Logan County, Ohio

Juvenile Cross-Systems Mapping Report

June 5 - 6, 2025

Logan County Core Planning Team

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Workshop Facilitators and Consultants

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Michael Fox	Consultant and Trainer/Research Associate	Center for Innovative Practices, Case Western Reserve University
Ruth H. Simera	Executive Director	Coordinating Centers of Excellence
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Juvenile Cross-Systems Mapping

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Introduction

The purpose of this report is to provide a summary of the *Juvenile Cross-Systems Mapping* and *Taking Action for Change* workshop held in Logan County, Ohio on June 5 - 6, 2025. The workshop was requested and sponsored by the Mental Health Drug & Alcohol Services Board of Logan & Champaign Counties and the Logan County Court of Common Pleas, Family Court Division. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential map of intervention points* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Logan County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *Cross-Systems Mapping* workshops. Additional information is provided that may be relevant to future action planning.

Background

Through ongoing discussion regarding the increasing needs of youth and families in Logan County, potential gaps and opportunities were identified prior to the workshop. There was recognition that workshop participants wished to have a better understanding of the capacity and capabilities of all community partners working with youth and families. Planning Team members also identified networking, relationship building and interest in identifying how services and systems can mutually support each other and their resources as important goals of the workshop. Logan County public school systems are involved with the juvenile justice system, including having school staff at hearings and assisting with support plans for youth and their families. The county has been awarded funding to create a resource center for youth ages 8 – 18 years old. The Juvenile Cross-Systems Mapping exercise was meant to aid Logan County with:

- Creation of a map indicating points of intervention among all relevant Logan County juvenile systems
- Identification of resources, gaps, and barriers in the existing juvenile systems
- Development of a strategic action plan to promote progress in addressing the juvenile justice diversion and treatment needs of youth with mental illness in contact with the juvenile justice system

The participants in the workshop included 37 individuals representing multiple community partner systems including mental health, substance use treatment, human services, juvenile justice and detention, law enforcement, advocacy, and community members with direct experience with juvenile justice and mental health systems. A complete list of participants is available in the *Additional Resources* section of this document. Ruth H. Simera, Mike Fox, and Lisa DiSabato-Moore from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for juvenile justice-involved youth with mental illness, and co-

occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible. The participants also specified that included in the value of respect is respect of truth, boundaries, wishes, following The Golden Rule, and respecting roles and role limitations.*

Objectives of the Juvenile Cross-Systems Mapping Exercise

The *Juvenile Cross-Systems Mapping* Exercise has three primary objectives:

1. Development of a comprehensive picture of how youth with mental health needs, co-occurring mental health and substance use needs, and complex multisystem involvement needs flow through the Logan County juvenile justice system along six critical intervention points for change: Initial Contact and Referral, Intake and Initial Detention, Judicial Processing, Probation Supervision, Secure Placement, and Reentry.

2. Identification of gaps, resources, and opportunities at each of the six critical intervention points for change for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Logan County Juvenile Cross-Systems Map created during the workshop can be found in this report on page 6.

Keys to Success

In addition to the items below, communities are strongly encouraged to A) identify or develop agencies and/or individuals who are champions to the cause and can serve as **boundary spanners** – spanning the gap between systems, understanding and effectively representing the needs and concerns of individuals being served and of the multiple systems involved, and effectively assisting in articulating and reconciling different points of view, and B) create early opportunities for **momentum** by addressing manageable action items early in the change process, developing measurable and reasonable action plans, and recognizing that change is necessary while resisting temptation to tackle global, pervasive problems; and C) utilize and implement **evidence-based or evidence-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Logan County community partners and service providers, like those from most other Ohio counties, have been involved in a variety of collaborative relationships and initiatives over the years. There are currently three primary cross-system collaborative teams/coalitions addressing youth and family services: Family Court Stakeholders Meetings, Family & Children First Council's Triage Group, and the Crisis Intervention Team (CIT) Crisis Stakeholders Group.

Individual in Recovery Involvement

Representation during the workshop consisted of one youth with past involvement in the juvenile justice system. The group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include youth, family and/or advocate representation.

Representation from Key Decision Makers; Family/Youth Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the juvenile court system, detention, and mental health system.
- Key constituents that were missing at the workshops: Public Safety Telecommunicators, NAMI, law enforcement (patrol and school resource officer), and defense counsel.

Data Collection; Information Sharing; Communication

- The Logan County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
  - Completed Community Collaboration Questionnaire
  - Central Ohio Youth Center Data for CY 2024
  - Juvenile Detention Data Form
  - COYC Vulnerability Assessment Instrument
  - MASY-2 Questionnaire and Scoring Key
  - De-Escalation Preferences Form
  - HTRISK
  - COYC Sexual Assault Handout
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
  - Logan County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2024
  - Logan County CIT Officers Roster Project Summary Report, September 2023

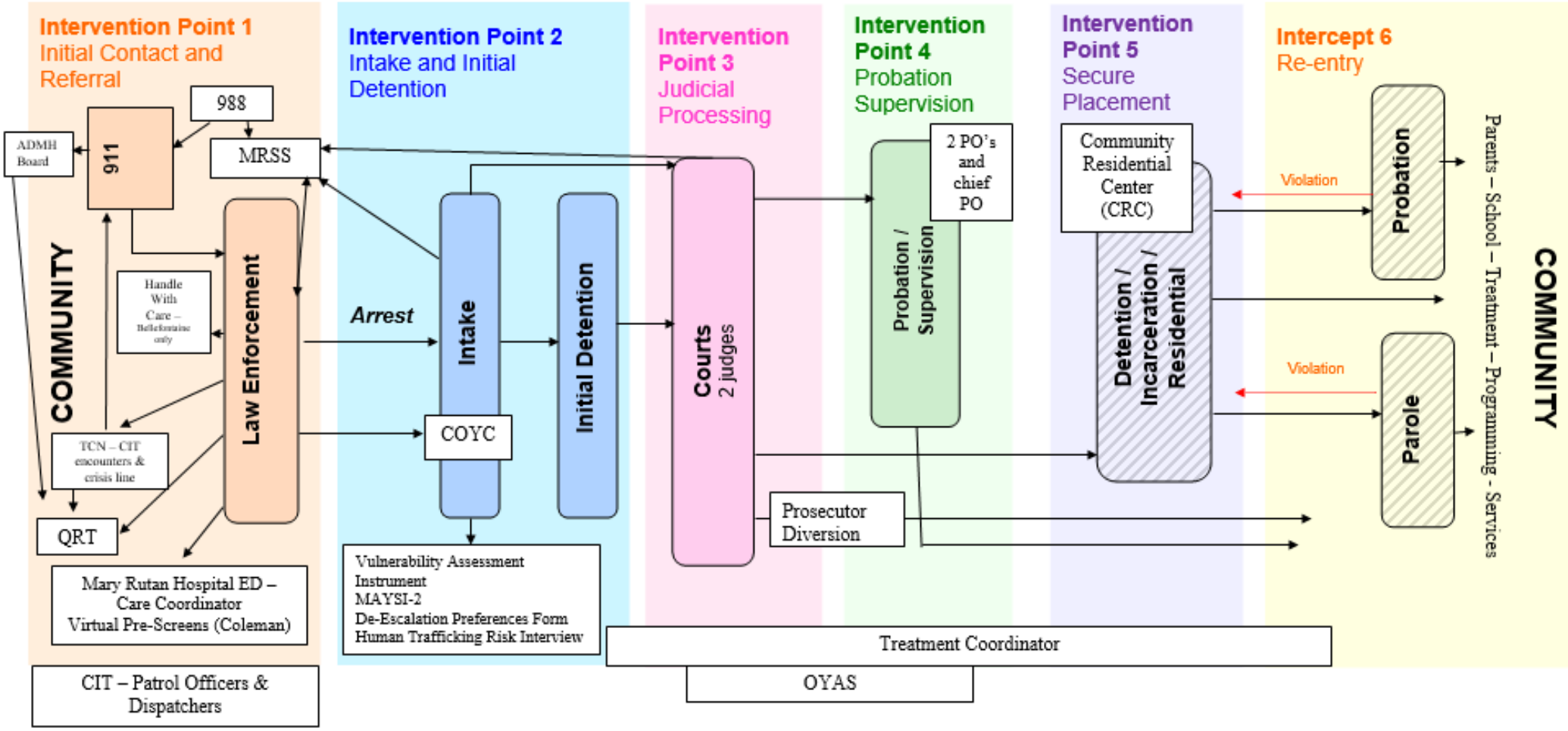
Recommendations

- Community partners developing the Resource Center for Youth may want to review strategies and resources associated with youth engagement through the Annie E. Casey Foundation: Youth Engagement Strategies - The Annie E. Casey Foundation.
- The group is strongly encouraged to engage and maintain engagement with family members and youth with lived experience as part of the action planning work groups and future planning initiatives.
- The group is strongly encouraged to formalize and centralize a task force to coordinate the current and future efforts being undertaken to improve the cross-systems response to youth and families.

Juvenile Cross-Systems Mapping

Logan County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships Logan County June 2025



Logan County Juvenile Justice – Mental Health Partnership Critical Points of Intervention Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006) and the "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System" prepared by the National Center for Mental Health and Juvenile Justice (later named the National Center for Youth Opportunity and Justice before its closure) at Policy Research Associates, Inc. During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the six Critical Intervention Points for Change.

This narrative reflects information gathered during the *Cross-Systems Mapping* Exercise. It provides a description of Logan County activities at each intervention point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Logan County Cross-Systems Map. The cross-systems Logan County planning team may choose to revise or expand on information gathered in the activity.

The gaps and opportunities identified in this report are the result of "brainstorming" during the workshop and include a broad range of input from workshop participants. These points reflect a variety of community partner opinions and are therefore subjective rather than a majority consensus.

Intervention Point 0: Best and Evidenced Based Practices and Community Supports

The following represents initiatives, services, and/or evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept - an effective and accessible community mental health system - or reported on the Community Collaboration Questionnaire (see appendix). This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Logan County.

- 988 through TCN Behavioral Health (TCN)
  - Provider is in Fairborn, Ohio (Greene County) – calls are answered through a series of prompts
  - *July 1, 2025, will become the point of access for MRSS*
  - It was noted that there are limitations on the call data that the Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties can request and receive.
- Mobile Response and Stabilization Services (MRSS) through Coleman Health Services in Lima, Ohio (Allen County)
  - Currently available 8am-5pm Monday-Friday with 3 full-time staff and trying to extend service hours for evenings and holidays. The 988 center is in Fairborn, Ohio (Greene County) and the clinician for pre-hospital screening are in Lima, Ohio (Allen County).
  - Average age of youth is 11 years old, while the youngest served has been 3 years old
  - Anyone can refer for services; nearing 100 referrals *(at time of the mapping)*
  - Provides up to 6 weeks of follow-up for youth
- Family and Children First Council (FCFC)
  - Monthly Triage Group meetings and safety planning meetings
- Functional Family Therapy (FFT) & Intensive Home-Based Therapy (IHBT)
  - Expected National Youth Advocate Program (NYAP) expansion coming
- TCN Behavioral Health (TCN)
  - Individual counseling, psychiatry services
  - School navigators
  - Crisis services in schools
  - Local hotline remains functional
    - It was noted that the local hotline is preferred to 988 because a live person answers the calls and the Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties can receive more detailed data about the calls.

- School-based prevention
  - There are 13 schools in the county, including a career center and alternative school
  - Schools select the programs and initiatives; all except Riverside districts have programs
  - All prevention programming is evidence-informed and based on the Strategic Prevention Framework, e.g.:
    - STEPS (Skills Training for Emotional Problem Solving) – DBT (dialectical behavior therapy) skills: A for adolescents and E for elementary age youth
    - Too Good for Drugs
    - Botvin Life Skills
    - Life Lines
    - Signs of Suicide (SOS) – all school districts, including Riverside, through TCN
  - Search Institute – attitudinal/behaviors survey completed every 2 years; drives funding for programs
  - Community Health & Wellness Partners present in some of the schools, collaborate with School Resource Officers (SROs), and utilize the Columbia Suicide Severity Rating Scale (C-SSRS)
- Ohio Handle with Care recently implemented at all schools.
- Suicide Prevention Coalition
- Substance Use Coalition
- Stepping Up Coalition
- Early intervention
  - Substance Abuse Subtle Screening Inventory (SASSI) used to identify youth engaging in vaping/smoking
- REACH Resource Center
  - Screening and referrals
  - Hub for programming
  - Hoping to add drop-in services
  - Developed with RECLAIM grant funding
- Outreach Centers (3 locations) – Bellefontaine, Village of Russells Point, and Chippewa Park
  - Activities, tutoring, family engagement
  - Typically, intermediate to middle school age
- Stronger Families Safer Communities grant
  - Therapeutic Mentoring - takes referrals from school guidance counselors, Family & Children First Council (FCFC), and MRSS
  - In-home parent coaching
  - Partners with the Logan County Board of Developmental Disabilities
  - Two mentors with caseloads of 8 each
    - Mentors have associate degrees, are certified in prevention, and will see youth at school and during lunchtime
  - Provides gas cards and, while can provide transportation, this can take time away from directly working with youth
  - Martial arts respite
- Loco Art
  - Stress Less Program
  - Ohio Fitness Martial Arts respite program
- Extending the Branch (LGBTQ+)
  - Programs and groups
- Mary Rutan Behavioral Health has multiple locations in the county, with the Bellefontaine location providing pediatric behavioral health services.

Intervention Point 0 Gaps

- Engaging families and increasing community buy-in in prevention programming
- Therapeutic Mentoring capacity and salary base
- Transportation barriers
- Communication about available resources

- Local infrastructure for MRSS and barriers to facilitate work
- Wait list / wait time for IHBT and FFT
- Peer support resources and services for youth
- Community based stigma about services, including fear of punishment and fear of youth being taken out of parents' custody

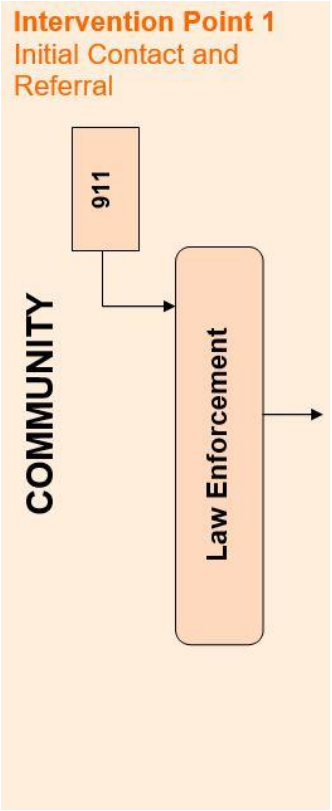
Intervention Point 0 Opportunities

- Better individualized support for MRSS
- Indicated prevention programming for parents of children involved in Children's Services
- Reach Resource Center – community referrals will start August 2025
- United Way's Lunch Buddies – maybe connect with their mentoring
- Youth peer support
- Big Brothers Big Sisters
- Loco Art
- Website
- Monthly Continuum of Care meeting
- Expansion of Therapeutic Mentoring services if secure additional funding in FY 2027 grant cycle

Recommendations

- 988 and MRSS services are operated out-of-county, making it challenging to coordinate timely and cohesive responses to the community. Coleman Health Services should be invited to all pertinent coordination meetings, e.g., monthly continuum of care, CIT steering, FCFC etc. and the data/reporting needs of the county should be made clear to both Coleman Health Services and the Ohio Department of Behavioral Health offices that oversee 988 and MRSS.
- The community should explore alternatives to hospital emergency departments for crisis services, e.g., Urgent Care, community paramedicine, crisis respite care.
- It was noted that available data indicates family conflict is common in crisis contacts. The community should explore the benefits of mediation services.
- For transportation barriers, this group may need to become more familiar with the county transportation committee and ensure the mental health and justice systems are represented.

Intervention Point I: Initial Contact and Referral



In Logan County, law enforcement is provided by the Logan County Sheriff's Office, Ohio State Highway Patrol, and law enforcement agencies in various towns or cities. Law enforcement options for responding to youth with mental illness include advise, summons, arrest, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

Initial Referral

- Multiple parties make referrals to law enforcement and the juvenile justice system, including parents/families, caregivers, and acquaintances or witnesses.

Dispatch / 9-1-1

- Logan County has two dispatch centers: Logan County Sheriff's Office (LCSO) and Bellefontaine Police Department (BPD). BPD dispatches for themselves and the LCSO dispatches for all other law enforcement in the county.
    - BPD noted that their dispatchers have participated in Crisis Intervention Team (CIT) training.
- There is no tracking of youth mental health calls at dispatch. Calls are coded as "juvenile" only. It was noted that work is starting with dispatch centers to have better coding options for mental health and "CIT" calls. It was stated that most youth calls are related to suicidal ideation or threats. When able, dispatch will send a CIT-trained officer, and the youth is taken to the hospital.
- There is no interoperability between 911 and 988.
- Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties receives overdose alerts and can dispatch the county's Quick Response Team (QRT). QRT services also include referrals and linkage to other services.

Law Enforcement

According to the Ohio Peace Officer Training Commission (OPOTC), Logan County has 6 Law Enforcement Agencies: Bellefontaine Police Department, Logan County Sheriff's Office, Village of Russell's Point Police Department, Washington Township Police Department, West Liberty Police Department, and West Mansfield Police Department.

- The Champaign & Logan County Crisis Intervention Team (CIT) Program held their first CIT Patrol Officer Training Course in 2008 with the latest being held in 2025. As of March 2025, CJ CCoE records indicate that Logan County has 125 CIT-trained officers. All law enforcement agencies participate in the Champaign & Logan County CIT Program and its CIT Patrol Officer Training Course, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills.
    - Currently, the Champaign & Logan CIT Program allows other roles (Public Safety Telecommunicators, Corrections, Probation, Fire/EMS, Behavioral Health, Emergency Department nurses, and peer supports) to attend their CIT Patrol Officer Training Course and Advanced CIT Training Courses. The program does not offer Refresher CIT Training Courses; however, the program partners with the Union County CIT Program to hold a Role-Specific CIT Training Course for Public Safety Telecommunicators.
    - The program completed their second CIT Peer Review in 2025.
    - Law enforcement agencies utilize the Cordata Healthcare Innovations CIT software to track crisis contacts in the community. The CIT Program Coordinator runs reports and analyzes the data to report to community partners. Concerns were noted that not all law enforcement officers are recording their crisis and mental health-based contacts, which could be resulting in missed opportunities to show the positive outcomes with these calls.
- Law enforcement officers can call MRSS (M-F 8am-5pm only) to respond to a call with them or to request follow-up contacts with the youth/family. Outreach and follow-up requests are dependent on any prior convictions of the youth and severity of charges/behavior. Officers are also encouraged to complete a Handle

with Care contact note if any incident in the community has a youth present. At the time of the workshop, only Bellefontaine had implemented Ohio Handle With Care, with referrals made to School Resource Officers. Other jurisdictions were just beginning but school had let out for the summer, and policies were not yet in place.

- Law enforcement officers can transport youth directly to Mary Rutan Health, the county's hospital.

Crisis Services

- MRSS (through Coleman Health Services) can be called by law enforcement to assist with call response and follow-up services. Currently, MRSS is only available Monday – Friday 8am – 5pm. There are no services offered during evenings, weekends or holidays. MRSS can also provide up to 6 weeks of follow-up support to youth/families. The Director for MRSS works out of Summit County. The MRSS staff do not have an office or facility to conduct work.
- TCN also responds to crises and completes pre-hospitalization screening.
- There are no youth respite or crisis stabilization services within the county.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- There is no inpatient pediatric psychiatric facility in Logan County.
- Youth can be transported to Mary Rutan Health's Emergency Department (ED).
    - Coleman Health Services prescreening team conducts all youth assessments at the ED via telehealth. TCN will work with the Coleman Health Services Behavioral Health Navigator for care coordination.
- Multiple out of county hospitals can be utilized: Hocking Valley Community Hospital (HVCH/ Hocking County), Mercy Health St. Ritas or Lima Memorial (Allen County), and Memorial Hospital Emergency Room (Union County).

Intervention Point I Gaps

- Available data relating to youth (911)
- Public safety telecommunicator specific training
- 911 to 988 interoperability
- Law enforcement lack of documentation for all encounters
- Capacity to guarantee timely response from TCN
- Co-response
- 24/7 crisis response
- Inconsistent resources and processes at school districts
- Long waits in the ED for youth with mental health issues
- Transportation for youth pink slipped from Mary Rutan to hospital

Intervention Point I Opportunities

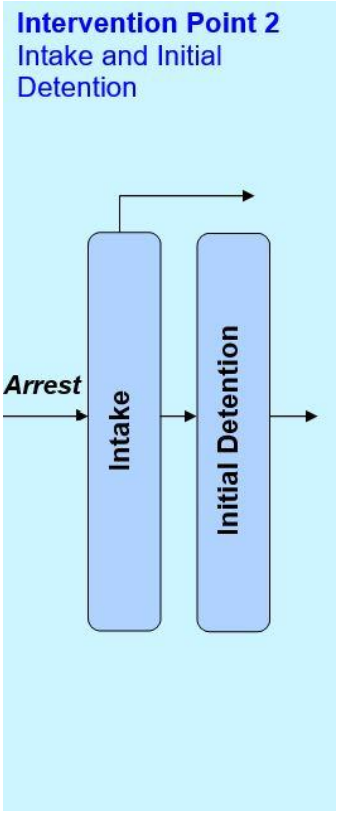
- 911 tracking CIT call for youth
- 911-988 exchanges
- Documenting success
- Build out crisis services to match CIT encounter data
    - Monday/Wednesday/Thursday – 2nd shift identified as high contact times
- Handle with Care (HWC) response more proactive with schools and law enforcement
- Schools regular check ins with SROs

Recommendations

- The CIT Peer Review report can be shared with all community partner groups and used as a roadmap for improving coordination and community crisis response.
- CIT encounter, 911, and 988 data could be cross walked to provide a richer picture of community needs, so that afterhours services could be aligned to match the days and times with the greatest demand for crisis services. Until that time, services can be aligned to support high utilization of the CITs.

- The community is encouraged to develop a youth sub-committee for their CIT steering committee to collaborate on alternatives to detention so that law enforcement have options other than detention available for youth encounters.
- TCN operates the local hotline, which seems reasonably available at all hours. It may be possible to increase use of the hotline during law enforcement encounters to help de-escalate and troubleshoot situations.
- CIT stakeholder meetings and monthly QRT meetings can be used more effectively to share and discuss system and case-specific issues.

Intervention Point II: Intake and Initial Detention



Intake

- Upon arrest, youth are taken to the Central Ohio Youth Center (COYC). The COYC accepts all youth and does not have authority to release prior to judicial process. Multiple screenings/assessments are completed at intake, including Ohio Youth Assessment System (OYAS) Diversion and Disposition (for the Prosecutor's Office and OYAS for Probation. A DSI (Detention Screening Instrument) is available but decisions regarding with whom and when during the intake process it will be utilized are still under consideration before implementation.
    - In 2024, the COYC reported that detention intake staff identified 60 youth as having mental health issues. Intake staff can "flag" a youth and notify the Clinical Department to meet with them.
- MRSS (M-F 8am-5pm only) can be contacted during intake for assistance if there are significant mental health, behavioral or safety concerns.
- Community Diversion – The prosecutor refers to Diversion through the Reach instead of formally filing the complaint for Judicial processing. A "Diversion Cover Sheet" completed by the prosecutor with the police report goes to The Reach (juvenile court) for diversion planning. Diversion completes the same assessment/screeners as those done at intake at the COYC, including the OYAS, to make recommendations for the terms of Diversion. The program lasts 2-3 months. Youth referred through this diversion program do not come to the courthouse nor stand in front of the judge.
    - Failing diversion results in the complaint being formally filed with the Court.

Initial Detention

- All arrested youth are detained at the COYC. The facility serves 5 counties. Youth are only released from the COYC with a judge's order. There are no options for screen and release from the facility. Additionally, a youth under 12 years old needs judge's permission to remain detained.
- TCN Behavioral Health completes risk assessments for Logan County youth in the COYC who may be a threat to themselves or others. A further detention hearing is held to review the risk assessment.

Detention Hearing

- Detention hearings to determine if the youth with be released or detained are held virtually within 24 hours of intake (next business day) Monday through Friday. No hearings are held over the weekends or holidays. Parents must be present at detention hearings, typically in person. It is the judge's discretion to allow parents to attend virtually. Others present at detention hearings include Guardians ad Litem (GAL), Prosecutor, and the Intake Officer of Juvenile Probation. The probation intake officer serves a case management-like role and, if the youth is not put on probation, oversees cases until all requirements are cleared.
    - All felony charges have a pre-disposition investigation ordered.

- The Intake Officer tracks all cases scheduled before the court and monitors compliance with court orders throughout the terms of the disposition. The Intake Officer also completes the Disposition OYAS whenever a pre-dispositional investigation is ordered.

- After the hearing the youth is either detained, released, or released with community intervention/support and restrictions.
  - Due to the difficulty of finding residential treatment or psychiatric placements, many youth remain detained.

Intervention Point II – Identified Gaps

- Alternatives to detention for law enforcement
- Key staff availability on evenings and weekends (consistency to meet youth needs)
- Not a clear mechanism for communication upon release from COYC/detention
- All youth are detained until the judge orders release. There is no opportunity for screening and releasing prior to admission.

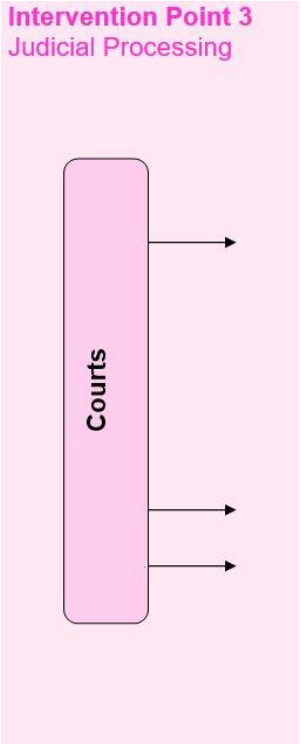
Intervention Point II – Identified Opportunities

- Detention screening instrument (DSI) in community/REACH and/or prior to law enforcement transport to COYC
- Use of respite as an alternative to detention
- Discuss current practice for admission to COYC

Recommendations

- Because use of detention should be a last and necessary resort for any youth, the community is strongly encouraged to develop processes for screening and releasing youth, who would not otherwise meet criteria for detention or for whom alternative responses are available, at the time of intake

Intervention Point III: Judicial Processing



Court

- It is rare for the prosecutor to recommend adjudication of a youth, unless it's a serious and/or violent crime and/or the youth is a repeat offender.
- All felony cases have a pre-disposition investigation ordered.
- The court has a Treatment Coordinator that completes screenings and assessments with all youth at the first court hearing. Every youth who enters the court system is ordered to participate in a well-being check with the Treatment Coordinator and comply with recommendations. The well-being check consists of screening tools for behavioral health, mental health and substance use concerns. If a youth screens positive, the Treatment Coordinator discusses local options, the youth is referred to a local agency, and the Treatment Coordinator tracks participation. The Treatment Coordinator then continues to follow the youth for the duration of their case or until treatment recommendations are completed. Currently, the Treatment Coordinator is tracking 100 youth at various stages of the judicial process.
  - The Treatment Coordinator utilizes a variety of screenings and assessments including the PTSD Checklist for DSM-5 (PCL-5), Columbia Suicide Severity Rating Scale (C-SSRS), a substance use screening tool, Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Scale (GAD-7), and a social functioning screening tool.
- The prosecutor has a post-adjudication "hold open" option in which charges may later be sealed or expunged after the youth completes all recommendations from the court. This option allows the file to be kept open

without adjudication. Like Intervention In Lieu of Conviction (ILC), youth must provide an admission of guilt and then the conviction is held in abeyance while the youth works on treatment and other recommendations from the court. This program can take 3 – 6 months, or longer, to complete. The charges are automatically sealed after completion of the program. The Intake Officer tracks these cases and compliance with the program's orders.
    - Youth can go to detention without adjudication as part of this "hold open" option.
    - The Treatment Coordinator follows these cases when screens recommend treatment and reports this information to the Intake Officer.
- Post disposition diversion is also available and results in referrals to treatment agencies and expectations to engage in treatment recommendations.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status website, Logan County has one specialized docket for families and youth:

Judge Name	Jurisdiction	Docket Type
Judge Natasha R. Kennedy	Family Treatment Court	Family Dependency Treatment

- There is no Juvenile Mental Health Specialty Docket.

Intervention Point III – Identified Gaps

- Juvenile specialized docket – drug court docket

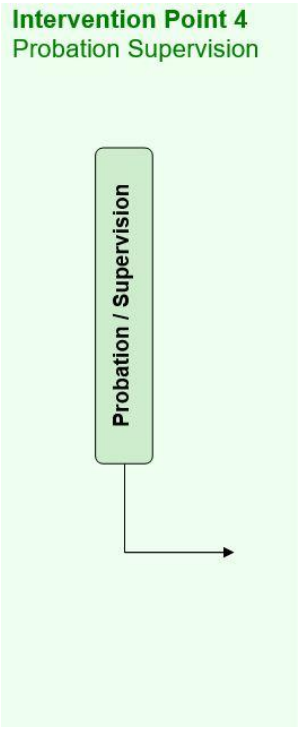
Intervention Point III – Identified Opportunities

- Family engagement strategies/opportunities – contingency management
- The REACH Community Resource Center – will implement diversion programming focused on early intervention and prevention, providing support and resources to at-risk youth

Recommendations

- Also noted on page 4, the community partners developing the Resource Center for Youth may want to review strategies and resources associated with youth engagement through the Annie E. Casey Foundation: Youth Engagement Strategies - The Annie E. Casey Foundation.

Intervention Point IV: Probation Supervision



Probation

- There are two Probation Officers (POs) for Juvenile Court with each carrying an average caseload of 15 youth. Currently, there are 30 youth on probation, and it was noted this is historically low for the court. The POs provide recommendations to the judge regarding release from detention, are authorized to physically restrain youth (i.e. carry handcuffs), and have arresting ability with judicial approval. POs may also do contributing charges, which have come up in connection to violations of parental orders and other issues with parents/guardians. If arrested by a PO, the youth is transported directly to the COYC. It was noted that low-risk youth are taken to detention for probation violations.
    - At the time of the mapping, there were 8 youth with unruly charges, 14 youth with misdemeanors, and 8 youth with felony charges on probation.
    - Goals for probation are created and measured for completion with the Ohio Youth Assessment System (OYAS). Youth remain on probation for an average of 3 – 6 months.
    - POs also visit youth in the COYC. The frequency of these visits are determined on a case-by-case basis.
    - It was noted that if a youth has too many positive drug screens, or "strikes", they will often return to detention. However, drug testing is not consistent among the youth on probation.
    - Logan County is not a Juvenile Detention Alternatives Initiative (JDAI) nor a juvenile probation transformation site.
- The juvenile court treatment coordinator is currently tracking 100 youth in various stages of their judicial process. This coordinator also collaborates with POs, applies for grant funding, initiates linkage to mental health services, and works to help engage with families. Concerns were expressed regarding long wait times for mental health services, low frequency of ongoing appointments, and the length of time between these ongoing appointments.

Parole

- There are no youth currently on parole.

Intervention Point IV – Identified Gaps

- Alternatives to probation for low-risk youth and status offenses
- Alternatives to detention for status offenders and low risk probation violations

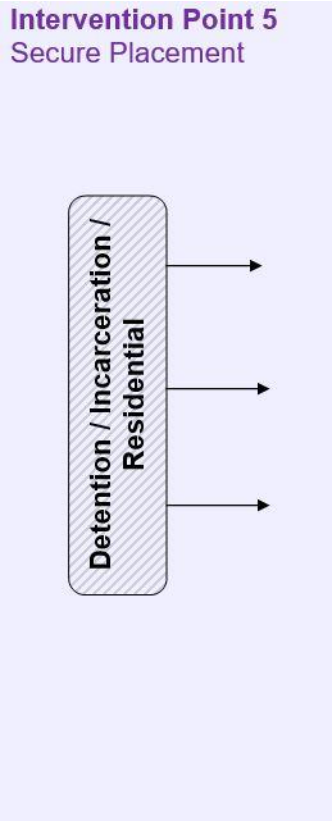
Intervention Point IV – Identified Opportunities

- Outcome measures re: PV decisions – including detaining status offenses
- Explore possible risk levels regarding type of psychoactive substances
- Ways to encourage drug abstinence for caregivers

Recommendations

- Efforts should be made to ensure that low-risk youth, and youth displaying status offenses are not held in detention and are diverted from probation whenever possible. While Logan County is not a JDAI site, stakeholders can benefit from the many educational offerings and recommendations associated with the Juvenile Detention Alternative Initiative. The SIM mapping group, or a pertinent subset, could convene to review various strategies, educational materials, and recommendations associated with strengthening youth justice systems and reducing reliance on detention and probation. The Annie E. Casey Foundation (www.aecf.org) is a good source for many such offerings. Another source is the National Resource Center for the Transformation of Youth Justice (https://nrctyj.org).

Intervention Point V: Secure Placement



Juvenile Detention Center

- Logan County utilizes the Central Ohio Youth Center (COYC), which also serves Champaign, Delaware, Madison and Union Counties. The capacity of the COYC is 38; when including their 7 safety beds, the facility can hold up to 45 youth. As of June 6, 2025, there were 35 youth in the facility.
    - A nurse is onsite 4 days a week and available to call for emergencies. A physician is onsite every Wednesday. Family is allowed to bring medications to the COYC for their youth.
        - There are restrictions for medication onsite: no opiates and no controlled substances; however, some Attention Deficit Hyperactivity Disorder medications will be allowed with close supervision. Trazadone and Seroquel will also be allowed with supervision. It was also noted that many youth are prescribed anti-psychotics, most commonly Zyprexa.
        - Youth that are suspected of experiencing withdrawal will be kept at the medical area for monitoring and regular checks of their vitals. All youth must be medically cleared before admission.
- In 2024, the COYC reported that for youth with mental health or substance use issues:
    - There were 133 intakes for 81 youth, averaging 1.64 intakes per youth
    - Average length of stay was 11.7 days
    - Offenses: 5 Status, 90 Misdemeanors, 10 Felonies, 33 violent behavior charges, and 39 probation violations.
- TCN Behavioral Health completes risk assessments for Logan County youth in the COYC who may be a threat to themselves or others.
- The COYC also has a Master Gardener program that visits from Union County to work with and educate the youth. There is also a basketball coach that regularly visits the youth. A local military veteran visits to do art projects.
- The Community Residential Center (CRC), a court ordered treatment program housed within the COYC, has 13 youth residents, 2 of which are from Logan County. Logan County does have 7-8 beds in the program assigned/allocated for their youth, but they are not all used. This program is trauma-informed and focuses on cognitive-behavioral techniques (CBT), motivational enhancement therapy (MET), and social learning concepts. CRC residents engage in clinical services, both individually and with their families, with both virtual and in-person engagement options. The CRC has 3 master's level social workers as the clinical team. Referrals to the program can come from Probation Officers and from the outcomes of intake screenings. The program can last from 90-180 days depending on the youth's progress and time needed to complete all levels of the program. Some youth may be moved into detention to complete their sentencing after completing the program. Probation officers can visit youth in the program and provide follow-up contact. Eligible youth must have sufficient IQ, a non-sexual related offense or complete sex offender treatment and limited or no history of violence. While a mental health assessment is not required for admission to the program, it was noted that many youths have had psychological assessments/evaluations in the past and this is considered when reviewing their case. A variety of screening tools are used to assess the needs and treatment recommendations for these youth, including:
    - Child/Adolescent Diagnostic Assessment
    - Adolescent Substance Abuse Subtle Screening Inventory (SASSI)
    - Ohio Youth Assessment System (OYAS) Massachusetts Youth Screening Instrument (MAYSI)
    - Human Trafficking Risk Assessment
    - Multiple trauma assessments – The Childhood Trust Events Survey for Children and Adolescents (CTES), Abbreviated Dysregulation Inventory (ASI), Short Mood and Feelings Questionnaire, PTSD Reaction Index for Children/Adolescents – DSM 5, and the Peer Conflict Scale.

- A “pre-release” meeting is held for all youth prior to release from the CRC. This meeting includes the court, probation officer, and therapist to discuss recommendations for the youth’s release. It was noted that youth often express anxiety about returning to their home environment.

Residential and Alternate Placements

- 1 Logan County youth is with the Ohio Department of Youth Services (ODYS) and 3 others are currently placed at Community Corrections Facilities (CCFs). It was noted that youth will be placed in any CCF that will accept them.
- The Ohio Children’s Alliance holds the contract for respite providers and receives requests/referrals for any OhioRISE youth; however, respite providers often decline youth with behavioral issues.

Intervention Point V – Identified Gaps

- Lack of public transportation
- Dissemination of resources and information
- Emergency respite access/options
- Recruitment of foster/respite providers
- Youth may be detained for probation violations or on status offenses
- Level of knowledge of community resources at CRC (therapist) to help link with services

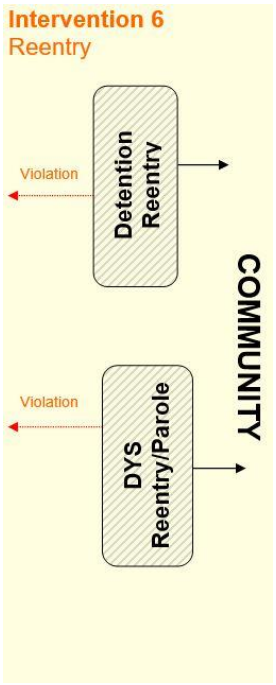
Intervention Point V – Identified Opportunities

- Expand respite opportunities

Recommendations:

- The group noted that information and resources are not centralized for families or providers, nor is 211 information up to date. While not specific to this intervention point, this issue becomes critical when resources might make it possible to avoid out-of-home placements, and/or to support and edify families as they prepare for a youth’s return to home and community. The group should review and consider options, e.g., apps, existing events, 211 for reaching differing audiences effectively.

Intervention Point VI: Reentry



Reentry - Detention

- The COYC provides a full release report to a youth’s local school district upon release; however, it was uncertain what specific office/staff this report was sent to at the schools. This also serves to notify the school that the youth has been released from detention.
- Youth are only released with any leftover medication from their detention time upon release. Prescriptions for medications are not provided.
- While a report from the COYC goes to Juvenile Court, there is currently no mechanism at the facility to provide this type of report or follow-up requests to community providers, such as Community Health and Wellness, Light Their Way, or TCN Behavioral Health.
- The court holds a “re-entry hearing” to review both court and probation’s recommendations with the youth/family. A Release of Information (ROI) can be signed at this stage for mental health information to be sent to a treatment providing agency.

Intervention Point VI – Identified Gaps

- Lack of family-system inclusive, intensive programming
- Lack of intensive outpatient treatment

- Lack of non-residential opportunities
- Lack of substance use treatment
- Release planning does not include community providers
- Clarity on who at the schools receives the full educational report

Intervention Point VI – Identified Opportunities

- Increase availability of EMDR
- Comprehensive aftercare plan and report that could be helpful with release planning

Recommendations

- Coordinated return to home and reentry is important for youth and families. It is a challenging time with many stressors and expectations. As part of the reentry hearing, the court could add to the journal entry the need to execute a release of information from COYC to a provider agency.
- If medications are part of a youth's treatment plan, it's vital that linkage be made from the COYC or probation department to the appropriate provider prior to release to avoid gaps in medication.

Priorities for Change

Logan County,
Ohio

Logan County Priorities

Upon completion of the *Cross-Systems Mapping*, the assembled community partners reviewed identified gaps and opportunities across the intervention points and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Communication of available resources
2. Alternatives to detention for law enforcement
3. Transportation
4. Family engagement
5. Crisis response expansion

Other Priorities – items receiving one or more votes during the prioritization process

- Capacities – money and staff (Intervention Point 0; Votes = 3)
- Therapeutic Monitoring capacity and salary base (Intervention Point 0; Votes = 4)
- Inconsistent resources and processes at school districts (Intervention Point 1; Votes = 5)
- Juvenile specialized docket – drug court docket (Intervention Point 3; Votes = 3)
- Alternatives to probation for low risk and status offenses (Intervention Point 4; Votes = 3)
- How disseminating information is done (not done) (Intervention Point 5; Votes = 1)
- Emergency respite access (Intervention Point 5; Votes = 2)
- Recruitment of foster/respite providers (Intervention Point 5; Votes = 5)
- Lack of increased targeted socialized therapy (Intervention Point 6; Votes = 5)
- Lack of intensive outpatient treatment (Intervention Point 6; Votes = 1)
- Lack of substance use treatment (Intervention Point 5; Votes = 2)

Additional Recommendations

Parking Lot Issues

- Rural – availability of services and transportation

Additional Resources and Programs

Bureau of Justice Assistance Police Mental Health Collaboration Toolkit	https://Pmhctoolkit.bja.gov
Center for Juvenile Justice Reform	https://cjjr.georgetown.edu/about-us/
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for the Study of Prevention of Violence	http://www.colorado.edu/cspv/blueprints/
CIT International	http://www.citinternational.org/
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/
Coalition for Juvenile Justice	http://www.juvjustice.org/
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997 https://www.csh.org/about-csh/in-the-field/oh/
Council of Juvenile Correctional Administrators	http://cjca.net/
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/
Conflict Resolution Education Connection	https://creducation.net/
Juvenile Detention Alternatives Initiative	https://www.aecf.org/work/juvenile-justice/jdai/
Juvenile Justice Information Exchange	https://jjie.org/
Juvenile Justice Resource Hub	https://jjie.org/hub/
Mental Health America	http://www.mentalhealthamerica.net/
Models for Change	http://www.modelsforchange.net/index.html
National Association of Pretrial Services Agencies	NAPSA.org
National Association of School Resource Officers	https://nasro.org/
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Center for Youth Opportunity and Justice (formerly National Center for Mental Health and Juvenile Justice)	www.ncmhjj.com https://ncyoj.policyresearchinc.org/
National Council of Juvenile and Family Court Judges	http://www.ncjfcj.org/
National Council of Juvenile and Family Court Judges - Enhanced Juvenile Justice Guidelines	http://www.ncjfcj.org/EJJG
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
National Juvenile Justice Network	www.njjn.org
National Youth Screening & Assessment Partners	http://www.nysap.us/
Office for Victims of Crime: The Vicarious Trauma Toolkit	https://vtt.ovc.ojp.gov/

Office of Justice Programs	www.ojp.usdoj.gov
Office of Juvenile Justice and Delinquency Prevention	https://www.ojjdp.gov/
Office of Juvenile Justice and Delinquency Prevention – Model Programs Guide	http://www.ojjdp.gov/mpg/
Ohio Association of County Behavioral Health Authorities	https://www.oacbha.org/
Ohio Criminal Justice Coordinating Center of Excellence	http://www.neomed.edu/cjccoe/
Ohio Department of Youth Services	https://www.dys.ohio.gov/
Ohio Ex-Offender Reentry Coalition	https://drc.ohio.gov/reentry-coalition
Ohio Mental Health & Addiction Services	https://mha.ohio.gov/
Partners for Recovery	https://www.samhsa.gov/partners-for-recovery
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/
Pretrial Justice Institute	https://www.pretrial.org/
Reclaiming Futures	http://reclaimingfutures.org/
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
SOAR: SSI/SSDI Outreach and Recovery – Child Course	https://soarworks.prainc.com/course/soar-child-curriculum
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/

Cross-Systems Mapping
Logan County, Ohio | June 5 – 6, 2025

Participant Roster

NAME	TITLE	ORGANIZATION	CONTACT
Adam Sorensen, DHA, LPCC-S	Executive Director	Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties	asorensen@mhdas.org
Aidan Comstock	School & Community Liaison	Bellefontaine City Schools	comsta@bcs-k12.org
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Matthias Dooley	Former Court Involved Juvenile	Individual with Lived Experience	
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Sarah Lewis	Mobile Response and Stabilization Services (MRSS)	Coleman Health Services	Sarah.Lewis@colemanservices.org
Sarah Warren	Magistrate	Logan County Family Court	sarah.warren@logancountyohio.gov
Stacy McLaughlin	Community Diversion/ Resource Navigator 1	Logan County Juvenile Court	stacy.mclaughlin@logancountyohio.gov

Priority Area 1: Communication of Available Resources			
Objective	**Action Step**	**Who**	**When**
Centralize county resources for both providers & families	a. Explore creating an app for The Reach with resources, calendar of events, etc.	This group talk to Stacy McLaughlin (REACH)	Today
	b. Determine who else would be good to participate in this group	This group	Discuss via email who to invite to the August 5th meeting
Provide tangible information to families	a. Utilize school open houses to distribute information at tables	Lauren Houseman	Open houses August 25th for high schools
	b. Email participants in this group to sign up		
Continue communication among community partners	a. Work with Adam Sorensen at Mental Health, Drug & Alcohol Services Board of Champaign & Logan Counties to coordinate a monthly meeting	This group talk to Adam	Today
	b. Talk to Logan County Chamber of Commerce about collaboration and opportunities for community events, resource fairs, etc. – Promote community events and resource fairs; help with outreach efforts, especially toward local businesses and families; potentially offering space or promotion for resource materials	Cassie Branan	June 30, 2025
Determine how 211 updates information		Doug Steiner	June 30, 2025
	a. Reach out to United Way to collaborate		

Next Meeting Date: August 5, 2025 at 10AM @ 2527 US 68, Suite 3, Bellefontaine

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A NEOMED CCoE

Priority Area 2: Alternatives to Detention for Law Enforcement			
Objective	Action Step	Who	When
For law enforcement/ initial point of contact	Local holding Ohio Rise emergency respite The Reach – cots/overnight (long term plan) Respite Center (drop in) – look into Foundations in Canton Co-responders (Mobile Response and Stabilization Services/MRSS) – mental health bed (Mosaic Project in Union County)	Lt. Lapp contact – So Lake PD, WHB Stacy w/ law enforcement & Coleman's/MRSS/Mental Health	Next Meeting
Following initial detainment, to prevent continuing detention	Respite – team up with Communications Action Group (where is the resource) & Ohio Rise (emergency respite) Local religious leaders/bodies – open buildings, supervision, talk, play Respite – Follow up with Director (of where?) to discuss respite with providers	Coleman's/MRSS/Mental Health LJ Henderson Andy/Chelsea	
Reach as parent/care coordinator "Reach" objectives: 1. Help families meet their needs 2. Communicate diversity 3. Link services/care coordination			

Next Meeting Date: Morning of July 18, 2025, @ Children's Services Board 11am-12pm

CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE
A NEOMED CCoE

Priority Area 3: Transportation			
Objective	Action Step	Who	When
Evaluate local and neighboring systems	Meet with Union County transportation department and learn their processes Meet with Catholic Social Services to discuss their RideShare program Learn if RTC can provide public transportation, and why or why not?	Transportation Committee Tam Blakely	Start July 15, 2025
Identify specific resident and agency needs within the county	Survey residents for needs and preferences Collaborate and compile data with county agencies Identify funding sources Evaluate bus route options	Social service agencies Local businesses to **market** surveys	September 1, 2025
Determine possible carpool options	Encourage locals to help provide resources – ex: Uber/Lyft drivers Develop rideshare/carpooling options ideas Create community rideshare page	Community stakeholders	January 2, 2026
Advocate for public transportation support to local offices holders	Meet with county commissioners, city council and city administration Present compiled resident and agency data to show need	Sarah Lewis Tam Blakely	March 1, 2026

Next Meeting Date: July 1, 2025

CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE
A NEOMED CCoE

Priority Area 4: Family Engagement			
Objective	Action Step	Who	When
Community Survey	Develop survey questions and QR code Distribute via multiple media/businesses Analyze data (use Gathering Public Knowledge survey information as well)	Family Engagement Team Family Engagement Team identified subcommittee	August 2025 September 2025 October 2025
Increase Motivational Interviewing (MI) among direct care providers	Identify direct care providers who will be working with families (youth and caregivers) Identify the available training	Family Engagement Team	
Collaborate with Reach, Children's Services Board, Family and Children First Council	Identify the program(s) that address trust, empowerment through relationship (mentoring)	Family Engagement Team	June 2025 September 2025

Next Meeting Date: June 20, 2025 at 2 PM

CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE
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Priority Area 5: Crisis Response Expansion			
Objective	Action Step	Who	When
Explore alternatives to the Emergency Department for crisis services	Meet with Mary Rutan about utilizing Urgent Care as an alternative receiving center and a potential community paramedic position Explore crisis respite care	Mental Health, Drug & Alcohol Services Board of Champaign & Logan Counties	By August 1, 2025
Increase the use of the local hotline during CIT events	Meet with CIT Coordinator to develop a pilot program Discuss during QRT meetings Educate at the CIT Stakeholders meeting	Crisis Stakeholder team QRT June 10	Crisis Stakeholder's Meeting June 27 @ 9am QRT July 1
Expand the role of peer support – community health worker – community paramedic	Discuss at Crisis Stakeholders' Meeting Meet with an existing paramedic program	Crisis Stakeholder team	June 27 at 9am

Next Meeting Date: June 10, 2025

CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE
A NEOMED CCoE

Appendix

2024

Planning for Juvenile *Sequential Intercept Mapping*

Pre-Workshop Data Collection

DETENTION INTAKES *How many people are identified as having mental health issues?*	(insert number)
By detention intake staff	60
While in detention (by corrections officers, health staff or others)	
Release Planning Activity	
How many people are held for forensic review?	
CROSS TABULATION OF MULTI-SYSTEM DATA *For the entire population of youth entering detention during the identified time period (open or closed cases):*	
How many were known to publicly-funded mental health system? Acute crisis services? Long-term service enrollment?	
How many were known to publicly funded substance abuse treatment system? Community-based Detoxification services Residential	
ADDITIONAL DETENTION/OFFENSE-RELATED INFORMATION **For those who are identified as persons with mental health, substance abuse or developmental disabilities (by detention, other juvenile justice, or treatment systems)**	
Nature of the charges: Status	5
Misdemeanors	90
Felonies	10
Violent behavior	33
Violations of probation	39
Frequency 133 Intakes for 81 youths How many arrests / intakes per person? (average)	1.64
Length of stay in the detention center for each episode of incarceration (average)	11.7
DISCHARGE / REENTRY	
How many people left detention with financial benefits or entitlements in place?	
How many people left detention with a shelter as the identified residence?	
How many people had no known residence?	
How many people left detention with an appointment at a mental health or other treatment service?	
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system? India Slayback, Logan County Juvenile Court Head Probation Officer – "Every youth who enters the Court system is ordered to participate in a well-being check with the Treatment Coordinator and comply with recommendations. The Wellbeing Check consists of screen tools that help determine behavior health, mental health, and AOD concerns. If a youth screens positive, the Treatment Coordinator discusses local options, the youth is referred to a local agency, and the Treatment Coordinator tracks participation." Coleman Health's Mobile Response and Stabilization Services (MRSS) also supports crisis intervention by responding to crises, connecting individuals to local resources, and providing case management. The MRSS team launched in October 2024 and is pleased to report that the Logan County Juvenile Court has frequently utilized their services. As a result, at least five juveniles have been connected to appropriate care instead of being placed at the CYOC due to a lack of resources. The team has received around 73 referrals to date.	x	

2	Does your community have a cross-system collaborative team or task force? *If yes, please list the membership by agency and/or title, listing mental health providers, juvenile justice services, substance use services, consumers, family members, elected officials and others.* India Slayback, Logan County Juvenile Court Head Probation Officer – Multiple cross-system meetings occur: - Stakeholders – specific to Family Court services. Invites community partners to discuss current Court programming and allows for round table discussion - Logan County Family & Children First Council: - FCFC's Triage – specific to FCFC-involved youth (who are multisystem). Community partners have MOUs in place to discuss ongoing cases and available services to address an array of needs. Triage Partners include Erica James, Logan County Child Protective Services; India Slayback, Logan County Juvenile Court Head Probation Officer; Aiden Comstock, Bellefontaine City Schools; Sarah Ferguson, Director of Treatment and Recovery-MHDAS Board; Jason Moyer, Director of Support Services, Board of Developmental Disabilities; Doug Steiner, Director of Children's Mental Health, TCN Behavioral Health; & Sarah Lewis, Case Manager, Coleman MRSS. Other individuals, such as SSAs, GALs, and case managers, also join the meetings on a case-by-case basis. - FCFC's Full Council is specific to discussing FCFC programming. Offers round table discussion and floor for partners to introduce programming. - CIT Crisis Stakeholders Group – This subcommittee includes representatives from the MHDAS Board, law enforcement, TCN Co-Responder team, and Coleman MRSS. It was formed in October 2024 alongside the launch of both crisis teams. While not solely focused on juveniles, the group addresses related topics—for example, the Co-Responder team often refers individuals under age 21 to the MRSS team.	x	
3	Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers? *If yes, please list recent programs:*		x

4	Does your community have resources identified to work with this population? *Please describe:* Coleman Health's Mobile Response and Stabilization Services (MRSS) also supports crisis intervention by responding to crises, connecting individuals to local resources, and providing case management. The MRSS team launched in October 2024 and is pleased to report that the Logan County Juvenile Court has frequently utilized their services. As a result, several juveniles have been connected to appropriate care instead of being placed at the CYOC due to a lack of resources. The team also receives referrals from the TCN Co-responder when a law enforcement officer fills out a CIT form for anyone under age 21. Additionally, the newly established, grant funded, Reach Family Resource Center will play a key role in navigating community diversion efforts once fully operational. The center aims to engage youth before they become involved with the Juvenile Justice System, offering upstream interventions to prevent court involvement and ensure early access to resources.	x	

5	Do agencies have dedicated staff or staff time to work with this population? *Please describe:* India Slayback, Logan County Juvenile Court Head Probation Officer – "Every youth who enters the Court system is ordered to participate in a Wellbeing Check with the Treatment Coordinator and comply with recommendations. The Wellbeing Check consists of screen tools that help determine behavior health, mental health, and AOD concerns. If a youth screens positive, the Treatment Coordinator discusses local options, the youth is referred to a local agency, and the Treatment coordinator tracks participation." Coleman Health's Mobile Response and Stabilization Services (MRSS) also supports crisis intervention by responding to crises, connecting individuals to local resources, and providing case management. The MRSS team launched in October 2024 and is pleased to report that the Logan County Juvenile Court has frequently utilized their services. As a result, several juveniles have been connected to appropriate care instead of being placed at the CYOC due to a lack of resources. The team also receives referrals from the TCN Co-responder when a law enforcement officer fills out a CIT form for anyone under age 21. Additionally, the newly established, grant funded, Reach Family Resource Center will play a key role in navigating community diversion efforts once fully operational. The center aims to engage youth before they become involved with the Juvenile Justice System, offering upstream interventions to prevent court involvement and ensure early access to resources.	x	
6	Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the juvenile justice system? *Please describe:* India – We gather information through the Wellbeing Check, use a shared document to communicate with MH/AOD providers, and input treatment in our Case Management System, but we do not have a system for that collects and reports specific data.		x

7	Does your community have an identified boundary spanner? *Please describe the position and the person(s):* Stacy M - Yes, our community has identified boundary spanners who facilitate care coordination and resource navigation for youth and families. Two primary agencies serving in this capacity are Family and Children First Council (FCFC) and OhioRise. Both work closely with Juvenile Court and other county agencies to coordinate care, connect families to resources, and develop case plans for identified youth. FCFC is currently in transition, as they are seeking a new coordinator to fill the role. In the interim, the best point of contact is Janie Summers, Executive Director. The FCFC coordinator serves as a bridge between service providers, schools, healthcare organizations, and community-based programs to ensure families receive the support they need. Their responsibilities include coordinating referrals, facilitating partnerships, and advocating for individuals who may struggle to navigate available services. OhioRise has multiple care coordinators dedicated to youth and family services. Garry Mosier, Supervisor is the best point of contact for coordination efforts within this agency. OhioRise operates with a funding-driven approach, backed by Medicaid, to provide both financial support and coordination services at the community and state levels. This enables them to fund essential services while ensuring that youth and families receive comprehensive, wraparound care. Additionally, the newly established Reach Family Resource Center will play a key role in navigating community diversion efforts once fully operational. The center aims to engage youth before they become involved with the Juvenile Justice System, offering upstream interventions to prevent court involvement and ensure early access to resources.	x	

8	Does your community have interagency agreements (MOU) to facilitate services and enhance safety? *Please describe:* A Child Abuse and Neglect MOU is signed by the County Commissioners, our office, the Logan County Prosecutor's Office, all local law enforcement agencies, JFS, and the family court. The ORC requires this MOU and outlines roles and responsibilities for referring, reporting, investigating, and prosecuting child abuse and neglect cases. This MOU also identifies procedures for collaborative service provisions needed to ensure child safety, well-being, and permanency, and the minimum requirements of screening, assessment/investigation, and service planning, to meet mandates included in children's services legislation passed by the 134th Ohio General Assembly. Two primary goals of this MOU are: 1.) The elimination of all unnecessary interviews of children who are the subject of reports of child abuse or neglect; 2.) When feasible, conducting only one interview of a child who is the subject of a report of child abuse or neglect.		
9	Does your community have a coordinated crisis management plan or team? *Please describe:* MRSS. Counseling agencies may have crisis appointments available. Coleman's Health services MRH. TCN completes Risk Assessments for Logan County youth in COYC who may be a threat to themselves or others.	x	
10	Does your community have any juvenile diversion programs at this time? *Please describe:* Stacy M. - Yes, our community currently has juvenile diversion programs that are handled through Juvenile Court. These programs provide alternatives to formal court involvement by offering support, resources, and interventions aimed at addressing the needs of youth and reducing recidivism. As we work to establish The Reach - Community Resource Center, the goal is to expand diversion efforts beyond the court system. Once fully operational, The Reach will implement Community Diversion, focusing on early intervention and prevention to keep youth even further away from the juvenile justice system. This approach will provide support and resources to at-risk youth before they enter the court system, reducing the likelihood of deeper system involvement.	x	

11	Does your community have a mental health, drug or other specialty court for serving juveniles? *Please describe:*		x
12	Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems?		x
13	Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? *Please describe:* Partnerships, but not MOUs.		x
14	Have screening or assessment procedures been instituted in the mental health, substance use and juvenile justice systems to identify people with mental illness and co-occurring substance use disorders? *Please describe:* See response to answer 1. In addition, assessments happen at the provider level. The Court may refer to more in-depth evaluations such as psychological, competency, etc.	x	
15	Have re-entry services been instituted to help people returning to their communities from detention? *Please describe:* India - All youth who enter the detention center have a hearing prior to release. Preliminary orders may be implemented and are a condition of release. Assessments may be ordered to assist in determining whether release is appropriate. At higher levels of detention (Community Control Facilities or DYS), tools and assessments are used to implement a plan for return to the community. This typically involves identifying and establishing local services and having a hearing for release back into the community.	x	

16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Confidentiality and the partners – discretion Sensitivity of the lens of each partner, and Different agencies are mandated and some are voluntary Trauma informed care standards in different agencies		

COYC Vulnerability Assessment Instrument:
Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk

Youth's Name: _____

Date of Birth: _____ Date of Assessment: _____

Youth Interview:

1. Experience in Institution

Ask: **Have you been in a locked juvenile facility?**

		Score
NO	SCORE 2	
YES	SCORE 0	

2. Social Skills

Lead in with: **How do you feel being in a facility with so many other juvenile justice youths?**

Then ask:

- **Do you feel you get along well with other people?** Yes/No (Yes score 0, No score 1)
- **Do you find it easy to make friends?** Yes/ No (Yes score 0 ,No score 1)
- **Do you feel OK about being in groups of people you don't know well?** Yes/No (Yes score 0, No score 1)

Award a score of 1 for each **No** answer.

SCORE (0-3)	

3. Perception of Risk

Ask: **Do you feel at risk from attack or abuse from other youths?**

For example, have you received threats, insults, and harassment from other youths?

Prompt with options if necessary

NOT AT ALL	SCORE 0	
SOMETIMES	SCORE 1	
OFTEN	SCORE 2	

If sometimes or often, ask for more details and note youth's statements below:

_____

_____

_____

_____

4. History of Victimization

Ask: **Have you ever been attacked, bullied or abused by people your own age (peers)?**

Prompt with options if necessary

NEVER	SCORE 0	
A FEW TIMES	SCORE 2	
OFTEN	SCORE 4	

Ask: **Have you ever had a sexual experience that you did not want to have?** (Victimization or abusiveness)

NO	SCORE 0	
YES*	SCORE 4	

*If yes, ask what & if this information was reported to Children's Services and law enforcement. If the youth reports abuse that has never been reported, a report must be made to Children's Services. The youth must also be referred to a COYC counselor to be offered the opportunity to discuss the abuse in a therapeutic session within 14 days of admission.

5. Sexual Preference

Ask: **So you identify yourself as gay, bisexual, transgender, or intersex?**

NO	SCORE 0	
YES	SCORE 4	

6. Offense Type

Ask: **Have you ever been arrested on a sexual offense?**

Also check the youth's file for information.

NO	SCORE 0	
YES	SCORE 4	

Ask: **Have you ever been arrested on a violent offense?**

NO	SCORE 0	
YES	SCORE 4	

7. Ask: **Have you ever engaged in behavior that you would consider sexually aggressive?**

NO	SCORE 0	
YES*	SCORE 4	

*If yes, ask details & if this information was reported to Children's Services and law enforcement. If the youth reports abuse that has never been reported, a report must be made to Children's Services. The youth must also be referred to a COYC counselor to be offered the opportunity to discuss the abuse in a therapeutic session within 14 days of admission.

8. **Age of Youth**

19 YEARS AND UP TO 21	SCORE 0	
16, 17, 18 YEARS	SCORE 1	
13, 14, 15 YEARS	SCORE 2	
10 – 12 YEARS	SCORE 3	

9. **Intellectual Impairment**

From the file review is there any evidence that this youth has been previously reported to have an intellectual impairment (Low IQ), learning disability or Special Education classes?

NO EVIDENCE	SCORE 0	
EVIDENCE	SCORE 2	

10. **Integration with juvenile facility culture**

This item requires a judgment by the screener that this youth is unlikely to "fit in" within the mainstream juvenile offender culture.

(Place a check ✓ in applicable box)

Look for features of the youth's physical appearance such as:	
	Small Build
	Looks younger than stated age
	Impaired vision (requires glasses)
	Pronounced disfigurement
	Physical disability
	Deaf
	Appears frail, weak
Look for features of the youth's presentation and behaviors such as:	
	Inappropriate verbal behavior (e.g., giggling, odd remarks)
	Hunched fearful posture (e.g., very fearful, very shy)
	Gender non-conforming appearance (boys wearing makeup, girls with typically male hairstyle or clothing)
	Gender non-conforming behavior (effeminate mannerisms of boy/masculine mannerisms of girl)
	Acts of Aggression – observation
	Youth's behavior with the sibling(s)/residents
	Youth's behavior in school
	Speech impediment
	Appears slow or "dull"
	Behaviors that are likely to irritate and annoy other youths (e.g., immature, silly)
	Behaviors that appear related to mental illness (e.g., jittery, crying, bizarre)
Look for features of the youth which make him or her stand out such as:	
	Having a lack of exposure to criminal lifestyle
	Being from an ethnic minority not well represented in the offender population (e.g., Vietnamese, Indian, Middle Eastern)
	Membership in a gang that is likely to be a target of attack from others.

Note other features not listed above:		
NONE OR ONLY ONE FEATURE	SCORE 0	
TWO OR THREE FEATURES	SCORE 2	
MULTIPLE FEATURES (FOUR OR MORE FEATURES)	SCORE 4	

ITEMS 1-10 TOTAL SCORE	

11. **File Review:**

Does file indicate the youth has been charged with a sex offense?

INFORMATION NOT AVAILABLE	SCORE 0	
NO	SCORE 0	
YES	SCORE 2	

Any information suggests prior sexual aggression or sexual victimization of others?

INFORMATION NOT AVAILABLE	SCORE 0	
NO	SCORE 0	
YES	SCORE 2	

Overall Risk Score:

Vulnerability to Victimization:

1.	Experience in institution	Score: _____
2.	Social Skills	Score: _____
3.	Perception of Risk	Score: _____
4.*	History of Victimization	Score: _____
5.	Sexual Preference	Score: _____
8.	Age of Youth	Score: _____
9.	Intellectual Impairment	Score: _____
10.	Integration with juvenile facility culture	Score: _____

Interview: _____

_____

_____

_____

Overall Score: _____

Maximum Score - 28

Sexually Aggressive Behavior:

6.	Offense Type	Score: _____
7.*	History of Perpetration	Score: _____
11.	File Review	Score: _____

Overall Score: _____

Maximum Score - 16

Risk Level:
Low (1-8)
Medium (9-16)
High (17 & above)

Overall Risk Score: _____

Risk Level: _____

*Yes	No	Results:
☐	☐	Vulnerable to Victimization (if yes to question #4)
☐	☐	Sexually Aggressive (if yes to question #7)

Placement Status:

- ☐ No roommate
- ☐ Shower alone
- ☐ Assign to _____ housing wing
- ☐ Required to sleep off wing

Screener/Counselor Comments:

_____

_____

_____

Signature of Screener: _____ Date: _____ Time: _____

*Signature of Counselor: _____ Date: _____

Adapted from the "Prison Youth Vulnerability Scale"
New Zealand Department of Corrections © Crown copyright 2003
Revised 6-30-14

MAYSI-2 Questionnaire

Name _____ Male ☐ Female ☐

Date of Birth _____ Today's Date _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.

	Circle Y (yes) or N (no)		
1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24

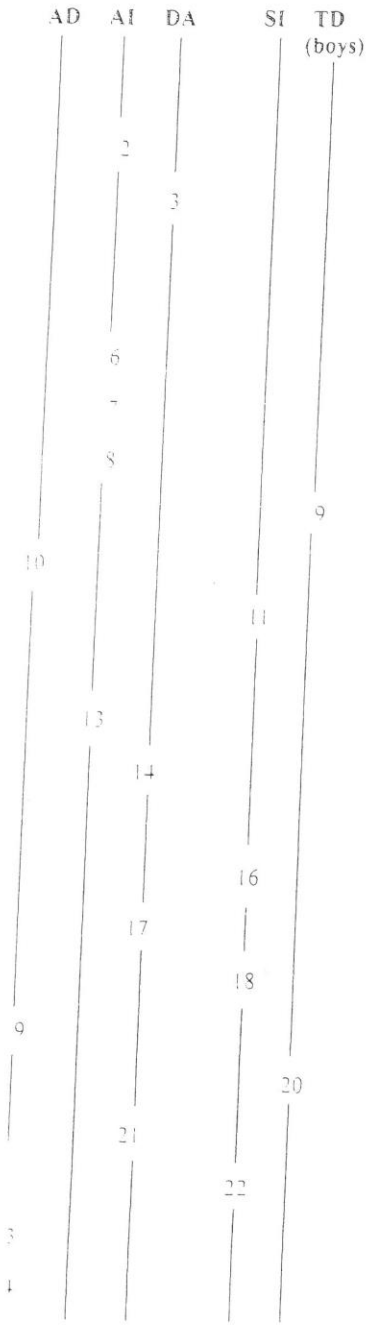
	Circle Y (yes) or N (no)		
25. Have other people been able to control your brain or your thoughts?	Y	N	25
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:			
27. have you felt shaky?	Y	N	27
28. has your heart beat very fast?	Y	N	28
29. have you felt short of breath?	Y	N	29
30. have your hands felt clammy?	Y	N	30
31. has your stomach been upset?	Y	N	31
32. Have you been able to make other people do things just by thinking about it?	Y	N	32
33. Have you used alcohol or drugs to help you feel better?	Y	N	33
34. Have you felt that you don't have fun with your friends anymore?	Y	N	34
35. Have you felt angry a lot?	Y	N	35
36. Have you felt like you don't want to go to school anymore?	Y	N	36
37. Have you been drunk or high at school?	Y	N	37
38. Have you felt that you can't do anything right?	Y	N	38
39. Have you gotten frustrated a lot?	Y	N	39
40. Have you used alcohol and drugs at the same time?	Y	N	40
41. Has it been hard for you to feel close to people outside your family?	Y	N	41
42. When you have been mad, have you stayed mad for a long time?	Y	N	42
43. Have you had bad headaches?	Y	N	43
44. Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45. Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46. Have people talked about you a lot when you're not there?	Y	N	46
47. Have you given up hope for your life?	Y	N	47
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50. Have you ever been raped, or been in danger of getting raped?	Y	N	50
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

MAYSI-2 Scoring Key

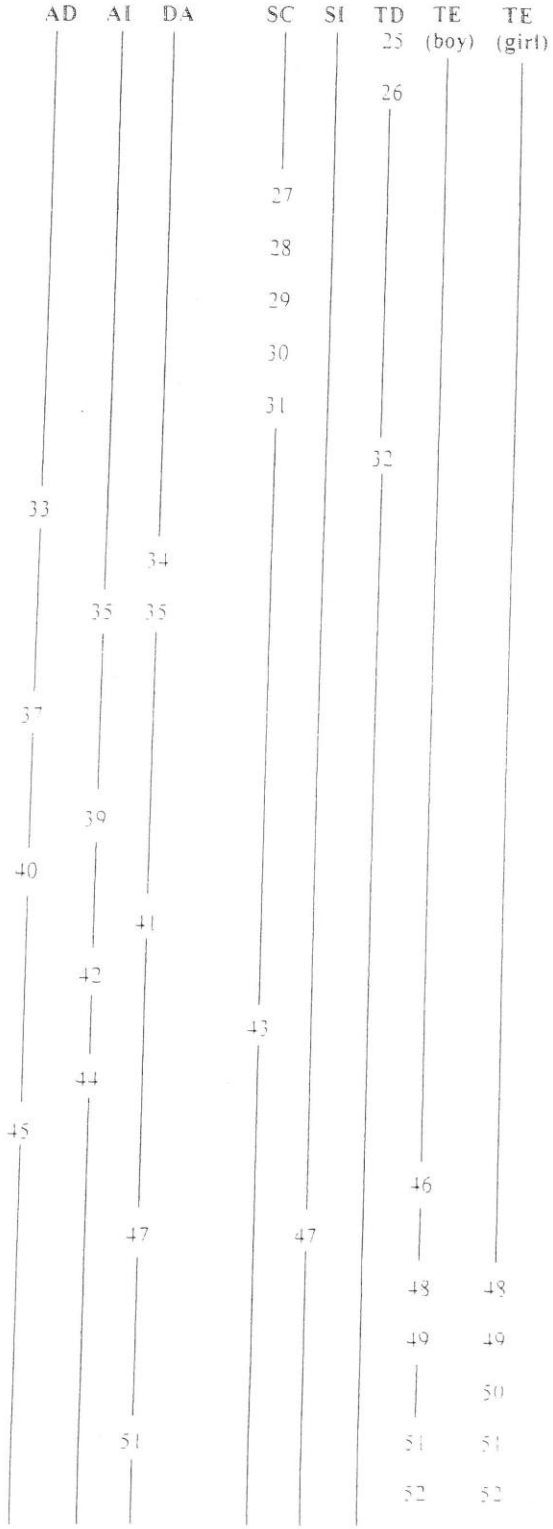
Name _____

Today's Date _____

ALIGN RIGHT OF Y/N, PAGE 1



ALIGN LEFT OF Y/N, PAGE 2



MAYSI-2 Scoring Summary

1. Using the Scoring Key: Align left side of Scoring Key to right side of Page 1 of the MAYSI-2 Questionnaire. On the Scoring Key, circle all numbers of the items that the youth answered "Y." Place an X through all numbers of items for which youth did not provide an answer. Repeat for Page 2, aligning the right side of the Scoring Key just to the left of the Y/N columns on Page 2. Circle and make X's as described above.

2. For each scale, count the number of X's on both scoring columns. On the Scoring Profile below, put an X in the INVALID (INV) BOX to the right of that scale on the Profile if the number of X's:

   Exceeds 2 for scales with 8 to 9 items (AD, AI, DA)

   Exceeds 1 for scales with 5 to 6 items (SC, SI, TD, TE)

3. For each valid scale, count the number of items you have circled on **both** of the scale's scoring columns. Then circle that number for that scale on the Scoring Profile below.

4. If the circled number is in the CAUTION ZONE, the youth has scored higher on that scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers. If the circled number is in the WARNING ZONE, the youth has scored in the top 5% to 15% of justice system youths on that scale. Only about 1 in 10 youths score this high.

SCORING PROFILE Name _____ Date _____

											CAUTION	WARNING	INV
AD	Alcohol/Drug Use	0	1	2	3	4	5	6	7	8			
AI	Angry-Irritable	0	1	2	3	4	5	6	7	8	9		
DA	Depressed-Anxious	0	1	2	3	4	5	6	7	8	9		
SC	Somatic Complaints	0	1	2	3	4	5	6					
SI	Suicide Ideation	0	1	2	3	4	5						
TD	Thought Disturbance (Boys)	0	1	2	3	4	5						
TE	Traumatic Experiences	0	1	2	3	4	5						

De-Escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the individuals in your care. After clinical review, incorporate the following information into a client's behavior support or treatment plan.

Name: _____

Date: _____

1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

- ☐ Listening to music.
- ☐ Reading a newspaper/book.
- ☐ Sitting by the nurses' station/principal's office, etc.
- ☐ Watching TV.
- ☐ Talking with a peer.
- ☐ Walking the halls.
- ☐ Talking with staff.
- ☐ Calling a friend.
- ☐ Having your hand held.
- ☐ Calling your therapist.
- ☐ Getting a hug.
- ☐ Pounding some clay.
- ☐ Punching a pillow.
- ☐ Physical exercise.
- ☐ Writing in your diary/journal.
- ☐ Playing a computer game.
- ☐ Using ice on your body.
- ☐ Breathing exercises.
- ☐ Putting your hands under running water.
- ☐ Going for a walk with staff.
- ☐ Lying down with a cold facecloth.
- ☐ Wrapping up in a blanket.
- ☐ Using a weighted vest.
- ☐ Voluntary time out in a quiet room.
- ☐ Voluntary time out (anywhere specific?):

  _____

- ☐ Other:

  _____

2. Is there a person who's been helpful to you when you've been upset?

☐ Yes ☐ No

If you are not able to give us information, do we have your permission to call and speak to:

Name: _____ Phone: _____

☐ Yes ☐ No

If you agree that we can call to get information, sign below:

Signature: _____

Date: _____

Witness: _____

Date: _____

3. What are some of the things that make it more difficult for you when you're already upset?

Are there particular "triggers" that you know will cause you to escalate?

☐ Being touched.

☐ Being isolated.

☐ Door open.

☐ People in uniform.

☐ Loud noise.

☐ Yelling.

☐ A particular time of day (when?): _____

☐ A time of the year (when?): _____

☐ Specific scents (please explain): _____

☐ Not having control/input (please explain): _____

☐ Others (please list):

_____

_____

4. Have you ever been restrained?

☐ Yes ☐ No

When: _____

Where: _____

Please describe what happened:

5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?

- ☐ Female staff
- ☐ Male staff
- ☐ No preference

6. Is there anything that would assist you in feeling safe here? Please describe:

ADAPTED FROM SAMHSA'S ROADMAP TO SECLUSION AND RESTRAINT FREE MENTAL HEALTH SERVICES, 2009

HTRISK

Human Trafficking Risk Interview to Screen Kids
Interview youth to determine risk for human trafficking.

Name of Counselor/Case Manager_____

Please select where or what organization has offered you this assessment:

TACKLE ☐ Safety Net ☐ MRSS/Rescue
☐ Juvenile Assessment Center ☐ Zepf
☐ Other_____

DEMOGRAPHICS

What is your race/ethnicity?

☐ White ☐ Black/African American ☐ Latino/Hispanic
☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander ☐ Mixed
☐Other _____

What is your zip code? _____

What is your gender?
☐ Male ☐ Female ☐ Trans Male ☐ Trans Female
☐ Non-binary ☐ Other _____

What is your sexual identity?
☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual
☐ Other _____

Do you have a diagnosed disability?
☐ Yes ☐ No

If Yes, what is the nature of your disability?
☐ Physical ☐ Hearing ☐ Visual ☐ Speech/Language
☐ Learning/Cognitive ☐ Other _____

Were you born in the United States? ☐ Yes ☐ No

Please answer the questions below about your experiences over the past year. Choose the number that best matches your experience. There are no right or wrong answers.

Never	At least once	More than once	Frequently	Always
0	1	2	3	4

1. In the past year, how often have you had to look for a place to stay, for food, deodorant, or soap because sometimes you didn't have them?
☐0 ☐1 ☐2 ☐3 ☐4

HTRISK

2. In the past year, how often have your parent(s)/guardian been unable to take care of you?
☐0 ☐1 ☐2 ☐3 ☐4

3. In the past year, how often have your parent(s)/guardian been unable to keep you safe?
☐0 ☐1 ☐2 ☐3 ☐4

4. In the past year, how often have you been responsible for taking care of someone?
0 ☐1 ☐2 ☐3 ☐4

5. In the past year, how often have you been without running water, heat, gas, or food?
0 ☐1 ☐2 ☐3 ☐4

6. How often in your lifetime have you run away from home?
☐0 ☐1 ☐2 ☐3 ☐4

7. How often have you seriously considered running away from home?
☐0 ☐1 ☐2 ☐3 ☐4

8. How often do you feel anxiety, depression, or stress?
☐0 ☐1 ☐2 ☐3 ☐4

9. How often have you consumed alcohol in the last month?
☐0 ☐1 ☐2 ☐3 ☐4

10. How often have you used drugs in the last month?
☐0 ☐1 ☐2 ☐3 ☐4

11. How often do you think about alcohol or drugs?
☐0 ☐1 ☐2 ☐3 ☐4

12. In the past year, how often are your friends involved in activities that adults wouldn't approve of?
☐0 ☐1 ☐2 ☐3 ☐4

13. In the past year, how often have you felt older than you really are?
☐0 ☐1 ☐2 ☐3 ☐4

14. In the past year, how often do people treat you like you're older than you really are?
☐0 ☐1 ☐2 ☐3 ☐4

15. How often have you been around gang members?
☐0 ☐1 ☐2 ☐3 ☐4

Williamson, C. & Andretta, J. (2019). Funded by the Ohio Children's Trust Fund

16. Do you know someone who has traded sex for money, food, drugs, alcohol, a place to stay or anything else?

☐ Yes ☐ No

17. Have you ever traded sex for money, food, drugs, alcohol, a place to stay or anything else?

☐ Yes ☐ No

18. Have you ever worked a job for someone and not gotten paid, but were forced to work anyway?

☐ Yes ☐ No

19. How many times have you run away in the past month?

0 times ☐ 1 time ☐ 2 times
☐ 3 times ☐ 4 or more times

20. How many times have you run away in the past 3 months?

0 times ☐ 1 time ☐ 2 times
☐ 3 times ☐ 4 or more times

21. How many times have you run away in the past 6 months?

0 times ☐ 1 time ☐ 2 times
☐ 3 times ☐ 4 or more times

22. What's the longest time you'd stayed away when you ran?

☐ 1 day ☐ 2-4 days ☐ 5-7 days ☐ more than 1 week
☐ less than 2 weeks ☐ more than 2 weeks
☐ number of days (other): _____ ☐ N/A

23. How many days have you been away from your parent/guardian's home this time?

☐ 1 day ☐ 2-4 days ☐ 5-7 days ☐ more than 1 week
☐ less than 2 weeks ☐ more than 2 weeks
☐ number of days (other): _____ ☐ N/A

24. Where did you stay when you left home?

☐ A friend's house
☐ A boyfriend/girlfriend's house
☐ Outside
☐ A shelter
☐ I stayed with someone I just met

25. Please check *all* of the reasons you left home.

☐ I don't feel safe at home
☐ People argue and fight too much
☐ I'm always in trouble there
☐ Because I use drugs and/or alcohol
☐ A new family or friend was brought into the house
☐ I don't have enough of my needs met e.g. food, clothes, heat, lights, water etc..
☐ I'm threatened or hit at home
☐ Because my family or guardian uses too many drugs and/or drinks too much
☐ The rules are too strict
☐ A new baby/child was brought into the house
☐ To be with my friends
☐ Too many problems at school
☐ My family can't afford me
☐ I can never do anything right at home
☐ Failing or dropping out of school
☐ My parents are divorcing or separating
☐ Someone died
☐ My parent/guardian told me I had to leave
☐ I want to stay with my boyfriend/girlfriend
☐ My parent/guardian or family member has mental health problems
☐ I am better taken care of elsewhere
☐ I have mental health problems
☐ It's too stressful at my house
☐ I am abused at home
☐ I am bullied at school
☐ Other _____

26. Did you use drugs while you were on the run?

☐ Yes ☐ No

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Central Ohio Youth Center (COYC)

Responses of 3 or 4 to questions 1 through 7 should trigger a call to the youth's county Children's Services office.

Responses of 3 or 4 to question 8 should trigger a response for a mental health evaluation.

Responses of 3 or 4 to questions 9 through 11 should trigger a referral for a substance use disorder evaluation.

A response of 3 or 4 to question 12, probe for more information and make the appropriate referral.

A response of "yes" to question 17 indicates sex trafficking – Refer to the youth's county Children's Services office and law enforcement entity.

Checking the box in question 24, "I stayed with someone I just met" should trigger a response to the youth's county Children's Services office.

Checking boxes in question 25 should be used for clinical purposes and should inform the referral.

Central Ohio Youth Center

What you should know about sexual abuse and assault.
Our Facility complies with the Prison Rape Elimination Act of 2008.

What is Sexual Assault?

Sexual assault is "any contact between the sex organ of one person and the sex organ, mouth, or anus of another person, or any intrusion of any part of the body of one person, by the use of force or threat of force." The offender uses sex as a weapon to assault the body, the mind and spirit.

Sexual assault affects everyone, either directly or through the experiences of those we care about. It can affect any male or female of any age, race, ethnic group, socioeconomic status, sexual orientation, or disability.

No youth or staff member ever has the right to ask you for a sexual favor or to have sex with you. The Central Ohio Youth Center has a zero tolerance for sexual abuse/assault/harassment.

How to Avoid Rape....

The only way rape can be prevented is when a potential rapist chooses NOT to rape. However, you may avoid an attack by keeping the following safety guidelines in mind:

Be aware of situations that make you feel uncomfortable. Trust your instincts. If it feels wrong, TELL A STAFF MEMBER YOU TRUST.

Don't be afraid to say "NO" or "STOP IT NOW."

Do not accept any items or gifts including food from other youth. Placing yourself "IN DEBT" to another youth can lead to the expectation of repaying the "DEBT" with sexual favors.

Avoid secluded areas. Position yourself in plain view of staff members. If you are being pressured for sex, report it to a staff person **IMMEDIATELY.**

What to do if you are sexually assaulted...

Although an attacker may threaten to harm you, REPORT THE ATTACK TO A STAFF MEMBER IMMEDIATELY. The longer you wait to report the attack the more power you give to the perpetrator. If you wait it will be more difficult to obtain the evidence necessary for an investigation.

Request to see the nurse for immediate medical attention. You may have serious injuries that you are not aware of, and any sexual contact can expose you to sexually transmitted diseases.

Do not shower, brush your teeth, use the restroom, or change your clothes. You may destroy important evidence.

If you have been assaulted or witness an assault, but you are unwilling to report it to a staff member, you may fill out a grievance form, request to see a Counselor, or ask to make a phone call to the Confidential Reporting Hotline (1-800-656-4673). If you make a report of a sexual assault, COYC's staff is required by law to report this to the proper persons who can assist you with medical, emotional and legal support.

If you sexually assault another youth you should know...

You will be issued a YBIR and an investigation will take place. The Union County Sheriff Department will be notified. You will face consequences from COYC and you will face additional criminal charges. If you are found guilty, your time will be increased and you could face life long reporting requirements after release. You could even face adult prison time.

Consider that unprotected sex increases your risk of HIV infection, along with exposing you to other sexually transmitted diseases.

If you have trouble controlling your actions, ask for help from a Counselor. Stay busy with positive activities like school, community service, letter writing, or physical exercise.

Did you know?

- Rape and sexual assault happens to people of all ages.
- Rape and sexual assault can happen to males or females
- Sexual assault is about power and violence. It is not about love.
- Sexual assault has nothing to do with sexual orientation.
- Victims and offenders may be either heterosexual or homosexual.
- The fact that a victim of sexual assault becomes sexually aroused does not mean they were not raped or that they gave consent. These are normal, involuntary reactions.
- Any sexual contact between staff and youth is against the law.
- It is common for survivors of sexual assault to have feelings of embarrassment, anger, guilt, panic, depression, and fear even several months or years after an attack.

_____
Print Name

_____ _____
Youth Signature Date

Place this signed form in the youth's intake folder