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Good morning and thank you Chairman Uecker, Vice-Chair Brown and Ranking Member Tavares and Senate Finance Corrections Sub-Committee members.

My name is Patrick Canary and I am pleased to be able to present testimony to the Sub-Committee on behalf of the Begun Center for Violence Prevention Research and Education at Case Western Reserve University and the Center for Innovative Practices. The role of the Center for Innovative Practices (CIP) is to work with local, state and national partners in researching, evaluating and implementing programs, projects and interventions that advance knowledge about what works and is effective. We are a part of the interested stakeholders working together on juvenile justice reform and promotion of state and local interagency collaboration on behalf of youth and families who are involved in multiple systems.

I am here today to support the fiscal strategies that: 1) keep our youth at home and with their families; 2) help them attend and achieve success at school or work; 3) help them find and use the effective interventions that support their success; 4) focus on reducing use of substances; 5) increase their positive experiences with peers and community; and 6) reduce their contact with the juvenile or criminal justice systems.

The good news is we actually have the knowledge, understanding and tools to exactly accomplish those goals. The not so great news is that

we do not have adequate resources. Reinvestment strategies are needed to continue to build out the successful, cost effective, outcome based community strategies that are underway in our State.

Our treatment advancements about 'what works' has made good progress and there is additional opportunity, particularly in our smaller and rural counties, that have not yet been able to participate in some of the other initiatives.

When we say that we can effectively, including cost effectively, serve youth while they remain in their homes, communities, and schools, we are raising the bar. And while we may think of some youth as 'juvenile justice youth or child welfare youth or special education youth' what we know is that they are more like one another than not. It is too often the doorway through which they enter the public systems that determines their path. For example, we know that across the child welfare, juvenile justice and mental health systems, the top diagnoses are all the same. What this means is that many of the interventions and services that are essential to good local systems of care, are effective across a wide range of youth and their families. This allows us to move away from siloed systems and think more cross system in identifying what makes the most sense and will get families and youth the best quality of life outcomes. Interestingly, all the public serving systems would essentially agree that their long and short term goals are highly aligned: youth living safely in their homes or a home like setting; strengthening caregivers; positive peer relationships; attending and achieving at school or work; reduced use of substances; reduced contact with the systems; and success in moving toward 'independence' through positive youth development activity.

For example, there are several areas where expanded investment is warranted based on documented outcomes:

1. Behavioral Health and Juvenile Justice (BHJJ) Initiative. BHJJ was jointly created by ODMH and ODYS, nearly 15 years ago in response to juvenile judges who were concerned about lack of access to services for the seriously emotionally and behaviorally disordered youth that were appearing in their courts. The intent has remained constant: effective identification and diversion of youth with serious mental illness and substance use disorders from the juvenile justice system to the community behavioral health system. An important aspect of BHJJ is that it actually measures outcomes associated with well-being and behavioral health improvement.

A 'typical' youth enrolled in BHJJ is 15.5 years old and lives with his or her biological mother in a home earning less than \$25,000 per year. The child has 2.5 DSM diagnoses and a history of juvenile court involvement, including felony level charges. At enrollment into the program, the youth is moderately to highly likely to recidivate and at high risk for out of home placement. The child is often a witness or victim of violence exposure and trauma, especially girls (30% of girls reported sexual abuse). The child, especially if female, often talks about suicide and nearly 25% of the girls have attempted suicide. The youth come from families where mental illness, substance abuse, and criminal activity are quite common. The youth has likely engaged in several years of alcohol or drug use prior to BHJJ enrollment and has likely been suspended or expelled from school at least once in the past year.

Demographics

- Over 2500 youth have been enrolled in local BHJJ projects over the last 7 years
- 71% of those youth met the criteria for moderate to high risk by Ohio's risk assessment process
- Average age at enrollment 15.5 years old

- Average length of stay is 6-7 months

Results (statistically significant)

- Reduction in substance use, trauma symptoms and problem severity
- Improvement in overall functioning
- Increase in grades and increase in attendance
- 50% reduced risk of out of home placement
- Only 82 youth have entered ODYS at any point during involvement with BHJJ and up until age 18 or 3.5%

2. Reclaim Strategies (RECLAIM, Targeted Reclaim and Competitive Reclaim). ODYS has continued its community based investments through three levels of Reclaim...each which share the common goals of: focusing on diversion of vulnerable and at-risk youth, local collaboration, and the use of evidence based and promising practices. The results have surpassed all expectations. These funds and grants support everything from Family Coaches as part of Wraparound teams for individualized case planning, to regional intensive in-home services such as Multisystemic Therapy and other evidence based practices.

3. Strong Families/Safe Communities funded through OMHAS and the Department of Developmental Disabilities which supported 13 projects across the state focusing on crisis stabilization for youth and families with intensive needs.

4. Advancement of Evidence Based and Research Supported Practices. This has become an underlying expectation of all our systems. There was a time when this requirement was more of a challenge and more recently has become accepted and expected as the norm. A key factor in sustainability of these practices is the

ongoing coaching that our front line staff needs to successfully implement these practices and enhance their practice skills.

5. Positive Youth Development. We know that in addition to clinical services for youth and their families, the additional ‘power factor’ is having opportunities for youth to experience success and regain a sense of value, worth and hope. We need to capitalize on the promise of resilience within our young people and look to invest in those types of supports that focus on “mastering age-appropriate developmental tasks despite serious threats to adaptation” (Masten 2001, Rutter 1990; Werner and Smith 1982, 1992).

Next Steps. If we ‘unpack’ all of these initiatives, we find some striking consistencies:

- Focusing on youth and families that find themselves at the deep-end of our systems
- Addressing crisis as both as an immediate situation and a stabilization opportunity
- Understanding that families are facing multiple and complex problems that require a combined and coordinated response
- Recognizing that behavioral health needs are consistent regardless of the system involved
- Flexible funding based on requiring collaborative approaches *
- Balance of prevention and intervention *
- Reduction of out-of-home placements, emergency room visits, calls to law enforcement, and involvement in the judicial system as well as an increase in strong youth and families and safety with their communities *

In closing, our system reform efforts can be strengthened by:

- Reinvesting more of the 'saved' dollars as the Juvenile Justice, Child Welfare and Behavioral Health systems pivot to more intensive home, school and community based programming
- Allocating these funds through a cross-agency, collaborative approach that addresses the multi-system needs and reduces the likelihood of youth and families falling between the cracks
- Aligning service with the behavioral health Medicaid menu enhancement as proposed in the state budget (Intensive Home Based Treatment, Wraparound, Assertive Community Treatment and Substance Use Residential services)
- Continuing to hold the bar on promoting and expecting the use of evidence based and research supported practices in the use of state funds
- Figuring out financing mechanisms that can capture the 'avoided costs' and help programs expand to the levels needed
- Expecting and measuring outcomes for youth and families that go beyond recidivism and look at school achievement, school attendance, kids staying at home, reduced substance use, improved functioning, and families being supported in their roles as caregivers
- Continuing to evaluate programs and processes for ongoing quality improvement

*Strong Families/Safe Communities Report 3/23/15