Behavioral Health Treatment for Juveniles: Transitioning Youth from Out-of-Home Placement to the Community

Shay Bilchik
Director, Center for Juvenile Justice Reform, Georgetown Public Policy Institute, Washington, D.C

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Today’s Presentation

Darin Carver – Weber Human Services (UT)

Kevin Shepherd – Department of Youth Services (OH)

Eric Shafer – Montgomery County (OH)

Barbara Marsh – Outpatient Youth and Family Services at South Community Inc. (OH)

Questions
Family Involvement Pre-transition, Transition, and Post Re-Entry

- Parent/care-giver contact should be initiated well in advance of release.
  - Well-defined early engagement strategies are crucial; match strategies to parent(s)/caregiver response to treatment.
  - Arrange for uninterrupted access to psychiatric medications.
- Make necessary arrangements for a family (care-giver) meeting within 48 hours of release.
  - Clearly outline family strengths and gains made by the youth during confinement.
  - Make parent(s)/care-givers the experts.
- Create consistent expectations that family/care-giver involvement is required throughout the post-re-entry intervention period.
  - Recognize and respond to risk factors for delinquency that continue to exist within the home.
  - Accept somewhat rough-around-the-edges outcomes.

Council of State Governments
Justice Center
Community provider’s failure to recognize and focus on generalization can often be at the heart of re-entry complications.

Identify which symptoms/behaviors were targeted while in the facility and which showed the most progress.

Community-based treatment plans should specify how these behaviors will be sustained, what barriers exist to maintain current progress, and who is responsible for generalizing gains.
Conceptualization of Re-Entry Treatment Planning

Re-Entry Treatment Plan

Strength-based Focus
- Generalization of gains
- Blend of confinement and community-based identified objectives

Confinement identified objectives and gains made

Community-based identified objectives
Ongoing Assessment is a Necessary Element of Effective Re-Entry Programs

- Mental illness is a moving target during adolescence.
- Even in the best of confined treatment settings, not all problems will be identified. (The context in which problems are manifest is noteworthy.)
- Randomized drug testing should be a basic expectation for the vast majority of juveniles provided access to re-entry programs.
In an attempt to highlight progress during confinement, the opportunity to express the expectation for relapse and resurgence is often missed.

Well-defined and clearly articulated coping strategies established by community providers can not only prevent a return to confinement, but ease concerns about future discharge from services.

In some instances the best outcome scenario will be one of maintenance.
Focusing on Risk Factors for Delinquency should have a Corresponding Effect on Symptoms

Current Recidivism Reduction for Project Empower Program

- **Comparison Group**: 59%
- **PE Youth**: 43%

1-year Recidivism Rate

Current Symptom and Overall Improvement for Project Empower

- **Cut Score**: 10

- **Initial**
- **Month 1**
- **Month 2**
- **Month 3**
- **Month 4**

*A composite score of 10 domains using repeated administrations of the DUSI-R which includes, hool, social competence, etc.*

Council of State Governments Justice Center
Key Initiatives at the Ohio Department of Youth Services

Kevin Shepherd
Chief of Parole
Chair of the Release Authority
Ohio Department of Youth Services
DYS Institutions

- 244 (54%) on MH caseload
  - 52.8% male
  - 90.9% female

- 26 mental health units

- 55.2% in need of special education

- Average age in institutions 17.7

- Average length of stay institutions 11.8 months

- Average age on parole 18.4

- Average length of stay on parole 11.8 months
### DYS Institutions

<table>
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<tr>
<th>Category</th>
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<tr>
<td>Special Education on MH Caseload</td>
<td>150  (61%)</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Cognitive Disability</td>
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<tr>
<td>Emotional Disturbance</td>
<td>95</td>
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<td>Other Health Impairment</td>
<td>13</td>
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<tr>
<td>Specific Learning Disability</td>
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Ohio Department of Youth Services
Length of Stay

- Youth on Mental Health Caseload
  - 392 days

- Youth NOT on Mental Health Caseload
  - 403 days
Ohio Department of Youth Services
Type of Offense

- Mental Health Caseload
  - Violent Offense – 76%
  - Non-violent Offense – 24%

- Non Mental Health Caseload
  - Violent Offense – 72%
  - Non-violent Offense – 28%
EPICS (Effective Practices in Community Supervision)
- Teaches parole officers how to apply the principles of effective intervention to community supervision practices

Family EPICS
- Designed to assist parole in creating support network for youth
- Teaches families skills to supervise and support their child
Key Initiatives

- **Juvenile Relational Inquiry Tool (JRIT)**
  - Develop and reinforce positive support systems (e.g. family and social networks) and identify transitional services for youth

- **Video Communicator/Technology**
  - Promotes family involvement, strengthens case management and helps with reentry planning by utilizing technology to connect youth with their families and community while still in a DYS facility

- **Community Linkage Partnership**
  - Dedicated staff from ODMH to coordinate referrals to community behavioral health services and supports for youth who were on MH caseload
Key Initiatives

- **Youth ID Project**
  - Youthful Offender Release Identification Card (YO-RIC) exchanged at Bureau of Motor Vehicles (BMV) to a State ID

- **C.L.O.S.E. (Connecting Loved Ones Sooner than Expected) to Home Project**
  - Free bus transportation service for families who desire to visit their youth during their stay in one of our facilities

- **Discharge Agreement**
  - Ensure all discharged youth have been connected to long term services and supports
Key Initiatives

- **Family Finding Technology**
  - Identify and locate previously unknown family members of youth

- **Reentry Coalitions**
  - Designed to reintegrate offenders back into their home communities, reduce recidivism, and maintain public safety

- **Pre-Qualified Vendors Initiative**
  - Improves ability to purchase non-residential services on a case-by-case basis
Coordinating the Effort

- Facilities
  - Influx of visitors
  - Developing the Treatment Plan
    - Inter Disciplinary Team
    - Family involvement
    - Panel reviews
    - Community Linkage Specialist
Montgomery County Juvenile Court

Eric Shafer, MS, CCM
Assistant Court Administrator
Montgomery County Juvenile Court
Ohio’s Behavioral Health Juvenile Justice Initiative (BHJJ)

- Began in 2005 with 6 Counties
- Required the introduction of Evidenced Based Practices
- Funding through:
  - Ohio Dept. of Mental Health
  - Ohio Dept. of Youth Services
Montgomery County Juvenile Court
Dayton, Ohio

- Learning Independence and Family Empowerment LIFE Program
- Functional Family Therapy (FFT)
Multiple Pathways to South Community Inc. – Function Family Therapy

- **Ohio Department of Youth Services**
  - Parole

- **Nicholas Residential Treatment Center**
  - 24 bed facility for boys 12-18
  - Open Setting

- **Juvenile Cognitive Alternative Rehabilitation Effort**
  - 18 bed program for boys housed within the Detention Center
  - 90 Day Stay
  - Aggression Replacement Training (ART)
Multiple Pathways to South Community Inc. – Function Family Therapy

- The Center for Adolescent Services
  - Community Correctional Facility
  - 44 bed facility, 34 for boys, 10 for girls

- MCJC Probation
  - 950 youth on Probation
  - 4 Dedicated Probation Officers

- MCJC Intervention Center (Diversion)
  - 24/7 Reception and Assessment Center
  - 2,900 cases diverted annually
  - Disproportionate Minority Contact Mediation Program
Montgomery County Juvenile Court
Dayton, Ohio

- **Keys to Success**
  - **Early Involvement**
    - Make a connection on day one
  - Opening our facilities and providing space
    - Become true partners with providers
  - **Constant Collaboration**
    - Line Staff
    - Administrative staff
Reentry to Community Based Services

Barbara Keen-Marsh, MSW, LISW-S, LICDC-CS
Program Director
South Community, Inc.
South Community Behavioral Healthcare

Montgomery County
Dayton, Ohio
Re-Entry to Community Based Services

Youth Begins Release Process from ODYS 30 Days Prior to Discharge

Mental Health and Drug and Alcohol Assessment Completed

Treatment Recommendations are Made
Re-Entry to Community Based Services

- Mental Health and Co-Occurring Services Provided in The Local Correction Facilities
  - Advantages
- The L.I.F.E. Program – Functional Family Therapy
  - Case Management Services
  - Psychiatric Services
  - Outpatient Therapy
  - Partial Hospitalization
  - Primary Care

- Providers Make Contact within 48 Hours After Release
Re-Entry to Community Based Services

**Engagement of Youth and Family and Address Immediate Needs**
- Re-Enrollment of School
- Permanent Housing Options
- Preparation of Employment
- Medication Needs
- Primary Medical Care

**Maintenance of Behavior Changes**
- Strengthening Positive Family Relationships
- Reducing Negative Behaviors
Communication and Collaboration

- **Collaboration with Parole and Probation Officers**
  - Weekly Treatment Team Meetings
  - Utilize a Strength Based Perspective

- **Other Collaboration:**
  - NATURAL HELPER
  - CHILD WELFARE
  - SCHOOLS
  - OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
  - OTHER SYSTEMS
  - FUNCTIONAL FAMILY THERAPY, INC.
  - CASE WESTERN RESERVE UNIVERSITY
Paired Samples Means for Problem Severity Scores among Montgomery County Youth from Intake to Termination

![Graph showing paired samples means for problem severity scores among Montgomery County Youth from Intake to Termination. The graph compares Caregiver, Worker, and Youth across Intake and Termination phases, with scores decreasing from Intake to Termination.]
Goals: Reduce Recidivism

Chart

- Title
  - National Average
  - LIFE Program

Recidivism
Questions?

- Please type your questions into the Q&A box on the lower right hand side of the screen.
Contact Information

- **Darin Carver**
  - Weber Human Services
  - darinc@weberhs.org
  - (801) 778-6831

- **Eric J. Shafer**
  - Montgomery County Juvenile Court
  - EShafer@mcjcohoio.org
  - 937.225.4164

- **Barbara Keen-Marsh**
  - South Community
  - bmarsh@southcommunity.com
  - 937-534-1325

- **Kevin Shepherd**
  - Ohio Department of Youth Services
  - Kevin.Shepherd@dys.ohio.gov
  - (614) 644-6428
Contact Information

- Shay Bilchik
  - Center for Juvenile Justice Reform, Georgetown Public Policy Institute
  - 202-687-7656
  - shaybilchik@gmail.com
Thank You!

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