment System (OYAS) instrument. The Court’s Probation System Navigator then refers the case to the BHJJ Coordinator.

The care coordinator conducts both the SOQIC and the Ohio Scales instruments to identify the specific needs of the youth and their families. In the “wrap around” process, families have the opportunity to identify their additional challenges and strengths and assets. The assessment package consists of a comprehensive bio-psychosocial assessment resulting in substance use, mental health, and co-occurring diagnoses. It also includes corresponding recommendations for appropriate placement and treatment across the domains of substance use/abuse, mental health, family functioning, school, employment, vocational, peer relationships and structured pro-social recreation, and community supervision needs to prepare for community retention. Once all assessments are complete the assessment team meets with the family to discuss the results and a plan to meet the identified needs of the youth. The case is then presented at a Court staffing that includes a judge, public defender, probation staff and treatment staff. At that staffing, the case is funneled to either a specialized docket, to short-term residential care or to standard community-based BHJJ services.

At the court hearing, the alternative case planning team is present to offer its recommendations to the Judge. If the youth is referred to BHJJ by the Judge or magistrate, the youth is assigned to a placement or aftercare coordinator. The BHJJ project has been enhanced in part by emphasizing the utilization of “wrap around” services and the notion of crisis stabilization to avoid out of home placement. Some children may enter short-term residential placement and stepped down into aftercare with community-based wraparound services as part of the BHJJ program. Children who did not need short-term residential placement begin their BHJJ community-based wraparound services immediately after the court hearing. Cuyahoga County has access to both Multi-systemic Therapy (MST) and Integrated Co-Occurring Treatment (ICT) as their evidence-based best practice models further promoting community tenure.

Franklin

The BHJJ model in Franklin County 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 clinicians housed at the court, complete a comprehensive diagnostic evidenced-based assessment that covers all youth/family domains, is family-focused and strengths-based, includes criminogenic risk factors, and provides evidence-based recommendations. 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), a best practice instrument for screening with a juvenile justice population (Grisso & Quinlan, 2005) 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.

A cut-off for triggering further evaluation has been set as two cautions and/or one warning on the six clinical scales. This has resulted in approximately 30% of all youth being recommended for further assessment. In addition, youth are assessed when referred by court staff due to concerns about the youth and their families even if the MAYSI-2 is not triggered. Assessments are delivered by Nationwide Children's Hospital clinicians with expertise in youth involved in juvenile justice and behavioral health systems. The clinicians are housed at Juvenile Court to expedite the assessment process and enhance the collaboration between the two systems.

The assessment phase is driven by the structured assessment interview developed by Nationwide Children's Hospital. This tool is based on the SOQIC but also meets the requirements of the hospital's accrediting agencies. The assessment provides a DSM-IV diagnosis, a clinical summary, a recommended level of care (i.e., the least restrictive level of care that takes into account youth and public safety), and specific recommendations regarding mental health and substance abuse treatment. In addition to identifying psychiatric symptoms, the assessment also addresses those criminogenic risk (including the risk level identified by the OYAS) and protective factors that the research has identified as contributing to risk of recidivism.

The assessment process also includes trauma screening via the MAYSI-2 (Traumatic Experiences domain) and the Trauma Symptom Checklist for Children (TSCC). In addition, assessment clinicians routinely ask about exposure to violence and other potential traumas as part of the assessment interview. When a youth is identified as needing trauma or trauma-informed services, the BHJJ

assessment clinician recommends the evidence-based trauma programs/treatment services in the community. On complex cases, they may also consult with Nationwide Children's Hospital's Family Support Program, which provides services via evidenced-based treatment models, such as Trauma Focused-CBT, EMDR, and Parent Child Interaction Therapy to youth who have been exposed to abuse and/or family violence.

Referrals for assessments are accepted regardless of the family's ability to pay, the need for an interpreter, or any other factors. Both the youth and their parent/guardian are encouraged to be actively involved in the assessment process. The assessment process also includes a review of information provided by collateral sources such as Juvenile Court staff, FCCS, and other providers. If a family is in need of an interpreter, these services are arranged through the Court or NCH and are available to assist with scheduling the appointment, conducting the assessment, and providing support to the family during court hearings. All NCH mental health providers address cultural factors/considerations as well as religious and spiritual considerations in their diagnostic assessments so as to better serve the needs of our consumers. These mental health providers also take into account specific cultural characteristics, issues and barriers that may contribute to risk factors and identify them in treatment planning and agency planning. NCH utilizes quarterly Perception of Care surveys that ask families if the clinician has treated them with respect and dignity and if the clinician has explained things in a way they could understand.

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. For example, the transitional-age population is served through programs like Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), and the Adolescent Community Reinforcement Approach (ACRA). These programs include both mental health and substance abuse services. There is also a Transition Team available through North Central Mental Health (which uses a family-centered approach as well) for youth with major psychiatric disorders, needing significant level of services delivered by a multi-disciplinary team, as they transition from the child-serving to the adult mental health system. Transitional-age youth also have access to an employment and life skills program through Alvis House. When warranted, youth are referred for more targeted assessments (e.g., neuropsychological, ADHD, or psychoeducational assessments).

This project makes every effort to allow clients to be seen by the BHJJ assessor and PSI worker on the same day as scheduling permits. In order to continue the collaborative efforts of the PSI and BHJJ staff, several staff have been identified and tasked with working together exclusively with clients that have been referred for both a PSI and BHJJ assessment. When warranted, youth are referred for more targeted assessments (e.g., neuropsychological, ADHD, or psychoeducational assessments). Recommendations are provided to court personnel in advance of court hearings whenever possible so that integrated recommendations can be formulated and presented to the bench. Care is taken to recommend the least restrictive level of care, with a focus on maintaining youth with their families and providing care that best matches their behavioral health and criminogenic needs and enhances community safety. After completion of the assessment, the care coordinators are consulted to review the treatment recommendations and ensure the appropriateness of the linkage to care coordination.

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. Once the BHJJ assessment is completed and recommendations are made for community-based services to address specific needs of the youth/family outlined in the assessment, the care coordinator begins the linkage to service. The goal is always to link the youth and family with the most clinically appropriate level of service while at the same time engaging the youth and family and encouraging cooperation with the referred services.

If the youth is not on probation and receiving "care coordination only," the care coordinator will do follow up and monitoring with respect to the youth's progress with the linked service. Should the youth be on active probation, it is the probation officer's primary responsibility to ensure the youth's cooperation with the linked service provider. In situations where the youth is required to return to court, the care coordinator is there to present the service plan or, in some cases, submit a written report to the court detailing the service plan for the youth. The care coordinator has served as the bridge between the clinical diagnosticians and service providers in the youth's life and the court.

Because youth and family situations are driven by many internal and external dynamics and are subject to change, the care coordinators are available to arrange staffings to assess what may be new and different service needs for that youth/family. The staffings include the youth, parents, other interested family members, service providers, school personnel, etc. Staffings can also include BHJJ clinicians to assess whether the changes in the youth's situation indicates a need to change the type or level of service. Probation officers routinely seek out the expertise of the care coordinators to assist them in putting the most appropriate people at the table to address the needs of the youth. The staffing function has, in many cases, prevented a need to seek further court intervention.

Hamilton

The BHJJ program in Hamilton County is referred to as the Lighthouse Individualized Docket Services (LIDS) program, and is designed to work in conjunction with the Hamilton County Juvenile Mental Health Court and Hamilton County Juvenile Probation to provide youth and their families with intensive case management and an evidence-based family therapy model, Functional Family Therapy. Youth served are between the ages of 11 and 18 and diagnosed with a serious mental health disorder. Youth were identified by Juvenile Court after having been adjudicated on a misdemeanor or felony delinquency charge. Youth participated in either the Individual Disposition Docket (post adjudication) or the Pretrial Diversion Docket for youth who had minimal court contact and prior to adjudication.

Potential clients were screened by a panel of professionals representing Juvenile Court, Juvenile Probation, Mental Health Access Point, and Lighthouse Youth Services. Youth and their guardians agreed to full participation in the program. Upon admission into the program, families were introduced to their treatment team, which included, at a minimum, an in-home therapist, a case manager, and in the case of IDD, a probation officer, and for PDD, a Community Resource Specialist. Other professionals available through Lighthouse included, as needed a psychiatrist and an individual therapist.

Families were provided with a wide spectrum of services designed to help them maintain the youth safely in the home and community, while accumulating no additional delinquency charges. Treatment team members met with the family at least weekly in the family's home. In-home

services target family-specific needs such as conflict resolution, communication skills, anger management, reduction of domestic violence and substance abuse, as well as educational support and linking to community resources.

In order to provide the most appropriate plan of care, program staff established and maintained consistent communication with clients, families, and all members of the treatment team. Treatment team members included other Lighthouse staff (supervisors, psychiatrist, etc.), case managers from other agencies, education specialists, probation officers, juvenile court magistrates, therapists, doctors, mentors, and wrap around workers. All communications, including written reports, emails, and faxed reports were compliant with Federal HIPAA guidelines. Prior to communications with others, clients provided informed consent as to the disclosure, receipt, and/or exchange of information. The information shared was clearly documented on a release of information form which was signed by the client and parent/guardian and program staff.

LIDS provided information to Hamilton County Juvenile Court in the following manner:

- Phone calls within one workday when any serious change occurred or events required a change in the treatment plan.
- An Individualized Service Plan was drafted within thirty days and shared with the family. The client and family were asked to share in the drafting of the plan.
- Notification within 24 hours of any major incident or incident report. Copies of major incidents were sent and incident reports were kept in client's files.
- All progress notes were available to providers and summaries were shared with the treatment team on a regular basis.
- LIDS attended any and all team meetings regarding the client and reported content affecting treatment to Hamilton County Juvenile Court.
- Individualized Service Plans were updated as necessary or at ninety-day intervals. These were shared with Hamilton County Juvenile Court and the youth, family and probation officer participated in development of the new plan.
- LIDS staff attended all court hearings for clients.
- Ohio Youth Scales were given to the youth and family at opening, every 90 days and at case closing
- Satisfaction surveys were given to the youth and family at opening and case closing
- Recidivism data was maintained by Hamilton County Juvenile Court.
- A closing summary was sent to Hamilton County Juvenile Court within fourteen days of family graduating from the program.

Montgomery

The LIFE Program (Learning Independence and Family Empowerment) serves females and males between the ages of 12 and 17 who are involved with Montgomery County Juvenile Court; who have a DSM-IV diagnosis and meet at least 4 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
- Charged and/or adjudicated delinquent
- 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
- Learning disability

Youth involved in the LIFE Program are referred in several ways. The youth may have been identified as appropriate for the program while in Juvenile Detention when 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 to Samaritan Crisis Care for a diagnostic assessment and then to the LIFE Program. 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.

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. In addition to services from the therapist, a LIFE Probation officer is assigned to the youth to provide intense 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, Probation Officers, Outcomes Support Specialists, Team Coordinator 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. The Therapists in the LIFE Program also meet for weekly group clinical consultation and individual supervision with the FFT Site Lead/LIFE Program Manager. Global Therapist Ratings are completed by the FFT Site Lead/Program Manager, and families complete surveys periodically throughout the course of treatment. 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.

Lucas

Through the Behavioral Health and Juvenile Justice (BHJJ) grant, the Mental Health and Recovery Services Board (MHR SB) of Lucas County and the Lucas County Juvenile Court (LCJC) collaborated with the Lucas County Family Council (LCFC), National Alliance on Mentally Illness (NAMI) of Greater Toledo, the Zepf Center and other community stakeholders for the planning, development and implementation of the Lucas County Behavioral Health/Juvenile Justice initiative. This collaboration has included the implementation of a Wraparound Process within Lucas County and Multisystemic Therapy (MST). Both projects were operational in January 2010. Since that time our team has continued to work toward quality improvement efforts in refining both projects.

Both Wraparound and the MST program have been integrated within the Lucas County system of care and more specifically into the continuum of care designed for youth with behavioral health needs and involved with the juvenile justice system. The initial startup of Wraparound (Phase I) focused solely on the BH/JJ target population. Phase II of Wraparound entailed a total revamping of the local county service coordination mechanism which was implemented July 1, 2010.

The gateway into MST and Wraparound is through the juvenile probation department. Youth at high risk for DYS are identified by the Probation Officer or through the 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. Youth meeting the specific criteria described in the target population, are then referred to MST or Wraparound. The decision for referral is based on the issues surrounding the youth and their family and specific program criteria. For instance, a youth with a development disability would be more appropriate for Wraparound versus MST. Through the current referral process, the goal is to divert as many youth from DYS as possible.

Summit

The Summit County Juvenile Court BHJJ project works in collaboration with 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 program uses Integrated Co-occurring Treatment (ICT) through CGFS under the direction of the CIP and the Village Network's Trauma—Focused Cognitive Behavioral Therapy (TF-CBT). The project also supports both interventions through the use of MHA Parent Advocates for caregivers and mentors for youth as provided by True North Ministries and East Akron YMCA.

The parent advocates and mentors are assigned to parents and youth who the treatment team, comprised of the primary service provider, probation officers and the court case manager, decide in their regular weekly meetings based on which participants would stand to profit the most and/or be responsive to such services. These services are directed at a particular population of significantly impaired, serious juvenile offenders in an effort to prevent their commitment to ODYS institutions, to deliver these services in the home and community, to address mental health/emotional disturbances and/or substance abuse/using for both the youth and their families and ultimately to positively affect behavior, improve coping skills, provide safe and healthy alternatives and prepare these youth and families to function positively and productively in the home and in the community.

Regular staffings are held weekly/as needed by the Felony Disposition Director, Chief Probation Officer and other court staff to determine program placement for the most serious offenders. The vast majority of these offenders are already well known to the court from past offenses. Access to all previous drug/alcohol use, mental health, school records is available and used to help determine appropriateness for BHJJ referral. When questions of mental health may determine whether a youth should be paired with TFCBT or ICT services, the court's Psychologist may perform additional testing and/or refer the youth to outside agencies for still more evaluation/diagnosis. Other than an offense that carries an automatic institutional commitment, or a sex offense (SCJC uses a special Sex Offender Management Unit of Probation to address this population) no felony-level offense excludes youth from BHJJ participation.

The court and its partners provide ICT to approximately 10-12 additional youth per year and the Village Network's comprehensive mental health and wrap-around home-based services—Trauma-Focused--Cognitive Behavioral Therapy to 20 additional youth and their families per year as a way to successfully divert this population from ODYS commitment. These services are now and will continue to be further supported by the SCJC Behavioral Health Court Docket which devotes two sessions per week (and additional sessions as needed), including one evening session to accommodate traditional work schedules of involved parents, to youth involved in BHJJ programming. BHJJ youth typically go before the Magistrate bi-weekly during the first two months of the program and monthly thereafter until completion, unless circumstances dictate that they appear more often. Parents are asked to appear with the youth and every effort is made to accommodate their work schedule. A system of incentives/supports and sanctions is utilized by the assigned Magistrate to promote full engagement of both youth and parents/caregivers.

All youth referred to the SCJC BHJJ program are felony offenders who have been placed on probation and/or suspended commitments to ODYS. They remain on Probation and are seen weekly by either their probation officer or court case manager or both throughout their BHJJ involvement. SCADM acts as the administrative agent for the BHJJ program with support from the juvenile court.

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, 2011 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, 2011, there had been 1758 youth enrolled in the BHJJ program (see Table 3). The average age at enrollment was 15.6 years (SD = 1.54). More males (54.6%, n = 945) than females (45.4%, n = 787) have been enrolled. Caucasians (54.2%, n = 926) and African Americans (36.4%, n = 622) comprised the majority of the total sample. In the two years since the BHJJ program has operated in only the large urban counties, more males (63.6%, n = 392) than females (36.4%, n = 224), and more African Americans (48.1%, n = 296) than Caucasians (39.9%, n = 246) have been enrolled. **From July 1, 2009 through June 30, 2011, nearly 64% of BHJJ enrollees have been male and 60% have been non-Caucasian.**

Table 3. Enrollment by County

County	Number of Youth Enrolled
Butler	28
Champaign	97
Cuyahoga	158
Fairfield	30
Franklin	314
Hamilton	89
Logan	269
Lucas	60
Montgomery	635
Summit	47
Union	31
Total	1758

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (58.2%, n = 913) (see Table 4). Nearly 85% of BHJJ youth lived with at least one biological parent at enrollment (84.4%, n = 1324).

Table 4. Custody Arrangement for BHJJ Youth

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	18.6% (n=292)
Biological Mother Only	58.2% (n=913)
Biological Father Only	7.6% (n = 119)
Adoptive Parent(s)	3.7% (n=58)
Sibling	0.3% (n=4)
Aunt/ Uncle	2.0% (n=32)
Grandparents	7.2% (n=113)
Friend	0.2% (n=3)
Ward of the State	0.6% (n=10)
Other	1.6% (n=25)

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 (22.8%) reported they did not graduate from high school (see Table 5).

Table 5. Educational Outcomes for Caregivers of BHJJ Youth

Number of School Years Completed	Number of Caregivers
Less than High School	22.8% (n=347)
High School Graduate or G.E.D.	39.2% (n=598)
Some College or Associate Degree	30.8% (n=470)
Bachelor's Degree	4.0% (n=61)
More than a Bachelor's Degree	3.1% (n=48)

Caregivers were asked to report their annual household income. The median household income for BHJJ families was between \$20,000 - \$24,999. Nearly three-quarters of caregivers (74.0%) reported annual household incomes below \$35,000 and 47.2% reported annual household income of less than \$20,000. Nearly one out of every four BHJJ families (24.2%) reported an annual household income below \$10,000 (see Table 6).

Table 6. Annual Household Income for BHJJ Families

Annual Household Income	BHJJ Families
Less than \$5,000	15.2% (n = 230)
\$5,000 - \$9,999	9.0% (n = 136)
\$10,000 - \$14,999	13.0% (n = 197)
\$15,000 - \$19,999	10.1% (n = 152)
\$20,000 - \$24,999	14.0% (n = 211)
\$25,000 - \$34,999	12.8% (n = 193)
\$35,000 - \$49,999	13.7% (n = 207)
\$50,000 - \$74,999	7.1% (n = 108)
\$75,000 - \$99,999	3.0% (n = 46)
\$100,000 and over	2.1% (n = 31)

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 7). Chi-square analysis was conducted on each item and significant differences are identified in Table 7. 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 reported that 23.8% of females and 15.8% of males had a history of physical abuse and 29.9% of females and 6.9% of males had a history of sexual abuse. 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 (58.6%) and females (66.8%) had family members who were diagnosed with or showed signs of depression. Nearly one third of males (29.7%) and females (30.2%) were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 7. Youth and Family History

Question	Females	Males
Has the child ever been physically abused?	23.8% (n=147)**	15.8% (n=135)
Has the child ever been sexually abused?	29.9% (n = 206)***	6.9% (n = 58)
Has the child ever run away?	58.9% (n = 410)***	41.2% (n = 345)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	46.3% (n = 322)	47.1% (n = 397)
Has the child ever talked about committing suicide?	49.1% (n=343)***	32.0% (n = 273)
Has the child ever attempted suicide?	22.5% (n = 155)***	9.8% (n = 82)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	46.2% (n = 323)*	41.4% (n = 355)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	66.8% (n = 453)***	58.6% (n = 490)
Has anyone in the child's biological family had a mental illness, other than depression?	45.8% (n = 314)**	37.8% (n = 311)
Has the child ever lived in a household in which someone was convicted of a crime?	40.7% (n = 277)	37.8% (n = 314)
Has anyone in the child's biological family had a drinking or drug problem?	64.3% (n = 439)**	57.2% (n = 480)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	30.2% (n = 211)	29.7% (n = 251)

*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 13.0% (n = 61) of females had been pregnant and 8.8% (n = 25) were currently expecting a child. Caregivers reported that 5.1% (n = 27) of males had impregnated a female and 3.1% (n = 10) were currently expecting a child. Nearly 9% of females (8.6%, n = 15) and 4.4% (n = 11) of males currently had children. Of those who had children, over 90% of females (91.7%, n = 11) 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 were conduct/delinquency problems (91.6% and 92.1% respectively) (see Table 8). Chi-square analysis indicated females had significantly higher rates of suicide, depression, anxiety, adjustment, and school performance problems than males. Females also had significantly higher rates of eating disorders. Males had significantly higher rates of hyperactive and attention-related problems as well as learning disabilities.

Table 8. Problems Leading to Services

Problems Leading to Services	Females	Males
Suicide-related problems	13.4% (n=103)***	5.0% (n=45)
Depression-related problems	44.1% (n=338)***	24.3% (n=221)
Anxiety-related problems	17.4% (n=133)***	10.9% (n=99)
Hyperactive and attention-related problems	21.0% (n=161)	26.9% (n=244)**
Conduct/delinquency-related problems	91.6% (n=702)	92.1% (n=836)
Substance use, abuse, dependence-related problems	39.6% (n=303)	38.8% (n=352)
Adjustment-related problems	16.1% (n=123)***	7.0% (n=64)
Psychotic behaviors	2.2% (n=17)	2.1% (n=19)
Pervasive developmental disabilities	0.8% (n=6)	0.7% (n=6)
Specific developmental disabilities	0.4% (n=3)	0.7% (n=7)
Learning disabilities	4.6% (n=35)	8.7% (n=79)**
School performance problems not related to learning disabilities	36.7% (n=281)**	29.0% (n=263)
Eating disorders	1.8% (n=14)*	0.6% (n=5)

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

At intake, over 92% of the youth were living in a private residence, and another 6% were in the custody of the juvenile justice system.

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 (ODD) while the most common Axis I diagnosis for males was Attention Deficit Hyperactivity Disorder (ADHD) (see Table 9).

A total of 3717 Axis I diagnoses were identified for 1513 youth with diagnostic information (2.46 diagnoses per youth). Data related to diagnoses per youth vary greatly by county (see county reports for additional information). Females reported 1755 Axis I diagnoses (2.50 diagnoses per female) and males reported 1962 Axis I diagnoses (2.42 diagnoses per male). Chi-square analysis indicated females were significantly more likely to be diagnosed with Depressive Disorders, Alcohol-related Disorders, Bipolar Disorder, and Post-traumatic Stress Disorder (PTSD). Males were significantly more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder. Over 30% of both females (31.9%, n = 251) and males (31.6%, n = 299) were identified as having both a DSM-IV Axis I mental health diagnosis and a substance use diagnosis. **Of youth enrolled since July 2009, 40.6% of females (n = 91) and 42.6% of males (n = 167) were diagnosed with both a mental health and substance use diagnosis.**

Table 9. Most Common DSM-IV Axis I Diagnoses

DSM-IV Axis I Diagnosis	Females	Males
Oppositional Defiant Disorder	43.4% (n = 305)	39.2% (n = 318)
Cannabis-related Disorders	33.0% (n = 232)	36.4% (n = 295)
Attention Deficit Hyperactivity Disorder	26.5% (n = 186)	44.0% (n = 357)***
Depressive Disorders	24.5% (n = 172)***	14.9% (n = 121)
Alcohol-related Disorders	17.7% (n = 124)***	11.6% (n = 94)
Bipolar Disorder	12.3% (n = 86)*	8.5% (n = 69)
Conduct Disorder	10.3% (n = 72)	25.5% (n = 207)***
Post-traumatic Stress Disorder	9.5% (n = 67)**	5.3% (n = 43)
Adjustment Disorder	9.3% (n = 65)	7.2% (n = 58)
Mood Disorder	9.0% (n = 63)	8.4% (n = 68)
Disruptive Behavior Disorder	8.0% (n = 56)	8.9% (n = 72)

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

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. Just over 70% of the youth (70.1%, n = 404) were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Just over one-third of the youth (34.8%, n = 146) were expelled or suspended while in treatment with BHJJ.

At intake, 84.5% (n = 464) of youth were currently attending school (this does not include youth on summer break). At termination, 84.5% (n = 328) 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 10 displays the grades typically received by the BHJJ youth at intake and termination from the program while Table 11 displays this information based on completion status. **At intake, 38.8% of youth were earning mostly A's, B's, or C's**

and 31.4% were earning mostly D's and F's. At termination from BHJJ, 50.8% of youth were earning mostly A's, B's, or C's, and 18.2% were earning mostly D's and F's. At termination, 38.6% (n = 120) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 43.7% (n = 176) of youth were attending school more than before starting treatment and nearly 50% (49.6%, n = 200) of youth were attending school 'about the same' amount compared to before starting treatment. Workers reported less than 7% of youth (6.7%, n = 27) were attending school less often than before treatment in BHJJ.

Table 10. Academic Performance

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	14.5% (n = 64)	17.8% (n = 53)
Mostly B's and C's	24.3% (n = 107)	33.0% (n = 98)
Mostly C's and D's	29.8% (n = 131)	31.0% (n = 92)
Mostly D's and F's	31.4% (n = 138)	18.2% (n = 54)

Table 11. 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	10.7% (n = 13)	9.0% (n = 12)	17.5% (n = 36)	20.3% (n = 44)
Mostly B's and C's	24.0% (n = 29)	23.3% (n = 31)	26.7% (n = 55)	34.1% (n = 74)
Mostly C's and D's	30.6% (n = 37)	39.1% (n = 52)	27.2% (n = 56)	30.0% (n = 65)
Mostly D's and F's	34.7% (n = 42)	28.6% (n = 38)	28.6% (n = 59)	15.7% (n = 34)

Vocational Data

At intake into BHJJ, workers reported that 5.6% (n = 33) of youth were employed, with the vast majority (96.9%, n = 31) of those youth working part-time. At termination, 8.4% (n = 34) of the youth were employed and 94.1% (n = 32) were employed part-time. Twelve percent of youth (n = 70) received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and at intake, nearly 20% of youth (19.4%, n = 114) planned to pursue employment counseling or vocational training in the next 12 months. **At termination, 16.1% (n = 70) of youth received employment counseling or vocational training in the past 12 months and 23.3% (n = 101) planned to pursue employment counseling or vocational training in the next 12 months.**

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 1494 complete TSCC surveys collected at intake, 291 (18.8%) contained t-scores at 70 or higher. A similar examination of the Hyperresponse scale revealed that of the 1494 complete TSCC surveys collected at intake, 14 (0.8%) scored 90 or above on the Hyperresponse scale. 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 12 and Table 13. 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: 36 at intake, 8 at termination; females: 22 at intake and 3 at termination).

Differences in mean subscale scores are presented using two indices (see Table 14). 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 underreporters 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 improvements on all subscales from intake to termination (see Table 14). Statistically significant improvements were found on the Anxiety scale; $t(380) = 8.22, p < .01$, the Depression scale; $t(379) = 10.66, p < .01$, the Anger scale; $t(381) = 11.76, p < .01$, the Posttraumatic Stress scale; $t(378) = 10.05, p < .01$, the Dissociation scale; $t(377) = 9.41, p < .01$, and the Sexual Concerns scale; $t(378) = 5.72, p < .01$. Results indicated a reduction in all trauma symptoms from intake to termination. Considering Cohen’s (1988) established cutoffs, medium effects were found for the depression, anger, posttraumatic stress, anxiety and dissociation subscales. A small effect was noted for sexual concerns.

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

Table 12. 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	3.45	3.25	638	2.22	3.01	219
Depression	4.43	3.78	638	2.82	3.49	219
Anger	8.38	5.47	639	5.27	4.69	219
Posttraumatic Stress	5.79	4.77	636	3.95	4.55	219
Dissociation	6.18	6.21	634	4.15	4.29	220
Sexual Concerns	3.90	5.27	633	2.64	3.21	220

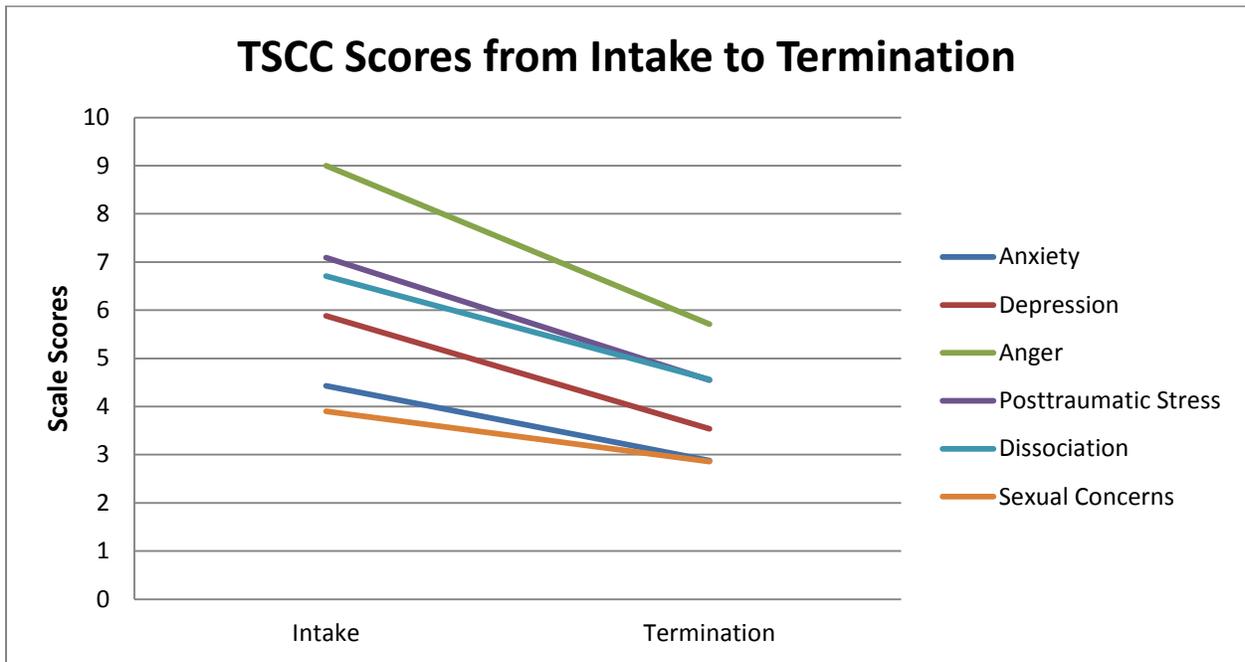
Table 13. Means and Standard Deviations for TSCC Subscales at Intake and Termination for Older (13-17) Females in the BHJJ Program

	Intake			Termination		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Anxiety	5.88	4.08	512	3.48	3.67	211
Depression	8.16	6.53	512	4.33	3.69	210
Anger	10.42	5.64	512	6.12	5.10	210
Posttraumatic Stress	8.76	5.54	511	5.25	4.81	210
Dissociation	7.66	4.76	510	4.90	4.61	210
Sexual Concerns	3.92	3.48	509	3.05	3.88	209

Table 14. Paired Samples T-tests for TSCC Subscales from Intake to Termination

	Intake	Termination	<i>t</i>	<i>d</i>
Anxiety	4.43 (SD=3.69; n=381)	2.88 (SD=3.81; n=381)	8.22 ^{**}	.42
Depression	5.88 (SD=4.45; n=380)	3.54 (SD=3.58; n=380)	10.66 ^{**}	.55
Anger	9.00 (SD=5.71; n=382)	5.71 (SD=4.86; n=382)	11.76 ^{**}	.60
Posttraumatic Stress	7.09 (SD=5.08; n=379)	4.55 (SD=4.56; n=379)	10.05 ^{**}	.51
Dissociation	6.71 (SD=4.58; n=378)	4.56 (SD=4.40; n=378)	9.41 ^{**}	.48
Sexual Concerns	3.90 (SD=3.62; n=379)	2.86 (SD=3.64; n=379)	5.72 ^{**}	.29

Figure 1. TSCC Scores from Intake to Termination



* all comparisons significant at the $p < .01$ level

Clinical and Sub-clinical TSCC Scores

According to the TSCC manual, youth who score at or above a certain score on each subscale are identified as having either clinically significant trauma symptoms or “sub-clinical (but with significant) symptomatology” (Briere, 1996). Percentages of the total sample with clinical and sub-clinical levels of the TSCC subscales at intake and termination (see Table 15) are presented below. With the notable exception of clinical levels of the Sexual Concerns subscale, the percentage of the sample that are either clinically or sub-clinically significant for each of the TSCC subscales declined from intake to termination. At termination both males and females reported lower levels of clinical and sub-clinical trauma symptoms on every subscale (see Table 16 and Table 17).

Table 15. Clinical and Sub-clinical levels of TSCC Subscales

	Clinical at Intake	Clinical at Termination	Sub-clinical at Intake	Sub-clinical at Termination
Anxiety	4.7% (n=56)	2.5% (n=11)	4.7% (n=56)	1.1% (n=5)
Depression	8.5% (n=102)	1.6% (n=7)	5.6% (n=67)	2.7% (n=12)
Anger	8.4% (n=101)	2.5% (n=11)	8.3% (n=99)	2.3% (n=10)
Posttraumatic Stress	5.9% (n=70)	1.8% (n=8)	7.1% (n=85)	2.3% (n=10)
Dissociation	7.7% (n=92)	4.1% (n=18)	6.5% (n=77)	2.3% (n=10)
Sexual Concerns	8.7% (n=104)	7.1% (n=31)	5.0% (n=59)	2.5% (n=11)

Table 16. Clinical and Sub-clinical Levels of TSCC Subscales among Females

	Clinical at Intake	Clinical at Termination	Sub-clinical at Intake	Sub-clinical at Termination
Anxiety	4.9% (n=26)	2.8% (n=6)	4.9% (n=26)	1.4% (n=3)
Depression	8.6% (n=46)	0.0% (n=0)	6.2% (n=33)	2.3% (n=5)
Anger	9.4% (n=50)	2.3% (n=5)	9.6% (n=51)	2.8% (n=6)
Posttraumatic Stress	4.3% (n=23)	0.0% (n=0)	8.6% (n=46)	3.3% (n=7)
Dissociation	8.1% (n=43)	4.2% (n=9)	4.0% (n=21)	2.3% (n=5)
Sexual Concerns	12.5% (n=66)	10.8% (n=23)	4.3% (n=23)	3.3% (n=7)

Table 17. Clinical and Sub-clinical Levels of TSCC Subscales among Males

	Clinical at Intake	Clinical at Termination	Sub-clinical at Intake	Sub-clinical at Termination
Anxiety	4.5% (n=30)	2.2% (n=5)	4.5% (n=30)	0.9% (n=2)
Depression	8.4% (n=56)	3.1% (n=7)	5.1% (n=34)	3.1% (n=7)
Anger	7.7% (n=51)	2.7% (n=6)	7.2% (n=48)	1.8% (n=4)
Posttraumatic Stress	7.1% (n=47)	3.6% (n=8)	5.9% (n=39)	1.3% (n=3)
Dissociation	7.4% (n=49)	4.0% (n=9)	8.5% (n=56)	2.2% (n=5)
Sexual Concerns	5.8% (n=38)	3.6% (n=8)	5.5% (n=36)	1.8% (n=4)

Figure 2. Clinical Levels of TSCC Subscales among Females

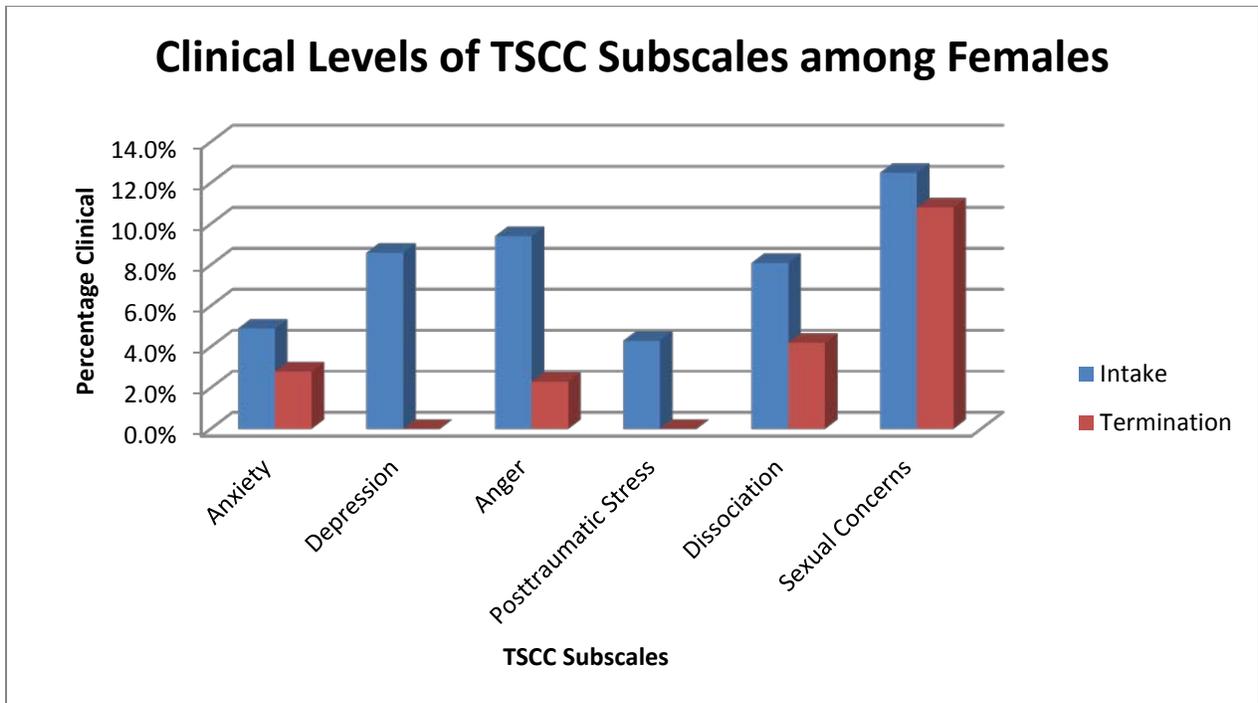


Figure 3. Sub-Clinical Levels of TSCC Subscales among Females

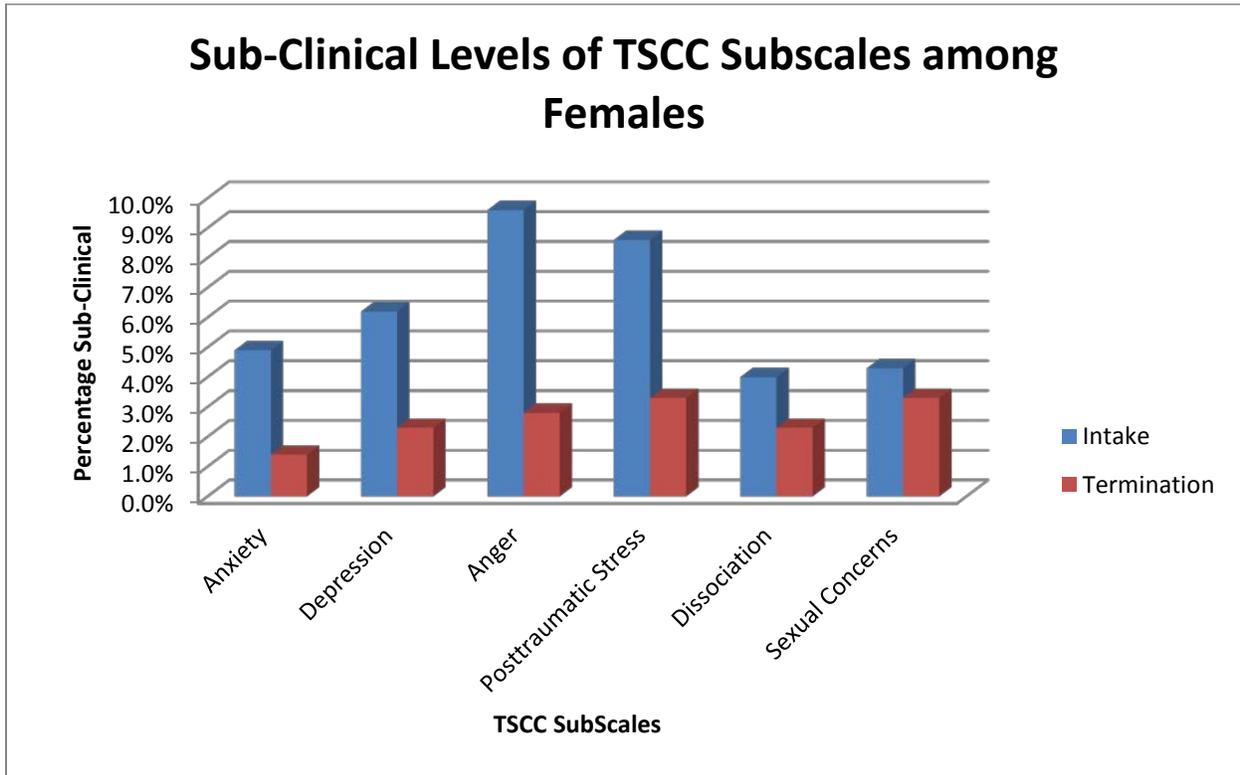


Figure 4. Clinical Levels of TSCC Subscales among Males

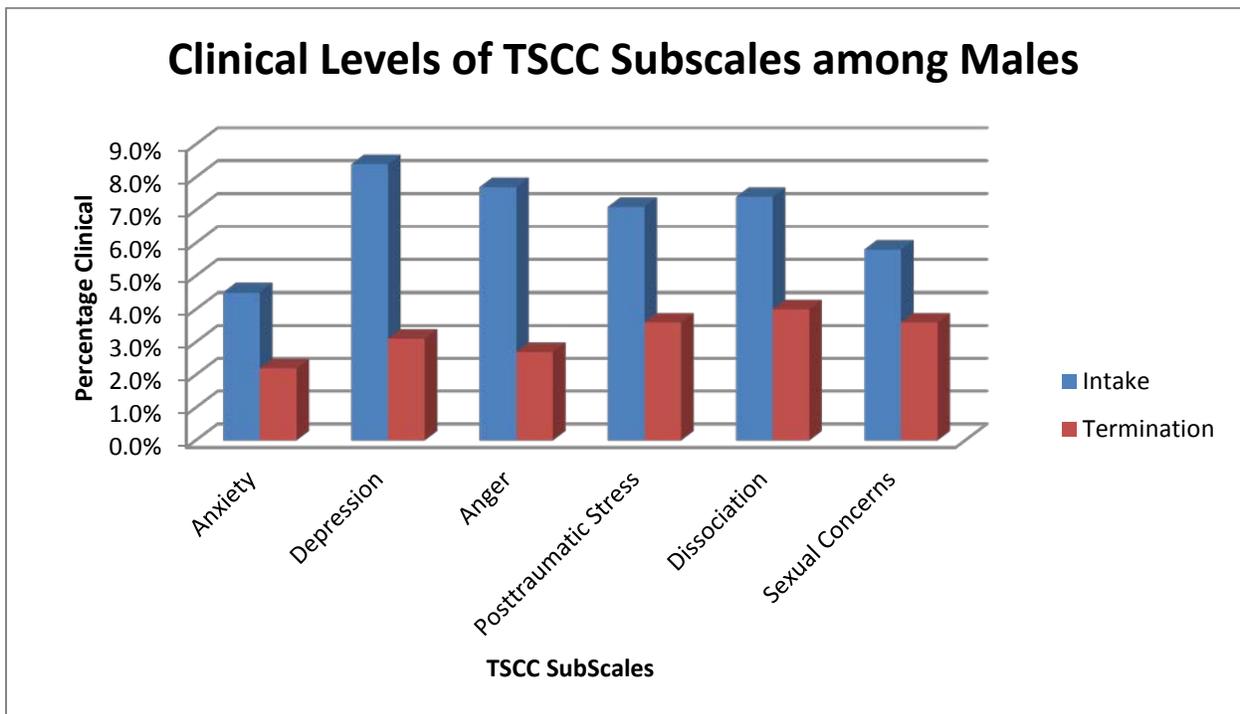
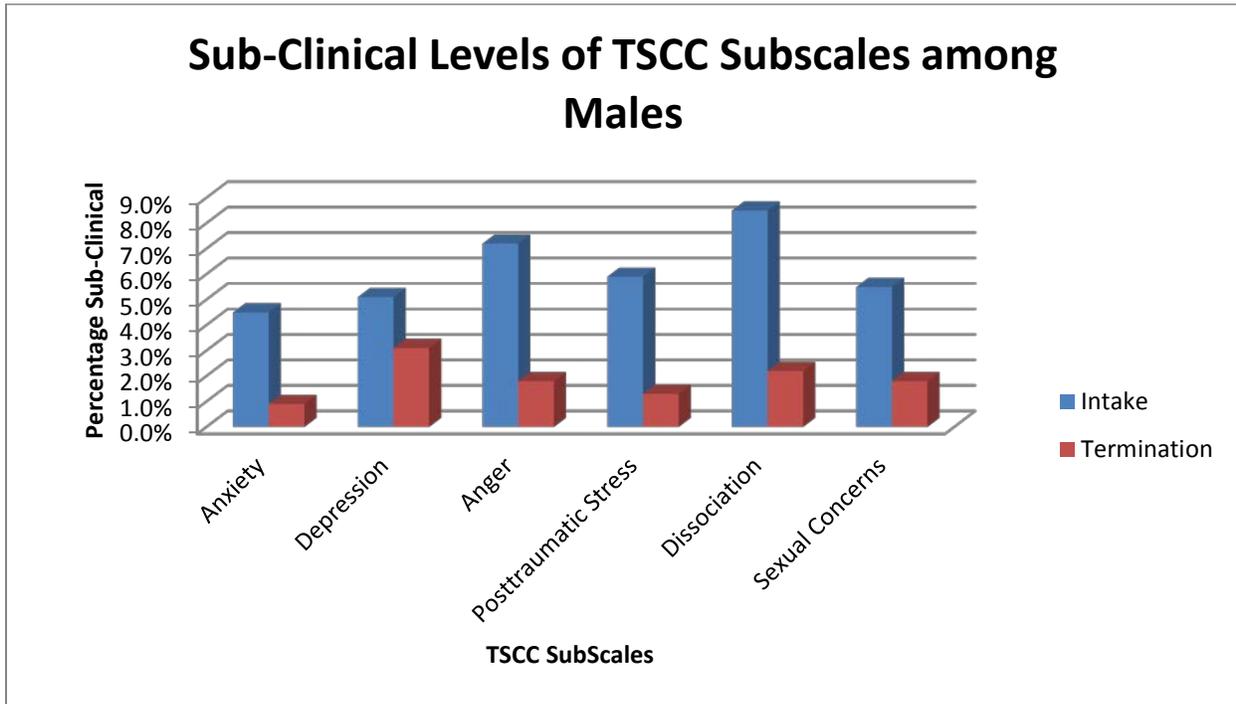


Figure 5. Sub-Clinical Levels of TSCC Subscales among Males



TSSC and Clinical Change

We examined youth who had a) scored in the clinical range on one of the trauma subscales at intake into BHJJ and b) had both intake and termination data available. For example, there were 27 youth who scored in the clinical range on the Depression subscale at intake and who also had both intake and termination TSSC data. Of those 27 youth, one (3.7%) remained in the clinical range and 96.3% moved out of the clinical range on the Depression subscale. These data are represented visually in Figure 6 and in Table 18.

Figure 6. TSSC Clinical Change for BHJJ Youth

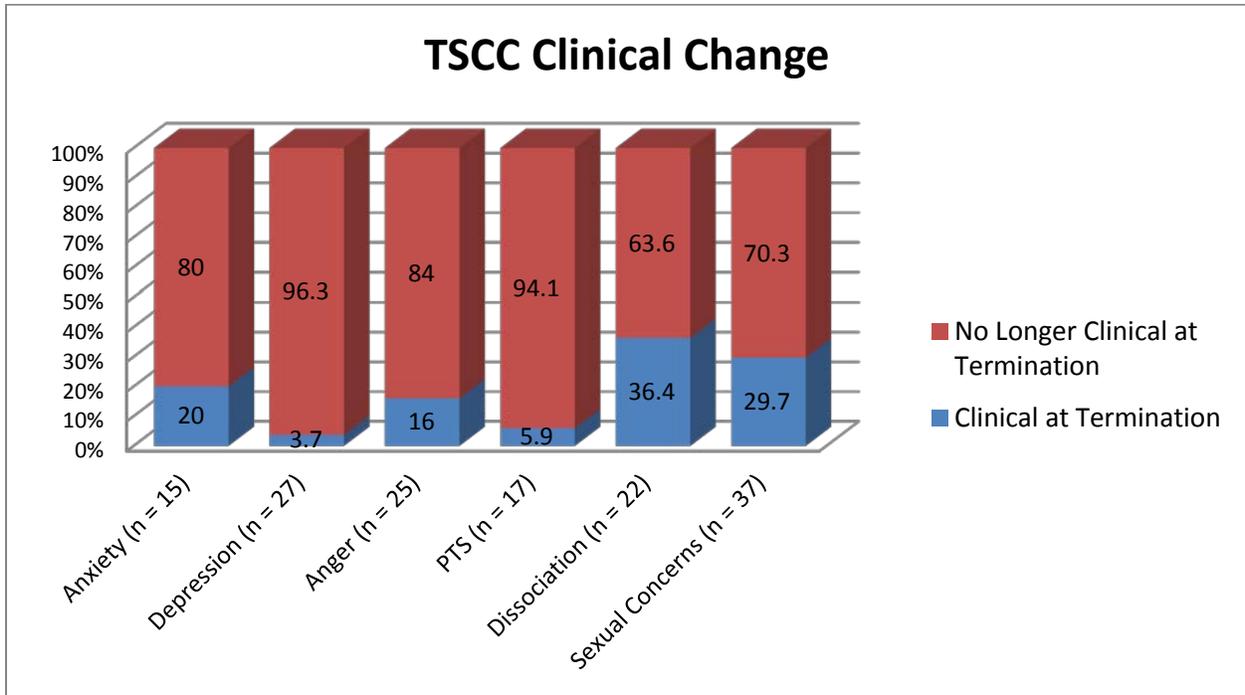


Table 18. TSSC Clinical Change for BHJJ Youth

TSSC Subscale	Clinical at Intake	Remained Clinical at Termination	% Change
Anxiety	15	3	-80.0%
Depression	27	1	-96.3%
Anger	25	4	-84.0%
PTS	17	1	-94.1%
Dissociation	22	8	-63.6%
Sexual Concerns	37	11	-70.3%

Ohio Scales

One of the main measures in the data collection packet were 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.

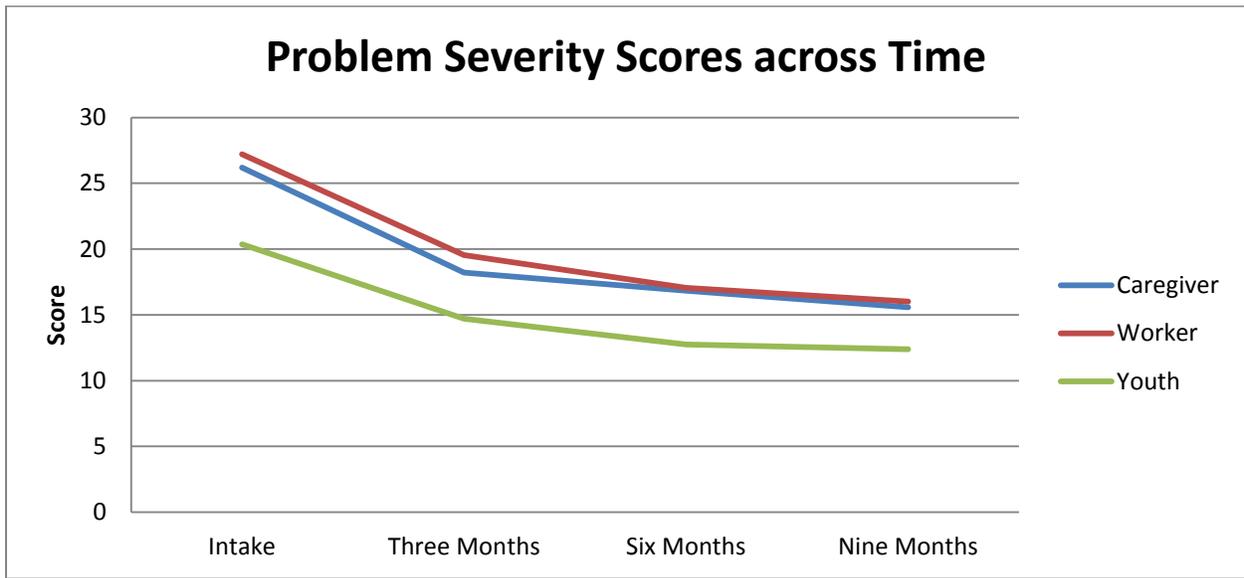
Problem Severity

Means for the Problem Severity scale by rater and assessment period can be found in Table 19 and also in Figure 7 and Figure 8. 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: $F(10, 1542) = 8.96, p < .01$; for workers $F(10, 1627) = 9.76, p < .01$; and for youth $F(10, 1579) = 2.93, p < .01$. Post hoc comparisons revealed that Logan County reported significantly lower Problem Severity scores than most other counties for the caregiver and worker ratings. Additional county-level information can be found in the individual county reports.

Table 19. Problem Severity Scores over Time

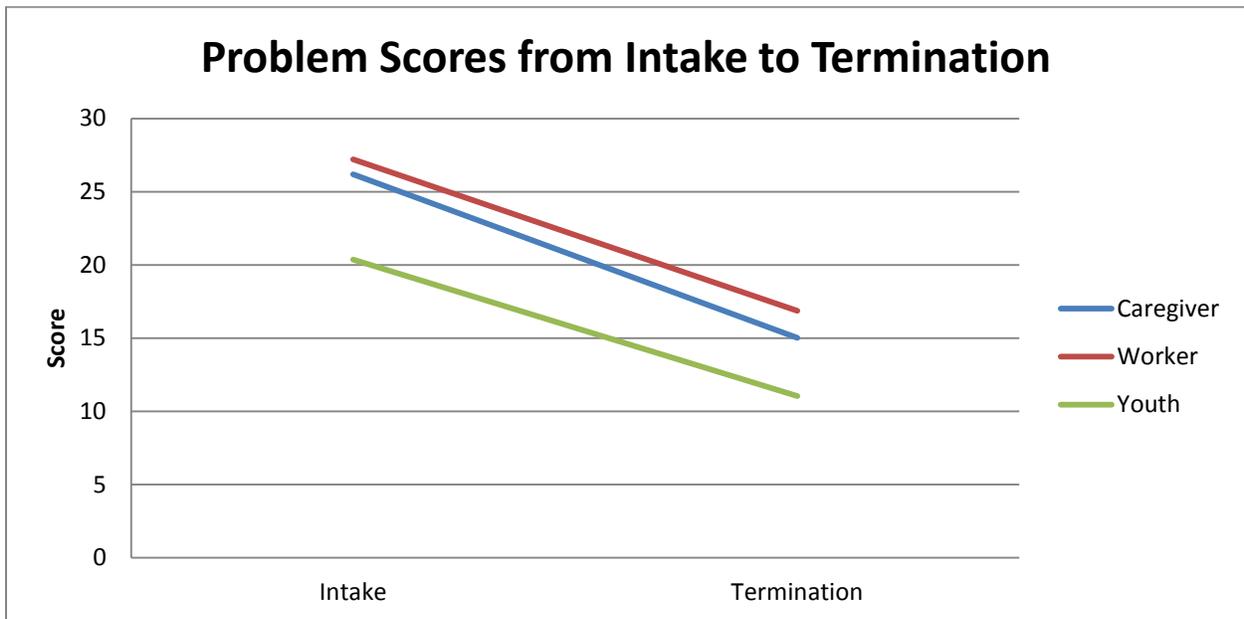
	Caregiver	Worker	Youth
Intake	26.19 (SD=17.18) (n=1553)	27.22 (SD=13.62) (n=1638)	20.36 (SD=14.66) (n=1590)
Three Months	18.21 (SD=14.15) (n=826)	19.54 (SD=12.60) (n=864)	14.71 (SD=12.69) (n=831)
Six Months	16.83 (SD=14.26) (n=348)	17.06 (SD=11.84) (n=376)	12.75 (SD=11.43) (n=358)
Nine Months	15.59 (SD=12.78) (n=181)	16.01 (SD=11.68) (n=188)	12.38 (SD=11.25) (n=183)
Termination	15.02 (SD=14.18) (n=673)	16.87 (SD=13.58) (n=854)	11.04 (SD=10.37) (n=654)

Figure 7. Problem Severity Scores across Time



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

Figure 8. Problem Scores from Intake to Termination



* all comparisons are significant at the $p < .01$ level

Caregiver Ratings

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 20) compared to intake. Significant improvements were noted at 3 months: $t(752) = 15.40$, $p < .01$; 6 months: $t(320) = 8.83$, $p < .01$; 9 months: $t(167) = 8.39$, $p < .01$; and at termination: $t(584) = 16.61$, $p < .01$. Medium effect sizes were noted for the time periods between intake and three months, intake and nine months, and intake and termination, while a small effect size was noted for the period between intake and six months.

Table 20. Paired Samples T-Tests for Problem Severity - Caregiver

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	26.85 (SD=17.22; n=753)	18.17 (SD=14.22; n=753)	15.40**	.56
Intake to Six Months	25.43 (SD=17.73; n=321)	16.72 (SD=14.42; n=321)	8.83**	.41
Intake to Nine Months	26.21 (SD=18.06; n=168)	15.11 (SD=12.74; n=168)	8.39**	.65
Intake to Termination	26.20 (SD=17.39; n=585)	14.47 (SD=14.00; n=585)	16.61**	.69

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point. Improvements were noted at 3 months: $t(795) = 16.31$, $p < .01$; 6 months: $t(350) = 13.65$, $p < .01$; 9 months: $t(173) = 8.88$, $p < .01$; and termination: $t(756) = 18.30$, $p < .01$. Medium effect sizes were noted for all four time periods.

Table 21. Paired Samples T-Tests for Problem Severity - Worker

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	27.55 (SD=13.89; n=796)	19.48 (SD=12.62; n=796)	16.31**	.58
Intake to Six Months	27.42 (SD=14.42; n=351)	16.65 (SD=11.55; n=351)	13.65**	.73
Intake to Nine Months	27.17 (SD=13.70; n=174)	16.17 (SD=11.97; n=174)	8.88**	.67
Intake to Termination	26.43 (SD=13.37; n=757)	16.63 (SD=13.47; n=757)	18.30**	.66

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: $t(775) = 12.66$, $p < .01$; 6 months: $t(337) = 10.58$, $p < .01$; 9 months: $t(172) = 7.67$, $p < .01$; and termination: $t(589) = 16.74$, $p < .01$. Medium effect sizes were noted for the time periods between intake and six months, intake and nine months, and intake and termination, while a small effect size was found for the time period between intake and three months. Overall means and standard deviations are reported in Table 22.

Table 22. Paired Samples T-Tests for Problem Severity - Youth

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	21.24 (SD=15.52; n=776)	14.82 (SD=12.88; n=776)	12.66**	.45
Intake to Six Months	20.98 (SD=15.83; n=338)	12.54 (SD=11.17; n=338)	10.58**	.57
Intake to Nine Months	20.72 (SD=14.45; n=173)	12.31 (SD=11.40; n=173)	7.67**	.58
Intake to Termination	20.50 (SD=15.14; n=590)	10.94 (SD=10.58; n=590)	16.74**	.69

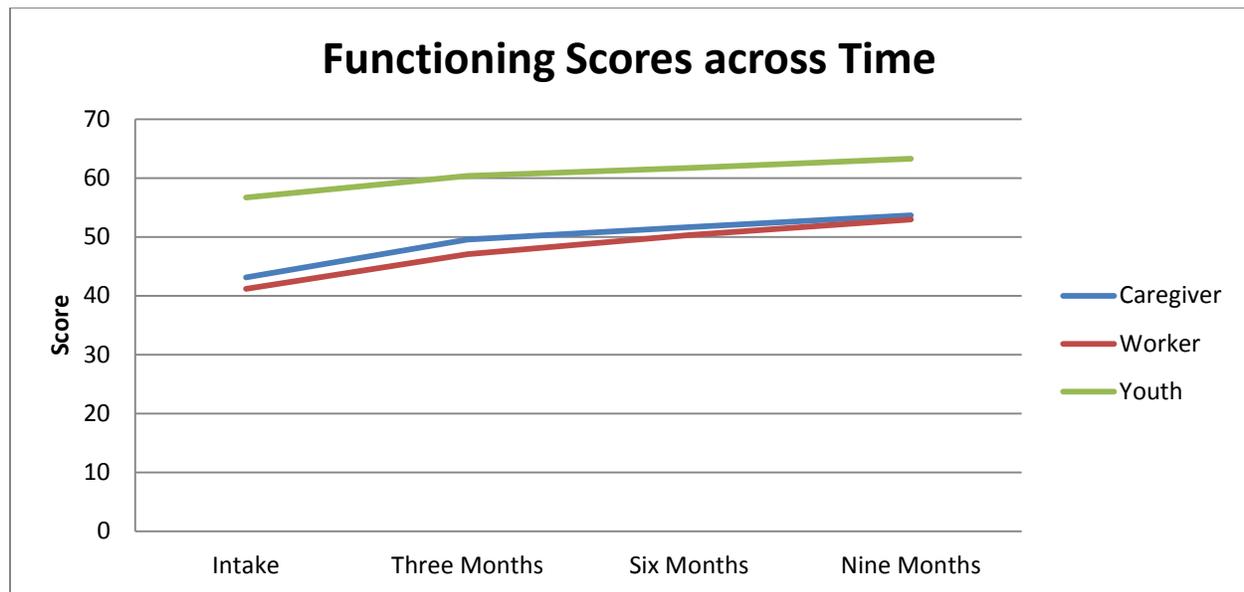
Functioning Scores

Means for the Functioning scale by rater and assessment period can be found in Table 23 and Figure 9 and Figure 10. 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: $F(10, 1511) = 7.875, p < .01$; workers: $F(10, 1582) = 27.34, p < .01$; and youth: $F(10, 1536) = 2.97, p < .01$. Post hoc comparisons revealed that much of the difference in the caregiver and worker ratings were driven by higher Functioning scores in Logan County. Additional county-level information can be found in the individual county reports.

Table 23. Functioning Scores across Time

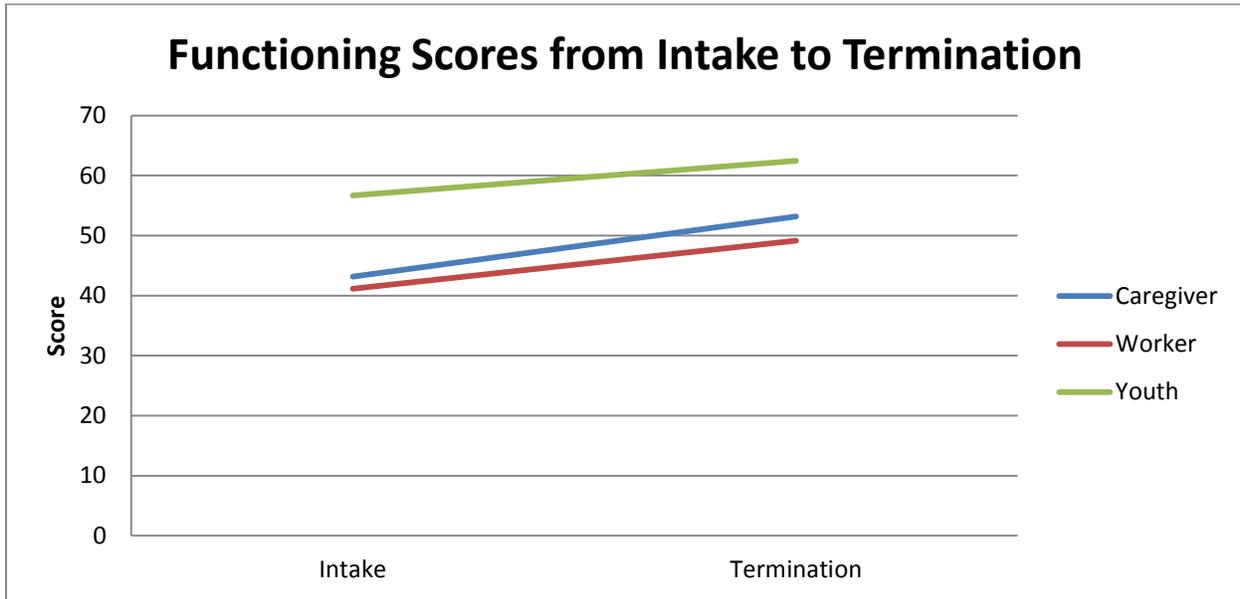
	Caregiver	Worker	Youth
Intake	43.14 (SD=16.73) (n=1556)	41.17 (SD=12.48) (n=1630)	56.70 (SD=13.24) (n=1581)
Three Months	49.56 (SD=16.49) (n=825)	47.05 (SD=13.87) (n=860)	60.37 (SD=13.75) (n=833)
Six Months	51.68 (SD=16.42) (n=350)	50.29 (SD=14.07) (n=376)	61.71 (SD=12.17) (n=356)
Nine Months	53.67 (SD=14.95) (n=179)	52.95 (SD=13.32) (n=189)	63.28 (SD=12.42) (n=183)
Termination	53.18 (SD=17.20) (n=678)	49.13 (SD=14.81) (n=849)	62.48 (SD=13.54) (n=652)

Figure 9. Functioning Scores across Time



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

Figure 10. Functioning Scores from Intake to Termination



* all comparisons are significant at the $p < .01$ level

Caregiver Ratings

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 24) compared to intake. Significant improvements were noted at 3 months: $t(755) = -12.36, p < .01$; 6 months: $t(329) = -8.63, p < .01$; 9 months: $t(169) = -7.30, p < .01$; and termination: $t(590) = -15.23, p < .01$. Medium effect sizes were found for three of the four time periods including intake to three months, intake to nine months, and intake to termination. The effect size for the time period between intake and six months approached a medium level.

Table 24. Paired Samples T-Tests for Functioning Scores - Caregiver

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	42.45 (SD=16.70; n=756)	49.81 (SD=16.40; n=756)	-12.36**	.51
Intake to Six Months	42.93 (SD=17.22; n=330)	51.88 (SD=16.30; n=330)	-8.63**	.47
Intake to Nine Months	42.72 (SD=18.43; n=170)	53.56 (SD=15.27; n=170)	-7.30**	.56
Intake to Termination	43.25 (SD=16.94; n=591)	53.91 (SD=17.01; n=591)	-15.23**	.63

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in functioning at every data collection point (see Table 25). Significant improvements were noted at 3 months: $t(790) = -11.61$, $p < .01$; 6 months: $t(349) = -10.62$, $p < .01$; 9 months: $t(174) = -7.33$, $p < .01$; and termination: $t(753) = -15.38$, $p < .01$. While a small effect size was noted found for the period between intake and three months, medium effect sizes were noted for the three remaining time periods between intake and six months, intake and nine months, and intake and termination.

Table 25. Paired Samples T-Tests for Functioning Scores - Worker

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	41.87 (SD=13.06; n=791)	47.19 (SD=13.95; n=791)	-11.61**	.41
Intake to Six Months	42.44 (SD=13.56; n=350)	50.66 (SD=14.01; n=350)	-10.62**	.57
Intake to Nine Months	43.52 (SD=13.12; n=175)	52.82 (SD=13.63; n=175)	-7.33**	.55
Intake to Termination	41.00 (SD=12.36; n=754)	49.48 (SD=14.82; n=754)	-15.38**	.56

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 26). Significant improvements were observed at 3 months: $t(776) = -7.76$, $p < .01$; 6 months: $t(333) = -7.78$, $p < .01$; 9 months: $t(171) = -7.11$, $p < .01$; and termination: $t(581) = -10.04$, $p < .01$. Effect sizes for the time periods between intake and three months, intake and six months, and intake and termination were small while a medium effect was found for the time period between intake and nine months.

Table 26. Paired Samples T-Tests for Functioning Scores - Youth

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	56.61 (SD=12.94; n=777)	60.41 (SD=13.65; n=777)	-7.76**	.28
Intake to Six Months	55.63 (SD=12.72; n=334)	61.70 (SD=12.26; n=334)	-7.78**	.35
Intake to Nine Months	55.98 (SD=11.81; n=172)	63.19 (SD=12.72; n=172)	-7.11**	.54
Intake to Termination	56.75 (SD=13.51; n=582)	62.72 (SD=13.66; n=582)	-10.04**	.41

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 more current use patterns. Table 27 presents the percentages of BHJJ youth who reported ever using alcohol or drugs and the average age of first use by gender. For nearly each substance a slightly higher percentage of females reported lifetime use. **For both females and males, alcohol, cigarettes, and marijuana were the three most commonly used substances.** Chi-square tests revealed that significantly more females reported lifetime use of cigarettes, cocaine, heroin, non-prescription drugs, and ecstasy in comparison with males. Significantly more males reported lifetime chewing tobacco use.

Youth were also asked whether they had used each substance in the past six months. Figure 11 and Figure 12 present past six month use for the five most common 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 five commonly used substances with the exception of cigarettes use for males. Chi-square tests showed a significant decrease from intake to termination in six month marijuana use among males. For females, significant decreases from intake to termination were found in six month use of alcohol, marijuana, and pain killers.**

If a youth reported past six month use, the youth was then asked whether he or she had used each substance in the past 30 days and if so, on how many days. Figure 13 and Figure 14 show the self-reported past 30-day substance use at intake and termination for males and females respectively. These data represent the total number of days in the past 30 that the youth reported using each substance but not the amount of the substance used each day.

At termination, both males and females reported using alcohol, marijuana, and pain killers less often in the past 30 days compared to intake (see Figure 13 and Figure 14). The total amount of days using cigarettes increased, however, for both males and females from intake to termination. **Paired samples t-tests showed that the total number of days of marijuana use in the previous 30 days significantly declined from intake to termination among males.**

Table 27. 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	64.5% (n=546)	13.18 (SD=2.24)	65.7% (n=447)	13.25 (SD=1.87)
Cigarettes	59.7% (n=506)	12.31 (SD=2.68)	64.8% (n=446)*	12.42 (SD=2.33)
Chewing Tobacco	18.3% (n=154)**	13.74 (SD=3.34)	6.0% (n=41)	13.76 (SD=2.40)
Marijuana	68.2% (n=576)	13.04 (SD=2.03)	64.8 (n=444)	13.24 (SD=1.75)
Cocaine	6.3% (n=54)	14.68 (SD=1.45)	12.1% (n=82)**	14.56 (SD=1.80)
Pain Killers (use inconsistent with prescription)	15.3% (n=130)	14.05 (SD=1.81)	17.4% (n=119)	14.24 (SD=1.47)
GHB	0.2% (n=2)	14.50 (SD=.71)	0.6% (n=4)	14.25 (SD=1.26)
Inhalants	3.9% (n=33)	13.16 (SD=2.45)	4.9% (n=33)	13.19 (SD=2.34)
Heroin	0.9% (n=8)	15.25 (SD=1.28)	3.2% (n=22)**	14.55 (SD=1.44)
Amphetamines	4.0% (n=34)	14.41 (SD=1.43)	3.4% (n=23)	14.13 (SD=2.44)
Ritalin (use inconsistent with prescription)	7.9% (n=67)	12.85 (SD=2.99)	9.7% (n=66)	13.91 (SD=1.76)
Barbiturates	2.4% (n=20)	14.16 (SD=1.38)	3.4% (n=23)	14.55 (SD=1.26)
Non-prescription Drugs	6.5% (n=55)	14.20 (SD=2.32)	9.6% (n=65)*	13.92 (SD=1.85)
Hallucinogens	6.9% (n=59)	14.38 (SD=1.47)	6.9% (n=47)	14.36 (SD=1.65)
PCP	1.6% (n=14)	14.79 (SD=1.58)	2.3% (n=16)	14.67 (SD=1.17)
Ketamine	0.4% (n=3)	14.67 (SD=0.58)	1.2% (n=8)	14.71 (SD=1.38)
Ecstasy	5.6% (n=47)	14.70 (SD=1.47)	10.2% (n=69)**	14.58 (SD=1.37)
Tranquilizers	9.7% (n=82)	14.34 (SD=1.68)	10.9% (n=74)	14.47 (SD=1.48)

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

Figure 11. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Males

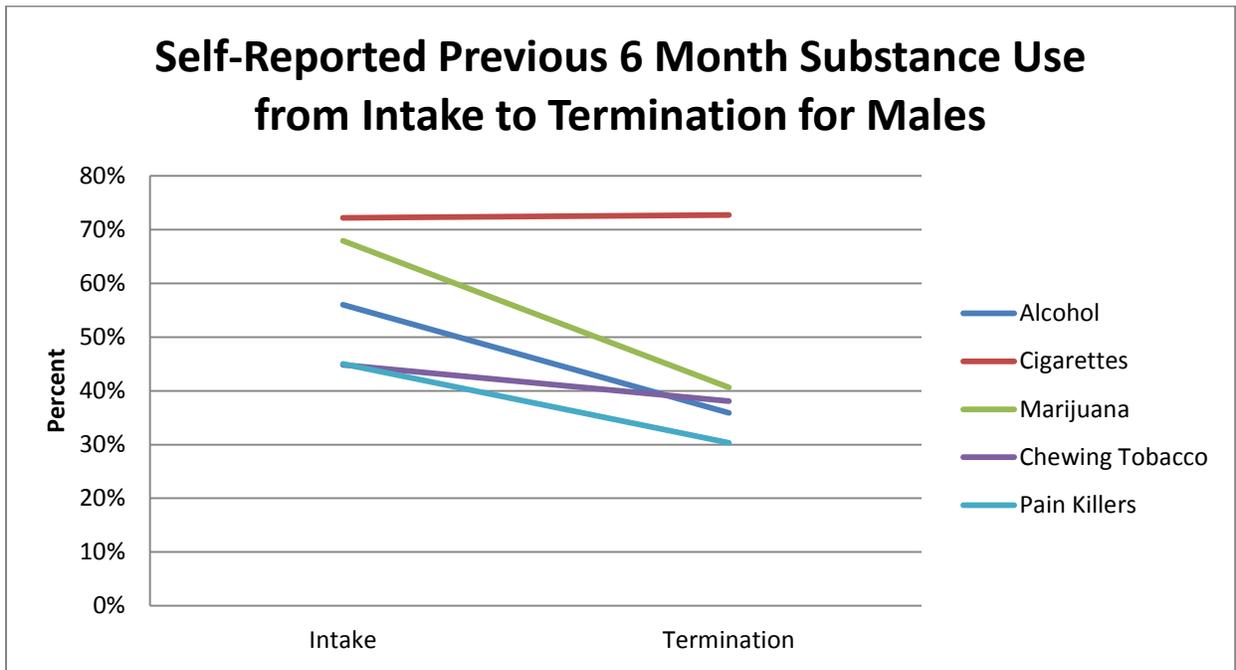


Figure 12. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Females

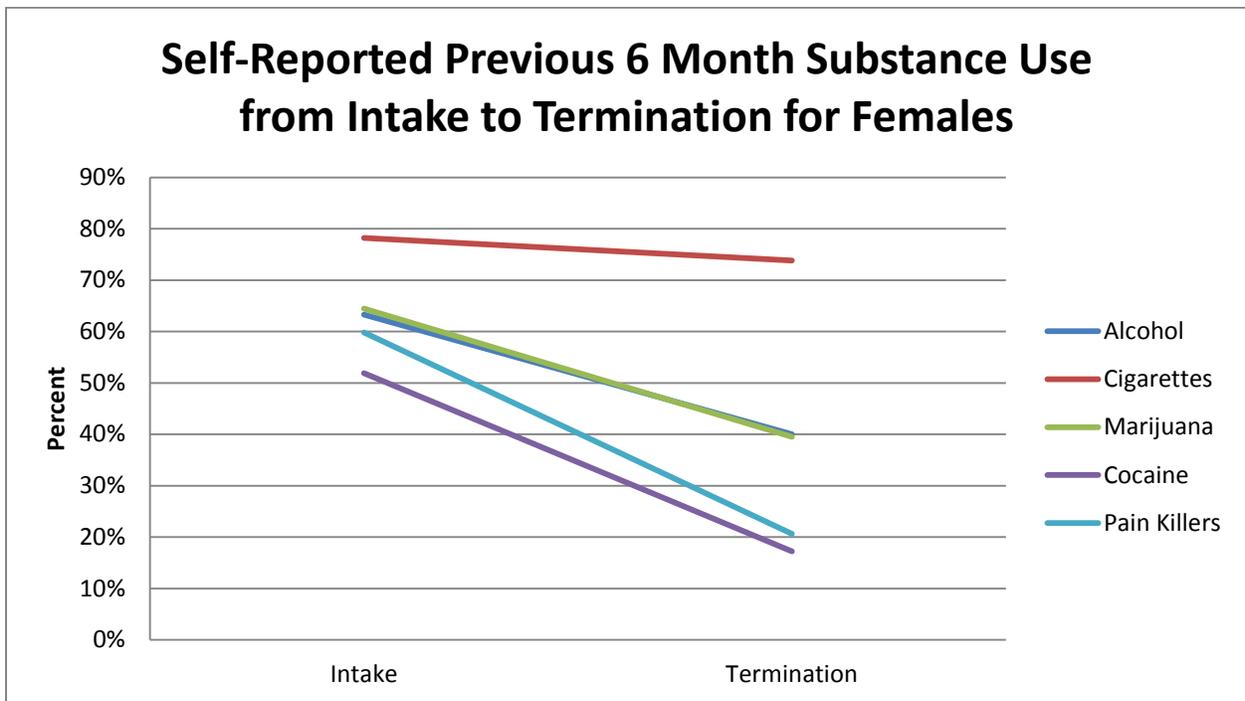


Figure 13. Self-Reported Previous 30 Day Substance Use from Intake to Termination for Males

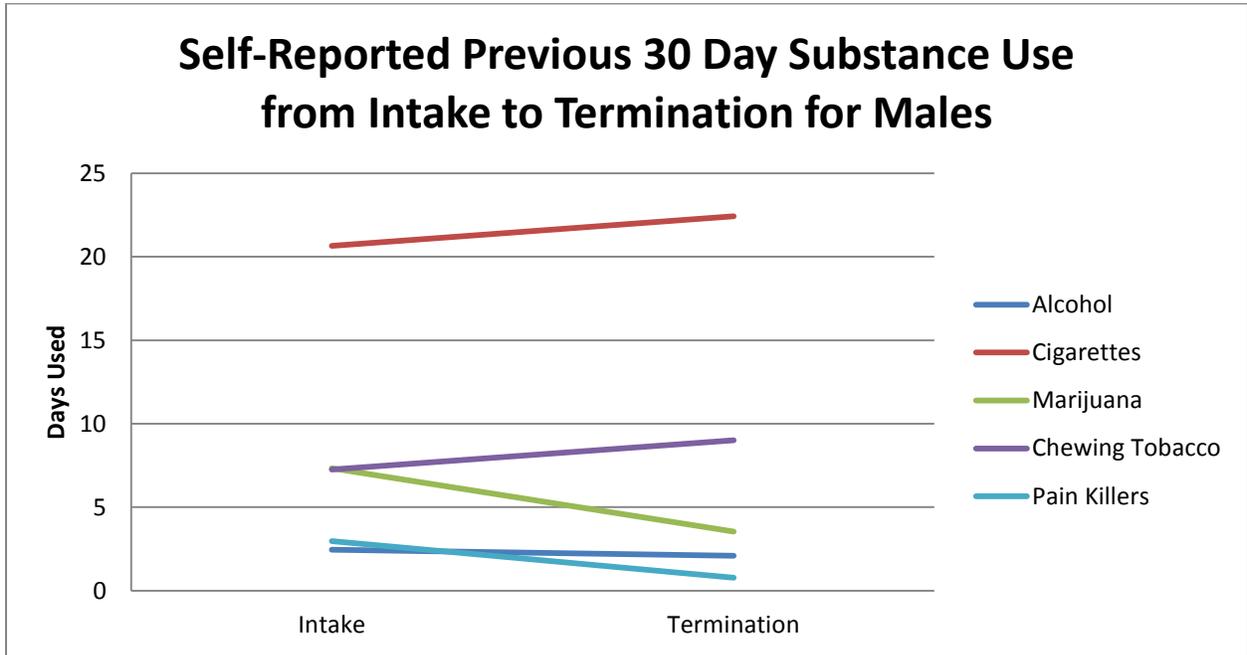
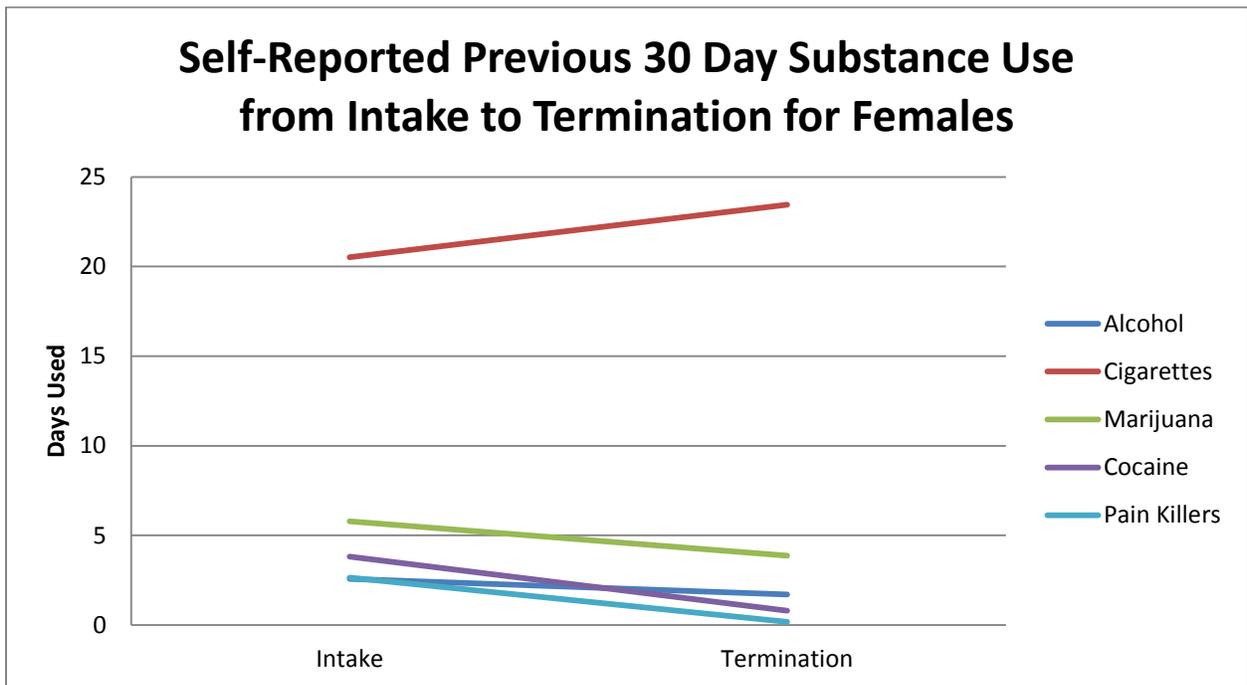


Figure 14. Self-Reported Previous 30 Day Substance use from Intake to Termination for Females



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 (Youth, Caregiver, and Worker). 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 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 15, Figure 16, Figure 17). For example at intake, 57.9% of caregivers and 47.5% of workers reported the youth had no problems with drugs or alcohol in the past 30 days. At termination from BHJJ, 77.8% of caregivers and 66.7% of workers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 15. Problems with Drugs or Alcohol in the Past 30 Days - Caregiver Ratings

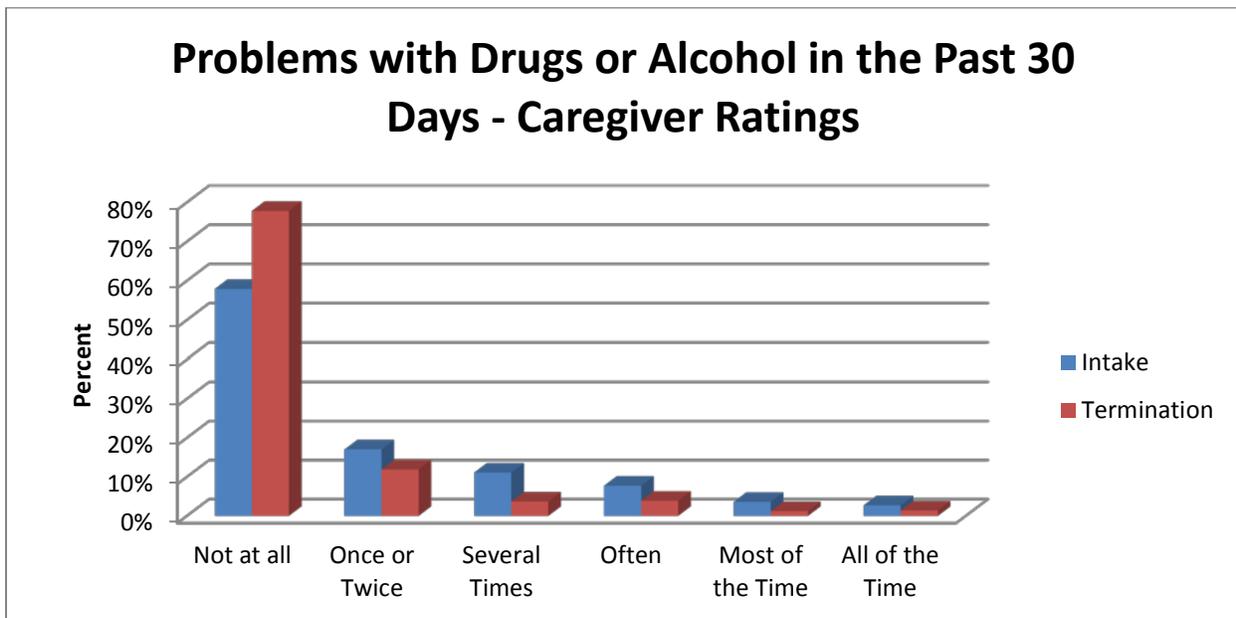


Figure 16. Problems with Drugs or Alcohol in the Past 30 Days - Worker Ratings

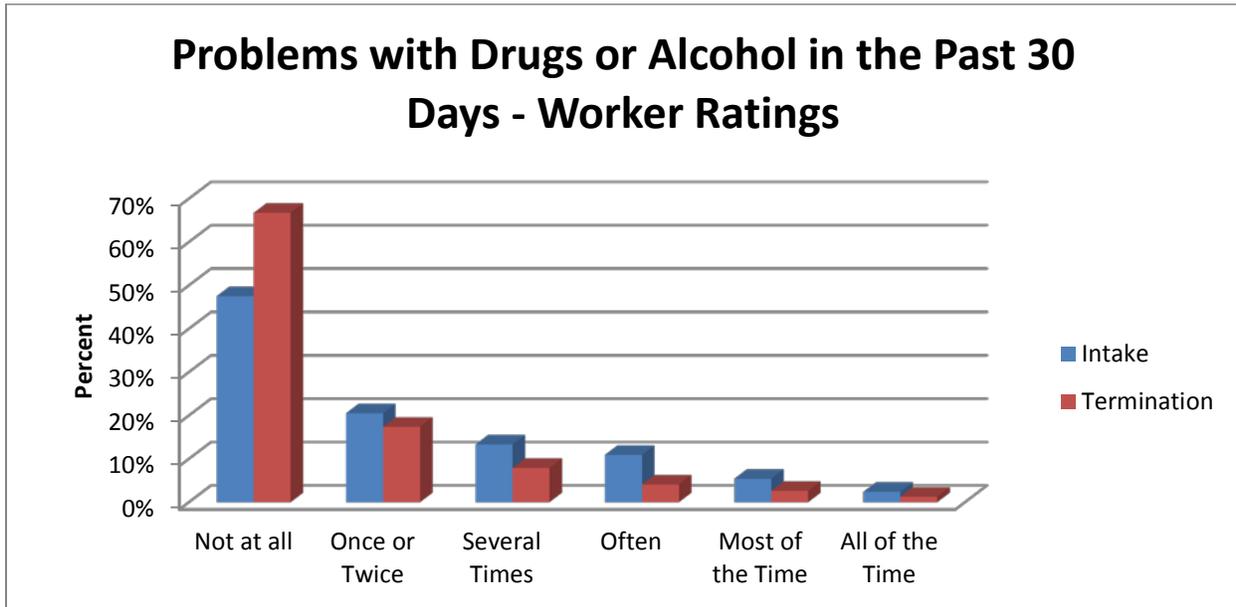
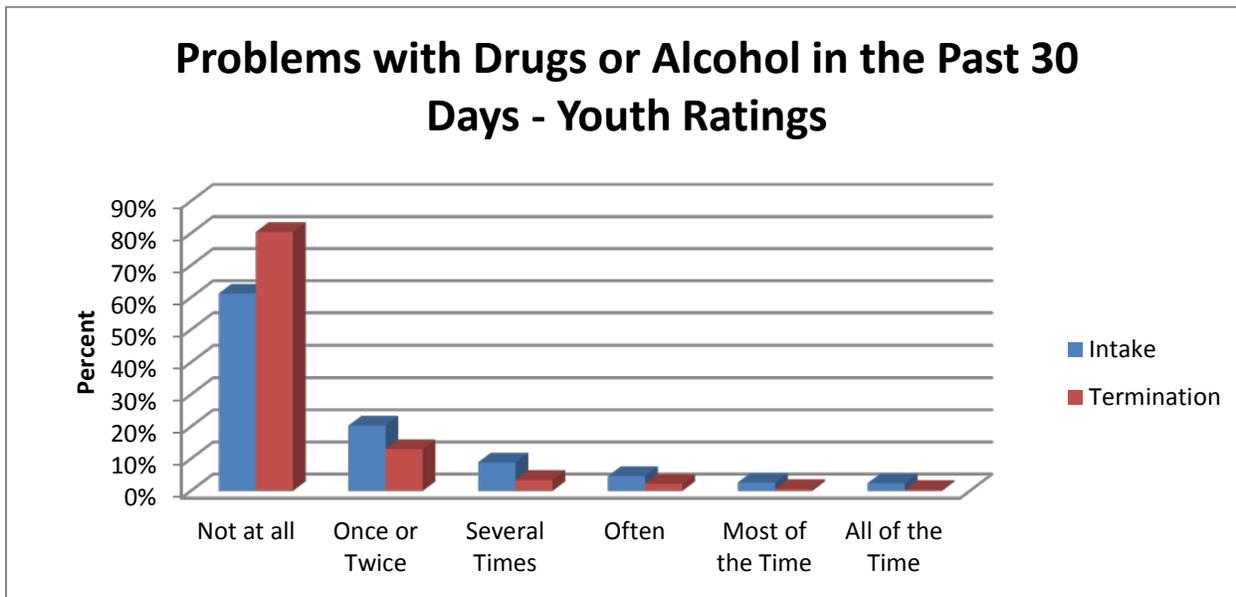


Figure 17. Problems with Drugs or Alcohol in the Past 30 Days - Youth Ratings



Satisfaction with Services

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 18). At termination from the BHJJ program, 91.7% of caregivers either strongly agreed or agreed with the statement, “Overall I am satisfied with the services my child received”. Of the caregivers who completed the survey, 87.4% either strongly agreed or agreed to the statement, “The services my child and/or family received were right for us” (see Figure 19). A strong majority (81.4%) of caregivers either strongly agreed or agreed with the statement, “My family got the help we wanted for my child”, (see Figure 20). Overall, 94.4% of caregivers were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 21). **In summary, caregivers reported high levels of satisfaction in all areas of the BHJJ programming and services.**

Figure 18. Caregiver Satisfaction with the BHJJ Program

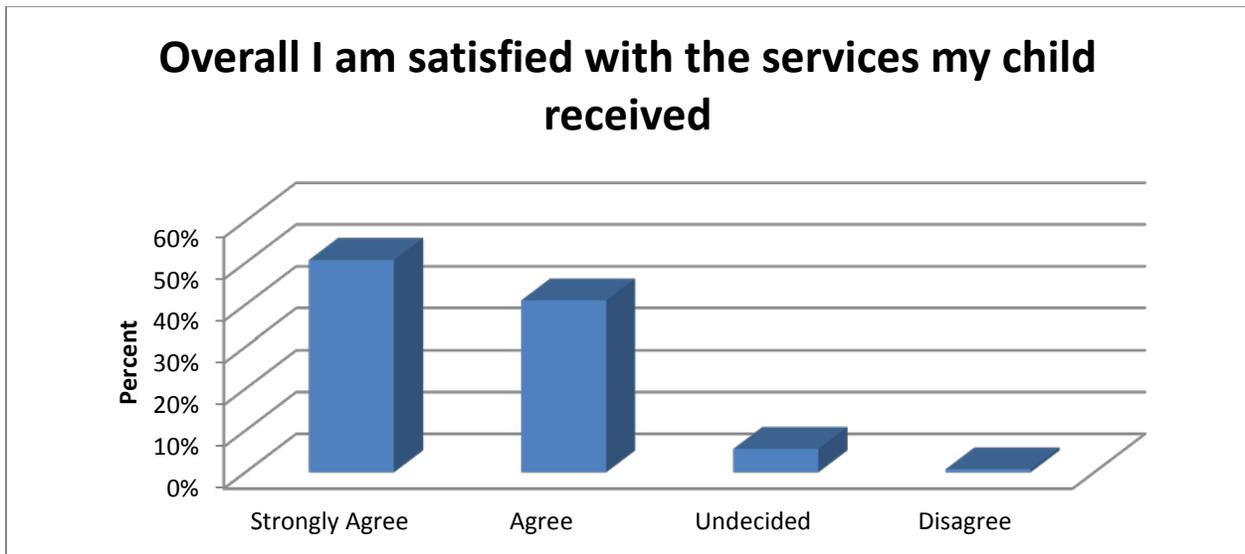


Figure 19. Services Received were Right for Us

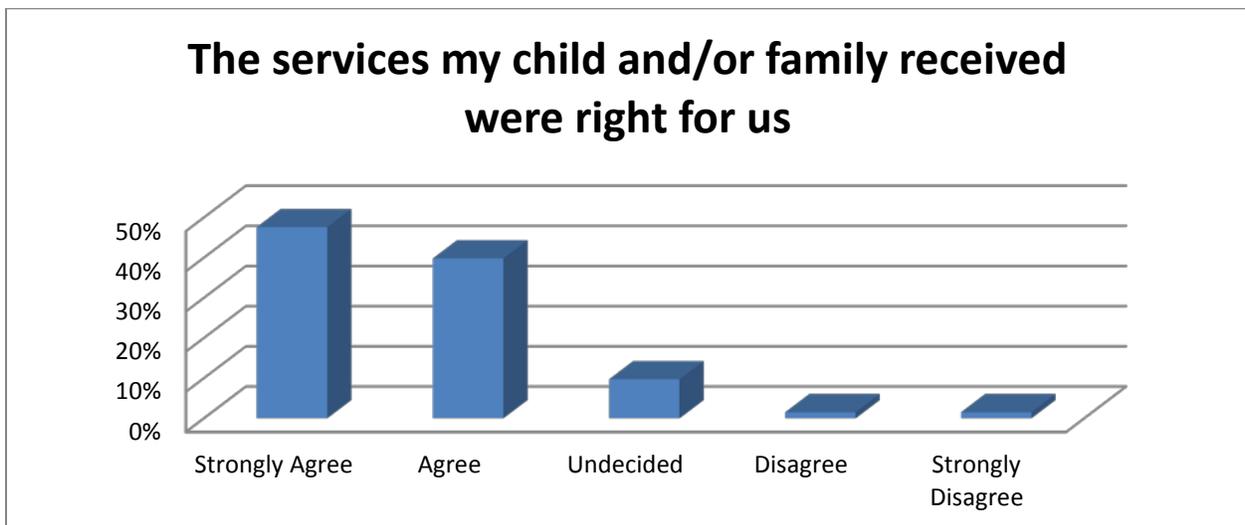


Figure 20. We Received the Help we Wanted

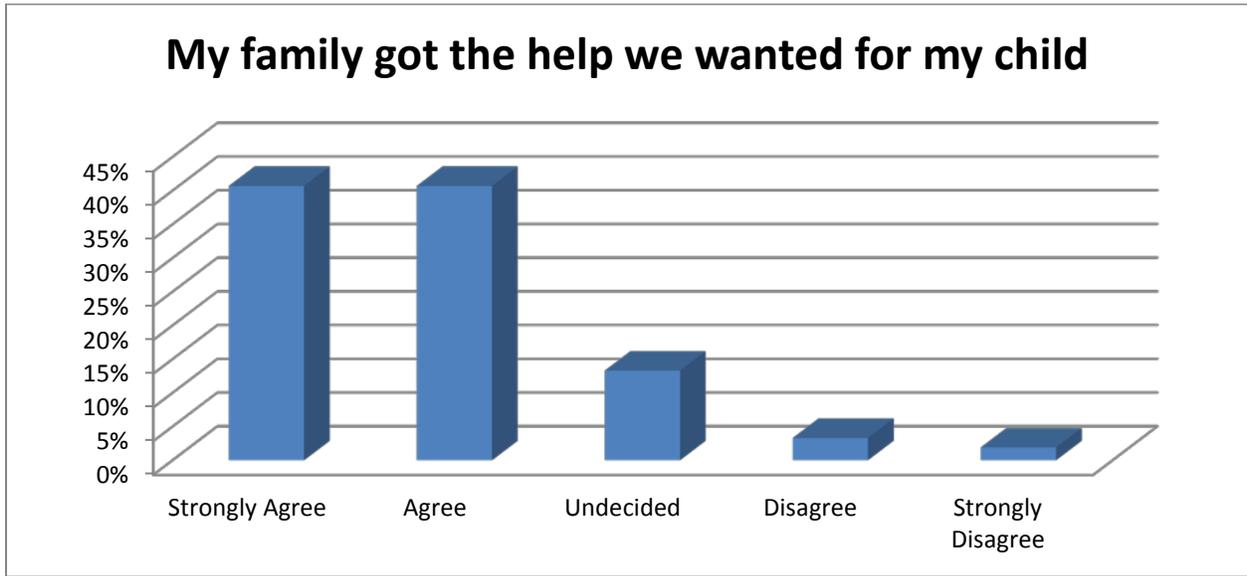
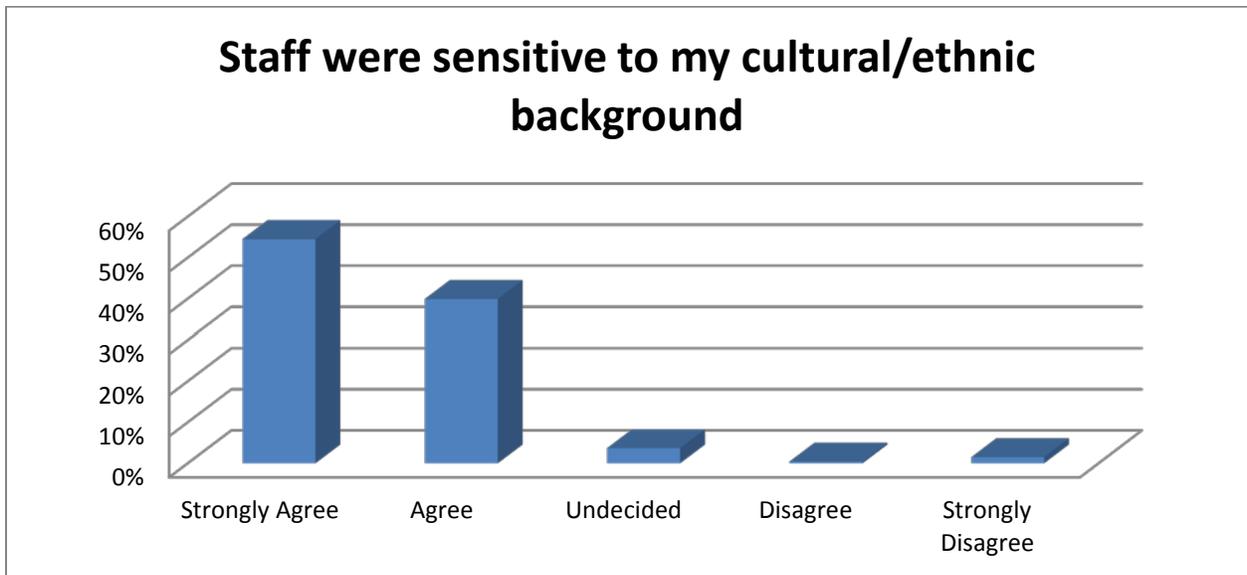


Figure 21. Satisfaction with cultural sensitivity of staff



Ohio Scales and Satisfaction

Caregivers and youth also responded to four general satisfaction questions on the Ohio Scales. The questions were 1) How satisfied are you with the mental health services you/your child received (see Figure 22), 2) Did mental health workers involved in your/your child's treatment listen to you and know what you wanted (see Figure 23), 3) How much were you included in deciding your/your child's treatment (see Figure 24), 4) Did you have a lot of say about what happened in your/your child's treatment (see Figure 25). **Data from termination Ohio Scales forms indicated that both caregivers and youth reported high levels of satisfaction with the services they received through the BHJJ program.**

Figure 22. Satisfaction with Mental Health Services

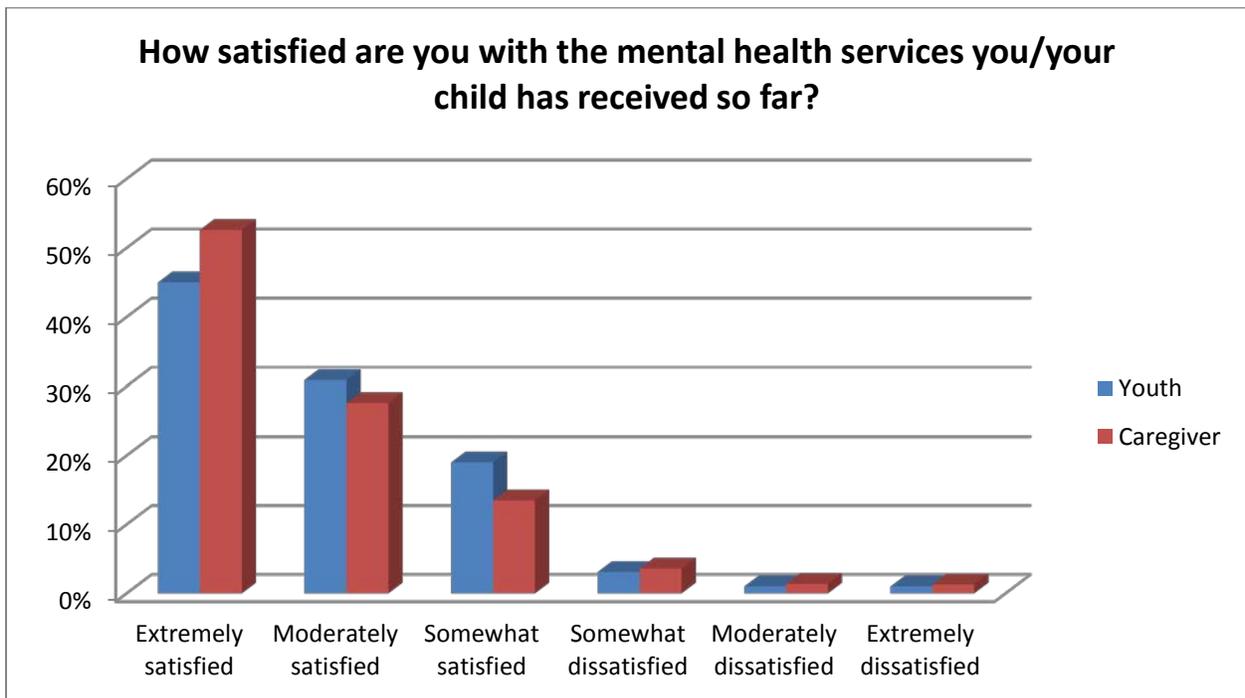


Figure 23. Workers Listen and Know What I Want

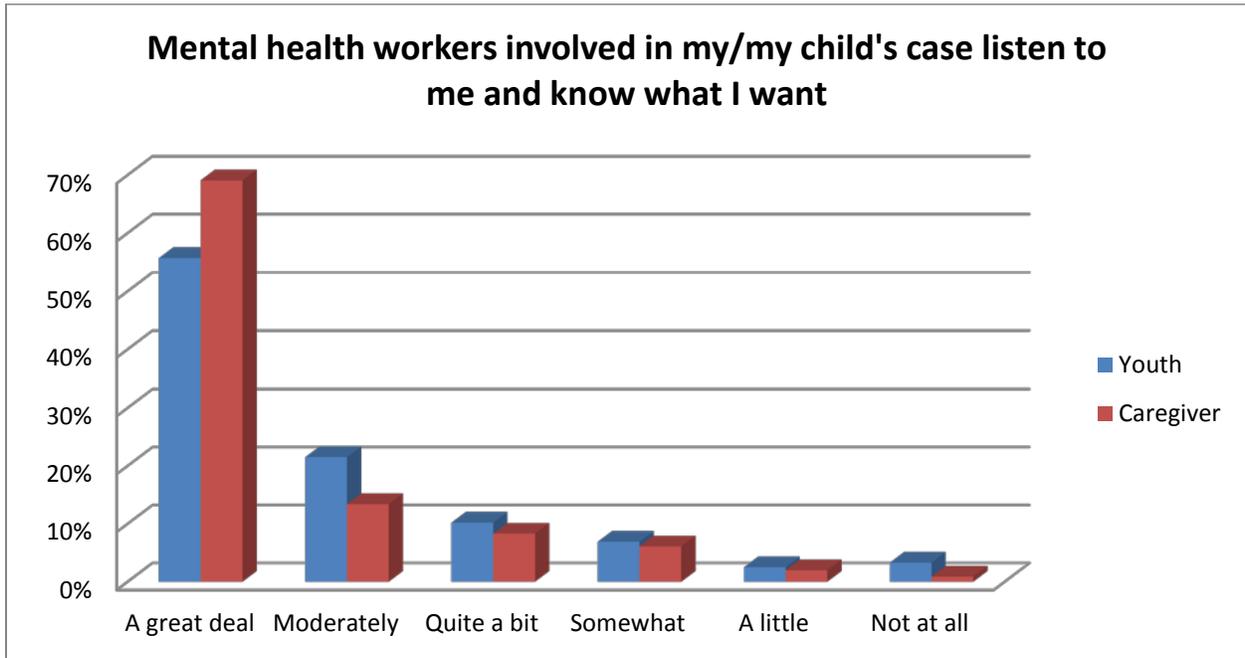


Figure 24. Inclusion in Mental Health Treatment

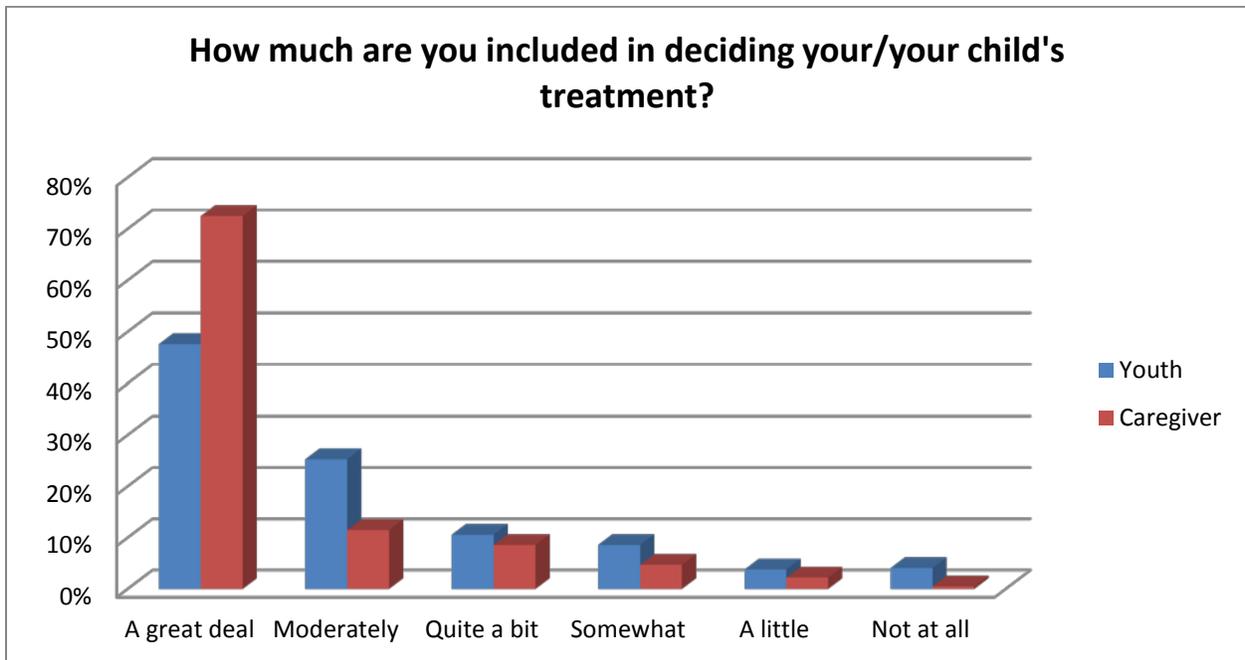
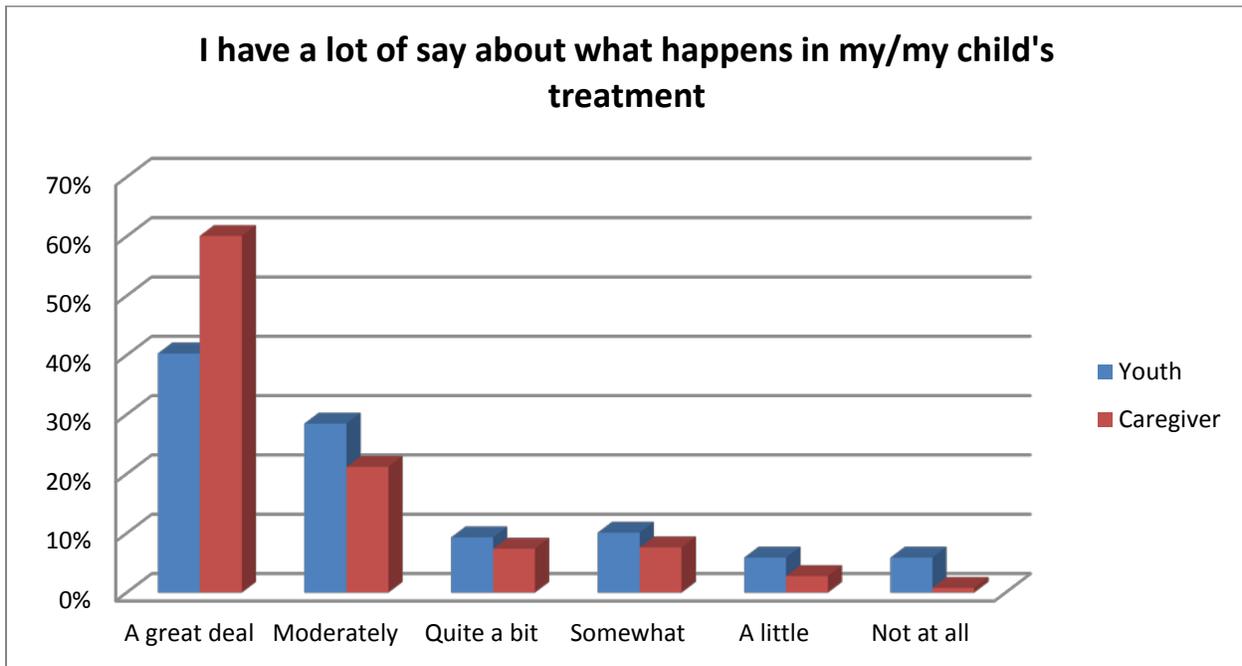


Figure 25. Say in Deciding Treatment



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 can 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.

To date, there have been 1285 youth terminated from the BHJJ program. **Nearly 62% (n = 792) of the youth terminated from the BHJJ program were identified as successful treatment completers.** Nearly 4% (n = 48) of the sample was terminated because the youth or family moved out of the county. Therefore, nearly two out of every three youth enrolled in BHJJ were terminated successfully or were terminated because the youth or family moved out of the county and were no longer able to receive BHJJ services. Slightly over 3% of the youth were terminated due to some level of incarceration. The most popular 'other' reason for termination were a client turning 18 years old and aging out of the program. Additional "other" reasons include transferring a client from BHJJ services to more appropriate services, removal of the client for family emergencies, and the revocation of the court order requiring participation in BHJJ. For additional termination information, please see Table 28.

Since July 2009, the BHJJ project has operated in the Big Six counties and has placed an emphasis on targeted youth who are similar to those who are sent to ODYS. For example, the Summit County BHJJ program focuses on felony-level juvenile offenders, the first site to do so. Because characteristics and histories of the youth may be different as a result of the new emphasis on a

reduction in ODYS commitments, we examined reasons for termination both for the entire sample and for those enrolled in the past two years.

Similar to the results from all youth enrolled, 62% of youth enrolled since July 2009 were identified as successfully completing treatment. Fewer clients in this cohort failed to return/rejected services, but more clients were withdrawn from BHJJ (see Table 28).

Table 28. Reasons for Termination from BHJJ

Termination Reason	All Youth	Youth Enrolled from July 2009 through June 2011
Successfully Completed Services	61.6% (n = 792)	62.2% (n = 253)
Client Did Not Return/Rejected Services	8.1% (n = 103)	2.7% (n = 11)
Out of Home Placement	7.5% (n = 96)	8.4% (n = 34)
Client/Family Moved	3.7% (n = 48)	2.2% (n = 9)
Client Withdrawn	6.5% (n = 84)	11.5% (n = 47)
Client AWOL	2.4% (n = 31)	2.5% (n = 10)
Client Incarcerated	3.1% (n = 40)	5.7% (n = 23)
Other	7.1% (n = 91)	4.9% (n = 20)

Average Length of Stay

The average length of stay in the BHJJ program was 217 days, or approximately 7 months. For youth identified as completing treatment successfully, the average length of stay was 237 days and for youth identified as unsuccessful treatment completers, the average length of stay was 185 days. For youth enrolled since July 1, 2009, the average length of stay in BHJJ was 157 days, with successful treatment completers averaging 175 days and unsuccessful treatment completers averaging 126 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 50.2% of the youth (n = 674) were at risk for out of home placement. At termination, 23.0% (n = 279) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 6.3% were at risk for out of home placement at termination while 51.9% of youth who unsuccessfully completed BHJJ treatment 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 66.7% (n = 291) of the youth and had stayed the same for 21.3% (n = 93) of the youth. Police contacts increased for 9.9% (n = 43) of the youth and the worker was unable to estimate for 2.1% (n = 9).

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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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. 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 2.

Results

Previous Juvenile Court Involvement

In the 12 months prior to their BHJJ enrollment, 88% of all the youth in the BHJJ program had identified juvenile court charges, and 30% of the youth had felony charges. When we examined the Big Six counties (Cuyahoga, Franklin, Montgomery, Hamilton, Lucas, Summit), we found that 34% of participants had felony charges in the 12 months prior to enrollment, ranging from 20% in Montgomery County (the county with the largest enrollment) to 94% in Summit County. Additional information regarding felony charges prior to enrollment in the current BHJJ counties can be found in Table 29.

Table 29. 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	35/156 (22.4%)
Franklin	147/221 (66.5%)
Montgomery	124/634 (19.6%)
Hamilton	30/90 (33.3%)
Lucas	33/59 (55.9%)
Summit	46/49 (93.9%)
Total	415/1209 (34.3%)

Previous juvenile court information was similar for youth regardless of completion status (successful vs. unsuccessful). In the 12 months prior to enrollment, 88% of both successful and unsuccessful completers had juvenile court charges. Twenty eight percent (27.9%) of successful completers and 29% of unsuccessful completers had at least one felony charge in the 12 months prior to their enrollment in BHJJ. Slightly more unsuccessful completers were adjudicated delinquent (75.0%) in the 12 months prior to their enrollment in BHJJ than successful completers (70.7%). Overall, youth had similar juvenile court histories prior to their enrollment regardless of future BHJJ completion status.

Table 30. Charges Prior to BHJJ Enrollment

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=1588)	49.2% (n=782)	1462	35.0% (n=556)	938	12.0% (n=190)	252	36.5% (n=529)
6 months (n=1588)	73.5% (n=1167)	2766	52.8% (n=838)	1690	22.1% (n=351)	493	57.5% (n=834)
12 months (n=1588)	87.8% (n=1394)	4079	65.6% (n=1042)	2461	29.7% (n=472)	699	71.8% (n=1041)
18 months (n=1588)	92.5% (n=1469)	4959	71.1% (n=1130)	3024	32.5% (n=516)	810	77.2% (n=1120)

Table 31. Charges Prior to BHJJ Enrollment for Youth who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=771)	48.4% (n=373)	661	34.5% (n=266)	426	10.2% (n=79)	108	35.3% (n=249)
6 months (n=771)	72.2% (n=557)	1198	51.5% (n=397)	746	18.9% (n=146)	202	56.1% (n=396)
12 months (n=771)	87.8% (n=677)	1817	64.6% (n=498)	1112	27.9% (n=215)	309	70.7% (n=499)
18 months (n=771)	92.5% (n=713)	2221	70.0% (n=540)	1349	30.5% (n=235)	363	75.6% (n=534)

Table 32. Charges Prior to BHJJ Enrollment for Youth who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=425)	48.5% (n=206)	430	37.2% (n=158)	284	12.5% (n=53)	66	38.0% (n=146)
6 months (n=425)	72.9% (n=310)	865	56.9% (n=242)	521	21.4% (n=91)	122	58.6% (n=225)
12 months (n=425)	88.0% (n=374)	1285	71.0% (n=302)	755	28.7% (n=122)	182	75.0% (n=288)
18 months (n=425)	93.9% (n=399)	1582	76.7% (n=326)	952	32.0% (n=136)	217	82.0% (n=315)

Recidivism after Enrollment

We defined recidivism after termination as receiving a new charge or adjudication any time after a youth's BHJJ enrollment date. Once again, even if a charge was eventually dismissed, it was included in the 'Total Charges' column of the associated tables but would not be included in the calculations of delinquent adjudications. Status offenses (e.g. curfew violations, truancy, etc.) are also included in the total charge calculations.

Three months after enrollment in BHJJ, 18.0% of youth had been charged with at least one new misdemeanor and 4.7% of youth were charged with at least one felony. Nearly 18% of youth were adjudicated delinquent in the three months following their termination from BHJJ. In the 12 months after termination from BHJJ, 43.0% of youth were charged with at least one new misdemeanor and 14.6% were charged with at least one new felony. Thirty three percent (33.0%) were adjudicated delinquent in the 12 months after their enrollment BHJJ.

In the 12 months after enrollment in BHJJ, 36.6% of successful completers were charged with at least one new misdemeanor, 9.4% were charged with at least one new felony, and 34.5% were adjudicated delinquent. Of the youth who completed unsuccessfully, 49.2% were charged with at least one new misdemeanor, 21.7% were charged with at least one new felony, and 51.5% were adjudicated delinquent in the 12 months after their enrollment in BHJJ.

Table 33. Recidivism after BHJJ Enrollment

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=1520)	24.4% (n=371)	700	18.0% (n=274)	463	4.7% (n=72)	96	17.5% (n=242)
6 months (n=1330)	39.2% (n=521)	1152	29.3% (n=390)	751	9.3% (n=124)	172	23.0% (n=353)
12 months (n=938)	54.9% (n=515)	1458	43.0% (n=403)	952	14.6% (n=137)	223	33.0% (n=355)
18 months (n=616)	63.1% (n=389)	1281	50.0% (n=308)	810	18.2% (n=112)	197	38.0% (n=273)

Table 34. Recidivism after BHJJ Enrollment for Youth who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=742)	19.4% (n=144)	238	14.5% (n=108)	168	2.1% (n=16)	24	13.4% (n=91)
6 months (n=693)	32.3% (n=224)	401	24.1% (n=167)	270	4.3% (n=30)	44	21.8% (n=138)
12 months (n=522)	48.3% (n=252)	629	36.6% (n=191)	397	9.4% (n=49)	95	34.5% (n=162)
18 months (n=342)	58.2% (n=199)	597	45.0% (n=154)	368	12.6% (n=43)	92	43.2% (n=131)

Table 35. Recidivism after BHJJ Enrollment for Youth who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=414)	31.4% (n=130)	261	22.2% (n=92)	152	7.8% (n=32)	46	22.5% (n=84)
6 months (n=378)	47.1% (n=178)	455	34.4% (n=130)	269	15.1% (n=57)	81	37.5% (n=128)
12 months (n=262)	63.7% (n=167)	526	49.2% (n=129)	334	21.7% (n=57)	81	51.5% (n=121)
18 months (n=180)	70.0% (n=126)	467	55.5% (n=100)	286	25.0% (n=45)	74	56.9% (n=91)

Recidivism after BHJJ Termination

Three months after termination from BHJJ, 14.7% of the youth had been charged with at least one new misdemeanor and 3.3% of youth were charged with at least one felony. Nearly 14% of youth were adjudicated delinquent in the three months following their termination from BHJJ. In the 12 months after termination from BHJJ, 39.5% of youth were charged with at least one new misdemeanor and 13.5% were charged with at least one new felony. Forty percent (40.2%) of youth were adjudicated delinquent in the 12 months following their termination from BHJJ.

In the 12 months after their termination from BHJJ, 38.3% of successful completers were charged with at least one new misdemeanor, 10.4% were charged with at least one new felony, and 38.0% were adjudicated delinquent. Of the youth who completed unsuccessfully, 42.9% were charged with at least one new misdemeanor, 18.6% were charged with at least one new felony, and 38.5% were adjudicated delinquent in the 12 months after their termination from BHJJ.

Table 36. Recidivism after BHJJ Termination

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=944)	19.2% (n=181)	338	14.7% (n=139)	230	3.3% (n=31)	55	13.9% (n=118)
6 months (n=762)	32.1% (n=245)	542	22.6% (n=172)	329	7.2% (n=55)	98	23.9% (n=163)
12 months (n=496)	51.8% (n=257)	745	39.5% (n=196)	450	13.5% (n=67)	135	40.2% (n=177)
18 months (n=304)	60.5% (n=184)	683	50.0% (n=152)	411	18.1% (n=55)	115	47.3% (n=130)

Table 37. Recidivism after BHJJ Termination for Youth who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=563)	15.6% (n=88)	161	11.7% (n=66)	101	2.3% (n=13)	34	11.0% (n=56)
6 months (n=438)	27.8% (n=122)	265	19.4% (n=85)	154	4.8% (n=21)	52	20.5% (n=81)
12 months (n=279)	48.4% (n=135)	380	38.3% (n=107)	231	10.4% (n=29)	66	38.0% (n=95)
18 months (n=164)	56.7% (n=93)	345	49.4% (n=81)	206	14.6% (n=24)	61	46.2% (n=68)

Table 38. Recidivism after BHJJ Termination for Youth who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=325)	25.2% (n=82)	159	19.4% (n=63)	116	5.2% (n=17)	20	19.4% (n=57)
6 months (n=278)	39.5% (n=110)	252	28.0% (n=78)	162	11.5% (n=32)	43	30.5% (n=76)
12 months (n=177)	57.6% (n=102)	315	42.9% (n=76)	192	18.6% (n=33)	62	38.5% (n=70)
18 months (n=120)	65.0% (n=78)	303	52.5% (n=63)	188	23.3% (n=28)	50	49.5% (n=55)

ODYS Commitments

Thirty two (32) out of the 1665 youth (1.9%) enrolled in BHJJ for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ, including after a youth’s termination from BHJJ. For those counties no longer participating in the BHJJ program, we used the final recidivism file they 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 they stopped sending recidivism data. Additional data related to juvenile court history and recidivism can be found in Table 39. *Nearly all (94%) of the youth in the Summit County BHJJ program had felony charges in the 12 months prior to their BHJ enrollment. After enrollment in BHJJ, 4 of the 49 youth (8.2%) were subsequently sent to an ODYS facility.*

Table 39. ODYS Admissions for Youth Enrolled in BHJJ

BHJJ County	Number of Youth in Recidivism Analysis	Youth Committed to ODYS after BHJJ Enrollment
Cuyahoga*	153	6 (3.9%)
Fairfield	30	0
Franklin*	225	12 (5.3%)
Logan	270	3 (1.1%)
Montgomery*	634	6 (0.9%)
Union	31	0
Champaign	98	0
Butler	28	1 (3.6%)
Hamilton*	90	0
Lucas*	47	0
Summit*	49	4 (8.2%)
Total	1665	32 (1.9%)

* Current BHJJ Counties

Ohio Youth Assessment System

Ohio Youth Assessment System (OYAS) data on BHJJ youth were collected by Cuyahoga, Franklin, Hamilton, Lucas, and Summit counties. OYAS data for youth collected at the time point closest to their respective enrollment dates were used for those enrolled after July, 2009. Table 40 shows the frequencies of OYAS risk categories by gender and race. A chi-square test indicated that non-whites were significantly more likely to be identified as high risk than whites. No other significant differences emerged.

Table 40. OYAS Risk Categories by Gender and Race

	OYAS Low	OYAS Moderate	OYAS High
Female	31.0% (n=22)	45.1% (n=32)	23.9% (n=17)
Male	21.4% (n=37)	49.7% (n=86)	28.9% (n=50)
White	28.1% (n=18)	56.3% (n=36)	15.6% (n=10)
Non-white	22.8% (n=41)	45.6% (n=82)	31.7% (n=57)*

* $p < .05$

To test whether OYAS risk levels predicted recidivism and successful completion of the BHJJ program, two separate analyses are presented. Chi-square tests are shown 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 charge, a new felony charge, or a new delinquent adjudication within 12 months of enrollment. Table 41 shows the percentages of successful completion and recidivism by low, moderate, and high OYAS risk categories. Chi-square tests revealed no significant differences among the OYAS risk categories for new charges and delinquent adjudications. However, the percentages of youth with a new charge at 12 months or a new delinquent adjudication were higher for moderate and high risk levels in comparison with low risk youth. A chi-square test revealed that the percentage of youth with felonies at 12 months significantly differed by OYAS risk categories ($\chi^2(2)=5.81$, $p < .05$, $n=94$). Cramer's V, indicated a small effect size ($V=.25$). Further, a chi-square test revealed that the percentage of youth who completed the program successfully significantly differed by OYAS risk categories ($\chi^2(2)=11.52$, $p < .01$, $n=118$) with a medium effect size ($V=.31$).

Table 41. Recidivism at 12 months and Percentage of Successful Completion for Youth in Low, Moderate, and High OYAS Risk Categories

	OYAS Low	OYAS Moderate	OYAS High
Charges at 12 months	59.1% (n=13)	73.3% (n=33)	77.8% (n=21)
Delinquent Adjudications at 12 months	54.5% (n=12)	62.2% (n=28)	74.1% (n=20)
Felonies at 12 months*	18.2% (n=4)	26.7% (n=12)	48.1% (n=13)
Successful Completers**	88.0% (n=22)	69.1% (n=38)	47.4% (n=18)

* $p < .05$ ** $p < .01$

Table 42 presents three separate regression models predicting recidivism at 12 months after enrollment from gender, age, race, and OYAS risk categories. For the model predicting charges at 12 months after enrollment, there were no significant variables. The proposed model did not fit the data well ($\chi^2=5.26$, $n=93$). The model chi-square statistic indicated that that the proposed model predicting delinquent adjudications at 12 months after enrollment represented the data well ($\chi^2=10.91$, $p < .05$, $n=93$). One variable (race) was statistically significant in predicting whether a youth was adjudicated

delinquent in the 12 months following enrollment. The odds of non-white youth adjudicated delinquent 12 months after enrollment were 4.09 times greater than for white youth. The proposed model predicting felonies at 12 months after enrollment represented the data well ($\chi^2=17.27$, $p<.01$, $n=93$). Gender was statistically significant in predicting whether a youth was charged with a felony at 12 months after enrollment. The odds of a male youth being charged with a felony within 12 months following enrollment was 8.57 times greater than the odds for a female BHJJ youth. In addition, the OYAS high risk category was significant in predicting whether a youth had a felony at 12 months after enrollment. The odds of being charged with a new felony within 12 months of enrollment were 4.86 times greater for high risk youth compared to low risk youth.

Table 42. Logistic Regression Models Predicting Recidivism at 12 Months

	Charges at 12 Months			Delinquent at 12 Months			Felonies at 12 Months		
	B	SE B	e ^b	B	SE B	e ^b	B	SE B	e ^b
Gender (Male)	-.08	.53	.92	.17	.50	1.19	2.15**	.80	8.57
Age	.24	.20	1.28	.34	.20	1.41	.04	.22	1.04
Race (Non-white)	.81	.54	2.26	1.41*	.53	4.09	.42	.61	1.53
OYAS (Moderate)	.52	.57	1.68	.16	.56	1.17	.54	.68	1.72
OYAS (High)	.77	.65	2.17	.73	.64	2.07	1.58*	.71	4.86
n		93			93			93	
χ^2		5.26			10.91*			17.27**	
df		5			5			5	

* $p < .05$ ** $p < .01$

Logistic regression was used to determine whether OYAS risk levels, gender, age, and race predicted successful completion of the BHJJ program (see Table 43). The proposed model represented the data well ($\chi^2=14.33$, $p<.05$, $n=117$). Controlling for the effects of gender, age, and race, OYAS risk levels were significant predictors of successful completion. The odds of a low risk youth successfully completing the BHJJ program were 7.91 times greater than the odds of a high risk youth completing treatment successfully. The odds of successfully completing the BHJJ program were 2.49 times greater for a moderate risk youth than a high risk youth.

Table 43. Logistic Regression Model Predicting Successful Completion of the BHJJ Program

	Successful Completion		
	B	SE B	e ^b
Gender (Male)	.33	.47	1.39
Age	-.03	.17	.97
Race (Non-white)	-.53	.49	.59
OYAS (Low)	2.07**	.72	7.91
OYAS (Moderate)	.91*	.45	2.49
χ^2		14.33*	
n		117	
df		5	

* $p < .05$ ** $p < .01$

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 158 youth in the BHJJ program since they began the program in 2006. While originally focused on the female juvenile offender, Cuyahoga County opened the program to both males and females in this biennium. Of the 158 youth enrolled since 2006, 70.3% (n = 111) were female and 29.7% (n = 47) were male. Since beginning to enroll males in July 2009, slightly over 50% of the new enrollees (50.7%, n = 37) have been male (see Table 44).

The majority of the overall sample of youth were either African American (44.3%, n = 66) or Caucasian (42.3%, n = 63). A similar pattern was found for youth enrolled since July 2009, although a higher proportion of African Americans (60.3%, n = 44) and lower proportion of Caucasians (26.0%, n = 19) was observed. The average age of the youth at intake into BHJJ was 16.3 years old (SD = 1.06) with a range between 13.5 and 18.2 years.

Table 44. Demographic Information for BHJJ Youth in Cuyahoga County

	All Youth Enrolled (2006 – 2011)	Youth Enrolled between July 2009 – June 2011
Gender	Female = 70.3% (n = 111) Male = 29.7% (n = 47)	Female = 49.3% (n = 36) Male = 50.3% (n = 37)
Race	African American = 44.3% (n = 66) Caucasian = 42.3% (n = 63) Other = 13.4% (n = 20)	African American = 60.3% (n = 44) Caucasian = 26.0% (n = 19) Other = 13.7% (n = 10)
Age at Intake	16.3 years (SD = 1.06)	16.4 years (SD = .93)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (61.0%, n = 86) (see Table 45). Over 82% of the BHJJ youth (82.3%) 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 7% had a bachelor's degree or higher (see Table 46). Slightly over one-fifth of caregivers (21.6%) 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 47). Nearly three-quarters of caregivers (72.0%) reported annual household incomes below \$35,000 and 43.2% reported annual household income of less than \$20,000. Nearly one out of every four BHJJ families (24.5%) reported an annual household income below \$10,000.

Table 45. Custody Arrangement for BHJJ Youth in Cuyahoga County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	16.3% (n=23)
Biological Mother Only	61.0% (n=86)
Biological Father Only	5.0% (n = 7)
Adoptive Parent(s)	6.4% (n=9)
Aunt/ Uncle	1.4% (n=2)
Grandparents	7.1% (n=10)
Ward of the State	0.7% (n=1)
Other	2.1% (n=3)

Table 46. Educational Outcomes for Caregivers of BHJJ Youth in Cuyahoga County

Number of School Years Completed	Number of Caregivers
Less than High School	21.6% (n= 29)
High School Graduate or G.E.D.	34.3% (n=46)
Some College or Associate Degree	32.8% (n=44)
Bachelor's Degree	8.2% (n=11)
More than a Bachelor's Degree	3.0% (n=4)

Table 47. Annual Household Income for BHJJ Families in Cuyahoga County

Annual Household Income	BHJJ Families
Less than \$5,000	15.1% (n = 21)
\$5,000 - \$9,999	9.4% (n = 13)
\$10,000 - \$14,999	10.1% (n = 14)
\$15,000 - \$19,999	8.6% (n = 12)
\$20,000 - \$24,999	14.4% (n = 20)
\$25,000 - \$34,999	14.4% (n = 20)
\$35,000 - \$49,999	15.8% (n = 22)
\$50,000 - \$74,999	6.5% (n = 9)
\$75,000 - \$99,999	5.0% (n = 7)
\$100,000 and over	0.7% (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 48). Chi-square analysis was conducted on each item and significant differences are identified in Table 48. 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 criminal activity.

Caregivers reported that 23.8% of females and 8.3% of males had a history of physical abuse and 35.9% of females and 8.1% of males had a history of sexual abuse. Caregivers of 62.1% of BHJJ females reported having heard the child talk about suicide and over 30% of caregivers of BHJJ females reported the youth attempted suicide at least once. Over 80% of females (83.0%) and nearly half of BHJJ males (48.6%) had family members who were diagnosed with or showed signs of depression. Over 50% of females (52.9%) and 43.2% of males were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 48. Youth and Family History in Cuyahoga County

Question	Females	Males
Has the child ever been physically abused?	23.8% (n=25)*	8.3% (n=3)
Has the child ever been sexually abused?	35.9% (n = 37)***	8.1% (n = 3)
Has the child ever run away?	77.9% (n = 81)**	51.4% (n = 19)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	90.2% (n = 92)	91.7% (n = 33)
Has the child ever talked about committing suicide?	62.1% (n =64)***	28.9% (n = 11)
Has the child ever attempted suicide?	30.7% (n = 31)**	8.3% (n = 3)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	47.1% (n = 49)**	18.4% (n = 7)
Has anyone in the child’s biological family ever been diagnosed with depression or shown signs of depression?	83.0% (n = 83)***	48.6% (n = 18)
Has anyone in the child’s biological family had a mental illness, other than depression?	58.4% (n = 59)*	34.3% (n = 12)
Has the child ever lived in a household in which someone was convicted of a crime?	48.0% (n = 49)***	12.5% (n = 4)
Has anyone in the child’s biological family had a drinking or drug problem?	72.5% (n = 74)	57.9% (n = 22)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	52.9% (n = 55)	43.2% (n = 16)

*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 19.7% (n = 13) of females had been pregnant and 11.1% (n = 4) were currently expecting a child. Caregivers reported that 17.2% (n = 5) of males had impregnated a female and 14.8% (n = 4) were currently expecting a child. Four percent (n = 1) of females and 3.7% (n = 1) of males currently had children. Of those who had children, 100% of females (n = 1) but none of the males (n = 1) currently lived with the child.

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 (75.2%) and males (94.7%) were Cannabis-Related Disorders (see Table 49).

A total of 414 Axis I diagnoses were identified for 143 youth with diagnostic information (2.90 diagnoses per youth). Females reported 296 Axis I diagnoses (2.82 diagnoses per female) and males reported 118 Axis I diagnoses (3.11 diagnoses per male). Chi-square analysis indicated males were significantly more likely to be diagnosed with Cannabis-related Disorder than females. Over 70% of females (70.5%) and 81.6% of males had a 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	75.2% (n = 79)	94.7% (n = 36)**
Attention Deficit Hyperactivity Disorder	37.1% (n = 39)	42.1% (n = 16)
Alcohol-related Disorders	37.1% (n = 39)	42.1% (n = 16)
Oppositional Defiant Disorder	21.9% (n = 23)	26.3% (n = 10)
Depressive Disorders	21.0% (n = 22)	21.1% (n = 8)
Conduct Disorder	17.1% (n = 18)	31.6% (n = 12)
Mood Disorder	11.4% (n = 12)	2.6% (n = 1)
Bipolar Disorder	10.5% (n = 11)	10.5% (n = 4)
Post-traumatic Stress Disorder	10.5% (n = 11)	2.6% (n = 1)

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

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. Just over 80% (80.9%, n = 55) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Just under 30% (29.4%, n = 15) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 66.1% (n = 41) of youth were currently attending school (this does not include youth on summer break). At termination, 76.5% (n = 39) 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 50 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 2.6% of youth were receiving mostly A's and B's. At termination, 25.7% of youth were receiving mostly A's and B's. At termination, 40.0% (n = 14) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 70.1% (n = 34) of youth were attending school more than before starting treatment and 25.0% (n = 12) were attending school ‘about the same’ amount compared to before starting treatment. Workers reported 4.2% (n = 2) 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	2.6% (n = 1)	25.7% (n = 9)
Mostly B’s and C’s	31.6% (n = 12)	28.6% (n = 10)
Mostly C’s and D’s	34.2% (n = 13)	37.1% (n = 13)
Mostly D’s and F’s	31.6% (n = 12)	8.6% (n = 3)

Vocational Data

At intake into BHJJ, workers reported that 1.4% (n = 1) of youth were employed and working part-time. At termination, 1.8% (n = 1) of the youth were employed and was working part-time. Over 13% of youth (13.2%, n = 9) received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and at intake, over 50% of youth (53.6%, n = 37) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 18.5% (n = 10) of youth received employment counseling or vocational training in the past 12 months and 42.3% (n = 22) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Cuyahoga County both at intake and at 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 51 shows 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 indicated as either underreporters or hyperresponders. At termination, no male youth was eligible based on these criteria. Mean scores for females were lower at termination for all six subscales at termination in comparison with their intake scores.

Paired samples t-tests were conducted on the six subscales for Cuyahoga County BHJJ youth (see Table 52). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 31 youth who had scores at both intervals. Statistically significant improvements were noted for the Anxiety ($t(30) = 3.86, p < .01$), Depression ($t(30) = 5.20, p < .01$), Anger ($t(30) = 5.72, p < .01$), posttraumatic stress ($t(30) = 4.57, p < .01$), and dissociation ($t(30) = 4.57, p < .01$) subscales. The data indicated large effect sizes for the depression, anger, posttraumatic stress, and dissociation subscales. A medium effect was found for the anxiety scale. Means reported in Table 52 are represented graphically in Figure 26.

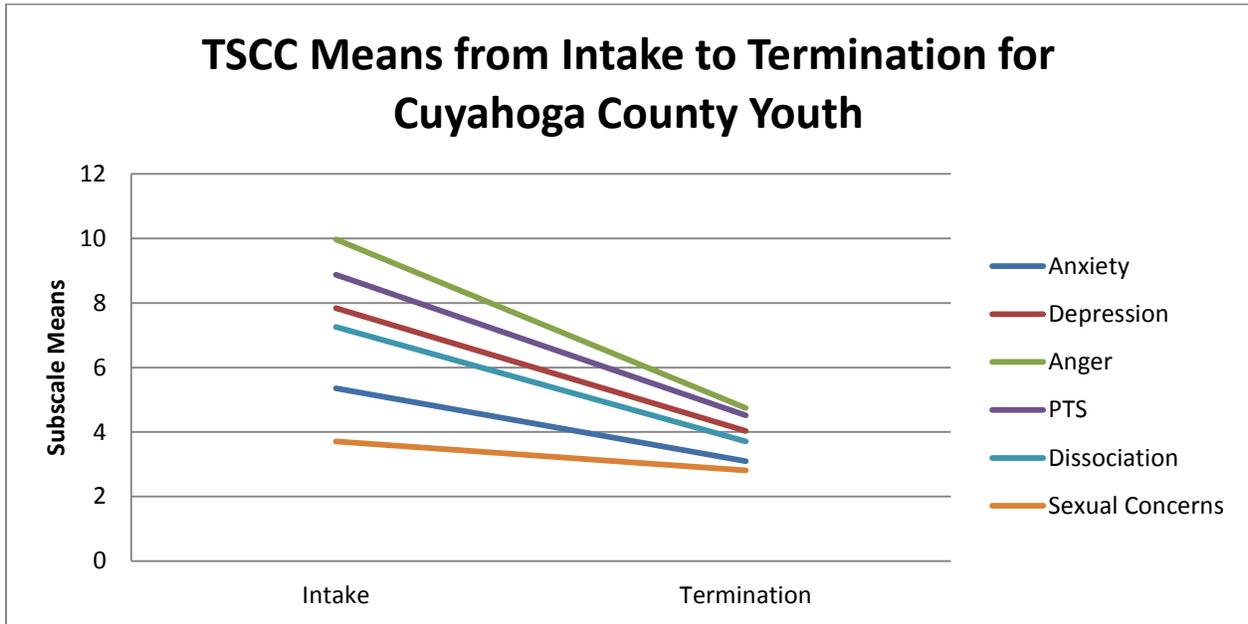
Table 51. Mean TSCC Subscale Scores from Intake to Termination for Cuyahoga County Youth

	Intake	Termination
Anxiety	5.22 (SD=4.09; n=108)	3.03 (SD=3.09; n=34)
Depression	7.54 (SD=5.06; n=107)	4.00 (SD=3.20; n=34)
Anger	9.06 (SD=5.94; n=108)	4.62 (SD=4.11; n=34)
PTS	8.23 (SD=5.76; n=107)	4.53 (SD=4.87; n=34)
Dissociation	7.06 (SD=5.21; n=106)	3.85 (SD=4.46; n=34)
Sexual Concerns	3.98 (SD=3.57; n=107)	2.59 (SD=3.28; n=34)

Table 52. Paired Samples T Tests for TSCC Subscales for Cuyahoga County Youth

	Intake	Termination	t	d
Anxiety	5.35 (SD=3.10; n=31)	3.10 (SD=3.18; n=31)	3.86**	.75
Depression	7.84 (SD=4.99; n=31)	4.03 (SD=3.31; n=31)	5.20**	.93
Anger	9.97 (SD=6.20; n=31)	4.74 (SD=4.15; n=31)	5.72**	1.03
PTS	8.87 (SD=4.85; n=31)	4.52 (SD=4.90; n=31)	4.57**	.82
Dissociation	7.26 (SD=5.55; n=31)	3.71 (SD=4.59; n=31)	4.72**	.84
Sexual Concerns	3.71 (SD=3.63; n=31)	2.81 (SD=3.36; n=31)	1.59	.28

Figure 26. TSCC Means from Intake to Termination for Cuyahoga County Youth



Ohio Scales

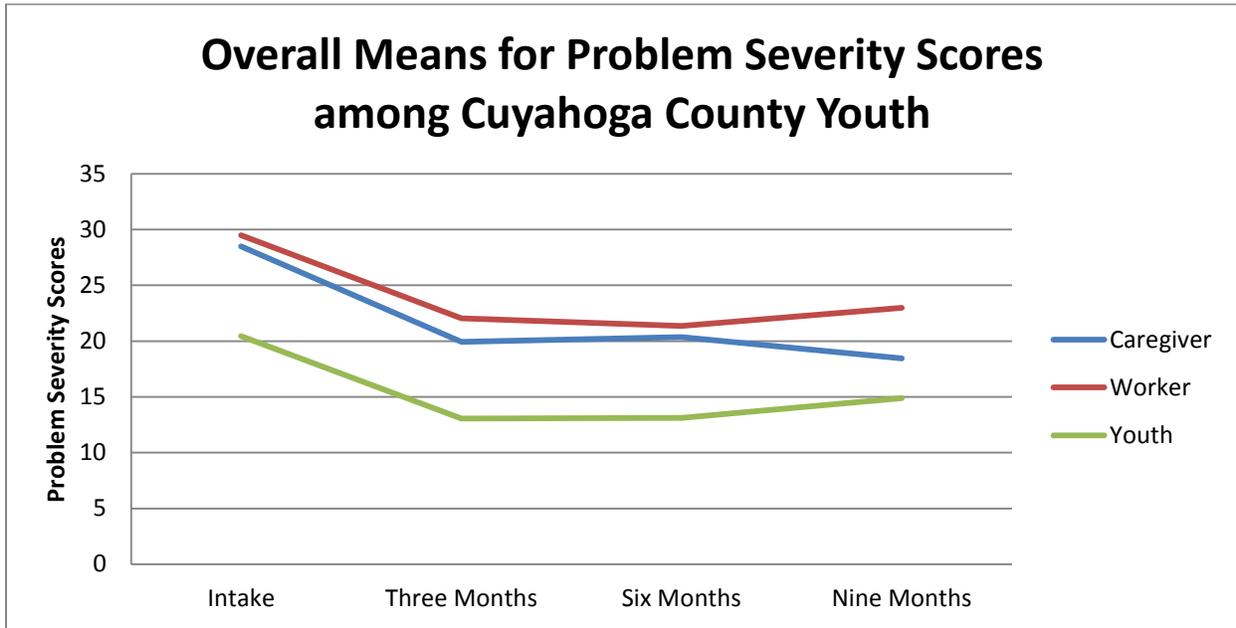
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Cuyahoga County youth can be found in Table 53 and graphically represented in Figure 27.

Table 53. Ohio Scales Problem Severity Scores for Youth in Cuyahoga County

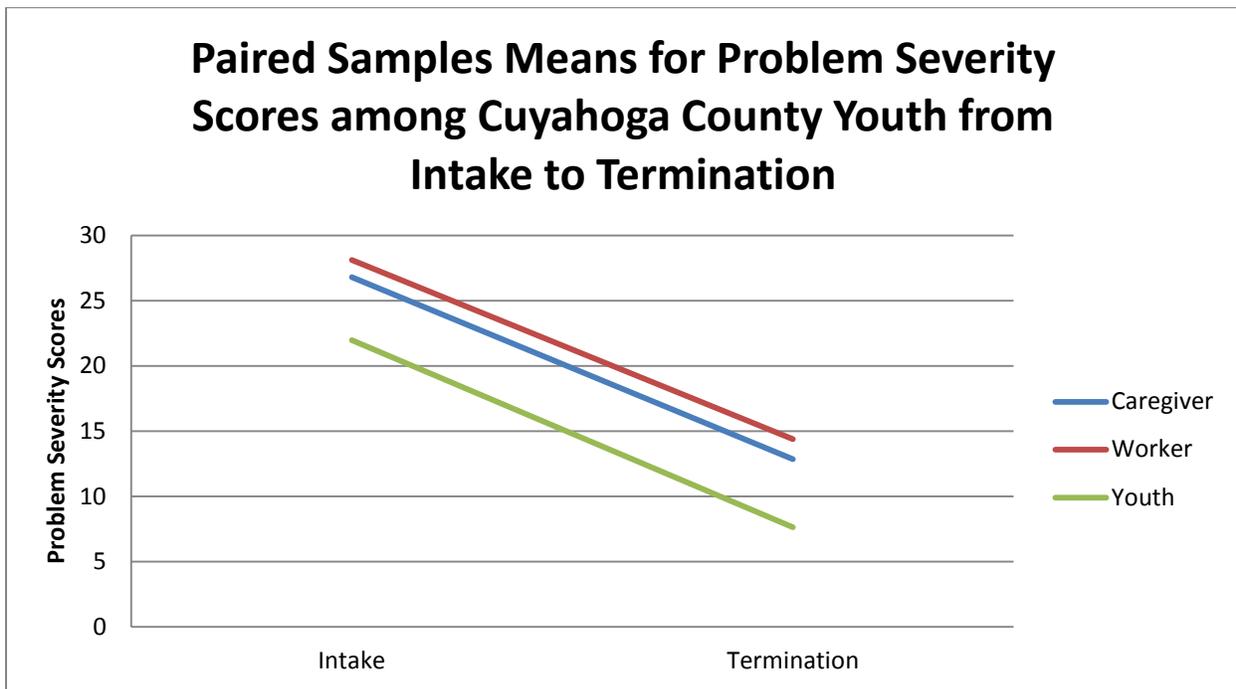
	Caregiver	Worker	Youth
Intake	28.48 (SD=18.24; n=142)	29.50 (SD=15.67; n=141)	20.44 (SD=16.13; n=140)
Three Months	19.94 (SD=16.22; n=89)	22.04 (SD=14.05; n=94)	13.05 (SD=11.98; n=90)
Six Months	20.35 (SD=15.42; n=65)	21.37 (SD=14.18; n=67)	13.12 (SD=11.78; n=67)
Nine Months	18.46 (SD=14.73; n=42)	22.99 (SD=16.22; n=40)	14.89 (SD=13.57; n=41)
Termination	12.74 (SD=12.19; n=60)	14.83 (SD=9.59; n=57)	7.65 (SD=7.79; n=60)

Figure 27. Overall Means for Problem Severity Scores among Cuyahoga County Youth



Paired samples means of problem severity scores from intake to termination for Cuyahoga County youth are presented in Figure 28.

Figure 28. Paired Samples Means for Problem Severity Scores among Cuyahoga County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 54) compared to intake. Significant improvements were noted at 3 months: $t(85) = 4.44, p < .01$; 6 months: $t(62) = 3.19, p < .01$; 9 months: $t(41) = 3.30, p < .01$; and at termination: $t(57) = 4.98, p < .01$. Medium effect sizes were noted for the time periods from intake to nine months and intake to termination, while a small effect size was noted for the periods from intake to three months and intake to six months.

Table 54. 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	28.93 (SD=19.38; n=86)	20.20 (SD=16.43; n=86)	4.44**	.48
Intake to Six Months	28.96 (SD=19.34; n=63)	20.29 (SD=15.61; n=63)	3.19**	.40
Intake to Nine Months	28.22 (SD=19.78; n=42)	18.46 (SD=14.73; n=42)	3.30**	.51
Intake to Termination	26.80 (SD=16.90; n=58)	12.85 (SD=12.37; n=58)	4.98**	.65

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 55). Improvements were noted at 3 months: $t(88) = 4.36, p < .01$; 6 months: $t(63) = 5.20, p < .01$; 9 months: $t(38) = 2.16, p < .05$; and termination: $t(51) = 5.29, p < .01$. The data revealed medium effect sizes for the time periods from intake to six months and intake to termination, while small effect sizes were found for the time periods from intake to three months, and intake to nine months.

Table 55. 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	30.06 (SD=16.61; n=89)	22.00 (SD=14.18; n=89)	4.36**	.46
Intake to Six Months	32.30 (SD=16.81; n=64)	20.65 (SD=13.70; n=64)	5.20**	.65
Intake to Nine Months	32.13 (SD=15.98; n=39)	23.24 (SD=16.35; n=39)	2.16*	.34
Intake to Termination	28.11 (SD=16.01; n=52)	14.39 (SD=9.37; n=52)	5.29**	.73

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 56). Significant improvements were observed at 3 months: $t(85) = 5.00, p < .01$; 6 months: $t(63) = 5.26, p < .01$; 9 months: $t(38) = 2.91, p < .01$; and termination: $t(53) = 5.41, p < .01$. Medium effect sizes were noted between intake and three months, intake and six months, and intake and termination, while a small effect size was found for between intake and nine months.

Table 56. Paired Samples T-Tests for Youth Report Problem Severity Scores for Cuyahoga County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	20.53 (SD=16.68; n=86)	13.14 (SD=12.23; n=86)	5.00**	.54
Intake to Six Months	22.80 (SD=16.60; n=64)	13.11 (SD=12.04; n=64)	5.26**	.66
Intake to Nine Months	22.78 (SD=14.10; n=39)	15.27 (SD=13.80; n=39)	2.91**	.47
Intake to Termination	21.97 (SD=17.65; n=54)	7.65 (SD=8.01; n=54)	5.41**	.73

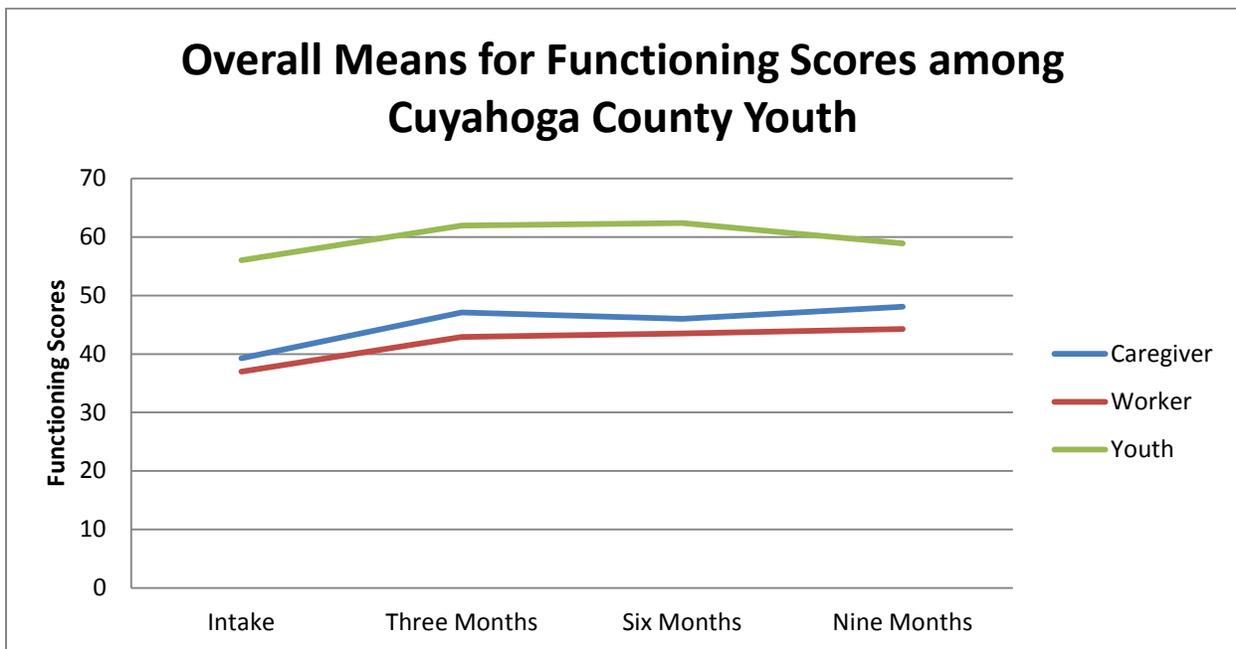
Functioning

Overall means for the Functioning scale by rater and assessment period for Cuyahoga County youth can be found in Table 57 and graphically represented in Figure 29.

Table 57. Ohio Scales Functioning Scores for Youth in Cuyahoga County

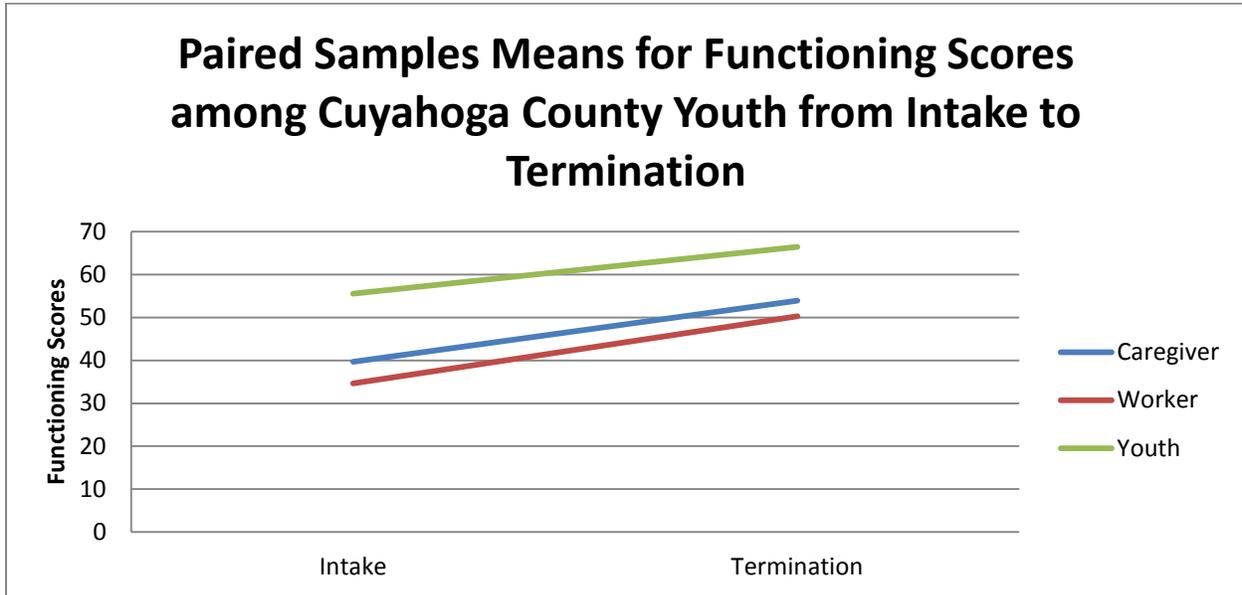
	Caregiver	Worker	Youth
Intake	39.29 (SD=16.96; n=141)	37.00 (SD=12.28; n=140)	56.00 (SD=13.03; n=138)
Three Months	47.09 (SD=15.82; n=88)	42.89 (SD=11.59; n=94)	61.94 (SD=13.66; n=91)
Six Months	46.03 (SD=16.76; n=66)	43.51 (SD=14.59; n=68)	62.38 (SD=11.61; n=66)
Nine Months	48.09 (SD=16.30; n=42)	44.26 (SD=16.24; n=39)	58.90 (SD=15.37; n=40)
Termination	53.78 (SD=15.63; n=60)	50.31 (SD=14.50; n=58)	66.68 (SD=10.57; n=60)

Figure 29. Overall Means for Functioning Scores among Cuyahoga County Youth



Paired samples means of functioning scores from intake to termination for Cuyahoga County youth are presented in Figure 30.

Figure 30. Paired Samples Means for Functioning Scores among Cuyahoga County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 58) compared to intake. Significant improvements were noted at 3 months: $t(84) = -5.17, p < .01$; 6 months: $t(63) = -3.76, p < .01$; 9 months: $t(41) = -2.68, p < .05$; and termination: $t(57) = -5.97, p < .01$. Medium effect sizes were found for two of the four time periods including intake to three months and intake to termination, while small effect sizes were found for the time periods from intake to six months and from intake to nine months.

Table 58. 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	37.80 (SD=17.67; n=85)	46.98 (SD=16.03; n=85)	-5.17**	.56
Intake to Six Months	36.41 (SD=17.41; n=64)	46.01 (SD=17.03; n=64)	-3.76**	.47
Intake to Nine Months	38.07 (SD=19.53; n=42)	48.09 (SD=16.30; n=42)	-2.68*	.41
Intake to Termination	39.71 (SD=16.09; n=58)	53.88 (SD=15.80; n=58)	-5.97**	.78

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in the Functioning scale at three of the four data collection points (see Table 59). Significant improvements were noted at 3 months: $t(88) = -4.17, p < .01$; 6 months: $t(65) = -4.00, p < .01$; and termination: $t(753) = -15.38, p < .01$. While small effect sizes were found for the time periods from intake to three months and intake to six months, a large effect was noted for the time period between intake and termination.

Table 59. 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	36.50 (SD=12.78; n=89)	42.98 (SD=11.84; n=89)	-4.17**	.44
Intake to Six Months	34.68 (SD=14.21; n=66)	43.73 (SD=14.74; n=66)	-4.00**	.49
Intake to Nine Months	35.87 (SD=15.00; n=38)	43.47 (SD=15.69; n=38)	-1.76	.28
Intake to Termination	34.63 (SD=13.94; n=54)	50.28 (SD=14.28; n=54)	-5.98**	.81

Youth Ratings

Paired samples t-tests conducted on the youth ratings indicated significant improvement at three of the four data collection points (see Table 60). Significant improvements were observed at 3 months: $t(84) = -2.98, p < .01$; 6 months: $t(60) = -4.34, p < .01$; and termination: $t(52) = -5.27, p < .01$. Medium effect sizes were found for the time periods from intake to six months and intake to termination, while a small effect was found for the time period between intake and three months.

Table 60. 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	56.43 (SD=12.27; n=85)	61.82 (SD=13.89; n=85)	-2.98**	.32
Intake to Six Months	55.06 (SD=11.49; n=61)	62.61 (SD=12.03; n=61)	-4.34**	.56
Intake to Nine Months	53.62 (SD=10.67; n=37)	57.84 (SD=15.45; n=37)	-1.48	.24
Intake to Termination	55.56 (SD=11.93; n=52)	66.40 (SD=10.97; n=52)	-5.27**	.73

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 more current use patterns. Table 61 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. Youth were also asked whether they had used each substance in the past six months. Figure 31 presents past six month use for the four most common substances among those who reported lifetime use. The data showed a decrease in substance use for the four most common substances from intake to termination.

Overall, substance use decreased for BHJJ youth in Cuyahoga County from intake to termination, as measured by the number of days used in the previous 30 days (see Figure 32). The total amount of days using cigarettes increased, however, the mean number of days using alcohol and marijuana decreased from intake to termination.

Table 61. Self-Reported Substance Use at Intake for Cuyahoga County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	83.5% (n=111)	13.04 (SD=2.25)
Cigarettes	74.8% (n=104)	12.60 (SD=2.13)
Marijuana	92.6% (n=126)	13.01 (SD=1.92)
Chewing Tobacco	6.5% (n=9)	13.25 (SD=3.06)
Pain Killers	29.4% (n=40)	14.08 (SD=1.87)
Cocaine	22.8% (n=31)	14.77 (SD=1.31)
Tranquilizers	19.1% (n=26)	14.44 (SD=1.16)
Ecstasy	29.5% (n=39)	14.44 (SD=1.44)
Ritalin	22.1% (n=30)	14.30 (SD=1.51)
Hallucinogens	16.4% (n=22)	14.45 (SD=1.53)
Non-Prescription Drugs	15.7% (n=20)	14.33 (SD=1.28)

Figure 31. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Cuyahoga County BHJJ Youth

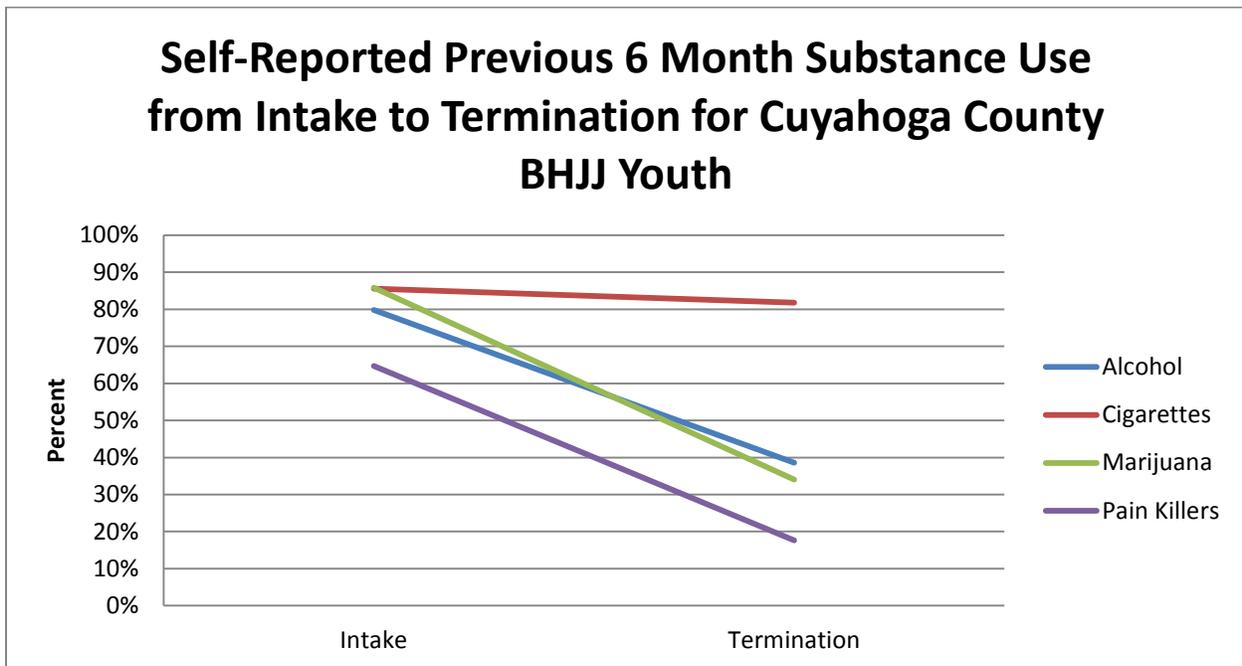
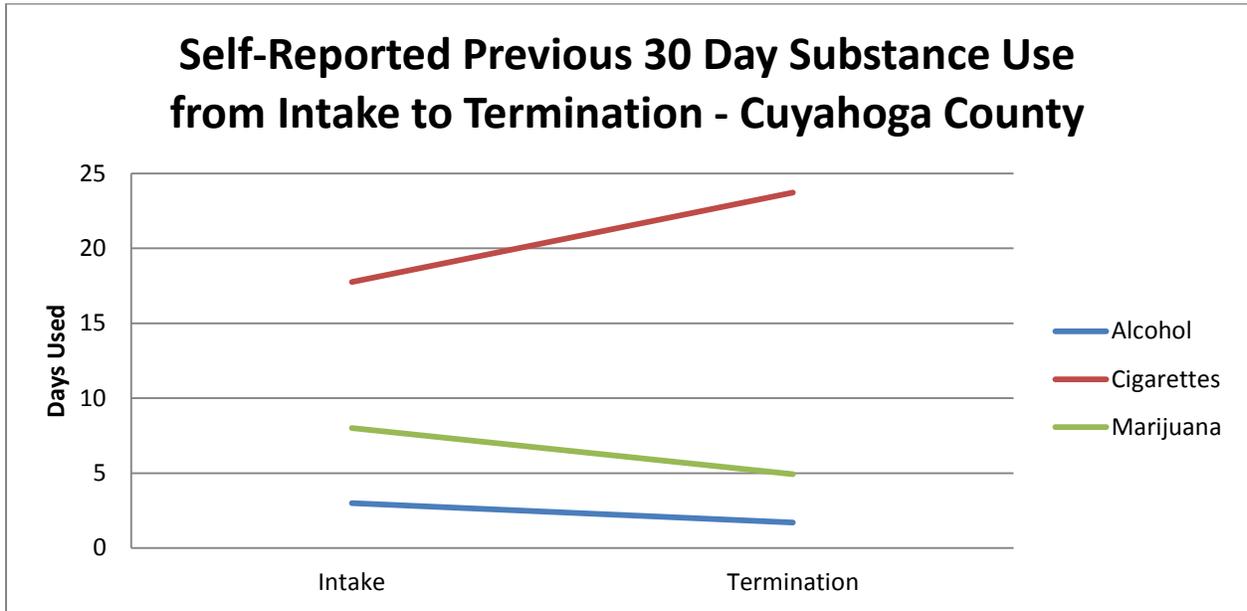


Figure 32. Self-Reported Previous 30 Day Substance Use from Intake to Termination - Cuyahoga County



Ohio Scales and Substance Use

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the 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 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 33, Figure 34, Figure 35). For example, 37% of caregivers reported the youth had no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 78.9% of caregivers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 33. Problems with Drugs or Alcohol in the Past 30 Days Cuyahoga County – Caregiver

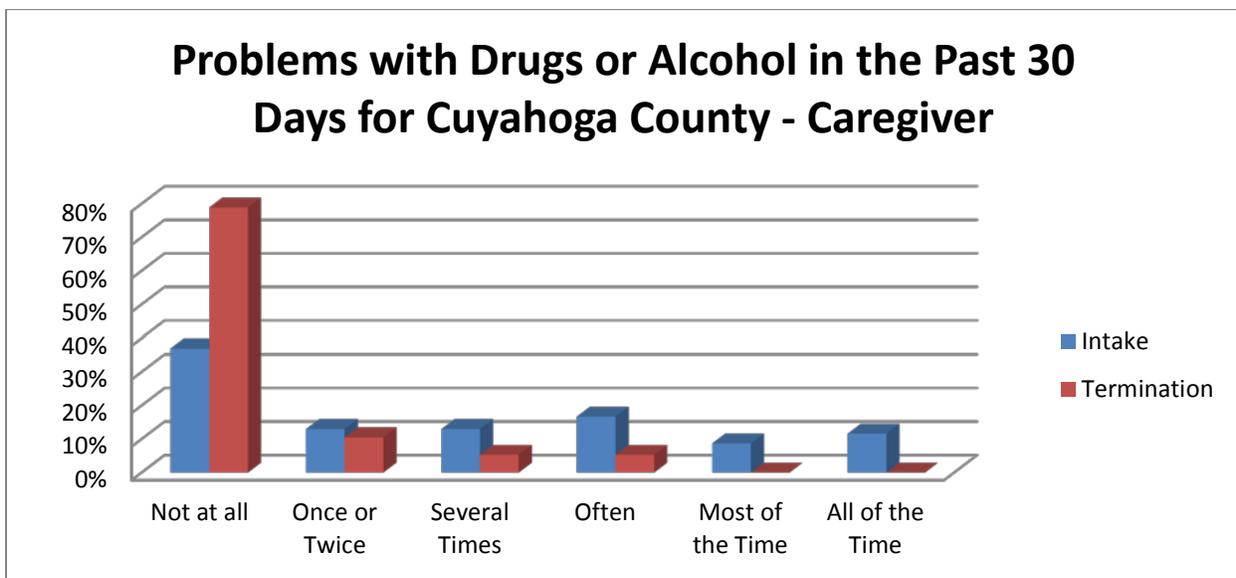


Figure 34. Problems with Drugs or Alcohol in the Past 30 Days Cuyahoga County - Worker

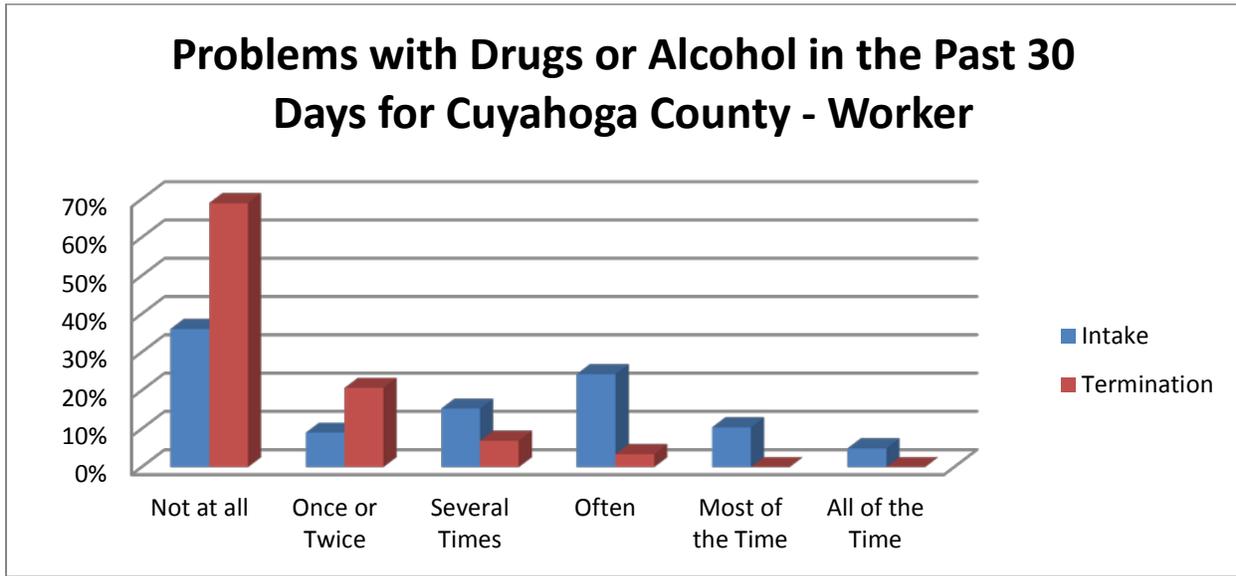
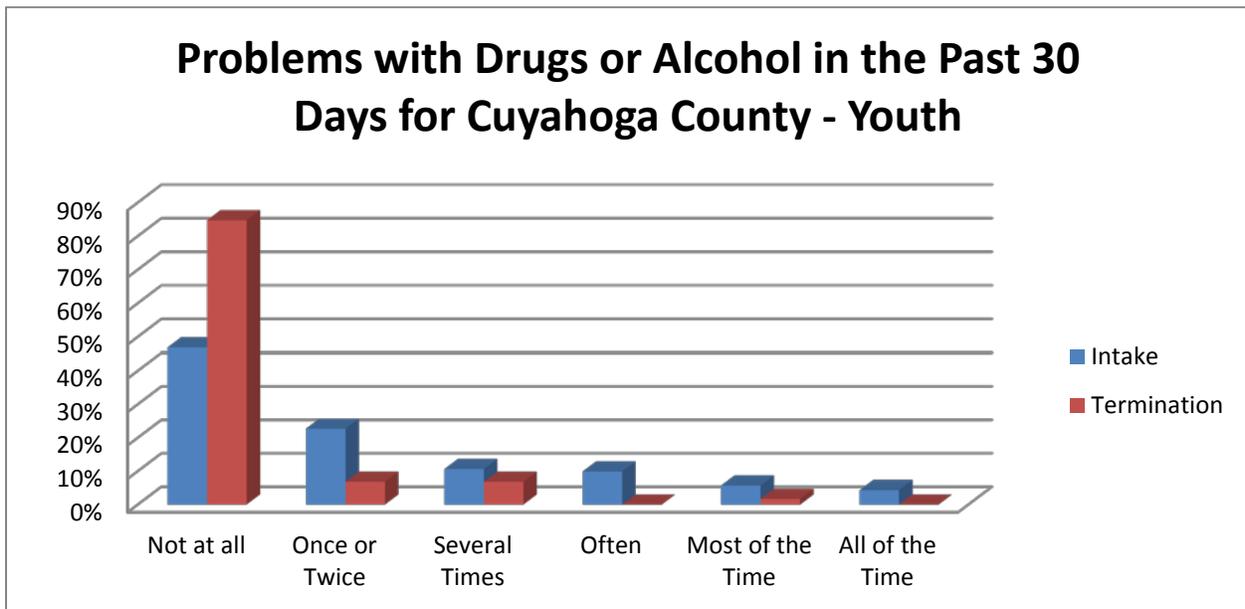


Figure 35. Problems with Drugs or Alcohol in the Past 30 Days Cuyahoga County - Youth



Termination Information

Reasons for Termination

Upon termination of treatment from BHJJ, the case worker was 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 can 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.

To date, there have been 114 youth terminated from the BHJJ program from Cuyahoga County. Nearly 58% (n = 66) of the youth terminated from the BHJJ program were identified as successful completers. Nearly 4% (n = 4) of the sample was terminated because the youth or family moved out of the county. Therefore, over 60% of youth enrolled in BHJJ were terminated successfully or were terminated because the youth or family moved out of the county. Complete reasons for termination can be found in Table 62.

Table 62. Reasons for Termination in Cuyahoga County

Termination Reason	Frequency
Successfully Completed Services	57.9% (n = 66)
Client Did Not Return/Rejected Services	8.8% (n = 10)
Out of Home Placement	8.8% (n = 10)
Client/Family Moved	3.5% (n = 4)
Client Withdrawn	1.8% (n = 2)
Client AWOL	5.3% (n = 6)
Client Incarcerated	7.9% (n = 9)
Other	6.1% (n = 7)

Average Length of Stay

The average length of stay in the BHJJ program for Cuyahoga County was 320 days, or approximately 10.5 months. For youth who were identified as completing treatment successfully, the average length of stay was 300 days and for youth identified as unsuccessful treatment completers, the average length of stay was 358 days. For youth enrolled since July 1, 2009, the average length of stay in BHJJ was 250 days, with successful treatment completers averaging 252 days and unsuccessful treatment completers averaging 240 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 48% of the youth (n = 47) were at risk for out of home placement. At termination, 22.6% (n = 24) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 1.6% were at risk for out of home placement at termination while 56.1% of youth who unsuccessfully completed BHJJ treatment 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 70.9% (n = 39) of the youth and had stayed the same for 7.3% (n = 4) of the youth. Police contacts increased for 7.3% (n = 4) of the youth and the worker was unable to estimate for 14.5% (n = 8).

Satisfaction with Services

Upon completion of the BHJJ program, the caregiver was asked about their overall satisfaction with the BHJJ program (see Figure 36). At termination from the BHJJ program, 87.1% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 80.6% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 37). A strong majority (77.4%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 38) and 83.9% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 39).

Figure 36. Caregiver Satisfaction with the BHJJ Program

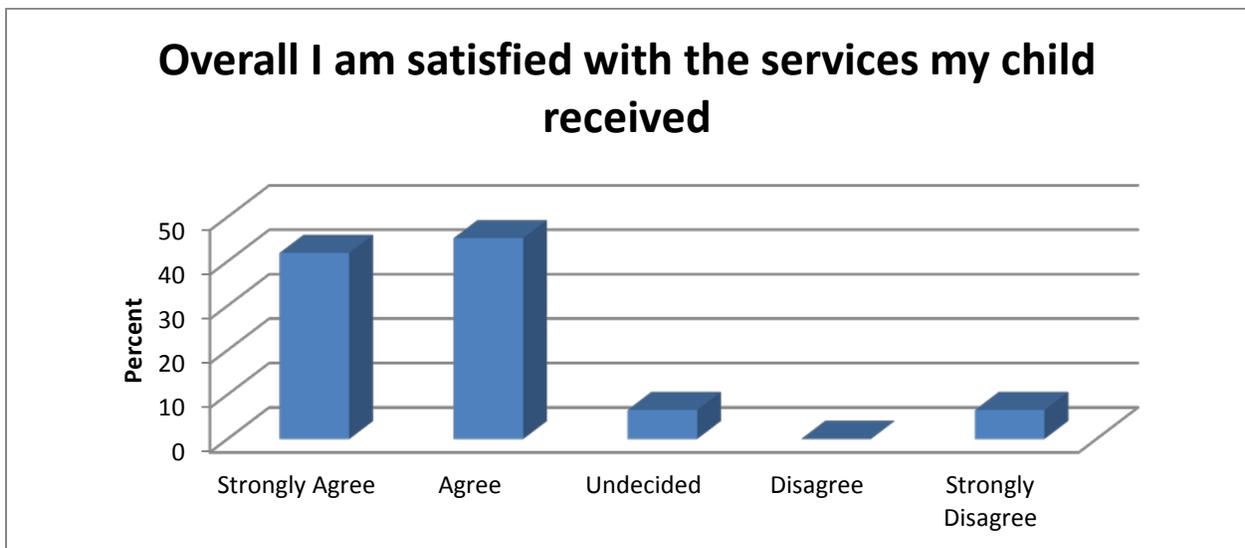


Figure 37. Services Received were Right for Us

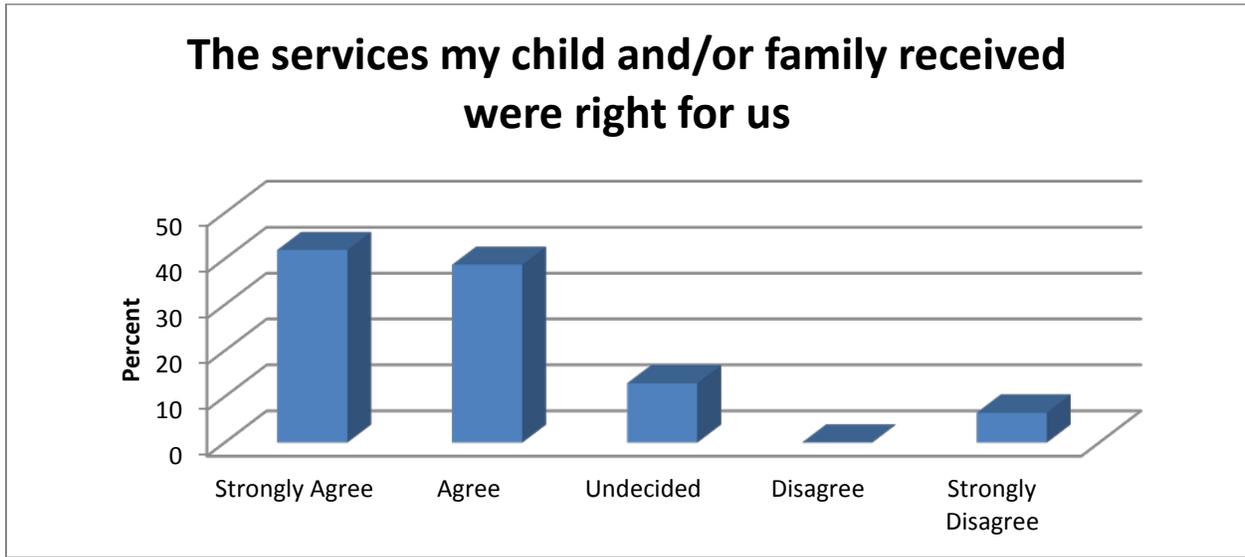


Figure 38. We Received the Help we Wanted

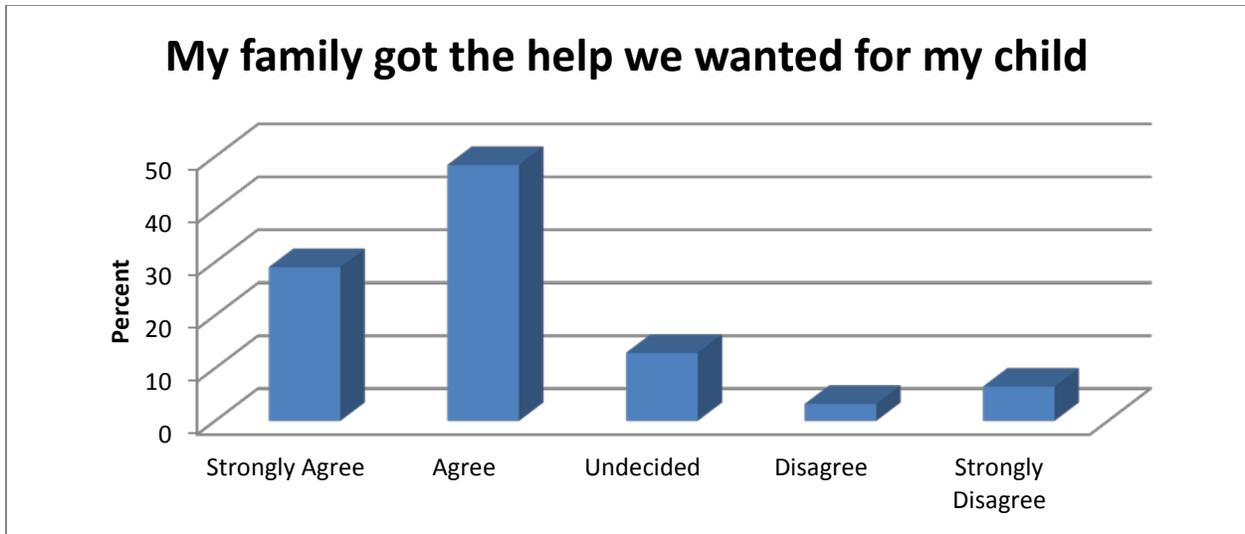
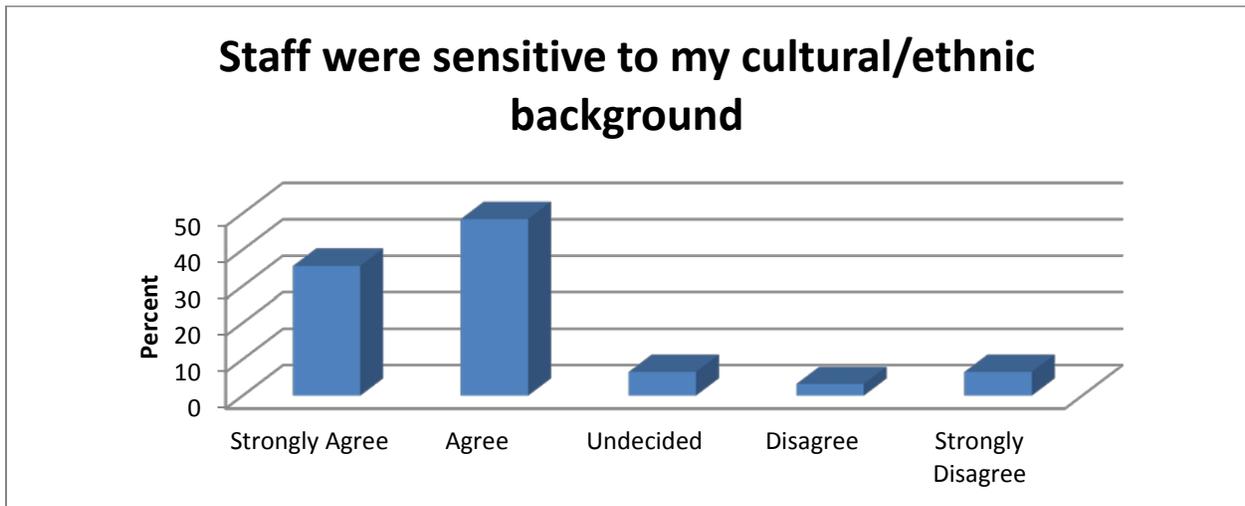


Figure 39. Satisfaction with cultural sensitivity of staff



Recidivism Information

Methodology

Court data were provided by the Cuyahoga County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. Dismissed charges are included in the charge totals but not in the adjudication totals. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 12 months prior to their BHJJ enrollment, 61.5% of the youth in Cuyahoga County were charged with at least one misdemeanor, 22% of the youth had at least one felony charge, and 73.7% of the youth had at least one known delinquent adjudication. Of the youth who completed successfully, 27.3% were charged with a new misdemeanor, 9.1% were charged with a new felony, and 36.4% had a new delinquent adjudication in the 12 months after their termination from BHJJ. Of the youth who completed unsuccessfully, 27.8% were charged with a new misdemeanor, 11.1% were charged with a new felony, and 22.2% had a new delinquent adjudication. **Six out of the 156 youth (3.8%) in Cuyahoga County for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.** Additional data related to juvenile court history and recidivism can be found in Table 63 through Table 71.

Table 63. Charges Prior to Enrollment for BHJJ Youth in Cuyahoga County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=156)	28.2% (n=44)	68	21.8% (n=34)	52	6.4% (n=10)	11	24.3% (n=38)
6 months (n=156)	57.7% (n=90)	150	44.9% (n=70)	108	12.2% (n=19)	25	51.9% (n=81)
12 months (n=156)	81.4% (n=127)	224	61.5% (n=96)	151	22.4% (n=35)	47	73.7% (n=115)
18 months (n=156)	89.1% (n=139)	252	67.3% (n=105)	172	25.0% (n=39)	52	80.1% (n=125)

Table 64. Charges Prior to Enrollment for BHJJ Youth in Cuyahoga County who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=66)	28.8% (n=19)	23	21.2% (n=14)	17	4.5% (n=3)	3	24.2% (n=16)
6 months (n=66)	60.6% (n=40)	58	48.5% (n=32)	41	6.1% (n=4)	7	53.0% (n=35)
12 months (n=66)	84.8% (n=56)	91	65.1% (n=43)	61	16.7% (n=11)	17	74.2% (n=49)
18 months (n=66)	90.9% (n=60)	105	71.2% (n=47)	73	19.7% (n=13)	19	80.3% (n=53)

Table 65. Charges Prior to Enrollment for BHJJ Youth in Cuyahoga County who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=49)	26.5% (n=13)	31	26.5% (n=13)	27	4.1% (n=2)	3	22.4% (n=11)
6 months (n=49)	53.1% (n=26)	63	44.9% (n=22)	48	14.3% (n=7)	9	46.9% (n=23)
12 months (n=49)	79.6% (n=39)	81	61.2% (n=30)	58	22.4% (n=11)	14	71.4% (n=35)
18 months (n=49)	87.7% (n=43)	87	63.3% (n=31)	61	24.5% (n=12)	15	75.5% (n=37)

Table 66. Recidivism after Enrollment for BHJJ Youth in Cuyahoga County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=148)	20.9% (n=31)	56	15.5% (n=23)	34	8.1% (n=12)	19	16.9% (n=25)
6 months (n=126)	27.8% (n=35)	59	20.6% (n=26)	38	10.3% (n=13)	19	22.2% (n=28)
12 months (n=89)	46.1% (n=41)	73	35.9% (n=32)	51	13.5% (n=12)	20	38.2% (n=34)
18 months (n=51)	47.0% (n=24)	42	37.2% (n=19)	30	15.7% (n=8)	11	39.2% (n=20)

Table 67. Recidivism after Enrollment for BHJJ Youth in Cuyahoga County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=63)	22.2% (n=14)	28	15.9% (n=10)	15	7.9% (n=5)	11	17.5% (n=11)
6 months (n=42)	23.8% (n=10)	20	14.3% (n=6)	9	9.5% (n=4)	9	16.7% (n=7)
12 months (n=38)	28.9% (n=11)	27	21.0% (n=8)	13	10.5% (n=4)	12	21.0% (n=8)
18 months (n=18)	27.8% (n=5)	13	22.2% (n=4)	7	16.7% (n=3)	6	22.2% (n=4)

Table 68. Recidivism after Enrollment for BHJJ Youth in Cuyahoga County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=47)	17.0% (n=8)	9	10.6% (n=5)	5	8.5% (n=4)	4	10.6% (n=5)
6 months (n=43)	30.2% (n=13)	16	20.9% (n=9)	11	11.6% (n=5)	5	20.9% (n=9)
12 months (n=35)	60.0% (n=21)	26	45.7% (n=16)	20	17.1% (n=6)	5	48.6% (n=17)
18 months (n=27)	63.0% (n=17)	29	48.1% (n=13)	23	18.5% (n=5)	5	51.8% (n=14)

Table 69. Recidivism after Termination for BHJJ Youth in Cuyahoga County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=69)	11.6% (n=8)	13	8.7% (n=6)	10	4.3% (n=3)	3	7.2% (n=5)
6 months (n=56)	14.3% (n=8)	12	10.7% (n=6)	10	3.6% (n=2)	2	8.9% (n=5)
12 months (n=30)	40.0% (n=12)	16	30.0% (n=9)	10	10.0% (n=3)	4	26.7% (n=8)
18 months (n=23)	39.1% (n=9)	13	34.8% (n=8)	9	4.3% (n=1)	2	26.1% (n=6)

Table 70. Recidivism after Termination for BHJJ Youth in Cuyahoga County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=31)	3.2% (n=1)	2	3.2% (n=1)	1	3.2% (n=1)	1	3.2% (n=1)
6 months (n=21)	28.6% (n=6)	8	23.8% (n=5)	5	9.5% (n=2)	3	28.6% (n=6)
12 months (n=11)	36.4% (n=4)	4	27.3% (n=3)	3	9.1% (n=1)	1	36.4% (n=4)
18 months (n=8)	37.5% (n=3)	3	37.5% (n=3)	3	0.0% (n=0)	0	37.5% (n=3)

Table 71. Recidivism after Termination for BHJJ Youth in Cuyahoga County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=34)	17.6% (n=6)	9	11.8% (n=4)	7	5.9% (n=2)	2	11.8% (n=4)
6 months (n=31)	16.1% (n=5)	8	9.7% (n=3)	6	6.4% (n=2)	2	9.7% (n=3)
12 months (n=18)	38.9% (n=7)	10	27.8% (n=5)	6	11.1% (n=2)	3	22.2% (n=4)
18 months (n=14)	42.8% (n=6)	8	35.7% (n=5)	5	7.1% (n=1)	2	28.6% (n=4)

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 scores based on gender and race can be found in Table 72.

Table 72. OYAS scores for BHJJ Youth in Cuyahoga County

Cuyahoga County OYAS	Low	Moderate	High
Female	24.1% (n = 7)	48.3% (n = 14)	27.6% (n = 8)
Male	24.4% (n = 11)	46.7% (n = 21)	28.9% (n = 13)
White	31.3% (n = 5)	43.8% (n = 7)	25.0% (n = 4)
Non-White	25.5% (n = 13)	43.1% (n = 22)	31.4% (n = 16)

Franklin County

Demographics

Franklin County has enrolled 314 youth in the BHJJ program since they began the program in 2006. Of the 314 youth enrolled since 2006, 21.2% (n = 65) were female and 78.8% (n = 242) were male (data were missing for seven youth). Since July 2009, 84.1% (n = 58) of new enrollees have been male (see Table 73).

The majority of the overall sample of youth were either African American (58.2%, n = 177) or Caucasian (27.0%, n = 82). A similar pattern was found for youth enrolled since July 2009, although a higher proportion of African Americans (63.8%, n = 44) and lower proportion of Caucasians (18.8%, n = 13) was observed. The average age of the youth at intake into BHJJ was 15.7 years old (SD = 1.51) with a range between 10.8 and 19.3 years.

Table 73. Demographic Information for BHJJ Youth in Franklin County

	All Youth Enrolled (2006 – 2011)	Youth Enrolled between July 2009 – June 2011
Gender	Female = 21.2% (n = 65) Male = 78.8% (n = 242)	Female = 15.9% (n = 11) Male = 84.1% (n = 58)
Race	African American = 58.2% (n = 177) Caucasian = 27.0% (n = 82) Other = 14.8% (n = 45)	African American = 63.8% (n = 44) Caucasian = 18.8% (n = 13) Other = 17.4% (n = 12)
Age at Intake	15.7 years (SD = 1.51)	15.7 years (SD = 1.60)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (63.4%, n = 185) (see Table 74). At time of enrollment, 86.0% (n = 251) of the BHJJ youth lived with at least one biological parent.

Over 75% of the BHJJ caregivers (76.1%, n = 216) had at least a high school diploma or GED, and 6.7% (n = 19) had a bachelor's degree or higher (see Table 75). Nearly one in four caregivers (23.9%) 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 - \$19,000 (see Table 76). Eighty percent (80.0%) of caregivers reported annual household incomes below \$35,000 and 54.5% reported annual household income of less than \$20,000. One-third of BHJJ families (33.2%) 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	14.0% (n=41)
Biological Mother Only	63.4% (n=185)
Biological Father Only	8.6% (n = 25)
Adoptive Parent(s)	3.1% (n=9)
Aunt/ Uncle	3.1% (n=9)
Grandparents	4.5% (n=13)
Sibling	1.0% (n = 3)
Ward of the State	1.0% (n=3)
Other	1.4% (n=4)

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

Number of School Years Completed	Number of Caregivers
Less than High School	23.9% (n= 68)
High School Graduate or G.E.D.	40.1% (n=114)
Some College or Associate Degree	29.2% (n=83)
Bachelor’s Degree	3.5% (n=10)
More than a Bachelor’s Degree	3.2% (n=9)

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

Annual Household Income	BHJJ Families
Less than \$5,000	22.4% (n = 64)
\$5,000 - \$9,999	10.8% (n = 31)
\$10,000 - \$14,999	10.8% (n = 31)
\$15,000 - \$19,999	10.5% (n = 30)
\$20,000 - \$24,999	15.0% (n = 43)
\$25,000 - \$34,999	10.5% (n = 30)
\$35,000 - \$49,999	11.9% (n = 34)
\$50,000 - \$74,999	4.5% (n = 13)
\$75,000 - \$99,999	2.1% (n = 6)
\$100,000 and over	1.4% (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 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, exposure to domestic violence, and family histories of depression, mental illness, and criminal activity.

Caregivers reported that 19.4% of females and 12.6% of males had a history of physical abuse and 22.6% of females and 3.1% of males had a history of sexual abuse. Caregivers of 43.5% of BHJJ females reported having heard the child talk about suicide and over 20% of caregivers of BHJJ females reported the youth attempted suicide at least once. Over 60% of females (60.7%) and nearly half of BHJJ males (46.7%) had family members who were diagnosed with or showed signs of depression. Over 16% of females (16.4%) and 14.8% of males were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 77. Youth and Family History in Franklin County

Question	Females	Males
Has the child ever been physically abused?	19.4% (n=12)	12.6% (n=29)
Has the child ever been sexually abused?	22.6% (n = 14)***	3.1% (n = 7)
Has the child ever run away?	50.0% (n = 31)*	34.7% (n = 77)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	41.9% (n = 26)	48.7% (n = 111)
Has the child ever talked about committing suicide?	43.5% (n=27)**	25.7% (n = 58)
Has the child ever attempted suicide?	21.0% (n = 13)***	5.4% (n = 12)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	55.7% (n = 34)**	36.1% (n = 84)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	60.7% (n = 37)*	46.7% (n = 106)
Has anyone in the child's biological family had a mental illness, other than depression?	46.7% (n = 28)*	29.6% (n = 66)
Has the child ever lived in a household in which someone was convicted of a crime?	54.2% (n = 32)*	38.6% (n = 88)
Has anyone in the child's biological family had a drinking or drug problem?	68.3% (n = 41)	54.8% (n = 121)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	16.4% (n = 10)	14.8% (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 9.1% (n = 2) of females had been pregnant and none were currently expecting a child. Caregivers reported that 8.6% (n = 9) of males had impregnated a female and 3.3% (n = 3) were currently expecting a child. Over 7% of females (7.7%, n = 1) and 3.8% (n = 3) of males currently had children. Of those who had children, 100% of females (n = 1) but none of the males (n = 3) currently lived with the child.

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 (33.9%) and for males, was Conduct Disorder (46.4%) (see Table 78).

A total of 646 Axis I diagnoses were identified for 295 youth with diagnostic information (2.19 diagnoses per youth). Females reported 124 Axis I diagnoses (2.00 diagnoses per female) and males reported 522 Axis I diagnoses (2.24 diagnoses per male). Chi-square analysis indicated males were significantly more likely to be diagnosed with Cannabis-related Disorders, Conduct Disorder, and Attention Deficit Hyperactivity Disorder (ADHD) than females. Females were significantly more likely to be diagnosed with Oppositional Defiant Disorder (ODD) and Post-traumatic Stress Disorder (PTSD). Nearly 20% of females (19.4%) and 42.5% of males had a co-occurring substance use and mental health diagnosis.

Table 78. Most Common DSM-IV Axis I Diagnoses in Franklin County

DSM-IV Axis I Diagnosis	Females	Males
Oppositional Defiant Disorder	33.9% (n = 21)**	17.6% (n = 41)
Depressive Disorders	24.2% (n = 15)	25.8% (n = 60)
Conduct Disorder	24.2% (n = 15)	46.4% (n = 108)**
Disruptive Behavior Disorder	16.1% (n = 10)	13.7% (n = 32)
Attention Deficit Hyperactivity Disorder	14.5% (n = 9)	28.8% (n = 67)*
Cannabis-related Disorders	12.9% (n = 8)	42.5% (n = 99)***
Post-traumatic Stress Disorder	12.9% (n = 8)***	1.3% (n = 3)
Dysthymic Disorder	8.1% (n = 5)	5.6% (n = 13)
Alcohol-related Disorders	4.8% (n = 3)	8.2% (n = 19)
Mood Disorder	4.8% (n = 3)	6.9% (n = 16)
Bipolar Disorder	4.8% (n = 3)	3.0% (n = 7)

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

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 80% (82.1%, n = 64) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Under 25% (23.3%, n = 7) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 90.5% (n = 67) of youth were currently attending school (this does not include youth on summer break). At termination, 89.3% (n = 25) 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 79 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 7.7% of the youth typically received mostly A's and B's. At termination, 36.4% of the youth were typically receiving mostly A's and B's. At termination, 21.7% (n = 5) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 53.8% of youth were attending school more than they were before starting treatment and 42.3% (n = 11) were attending school 'about the same' amount compared to before starting treatment. Workers reported 3.8% (n = 1) of youth were attending school less often than before treatment in BHJJ.

Table 79. Academic Performance in Franklin County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	7.7% (n = 5)	36.4% (n = 8)
Mostly B's and C's	18.5% (n = 12)	36.4% (n = 8)
Mostly C's and D's	23.1% (n = 15)	18.2% (n = 4)
Mostly D's and F's	50.8% (n = 33)	9.1% (n = 2)

Vocational Data

At intake into BHJJ, workers reported that 6.3% (n = 5) of youth were employed, and that 100% of them were working part-time. At termination, 20.0% (n = 6) of the youth were employed and was 100% were working part-time. Over 6% of youth (6.3%, n = 5) received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and at intake, over 7% of youth (7.5%, n = 6) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 3.3% (n = 1) of youth received employment counseling or vocational training in the past 12 months and 23.3% (n = 7) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Franklin County both at intake and at 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 80 shows 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 indicated as either underreporters or hyperresponders. Means for both males and females in the Franklin County BHJJ program were lower at termination in comparison with mean TSCC scores at intake.

Paired samples t-tests were conducted on the six subscales for Franklin County BHJJ youth (see Table 81). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 61 youth who had scores at both intervals. Statistically significant improvements were noted for the depression ($t(60) = 2.36, p < .05$) and anger ($t(60) = 3.97, p < .01$) subscales. A medium effect size was found for anger, while a small effect was noted for depression. Means reported in Table 81 are represented graphically in Figure 40.

Table 80. TSCC Means from Intake to Termination for Franklin County Youth

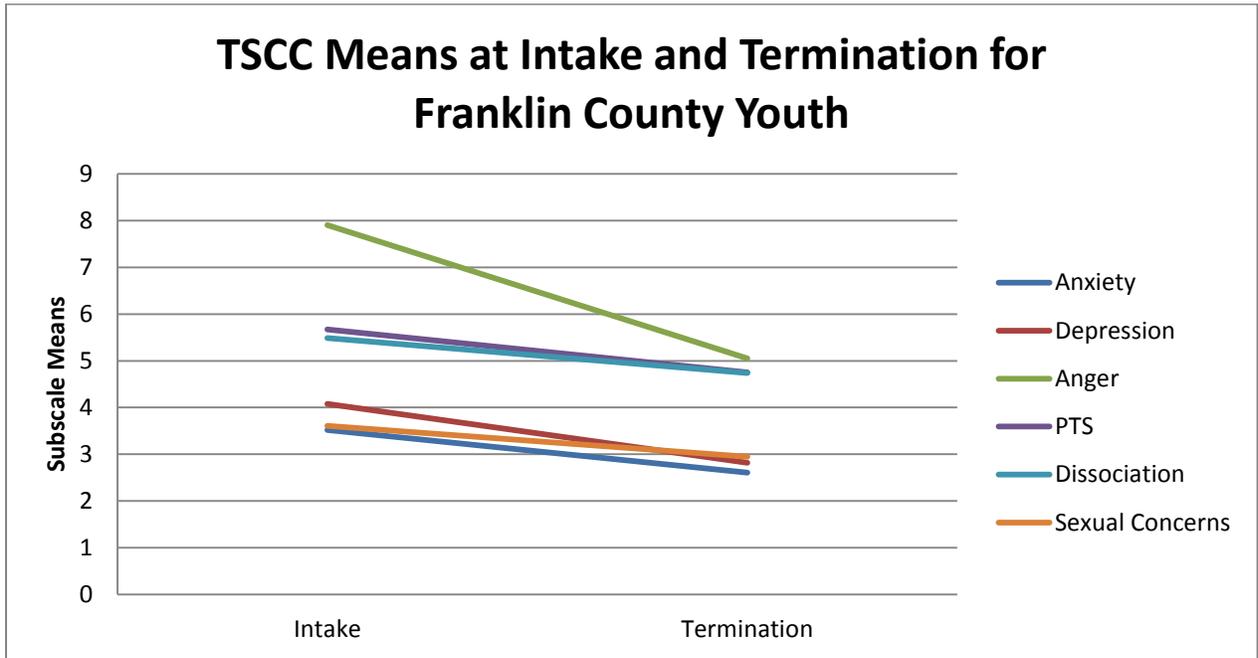
	Intake	Termination
Anxiety	3.79 (SD=3.30; n=232)	2.66 (SD=3.33; n=64)
Depression	4.84 (SD=3.81; n=232)	2.83 (SD=3.52; n=64)
Anger	8.91 (SD=5.47; n=231)	5.34 (SD=5.14; n=64)
PTS	6.27 (SD=4.98; n=231)	4.95 (SD=5.03; n=64)
Dissociation	5.68 (SD=4.18; n=230)	4.78 (SD=4.81; n=64)
Sexual Concerns	3.74 (SD=3.49; n=232)	3.00 (SD=3.90; n=64)

Table 81. Paired Samples T-Tests for TSCC Subscales for Franklin County Youth

	Intake	Termination	t	d
Anxiety	3.52 (SD=2.91; n=61)	2.61 (SD=3.38; n=61)	1.90	.24
Depression	4.08 (SD=3.36; n=61)	2.82 (SD=3.59; n=61)	2.36*	.30
Anger	7.90 (SD=4.69; n=61)	5.05 (SD=4.74; n=61)	3.97**	.51
PTS	5.67 (SD=4.68; n=61)	4.75 (SD=4.70; n=61)	1.36	.17
Dissociation	5.49 (SD=3.95; n=61)	4.74 (SD=4.78; n=61)	1.19	.15
Sexual Concerns	3.61 (SD=3.20; n=61)	2.95 (SD=3.98; n=61)	1.28	.16

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

Figure 40. TSCC Means at Intake and Termination for Franklin County Youth



Ohio Scales

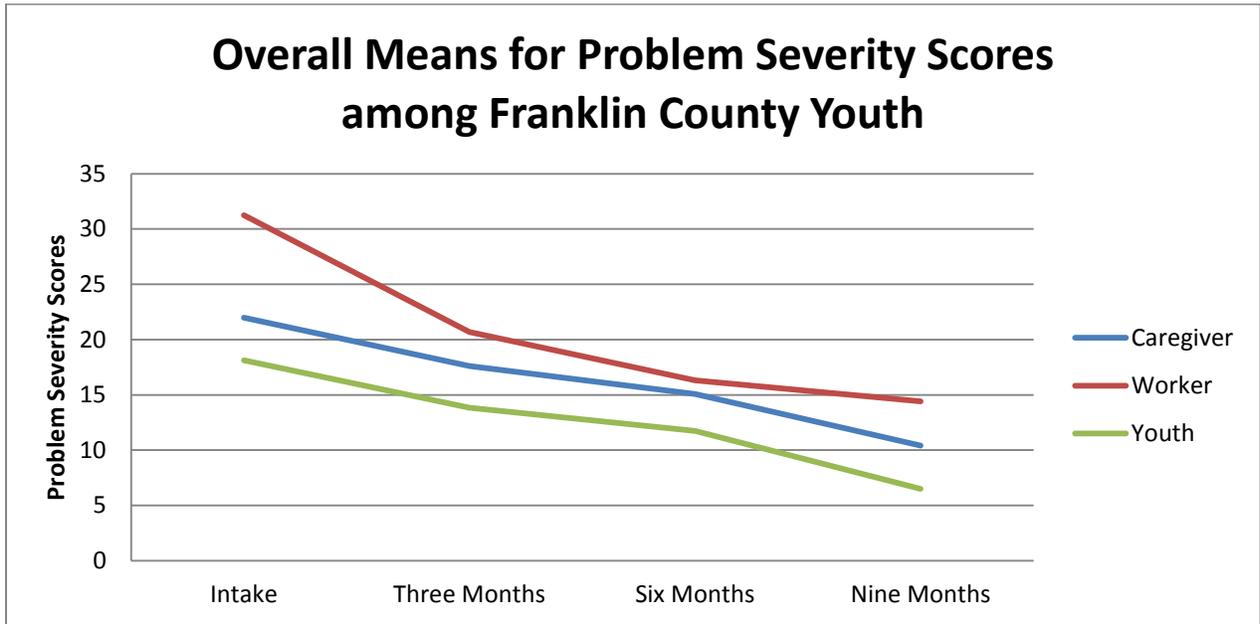
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Franklin County youth can be found in Table 82 and graphically represented in Figure 41.

Table 82. Ohio Scales Problem Severity Scores for Youth in Franklin County

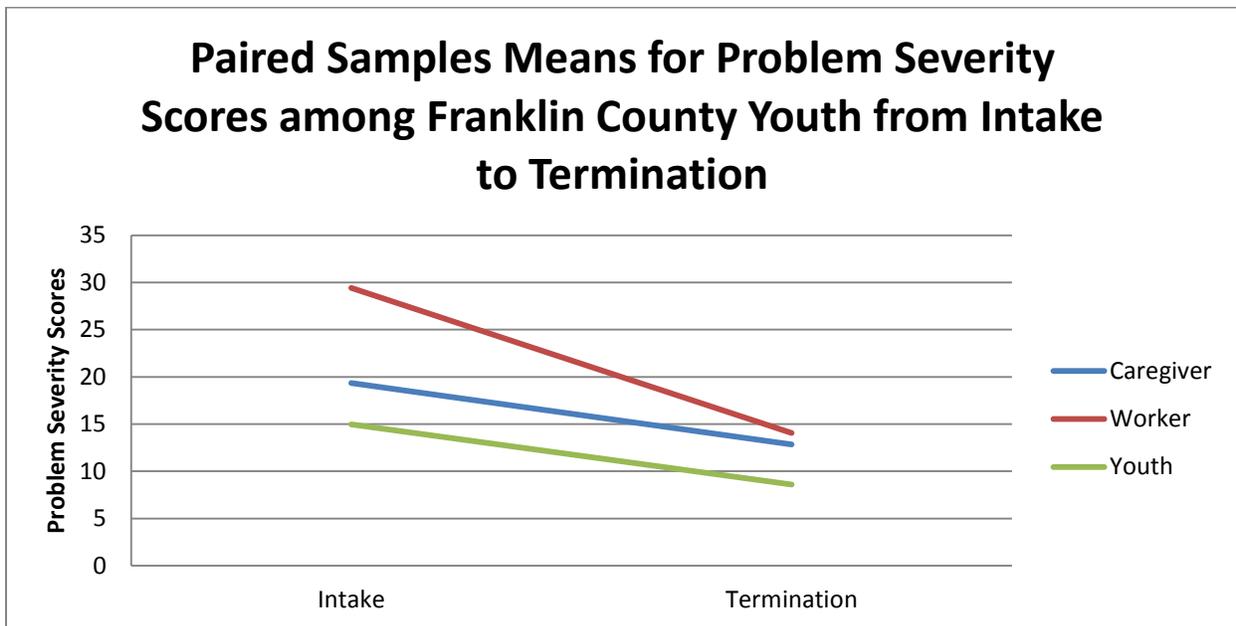
	Caregiver	Worker	Youth
Intake	21.99 (SD=15.80; n=292)	31.24 (SD=13.20; n=296)	18.11 (SD=13.51; n=294)
Three Months	17.61 (SD=13.32; n=132)	20.70 (SD=13.60; n=123)	13.84 (SD=11.61; n=131)
Six Months	15.06 (SD=12.66; n=54)	16.32 (SD=10.56; n=60)	11.74 (SD=9.98; n=56)
Nine Months	10.41 (SD=7.96; n=13)	14.41 (SD=11.16; n=17)	6.50 (SD=6.08; n=12)
Termination	13.20 (SD=15.00; n=81)	14.16 (SD=14.27; n=78)	8.72 (SD=7.65; n=84)

Figure 41. Overall Means for Problem Severity Scores among Franklin County Youth



Paired samples means of problem severity scores from intake to termination for Franklin County youth are presented in Figure 42.

Figure 42. Paired Samples Means for Problem Severity Scores among Franklin County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 83). Significant improvements were noted at 3 months: $t(126) = 5.40$, $p < .01$; 6 months: $t(50) = 2.62$, $p < .05$; and at termination: $t(77) = 3.79$, $p < .01$. Compared to intake scores, caregiver ratings of problem severity at each successive measurement interval significantly improved. Small effect sizes were noted for all three time periods.

Table 83. 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	25.04 (SD=16.12; n=127)	17.99 (SD=13.40; n=127)	5.40**	.48
Intake to Six Months	21.54 (SD=15.09; n=51)	15.48 (SD=12.85; n=51)	2.62*	.37
Intake to Termination	19.35 (SD=15.91; n=78)	12.84 (SD=15.05; n=78)	3.79**	.43

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 84). Improvements were noted at 3 months: $t(117) = 7.62$, $p < .01$; 6 months: $t(58) = 7.10$, $p < .01$; and termination: $t(73) = 8.29$, $p < .01$. The data revealed a medium effect size for the time period between intake and three months, while large effect sizes were found in the time periods from intake to six months, and intake to termination.

Table 84. 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	32.11 (SD=13.44; n=118)	21.21 (SD=13.63; n=118)	7.62**	.70
Intake to Six Months	31.09 (SD=13.93; n=59)	16.39 (SD=10.64; n=59)	7.10**	.92
Intake to Termination	29.44 (SD=11.12; n=73)	14.07 (SD=14.71; n=73)	8.29**	.97

Youth Ratings

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 85). Significant improvements were observed at 3 months: $t(122) = 3.39$, $p < .01$; 6 months: $t(52) = 3.80$, $p < .01$; and termination: $t(77) = 5.10$, $p < .01$. Medium effect sizes were noted for the time periods from intake to six months and intake to termination, while a small effect size was found for the time period between intake and three months.

Table 85. 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	18.36 (SD=14.85; n=123)	13.90 (SD=11.79; n=123)	3.39**	.30
Intake to Six Months	18.52 (SD=14.78; n=53)	11.67 (SD=10.11; n=53)	3.80**	.52
Intake to Termination	14.98 (SD=9.50; n=78)	8.60 (SD=7.71; n=78)	5.10**	.58

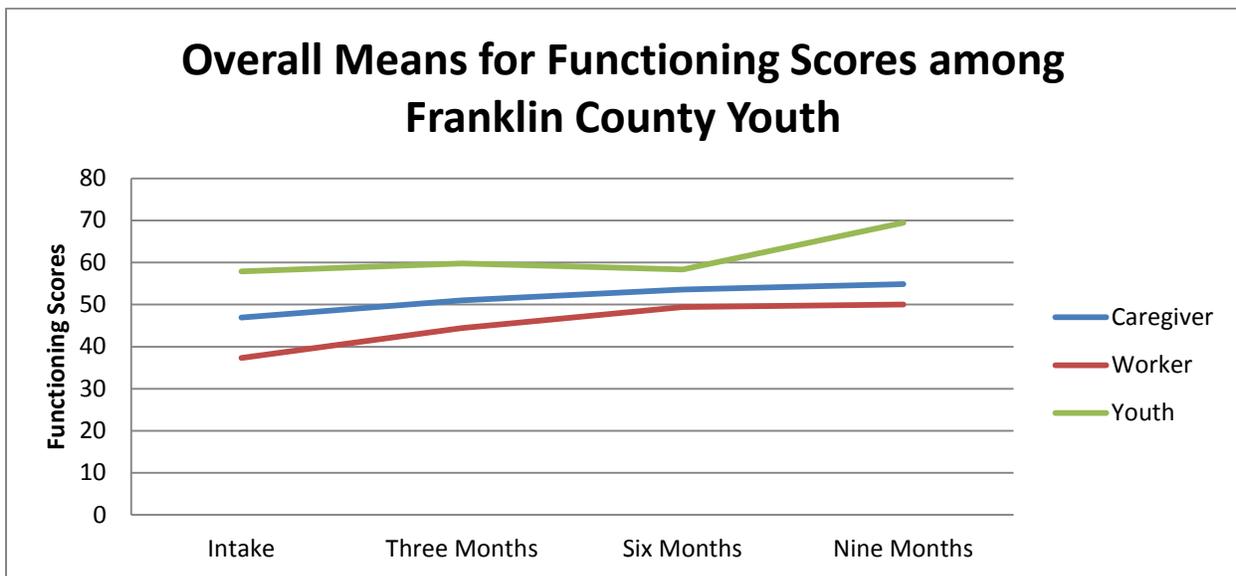
Functioning

Overall means for the Functioning scale by rater and assessment period for Franklin County youth can be found in Table 86 and graphically represented in Figure 43.

Table 86. Ohio Scales Functioning Scores for Youth in Franklin County

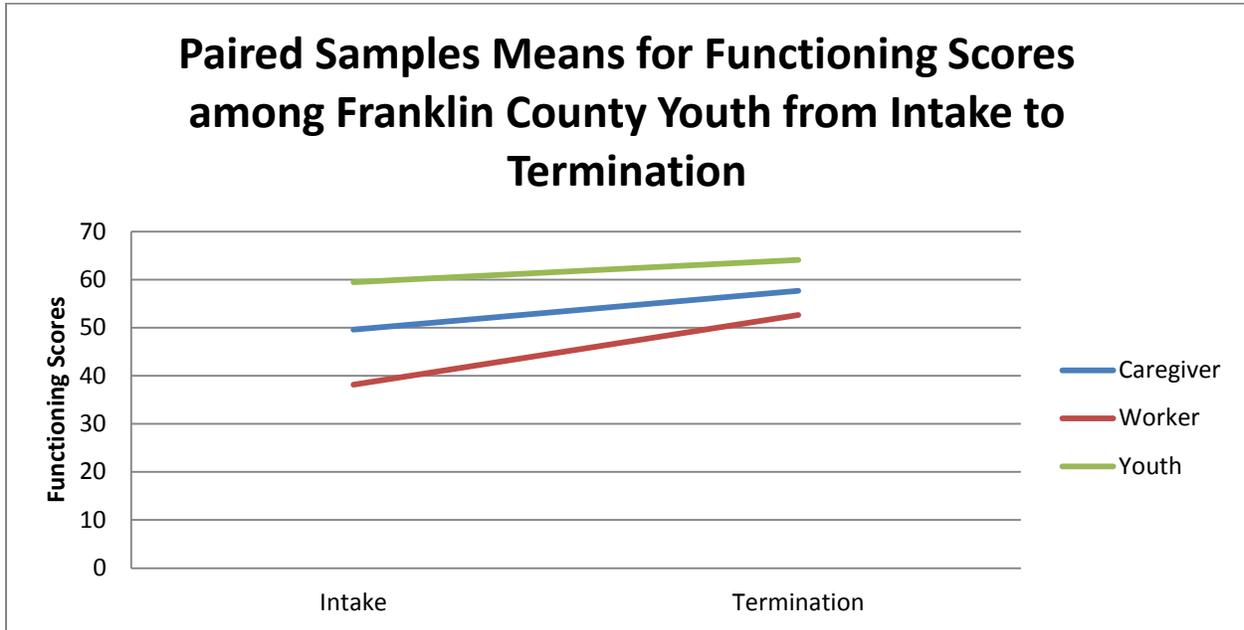
	Caregiver	Worker	Youth
Intake	46.93 (SD=17.01; n=291)	37.35 (SD=12.38; n=295)	57.86 (SD=12.54; n=295)
Three Months	50.99 (SD=15.46; n=130)	44.41 (SD=14.41; n=118)	59.75 (SD=13.60; n=131)
Six Months	53.58 (SD=14.40; n=53)	49.39 (SD=14.28; n=59)	58.32 (SD=13.67; n=56)
Nine Months	54.83 (SD=13.40; n=12)	50.06 (SD=14.79; n=17)	69.50 (SD=10.57; n=12)
Termination	57.26 (SD=15.52; n=80)	52.31 (SD=17.09; n=75)	64.67 (SD=11.87; n=85)

Figure 43. Overall Means for Functioning Scores among Franklin County Youth



Paired samples means of functioning scores from intake to termination for Franklin County youth are presented in Figure 44.

Figure 44. Paired Samples Means for Functioning Scores among Franklin County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 87). Significant improvements were noted at 3 months: $t(124) = -4.08, p < .01$; 6 months: $t(49) = -3.12, p < .01$; and termination: $t(76) = -4.22, p < .01$. Compared to intake, caregiver ratings of youth functioning significantly improved at each measurement interval. Small effect sizes were found for all three measurement intervals from intake to three months, intake to six months, and intake to termination.

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

	Mean Time 1	Mean Time 2	t	d
Intake to Three Months	44.49 (SD=16.66; n=125)	50.38 (SD=15.29; n=125)	-4.08**	.36
Intake to Six Months	45.98 (SD=17.11; n=50)	53.42 (SD=14.21; n=50)	-3.12**	.44
Intake to Termination	49.61 (SD=18.01; n=77)	57.71 (SD=15.59; n=77)	-4.22**	.48

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in the Functioning scale at all data collection intervals (see Table 88). Significant improvements were noted at 3 months: $t(112) = -5.31$, $p < .01$; 6 months: $t(57) = -4.26$, $p < .01$; and termination: $t(70) = -7.22$, $p < .01$. A large effect was noted for the measurement interval between intake and termination, while medium effect sizes were found for the time periods from intake to three months and intake to six months.

Table 88. 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	36.82 (SD=11.70; n=113)	43.80 (SD=14.23; n=113)	-5.31**	.50
Intake to Six Months	39.09 (SD=10.75; n=58)	49.02 (SD=14.11; n=58)	-4.26**	.56
Intake to Termination	38.15 (SD=12.35; n=71)	52.66 (SD=17.13; n=71)	-7.22**	.86

Youth Ratings

Paired samples t-tests conducted on the youth ratings on the Functioning scale indicated significant improvement at the measurement interval between intake and termination (see Table 89). A significant improvement was observed at termination: $t(78) = -3.29$, $p < .01$. A small effect size was found for the time period between intake and termination.

Table 89. 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	57.34 (SD=13.02; n=124)	59.35 (SD=13.72; n=53)	-1.48	.13
Intake to Six Months	55.21 (SD=14.21; n=53)	57.34 (SD=13.31; n=53)	-0.81	.11
Intake to Termination	59.49 (SD=11.35; n=79)	64.11 (SD=11.95; n=79)	-3.29**	.37

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 more current use patterns. Table 90 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. Youth were also asked whether they had used each substance in the past six months. Figure 45 presents past six month use for the four most common substances among those who reported lifetime use. With the exception of cigarette use, the data showed a decrease in substance use from intake to termination.

Overall, substance use for BHJJ youth in Franklin County declined from intake to termination, as measured by the number of days used in the previous 30 days (see Figure 46). The total amount of days using cigarettes increased, however, the mean number of days using marijuana decreased from intake to termination. Alcohol use in the past 30 days remained low from intake to termination.

Table 90. Self-Reported Substance Use at Intake for Franklin County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	61.5% (n=179)	13.63 (SD=2.00)
Cigarettes	52.7% (n=155)	12.87 (SD=2.32)
Marijuana	77.6% (n=228)	13.32 (SD=1.99)
Chewing Tobacco	4.4% (n=13)	13.54 (SD=1.94)
Pain Killers	9.8% (n=29)	14.35 (SD=1.79)
Cocaine	5.4% (n=16)	15.21 (SD=1.12)
Tranquilizers	3.1% (n=9)	14.67 (SD=1.66)
Ecstasy	4.1% (n=12)	15.00 (SD=1.41)
Ritalin	4.2% (n=12)	12.42 (SD=2.50)
Hallucinogens	3.4% (n=10)	14.80 (SD=1.13)
Non-Prescription Drugs	2.0% (n=6)	14.40 (SD=3.05)

Figure 45. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Franklin County BHJJ Youth

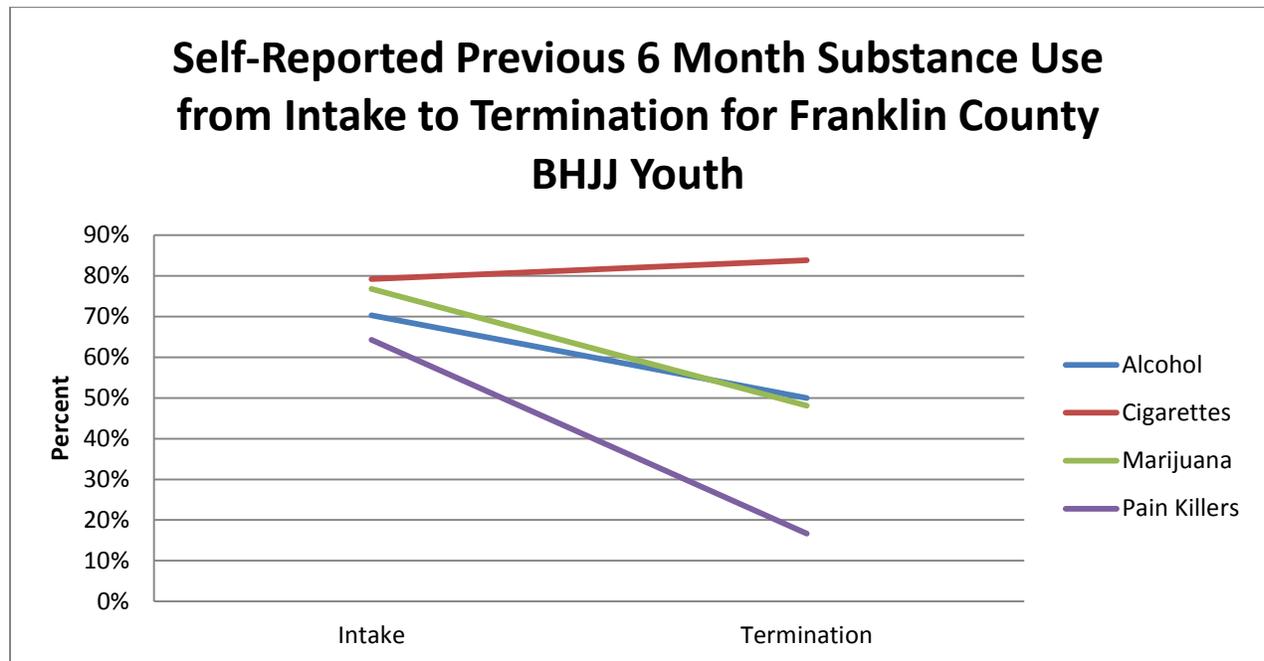
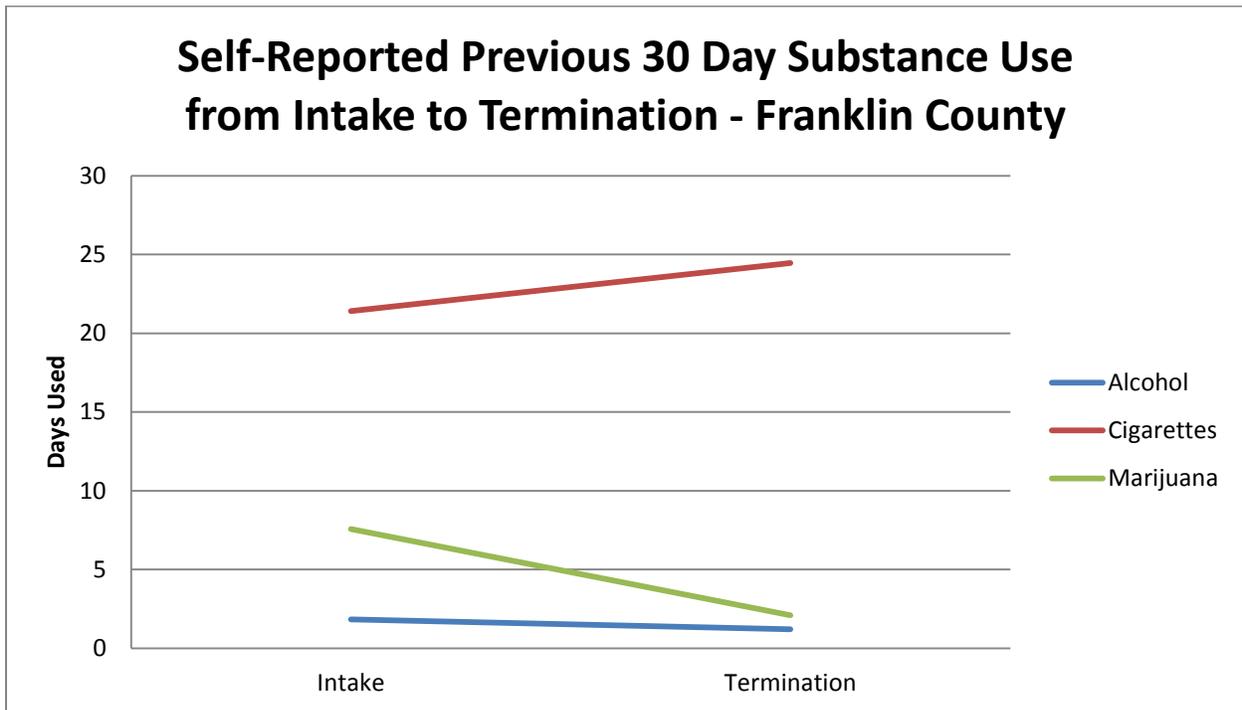


Figure 46. Self-Reported Previous 30 Day Substance Use from Intake to Termination - Franklin County



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 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 47, Figure 48, Figure 49). For example, 50.7% of caregivers reported the youth had no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 69.6% of caregivers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 47. Problems with Drugs or Alcohol in the Past 30 Days Franklin County - Caregiver

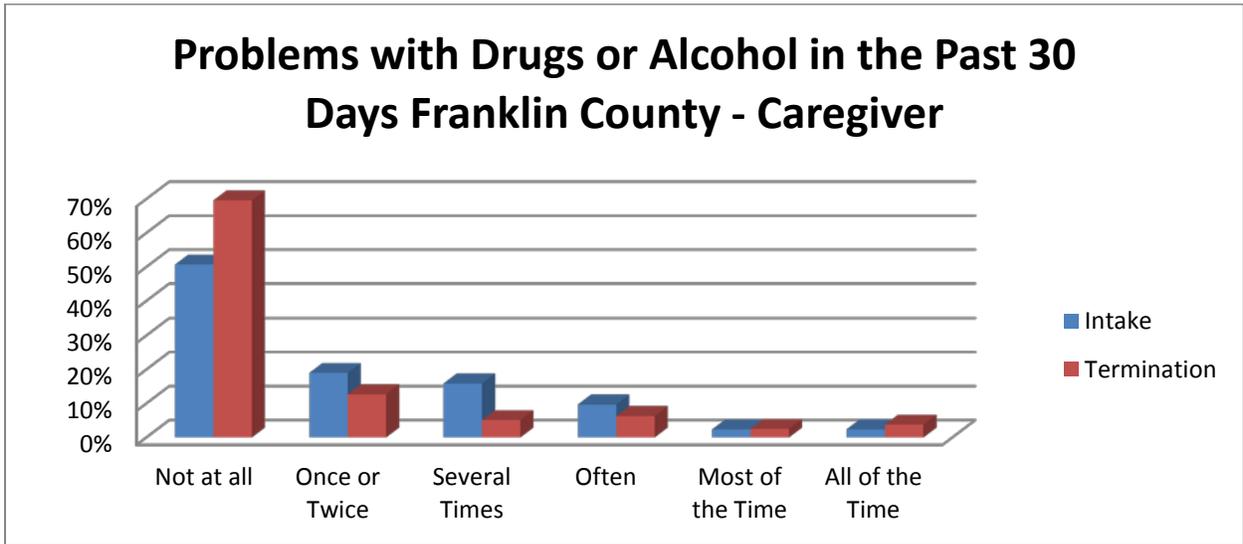


Figure 48. Problems with Drugs of Alcohol in the Past 30 Days Franklin County - Worker

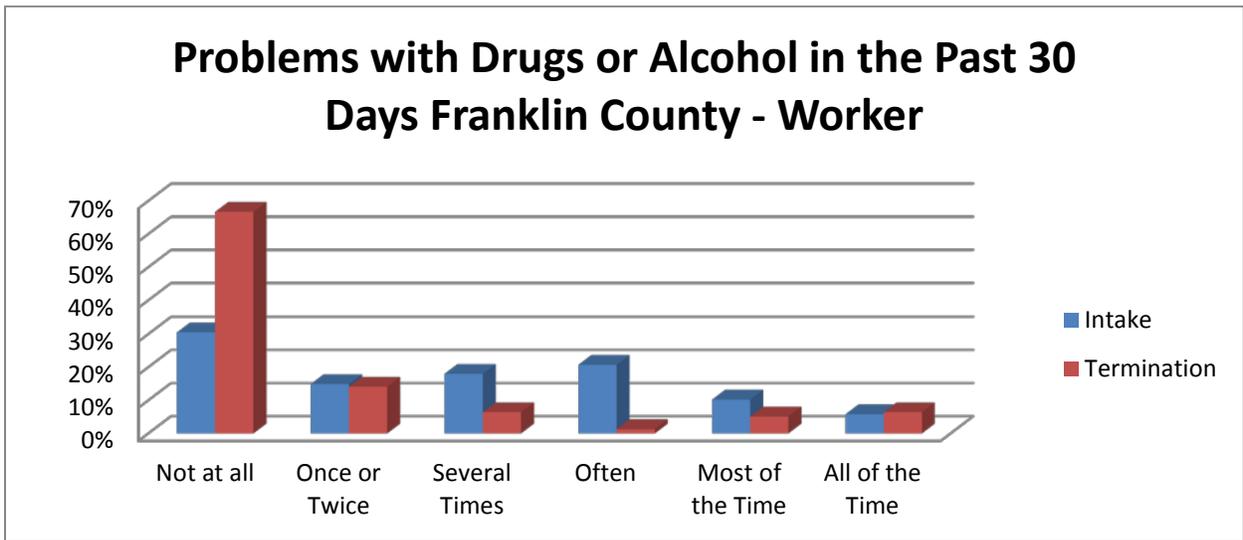
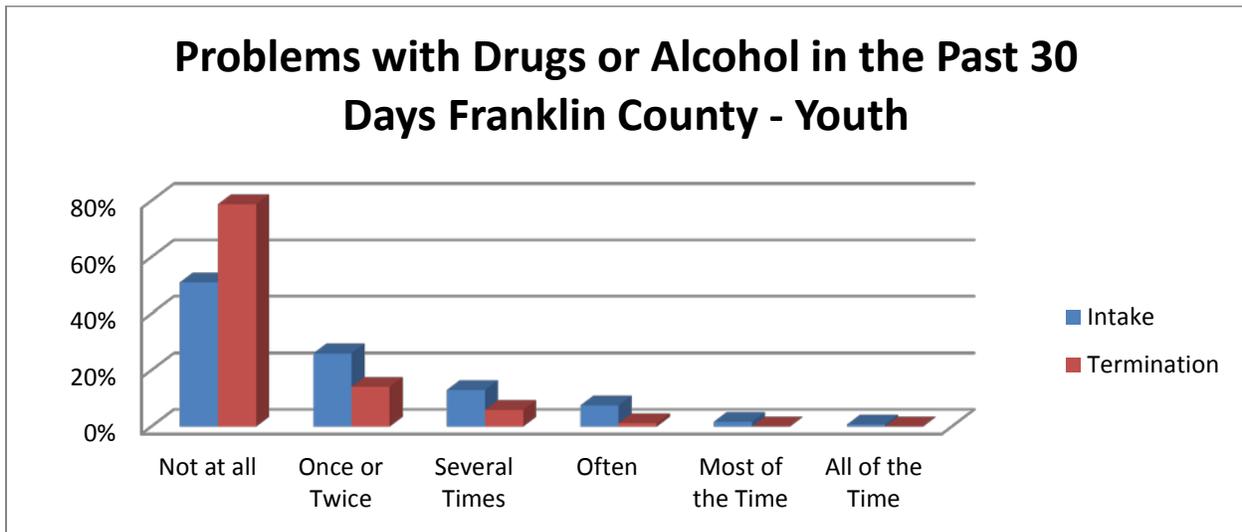


Figure 49. Problems with Drugs of Alcohol in the Past 30 Days Franklin County - Youth



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 can 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.

To date, there have been 146 youth terminated from the BHJJ program from Franklin County. Nearly 68% (n = 99) of the youth terminated from the BHJJ program were identified as successful completers. Over 2% (n = 3) of the sample was terminated because the youth or family moved out of the county. Therefore, nearly 70% of youth enrolled in BHJJ were terminated successfully or were terminated because the youth or family moved out of the county and could no longer receive BHJJ services. Complete reasons for termination can be found in Table 91.

Table 91. Reasons for Termination in Franklin County

Termination Reason	Frequency
Successfully Completed Services	67.8% (n = 99)
Client Did Not Return/Rejected Services	7.5% (n = 11)
Out of Home Placement	17.1% (n = 25)
Client/Family Moved	2.1% (n = 3)
Client Withdrawn	0.7% (n = 1)
Client AWOL	2.7% (n = 4)
Client Incarcerated	0.7% (n = 1)
Other	1.4% (n = 2)

Average Length of Stay

The average length of stay in the BHJJ program for Franklin County was 221 days, or approximately 7 months. For youth who were identified as completing treatment successfully, the average length of stay was 234 days and for youth identified as unsuccessful treatment completers, the average length of stay was 192 days. For youth enrolled since July 1, 2009, the average length of stay in BHJJ was 193 days, with successful treatment completers averaging 204 days and unsuccessful treatment completers averaging 176 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 85.6% of the youth (n = 232) were at risk for out of home placement. At termination, 18.0% (n = 20) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 7.7% were at risk for out of home placement at termination while 68.4% of youth who unsuccessfully completed BHJJ treatment 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 75.9% (n = 222) of the youth and had stayed the same for 20.7% (n = 6) of the youth. Police contacts increased for 3.4% (n = 1) 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 50). At termination from the BHJJ program, 90.5% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 90.4% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 51). A strong majority (76.1%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 52) and 90.0% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 53).

Figure 50. Caregiver Satisfaction with the BHJJ Program

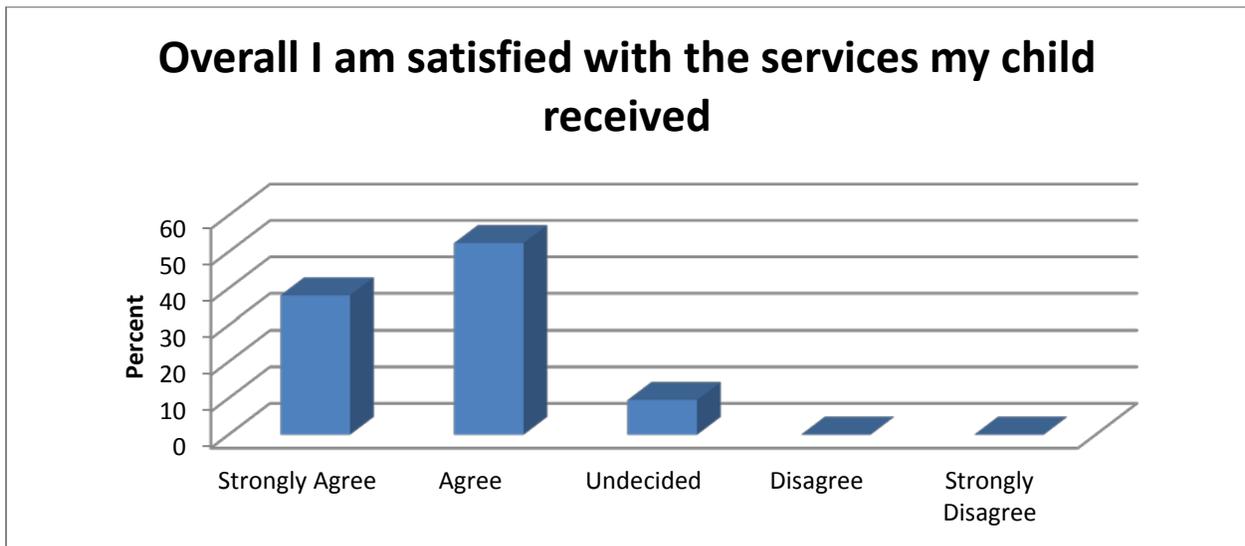


Figure 51. Services Received were Right for Us

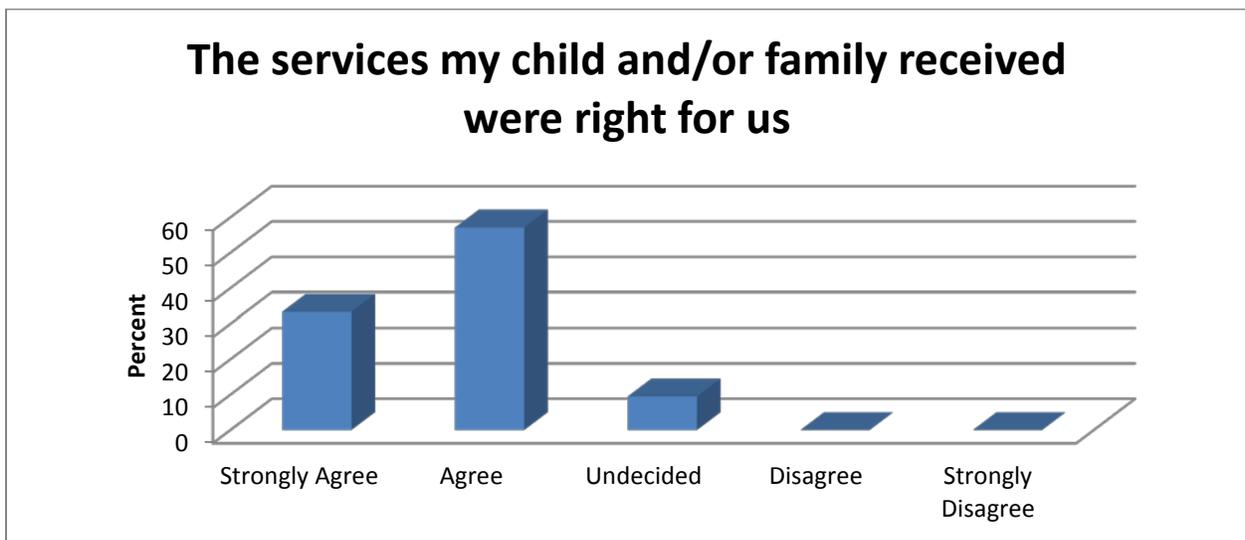


Figure 52. We Received the Help we Wanted

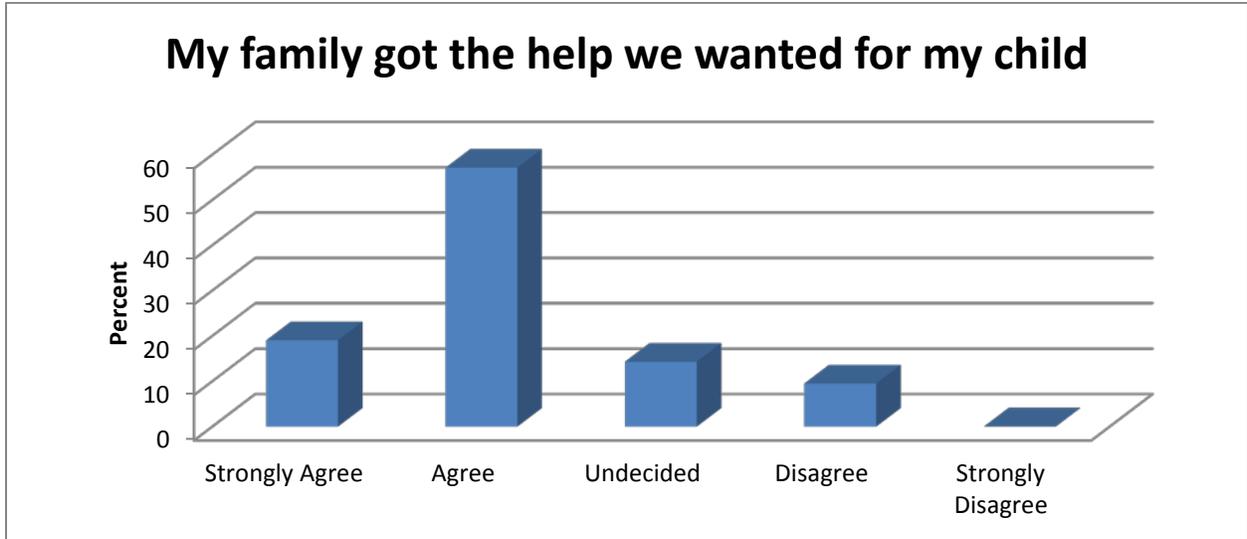
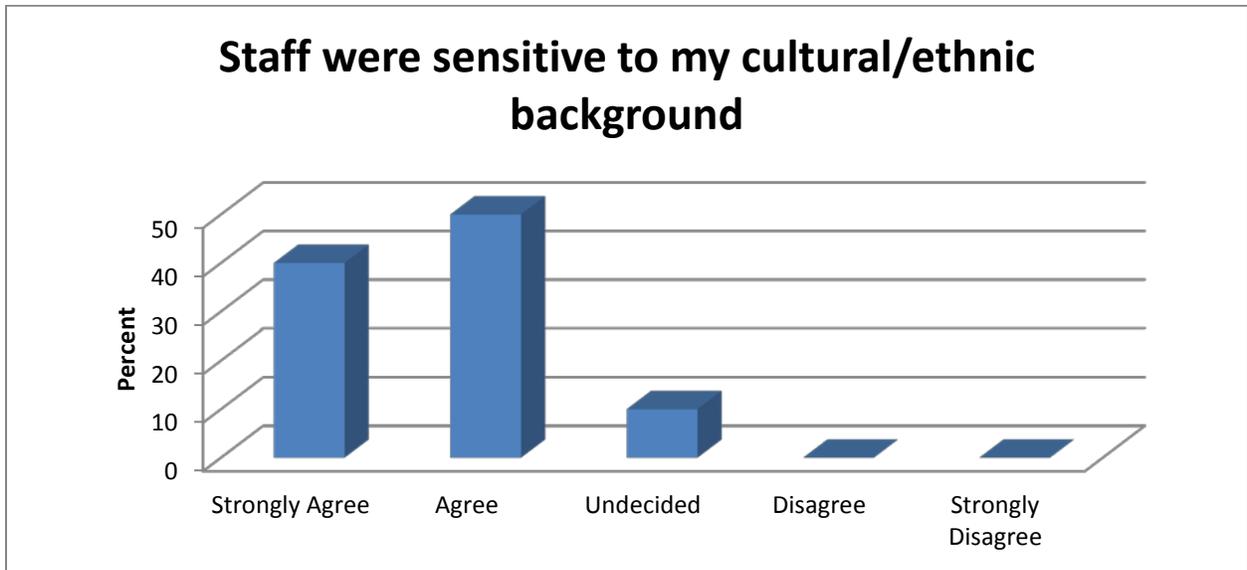


Figure 53. Satisfaction with cultural sensitivity of staff



Recidivism Information

Methodology

Court data were provided by the Franklin County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 12 months prior to their BHJJ enrollment, 71.5% of the youth in Franklin County had at least one misdemeanor charge, 66.5% of the youth had at least one felony charge, and 90.5% had at least one known delinquent adjudication. Of the youth who completed successfully, 45.7% were charged with a new misdemeanor, 17.1% were charged with a new felony, and 40.0% had a new delinquent adjudication in the 12 months after termination from BHJJ. Of the youth who completed unsuccessfully, 63.6% of youth were charged with a new misdemeanor, 36.4% were charged with a new felony, and 63.6% had a new delinquent adjudication. **Twelve of the 221 youth (5.4%) in Franklin County for whom we had recidivism data were sent to an ODYS facility at any time following their**

enrollment in BHJJ. Additional data related to juvenile court history and recidivism can be found in Table 92 through Table 100

Table 92. Charges Prior to Enrollment for BHJJ Youth in Franklin County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=221)	45.2% (n=100)	210	32.1% (n=71)	128	24.9% (n=55)	76	40.3% (n=89)
6 months (n=221)	83.7% (n=185)	454	56.1% (n=124)	268	54.7% (n=121)	170	75.1% (n=166)
12 months (n=221)	95.9% (n=212)	617	71.5% (n=158)	386	66.5% (n=147)	205	90.5% (n=200)
18 months (n=221)	97.7% (n=216)	723	76.9% (n=170)	470	68.8% (n=152)	219	93.7% (n=207)

Table 93. Charges Prior to Enrollment for BHJJ Youth in Franklin County Successful

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=84)	52.4% (n=44)	89	33.3% (n=28)	50	32.1% (n=27)	36	48.8% (n=41)
6 months (n=84)	85.7% (n=72)	177	55.9% (n=47)	109	54.8% (n=46)	58	77.4% (n=65)
12 months (n=84)	96.4% (n=81)	239	71.4% (n=60)	154	66.7% (n=56)	72	90.5% (n=76)
18 months (n=84)	97.6% (n=82)	278	76.2% (n=64)	181	67.8% (n=57)	79	92.8% (n=78)

Table 94. Charges Prior to Enrollment for BHJJ Youth in Franklin County Unsuccessful

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=33)	36.4% (n=12)	29	27.3% (n=9)	19	18.2% (n=6)	10	30.3% (n=10)
6 months (n=33)	81.8% (n=27)	59	54.5% (n=18)	36	54.5% (n=18)	23	75.7% (n=25)
12 months (n=33)	97.0% (n=32)	102	72.7% (n=24)	65	78.8% (n=26)	34	97.0% (n=32)
18 months (n=33)	100.0% (n=33)	123	75.7% (n=25)	84	81.8% (n=27)	36	100.0% (n=33)

Table 95. Recidivism after Enrollment for BHJJ Youth in Franklin County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=211)	24.2% (n=51)	95	19.4% (n=41)	75	4.7% (n=10)	11	15.6% (n=33)
6 months (n=189)	43.4% (n=82)	168	34.9% (n=66)	126	11.6% (n=22)	31	31.7% (n=60)
12 months (n=141)	62.4% (n=88)	230	50.3% (n=71)	160	25.5% (n=36)	57	47.5% (n=67)
18 months (n=98)	72.4% (n=71)	238	61.2% (n=60)	171	29.6% (n=29)	51	62.2% (n=61)

Table 96. Recidivism after Enrollment for BHJJ Youth in Franklin County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=80)	21.2% (n=17)	29	17.5% (n=14)	24	3.7% (n=3)	3	15.0% (n=12)
6 months (n=75)	40.0% (n=30)	59	33.3% (n=25)	44	10.7% (n=8)	13	29.3% (n=22)
12 months (n=61)	59.0% (n=36)	89	44.3% (n=27)	54	26.2% (n=16)	30	44.3% (n=27)
18 months (n=43)	69.8% (n=30)	91	55.8% (n=24)	62	27.9% (n=12)	21	58.1% (n=25)

Table 97. Recidivism after Enrollment for BHJJ Youth in Franklin County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=33)	27.3% (n=9)	16	18.2% (n=6)	9	12.1% (n=4)	5	18.2% (n=6)
6 months (n=28)	53.6% (n=15)	35	46.4% (n=13)	22	21.4% (n=6)	9	39.3% (n=11)
12 months (n=22)	63.6% (n=14)	49	54.5% (n=12)	33	36.4% (n=8)	12	54.5% (n=12)
18 months (n=13)	84.6% (n=11)	53	76.9% (n=10)	34	38.5% (n=5)	16	84.6% (n=11)

Table 98. Recidivism after Termination for BHJJ Youth in Franklin County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=82)	25.6% (n=21)	42	20.7% (n=17)	34	4.9% (n=4)	7	17.1% (n=14)
6 months (n=69)	36.2% (n=25)	67	26.1% (n=18)	44	13.0% (n=9)	19	23.2% (n=16)
12 months (n=46)	56.5% (n=26)	95	50.0% (n=23)	59	21.7% (n=10)	31	45.6% (n=21)
18 months (n=33)	63.6% (n=21)	77	57.6% (n=19)	54	24.2% (n=8)	21	48.5% (n=16)

Table 99. Recidivism after Termination for BHJJ Youth in Franklin County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=60)	26.7% (n=16)	31	21.7% (n=13)	25	5.0% (n=3)	6	18.3% (n=11)
6 months (n=51)	35.3% (n=18)	44	23.5% (n=12)	26	11.8% (n=6)	15	25.5% (n=13)
12 months (n=35)	51.4% (n=18)	58	45.7% (n=16)	38	17.1% (n=6)	15	40.0% (n=14)
18 months (n=25)	56.0% (n=14)	50	56.0% (n=14)	36	16.0% (n=4)	12	44.0% (n=11)

Table 100. Recidivism after Termination for BHJJ Youth in Franklin County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=21)	23.8% (n=5)	11	19.0% (n=4)	9	4.8% (n=1)	1	14.3% (n=3)
6 months (n=18)	38.9% (n=7)	23	33.3% (n=6)	18	16.7% (n=3)	4	16.7% (n=3)
12 months (n=11)	72.7% (n=8)	37	63.6% (n=7)	21	36.4% (n=4)	16	63.6% (n=7)
18 months (n=8)	87.5% (n=7)	27	62.5% (n=5)	18	50.0% (n=4)	9	62.5% (n=5)

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 scores based on gender and race can be found in Table 101.

Table 101. OYAS scores for BHJJ Youth in Franklin County

Franklin County OYAS	Low	Moderate	High
Female	16.7% (n = 2)	58.3% (n = 7)	25.0% (n = 3)
Male	18.2% (n = 14)	49.4% (n = 38)	32.5% (n = 25)
White	27.8% (n = 5)	55.6% (n = 10)	16.7% (n = 3)
Non-White	15.5% (n = 11)	49.3% (n = 35)	35.2% (n = 25)

Montgomery County

Demographics

Montgomery County has enrolled 635 youth in the BHJJ program since they began the program in 2006. Of the 635 youth enrolled since 2006, 59.4% (n = 370) were female and 40.6% (n = 253) were male (data were missing for 12 youth). Since July 2009, 59.5% (n = 197) of new enrollees have been male (see Table 102).

The majority of the overall sample of youth were either African American (43.2%, n = 265) or Caucasian (49.6%, n = 304). A similar pattern was found for youth enrolled since July 2009, although a slightly lower proportion of African Americans (39.6%, n = 131) and slightly higher proportion of Caucasians (50.2%, n = 166) was observed. The average age of the youth at intake into BHJJ was 15.6 years old (SD = 1.51) with a range between 8.6 and 18.5 years.

Table 102. Demographic Information for BHJJ Youth in Montgomery County

	All Youth Enrolled (2006 – 2011)	Youth Enrolled between July 2009 – June 2011
Gender	Female = 59.4% (n = 370) Male = 40.6% (n = 253)	Female = 40.5% (n = 134) Male = 59.5% (n = 197)
Race	African American = 43.2% (n = 265) Caucasian = 49.6% (n = 304) Other = 7.2% (n = 44)	African American = 39.6% (n = 131) Caucasian = 50.2% (n = 166) Other = 10.3% (n = 34)
Age at Intake	15.6 years (SD = 1.51)	15.8 years (SD = 1.42)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (61.7%, n = 328) (see Table 103). At time of enrollment, 84.6% (n = 450) of the BHJJ youth lived with at least one biological parent.

Over 70% of the BHJJ caregivers (72.7%, n = 385) had at least a high school diploma or GED, and 6.8% (n = 36) had a bachelor's degree or higher (see Table 104). Over one in four caregivers (27.3%) 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 105). Nearly 80% of caregivers (78.0%, n = 414) reported annual household incomes below \$35,000 and 49.7% reported annual household income of less than \$20,000. Slightly over 20% of BHJJ families (20.4%) reported an annual household income below \$10,000.

Table 103. Custody Arrangement for BHJJ Youth in Montgomery County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	18.0% (n=96)
Biological Mother Only	61.7% (n=328)
Biological Father Only	4.9% (n = 26)
Adoptive Parent(s)	3.2% (n=17)
Aunt/ Uncle	2.3% (n=12)
Grandparents	8.1% (n=43)
Ward of the State	0.2% (n=1)
Other	1.7% (n=9)

Table 104. Educational Outcomes for Caregivers of BHJJ Youth in Montgomery County

Number of School Years Completed	Number of Caregivers
Less than High School	27.3% (n= 144)
High School Graduate or G.E.D.	28.5% (n=151)
Some College or Associate Degree	37.4% (n=198)
Bachelor’s Degree	4.0% (n=21)
More than a Bachelor’s Degree	2.8% (n=15)

Table 105. Annual Household Income for BHJJ Families in Montgomery County

Annual Household Income	BHJJ Families
Less than \$5,000	12.6% (n = 66)
\$5,000 - \$9,999	7.8% (n = 41)
\$10,000 - \$14,999	18.0% (n = 94)
\$15,000 - \$19,999	11.3% (n = 59)
\$20,000 - \$24,999	16.3% (n = 85)
\$25,000 - \$34,999	12.0% (n = 63)
\$35,000 - \$49,999	11.5% (n = 60)
\$50,000 - \$74,999	7.1% (n = 37)
\$75,000 - \$99,999	1.5% (n = 8)
\$100,000 and over	1.9% (n = 10)

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 106). Chi-square analysis was conducted on each item and significant differences are identified in Table 106. Overall, caregivers of females reported significantly higher levels of sexual abuse, talking about suicide, and family histories of mental illness. Caregivers of males were significantly more likely to report that the youth taking medication related to emotional or behavioral problems than caregivers of females.

Caregivers reported that 20.4% of females and 15.5% of males had a history of physical abuse and 29.3% of females and 9.2% of males had a history of sexual abuse. Caregivers of 47.1% of BHJJ females reported having heard the child talk about suicide and over 20% of caregivers of BHJJ females reported the youth attempted suicide at least once. Over 60% of females (64.4%) and nearly 70% of BHJJ males (69.0%) had family members who were diagnosed with or showed signs of depression. Over 38% of males (38.2%) and 22.3% of females were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 106. Youth and Family History in Montgomery County

Question	Females	Males
Has the child ever been physically abused?	20.4% (n=64)	15.5% (n=34)
Has the child ever been sexually abused?	29.3% (n = 90)***	9.2% (n = 20)
Has the child ever run away?	63.5% (n = 197)	57.7% (n = 123)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	40.5% (n = 126)	46.7% (n = 100)
Has the child ever talked about committing suicide?	47.1% (n =147)*	35.9% (n = 79)
Has the child ever attempted suicide?	22.4% (n = 68)	16.2% (n = 35)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	46.0% (n = 144)	48.8% (n = 106)
Has anyone in the child's biological family ever been diagnosed with depression or shown signs of depression?	64.4% (n = 195)	69.0% (n = 147)
Has anyone in the child's biological family had a mental illness, other than depression?	47.4% (n = 146)*	49.0% (n = 101)
Has the child ever lived in a household in which someone was convicted of a crime?	37.5% (n = 114)	36.4% (n = 76)
Has anyone in the child's biological family had a drinking or drug problem?	64.4% (n = 197)	63.0% (n = 136)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	22.3% (n = 69)	38.2% (n = 79)***

*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 14.1% (n = 35) of females had been pregnant and 12.9% (n = 16) were currently expecting a child. Caregivers reported that 3.3% (n = 7) of males had impregnated a female and 4.8% (n = 2) were currently expecting a child. Over 15% of females (15.1%, n = 11) and 8.6% (n = 3) of males currently had children. Of those who had children, 100% of females (n = 8) but none of the males (n = 0) currently lived with the child.

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 (53.8%) and males (76.9%) was Oppositional Defiant Disorder (see Table 107).

A total of 1643 Axis I diagnoses were identified for 597 youth with diagnostic information (2.75 diagnoses per youth). Females reported 954 Axis I diagnoses (2.69 diagnoses per female) and males reported 689 Axis I diagnoses (2.85 diagnoses per male). Chi-square analysis indicated males were significantly more likely to be diagnosed with Cannabis-Related Disorders, Conduct Disorder, and Attention Deficit Hyperactivity Disorder (ADHD) than females. Females were significantly more likely to be diagnosed with Depressive Disorders and Dysthymic Disorder. Nearly 38% of females (37.2%) and 38.0% of males had a co-occurring substance use and mental health diagnosis.

Table 107. Most Common DSM-IV Axis I Diagnoses in Montgomery County

DSM-IV Axis I Diagnosis	Females	Males
Oppositional Defiant Disorder	53.8% (n = 191)	76.9% (n = 148)
Cannabis Related Disorders	33.0% (n = 117)	34.3% (n = 83)***
Depressive Disorders	27.6% (n = 98)***	11.6% (n = 28)
Attention Deficit Hyperactivity Disorder	21.4% (n = 76)	56.6% (n = 137)***
Alcohol-related Disorders	20.0% (n = 71)	15.7% (n = 38)
Bipolar Disorder	15.5% (n = 55)	14.8% (n = 36)
Disruptive Behavior Disorder	11.8% (n = 42)	12.0% (n = 29)
Dysthymic Disorder	10.4% (n = 37)***	2.9% (n = 7)
Mood Disorder	9.3% (n = 33)	12.0% (n = 29)
Conduct Disorder	6.8% (n = 24)	14.0% (n = 34)**

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

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% (65.8%, n = 198) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Under 35% (33.1%, n = 79) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 87.8% (n = 251) of youth were currently attending school (this does not include youth on summer break). At termination, 85.6% (n = 185) 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 108 displays the grades typically

received by the BHJJ youth at intake and termination from the program. At termination, 33.9% (n = 62) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 37.5% (n = 87) of youth were attending school more than before starting treatment and 56.0% (n = 130) of youth were attending school ‘about the same’ amount compared to before starting treatment. Workers reported 6.5% (n = 15) of youth were attending school less often than before treatment in BHJJ.

Table 108. Academic Performance in Montgomery County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A’s and B’s	19.2% (n = 46)	15.3% (n = 26)
Mostly B’s and C’s	25.9% (n = 62)	37.1% (n = 63)
Mostly C’s and D’s	31.0% (n = 74)	32.4% (n = 55)
Mostly D’s and F’s	23.8% (n = 57)	15.3% (n = 26)

Vocational Data

At intake into BHJJ, workers reported that 7.3% (n = 22) of youth were employed, and that 100% of them were working part-time. At termination, 9.6% (n = 24) of the youth were employed and 90.9% (n = 20) were working part time. Over 17% of youth (17.5%, n = 53) received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and at intake, 17.2% (n = 52) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 19.4% (n = 48) of youth received employment counseling or vocational training in the past 12 months and 18.2% (n = 45) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Montgomery County both at intake and at 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 109 shows 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 indicated as either underreporters or hyperresponders. With the notable exception of the sexual concerns subscale means for both males and females in the Montgomery County BHJJ program were lower at termination in comparison with mean TSCC scores at intake.

Paired samples t-tests were conducted on the six subscales for Montgomery County BHJJ youth (see Table 110). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 175 youth who had scores at both intervals. Statistically significant improvements were noted for the anxiety ($t(174) = 5.33, p < .01$), depression ($t(174) = 7.81, p < .01$), anger ($t(175) = 8.20, p < .01$), posttraumatic stress ($t(174) = 7.29, p < .01$), and dissociation ($t(173) = 6.47, p < .01$) subscales, and sexual concerns ($t(173) = 3.19, p < .01$). Medium effect sizes were noted for anxiety, depression, anger, posttraumatic stress, and dissociation subscales. Although there was a statistically significant difference between intake and termination for the sexual concerns subscale, only a small effect was found. Means reported in Table 110 are represented graphically in Figure 54.

Table 109. Means for TSCC Subscales from Intake to Termination for Montgomery County Youth

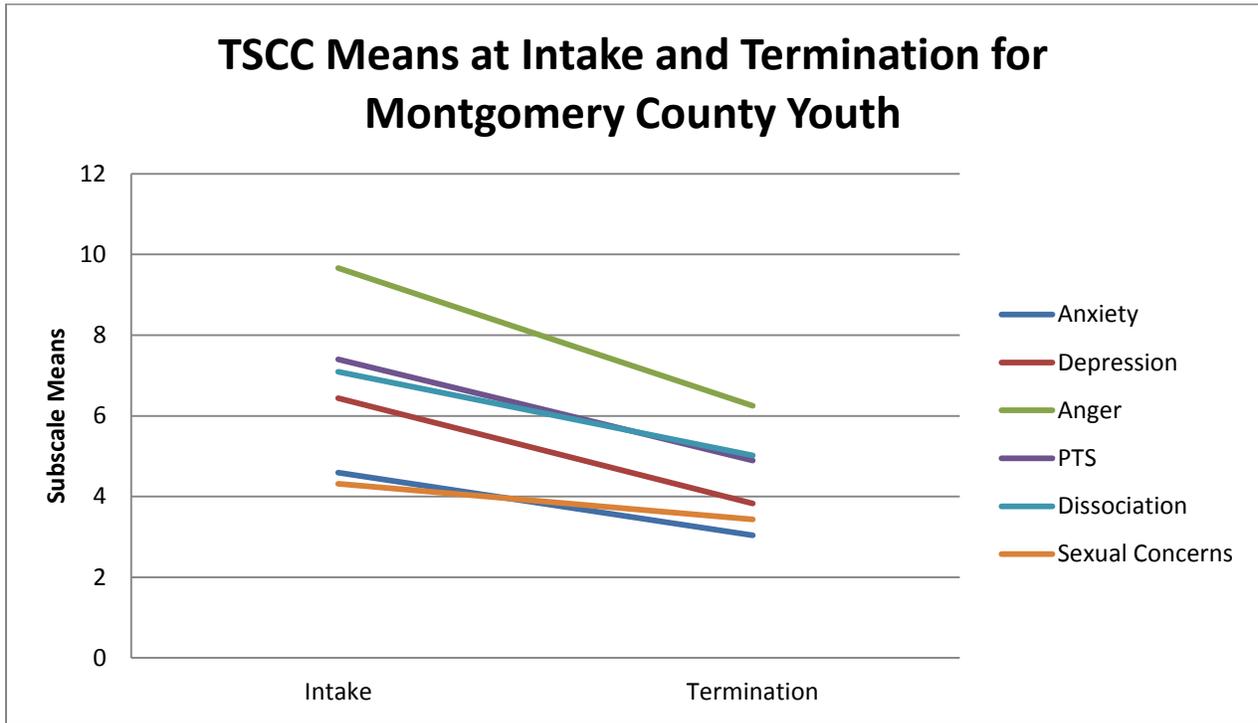
	Intake	Termination
Anxiety	4.31 (SD=3.75; n=402)	2.95 (SD=3.70; n=204)
Depression	5.99 (SD=4.60; n=403)	3.83 (SD=4.01; n=204)
Anger	9.53 (SD=5.55; n=404)	6.02 (SD=5.14; n=204)
PTS	7.12 (SD=5.18; n=403)	4.77 (SD=4.94; n=204)
Dissociation	6.60 (SD=4.35; n=401)	4.86 (SD=4.75; n=204)
Sexual Concerns	3.75 (SD=3.56; n=401)	3.30 (SD=4.05; n=204)

Table 110. Paired Samples T-Tests for TSCC Subscales among Montgomery County Youth

	Intake	Termination	t	d
Anxiety	4.59 (SD=3.82; n=175)	3.04 (SD=3.53; n=175)	5.33**	.40
Depression	6.44 (SD=4.55; n=175)	3.83 (SD=3.81; n=175)	7.81**	.59
Anger	9.66 (SD=5.82; n=176)	6.25 (SD=5.25; n=176)	8.20**	.62
PTS	7.40 (SD=4.89; n=175)	4.89 (SD=4.75; n=175)	7.29**	.55
Dissociation	7.09 (SD=4.48; n=174)	5.02 (SD=4.58; n=174)	6.47**	.49
Sexual Concerns	4.32 (SD=3.78; n=174)	3.43 (SD=4.19; n=174)	3.19**	.24

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

Figure 54. TSCC Means for Montgomery County from Intake to Termination



Ohio Scales

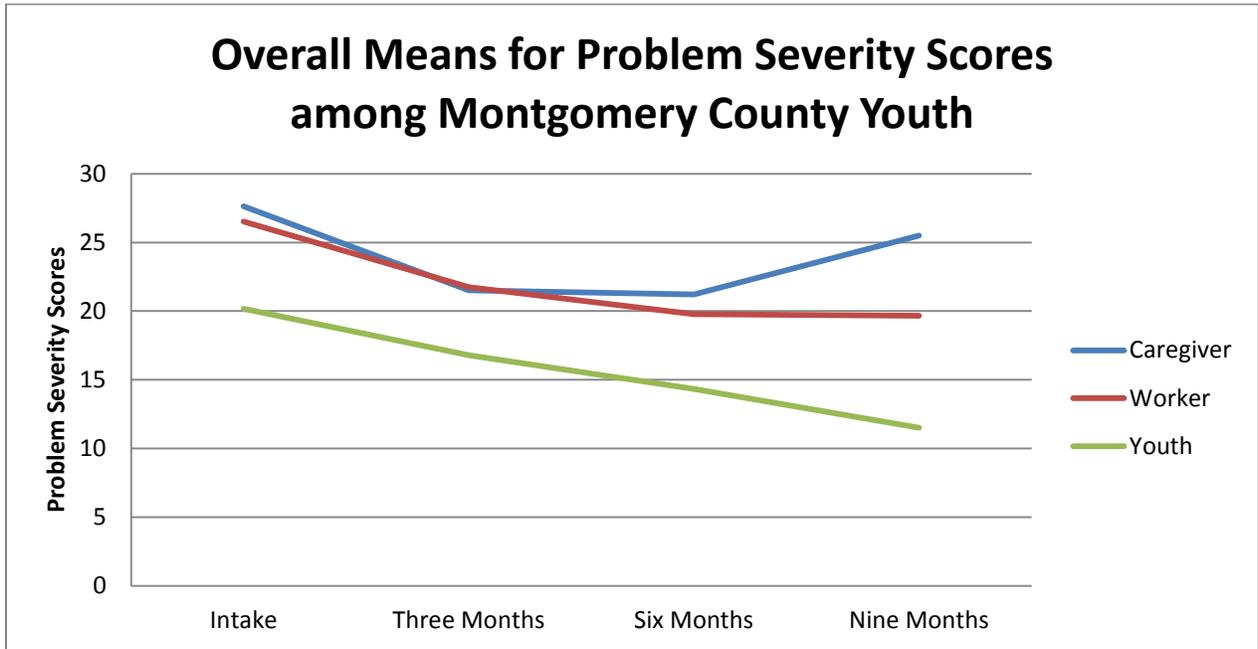
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Montgomery County youth can be found in Table 111 and graphically represented in Figure 55.

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

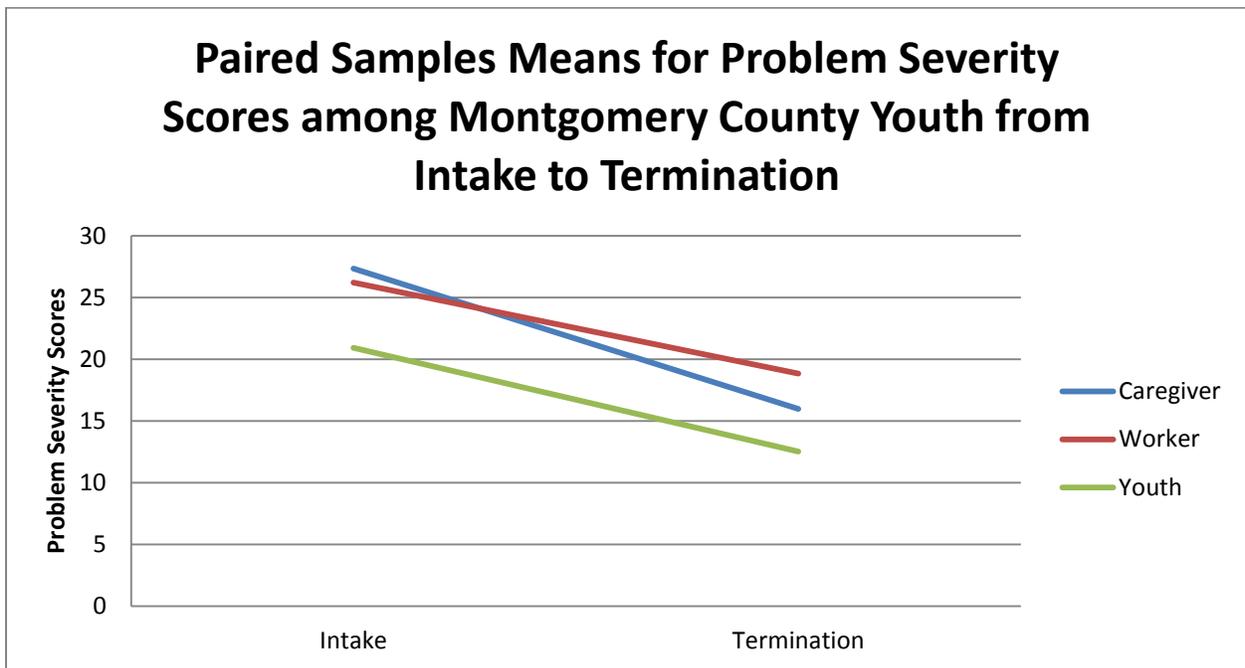
	Caregiver	Worker	Youth
Intake	27.64 (SD=17.66; n=523)	26.51 (SD=13.55; n=567)	20.18 (SD=14.38; n=538)
Three Months	21.52 (SD=14.50; n=248)	21.75 (SD=12.69; n=256)	16.78 (SD=13.14; n=245)
Six Months	21.22 (SD=16.85; n=42)	19.78 (SD=14.00; n=46)	14.34 (SD=13.07; n=43)
Nine Months	25.50 (SD=17.66; n=10)	19.67 (SD=8.66; n=9)	11.50 (SD=6.40; n=10)
Termination	16.36 (SD=14.32; n=281)	18.91 (SD=14.28; n=432)	12.53 (SD=11.20; n=266)

Figure 55. Overall Means for Problem Severity Scores among Montgomery County Youth



Paired samples means of problem severity scores from intake to termination for Montgomery County youth are presented in Figure 56.

Figure 56. Paired Samples Means for Problem Severity Scores among Montgomery County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Problem Severity at each measurement interval (see Table 112). Significant improvements were noted at 3 months: $t(213) = 8.80$, $p < .01$; 6 months: $t(35) = 4.13$, $p < .01$; and at termination: $t(247) = 11.50$, $p < .01$. Compared to intake scores, caregiver ratings of problem severity at each successive measurement interval significantly improved. Medium effect sizes were noted for all measurement intervals including intake to three months, intake to six months, and intake to termination.

Table 112. 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	31.07 (SD=17.48; n=214)	21.96 (SD=14.87; n=214)	8.80**	.60
Intake to Six Months	33.42 (SD=22.09; n=36)	21.17 (SD=17.29; n=36)	4.13**	.69
Intake to Termination	27.35 (SD=17.65; n=248)	15.97 (SD=14.22; n=248)	11.50**	.73

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in Problem Severity at every data collection point (see Table 113). Improvements were noted at 3 months: $t(236) = 7.54$, $p < .01$; 6 months: $t(40) = 4.35$, $p < .01$; and termination: $t(396) = 10.76$, $p < .01$. Medium effect sizes were noted for the time periods from intake to six months and intake to termination, while a small effect size was found for the time period between intake and three months.

Table 113. Paired Samples T-Tests for Worker Report Problem Severity Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	28.44(SD=13.39; n=237)	21.84 (SD=12.93; n=237)	7.54**	.49
Intake to Six Months	30.38 (SD=14.21; n=41)	19.39 (SD=14.33; n=41)	4.35**	.68
Intake to Termination	26.20 (SD=13.50; n=397)	18.84 (SD=14.22; n=397)	10.76**	.54

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 114). Significant improvements were observed at 3 months: $t(224) = 5.52$, $p < .01$; 6 months: $t(37) = 2.99$, $p < .01$; and termination: $t(589) = 16.74$, $p < .01$. Medium effect sizes were noted for the time periods between intake and six months, intake and nine months, and intake and termination, while a small effect size was found for the time period between intake and three months.

Table 114. Paired Samples T-Tests for Youth Report Problem Severity Scores for Montgomery County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	22.06 (SD=15.00; n=225)	16.92 (SD=13.36; n=225)	5.52**	.37
Intake to Six Months	23.10 (SD=19.01; n=38)	13.83 (SD=13.52; n=38)	2.99**	.48
Intake to Termination	20.93 (SD=15.59; n=247)	12.53 (SD=11.38; n=247)	9.44**	.60

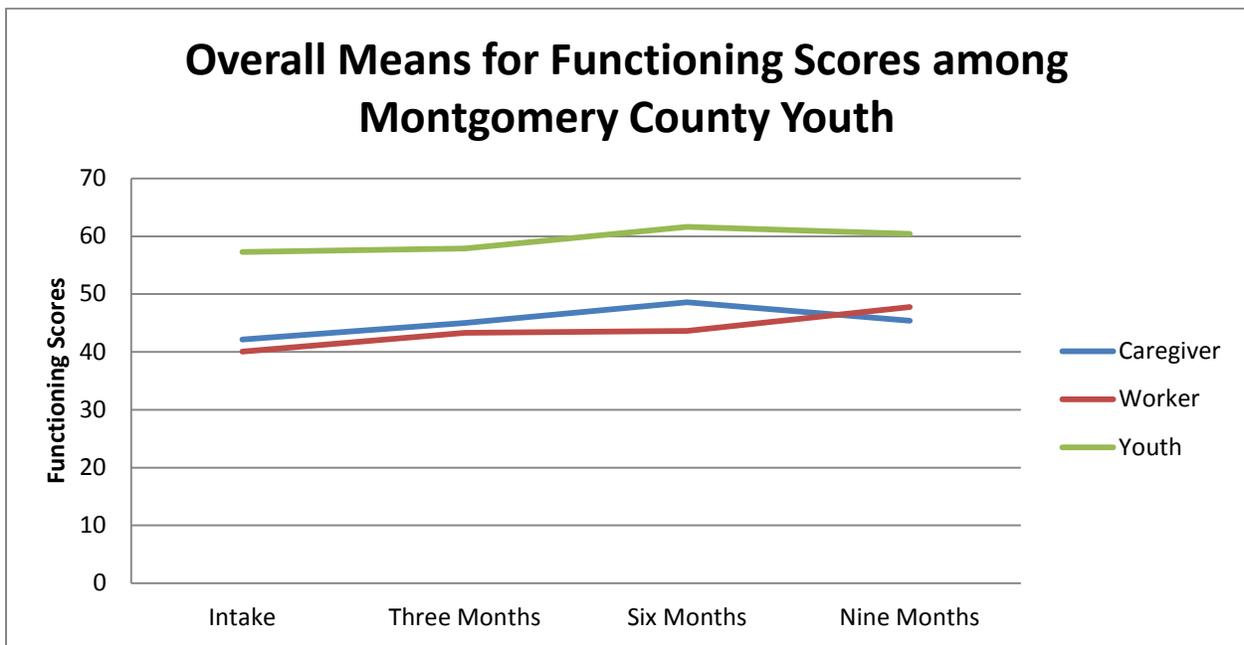
Functioning

Overall means for the Functioning scale by rater and assessment period for Montgomery County youth can be found in Table 115 and graphically represented in Figure 57.

Table 115. Ohio Scales Functioning Scores for Youth in Montgomery County

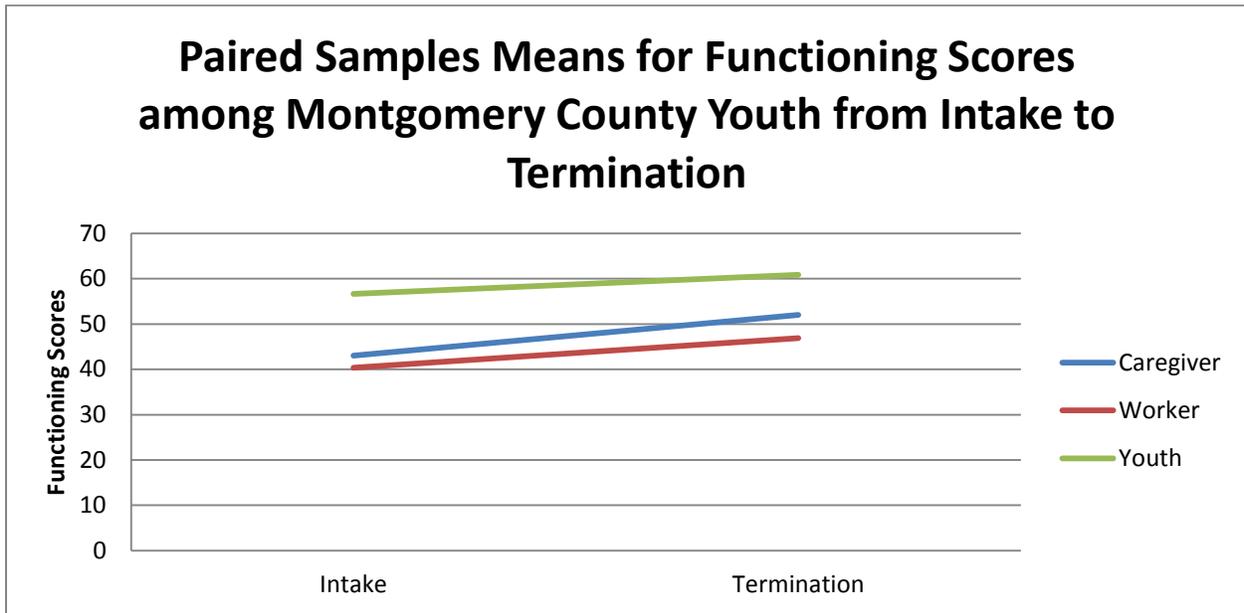
	Caregiver	Worker	Youth
Intake	42.13 (SD=16.35; n=519)	40.08 (SD=11.13; n=566)	57.27 (SD=13.41; n=533)
Three Months	45.01 (SD=16.35; n=245)	43.29 (SD=11.82; n=256)	57.88 (SD=14.37; n=245)
Six Months	48.58 (SD=16.14; n=43)	43.63 (SD=12.97; n=46)	61.61 (SD=13.04; n=44)
Nine Months	45.40 (SD=22.28; n=10)	47.78 (SD=11.55; n=9)	60.40 (SD=5.58; n=10)
Termination	51.03 (SD=17.90; n=285)	46.85 (SD=13.19; n=430)	60.79 (SD=13.70; n=268)

Figure 57. Overall Means for Functioning Scores among Montgomery County Youth



Paired samples means of functioning scores from intake to termination for Montgomery County youth are presented in Figure 58.

Figure 58. Paired Samples Means for Functioning Scores among Montgomery County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests revealed significant improvements in Functioning at each measurement interval (see Table 116). Significant improvements were noted at 3 months: $t(211) = -5.33, p < .01$; 6 months: $t(37) = -3.00, p < .01$; and termination: $t(250) = -8.69, p < .01$. Compared to intake, caregiver ratings of youth functioning significantly improved at each measurement interval. A medium effect size was noted for the measurement interval from intake to termination, while small effect sizes were found for the intervals from intake to three months and intake to six months.

Table 116. 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	39.33 (SD=16.35; n=212)	45.07 (SD=16.23; n=212)	-5.33**	.37
Intake to Six Months	39.84 (SD=17.53; n=38)	49.53 (SD=15.40; n=38)	-3.00**	.49
Intake to Termination	43.02 (SD=16.78; n=251)	52.02 (SD=17.78; n=251)	-8.69**	.55

Worker Ratings

For workers, paired samples t-tests indicated significant improvement in functioning at every data collection point (see Table 117). Significant improvements were noted at 3 months: $t(237) = -4.72, p < .01$; 6 months: $t(40) = -10.62, p < .01$; and termination: $t(394) = -10.02, p < .01$. While small effect

sizes were found for the measurement intervals from intake to three months and intake to six months, a medium effect size was noted for the time period between intake and termination.

Table 117. 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	39.29 (SD=11.78; n=238)	43.09 (SD=11.96; n=238)	-4.72**	.30
Intake to Six Months	37.80 (SD=12.81; n=41)	44.05 (SD=13.01; n=41)	-2.71*	.42
Intake to Termination	40.39 (SD=11.07; n=395)	46.91 (SD=13.22; n=395)	-10.02**	.50

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated significant improvement at each data collection point (see Table 118). Significant improvements were observed at 3 months: $t(224) = -2.59, p < .05$; 6 months: $t(38) = -2.49, p < .05$; and termination: $t(244) = -4.34, p < .01$. Small effect sizes were found for the time periods from intake to six months and intake to termination.

Table 118. 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	55.99 (SD=13.68; n=225)	58.28 (SD=13.92; n=225)	-2.59*	.17
Intake to Six Months	55.28 (SD=14.80; n=39)	61.95 (SD=13.59; n=39)	-2.49*	.40
Intake to Termination	56.65 (SD=13.59; n=245)	60.89 (SD=13.84; n=245)	-4.34**	.28

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 more current use patterns. Table 119 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. Youth were also asked whether they had used each substance in the past six months.

Figure 59 presents past six month use for the four most common substances among those who reported lifetime use. The data showed a decrease in substance use for the four most common substances from intake to termination.

Overall, substance use for BHJJ youth in Montgomery County declined from intake to termination, as measured by the number of days used in the previous 30 days (see Figure 60). The total amount of days using cigarettes did not decrease, however, the mean number of days using alcohol and marijuana decreased from intake to termination.

Table 119. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Montgomery County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	64.0% (n=327)	13.21 (SD=2.15)
Cigarettes	62.9% (n=322)	12.26 (SD=2.64)
Marijuana	62.9% (n=322)	13.06 (SD=1.89)
Chewing Tobacco	13.1% (n=67)	13.48 (SD=2.46)
Pain Killers	15.1% (n=77)	13.93 (SD=1.41)
Cocaine	6.7% (n=34)	14.41 (SD=2.18)
Tranquilizers	14.7% (n=75)	14.22 (SD=1.71)
Ecstasy	4.5% (n=23)	14.57 (SD=1.20)
Ritalin	5.7% (n=29)	14.03 (SD=1.55)
Hallucinogens	5.5% (n=28)	14.21 (SD=1.31)
Non-Prescription Drugs	5.7% (n=29)	13.54 (SD=1.62)

Figure 59. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Montgomery County BHJJ Youth

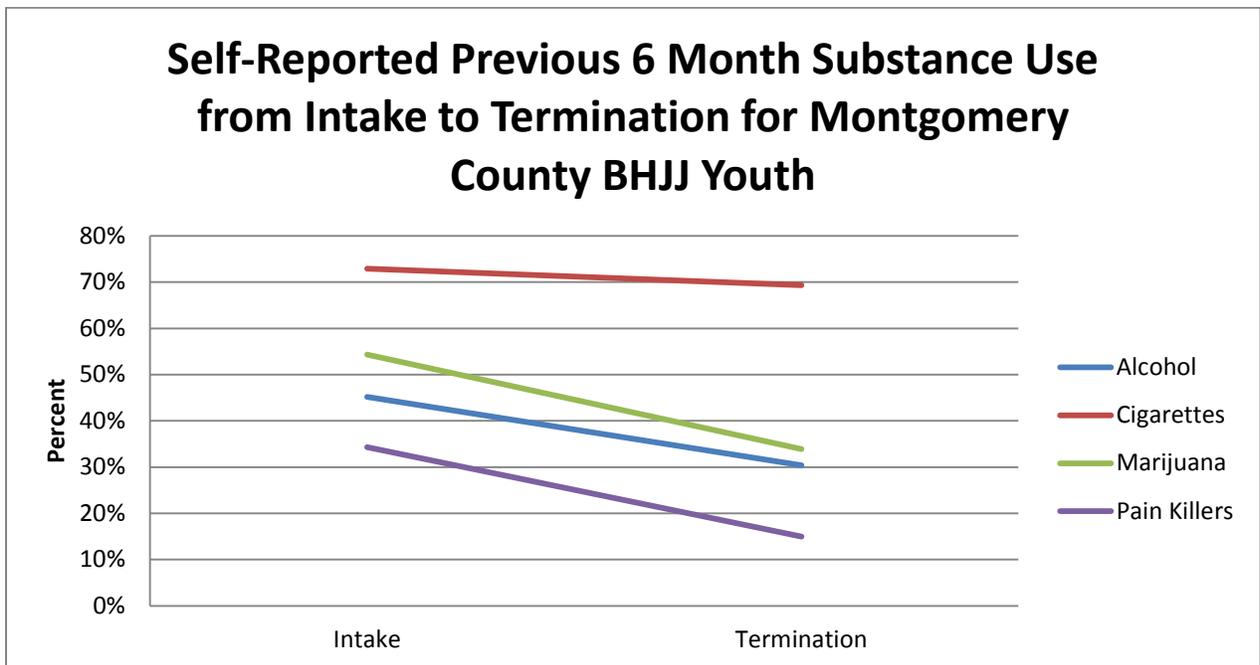
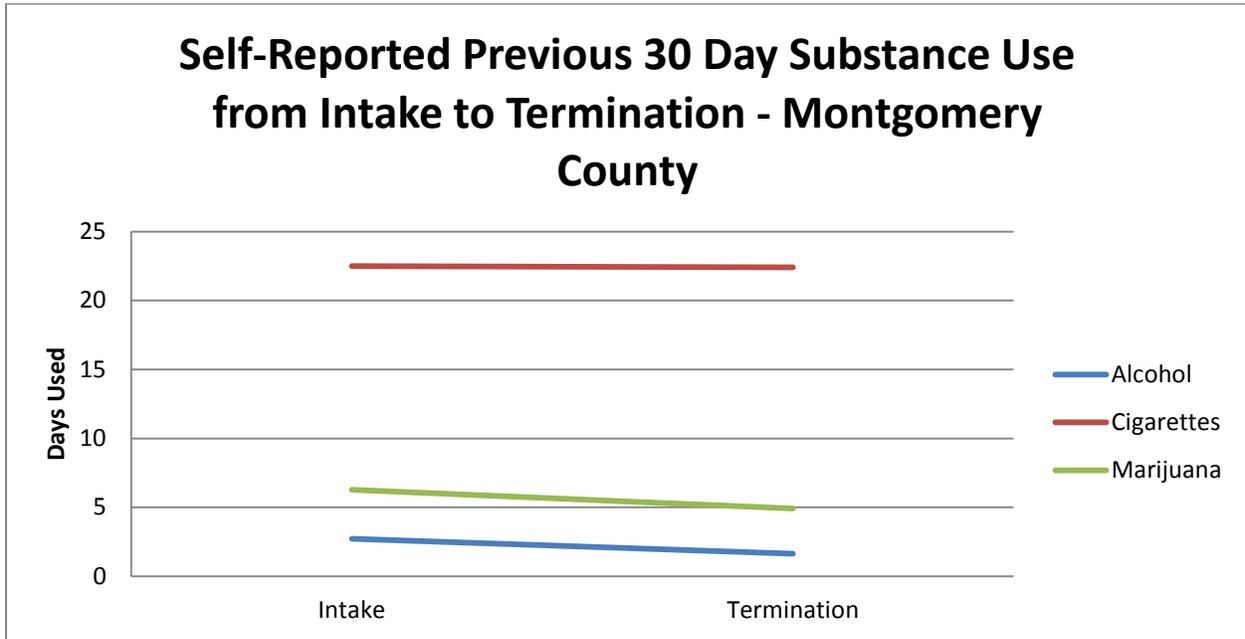


Figure 60. Self-Reported Previous 30 Day Substance Use from Intake to Termination - Montgomery County



Ohio Scales and Substance Use

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the 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 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 61, Figure 62, Figure 63). For example, 63.6% of caregivers reported the youth had no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 78.2% of caregivers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 61. Problems with Drugs or Alcohol in the Past 30 Days Montgomery County - Caregiver

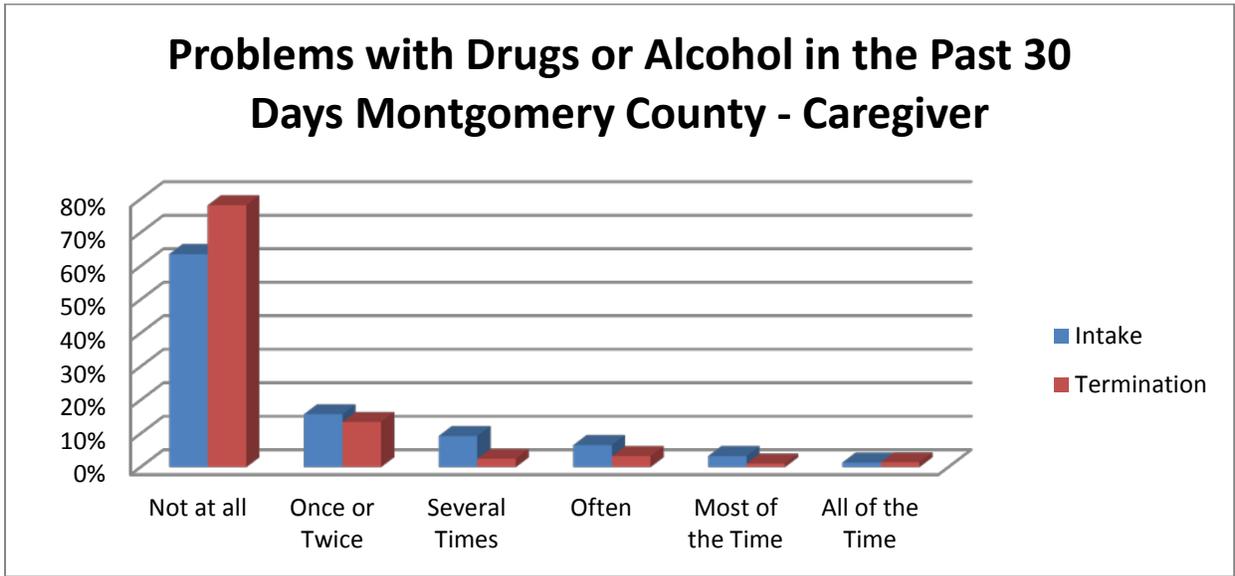


Figure 62. Problems with Drugs or Alcohol in the Past 30 Days Montgomery County - Worker

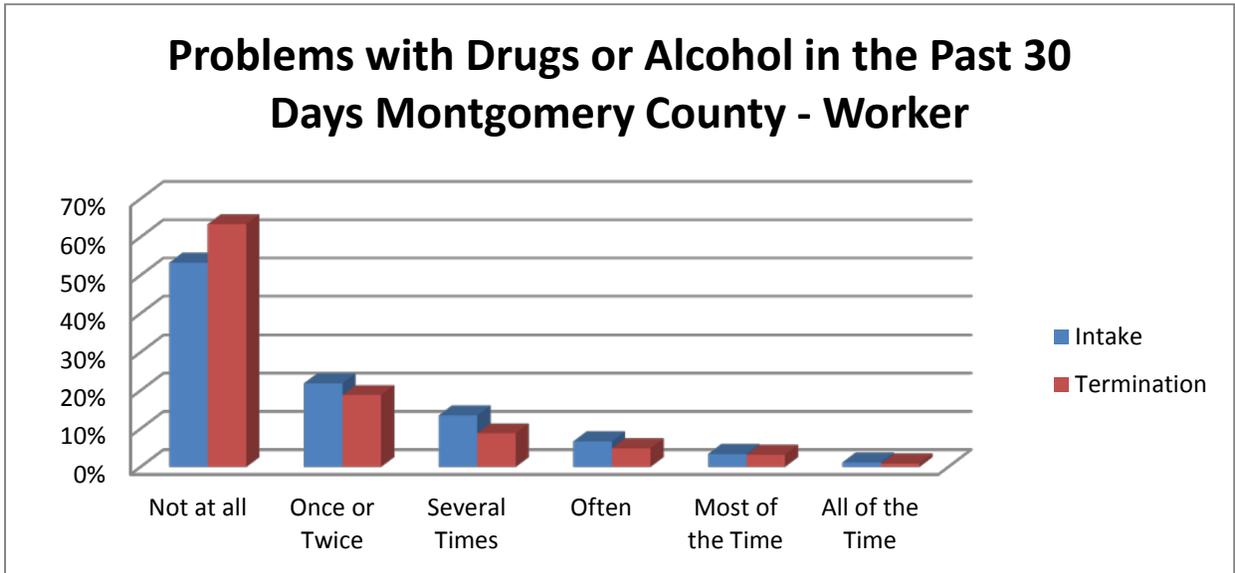
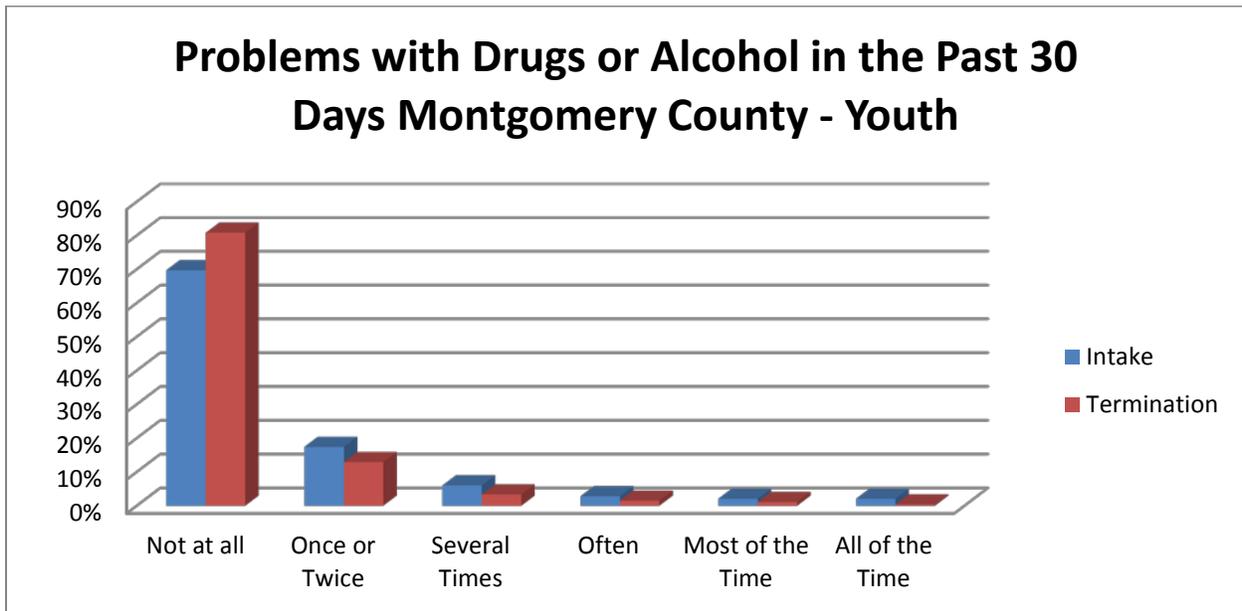


Figure 63. Problems with Drugs or Alcohol in the Past 30 Days Montgomery County - Youth



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 can 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.

To date, there have been 541 youth terminated from the BHJJ program from Montgomery County. Nearly 57% (n = 307) of the youth terminated from the BHJJ program were identified as successful completers. Over 2% (n = 13) of the sample was terminated because the youth or family moved out of the county. Therefore, nearly 60% of youth enrolled in BHJJ were terminated successfully or were terminated because the youth or family moved out of the county. Complete reasons for termination can be found in Table 120.

Table 120. Reasons for Termination in Montgomery County

Termination Reason	Frequency
Successfully Completed Services	56.7% (n = 307)
Client Did Not Return/Rejected Services	7.2% (n = 39)
Out of Home Placement	8.3% (n = 45)
Client/Family Moved	2.4% (n = 13)
Client Withdrawn	13.7% (n = 74)
Client AWOL	2.8% (n = 15)
Client Incarcerated	2.8% (n = 15)
Other	6.0% (n = 33)

Average Length of Stay

The average length of stay in the BHJJ program for Montgomery County was 150 days, or approximately 5 months. For youth who were 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 125 days. For youth enrolled since July 1, 2009, the average length of stay in BHJJ was 134 days, with successful treatment completers averaging 154 days and unsuccessful treatment completers averaging 106 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 35.0% of the youth (n = 200) were at risk for out of home placement. At termination, 31.0% (n = 167) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 27.1% were at risk for out of home placement at termination while 40.6% of youth who unsuccessfully completed BHJJ treatment 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 60.8% (n = 152) of the youth and had stayed the same for 25.2% (n = 63) of the youth. Police contacts increased for 13.6% (n = 34) of the youth and the worker was unable to estimate for 0.4% (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 64). At termination from the BHJJ program, 93.8% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 91.0% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 65). A strong majority (87.6%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 66) and 97.3% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 67).

Figure 64. Caregiver Satisfaction with the BHJJ Program

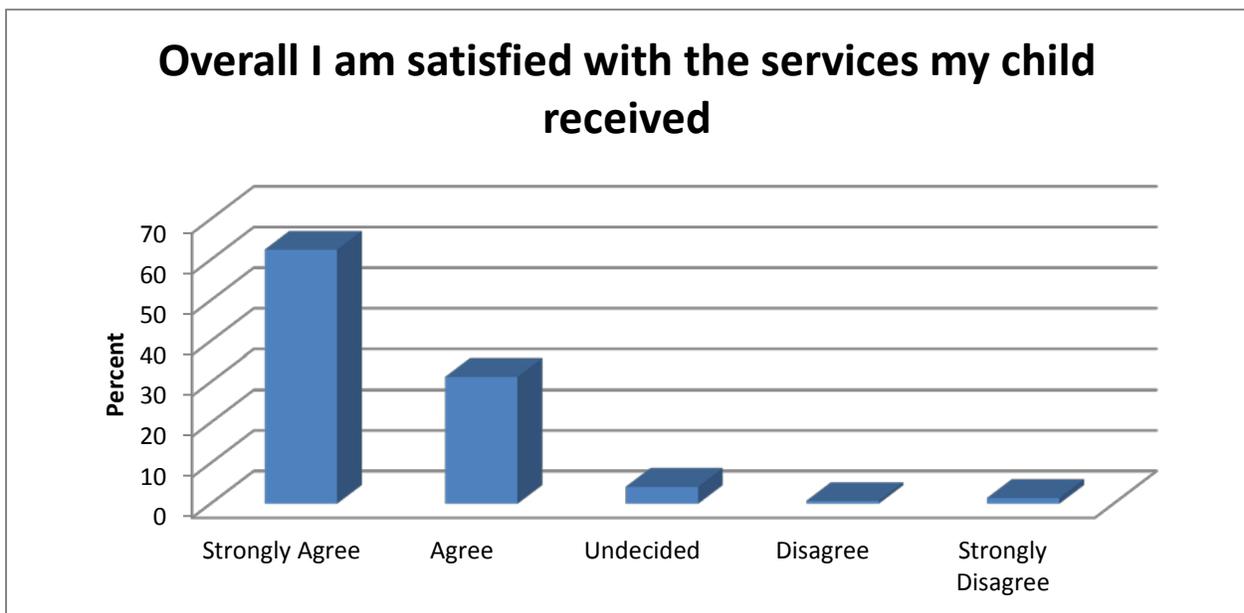


Figure 65. Services Received were Right for Us

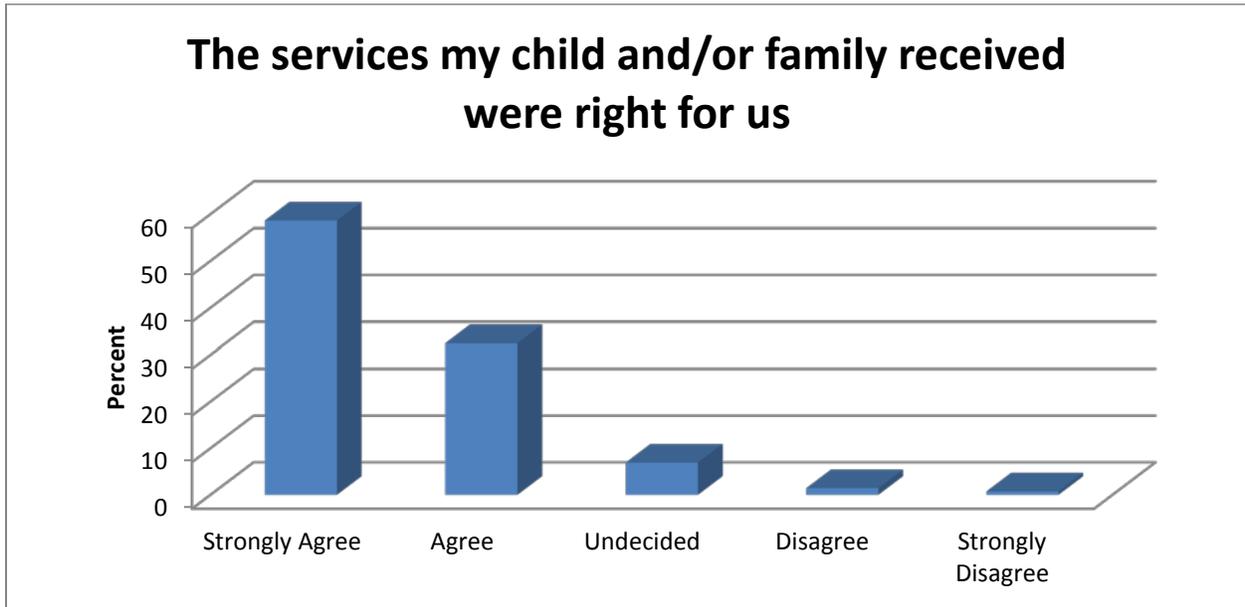


Figure 66. We Received the Help we Wanted

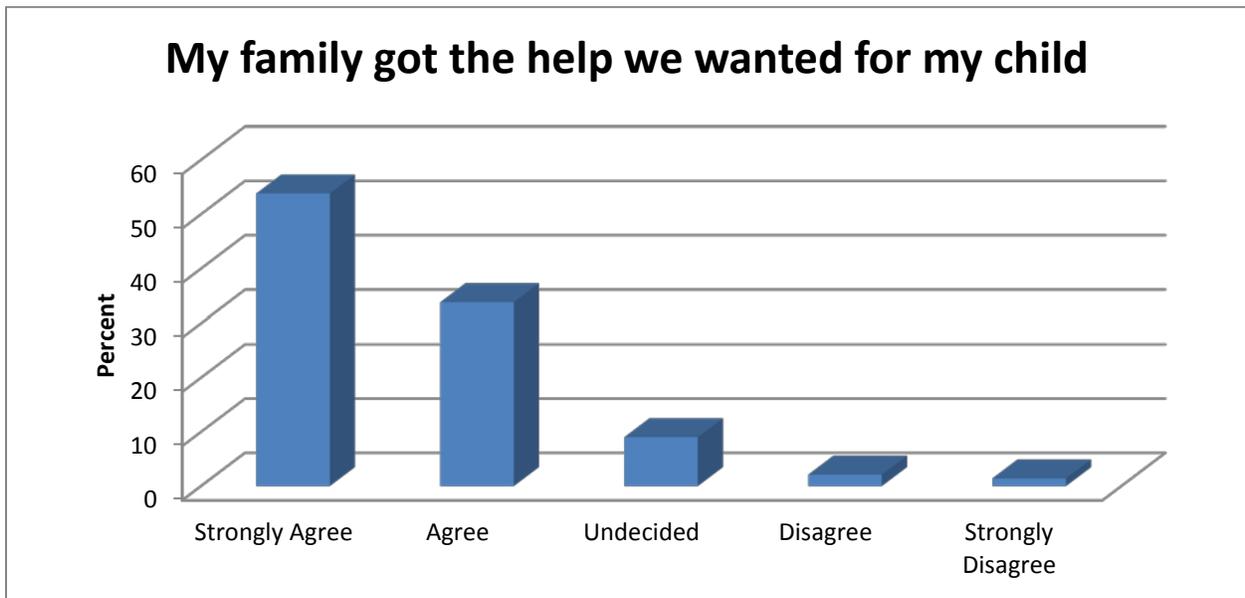
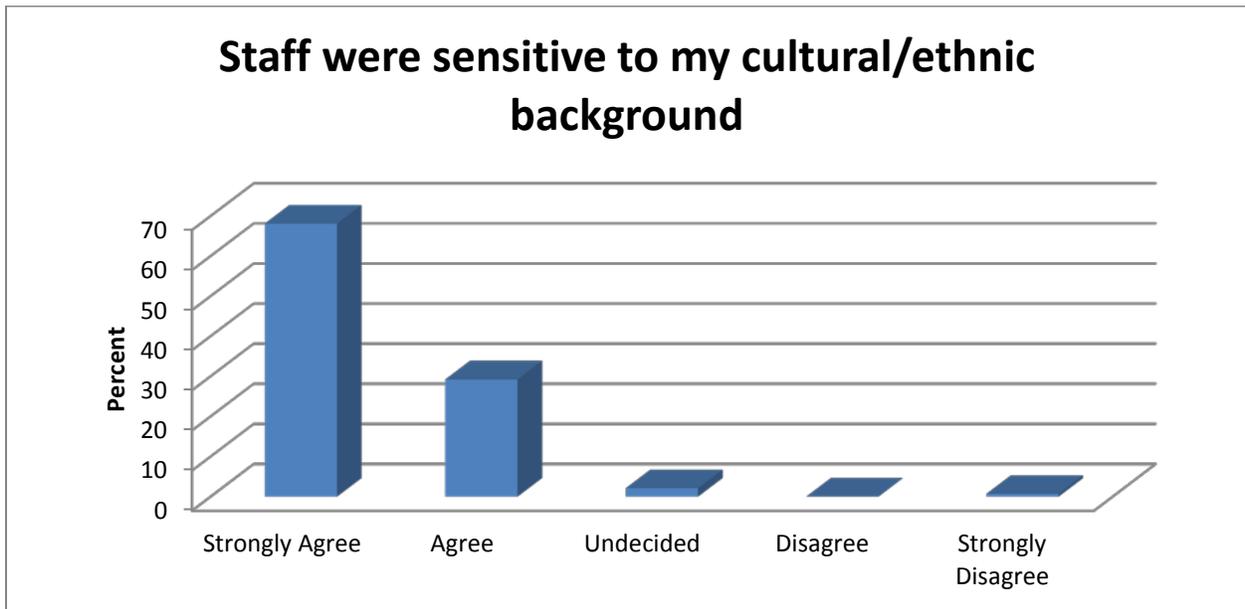


Figure 67. Cultural Competency of BHJJ Services



Recidivism Information

Methodology

Court data were provided by the Montgomery County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. Dismissed charges are included in the charge totals but not in the adjudication totals. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 12 months prior to their BHJJ enrollment, 69.7% of the youth in Montgomery County had at least one misdemeanor, 19.5% of the youth had at least one felony charge, and 72.2% had at least one delinquent adjudication. Of the youth who completed successfully, 44.4% were charged with a new misdemeanor, 11.1% were charged with a new felony, and 40.7% had a new delinquent adjudication in the 12 months after their termination from BHJJ. Of the youth who completed unsuccessfully, 45.4% were charged with a new misdemeanor, 19.0% were charged with a new felony, and 43.8% had a new delinquent adjudication. **Six out of the 634 youth (0.9%) in Montgomery County for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.** Additional data related to juvenile court history and recidivism can be found in Table 121 through Table 129.

Table 121. Charges Prior to Enrollment for BHJJ Youth in Montgomery County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=634)	44.0% (n=279)	543	34.8% (n=221)	359	7.1% (n=45)	53	35.0% (n=222)
6 months (n=634)	71.6% (n=454)	1149	54.6% (n=346)	681	13.4% (n=85)	115	56.0% (n=355)
12 months (n=634)	88.2% (n=559)	1769	69.7% (n=442)	1015	19.5% (n=124)	183	72.2% (n=458)
18 months (n=634)	93.7% (n=594)	2168	76.3% (n=484)	1237	22.4% (n=142)	229	79.0% (n=501)

Table 122. Charges Prior to Enrollment for BHJJ Youth in Montgomery County who Complete Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=301)	40.2% (n=121)	226	33.2% (n=100)	158	4.0% (n=12)	14	33.5% (n=101)
6 months (n=301)	70.8% (n=213)	491	54.1% (n=163)	304	11.6% (n=35)	48	56.8% (n=171)
12 months (n=301)	90.0% (n=271)	778	70.8% (n=213)	466	20.3% (n=61)	84	75.1% (n=226)
18 months (n=301)	95.3% (n=287)	969	77.1% (n=232)	558	22.6% (n=68)	107	80.0% (n=241)

Table 123. Charges Prior to Enrollment for BHJJ Youth in Montgomery County who Complete Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=245)	48.2% (n=118)	244	37.1% (n=91)	153	10.2% (n=25)	31	36.3% (n=89)
6 months (n=245)	74.7% (n=183)	529	56.7% (n=139)	294	15.9% (n=39)	56	55.9% (n=137)
12 months (n=245)	89.0% (n=218)	784	71.4% (n=175)	428	20.0% (n=49)	82	71.8% (n=176)
18 months (n=245)	95.9% (n=235)	964	79.2% (n=194)	540	24.5% (n=60)	103	81.6% (n=200)

Table 124. Recidivism after Enrollment for BHJJ Youth in Montgomery County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=620)	26.3% (n=163)	286	18.2% (n=113)	171	3.4% (n=21)	31	16.6% (n=103)
6 months (n=531)	42.6% (n=226)	485	29.7% (n=158)	281	7.3% (n=39)	55	28.8% (n=153)
12 months (n=378)	61.1% (n=231)	670	45.5% (n=172)	393	11.6% (n=44)	70	42.8% (n=162)
18 months (n=260)	70.8% (n=184)	703	55.4% (n=144)	395	18.1% (n=47)	88	53.5% (n=139)

Table 125. Recidivism after Enrollment for BHJJ Youth in Montgomery County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=296)	19.2% (n=57)	86	13.5% (n=40)	56	0.3% (n=1)	1	12.2% (n=36)
6 months (n=274)	34.7% (n=95)	165	23.3% (n=64)	97	2.5% (n=7)	8	21.2% (n=58)
12 months (n=205)	57.6% (n=118)	299	40.5% (n=83)	166	7.3% (n=15)	30	37.6% (n=77)
18 months (n=136)	69.8% (n=95)	318	53.7% (n=73)	173	13.2% (n=18)	43	51.5% (n=70)

Table 126. Recidivism after Enrollment for BHJJ Youth in Montgomery County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=239)	34.3% (n=82)	156	23.8% (n=57)	88	6.7% (n=16)	26	22.2% (n=53)
6 months (n=219)	49.3% (n=108)	269	35.6% (n=78)	153	12.3% (n=27)	41	33.9% (n=81)
12 months (n=155)	65.2% (n=101)	322	49.7% (n=77)	198	17.4% (n=27)	36	47.1% (n=73)
18 months (n=110)	70.0% (n=77)	330	54.5% (n=60)	193	23.6% (n=26)	40	52.7% (n=58)

Table 127. Recidivism after Termination for BHJJ Youth in Montgomery County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=469)	22.6% (n=106)	195	16.6% (n=78)	119	3.2% (n=15)	35	15.1% (n=71)
6 months (n=396)	39.1% (n=155)	336	26.3% (n=104)	192	7.8% (n=31)	60	26.5% (n=105)
12 months (n=273)	59.7% (n=163)	501	45.0% (n=123)	289	15.4% (n=42)	81	42.5% (n=116)
18 months (n=185)	67.0% (n=124)	516	56.2% (n=104)	294	20.5% (n=38)	82	51.3% (n=95)

Table 128. Recidivism after Termination for BHJJ Youth in Montgomery County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=239)	19.2% (n=46)	86	13.0% (n=31)	41	2.1% (n=5)	17	12.1% (n=29)
6 months (n=202)	34.1% (n=69)	151	21.8% (n=44)	76	3.9% (n=8)	28	21.3% (n=43)
12 months (n=135)	56.3% (n=76)	235	44.4% (n=60)	131	11.1% (n=15)	38	40.7% (n=55)
18 months (n=90)	65.5% (n=59)	236	56.7% (n=51)	125	16.7% (n=15)	43	53.3% (n=48)

Table 129. Recidivism after Termination for BHJJ Youth in Montgomery County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=208)	26.0% (n=54)	98	20.2% (n=42)	71	4.3% (n=9)	12	19.2% (n=40)
6 months (n=177)	43.5% (n=77)	168	30.5% (n=54)	107	11.9% (n=21)	29	32.2% (n=57)
12 months (n=121)	62.0% (n=75)	236	45.4% (n=55)	143	19.0% (n=23)	38	43.8% (n=53)
18 months (n=86)	66.3% (n=57)	253	55.8% (n=48)	156	24.4% (n=21)	36	50.0% (n=43)

Hamilton County

Demographics

Hamilton County has enrolled 89 youth in the BHJJ program since they began the program in 2007. Of the 89 youth enrolled, 31.5% (n = 28) were female and 68.5% (n = 61) were male. Since July 2009, 65.2% (n = 30) of new enrollees have been male (see Table 130).

The majority of the overall sample of youth were either African American (42.7%, n = 38) or Caucasian (46.1%, n = 41). A similar pattern was found for youth enrolled since July 2009, although a slightly higher proportion of African Americans (47.8%, n = 22) and slightly lower proportion of Caucasians (45.7%, n = 21) was observed. The average age of the youth at intake into BHJJ was 15.1 years old (SD = 1.53) with a range between 11.1 and 17.5 years.

Table 130. Demographic Information for BHJJ Youth in Hamilton County

	All Youth Enrolled (2006 – 2011)	Youth Enrolled between July 2009 – June 2011
Gender	Female = 31.5% (n = 28) Male = 68.5% (n = 61)	Female = 34.8% (n = 16) Male = 65.2% (n = 30)
Race	African American = 42.7% (n = 38) Caucasian = 46.1% (n = 41) Other = 11.2% (n = 10)	African American = 47.8% (n = 22) Caucasian = 45.7% (n = 21) Other = 6.5% (n = 3)
Age at Intake	15.1 years (SD = 1.53)	15.1 years (SD = 1.28)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (70.5%, n = 55) (see Table 131). At time of enrollment, 84.6% (n = 66) of the BHJJ youth lived with at least one biological parent.

Over 85% of the BHJJ caregivers (85.6%, n = 65) had at least a high school diploma or GED, and 13.1% (n = 30) had a bachelor's degree or higher (see Table 132). Over 14% of caregivers (14.4%) 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 133). Nearly 80% of caregivers (78.6%, n = 61) reported annual household incomes below \$35,000 and 42.4% reported annual household income of less than \$20,000. Nearly 25% of BHJJ families (24.4%) reported an annual household income below \$10,000.

Table 131. Custody Arrangement for BHJJ Youth in Hamilton County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	12.8% (n=10)
Biological Mother Only	70.5% (n=55)
Biological Father Only	1.3% (n = 1)
Adoptive Parent(s)	6.4% (n=5)
Aunt/ Uncle	1.3% (n=1)
Grandparents	6.4% (n=5)
Other	1.3% (n=1)

Table 132. Educational Outcomes for Caregivers of BHJJ Youth in Hamilton County

Number of School Years Completed	Number of Caregivers
Less than High School	14.4% (n= 11)
High School Graduate or G.E.D.	48.7% (n=37)
Some College or Associate Degree	23.7% (n=18)
Bachelor's Degree	2.6% (n=22)
More than a Bachelor's Degree	10.5% (n=8)

Table 133. Annual Household Income for BHJJ Families in Hamilton County

Annual Household Income	BHJJ Families
Less than \$5,000	15.4% (n = 12)
\$5,000 - \$9,999	9.0% (n = 7)
\$10,000 - \$14,999	10.3% (n = 8)
\$15,000 - \$19,999	7.7% (n = 6)
\$20,000 - \$24,999	14.1% (n = 11)
\$25,000 - \$34,999	21.8% (n = 17)
\$35,000 - \$49,999	11.5% (n = 9)
\$50,000 - \$74,999	9.0% (n = 7)
\$75,000 - \$99,999	1.3% (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 134). Chi-square analysis was conducted on each item and significant differences are identified in Table 134. Overall, caregivers of females reported significantly higher levels of sexual abuse and running away. Caregivers of males reported the youth was significantly more likely to be exposed to domestic violence and significantly more likely to live in a household in which a household member was convicted of a crime.

Caregivers reported that 11.5% of females and 13.2% of males had a history of physical abuse and 23.1% of females and 5.9% of males had a history of sexual abuse. Caregivers of 41.2% of BHJJ males reported having heard the child talk about suicide and over 25% of caregivers of BHJJ females reported the youth attempted suicide at least once. Over 55% of females (56.0%) and nearly 65% of BHJJ males (64.7%) had family members who were diagnosed with or showed signs of depression. Nearly 50% of males (49.0%) and 63.0% of females were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 134. Youth and Family History in Hamilton County

Question	Females	Males
Has the child ever been physically abused?	11.5% (n=3)	13.2% (n=7)
Has the child ever been sexually abused?	23.1% (n = 6)*	5.9% (n = 3)
Has the child ever run away?	73.1% (n = 19)*	48.0% (n = 24)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	36.0% (n = 9)	54.7% (n = 29)
Has the child ever talked about committing suicide?	38.5% (n =10)	41.2% (n = 21)
Has the child ever attempted suicide?	25.9% (n = 7)	10.2% (n = 5)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	11.1% (n = 3)	36.5% (n = 19)*
Has anyone in the child’s biological family ever been diagnosed with depression or shown signs of depression?	56.0% (n = 14)	64.7% (n = 33)
Has anyone in the child’s biological family had a mental illness, other than depression?	38.5% (n = 10)*	42.0% (n = 21)
Has the child ever lived in a household in which someone was convicted of a crime?	8.0% (n = 2)	32.0% (n = 16)*
Has anyone in the child’s biological family had a drinking or drug problem?	42.3% (n = 11)	49.0% (n = 25)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	63.0% (n = 17)	49.0% (n = 25)

*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 11.5% (n = 3) of females had been pregnant and 9.1% (n = 2) were currently expecting a child. Caregivers reported that 2.3% (n = 1) of males had impregnated a female and none were currently expecting a child. Over 5% of females (5.9%, n = 1) but none of males currently had children. Of the females who had children, 100% (n = 1) currently lived with the child.

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 (50.0%) and males (54.3%) was Attention Deficit Hyperactivity Disorder (see Table 135).

Youth reported an average of 2.23 Axis 1 diagnoses. Females reported 49 Axis I diagnoses (2.23 diagnoses per female) and males reported 94 Axis I diagnoses (2.24 diagnoses per male). Chi-square analysis indicated no significant differences with respect to gender on any of the most prevalent DSM-IV Axis I diagnoses. Over 20% of females (22.7%) and 23.8% of males had a co-occurring substance use and mental health diagnosis.

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

DSM-IV Axis I Diagnosis	Females	Males
Attention Deficit Hyperactivity Disorder	50.0% (n = 11)	54.3% (n = 25)
Oppositional Defiant Disorder	40.9% (n = 9)	28.6% (n = 12)
Depressive Disorders	22.7% (n = 5)	19.0% (n = 8)
Cannabis Related Disorders	18.2% (n = 4)	19.0% (n = 8)
Post-traumatic Stress Disorder	18.2% (n = 4)	7.1% (n = 3)
Bipolar Disorder	13.6% (n = 3)	19.0% (n = 8)
Anxiety Disorder	9.1% (n = 2)	0.0% (n = 0)
Dysthymic Disorder	4.5% (n = 1)	11.9% (n = 5)
Mood Disorder	4.5% (n = 1)	21.4% (n = 9)
Conduct Disorder	4.5% (n = 1)	14.3% (n = 6)
Disruptive Behavior Disorder	0.0% (n = 0)	11.9% (n = 5)

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

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 50% (51.5%, n = 17) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Under 50% (46.5%, n = 20) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 92.3% (n = 36) of youth were currently attending school (this does not include youth on summer break). At termination, 90.1% (n = 40) 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 136 displays the grades typically received by the BHJJ youth at intake and termination from the program. At intake, 33.4% of youth received mostly A's, B's, or C's. At termination, 53.0% of youth received mostly A's, B's, or C's. At termination, 68.8% (n = 22) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 51.1% (n = 23) of youth were attending school more than before starting treatment and 37.8% (n = 17) of youth were attending school ‘about the same’ amount compared to before starting treatment. Workers reported 11.1% (n = 5) of youth were attending school less often than before treatment in BHJJ.

Table 136. Academic Performance in Hamilton County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A’s and B’s	15.2% (n = 5)	20.6% (n = 7)
Mostly B’s and C’s	18.2% (n = 6)	32.4% (n = 11)
Mostly C’s and D’s	48.5% (n = 16)	35.3% (n = 12)
Mostly D’s and F’s	18.2% (n = 6)	11.8% (n = 4)

Vocational Data

At intake into BHJJ, workers reported that 5.1% (n = 2) of youth were employed, and that 100% of them were working part-time. At termination, 6.5% (n = 3) of the youth were employed and 100% (n = 2) were working part time. None of the youth received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and at intake, 7.5% (n = 3) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 15.2% (n = 7) of youth received employment counseling or vocational training in the past 12 months and 31.9% (n = 15) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Hamilton County both at intake and at 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 137 shows 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 indicated as either underreporters or hyperresponders.

Means for both males and females in the Hamilton County BHJJ program were lower at termination in comparison with mean TSCC scores at intake. Table 138 presents means for youth with subscale scores at intake and termination. Paired samples t-tests were conducted on the six subscales for Hamilton County BHJJ youth (see Table 138). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 22 youth who had scores at both intervals. Statistically significant improvements were noted for the anxiety ($t(21) = 2.68, p < .05$), depression ($t(21) = 2.16, p < .05$), anger ($t(21) = 3.60, p < .01$), posttraumatic stress ($t(21) = 4.05, p < .01$), dissociation ($t(20) = 3.41, p < .01$), and sexual concerns ($t(21) = 3.21, p < .01$) subscales. A large effect was found for posttraumatic stress, while medium effect sizes were noted for the anxiety, depression, anger, dissociation, and sexual concerns subscales. Means reported in Table 138 are represented graphically in Figure 68.

Table 137. Means for TSCC Subscales from Intake to Termination for Hamilton County Youth

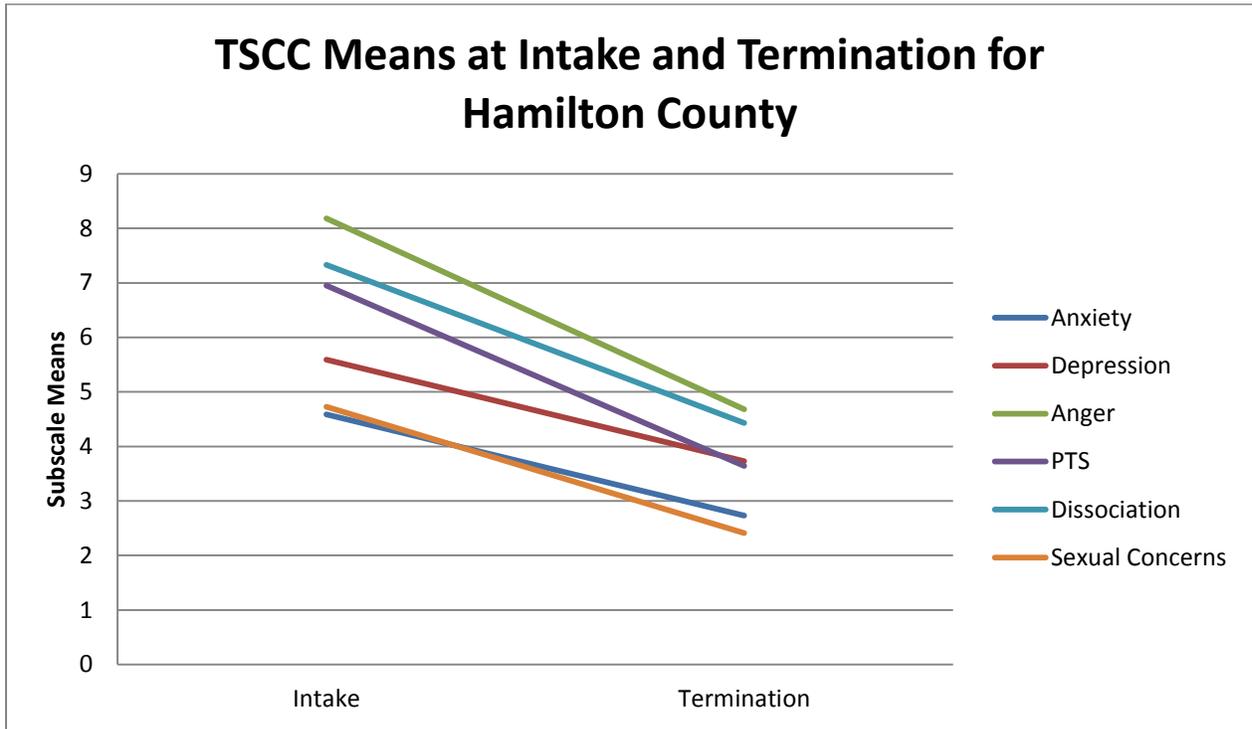
	Intake	Termination
Anxiety	4.63 (SD=4.12; n=51)	2.28 (SD=2.17; n=32)
Depression	5.80 (SD=4.34; n=51)	3.34 (SD=3.24; n=32)
Anger	8.10 (SD=4.25; n=51)	4.81 (SD=3.86; n=32)
PTS	6.69 (SD=5.58; n=51)	3.41 (SD=3.47; n=32)
Dissociation	7.06 (SD=4.68; n=50)	4.44 (SD=3.96; n=32)
Sexual Concerns	3.80 (SD=3.90; n=51)	2.22 (SD=2.01; n=32)

Table 138. TSCC Subscale Means for Hamilton County Youth at Intake and Termination

	Intake	Termination	t	d
Anxiety	4.59 (SD=2.61; n=22)	2.73 (SD=2.31; n=22)	2.68*	.57
Depression	5.59 (SD=3.10; n=22)	3.73 (SD=3.49; n=22)	2.16*	.46
Anger	8.18 (SD=4.24; n=22)	4.68 (SD=3.23; n=22)	3.60**	.77
PTS	6.95 (SD=4.58; n=22)	3.64 (SD=3.73; n=22)	4.05**	.86
Dissociation	7.33 (SD=4.04; n=21)	4.43 (SD=2.91; n=21)	3.41**	.74
Sexual Concerns	4.73 (SD=4.79; n=22)	2.41 (SD=2.20; n=22)	3.21**	.69

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

Figure 68. TSCC Means from Intake to Termination for Hamilton County Youth



Ohio Scales

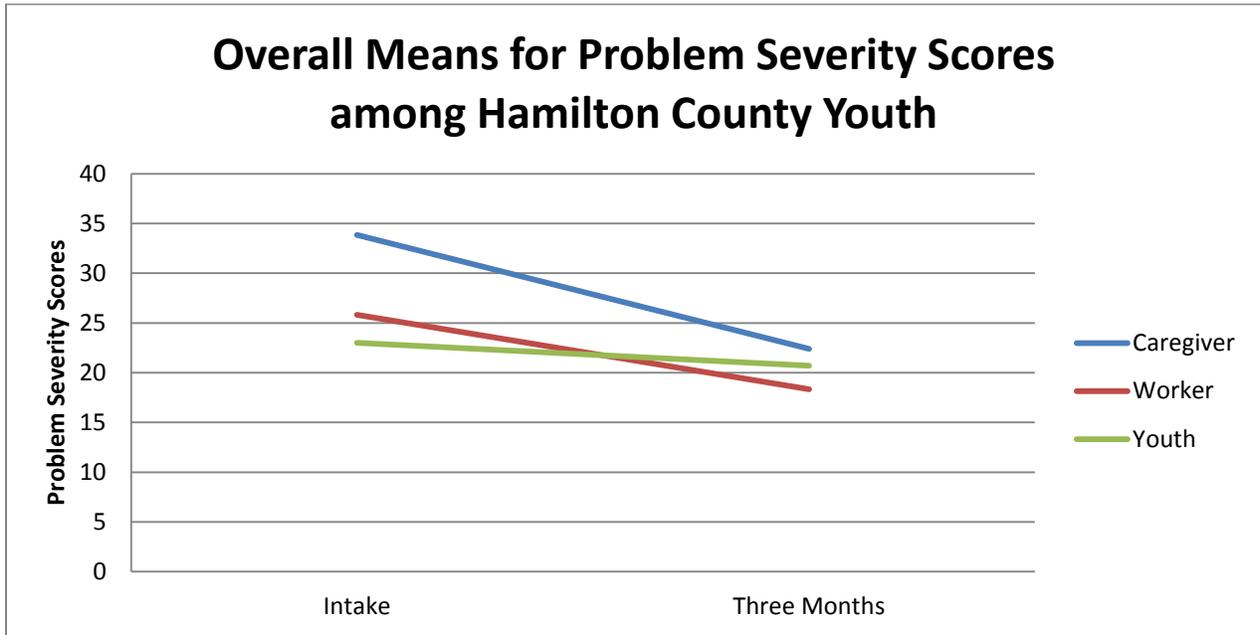
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Hamilton County youth can be found in Table 139 and graphically represented in Figure 69.

Table 139. Ohio Scales Problem Severity Scores for Youth in Hamilton County

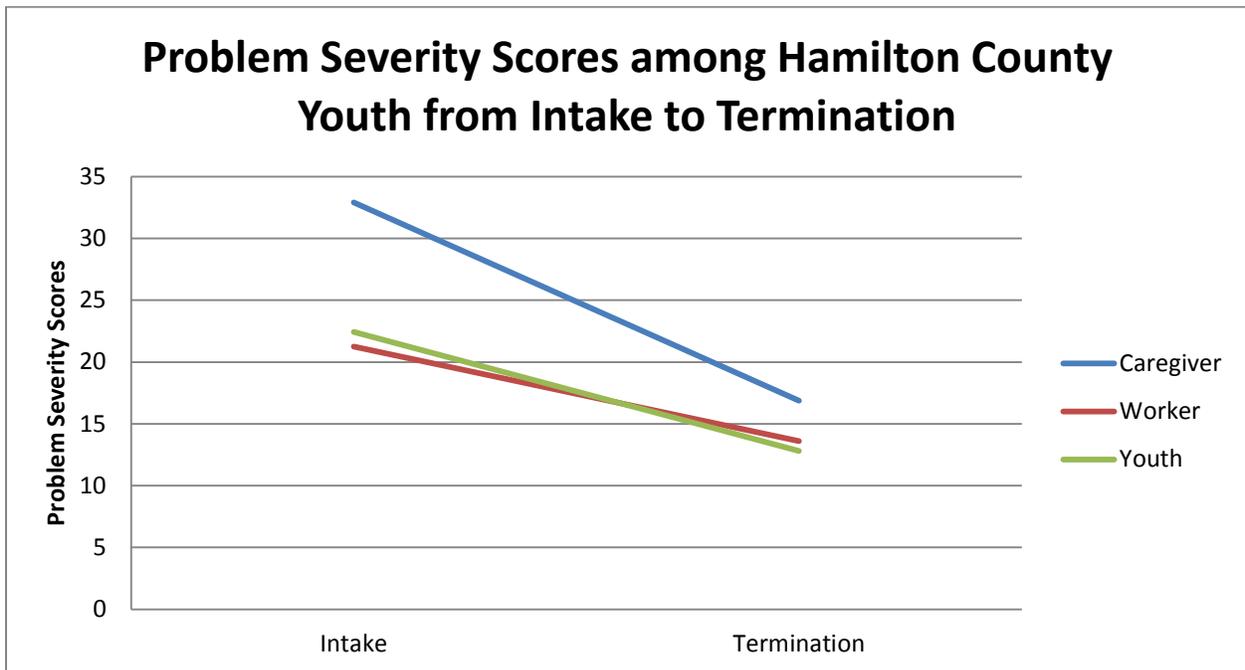
	Caregiver	Worker	Youth
Intake	33.86 (SD=16.21; n=73)	25.82 (SD=12.67; n=74)	23.00 (SD=14.36; n=75)
Three Months	22.39 (SD=17.03; n=10)	18.33 (SD=12.80; n=9)	20.70 (SD=12.69; n=10)
Termination	17.17 (SD=13.96; n=42)	14.30 (SD=9.97; n=44)	12.85 (SD=9.68; n=40)

Figure 69. Overall Means for Problem Severity Scores among Hamilton County Youth



Paired samples means of problem severity scores from intake to termination for Hamilton County youth are presented in Figure 70.

Figure 70. Paired Samples means for Problem Severity Scores among Hamilton County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests were conducted on intake to termination and revealed significant improvements in Problem Severity (see Table 140). Significant improvements in the measurement interval between interval and termination: $t(28) = 5.19$, $p < .01$. A large effect size was noted for the interval between intake and termination.

Table 140. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	32.91 (SD=14.51; n=29)	16.87 (SD=11.74; n=29)	5.19**	.96

Worker Ratings

For workers, a paired samples t-test indicated significant improvement in Problem Severity from intake to termination (see Table 141). In the interval between intake and termination, a statistically significant improvement in Problem Severity was found: $t(32) = 18.30$, $p < .01$. A medium effect size was found for the interval between intake and termination.

Table 141. Paired Samples T-Tests for Worker Report Problem Severity Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	21.24 (SD=9.92; n=33)	13.61 (SD=9.55; n=33)	3.76**	.65

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated a significant improvement from intake to termination: $t(29) = 3.76$, $p < .01$ (see Table 142). A medium effect size was noted for the measurement interval between intake and termination.

Table 142. Paired Samples T-Tests for Youth Report Problem Severity Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	22.44 (SD=13.21; n=30)	12.80 (SD=10.19; n=30)	3.76**	.68

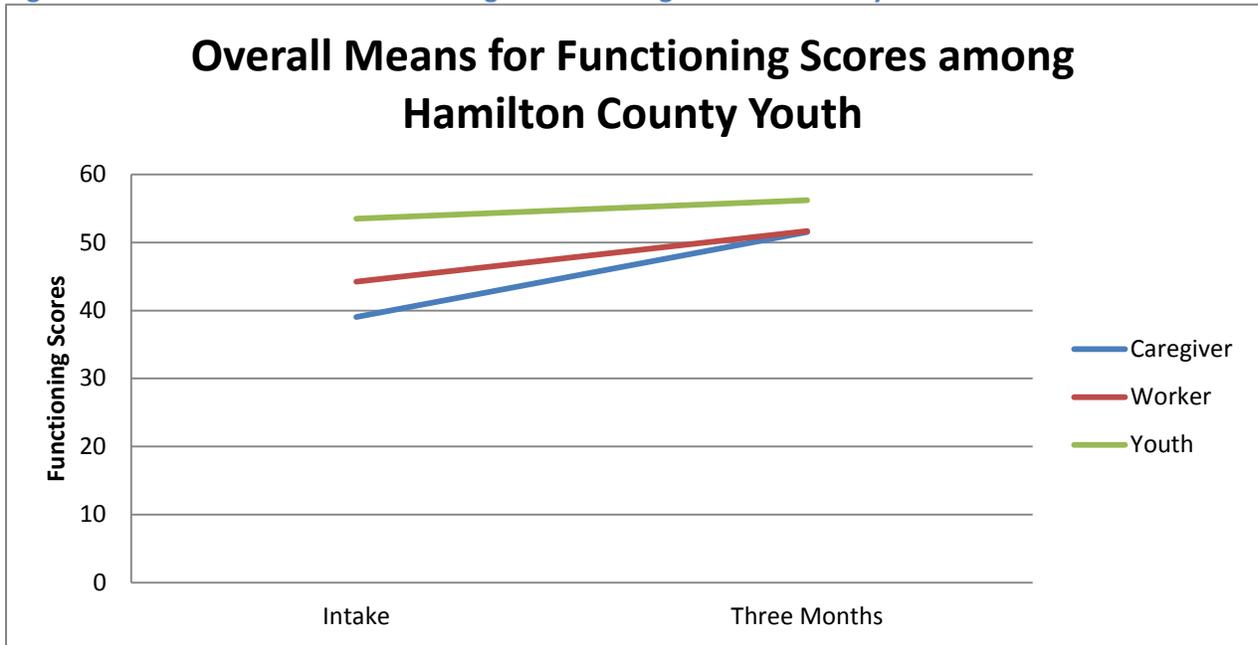
Functioning

Overall means for the Functioning scale by rater and assessment period for Hamilton County youth can be found in Table 139 and graphically represented in Figure 71.

Table 143. Ohio Scales Functioning Scores for Youth in Hamilton County

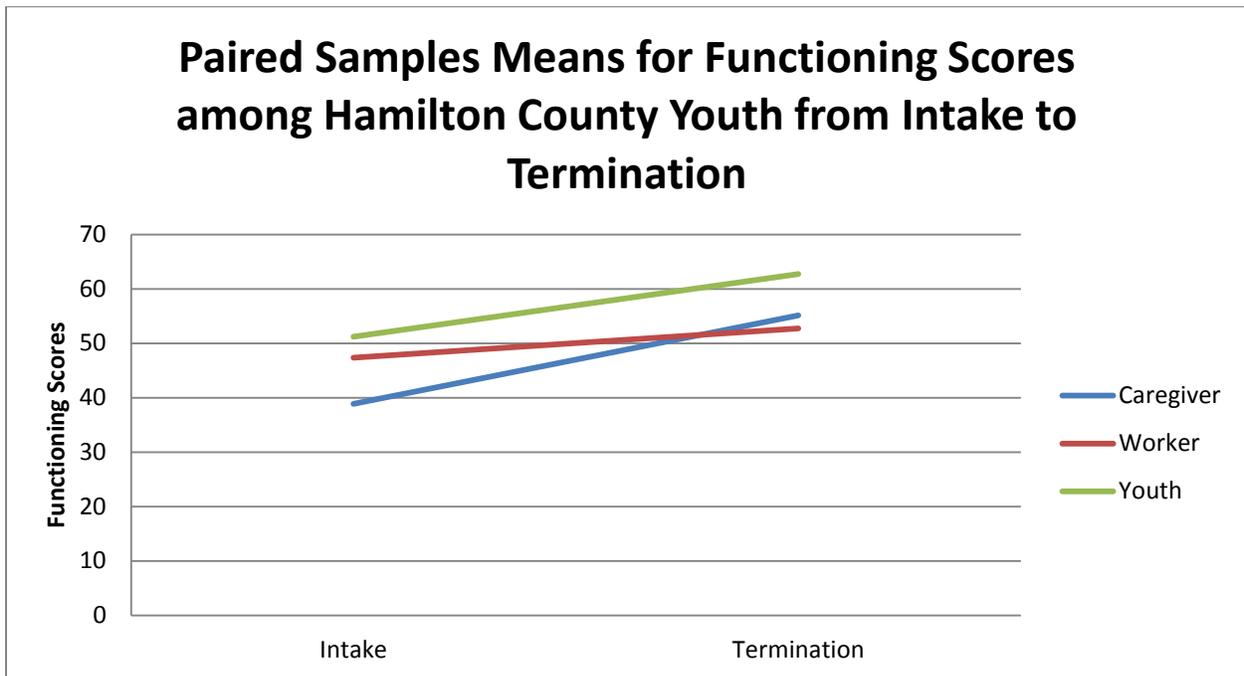
	Caregiver	Worker	Youth
Intake	39.04 (SD=15.15; n=73)	44.22 (SD=10.69; n=73)	53.49 (SD=14.65; n=72)
Three Months	51.54 (SD=19.10; n=11)	51.67 (SD=18.61; n=9)	56.20 (SD=16.60; n=10)
Termination	56.24 (SD=15.57; n=42)	52.07 (SD=13.49; n=43)	61.66 (SD=10.71; n=35)

Figure 71. Overall Means for Functioning Scores among Hamilton County Youth



Paired samples means of functioning scores from intake to termination for Hamilton County youth are presented in Figure 72.

Figure 72. Paired Samples Means for Functioning Scores among Hamilton County Youth from Intake to Termination



Caregiver Ratings

A paired samples t-test revealed a significant improvement in Functioning at the measurement interval between intake and termination: $t(28) = -5.68, p < .01$ (see Table 144). Compared to intake, caregiver ratings of youth functioning at termination significantly improved. A large effect size was found for the time period between intake and termination.

Table 144. Paired Samples T-Tests for Caregiver Report Functioning Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	38.90 (SD=13.73; n=29)	55.14 (SD=14.78; n=29)	-5.68**	1.05

Worker Ratings

For workers, a paired samples t-test indicated no significant improvement in Problem Severity from intake to termination (see Table 145).

Table 145. Paired Samples T-Tests for Worker Report Functioning Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	47.36 (SD=9.87; n=33)	52.73 (SD=14.55; n=33)	-1.67	.29

Youth Rating

A paired samples t-test conducted on the youth ratings indicated a significant improvement from intake to termination: $t(24) = -3.33, p < .01$. A medium effect size was found for the measurement interval between intake and termination.

Table 146. Paired Samples T-Tests for Youth Report Functioning Scores for Hamilton County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	51.24 (SD=17.38; n=25)	62.72 (SD=10.46; n=25)	-3.33**	.66

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 more current use patterns. Table 147 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. Youth were also asked whether they had used each substance in the past six months. Figure 73 presents past six month use for the three most common substances among those who reported lifetime use. The data showed a decrease in substance use for the three most common substances from intake to termination.

Overall, substance use for BHJJ youth in Hamilton County declined from intake to termination, as measured by the number of days used in the previous 30 days (see Figure 74). The mean number of days using cigarettes, alcohol, and marijuana decreased from intake to termination.

Table 147. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Hamilton County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	40.7% (n=33)	13.46 (SD=1.64)
Cigarettes	40.7% (n=33)	12.37 (SD=2.38)
Marijuana	56.1% (n=46)	13.28 (SD=1.75)
Chewing Tobacco	9.9% (n=8)	14.40 (SD=1.67)
Pain Killers	8.6% (n=7)	14.67 (SD=1.03)
Cocaine	3.7% (n=3)	15.67 (SD=0.58)
Tranquilizers	4.9% (n=4)	15.00 (SD=0.00)
Ecstasy	4.9% (n=4)	15.25 (SD=1.71)
Ritalin	8.5% (n=7)	12.67 (SD=3.67)
Hallucinogens	4.9% (n=4)	15.33 (SD=0.58)
Non-Prescription Drugs	7.4% (n=6)	15.00 (SD=1.41)

Figure 73. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Hamilton County BHJJ Youth

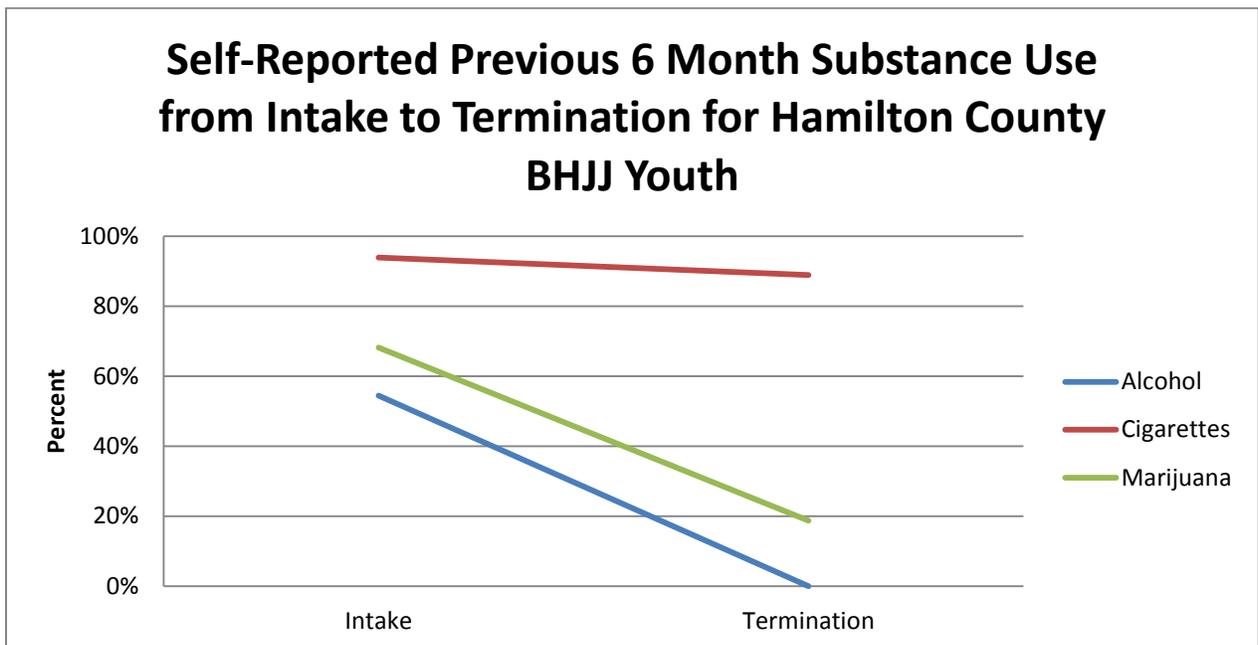
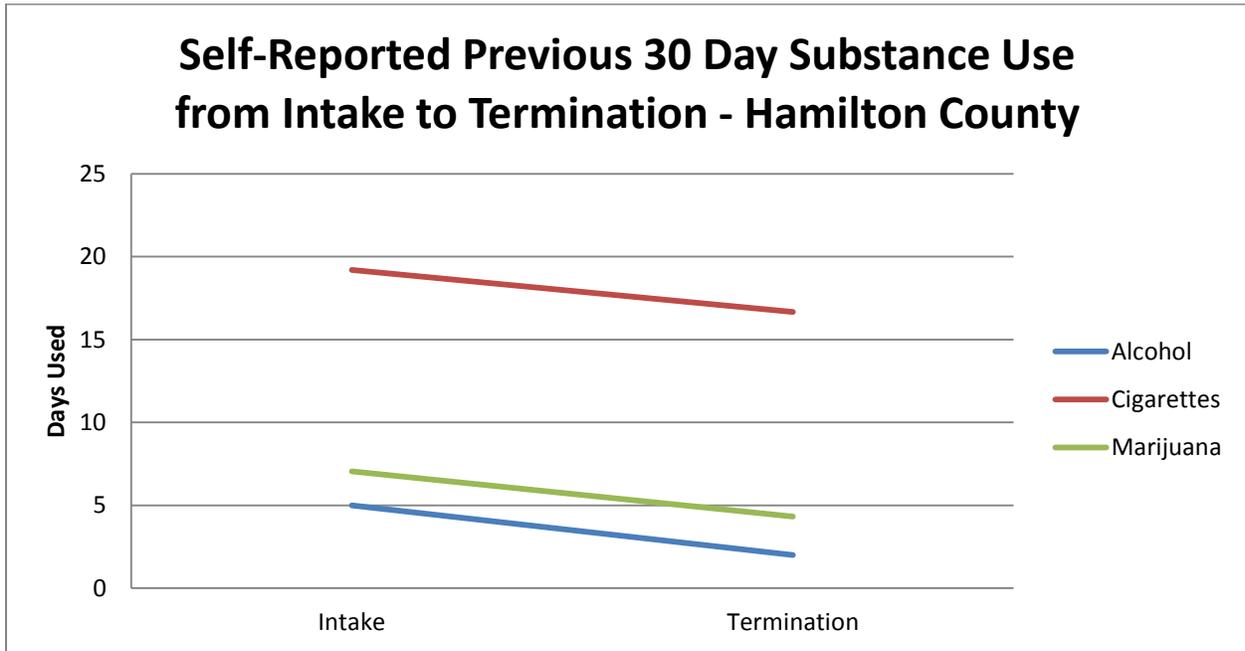


Figure 74. Self-Reported 30 Day Substance Use from Intake to Termination - Hamilton County



Ohio Scales and Substance Use

The Ohio Scales contain one Likert-scale item about the youth's problems with alcohol and drugs during the 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 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 75, Figure 76, Figure 77). For example, 54.1% of caregivers reported the youth had no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 76.2% of caregivers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 75. Problems with Drugs or Alcohol in the Past 30 Days Hamilton County - Caregiver

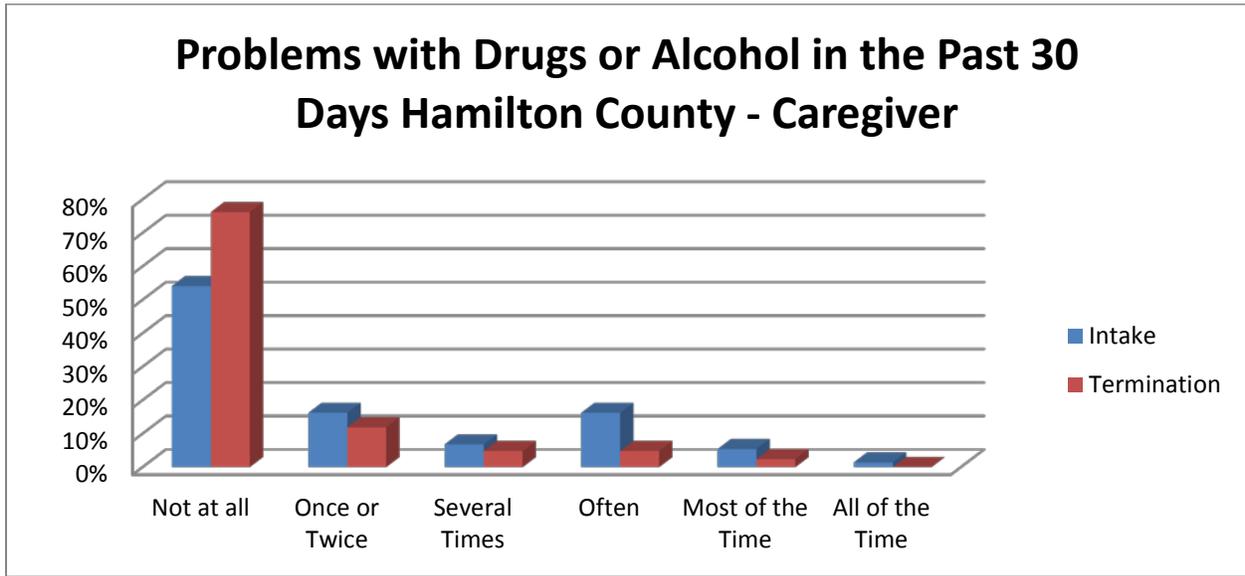


Figure 76. Problems with Drugs of Alcohol in the Past 30 Days Hamilton County - Worker

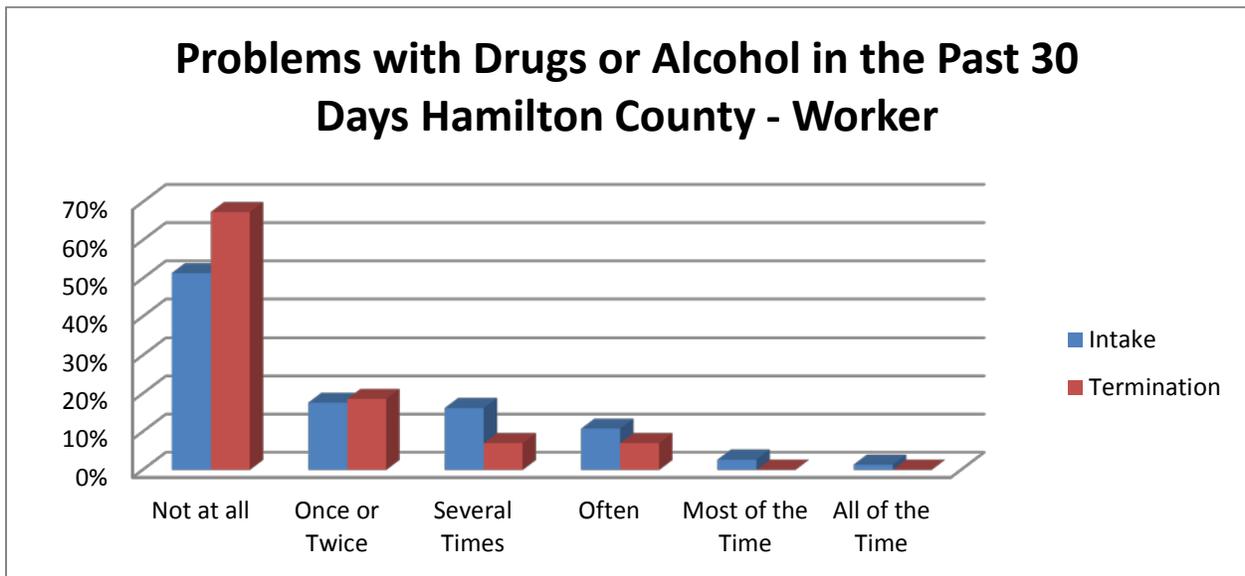
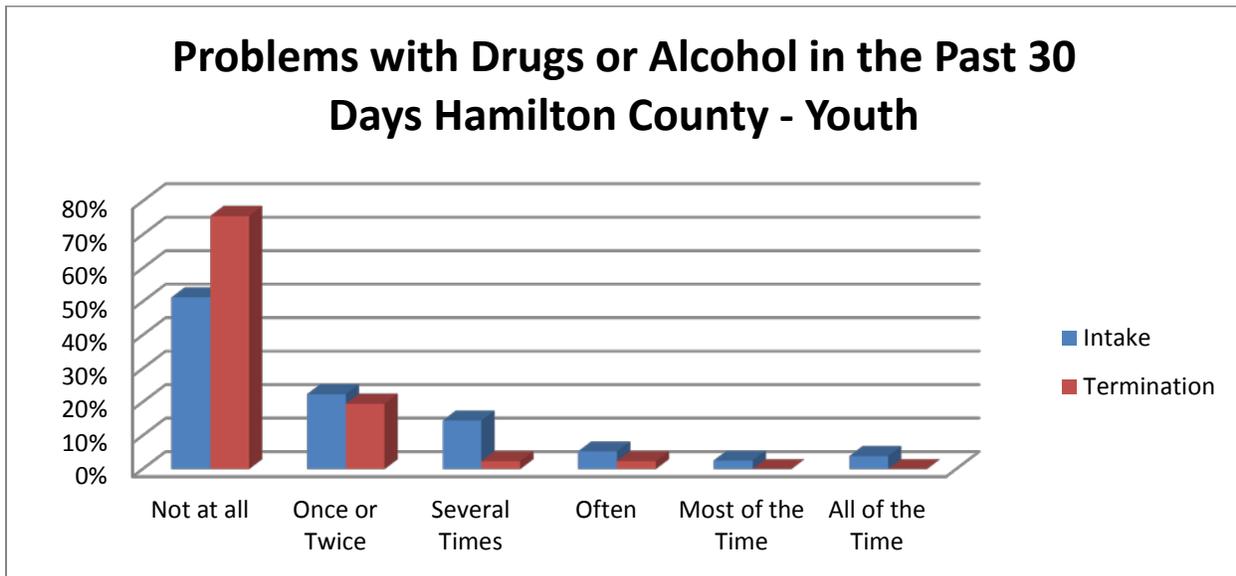


Figure 77. Problems with Drugs or Alcohol in the Past 30 Days Hamilton County - Youth



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 can 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.

To date, there have been 70 youth terminated from the BHJJ program from Hamilton County. Over 77.1% (n = 54) of the youth terminated from the BHJJ program were identified as successful completers. Complete reasons for termination can be found in Table 148.

Table 148. Reasons for Termination in Hamilton County

Termination Reason	Frequency
Successfully Completed Services	77.1% (n = 54)
Client Did Not Return/Rejected Services	2.9% (n = 2)
Out of Home Placement	7.1% (n = 5)
Client Withdrawn	2.9% (n = 2)
Client Incarcerated	7.1% (n = 5)
Other	2.9% (n = 2)

Average Length of Stay

The average length of stay in the BHJJ program for Hamilton County was 193 days, or approximately 6.5 months. For youth who were identified as completing treatment successfully, the average length of stay was 203 days and for youth identified as unsuccessful treatment completers, the average length of stay was 160 days. For youth enrolled since July 1, 2009, the average length of stay in BHJJ was 190 days, with successful treatment completers averaging 193 days and unsuccessful treatment completers averaging 184 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 11.3% of the youth (n = 6) were at risk for out of home placement. At termination, 23.1% (n = 15) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 6.0% were at risk for out of home placement at termination while 80.0% of youth who unsuccessfully completed BHJJ treatment 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 77.3% (n = 34) of the youth and had stayed the same for 20.5% (n = 9) of the youth. Police contacts increased for 2.3% (n = 1) 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 78). At termination from the BHJJ program, 100% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 100% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 79). A strong majority (95.9%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 80) and 100% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 81).

Figure 78. Caregiver Satisfaction with the BHJJ Program

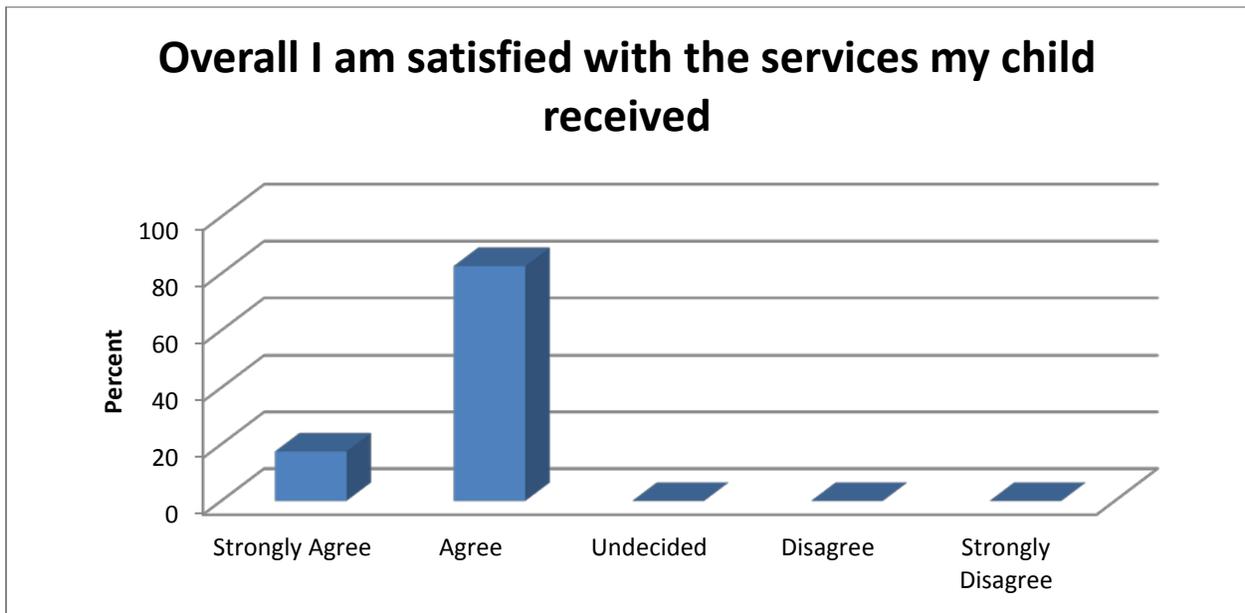


Figure 79. Services Received were Right for Us

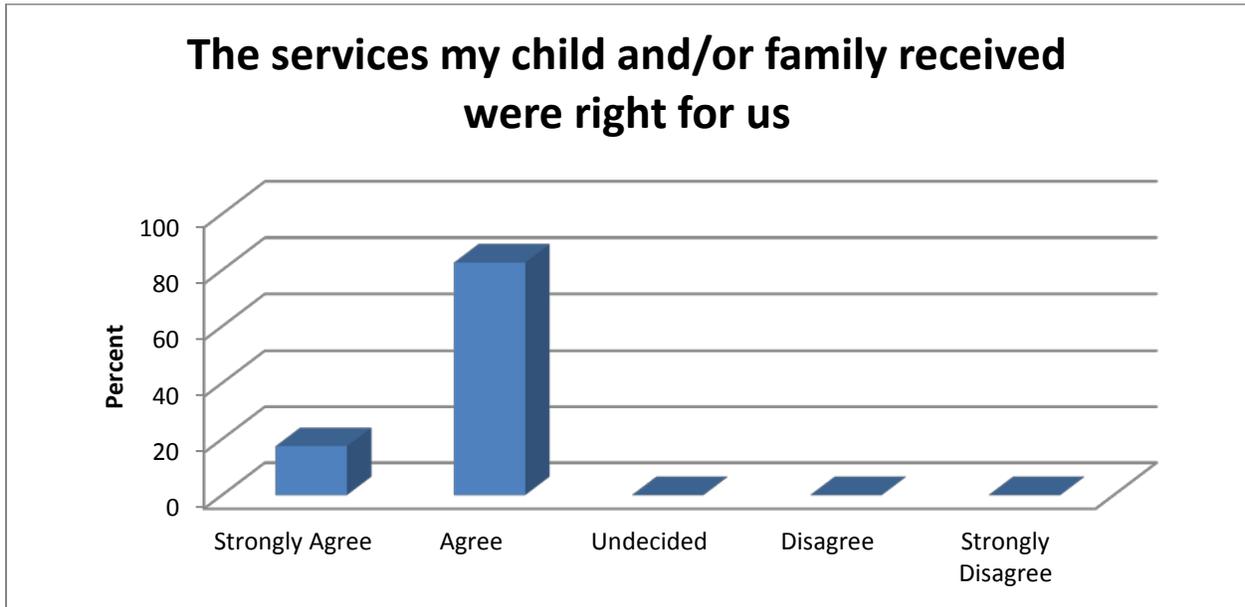


Figure 80. We Received the Help we Wanted

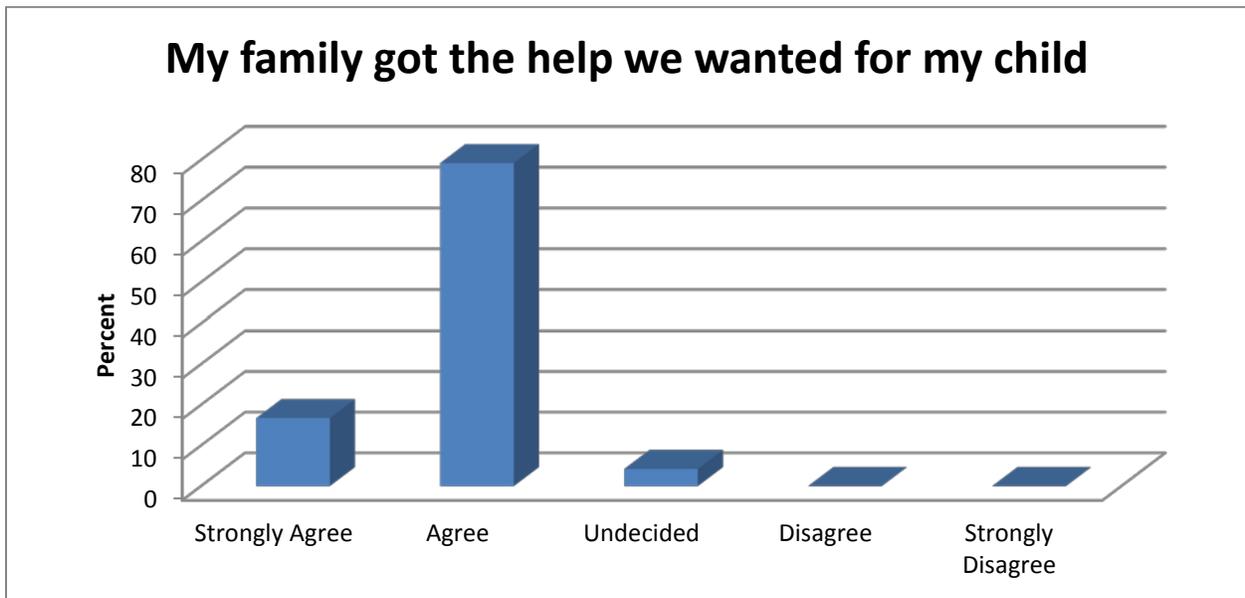
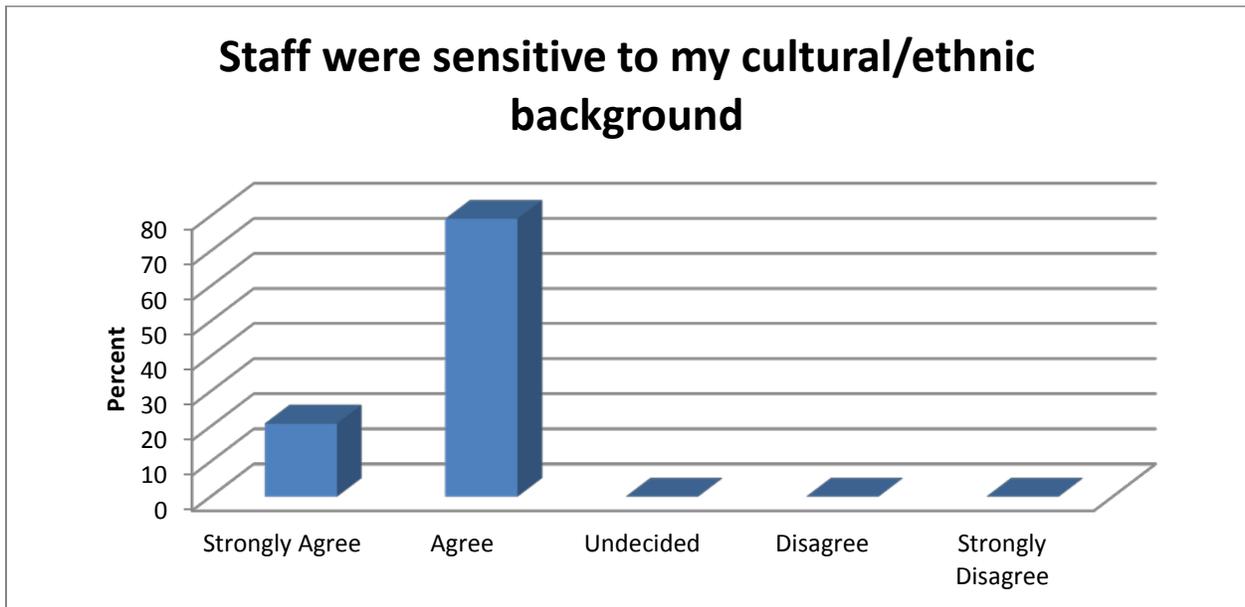


Figure 81. Cultural Competency of BHJJ Services



Recidivism Information

Methodology

Court data were provided by the Hamilton County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ (see Table 149 through Table 157). Dismissed charges are included in the charge totals but not in the adjudication totals. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 12 months prior to their BHJJ enrollment, 61.1% of youth in Hamilton County had at least one misdemeanor charge, 33% of the youth had at least one felony charge, and 64.4% of youth had at least one known delinquent adjudication. Of the youth who completed successfully, 50.0% were charged with a new misdemeanor, 7.7% were charged with a new felony, and 46.1% had a new delinquent adjudication in the 12 months after their termination from BHJJ. Of the youth who completed unsuccessfully, 62.5% were charged with a new misdemeanor, 37.5% were charged with a new felony, and 75.0% had a new delinquent adjudication. **None (n = 0) of the 90 youth in Hamilton County for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.** Additional data related to juvenile court history and recidivism can be found in Table 149 through Table 157.

Table 149. Charges Prior to Enrollment for BHJJ Youth in Hamilton County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=90)	61.1% (n=55)	116	35.5% (n=32)	77	15.5% (n=14)	18	37.8% (n=34)
6 months (n=90)	82.2% (n=74)	194	50.0% (n=45)	119	28.9% (n=26)	34	56.7% (n=51)
12 months (n=90)	93.3% (n=84)	268	61.1% (n=55)	163	33.3% (n=30)	42	64.4% (n=58)
18 months (n=90)	96.7% (n=87)	331	65.5% (n=59)	206	34.4% (n=31)	51	68.9% (n=62)

Table 150. Charges Prior to Enrollment for BHJJ Youth in Hamilton County who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=57)	61.4% (n=35)	67	33.3% (n=19)	43	17.5% (n=10)	14	35.1% (n=20)
6 months (n=57)	82.4% (n=47)	105	49.1% (n=28)	66	31.6% (n=18)	24	54.4% (n=31)
12 months (n=57)	93.0% (n=53)	139	59.6% (n=34)	86	35.1% (n=20)	27	57.9% (n=33)
18 months (n=57)	96.5% (n=55)	169	64.9% (n=37)	109	35.1% (n=20)	29	61.4% (n=35)

Table 151. Charges Prior to Enrollment for BHJJ Youth in Hamilton County who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=16)	68.7% (n=11)	26	37.5% (n=6)	17	25.0% (n=4)	4	43.7% (n=7)
6 months (n=16)	87.5% (n=14)	46	50.0% (n=8)	26	25.0% (n=4)	5	62.5% (n=10)
12 months (n=16)	100.0% (n=16)	65	68.7% (n=11)	34	31.2% (n=5)	8	81.2% (n=13)
18 months (n=16)	100.0% (n=16)	89	68.7% (n=11)	50	31.2% (n=5)	14	87.5% (n=14)

Table 152. Recidivism after Enrollment for BHJJ Youth in Hamilton County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=89)	28.1% (n=25)	52	22.5% (n=20)	38	5.6% (n=5)	7	21.3% (n=19)
6 months (n=87)	41.4% (n=36)	82	36.8% (n=32)	64	6.9% (n=6)	8	35.6% (n=31)
12 months (n=62)	51.6% (n=32)	109	46.8% (n=29)	85	11.3% (n=7)	14	45.2% (n=28)
18 months (n=36)	69.4% (n=25)	95	61.1% (n=22)	75	16.7% (n=6)	12	61.1% (n=22)

Table 153. Recidivism after Enrollment for BHJJ Youth in Hamilton County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=57)	21.0% (n=12)	18	19.3% (n=11)	16	0.0% (n=0)	0	12.3% (n=7)
6 months (n=56)	33.9% (n=19)	29	32.1% (n=18)	26	0.0% (n=0)	0	25.0% (n=14)
12 months (n=44)	47.7% (n=21)	60	45.4% (n=20)	49	4.5% (n=2)	7	38.6% (n=17)
18 months (n=24)	62.5% (n=15)	63	54.2% (n=13)	48	8.3% (n=2)	8	50.0% (n=12)

Table 154. Recidivism after Enrollment for BHJJ Youth in Hamilton County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=16)	43.7% (n=7)	18	25.0% (n=4)	11	25.0% (n=4)	6	37.5% (n=6)
6 months (n=16)	56.2% (n=9)	25	37.5% (n=6)	17	31.2% (n=5)	7	56.2% (n=9)
12 months (n=14)	71.4% (n=10)	40	50.0% (n=7)	30	42.8% (n=6)	8	71.4% (n=10)
18 months (n=9)	77.8% (n=7)	22	35.3% (n=6)	17	44.4% (n=4)	4	77.8% (n=7)

Table 155. Recidivism after Termination for BHJJ Youth in Hamilton County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=72)	18.0% (n=13)	20	16.7% (n=12)	18	2.8% (n=2)	2	13.9% (n=10)
6 months (n=57)	29.8% (n=17)	34	28.1% (n=16)	29	5.3% (n=3)	3	29.8% (n=17)
12 months (n=38)	60.5% (n=23)	64	55.3% (n=21)	55	13.1% (n=5)	5	55.3% (n=21)
18 months (n=19)	57.9% (n=11)	47	57.9% (n=11)	41	21.0% (n=4)	4	52.6% (n=10)

Table 156. Recidivism after Termination for BHJJ Youth in Hamilton County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=55)	14.5% (n=8)	10	14.5% (n=8)	10	0.0% (n=0)	0	10.9% (n=6)
6 months (n=42)	28.6% (n=12)	23	28.6% (n=12)	20	2.4% (n=1)	1	28.6% (n=12)
12 months (n=26)	53.8% (n=14)	41	50.0% (n=13)	35	7.7% (n=2)	2	46.1% (n=12)
18 months (n=13)	53.8% (n=7)	36	53.8% (n=7)	31	23.1% (n=3)	3	46.1% (n=6)

Table 157. Recidivism after Termination for BHJJ Youth in Hamilton County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=13)	38.5% (n=5)	10	30.8% (n=4)	8	15.4% (n=2)	2	30.8% (n=4)
6 months (n=11)	45.4% (n=5)	11	36.4% (n=4)	9	18.2% (n=2)	2	45.4% (n=5)
12 months (n=8)	75.0% (n=6)	15	62.5% (n=5)	12	37.5% (n=3)	3	75.0% (n=6)
18 months (n=5)	60.0% (n=3)	10	60.0% (n=3)	9	20.0% (n=1)	1	60.0% (n=3)

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 scores based on gender and race can be found in Table 158.

Table 158. OYAS scores for BHJJ Youth in Hamilton County

Hamilton County OYAS	Low	Moderate	High
Female	57.1% (n = 8)	42.9% (n = 6)	
Male	30.8% (n = 8)	65.4% (n = 17)	3.8% (n = 1)
White	25.0% (n = 4)	75.0% (n = 12)	
Non-White	50.0% (n = 12)	45.8% (n = 11)	4.2% (n = 1)

Lucas County

Demographics

Lucas County has enrolled 60 youth in the BHJJ program since they began the program in 2009. Of the 60 youth enrolled, 33.3% (n = 20) were female and 66.6% (n = 40) were male (see Table 159). The majority of the overall sample of youth were either African American (57.6%, n = 34) or Caucasian (23.7%, n = 14) (racial information was missing for one youth). The average age of the youth at intake into BHJJ was 15.4 years old (SD = 1.38) with a range between 12.1 and 17.7 years.

Table 159. Demographic Information for BHJJ Youth in Lucas County

	All Youth Enrolled (2006 – 2011)
Gender	Female = 33.3% (n = 20) Male = 66.6% (n = 40)
Race	African American = 57.6% (n = 34) Caucasian = 23.7% (n = 14) Other = 18.6% (n = 11)
Age at Intake	15.4 years (SD = 1.38)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (49.0%, n = 25) (see Table 160). At time of enrollment, 78.4% (n = 40) of the BHJJ youth lived with at least one biological parent.

Over 73% of the BHJJ caregivers (73.5%, n = 36) had at least a high school diploma or GED, and 2.0% (n = 1) had a bachelor's degree or higher (see Table 161). Over 26% of caregivers (26.5%) reported 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 162). Nearly 87% of caregivers (86.9%, n = 40) reported annual household incomes below \$35,000 and 69.5% reported annual household income of less than \$20,000. Over 45% of BHJJ families (45.6%) reported an annual household income below \$10,000.

Table 160. Custody Arrangement for BHJJ Youth in Lucas County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	25.5% (n=13)
Biological Mother Only	49.0% (n=25)
Biological Father Only	3.9% (n = 2)
Adoptive Parent(s)	7.8% (n=4)
Aunt/ Uncle	2.0% (n=1)
Grandparents	9.8% (n=5)
Other	2.0% (n=1)

Table 161. Educational Outcomes for Caregivers of BHJJ Youth in Lucas County

Number of School Years Completed	Number of Caregivers
Less than High School	26.5% (n= 13)
High School Graduate or G.E.D.	32.7% (n=16)
Some College or Associate Degree	38.8% (n=19)
Bachelor's Degree	0% (n=0)
More than a Bachelor's Degree	2.0% (n=1)

Table 162. Annual Household Income for BHJJ Families in Lucas County

Annual Household Income	BHJJ Families
Less than \$5,000	41.3% (n = 19)
\$5,000 - \$9,999	4.3% (n = 2)
\$10,000 - \$14,999	13.0% (n = 6)
\$15,000 - \$19,999	10.9% (n = 5)
\$20,000 - \$24,999	13.0% (n = 6)
\$25,000 - \$34,999	4.3% (n = 2)
\$35,000 - \$49,999	10.9% (n = 5)
\$50,000 - \$74,999	2.2% (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 163). Chi-square analysis was conducted on each item and significant differences are identified in Table 163. Overall, caregivers of females reported the youth was significantly more likely to be sexually abused and more likely to be taking medication related to emotional or behavioral symptoms than males.

Caregivers reported that 11.1% of females and 18.2% of males had a history of physical abuse and 38.9% of females and 6.2% of males had a history of sexual abuse. Caregivers of 55.6% of BHJJ females reported having heard the child talk about suicide. Caregivers of over 15% of males and females reported the youth had attempted suicide at least once. Over 60% of females (61.1%) and nearly 75% of BHJJ males (74.2%) had family members who were diagnosed with or showed signs of depression. Over 30% of males (32.4%) and 64.7% of females were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 163. Youth and Family History in Lucas County

Question	Females	Males
Has the child ever been physically abused?	11.1% (n=2)	18.2% (n=6)
Has the child ever been sexually abused?	38.9% (n = 7)**	6.2% (n = 2)
Has the child ever run away?	72.2% (n = 13)	56.2% (n = 18)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	50.0% (n = 9)	65.6% (n = 21)
Has the child ever talked about committing suicide?	55.6% (n =10)	36.4% (n = 12)
Has the child ever attempted suicide?	16.7% (n = 3)	15.6% (n = 5)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	35.3% (n = 6)	40.6% (n = 13)
Has anyone in the child’s biological family ever been diagnosed with depression or shown signs of depression?	61.1% (n = 11)	74.2% (n = 23)
Has anyone in the child’s biological family had a mental illness, other than depression?	52.9% (n = 9)	51.6% (n = 16)
Has the child ever lived in a household in which someone was convicted of a crime?	23.5% (n = 4)	50.0% (n = 15)*
Has anyone in the child’s biological family had a drinking or drug problem?	43.8% (n = 7)	59.4% (n = 19)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	64.7% (n = 11)*	32.4% (n = 11)

*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 17.6% (n = 3) of females had been pregnant and 0.0% (n = 0) were currently expecting a child. Caregivers reported that 0.0% (n = 0) of males had impregnated a female and none were currently expecting a child. No females or males currently had children.

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 (68.8%) and males (80.6%) was Oppositional Defiant Disorder (see Table 164).

A total of 108 Axis I diagnoses were identified for 47 youth with diagnostic information (2.30 diagnoses per youth). Females reported 40 Axis I diagnoses (2.5 diagnoses per female) and males reported 68 Axis I diagnoses (2.19 diagnoses per male). Chi-square analysis indicated no significant differences with respect to gender on any of the most prevalent DSM-IV Axis I diagnoses. Over 6% of females (6.3%) and 16.1% of males had a co-occurring substance use and mental health diagnosis.

Table 164. Most Common DSM-IV Axis I Diagnoses in Lucas County

DSM-IV Axis I Diagnosis	Females	Males
Attention Deficit Hyperactivity Disorder	62.5% (n = 10)	64.5% (n = 20)
Oppositional Defiant Disorder	68.8% (n = 11)	80.6% (n = 25)
Depressive Disorders	18.8% (n = 3)	3.2% (n = 1)
Post-traumatic Stress Disorder	18.8% (n = 3)	6.5% (n = 2)
Bipolar Disorder	18.8% (n = 3)	3.2% (n = 1)
Dysthymic Disorder	12.5% (n = 2)	6.5% (n = 2)
Mood Disorder	12.5% (n = 2)	9.7% (n = 3)
Conduct Disorder	12.5% (n = 2)	3.2% (n = 1)

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

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. Nearly 80% (79.2%, n = 42) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Under 40% (39.3%, n = 11) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 76.9% (n = 40) of youth were currently attending school (this does not include youth on summer break). At termination, 81.0% (n = 17) 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 165 displays the grades typically received by the BHJJ youth at intake and termination from the program. At termination, 29.4% (n = 5) of the youth attending school had Individual Educational Plans (IEPs).

At termination, 56.0% (n = 14) reported that the youth was attending school more than before starting treatment and 40.0% (n = 10) of youth were attending school 'about the same' amount compared to before starting treatment. Workers reported 4.0% (n = 1) of youth were attending school less often than before treatment in BHJJ.

Table 165. Academic Performance in Lucas County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A's and B's	7.7% (n = 3)	6.7% (n = 1)
Mostly B's and C's	23.1% (n = 9)	13.3% (n = 2)
Mostly C's and D's	15.4% (n = 6)	26.7% (n = 4)
Mostly D's and F's	53.8% (n = 21)	53.3% (n = 8)

Vocational Data

At intake into BHJJ, workers reported that 3.6% (n = 2) of youth were employed, and that 50.0% of them (n = 1) were working part-time. At termination, 3.6% (n = 1) of the youth were employed and 100% (n = 1) were working part time. At intake, 1.8% (n = 1) of youth received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and 18.2% (n = 10) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 7.1% (n = 2) of youth received employment counseling or vocational training in the past 12 months and 29.6% (n = 8) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Lucas County both at intake and at 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 166 shows 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 indicated as either underreporters or hyperresponders.

Paired samples t-tests were conducted on the six subscales for Lucas County BHJJ youth (see Table 167). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 15 youth who had scores at both intervals. Although means for all subscales declined from intake to termination, with the exception of sexual concerns, there were no statistically significant differences.

Table 166. TSCC Subscale Means for Lucas County Youth by Gender

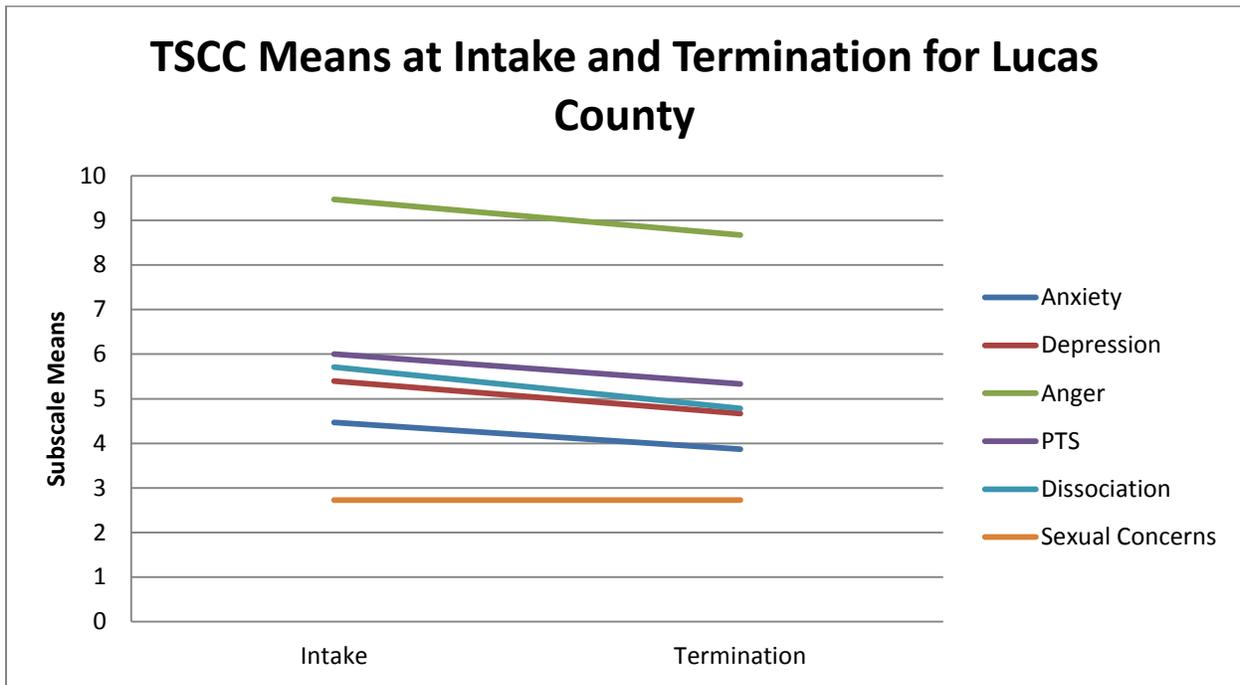
	Intake	Termination
Anxiety	5.11 (SD=3.52; n=37)	3.53 (SD=3.37; n=19)
Depression	6.30 (SD=4.61; n=36)	4.53 (SD=3.40; n=19)
Anger	11.25 (SD=5.77; n=36)	9.16 (SD=4.67; n=19)
PTS	6.92 (SD=4.83; n=37)	5.37 (SD=4.44; n=19)
Dissociation	7.00 (SD=4.29; n=36)	4.31 (SD=4.19; n=19)
Sexual Concerns	4.81 (SD=3.64; n=37)	2.84 (SD=2.75; n=19)

Table 167. TSCC Subscale Means at Intake and Termination for Lucas County Youth

	Intake	Termination	t	d
Anxiety	4.47 (SD=3.66; n=15)	3.87 (SD=3.60; n=15)	.59	.15
Depression	5.40 (SD=4.72; n=15)	4.67 (SD=3.70; n=15)	.64	.16
Anger	9.47 (SD=5.88; n=15)	8.67 (SD=4.73; n=15)	.53	.13
PTS	6.00 (SD=4.55; n=15)	5.33 (SD=4.40; n=15)	.65	.17
Dissociation	5.71 (SD=3.56; n=14)	4.78 (SD=4.54; n=14)	.89	.24
Sexual Concerns	2.73 (SD=2.12; n=15)	2.73 (SD=2.86; n=15)	.00	.00

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

Figure 82. TSCC Means from Intake to Termination for Lucas County



Ohio Scales

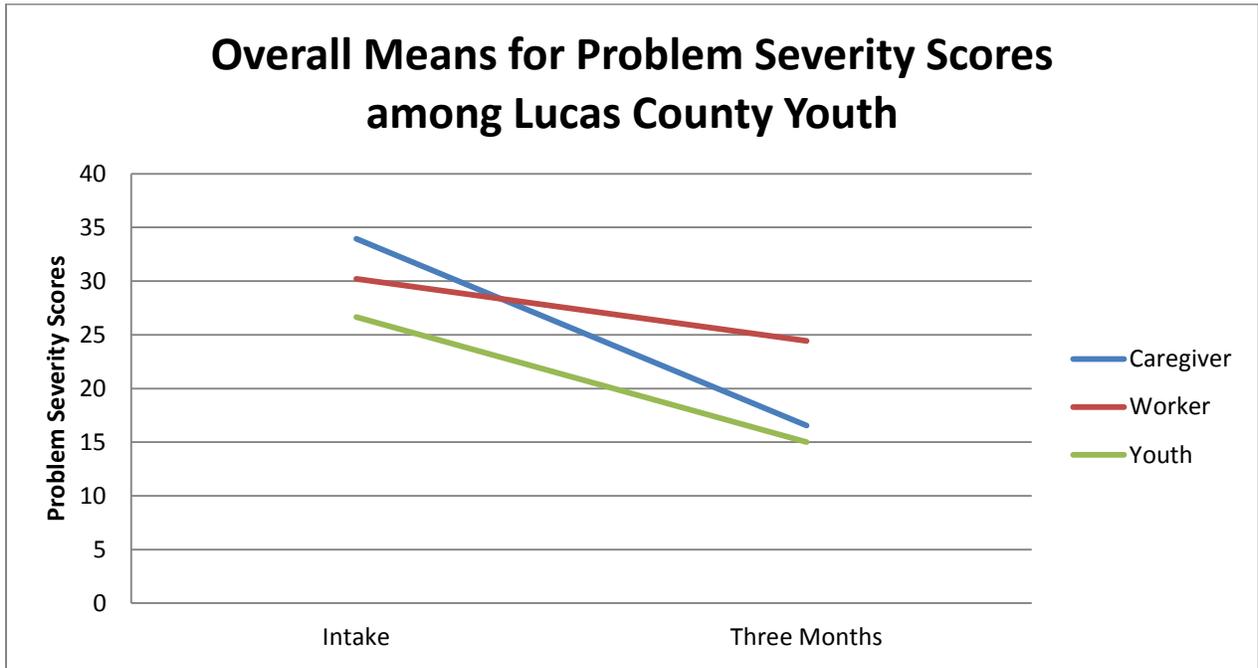
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Lucas County youth can be found in Table 168 and graphically represented in Figure 83.

Table 168. Ohio Scales Problem Severity Scores for Youth in Lucas County

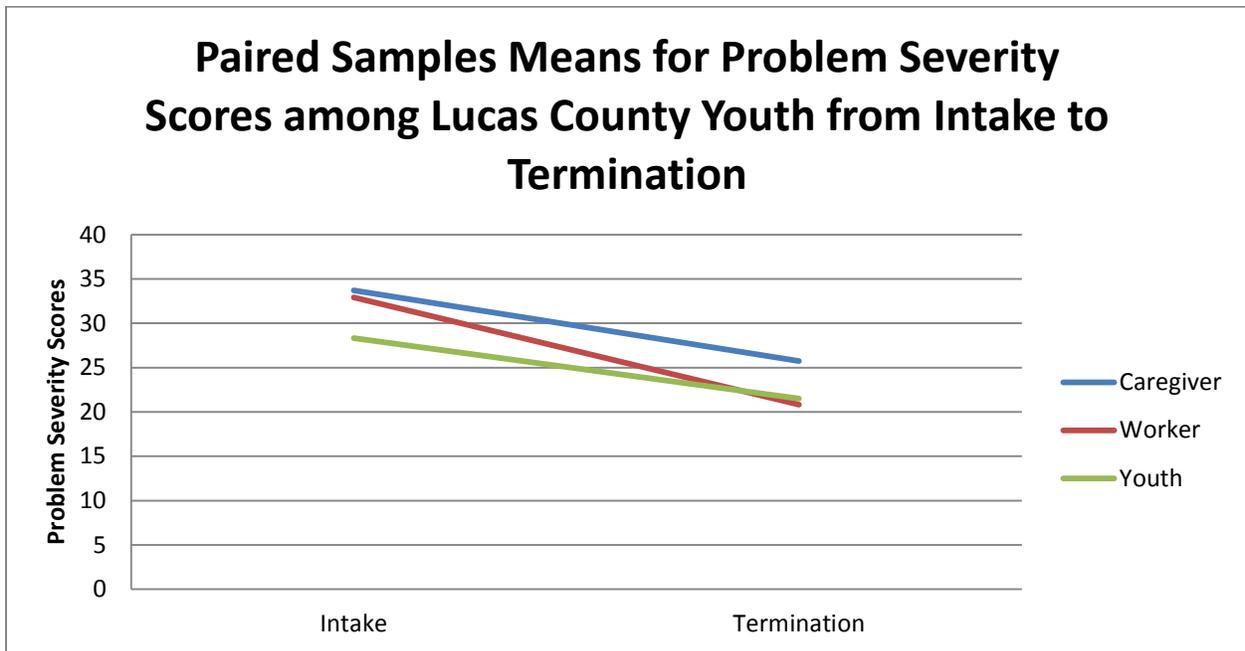
	Caregiver	Worker	Youth
Intake	33.94 (SD=15.31; n=31)	30.22 (SD=11.94; n=50)	26.66 (SD=15.53; n=32)
Three Months	16.54 (SD=14.07; n=11)	24.43 (SD=16.76; n=28)	15.00 (SD=8.27; n=11)
Termination	24.98 (SD=18.40; n=27)	22.27 (SD=14.44; n=29)	21.36 (SD=13.01; n=24)

Figure 83. Overall Means for Problem Severity Scores among Lucas County Youth



Paired samples means of problem severity scores from intake to termination for Lucas County youth are presented in Figure 84.

Figure 84. Paired Samples means for Problem Severity Scores among Lucas County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests were conducted on the data from intake to termination and revealed no significant improvement in Problem Severity from intake to termination (see Table 169).

Table 169. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	33.72 (SD=14.12; n=21)	25.74 (SD=20.04; n=21)	1.89	.41

Worker Ratings

For workers, paired samples t-tests indicated significant improvements in Problem Severity from intake to three months and from intake to termination (see Table 170). Statistically significant improvements were noted at three months: $t(24) = 2.30$, $p < .05$, and at termination: $t(24) = 3.70$, $p < .01$. The data indicated a medium effect size for the time period between intake and termination, while a small effect size was noted for the measurement interval between intake and three months.

Table 170. Paired Samples T-Tests for Worker Report Problem Severity Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	31.58 (SD=11.61; n=25)	22.72 (SD=14.40; n=25)	2.30*	.46
Intake to Termination	32.91 (SD=11.70; n=25)	20.84 (SD=14.21; n=25)	3.70**	.74

Youth Rating

Paired samples t-tests conducted on the youth ratings indicated a significant improvement from intake to termination: $t(20) = 2.46$, $p < .05$ (see Table 171). A medium effect size was noted for the measurement interval between intake and termination.

Table 171. Paired Samples T-Tests for Youth Report Problem Severity Scores for Lucas County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Termination	28.33 (SD=16.60; n=21)	21.50 (SD=13.41; n=21)	2.46*	.54

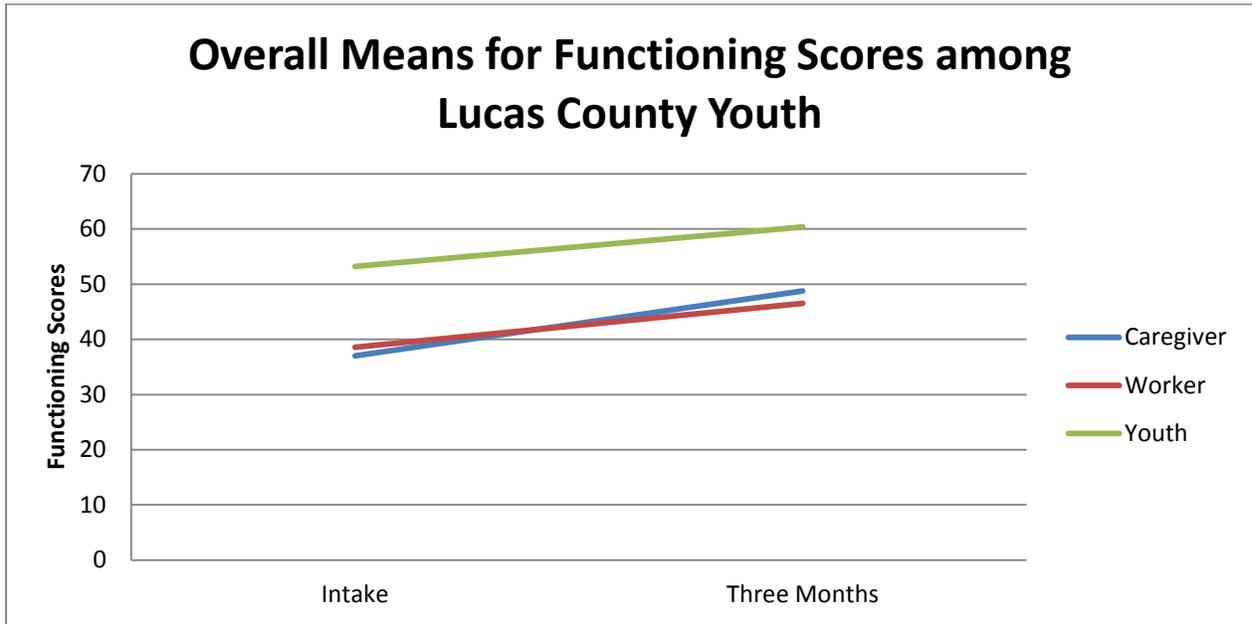
Functioning

Overall means for the Functioning scale by rater and assessment period for Lucas County youth can be found in Table 139 and graphically represented in Figure 85.

Table 172. Ohio Scales Functioning Scores for Youth in Lucas County

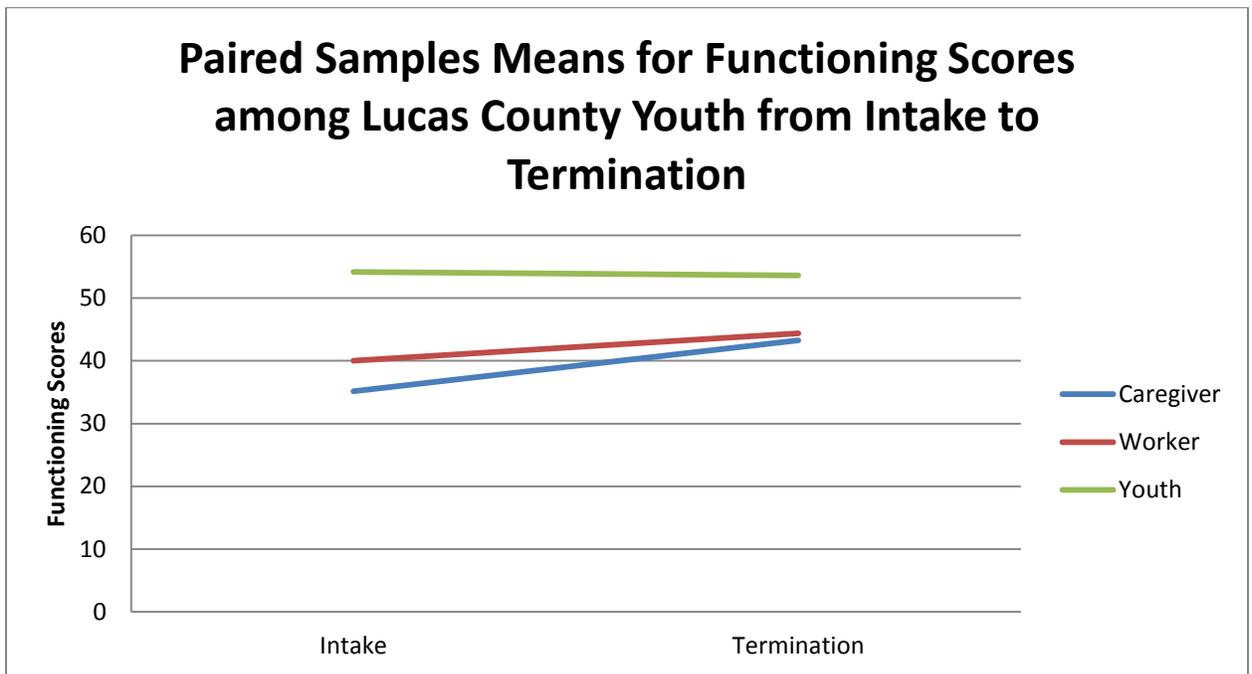
	Caregiver	Worker	Youth
Intake	37.03 (SD=16.77; n=30)	38.56 (SD=12.94; n=50)	53.22 (SD=13.68; n=32)
Three Months	48.75 (SD=17.27; n=12)	46.52 (SD=14.44; n=27)	60.36 (SD=9.00; n=11)
Termination	43.18 (SD=20.40; n=28)	43.14 (SD=18.27; n=29)	53.96 (SD=13.23; n=24)

Figure 85. Overall Means for Functioning Scores among Lucas County Youth



Paired samples means of functioning scores from intake to termination for Lucas County youth are presented in Figure 86.

Figure 86. Paired Samples Means for Functioning Scores among Lucas County Youth from Intake to Termination



Caregiver Ratings

A paired samples t-test conducted on the caregiver data for functioning scores revealed no significant differences from intake to termination (see Table 173).

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 Termination	35.14 (SD=15.15; n=21)	43.24 (SD=20.69; n=21)	-1.96	.43

Worker Ratings

For workers, paired samples t-tests indicated no significant improvements in functioning scores from intake to termination (see Table 174).

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	39.08 (SD=13.71; n=24)	46.79 (SD=14.94; n=24)	-2.01	.41
Intake to Termination	40.04 (SD=14.49; n=25)	44.36 (SD=19.09; n=25)	-1.06	.21

Youth Ratings

Similar to caregiver and worker ratings, paired samples t-tests indicated no significant improvements in youth report functioning scores from intake to termination (see Table 175).

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 Termination	54.14 (SD=11.29; n=21)	53.62 (SD=13.64; n=21)	0.21	.05

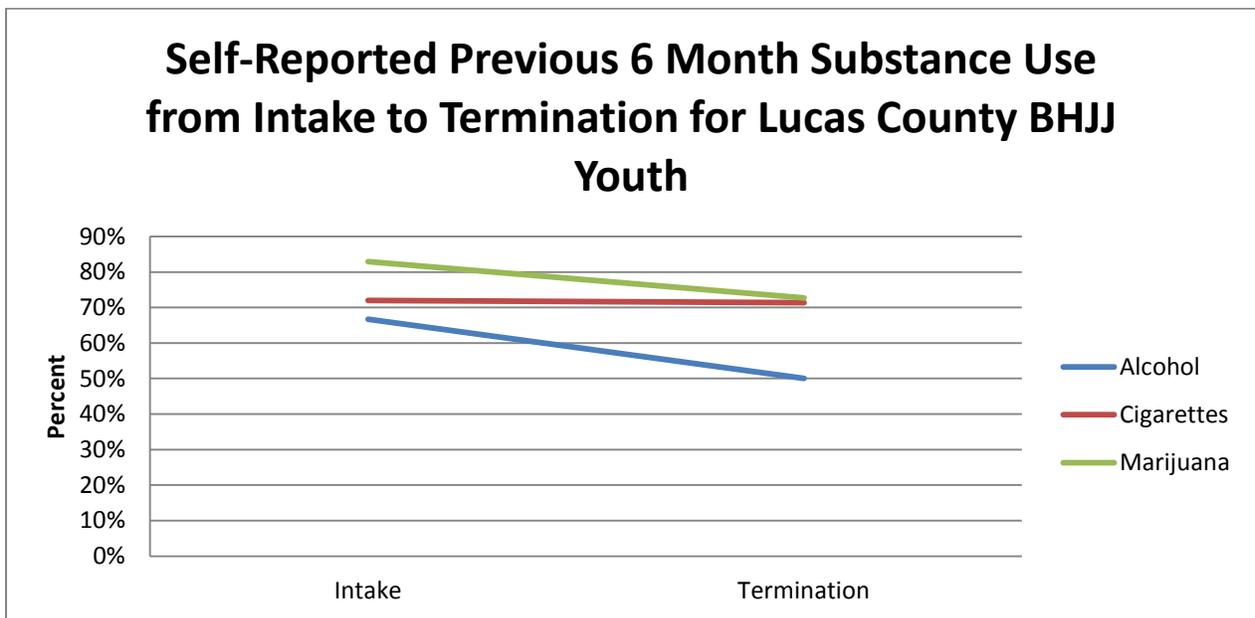
Substance Use

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 more current use patterns. Table 176 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. Youth were also asked whether they had used each substance in the past six months. Figure 87 presents past six month use for the three most common substances among those who reported lifetime use. Although cigarette use declined only slightly, the data showed a greater decrease in the use of both alcohol and marijuana from intake to termination.

Table 176. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Lucas County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	73.5% (n=36)	13.53 (SD=1.40)
Cigarettes	52.0% (n=26)	12.88 (SD=2.54)
Marijuana	76.0% (n=38)	12.65 (SD=1.94)
Chewing Tobacco	6.1% (n=3)	12.00 (SD=0.00)
Pain Killers	6.0% (n=3)	14.67 (SD=0.58)
Cocaine	2.0% (n=1)	
Tranquilizers	0.0% (n=0)	
Ecstasy	6.0% (n=3)	14.67 (SD=0.58)
Ritalin	6.0% (n=3)	9.50 (SD=6.36)
Hallucinogens	0.0% (n=0)	
Non-Prescription Drugs	4.0% (n=2)	17.00 (SD = NA)

Figure 87. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Lucas County BHJJ Youth



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 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 88, Figure 89, Figure 90). For example, 45.1% of caregivers reported the youth had no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 64.0% of caregivers reported the youth had no problems with drugs or alcohol in the past 30 days.

Figure 88. Problems with Drugs or Alcohol in the Past 30 Days Lucas County - Caregiver

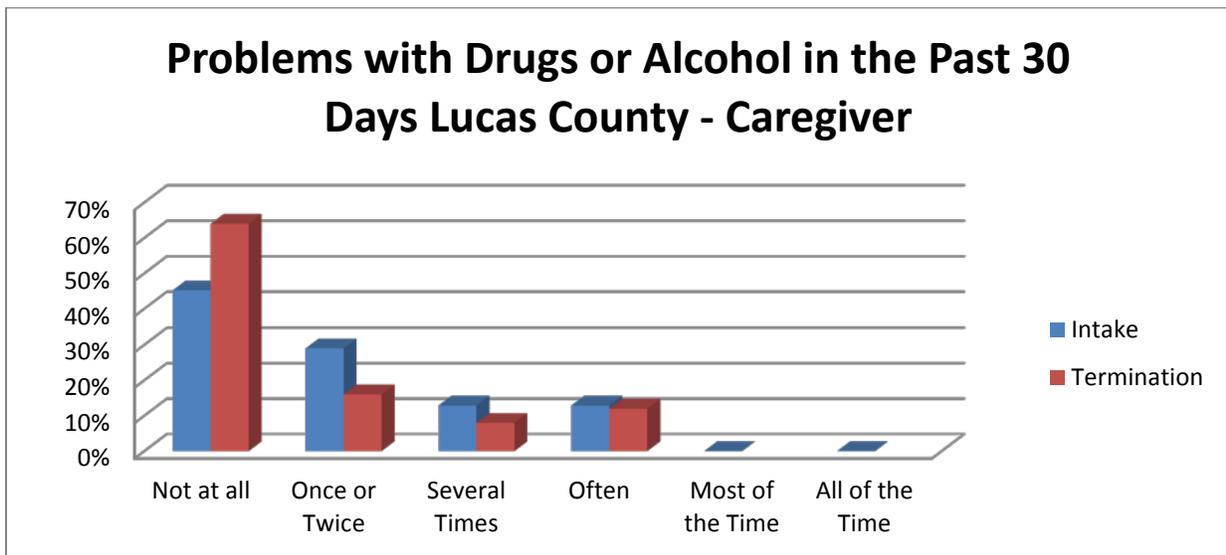


Figure 89. Problems with Drugs or Alcohol in the Past 30 Days Lucas County - Worker

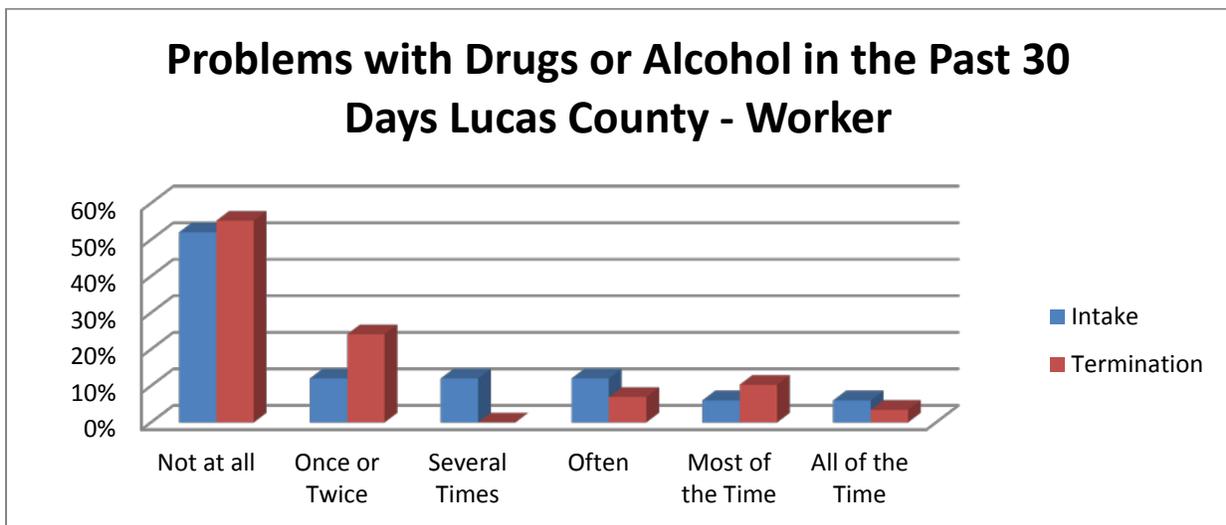
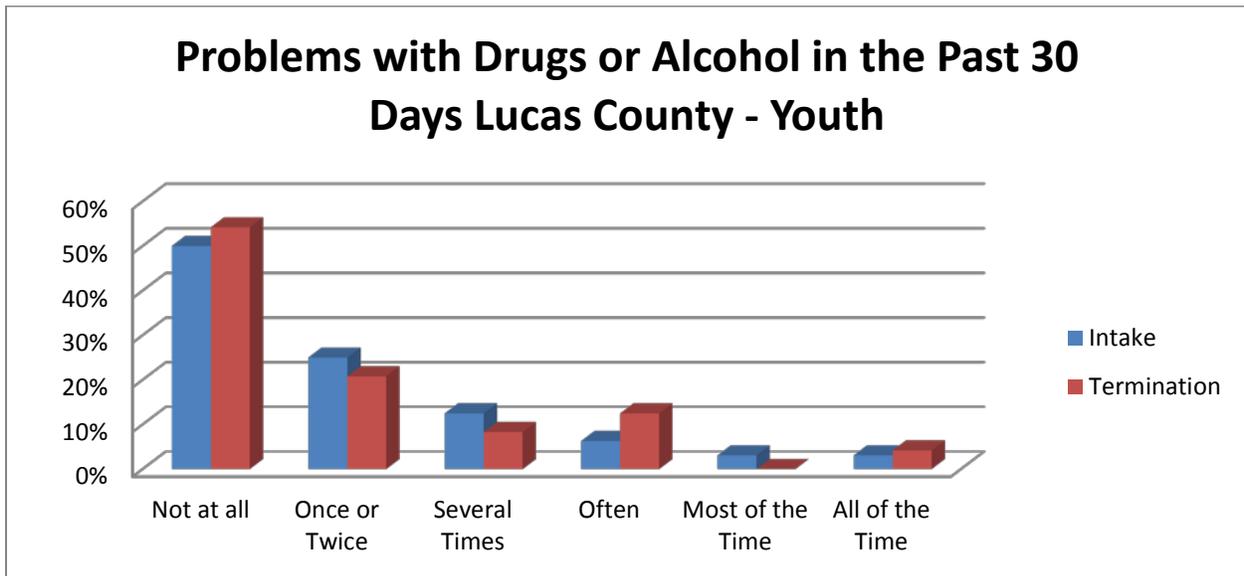


Figure 90. Problems with Drugs or Alcohol in the Past 30 Days Lucas County - Youth



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 can 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.

To date, there have been 27 youth terminated from the BHJJ program from Lucas County. Sixty-three percent (n = 17) of the youth terminated from the BHJJ program were identified as successful completers. Nearly 4% (n = 1) of the sample was terminated because the youth or family moved out of the county. Therefore, two out of three of youth enrolled in BHJJ were terminated successfully or were terminated because the youth or family moved out of the county. Complete reasons for termination can be found in Table 177.

Table 177. Reasons for Termination in Lucas County

Termination Reason	Frequency
Successfully Completed Services	63.0% (n = 17)
Client Did Not Return/Rejected Services	3.7% (n = 1)
Out of Home Placement	7.4% (n = 2)
Client/Family Moved	3.7% (n = 1)
Client AWOL	7.4% (n = 2)
Other	14.8% (n = 4)

Average Length of Stay

The average length of stay in the BHJJ program for Lucas County was 152 days, or approximately 5 months. For youth who were identified as completing treatment successfully, the average length of stay was 169 days and for youth identified as unsuccessful treatment completers, the average length of stay was 123 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 72.5% of the youth (n = 29) were at risk for out of home placement. At termination, 42.9% (n = 12) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 5.9% were at risk for out of home placement at termination while 100% of youth who unsuccessfully completed BHJJ treatment 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 75.0% (n = 21) of the youth and had stayed the same for 21.4% (n = 6) of the youth. Police contacts increased for 3.6% (n = 1) 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 91). At termination from the BHJJ program, 84.7% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 76.9% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 92). A strong majority (65.4%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 93) and 100% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 94).

Figure 91. Caregiver Satisfaction with the BHJJ Program

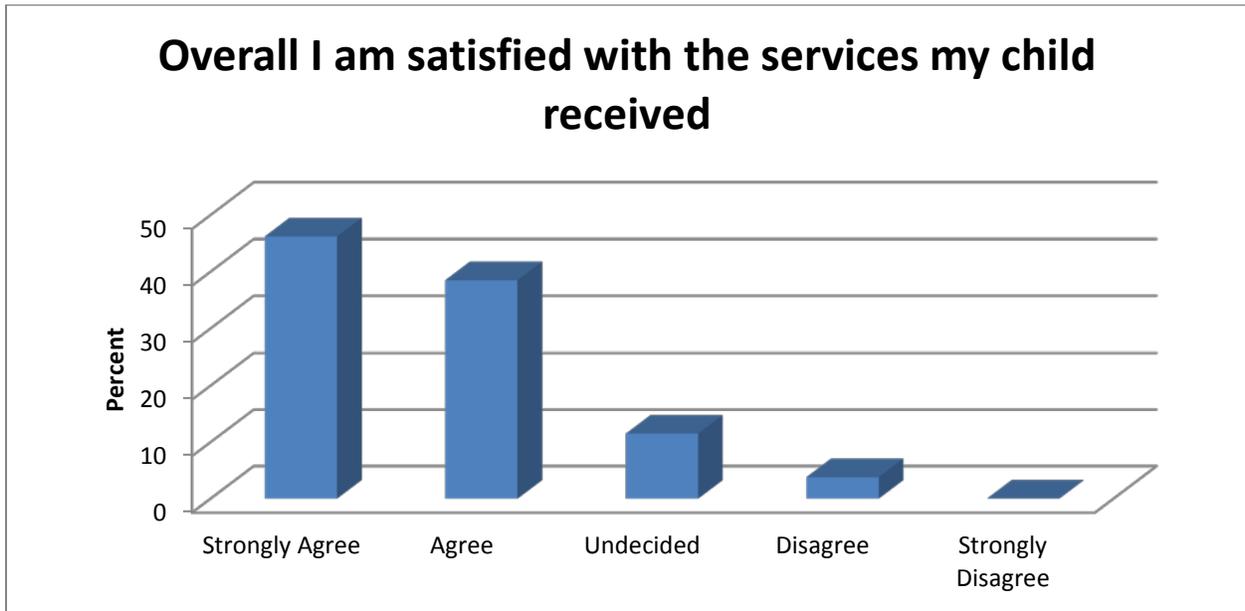


Figure 92. Services Received were Right for Us

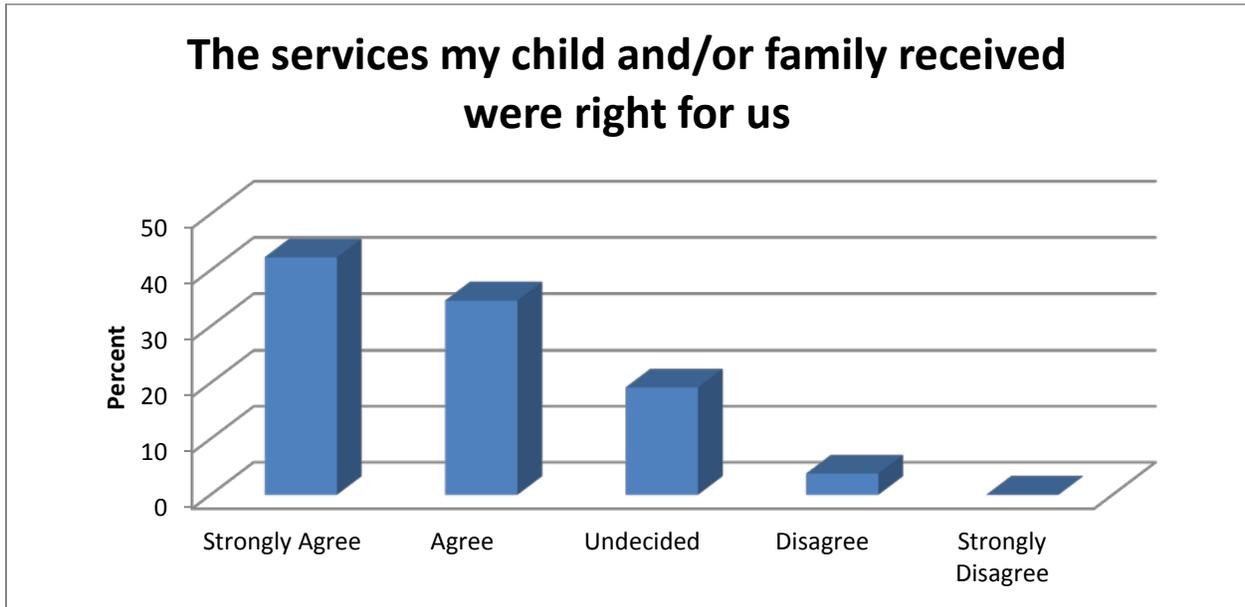


Figure 93. We Received the Help we Wanted

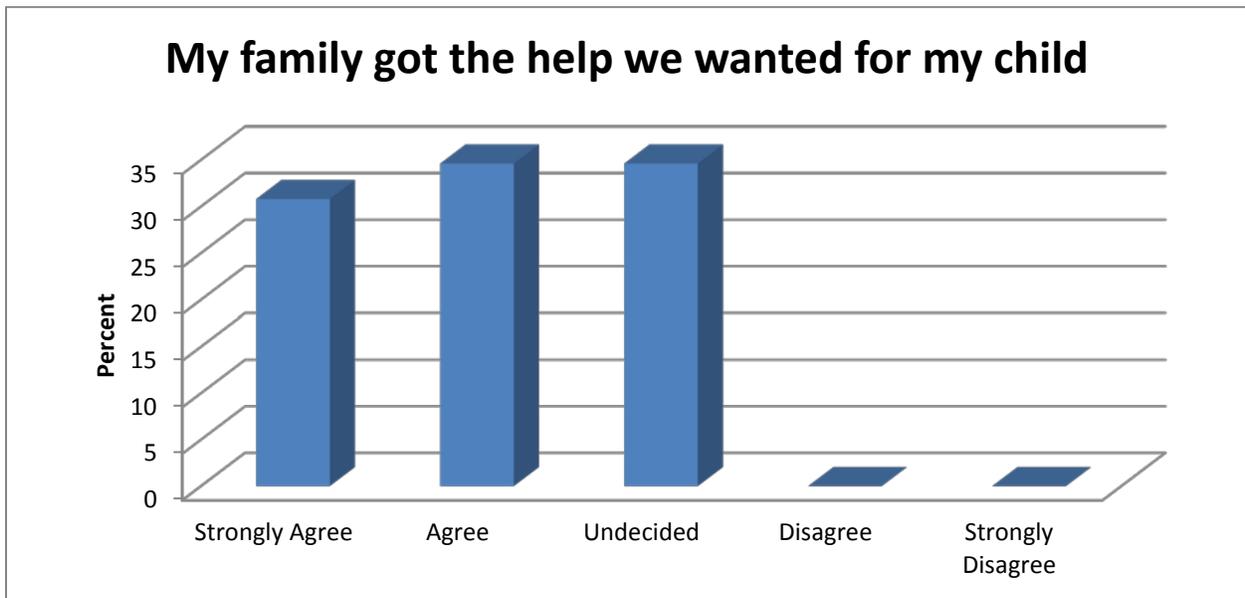
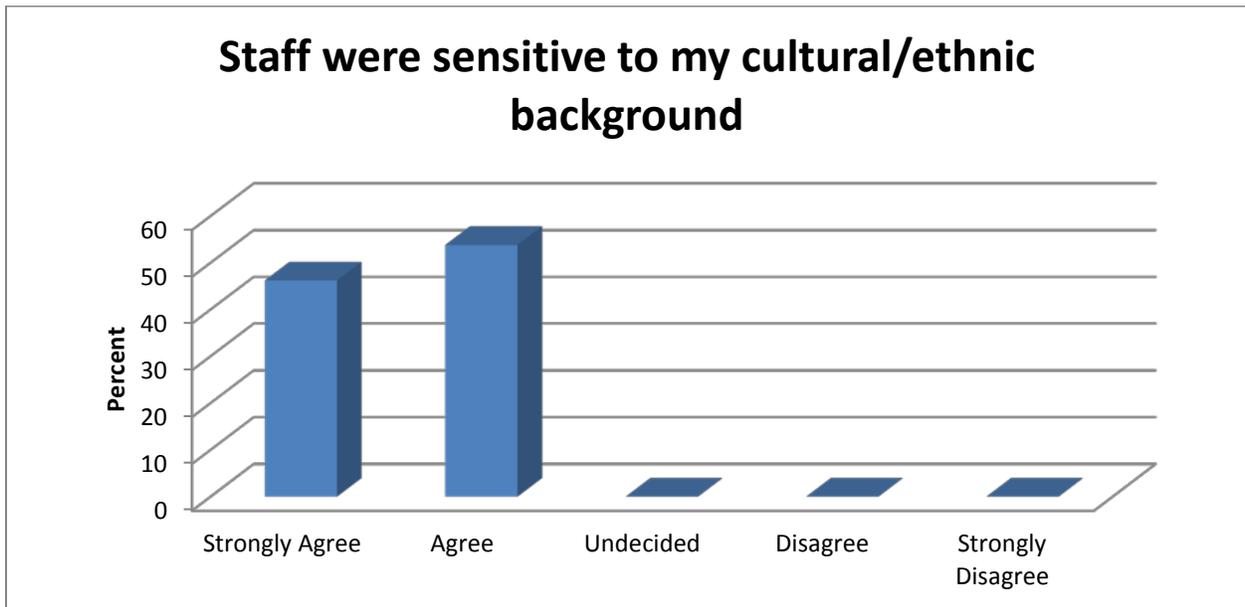


Figure 94. Cultural Competency of BHJJ Services



Recidivism Information

Methodology

Court data were provided by the Lucas County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. Dismissed charges are included in the charge totals but not in the adjudication totals. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 6 months prior to their BHJJ enrollment, 72.9% of youth in Lucas County had misdemeanor charges, 42% of the youth had felony charges, and 89.9% had delinquent adjudications. Of the youth who completed successfully, 44.4% were charged with a new misdemeanor, 11.1% were charged with a new felony, and 27.3% had a new delinquent adjudication in the 6 months after their termination from BHJJ. Of the youth who completed unsuccessfully, 50.0% were charged with a new misdemeanor, 30.0% were charged with a new felony, and 60.0% had a new delinquent adjudication in the 6 months after their termination. **None of the 47 youth in Lucas County for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.** Additional data related to juvenile court history and recidivism can be found in Table 178 through Table 186.

Table 178. Charges Prior to Enrollment for BHJJ Youth in Lucas County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=59)	78.0% (n=46)	100	61.0% (n=36)	65	30.5% (n=18)	27	83.0% (n=40)
6 months (n=59)	89.8% (n=53)	192	72.9% (n=43)	133	42.4% (n=25)	43	81.3% (n=48)
12 months (n=59)	93.2% (n=55)	319	86.4% (n=51)	223	55.9% (n=33)	63	89.8% (n=53)
18 months (n=59)	98.3% (n=58)	429	93.2% (n=55)	307	66.1% (n=39)	77	94.9% (n=56)

Table 179. Charges Prior to Enrollment for BHJJ Youth in Lucas County who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=21)	71.4% (n=15)	30	52.4% (n=11)	19	19.0% (n=4)	7	57.1% (n=12)
6 months (n=21)	85.7% (n=18)	64	61.9% (n=13)	44	38.1% (n=8)	13	71.4% (n=15)
12 months (n=21)	95.2% (n=20)	125	85.7% (n=18)	88	61.9% (n=13)	20	90.5% (n=19)
18 months (n=21)	95.2% (n=20)	168	85.7% (n=18)	124	66.7% (n=14)	23	95.2% (n=20)

Table 180. Charges Prior to Enrollment for BHJJ Youth in Lucas County who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=11)	90.9% (n=10)	27	81.8% (n=9)	17	45.4% (n=5)	7	81.8% (n=9)
6 months (n=11)	100.0% (n=11)	45	90.9% (n=10)	31	54.5% (n=6)	10	100.0% (n=11)
12 months (n=11)	100.0% (n=11)	76	100.0% (n=11)	55	81.8% (n=9)	17	100.0% (n=11)
18 months (n=11)	100.0% (n=11)	99	100.0% (n=11)	70	81.8% (n=9)	19	100.0% (n=11)

Table 181. Recidivism after Enrollment for BHJJ Youth in Lucas County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=59)	49.1% (n=29)	74	35.6% (n=21)	58	13.5% (n=8)	8	39.0% (n=23)
6 months (n=53)	66.0% (n=35)	131	56.6% (n=30)	101	20.7% (n=11)	17	58.5% (n=31)
12 months (n=28)	60.7% (n=17)	73	50.0% (n=14)	56	21.4% (n=6)	10	53.6% (n=15)

Table 182. Recidivism after Enrollment for BHJJ Youth in Lucas County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=21)	33.3% (n=7)	18	19.0% (n=4)	14	9.5% (n=2)	2	23.8% (n=5)
6 months (n=21)	52.4% (n=11)	30	42.8% (n=9)	26	9.5% (n=2)	2	42.8% (n=9)
12 months (n=10)	60.0% (n=6)	28	40.0% (n=4)	25	20.0% (n=2)	2	50.0% (n=5)

Table 183. Recidivism after Enrollment for BHJJ Youth in Lucas County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=11)	54.5% (n=6)	16	54.5% (n=6)	15	0.0% (n=0)	0	45.4% (n=5)
6 months (n=11)	72.7% (n=8)	36	72.7% (n=8)	30	18.2% (n=2)	3	63.6% (n=7)

Table 184. Recidivism after Termination for BHJJ Youth in Lucas County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=30)	43.3% (n=13)	29	36.7% (n=11)	24	6.7% (n=2)	2	33.3% (n=10)
6 months (n=20)	60.0% (n=12)	35	50.0% (n=10)	26	20.0% (n=4)	4	50.0% (n=10)

Table 185. Recidivism after Termination for BHJJ Youth in Lucas County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=19)	26.3% (n=5)	9	26.3% (n=5)	9	0.0% (n=0)	0	21.0% (n=4)
6 months (n=9)	44.4% (n=4)	14	44.4% (n=4)	11	11.1% (n=1)	1	27.3% (n=3)

Table 186. Recidivism after Termination for BHJJ Youth in Lucas County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=10)	70.0% (n=7)	18	50.0% (n=5)	14	20.0% (n=2)	2	50.0% (n=5)
6 months (n=10)	70.0% (n=7)	19	50.0% (n=5)	14	30.0% (n=3)	3	60.0% (n=6)

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 scores based on gender and race can be found in Table 187.

Table 187. OYAS scores for BHJJ Youth in Lucas County

Lucas County OYAS	Low	Moderate	High
Female	33.3% (n = 6)	38.9% (n = 7)	27.8% (n = 5)
Male	29.5% (n = 13)	40.9% (n = 18)	29.5% (n = 13)
White	57.1% (n = 8)	28.6% (n = 4)	14.3% (n = 2)
Non-White	21.3% (n = 10)	44.7% (n = 21)	34.0% (n = 16)

Summit County

Demographics

Summit County has enrolled 47 youth in the BHJJ program since they began the program in 2009. Of the 47 youth enrolled, 25.0% (n = 11) were female and 75.0% (n = 33) were male (data were missing for three youth; see Table 188). The majority of the overall sample of youth were either African American (61.4%, n = 27) or Caucasian (29.5%, n = 13) (racial information was missing for three youth). The average age of the youth at intake into BHJJ was 15.6 years old (SD = 1.45) with a range between 10.6 and 18.0 years.

Table 188. Demographic Information for BHJJ Youth in Summit County

	All Youth Enrolled (2006 – 2011)
Gender	Female = 25.0% (n = 11) Male = 75.0% (n = 33)
Race	African American = 61.4% (n = 27) Caucasian = 29.5% (n = 13) Other = 9.1% (n = 4)
Age at Intake	15.6 years (SD = 1.45)

Custody Arrangement and Household Information

At intake, the majority of youth lived with the biological mother (46.3%, n = 19) (see Table 189). At time of enrollment, 78.0% (n = 32) of the BHJJ youth lived with at least one biological parent.

Over 80% of the BHJJ caregivers (80.5%, n = 33) had at least a high school diploma or GED, and 9.8% (n = 4) had a bachelor's degree or higher (see Table 161). Nearly 20% of caregivers (19.5%) 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 191). Nearly 75% of caregivers (73.7%, n = 28) reported annual household incomes below \$35,000 and 50.1% reported annual household income of less than \$20,000. Nearly 30% of BHJJ families (29.0%) reported an annual household income below \$10,000.

Table 189. Custody Arrangement for BHJJ Youth in Summit County

Custody	BHJJ Youth
Two Biological Parents or One Biological and One Step or Adoptive Parent	19.5% (n=8)
Biological Mother Only	46.3% (n=19)
Biological Father Only	12.2% (n = 5)
Adoptive Parent(s)	2.4% (n=1)
Aunt/ Uncle	2.4% (n=1)
Grandparents	14.6% (n=6)
Other	2.4% (n=1)

Table 190. Educational Outcomes for Caregivers of BHJJ Youth in Summit County

Number of School Years Completed	Number of Caregivers
Less than High School	19.5% (n= 8)
High School Graduate or G.E.D.	43.9% (n=18)
Some College or Associate Degree	26.8% (n=11)
Bachelor's Degree	4.9% (n=2)
More than a Bachelor's Degree	4.9% (n=2)

Table 191. Annual Household Income for BHJJ Families in Summit County

Annual Household Income	BHJJ Families
Less than \$5,000	23.7% (n = 9)
\$5,000 - \$9,999	5.3% (n = 2)
\$10,000 - \$14,999	5.3% (n = 2)
\$15,000 - \$19,999	15.8% (n = 6)
\$20,000 - \$24,999	18.4% (n = 7)
\$25,000 - \$34,999	5.3% (n = 2)
\$35,000 - \$49,999	23.7% (n = 9)
\$50,000 - \$74,999	2.6% (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 192). Chi-square analysis was conducted on each item and significant differences are identified in Table 192. Overall, caregivers of females reported the youth was significantly more likely to be sexually abused than males.

Caregivers reported that 0% of females and 13.3% of males had a history of physical abuse and 22.2% of females and 0% of males had a history of sexual abuse. Caregivers of 20.0% of BHJJ females reported having heard the child talk about suicide. Forty percent of females and nearly 45.2% of BHJJ males had family members who were diagnosed with or showed signs of depression. Over 20% of males (23.3%) and 27.3% of females were taking emotional or behavioral medication at the time of enrollment into BHJJ.

Table 192. Youth and Family History in Summit County

Question	Females	Males
Has the child ever been physically abused?	0% (n=0)	13.3% (n=4)
Has the child ever been sexually abused?	22.2% (n = 2)**	0% (n = 0)
Has the child ever run away?	72.7% (n = 8)	51.6% (n = 16)
Has the child ever had a problem with substance abuse, including alcohol and/ or drugs?	72.7% (n = 8)	63.3% (n = 19)
Has the child ever talked about committing suicide?	20.0% (n = 2)	6.7% (n = 2)
Has the child ever attempted suicide?	0% (n = 0)	3.6% (n = 1)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	40.0% (n = 4)	32.3% (n = 10)
Has anyone in the child’s biological family ever been diagnosed with depression or shown signs of depression?	40.0% (n = 4)	45.2% (n = 14)
Has anyone in the child’s biological family had a mental illness, other than depression?	20.0% (n = 2)	36.7% (n = 11)
Has the child ever lived in a household in which someone was convicted of a crime?	40.0% (n = 4)	41.9% (n = 13)
Has anyone in the child’s biological family had a drinking or drug problem?	27.3% (n = 3)	60.0% (n = 18)
Is the child currently taking any medication related to his/her emotional or behavioral symptoms	27.3% (n = 3)*	23.3% (n = 7)

*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 9.1% (n = 1) of females had been pregnant and 0.0% (n = 0) were currently expecting a child. Caregivers reported that 10.5% (n = 2) of males had impregnated a female and none were currently expecting a child. Twenty-five percent (n = 1) of the females currently had a child while 18.8% (n = 3) of males were reported to have children. Of those with children, none currently lived with the child.

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 Cannabis-Related Disorder (81.8%) and for males was Conduct Disorder (80.6%) (see Table 193).

A total of 159 Axis I diagnoses were identified for 42 youth with diagnostic information (3.79 diagnoses per youth). Females reported 43 Axis I diagnoses (3.90 diagnoses per female) and males reported 116 Axis I diagnoses (3.74 diagnoses per male). Chi-square analysis indicated males were significantly more likely to be diagnosed with Conduct Disorder than females. Over 80% of females (81.8%) and 74.2% of males had a co-occurring substance use and mental health diagnosis.

Table 193. Most Common DSM-IV Axis I Diagnoses in Summit County

DSM-IV Axis I Diagnosis	Females	Males
Cannabis-Related Disorder	81.8% (n = 9)	67.7% (n = 21)
Mood Disorder	54.5% (n = 6)	22.6% (n = 7)
Conduct Disorder	45.5% (n = 5)	80.6% (n = 25)*
Attention Deficit Hyperactivity Disorder	36.4% (n = 4)	54.8% (n = 17)
Oppositional Defiant Disorder	36.4% (n = 4)	16.1% (n = 5)
Alcohol-Related Disorder	27.3% (n = 3)	29.0% (n = 9)
Depressive Disorders	18.2% (n = 2)	3.2% (n = 1)
Post-traumatic Stress Disorder	9.1% (n = 1)	6.5% (n = 2)
Bipolar Disorder	9.1% (n = 1)	9.7% (n = 3)
Adjustment Disorder	9.1% (n = 1)	22.6% (n = 7)
Anxiety Disorder	0	9.7% (n = 3)

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

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 = 28) of the youth were either suspended or expelled from school in the 12 months prior to their enrollment in the BHJJ project. Under 50% (48.3%, n = 14) of the youth were expelled or suspended while in treatment with BHJJ.

At intake, 80.6% (n = 29) of youth were currently attending school (this does not include youth on summer break). At termination, 78.6% (n = 22) 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 194 displays the grades typically received by the BHJJ youth at intake and termination from the program. At termination, 57.1% (n = 12) of the youth attending school had Individual Educational Plans (IEPs).

At termination, workers reported that 14.8% (n = 4) of youth were attending school more than before starting treatment and 74.1% (n = 20) of youth were attending school ‘about the same’ amount compared to before starting treatment. Workers reported 11.1% (n = 3) of youth were attending school less often than before treatment in BHJJ.

Table 194. Academic Performance in Summit County

Typical Grades	Frequency at Intake	Frequency at Termination
Mostly A’s and B’s	15.4% (n = 4)	9.5% (n = 2)
Mostly B’s and C’s	23.1% (n = 6)	18.2% (n = 4)
Mostly C’s and D’s	26.9% (n = 7)	18.2% (n = 4)
Mostly D’s and F’s	34.6% (n = 9)	52.4% (n = 11)

Vocational Data

At intake into BHJJ, workers reported that 2.3% (n = 1) of youth were employed, and that 100.0% of them (n = 1) were working part-time. At termination, 6.7% (n = 2) of the youth were employed and 100% (n = 2) were working part time. At intake, 4.8% (n = 2) of youth received employment counseling or vocational training in the 12 months prior to their enrollment in BHJJ and 14.3% (n = 6) planned to pursue employment counseling or vocational training in the next 12 months. At termination, 6.9% (n = 2) of youth received employment counseling or vocational training in the past 12 months and 13.3% (n = 4) planned to pursue employment counseling or vocational training in the next 12 months.

TSCC

The Trauma Symptom Checklist for Children (TSCC) was administered to youth in the BHJJ program in Lucas County both at intake and at 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 195 shows 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 indicated as either underreporters or hyperresponders.

Paired samples t-tests were conducted on the six subscales for Summit County BHJJ youth (see Table 196). Paired samples t-tests include youth who have subscale scores both at intake and at termination. There were 19 youth who had scores at both intervals. Statistically significant improvements were noted for the depression ($t(18) = 2.85, p < .05$), anger ($t(18) = 2.51, p < .05$), dissociation ($t(30) = 4.57, p < .01$), and the sexual concerns ($t(18) = 2.15, p < .05$) subscales. The data indicated medium effect sizes for depression, anger, dissociation subscales, and the sexual concerns subscale. Means reported in Table 196 are represented graphically in Figure 95.

Table 195. TSCC Means from Intake to Termination for Summit County

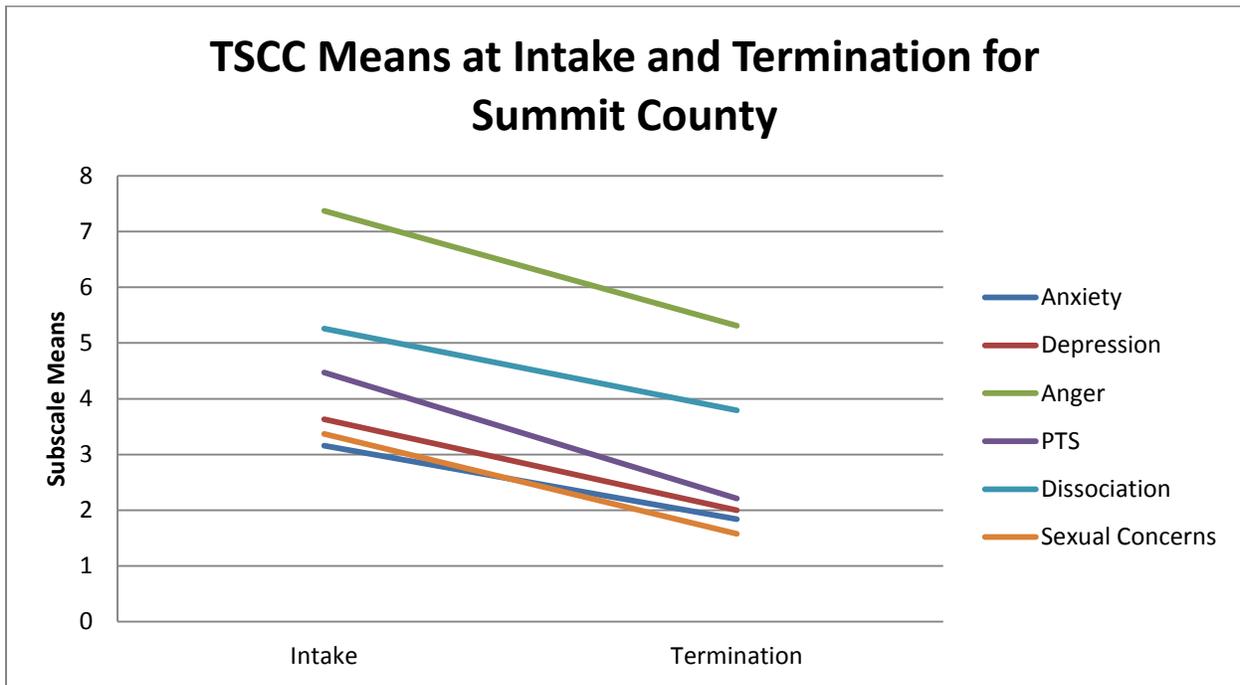
	Intake	Termination
Anxiety	3.68 (SD=4.20; n=34)	2.05 (SD=3.18; n=21)
Depression	4.12 (SD=4.28; n=34)	2.19 (SD=2.06; n=21)
Anger	9.18 (SD=6.55; n=34)	5.43 (SD=5.53; n=21)
PTS	5.09 (SD=5.58; n=34)	2.57 (SD=2.48; n=21)
Dissociation	5.62 (SD=4.58; n=34)	3.95 (SD=4.34; n=21)
Sexual Concerns	3.53 (SD=3.81; n=34)	1.86 (SD=1.88; n=21)

Table 196. TSCC Means at Intake and Termination for Summit County

	Intake	Termination	t	d
Anxiety	3.16 (SD=4.42; n=19)	1.84 (SD=3.27; n=19)	2.03	.47
Depression	3.63 (SD=3.80; n=19)	2.00 (SD=1.97; n=19)	2.85*	.65
Anger	7.37 (SD=5.78; n=19)	5.31 (SD=5.75; n=19)	2.51*	.58
PTS	4.47 (SD=5.81; n=19)	2.21 (SD=2.30; n=19)	1.89	.43
Dissociation	5.26 (SD=4.83; n=19)	3.79 (SD=4.52; n=19)	2.36*	.54
Sexual Concerns	3.37 (SD=3.73; n=19)	1.58 (SD=1.68; n=19)	2.15*	.49

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

Figure 95. TSCC Means from Intake to Termination for Summit County



Ohio Scales

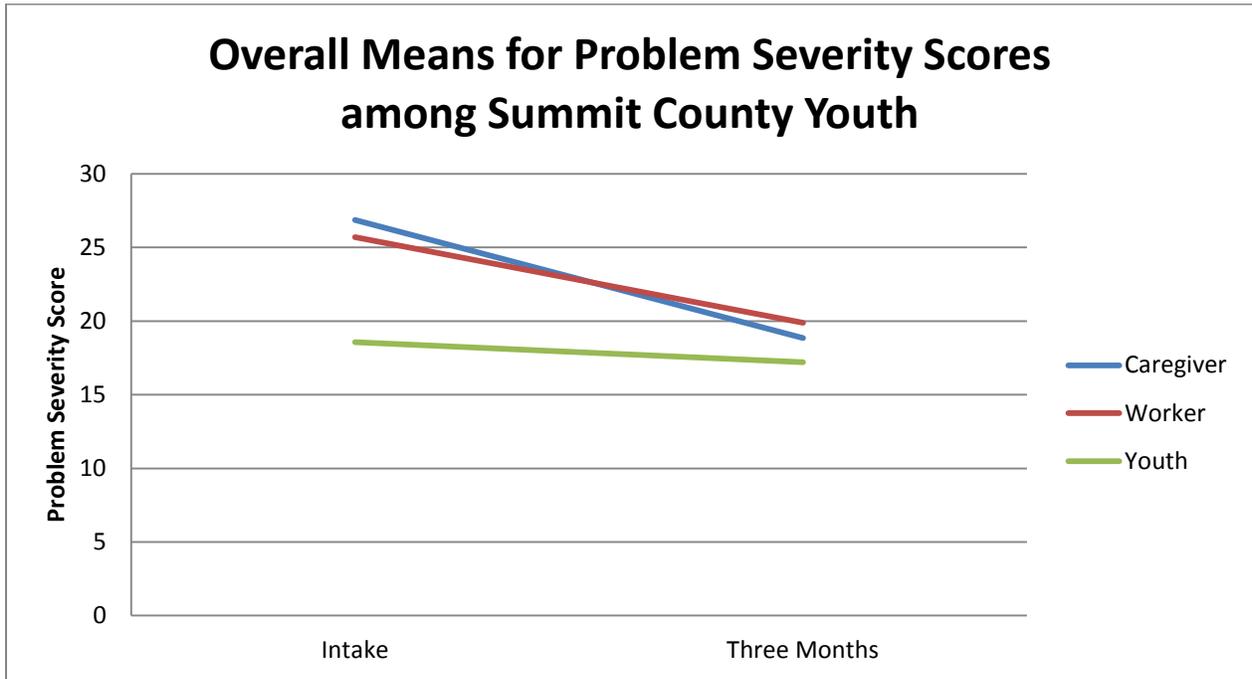
Problem Severity

Overall means for the Problem Severity scale by rater and assessment period for Summit County youth can be found in Table 197 and graphically represented in Figure 96.

Table 197. Ohio Scales Problem Severity Scores for Youth in Summit County

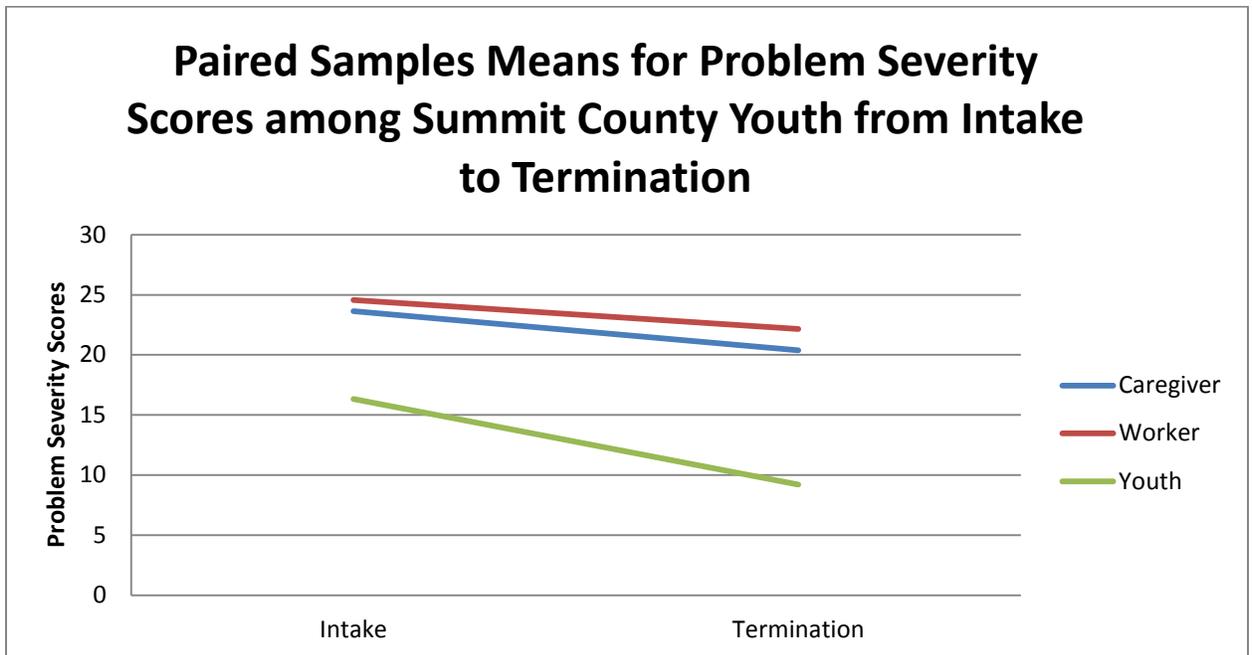
	Caregiver	Worker	Youth
Intake	26.87 (SD=19.94; n=41)	25.70 (SD=13.44; n=44)	18.57 (SD=15.36; n=44)
Three Months	18.84 (SD=15.48; n=25)	19.89 (SD=9.21; n=26)	17.21 (SD=15.01; n=26)
Termination	22.26 (SD=15.71; n=24)	21.84 (SD=9.20; n=25)	9.63 (SD=8.54; n=25)

Figure 96. Overall Means for Problem Severity Scores among Summit County Youth



Paired samples means of problem severity scores from intake to termination for Summit County youth are presented in Figure 97.

Figure 97. Paired Samples means for Problem Severity Scores among Summit County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests were conducted on the data for the measurement intervals including intake to three months and intake to termination (see Table 198). **A statistically significant decrease in problem severity was found at three months:** $t(22) = 2.47, p < .05$. A medium effect size was noted for the time period between intake and three months.

Table 198. Paired Samples T-Tests for Caregiver Report Problem Severity Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	25.79 (SD=19.63; n=23)	18.78 (SD=15.85; n=23)	2.47*	.52
Intake to Termination	23.65 (SD=18.30; n=22)	20.38 (SD=15.02; n=22)	1.08	.23

Worker Ratings

Paired samples t-tests were conducted on the worker report Ohio Scales data for the measurement intervals including intake to three months and intake to termination (see Table 199). There were no significant differences in the time periods from intake to three months and intake to termination.

Table 199. Paired Samples T-Tests for Worker Report Problem Severity Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	22.33 (SD=14.53; n=24)	19.42 (SD=9.02; n=24)	1.00	.20
Intake to Termination	24.58 (SD=14.18; n=24)	22.17 (SD=9.25; n=24)	0.83	.17

Youth Rating

Paired samples t-tests were conducted on the youth ratings of Ohio Scales in the measurement intervals from intake to three months and intake to termination (see Table 200). **Data indicated a significant improvement from intake to termination:** $t(20) = 2.46, p < .05$. A large effect size was noted for the measurement interval between intake and termination.

Table 200. Paired Samples T-Tests for Youth Report Problem Severity Scores for Summit County

	Mean Time 1	Mean Time 2	<i>t</i>	<i>d</i>
Intake to Three Months	15.75 (SD=13.31; n=24)	16.60 (SD=15.49; n=24)	-0.46	.09
Intake to Termination	16.33 (SD=14.28; n=24)	9.20 (SD=8.44; n=24)	4.21**	.86

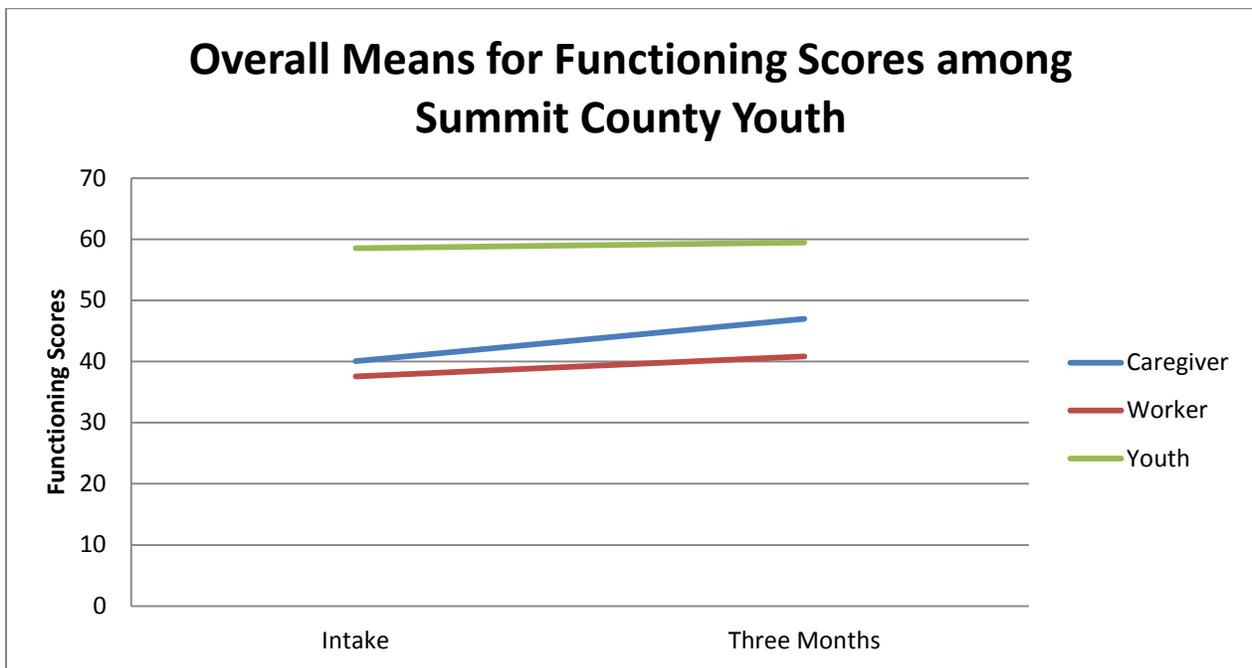
Functioning

Overall means for the Functioning scale by rater and assessment period for Summit County youth can be found in Table 201 and graphically represented in Figure 98.

Table 201. Ohio Scales Functioning Scores for Youth in Summit County

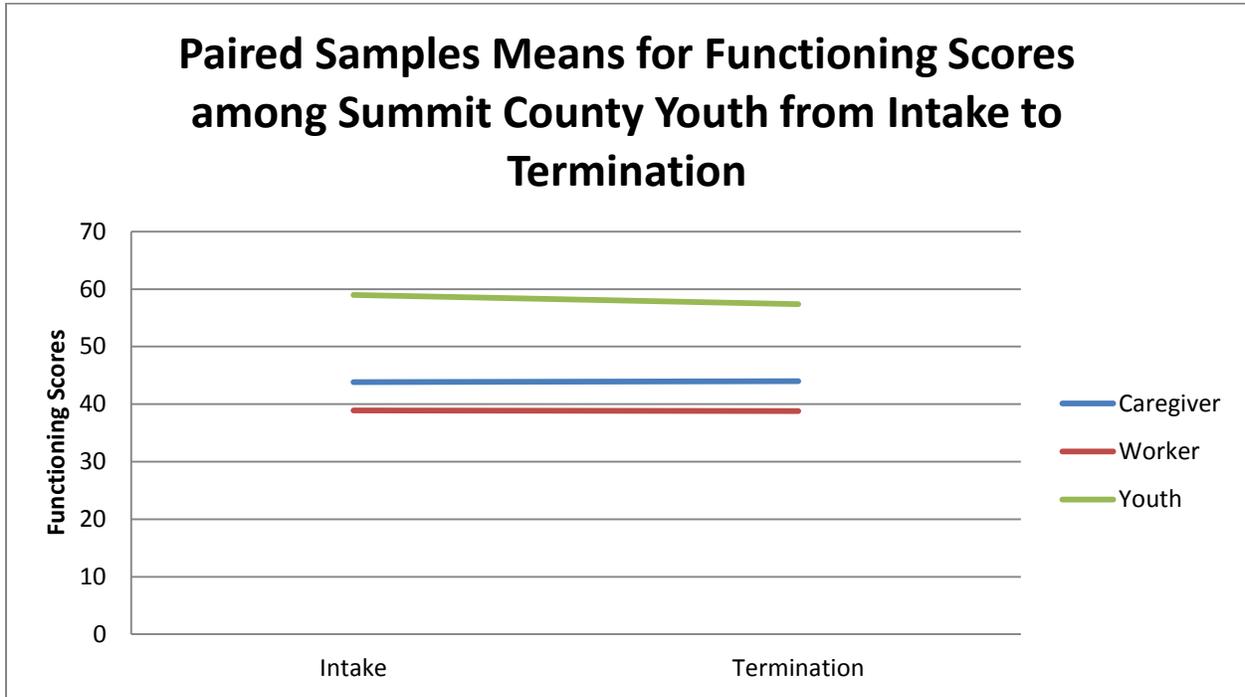
	Caregiver	Worker	Youth
Intake	40.07 (SD=15.09; n=44)	37.54 (SD=10.65; n=44)	58.52 (SD=12.93; n=44)
Three Months	47.00 (SD=17.85; n=26)	40.85 (SD=11.90; n=26)	59.46 (SD=15.34; n=26)
Termination	44.00 (SD=17.54; n=24)	38.72 (SD=10.15; n=25)	57.08 (SD=19.94; n=25)

Figure 98. Overall Means for Functioning Scores among Summit County Youth



Paired samples means of functioning scores from intake to termination for Summit County youth are presented in Figure 99.

Figure 99. Paired Samples Means for Functioning Scores among Summit County Youth from Intake to Termination



Caregiver Ratings

Paired samples t-tests were conducted on the data for the measurement intervals including intake to three months and intake to termination (see Table 202). No significant differences were found for either measurement interval.

Table 202. 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	42.25 (SD=13.31; n=24)	47.67 (SD=17.67; n=24)	-1.63	.33
Intake to Termination	43.83 (SD=12.53; n=23)	44.00 (SD=17.94; n=23)	-0.06	.01

Worker Ratings

Paired samples t-tests were conducted on the worker report Ohio Scales data for the measurement intervals including intake to three months and intake to termination (see Table 203). There were no significant differences in the time periods from intake to three months and intake to termination.

Table 203. 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	40.75 (SD=11.03; n=24)	41.50 (SD=10.95; n=24)	-0.33	.07
Intake to Termination	38.92 (SD=10.80; n=24)	38.79 (SD=10.37; n=24)	0.06	.01

Youth Rating

Paired samples t-tests were conducted on the youth ratings of Ohio Scales in the measurement intervals from intake to three months and intake to termination (see Table 204). No significant improvements were found at either interval.

Table 204. 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	60.75 (SD=12.16; n=24)	60.08 (SD=15.28; n=24)	0.26	.05
Intake to Termination	58.96 (SD=13.08; n=24)	57.37 (SD=20.31; n=24)	0.56	.11

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 more current use patterns. Table 205 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. Youth were also asked whether they had used each substance in the past six months (see Figure 100).

Overall, substance use for BHJJ youth in Summit County declined from intake to termination, as measured by the number of days used in the previous 30 days (see Figure 101). The total amount of days using cigarettes increased, however, the mean number of days using marijuana decreased from intake to termination. Alcohol use in the past 30 days remained low from intake to termination.

Table 205. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Summit County BHJJ Youth

	% Ever Used	Age of First Use
Alcohol	81.8% (n=36)	13.34 (SD=1.45)
Cigarettes	70.5% (n=31)	13.06 (SD=1.95)
Marijuana	86.4% (n=38)	12.87 (SD=1.76)
Chewing Tobacco	4.5% (n=2)	15.00 (SD=0.00)
Pain Killers	15.9% (n=7)	14.00 (SD=1.15)
Cocaine	4.5% (n=2)	14.00 (SD=1.41)
Tranquilizers	11.4% (n=5)	14.60 (SD=0.89)
Ecstasy	6.8% (n=3)	14.00 (SD=0.00)
Ritalin	9.1% (n=4)	14.67 (SD=1.15)
Hallucinogens	6.8% (n=3)	14.33 (SD=1.15)
Non-Prescription Drugs	9.1% (n=4)	15.25 (SD=0.50)

Figure 100. Self-Reported Previous 6 Month Substance Use from Intake to Termination for Summit County BHJJ Youth

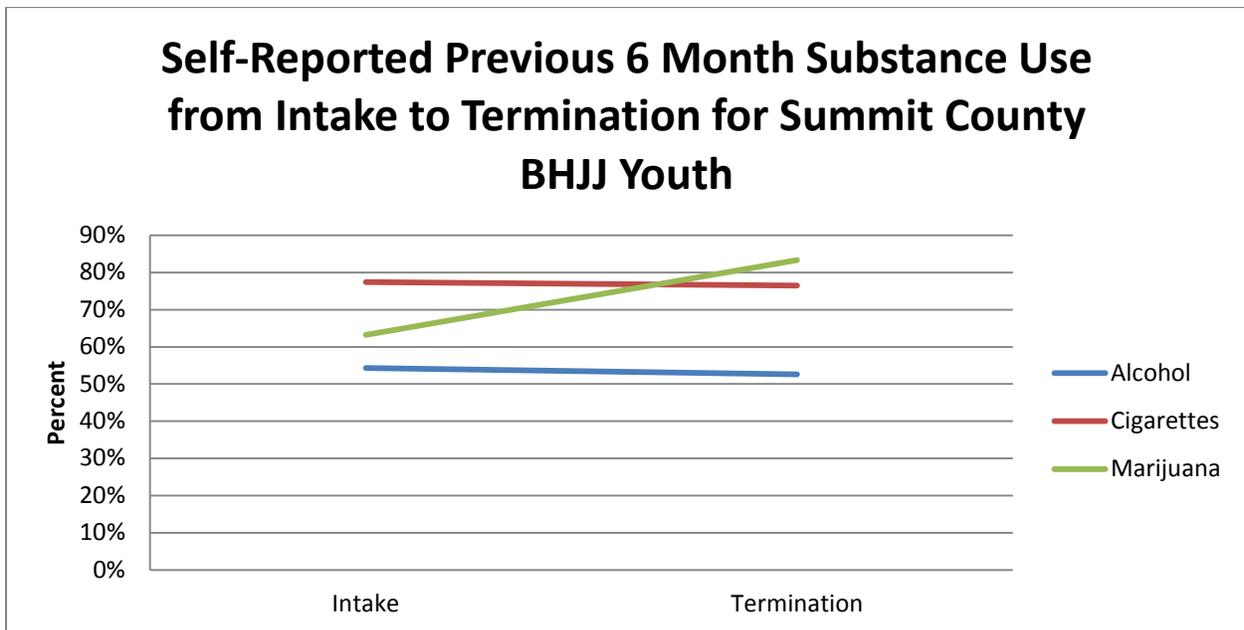
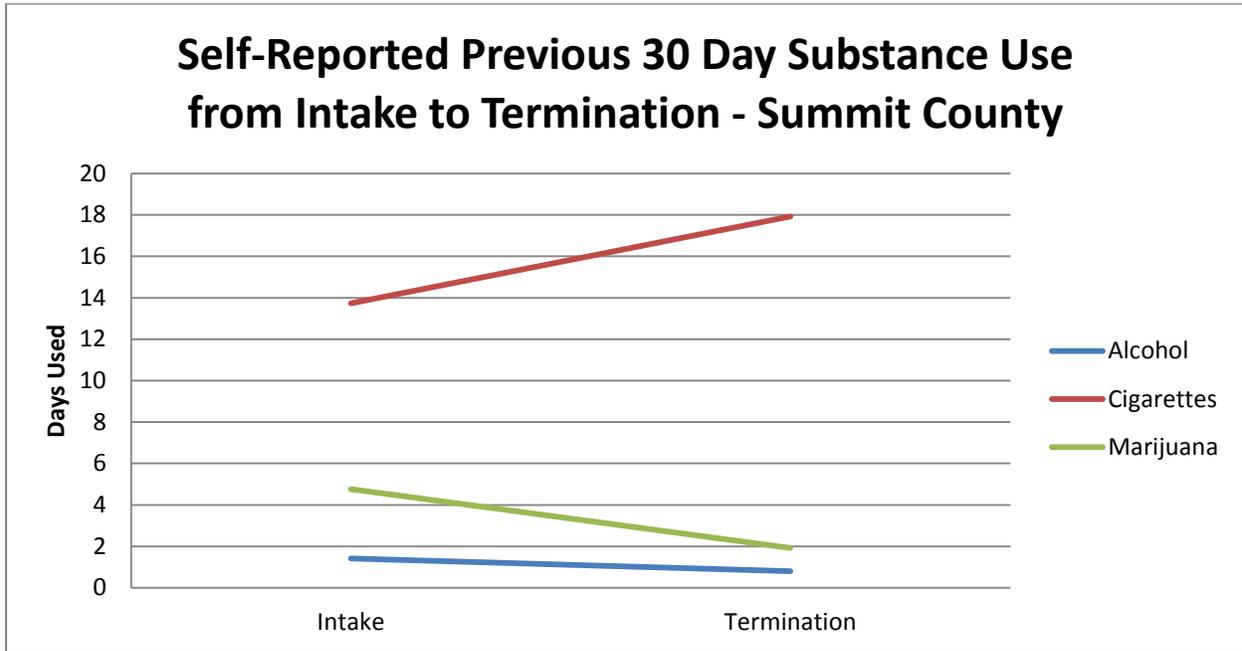


Figure 101. Self-Reported Previous 30 Day Substance Use from Intake to Termination – Summit County



Ohio Scales and Substance Use

The Ohio Scales contain one Liker-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 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 102, Figure 103, Figure 104). For example, 40.9% of youth reported having no problems at all with drugs or alcohol in the past 30 days at intake into BHJJ. At termination, 64.0% of the youth reported no problems with drugs or alcohol in the past 30 days.

Figure 102. Problems with Drugs or Alcohol in the Past 30 Days Summit County - Caregiver

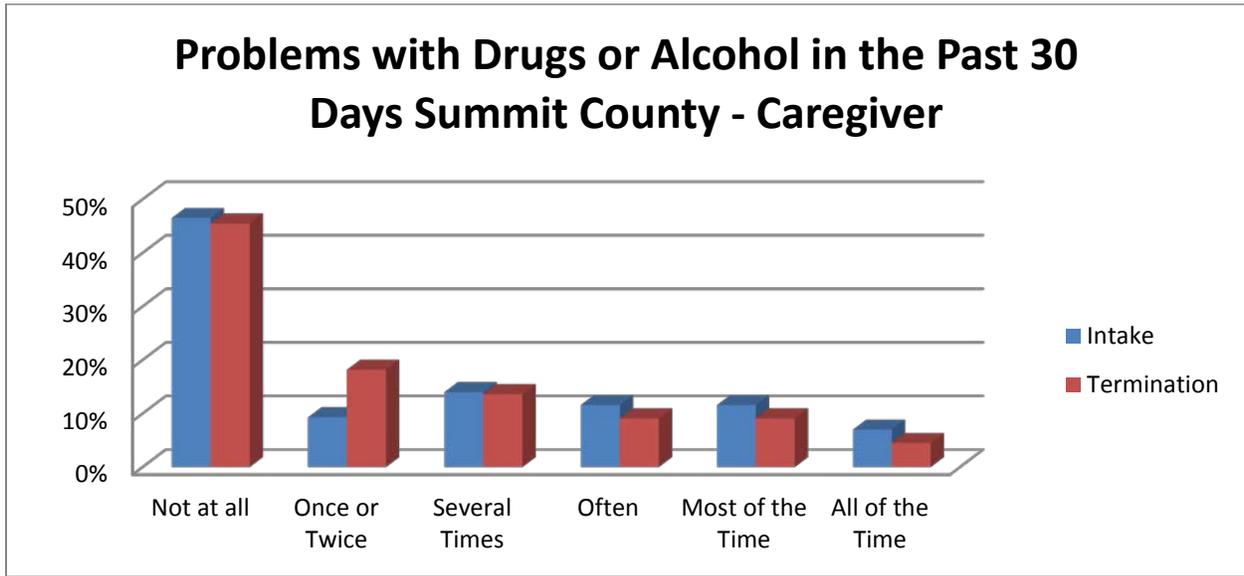


Figure 103. Problems with Drugs or Alcohol in the Past 30 Days Summit County - Worker

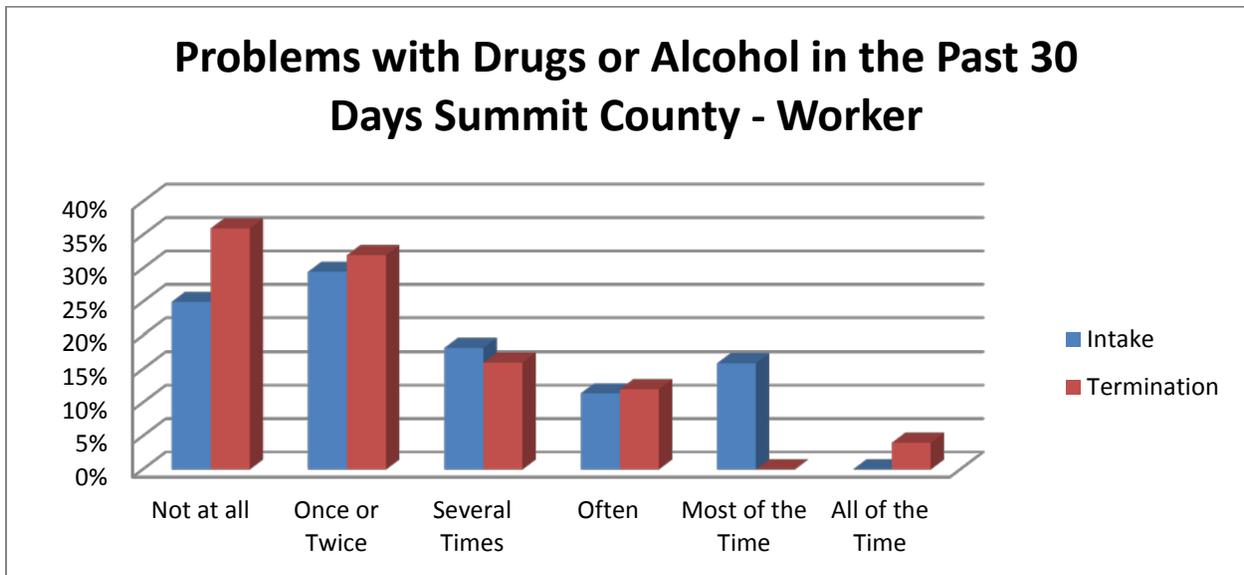
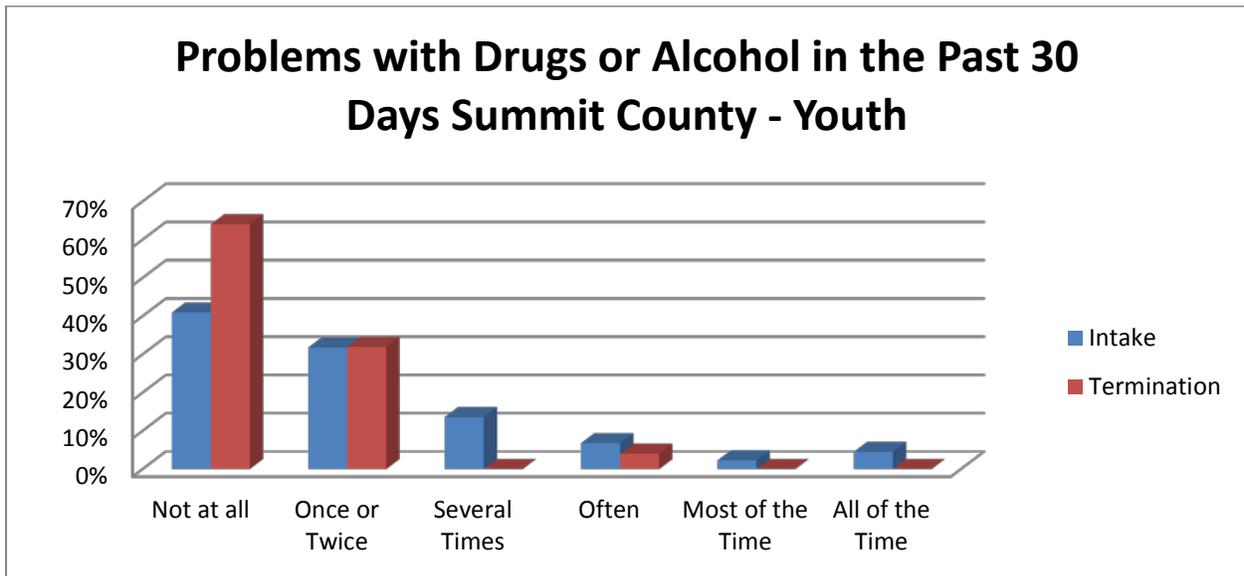


Figure 104. Problems with Drugs or Alcohol in the Past 30 Days Summit County - Youth



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 can 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.

To date, there have been 31 youth terminated from the BHJJ program from Summit County. Over 58% (n = 307) of the youth terminated from the BHJJ program were identified as successful completers. Complete reasons for termination can be found in Table 206.

Table 206. Reasons for Termination in Summit County

Termination Reason	Frequency
Successfully Completed Services	58.1% (n = 18)
Out of Home Placement	3.2% (n = 1)
Client Withdrawn	3.2% (n = 1)
Client AWOL	3.2% (n = 1)
Client Incarcerated	12.9% (n = 4)
Other	19.4% (n = 6)

Average Length of Stay

The average length of stay in the BHJJ program for Summit County was 172 days, or approximately 6 months. For youth who were identified as completing treatment successfully, the average length of stay was 217 days and for youth identified as unsuccessful treatment completers, the average length of stay was 121 days.

Risk for Out of Home Placement

At intake into and termination from the BHJJ program, workers are asked whether the youth is at risk for out of home placement. Upon entering the program, 20.0% of the youth (n = 6) were at risk for out of home placement. At termination, 25.0% (n = 7) youth were at risk for out of home placement. Of those youth who successfully completed BHJJ treatment, 7.1% were at risk for out of home placement at termination while 38.5% of youth who unsuccessfully completed BHJJ treatment 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 76.7% (n = 23) of the youth and had stayed the same for 16.7% (n = 5) of the youth. Police contacts increased for 6.7% (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 105). At termination from the BHJJ program, 86.9% of caregivers either strongly agreed or agreed that they were satisfied with the services their child received and 69.6% either strongly agreed or agreed that the services their child and/or family received were right for them (see Figure 106). A majority (56.5%) of caregivers either strongly agreed or agreed that their family got the help they wanted for their child (see Figure 107) and 82.6% were strongly agreed or agreed that they were satisfied with the cultural and ethnic sensitivity of BHJJ staff (see Figure 108).

Figure 105. Caregiver Satisfaction with the BHJJ Program

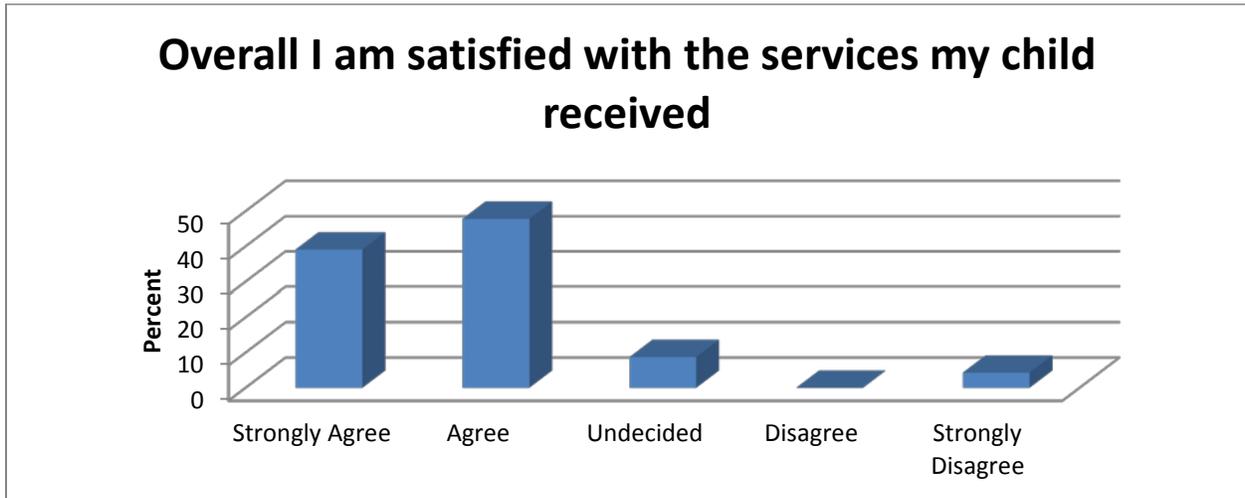


Figure 106. Services Received were Right for Us

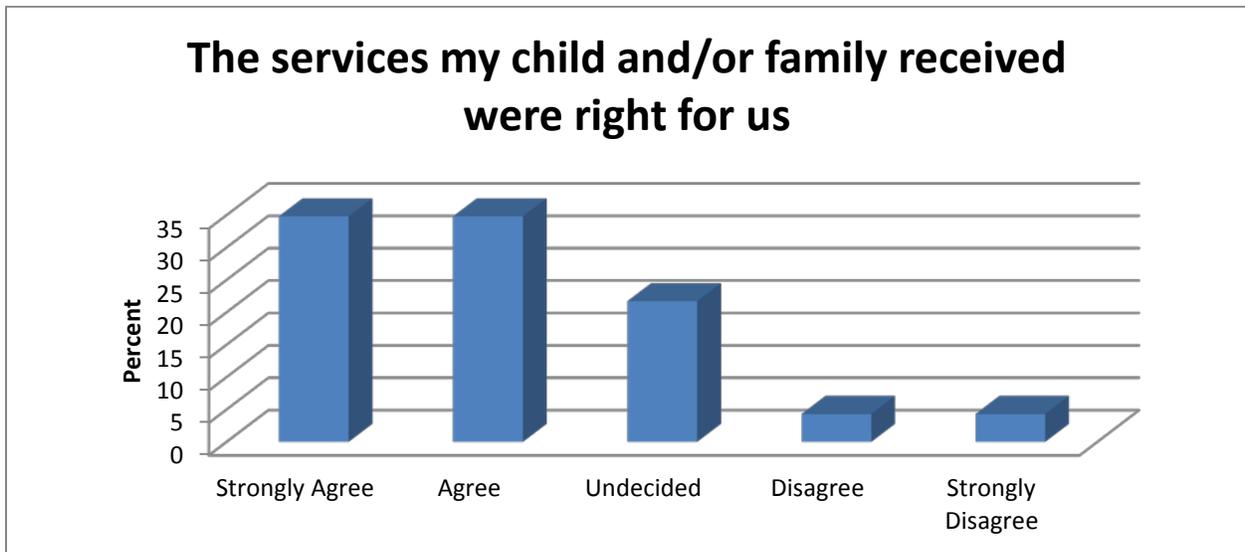


Figure 107. We Received the Help we Wanted

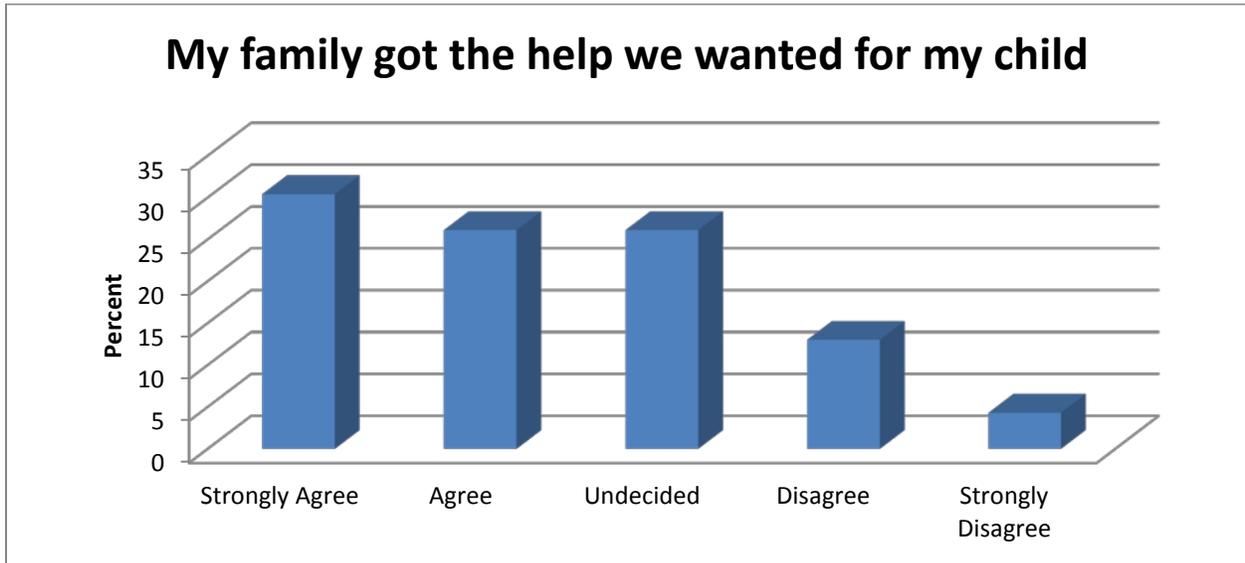
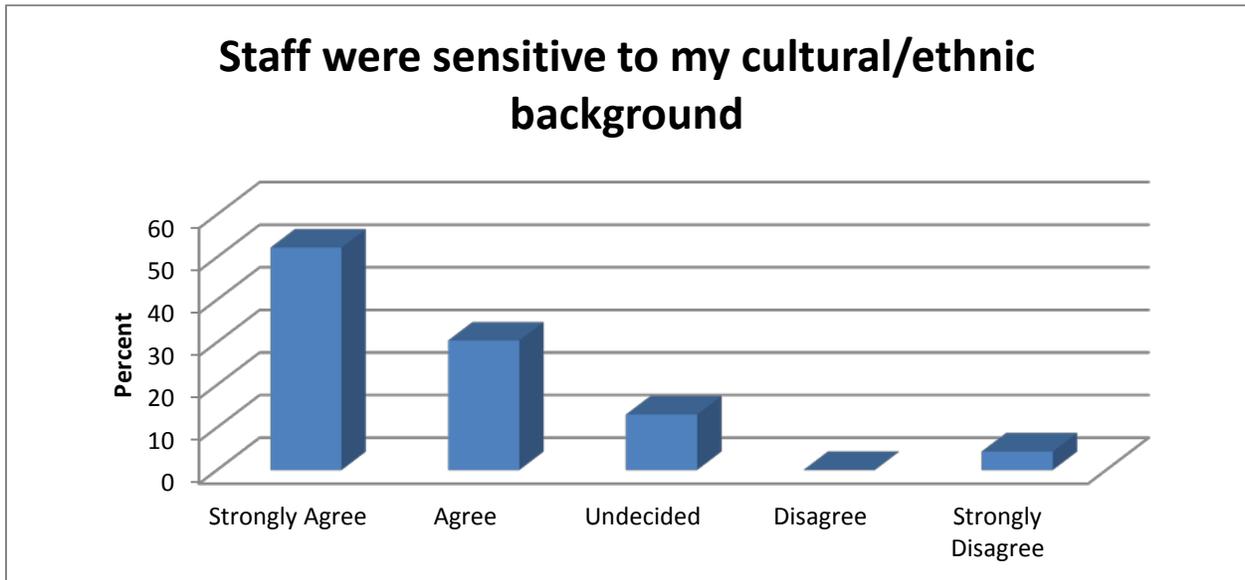


Figure 108. Cultural Competency of BHJJ Services



Recidivism Information

Methodology

Court data were provided by the Summit County Juvenile Court, and consisted of charges, adjudications, and commitments to ODYS. Data were divided into charges prior to enrollment, charges after enrollment, and charges after termination from BHJJ. Dismissed charges are included in the charge totals but not in the adjudication totals. 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. While specific data related to misdemeanors and felonies are presented, other charges such as status and traffic offenses are included in the Total Charges columns. Juvenile court history and recidivism information are presented for 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 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, 2011. 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 30th 2011. 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 year 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

In the 6 months prior to their BHJJ enrollment, 71.4% of youth in Summit County had misdemeanor charges, 73.5% had felony charges, and 89.8% had a delinquent adjudication. Of the youth who completed successfully, 30.0% were charged with a new misdemeanor, 20.0% were charged with a new felony, and 20.0% had a new delinquent adjudication in the 6 months after their termination from BHJJ. Of the youth who completed unsuccessfully, 50.0% were charged with a new misdemeanor, 12.5% were charged with a new felony, and 37.5% had a new delinquent adjudication. **Four out of the 49 youth (8.2%) in Summit County for whom we had recidivism data were sent to an ODYS facility at any time following their enrollment in BHJJ.** Additional data related to juvenile court history and recidivism can be found in Table 207 through Table 215.

Table 207. Charges Prior to Enrollment for BHJJ Youth in Summit County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=49)	83.7% (n=41)	103	44.9% (n=22)	48	57.1% (n=28)	42	79.6% (n=39)
6 months (n=49)	89.8% (n=44)	191	71.4% (n=35)	108	73.5% (n=36)	62	89.8% (n=44)
12 months (n=49)	95.9% (n=47)	267	79.6% (n=39)	153	93.9% (n=46)	84	95.9% (n=47)
18 months (n=49)	100.0% (n=49)	329	85.7% (n=42)	196	97.9% (n=48)	92	100.0% (n=49)

Table 208. Charges Prior to Enrollment for BHJJ Youth in Summit County who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=18)	72.2% (n=13)	38	50.0% (n=9)	18	50.0% (n=9)	14	72.2% (n=13)
6 months (n=18)	83.3% (n=15)	54	83.3% (n=15)	26	61.1% (n=11)	21	83.3% (n=15)
12 months (n=18)	94.4% (n=17)	80	66.7% (n=12)	37	94.4% (n=17)	34	94.4% (n=17)
18 months (n=18)	100.0% (n=18)	101	77.7% (n=14)	49	100.0% (n=18)	39	100.0% (n=18)

Table 209. Charges Prior to Enrollment for BHJJ Youth in Summit County who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=13)	92.3% (n=12)	24	38.5% (n=5)	10	61.5% (n=8)	9	84.6% (n=11)
6 months (n=13)	92.3% (n=12)	54	84.6% (n=11)	29	84.6% (n=11)	17	92.3% (n=12)
12 months (n=13)	92.3% (n=12)	69	92.3% (n=12)	39	92.3% (n=12)	19	92.3% (n=12)
18 months (n=13)	100.0% (n=13)	90	100.0% (n=13)	54	100.0% (n=13)	21	100.0% (n=13)

Table 210. Recidivism after Enrollment for BHJJ Youth in Summit County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=47)	51.1% (n=24)	50	44.7% (n=21)	30	17.0% (n=8)	8	51.1% (n=24)
6 months (n=37)	70.3% (n=26)	79	62.2% (n=23)	50	29.7% (n=11)	13	70.3% (n=26)
12 months (n=22)	72.7% (n=16)	80	72.7% (n=16)	46	45.4% (n=10)	17	72.7% (n=16)

Table 211. Recidivism after Enrollment for BHJJ Youth in Summit County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=17)	52.9% (n=9)	14	41.2% (n=7)	10	11.8% (n=2)	2	52.9% (n=9)
6 months (n=16)	68.7% (n=11)	22	56.2% (n=9)	14	25.0% (n=4)	4	68.7% (n=11)
12 months (n=10)	70.0% (n=7)	29	70.0% (n=7)	19	50.0% (n=5)	7	70.0% (n=7)

Table 212. Recidivism after Enrollment for BHJJ Youth in Summit County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=13)	69.2% (n=9)	23	69.2% (n=9)	13	23.1% (n=3)	3	69.2% (n=9)
6 months (n=11)	81.8% (n=9)	37	81.8% (n=9)	23	27.3% (n=3)	5	81.8% (n=9)
12 months (n=8)	87.5% (n=7)	43	87.5% (n=7)	23	37.5% (n=3)	8	87.5% (n=7)

Table 213. Recidivism after Termination for BHJJ Youth in Summit County

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=22)	31.8% (n=7)	22	31.8% (n=7)	17	13.6% (n=3)	3	22.7% (n=5)
6 months (n=18)	38.9% (n=7)	28	38.9% (n=7)	18	16.7% (n=3)	6	27.8% (n=5)
12 months (n=8)	37.5% (n=3)	20	37.5% (n=3)	13	12.5% (n=1)	4	25.0% (n=2)

Table 214. Recidivism after Termination for BHJJ Youth in Summit County Who Completed Successfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=13)	30.8% (n=4)	13	30.8% (n=4)	11	15.4% (n=2)	2	23.1% (n=3)
6 months (n=10)	30.0% (n=3)	12	30.0% (n=3)	9	20.0% (n=2)	3	20.0% (n=2)

Table 215. Recidivism after Termination for BHJJ Youth in Summit County Who Completed Unsuccessfully

	# of Youth with Charges	Total Charges	# of Youth with Misdemeanors	Total Misdemeanors	# of Youth with Felonies	Total Felonies	# of Youth Known Adjudicated Delinquent
3 months (n=9)	33.3% (n=3)	9	33.3% (n=3)	6	11.1% (n=1)	1	22.2% (n=2)
6 months (n=8)	50.0% (n=4)	16	50.0% (n=4)	9	12.5% (n=1)	3	37.5% (n=3)

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 scores based on gender and race can be found in Table 216.

Table 216. OYAS scores for BHJJ Youth in Summit County

Summit County OYAS	Low	Moderate	High
Female	20.0% (n = 2)	30.0% (n = 3)	50.0% (n = 5)
Male	12.5% (n = 4)	53.1% (n = 17)	34.4% (n = 11)
White	10.0% (n = 1)	70.0% (n = 7)	20.0% (n = 2)
Non-White	15.6% (n = 5)	40.6% (n = 13)	43.8% (n = 14)