Executive Summary: The Impact of COVID-19 on Youth Enrolled in Ohio's Behavioral Health Juvenile Justice (BHJJ) Initiative

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Executive Summary

Background

The COVID-19 pandemic created unprecedented challenges for youth involved in the juvenile justice system. Research documented significant increases in anxiety and depression among adolescents during this period, rises in emergency department visits for suspected youth suicide attempts, and U.S. homicide rates increased approximately 30% in the first year of COVID-19, with justice-involved youth facing additional losses of school, peer relationships, and community-based protective factors. Despite these pressures, community-based diversion programs demonstrated relative continuity, though the pandemic-driven behavioral health workforce shortage further strained service capacity.

Ohio's Behavioral Health Juvenile Justice (BHJJ) initiative diverts youth with mental health and substance use needs away from detention and into community-based treatment programs. COVID-19 significantly disrupted BHJJ operations: courts slowed, in-home services were temporarily paused, and families were reluctant to allow staff into their homes. Unfortunately, established BHJJ data collection processes were also significantly disrupted during the pandemic, resulting in data that were deemed to be incomplete and unreliable and which were therefore excluded from this analysis.

This report compares 1,894 youth across 15 Ohio counties: 1,280 in the pre-COVID cohort (January 2016–October 2019) and 614 in the post-COVID cohort (January 2021–November 2024). **Part I** seeks to shed light on whether the pandemic resulted in significant changes in the BHJJ population needs by comparing pre- and post-COVID youth at intake across variables related to demographics, clinical characteristics, trauma, substance use, delinquency, resiliency, and caregiver satisfaction. **Part II** addresses the question of whether BHJJ services continued to effectively address the needs of the population by examining program outcomes for the post-COVID cohort from intake to termination, including behavioral health functioning, academic performance, and placement stability.

Part I: Pre- and Post-COVID Intake Comparisons

Demographics

- In both periods, approximately two-thirds of the youth were male; average age was 15 years.
- Post-COVID, Black youth made up a larger share of enrollees (44% to 48%) and White youth a smaller share (45% to 38%); Hispanic youth increased from 5% to 7%.
- The proportion of families earning below $25,000 decreased from 62% pre-COVID to 46% post-COVID, while the proportion earning $75,000 or more doubled (6% to 13%).

Youth and Family History

- Females showed significant increases in domestic violence exposure (34% to 47%) from pre- to post-COVID.

- Males showed a significant increase in having a caregiver with a mental illness other than depression (36% to 46%) from pre- to post-COVID.

DSM Diagnoses

- Over 80% of youth in both cohorts presented with at least one behavioral health diagnosis.
- Youth with Anxiety Disorders (6% to 18%), PTSD (9% to 19%), and Trauma and Stressor-Related Disorders (2% to 9%) all increased significantly post-COVID.
- The proportion of youth with Oppositional Defiant Disorder (36% to 25%), co-occurring disorders (35% to 25%), and any substance use disorder (36% to 26%) all decreased post-COVID.

Trauma Symptoms

- Compared to pre-COVID females, post-COVID females reported increased trauma symptomatology, with the largest increases in Anger and Posttraumatic Stress.
- For males, Posttraumatic Stress and Dissociation increased significantly in the post-covid group.
- Loneliness increased significantly among post-COVID males (37% to 46%); suicidal ideation was stable across both genders pre- and post-COVID.

Ohio Scales

- At post-COVID intake, Black youth showed lower problem severity and higher functioning than White youth, who showed the opposite pattern.
- Problem severity decreased and functioning increased significantly for Black males between the pre- and post-COVID periods.

Violence and Delinquency

- Theft, witnessing physical attacks, and verbal bullying all declined significantly post-COVID.
- Reports of someone close to the youth being murdered increased slightly (22% to 26%), consistent with national homicide trends during the pandemic.

Substance Use

- Although the presence of any substance use disorder decreased post-COVID (36% to 26%), youth reported increased use of some substances but decreased use of others, with different patterns emerging for males and females.
- Cannabis use increased (67% to 75%), hallucinogen use rose (7% to 10%), and sedative use declined (10% to 6%) in the post-COVID group.
- Among females, cannabis (58% to 73%), alcohol (53% to 64%), and hallucinogens (4% to 11%) all increased significantly; no significant substance use change was detected for males.

Resiliency

- Male resiliency scores were stable across both periods.
- Post-COVID females showed decreases in multiple interpersonal and peer support items.

Caregiver Satisfaction

- Satisfaction with the program remained positive in both periods, though many items that were "Strongly Agree" pre-COVID shifted to "Agree" post-COVID.
- The largest shifts were in response to questions about receiving adequate help, having someone for the child to talk to, and services being right for the family.
- Ratings for staff respect, cultural sensitivity, and caregiver participation remained relatively stable and positive.

Part II: Key Program Outcomes at Termination: Post-COVID Cohort

This section of the report examines program outcomes within the post-COVID cohort (2021–2024), assessing changes from intake to termination on youth behavioral health indicators.

Trauma Symptoms: Intake to Termination

- Both males and females reported significant improvements across all trauma domains from intake to termination.
- The largest areas of improvement for males: Anger and Posttraumatic Stress. For females: Anger, Posttraumatic Stress, and Depression.

Ohio Scales (Worker Rating)

- Workers indicated that Problem Severity and Functioning improved significantly at termination for both males and females.

Academic Performance

- Grades improved significantly from intake to termination, with more than twice as many youth improving their grades as worsening.

Out-of-Home Placement Risk

- The proportion of youth at risk for out-of-home placement decreased by 44% from intake to termination. Most youth (77%) who remained at risk of out-of-home placement at termination did not successfully complete the program.

Program Completion

- Approximately 3 out of 4 youth (74%) successfully completed BHJJ post-COVID, up from 70% pre-COVID.
- Successful program completion among Black youth improved significantly from 62% pre-COVID to 71% post-COVID. No change in successful completion rate was observed for White youth (77.7% pre-COVID to 76.9% post-COVID).

Juvenile Justice Outcomes

- Workers indicated 73% of post-COVID youth reduced their police contact since starting BHJJ services, with males showing the highest rate of reduction (75%).
- At any time after their BHJJ enrollment, 3.7% (n = 22) of youth were committed to an ODYS facility while 3.3% (n = 20) were committed to a CCF.