

Stark County, Ohio

Juvenile Cross-Systems Mapping Final Report

March 4-5, 2019

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Juvenile Cross-Systems Mapping

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Stark County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Juvenile Cross-Systems Mapping and Taking Action for Change* workshops held in Stark County, Ohio on March 4-5, 2019. The workshops were sponsored by the Stark County Mental Health and Addiction Recovery (StarkMHAR) Board and Stark County Family Court. 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 Stark 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

StarkMHAR and Stark County Family Court requested the *Cross-Systems Mapping and Taking Action for Change* workshops for the youth population in July 2018 following a period of invitation for letters of request for adult mental health and justice Sequential Intercept Mapping. Stark County Juvenile Court was preparing for the Juvenile Detention Alternative Initiative and together with StarkMHAR requested Sequential Intercept Mapping to aid Stark County with:

- Creation of a map indicating points of intervention among all relevant local 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 36 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, juvenile justice and detention, advocacy, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Lisa DiSabato-Moore, Michael Fox and Ruth H. Simera 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.*

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 illness and co-occurring disorders flow through the Stark 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 Stark 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.

Cross-Systems Partnerships; Task Force

Stark County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. There are several primary cross-system collaborative teams/coalitions, for example: Crisis Intervention Team (CIT) Advisory Committee, C.A.R.E Teams, Executive Committee for Juvenile Detention Alternative Initiative (JDAI), Coordinating Committee, Care Coordination Committee, Service Review Collaborative, Family Council's Service Coordination Committee, Community Initiative to Reduce Violence, and more.

Individual in Recovery Involvement

The local planning team included a family member that was unable to attend the workshop but was an active participant in the pre-workshop planning conference call. Representation during the workshop consisted of the NAMI of Stark County Executive Director. Stark County stakeholders, coalitions and JDAI Initiative are strongly encouraged to seek and maintain representation of individuals with lived experience and their family members in all efforts moving forward.

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 players that were missing at the workshops: family member or youth with past involvement in the juvenile justice system, representative from Parole, and direct service staff for the mental health and substance use treatment system.

Data Collection; Information Sharing; Communication

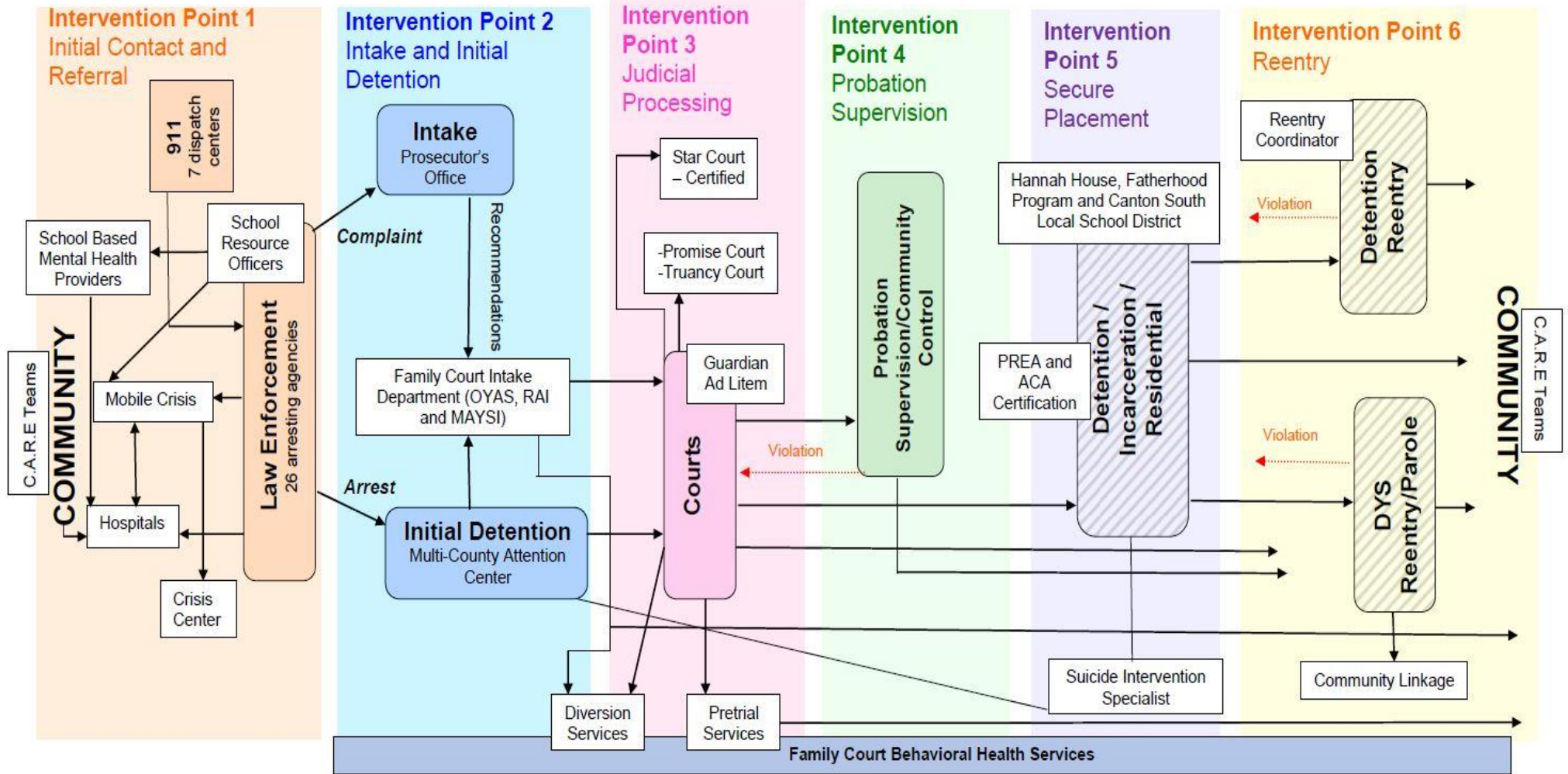
- The Stark County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Stark County Pre-Workshop Data Collection for July 1, 2017 - June 30, 2018
 - Stark County Mental Health and Addiction Recovery Board Disaster Response Plan
 - Stark County Mental Health and Addiction Recovery Board Funded Behavioral Health Resources for Criminal Justice and First Responders

Recommendations

- Engage juvenile justice leadership, individuals with lived experience, and community/family members in the ongoing process of system improvement. Ensure that each work group has cross-system representation. The Core Principles of the National Center for Mental Health and Juvenile Justice *Blueprint for Change*, comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system includes, “whenever possible, families and/or caregivers should be partners in the development of treatment decisions and plans made for their children.”
- At all Critical Points of Intervention, seek opportunities to utilize and share data and information across systems, that will aid in identifying and documenting the involvement of youth with severe mental illness and often co-occurring disorders in the Stark County juvenile justice system.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and juvenile justice systems of needs within the systems and needs of youth being served.
- Create a county-wide standard definition list for levels of clinical care. Utilize the Adolescent Levels of Care as described in the ASAM Criteria 3rd Edition as a guide.

Juvenile Cross-Systems Mapping
Stark County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Stark County March 2019



Stark 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 (now the Center for Youth Opportunity and Justice), 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 local 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 Stark County Cross-Systems Map. The cross-systems local planning team may choose to revise or expand 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 stakeholder 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) that were highlighted during discussion of the Ultimate Intercept – an effective and accessible community mental health system. This is not meant to be an exhaustive or comprehensive roster of all services or EBPs available in Stark County.

- Coordinated Specialty Care for FIRST Episode Psychosis is provided through Coleman Professional Services. The Best Practices in Schizophrenia Treatment (BeST) Center provides technical assistance to the program designed for Individuals that have been recently diagnosed with psychosis and are aged 15-35.
- Mental Illness and Alcohol and Other Drug (MiAoD) Team provides intensive home-based treatment for youth with co-occurring disorders aged 11-21.
- Mental Illness and Developmental Disabilities (MIDD) Team provides intensive home-based treatment for youth with co-morbid disorders.
- Smith House and Bright House provide residential treatment for youth.
- Transitional housing for transitional aged youth is available for homeless youth aged 18+.
- StarkMHAR received funding from the United States Department of Housing and Urban Development (HUD) for the REACH Program. The program offers rental subsidy for homeless youth that have a mental health diagnosis.
- Child and Adolescent Behavioral Health (C&A) offers Dialectical Behavior Therapy (DBT), trauma informed care and an intensive outpatient program for substance use, mental illness and co-occurring disorders.
- Akron Children’s Hospital offers DBT, Cognitive Behavioral Therapy (CBT) and an intensive outpatient program.
- Stark County Family Council utilizes the High-Fidelity Wraparound model for youth involved in the juvenile or mental health system.
- C.A.R.E Teams are implemented in most school districts in Stark County. The C.A.R.E Teams collaborate with teachers, administrators, law enforcement, mental health providers, and other local agencies to address obstacles facing at-risk youth and their families.
- Through a Systems of Care (SOC) grant, Stark County implemented Stark Help Central, a repository for information that is organized by age. Promotion for this service occurs via billboards, trainings, Stark County Family Council and within school districts.
- Prevention programs are implemented in schools at the request of each school. Evaluations of programs are completed by each school with various outcome measures. Those present at the workshop identified several school-based prevention programs and activities currently in use:
 - Sandy Hook Promise: Know the Signs Program – educators and students in 8th - 12th grades
 - Incredible Years – Kindergarten – 2nd grade

- Botvin *LifeSkills* – 3rd – 5th grades
- The Georgetown Model of Early Childhood Mental Health Consultation
- Parent Café – parent programming
- CAST Program – 9th – 12th grade
- Weekly C.A.R.E Team meetings – Massillon City School District
- Three counselors available in Massillon City School District
- School-based consultation and treatment services in 15 school districts. Northwest and Lake School Districts have outside providers available.
- Stark County Education Services Center (ESC) offers Youth Mental Health First Aid (YMHFA) training for the community and law enforcement.
- The Stark County Prosecutor’s Office provides the Community Initiative to Reduce Violence (CIRV) program. Originally, the program focused on adult gang violence but recently began focusing on youth as well.

Intervention Point 0 Gaps

- Universal outcome measures for children and families
- Capacity of school-based services
- Workforce development – helping professions, i.e. mental health and criminal justice system
- Comprehensive prevention strategy
- Housing availability for individuals that do not meet HUD homeless definition
- Utilization of the High-Fidelity Wraparound model for youth not yet involved in the juvenile or mental health system

Intervention Point 0 Opportunities

- REACH Program
- Broader referral base and identification of FIRST program participants

Recommendations

- Encourage a comprehensive approach to choosing prevention programs within local school districts.

Intervention Point I: Initial Contact and Referral

In Stark County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. There are 17 school districts in Stark County, all of which have sworn School Resource Officers (SRO). SROs will refer directly to the juvenile justice system, school based mental health providers, Emergency Medical Services (EMS), or youth mobile crisis team.

Initial Referral

- Multiple parties make referrals to law enforcement and the juvenile justice system: parents/families, schools and the community at large. Typically, parents/families refer to 911 the most.
- Referrals from schools may originate with SROs, administrative staff, or school based mental health providers.

Dispatch / 9-1-1

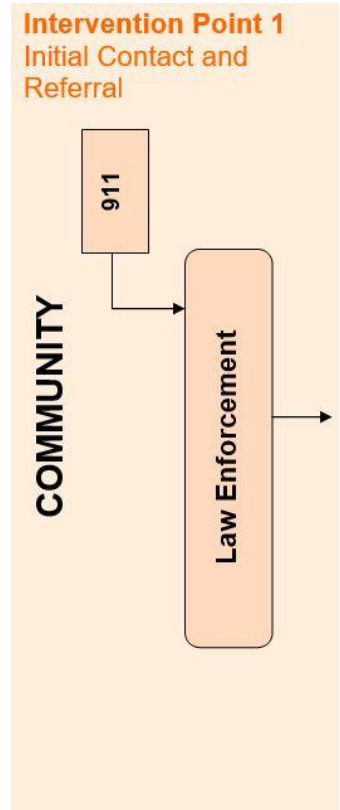
- Stark County has seven dispatch centers responsible for dispatching Fire, EMS and law enforcement for their designated areas. Four dispatch centers are utilizing the same computer system.
- Seven dispatchers from Perry Township Police Department and one from North Canton Police Department have completed the full 40-hour Crisis Intervention Team (CIT) course.

- A CIT Companion course for dispatchers has been offered twice in Stark County. Approximately ten dispatchers have completed the companion course, with plans to offer the course again.
- NAMI of Stark County provides information to individuals/families on requesting a CIT officer; however, not all dispatchers are aware of CIT, so the ability to request CIT officers may be somewhat limited.
- There is currently no formal data collection process re: mental illness and/or CIT.

Law Enforcement

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Stark County has 26 Law Enforcement Agencies: Alliance Police Department, Beach City Police Department, Brewster Police Department, Canal Fulton Police Department, Canton Police Department, East Canton Police Department, Hartville Police Department, Heartland Behavioral Health Care, Hills and Dales Police Department, Jackson Township Police Department-Stark, Lawrence Township Police Department, Louisville Police Department, Magnolia Police Department, Malone University Police Department, Marlboro Township Police Department, Massillon Police Department, Minerva Police Department, Navarre Police Department, North Canton Police Department, Perry Township Police Department-Stark, Republic N&T Railway, Stark County Park District Enforcement Division, Stark County Sheriff's Office, Uniontown Police District Department, Walsh University Police Department, and Waynesburg Police Department, with an estimated 556 full-time officers.

- As of March 2019, the Stark County CIT training program has held 31 courses. Most Law Enforcement Agencies have participated in CIT training, 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. Records indicate that 479 full-time officers have completed CIT training. Six law enforcement agencies have not participated in CIT training: Brewster Police Department, East Canton Police Department, Hills and Dales Police Department, Malone University Police Department, Navarre Police Department and Republic N&T Railroad.
 - A few hours of the CIT curriculum are dedicated to youth and developmental disabilities.
- Law enforcement participants indicated that youth are deflected from the juvenile justice system whenever possible; officers currently use the following options for youth and families with mental illnesses in crisis:
 - Contact youth mobile crisis team for response or advice.
 - Contact Stark County Prosecutor's Office for advice.
 - Transport to local hospital emergency department. Those present at the workshop stated that law enforcement will transport in the least traumatic way possible, i.e. family member, youth mobile crisis team, or EMS transport.
 - Utilize a promise to appear/summons to court with a parent signature. This option is dependent upon offense.
 - Arrest and transport to Multi-County Juvenile Attention System (MCJAS). Typically, arrest occurs with violent and/or domestic violence crimes. Those present at the workshop stated that arrest might also occur when the youth has nowhere else to go or has run away several times, etc.
- The Stark County Prosecutor's Office provides training to law enforcement on when to arrest youth. The training focuses on determining risk of flight and harm to self or others.
- Stark County Educational Services Center offers Youth Mental Health First Aid training for non-CIT officers. The training has a few hours dedicated to developmental disabilities.
- For the adult system, those present at the workshop stated that the Stark County Sheriff's Office, Canton Police Department, Louisville Police Department, Perry Township Police Department and North Canton Police Department are transferring to the Criminal Justice Information Services (CJIS) data collection system, which will allow CIT officers to electronically enter CIT stat sheets. This information will then be available in real time for law enforcement and the adult mobile crisis team.



Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center for youth.
- There are two main hotlines available within the county:
 - Crisis Text Line (741741). Coleman Professional Services receives a monthly report
 - Local children's hotline
- Coleman Professional Services operates two 24/7 co-response mobile crisis teams in partnership with Canton Police Department, one for youth and one for adults. The youth team is available countywide and staffs three full-time counselors, two case managers and a family peer supporter. The youth team will also respond to all school districts within 30 minutes Monday-Friday.
 - Coleman Professional Services operates a 24/7 crisis center for adults; the youth mobile crisis team will refer youth to the crisis center to receive evaluations when needed.
- Those present at the workshop reported because of the suicide contagion there has been more community education and a recent increase in hotline and youth mobile crisis calls

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- Stark County has several hospitals. Typically, Aultman Hospital and Mercy Medical Center in Stark County and Akron Children's Hospital in Summit County are utilized.
- All hospitals complete an assessment, provide wrap around services, and referrals.
- The youth mobile crisis team responds to all three area hospitals as needed.
- Akron Children's Hospital provides an inpatient center; often the center is full. When needed, mobile crisis will coordinate a referral to Belmont Pines in Youngstown.
- A representative from Aultman Hospital stated that adolescents have the most success with pediatric psychiatric placements when 1) parent/guardian has a basic understanding of mental illness, 2) patient has no previous psychiatric admissions or minimal psychiatric admissions, 3) the patient is "pink slipped", 4) when Emergency Room (ER) physicians make referrals to Akron Children's inpatient center, and 5) there are documented behavioral incidents, i.e. from the justice system, home, school, community, etc. In addition, the Aultman Hospital representative provided the following information on the referral process for pediatric psychiatric placements:
 - All psychiatric referrals are initiated by the ER physician who contacts the licensed social worker and provides a brief description of the mental health crisis.
 - The licensed social worker meets with the parent/guardian and discusses the reason for the emergency department visits.
 - The licensed social worker meets with the parent/guardian and completes an assessment, discusses the information with the parent/guardian and ER physician, and an agreement is created to either make a mental health referral for placement or have the parent/guardian follow-up with a mental health professional for outpatient services
 - If the patient is referred for placement, the licensed social worker will contact an adolescent behavioral health hospital or facility; if accepted, transportation is arranged, or parent/guardian may transport the patient to the accepting hospital or facility
 - Most, if not all hospitals or facilitators, do not require labs for adolescents. However, Belmont Pines requires a pregnancy test for female patients who have started their menstruation.

Intervention Point I Gaps

- Lack of a crisis drop-off site
- Utilization of mental health codes and data collection protocols across dispatch centers
- Defining access to protected records
- Crisis care (between mobile response and hospitalization)
- Capacity and transportation to Akron Children's Medical Center
- Capacity at Akron Children's Hospital inpatient services
- Crisis respite
 - Emergency respite

- Respite for domestic violence and developmental disabilities
- Respite for status offenders
- Barriers to pediatric psychiatric placements (provided by representative of Aultman Hospital)
 - Not having a pediatric psychiatrist at/on-call at Aultman Hospital
 - Not having a collaborative agreement with an adolescent behavioral health hospital or the hospital's admitting psychiatrist
 - Individuals not having health insurance or an insurance that limits where a patient can be treated
 - Individual's mental health conditions not serious enough to meet eligibility criteria for treatment
 - Individual has documented non-compliant medication regimen
 - Parents do not have transportation to visit their child, pick up their child or facility is too far away
 - Parents are afraid that a mental health placement will include time away from school/work for parent and/or child
 - Parents believe that the child's behavior is attention seeking and not related to mental illness
 - Public, perceived and self-stigmatizing attitudes to mental illness create an embarrassment and fear of identifying with a mental illness or seeking help. Also, it is prominent among young people to worry about what others, including the source of help, might think of them if they were to seek help
 - Long wait time for transportation to accepting hospital/mental health facility

Intervention Point I Opportunities

- Alternatives for individuals involved in domestic violence situations
- Pocket card for families/parents on what to expect/do when calling 911
- Access to live data base/CJIS data collection project for adult system
- Provide community services list to dispatch centers
- Review crisis text line/hotline data
- Increase understanding of developmental disabilities population

Recommendations

- Implement a consistent method across jurisdictions for call-takers and dispatchers to identify a CIT call, record or coding CIT/mental illness calls and refer such calls to CIT officers. This will allow data collection at the earliest contact and could include a common code for dispatch centers and first responders around the county.
- Establish a clear and consistent understanding of domestic violence laws as they pertain to juveniles and implement corresponding response protocols that take mental health status into consideration.

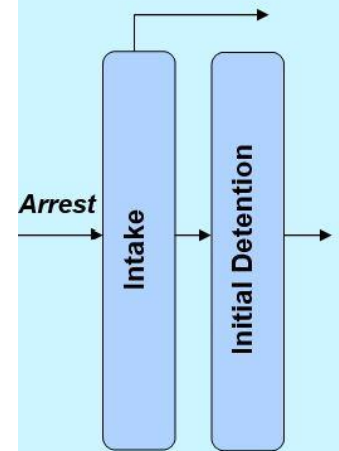
Intervention Point II: Intake and Initial Detention

Intake

- Those present at the workshop, stated that most youth are issued a summons with a promise to appear by the parent/guardian versus arrested and for 2017, most delinquency, unruly and status offense were managed by summons. Summons – recommendation made by prosecutor's office based on officer's report and collateral information and history to fast track or formal track. Follows same process but without detention. 90% cases are not detention.
- Law enforcement provides the Stark County Prosecutor's Office with all summons/complaints. The Prosecutor's Office completes a review of the charges and criminal history and provides recommendations to the Family Court Intake Department for either fast track or formal court involvement. In 2007 the community established guidelines and a decision tree for informal and formal processing of cases. The use of summons and fast track follows the same process as formal track but without detention. Roughly 90% of cases do not use detention.

- Upon receiving the Stark County Prosecutor’s Office recommendations, the Family Court Intake Department will complete the Risk Assessment Instrument (RAI) and Ohio Youth Assessment System (OYAS). The Massachusetts Youth Screening Instrument (MAYSI-2) is also completed with any youth entering detention and others engaged in Family Court Behavioral Health Services dependent on need. At times, SROs will contact the intake department to provide additional information. These results are further utilized to determine whether the individual can be referred to Diversion Services (fast track) or summoned to court (regular track). The court makes the decision on eligibility for Diversion Services, and the family makes the decision whether to participate.
 - Diversion Services is housed in the Behavioral Health Services department at the court and is also the conduit for access to pretrial services. Individuals that score high on the MAYSI-2 are referred to Family Court Behavioral Health Services. Family Court Behavioral Health Services provides referrals to community resources and services as needed.

Intervention Point 2 Intake and Initial Detention



Initial Detention

- Stark County utilizes the Multi-County Juvenile Attention System, which has four attention centers across four counties (Columbiana/Carroll, Tuscarawas, Wayne, and Stark), a Residential Treatment Center, a Group Home and a Community Corrections Facility. The Stark Attention Center is in Stark County and at the time of the workshop was housing eleven Stark County youth. Typically, Stark County residents are housed in the Stark Attention Center unless otherwise instructed from the Stark County Family Court. There were approximately 286 secure detentions in 2018.
- All youth arrested and having intake completed at the Attention Center spend at least one night in the attention center. The next business day the Prosecutor’s Office and Family Court see the complaint. Within 48 hours, the Family Court Intake Department will complete the Risk Assessment Instrument (RAI), OYAS and MAYSI-2. The RAI score is utilized to determine next steps: (1-4 release; 5-7 detain and refer to pretrial services; over 7 detain). The OYAS is collateral information and is entered into state system. Individuals that are out of county, out of state or do not have a parent available are held in custody. Roughly 10% of youth are detained.
 - Individuals that score high on the MAYSI-2 are referred to Family Court Behavioral Health Services. Family Court Behavioral Health Services provides referrals to community resources and services as needed.
- Individuals that are experiencing an acute mental health crisis or are suicidal can be transported via EMS to Mercy Medical Center, Aultman Hospital, Akron Children’s Hospital or Belmont Pines in Mahoning County.
- Attention medical staffing consists of one full-time/on-call Suicide Prevention Specialist that splits their time among all four attention centers and one full-time registered nurse. One physician is contracted one day/week through the Ohio Department of Youth Services.
 - The Suicide Prevention Specialist provides safety planning and referrals for inpatient care.
 - The physician can be utilized for detoxification services.

Detention Hearing

- Detention hearings are held with a Magistrate the next business day following initial detention.
- The Stark County Public Defender’s Office is present at detention hearings.
- The Intake Officer has authority to release youth from detention first thing in the morning

Intervention Point II – Identified Gaps

- Universal definitions, i.e. recidivism, etc.
- Universal mental health screening of all youth coming through intake
- Uniform coding at Stark County Prosecutor’s Office (data currently in narrative)

- 100% are detained when intake occurs at the Detention Center – currently no diversion option is available at this point of entry
- Follow-up and referral services for youth (estimated 200 youth per year)
 - released from detention
 - diverted through Prosecutor’s Office
 - not formally charged
- Consistency across jurisdictions
- Crisis beds

Intervention Point II – Identified Opportunities

- Prosecutor’s office getting new computer system later in 2019 (Matrix – same system as Summit County Prosecutor’s Office)
- System of Care data analyst
- Plans in place to do universal screening

Recommendations/Considerations

- Consider options for strategic release of youth when intake occurs through the Detention Center. Under current circumstances, youth could be unnecessarily detained because of inconsistent protocols across jurisdictions or the time of day.
- The MAYSI-2 is not completed at detention intake for Stark County youth but is completed in the Multi-County facilities for youth from other counties. Would earlier completion of the MAYSI-2 result in expedited referral to Behavioral Health Services?

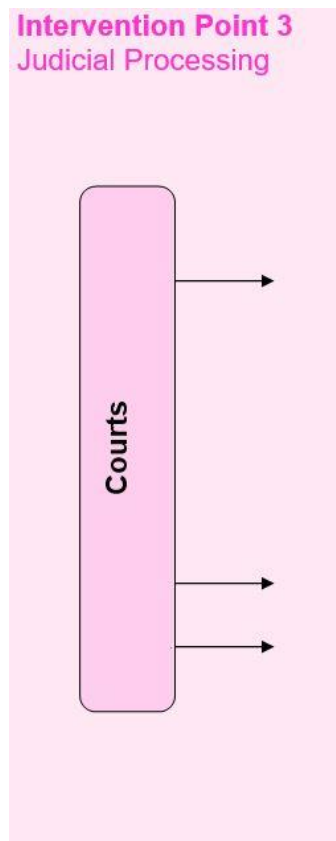
Intervention Point III: Judicial Processing

Court

- If an individual is housed within the detention center, the adjudication hearing occurs within 15 days. At times, the adjudication and disposition hearing can occur at the same time.
- The Family Court Intake Department will provide results of the Risk Assessment Instrument, OYAS and MASYI-2 to the Stark County Prosecutor’s Office prior to adjudication.
- Typically, individuals do not have legal representation at arraignment unless detained at the detention center. Public Defenders are assigned after arraignment.
 - A Guardian Ad Litem can be assigned when needed.
- Diversion options include:
 - Family Court referral to Pretrial Services, which is housed in Family Court Behavioral Health Services and offers court supervision with a pretrial release officer, referral for psychological evaluations, electronic monitoring, drug testing and referral to community services.
 - Family Court, and Family Court Intake Department referral to Diversion Services, which is housed in Family Court Behavioral Health Services.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of December 2018, Stark County has the following specialized dockets:



Judge Name	Jurisdiction	Docket Type	Status: December 2018
John G. Haas	Common Pleas	Domestic Violence	Certified
Kristin G. Farmer	Common Pleas	Drug	Certified
John G. Haas	Common Pleas	Reentry	Certified
Taryn L. Heath	Common Pleas	Veterans Treatment	Certified
Jim D. James	Family	Drug – Juvenile	Certified
Curt Werren	Municipal	Drug	Certified
Mary A. Falvey	Municipal	Mental Health	Certified

- Typically, Specialty Court referral occurs through the Family Court Behavioral Health Services. Law enforcement and Stark County Prosecutor’s Office can recommend referral at intake. Probation Officers can recommend referral after a violation.
- The Juvenile Drug Court, called Star Court, has been available since 2007. Both the parent and child must volunteer for services. Some data is collected for the Supreme Court of Ohio.
- The Stark County Family Court has a Promise Court and Truancy Court that are not certified with the Supreme Court of Ohio. Promise Court is a human trafficking docket. Both the parent and child must volunteer for services. Truancy Court has two tracks, is overseen by a magistrate and occurs pre-adjudication.

Intervention Point III – Identified Gaps

- Lack of communication to Public Defenders about changes at the court, court programs, etc.

Intervention Point III – Identified Opportunities

- Case expeditor
- Legal counsel for all individuals

Recommendations

- The court should be urged to define a process for information sharing when changes occur within the court, including new court programs, etc., so that Public Defenders are able to adequately assist in representation of their clients.

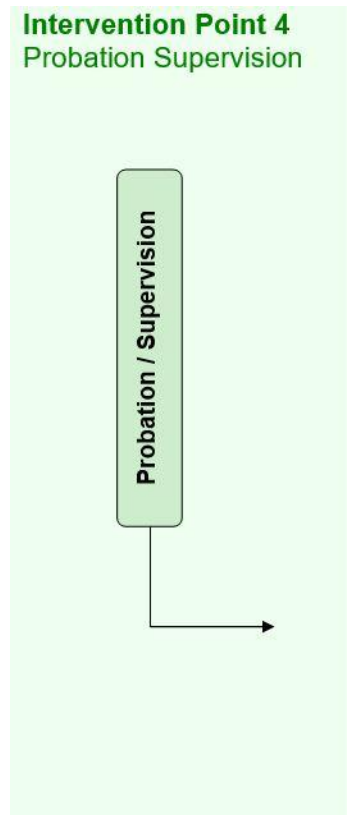
Intervention Point IV: Probation Supervision

Parole

- Parole was not represented at the workshop. Those present at the workshop indicated that an estimated 14 individuals from Stark County are in the Ohio Department of Youth services and at most three individuals are on Parole.

Probation

- At the time of the workshop, there were 107 individuals on Probation and two Probation Officers. Those present at the workshop stated that Probation Officers often refer for community services.
- The Stark County Family Court orders Probation or Community Control based on OYAS results for individuals involved in the justice system. Probation does not have a designated timeframe or specialized caseloads. Community Control is non-supervised and has a designated time limit, which starts at 30 days and can extend to age 21. Community Control will provide a parent report and can follow through on technical violations.



Intervention Point IV – Identified Gaps

- Community/system understanding of the role/purpose of probation
- Specialized caseload for probation officers
- Ability to identify mental health needs
- Data collection for Community Control

Intervention Point IV – Identified Opportunities

- Upcoming Probation Reform training by Annie E. Casey (A.E.C) Foundation

Recommendations

- Probation Officers providing supervision and services to individuals with mental illness should receive special training related to mental illness and best practices in supervision.

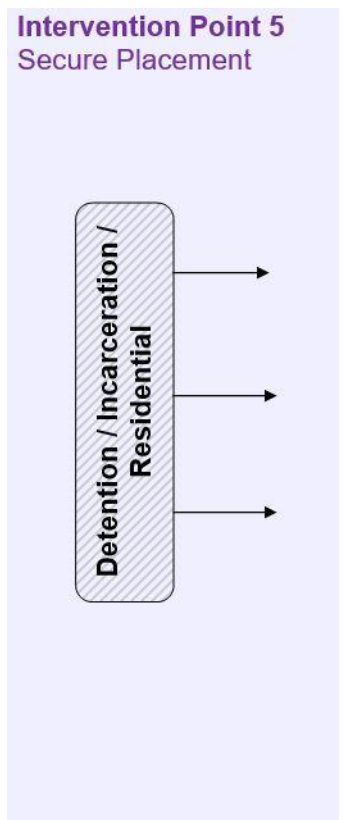
Intervention Point V: Secure Placement

Juvenile Detention Center

- The Stark Attention Center is a 30-bed locked facility that serves males and females. Average length of stay for misdemeanor charges is 5-7 days and 5-10 days for felony charges. The attention center is PREA (Prison Rape Elimination Act) and ACA (American Correctional Association) certified. At the time of the workshop, eleven Stark County youth were in the detention center.
- Individuals may have access to outside medications once the medications are verified. If individuals do not bring their own medications, they can be seen by the physician, who will determine what medications to prescribe.
- Canton South Local School District provides the educational programming seven hours per day Monday-Friday.
- Hannah's House provides faith-based mentoring services.
- The Attention Center also offers *LifeSkills*, large muscle activity, and fatherhood programming.
- The Attention Center has a Suicide Intervention Specialist that is shared across all counties served but does not provide mental health services. Outside agencies are welcome to see youth in the center; however, Medicaid does not reimburse for services rendered inside the center. Likewise, the court behavioral health services staff goes to the detention center to do screening, but not ongoing services. The suicide intervention specialist determines needs for more acute services or referral to hospital.

Residential and Alternate Placements

- The Multi-County Juvenile Attention System has a Residential Treatment Center and Community Corrections Facility available for Northeast Ohio.
 - Residential Treatment Center is an 18-bed locked facility that serves males and females. Average length of stay is 4-6 months and offers individual and group counseling, anger management, Thinking for a Change, and *LifeSkills*. Clinical evidence must exist for Medicaid to reimburse residential or other placement services; Medicaid does not approve based on a court order.
 - Community Corrections Facility is a 24-bed locked facility that serves males who have a suspended Ohio Department of Youth Services commitment for felony delinquent acts. Mental health and substance use treatment is available.



Intervention Point V – Identified Gaps

- Mental health counselor at attention center
- Continuity of care in detention
- Staff turnover rate
- Gaps in medication for those not bringing in medications
- Wait time for transportation to inpatient hospitals
- Missing school while in hospitals
- Barriers to pediatric psychiatric placement (complete list provided by hospital included under Intercept 1)

Intervention Point V – Identified Opportunities

- Replicate adult model of allowing mental health providers into the jail

Recommendations

- Complete an assessment of clinical services offered and needed by the Multi-County Attention System.
- Based on the outcomes of an assessment of needs, explore including external providers in the treatment and mental health service offerings within the attention center to decrease service interruption and increase continuity of care for individuals with mental illness. This will likely require flexible funding, e.g., local tax levy dollars or grant funds to cover costs.

Intervention Point VI: Reentry

Reentry – Department of Youth Services

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding youth returning from the Ohio Department of Youth Services to the community are sent to Coleman Professional Services and StarkMHAR. In Stark County, there was one referral as of the date of this workshop.

Reentry - Detention

- The Residential Treatment Center has a reentry coordinator that provides a discharge plan for individuals reentering from the Community Corrections Facility and Residential Treatment Center. The reentry coordinator will complete home studies before an individual's release and provide referral to services. Youth in the detention center may be referred for reentry planning but this is not standard. For youth being discharged from the detention center, probation officers are likely doing most of the reentry focused planning and programming.

Intervention Point VI – Identified Gaps

- Reentry programming for juveniles
 - In-reach
 - Collaboration with Parole

Intervention Point VI – Identified Opportunities

- Active reentry coalition – could expand offerings to include youth and families
- Multi-county Attention Center has a reentry coordinator and will accept referrals from short-term detention
- Probation reform is reallocating resources to reentry

Recommendations

- The reentry coalition in collaboration with the Multi-County reentry coordinator can likely develop a reasonable plan for providing coordination services to all youth who are detained in the Attention Center.

Priorities for Change

Stark County,
Ohio

Stark County Priorities

Upon completion of the *Cross-Systems Mapping*, the assembled stakeholders 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. Crisis respite
2. Comprehensive prevention strategy
3. Workforce Development and Retention (this priority was removed and deferred to an existing committee sponsored by StarkMHAR; the resulting four priorities were renumbered)
4. Crisis care (between mobile response and hospitalization)
5. Continuity of care at detention

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

- Universal mental health screening of all youth coming through intake (3 votes; Intervention Point 2)
- 100% are detained when intake occurs at the Detention Center – currently no diversion option is available at this point of entry (3 votes; Intervention Point 2)
- Reentry programming for juveniles (3 votes; Intervention Point 6)
 - In-reach
 - Collaboration with Parole
- Follow-up and referral services for youth (estimated 200 youth per year)
 - released from detention (1 vote; Intervention Point 2)
 - diverted through Prosecutor's Office; manpower shortage (1 vote; Intervention Point 2)
 - not formally charged
- Individual has documented non-compliant medication regimen as barrier to pediatric psychiatric placement (1 vote; Intervention Point 5; refer to list under Intercept 1)
- Active reentry coalition – could expand offerings to include youth and families (1 vote; Intervention Point 6)

Parking Lot Issues

- Guardian Ad Litem for all youth
- Year-round schooling (access to youth and families involved with C.A.R.E Teams – lost momentum and connection)

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 JDAIConnect	https://www.aecf.org/work/juvenile-justice/jdai/ https://www.aecf.org/work/juvenile-justice/jdai/jdaiconnect/
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
Stark County, Ohio | March 4-5, 2019**

Participant Roster

Name	Title	Organization	Email
John Aller	Executive Director	Stark County Mental Health & Recovery Board	John.aller@starkmhar.org
Michelle Allison-Smith	Chief Clinical Officer	Coleman Professional Services	Michelle.smith@colemanservices.org
Michele Boone	Director of Clinical Services	Stark County Mental Health & Recovery Board	Michele.boone@starkmhar.org
Rachel Carosello	Patrol/School Resource Officer	Louisville Police Department	rcarosello@louisvilleohio.org
Jerry Coleman	Deputy Director, Legal Service	Stark County Job and Family Services	Jerry.coleman@jfs.ohio.gov
Jeannie Cool	Manager of Program & Evaluation	Stark County Mental Health & Recovery Board	Jeannie.cool@starkmhar.org
Michelle Cordova	Chief, Juvenile Division	Stark County Prosecutor's Office	mlcordov@starkcountyohio.gov
Kelly Crowl	Patrol Officer	Louisville Police Department	kcrowl@louisvilleohio.org
Joe French	Executive Director	Child & Adolescent Behavioral Health	jfrench@childandadolescent.org
Dan Gichevski	Director	Stark County Family Council	Dan-gichevski@email.sparcc.org
Rosemarie Hall	Judge	Stark County Family Court	rahall@starkcountyohio.gov
Larissa Haring	Education Center Program Manager and Prevention Coordinator	Child & Adolescent Behavioral Health	lharing@childandadolescent.org
Kathy Hawk	Assistant Director	Red Center	redcenter@sssnet.com
Erin Ivers	Forensic Coordinator	Stark County Mental Health & Recovery Board	Erin.ivers@starkmhar.org
Christina Kalnicki	Behavioral Health Initiative Lead – Criminal Justice	Caresource – Managed Care Company	Christina.kalnicky@caresource.com
Paula Kovach	Assistant Director	Stark County Ohio Board of Developmental Disabilities	kovachp@starkdd.org
Beth Liggett	Public Defender	Stark County Public Defender's Office	baliggett@starkcountyohio.gov
Vince Lindsey	Principal	Massillon City Schools	vlindsey@massillonschools.org
Jamey McKenzie	Chief Operating Officer	Multi-County Juvenile Attention System	jcmckenzie@mcjas.org
Jake Morgan	Assistant Court Administrator	Stark County Family Court	jtmorgan@starkcountyohio.gov
Walter Moss	Pastor, Director of Community Initiative to Reduce Violence	Stark County Prosecutor's Office	wsmoss@starkcountyohio.gov
David Nist	Judge	Stark County Family Court	drnist@starkcountyohio.gov
Tracy Pedani	Supervisor of Intake Department	Stark County Job and Family Services	Tracy.pedani@jfs.ohio.gov
Kay Port	ICare Director	Stark County Educational Service Center	Kay.port@email.sparcc.org
Kay Raga	Executive Director	NAMI of Stark County	kraga@namistarkcounty.org
Craig Riley	Sergeant	Canton Police Department	Craig.riley@cantonohio.gov
Ivan Rosa	Vice President, Recovery Services & Facilities	CommQuest	Ivan.rosa@commquest.org
Joyce Salapack	Juvenile Detention Alternatives Initiative Director	Stark County Family Court	jasalapack@starkcountyohio.gov
Chad Smith	Supervisor of School Resource Officers	Stark County Sheriff's Office	71@starksheriff.org
Ron Springer	Captain, Inspections & Standards	Stark County Sheriff's Office	148@starksheriff.org

Doug Straight	Clinical Operation Director	Akron Children's Hospital	dstraight@akronchildrens.org
Shelley Stuart	Behavioral Health Case Manager	Buckeye – Managed Care Company	Shelley.a.stuart@centene.com
Lukke Sweet	Data Analyst	Stark County Mental Health & Recovery Board	Lukke.sweet@starkmhar.org
Kay Tesch	Assistant Nurse Manager	Aultman Hospital	Kay.tesch@aultman.com
David Wills	Executive Director	Stark County Treatment Accountability for Safer Communities Agency	dwills@starktasc.org
Diane Wilson	Court Administrator	Stark County Family Court	dmwilson@starkcountyohio.gov

Observer Roster

Name	Title	Organization	Email
Crystal Dunivant	Consultant and Trainer - FIRST	BeST Center	cdunivant@neomed.edu

Action Planning Matrix for Stark County, Ohio

Priority Area 1: Crisis Respite				
Objective		Action Step	Who	When
1.	Research youth shelters that are utilized for respite (Safe Landing – resource center) Bair/Twelve, Inc.	A. Look at strategic plan/funding operation/availability of building/track record	Shelly Steward and Michelle Cordova	By April 30/meeting set May 6
2.	Look at data to determine needs	A. Gather data yearly – monthly – weekly	Court/Rachel	By meeting date in May
3.	Explore Assessment Center at Cottages for Crisis Care Intervention	A. Referral needs/assessments crisis intervention resource center	Court	Within 1 month
4.	Explore funding opportunities	A. Circle back and come up with a concept plan	A member of Family Council	After our May 6 meeting

Action Planning Matrix for Stark County, Ohio

Priority Area 2: Comprehensive Prevention Strategy				
Objective		Action Step	Who	When
1.	Determine best practices	<ul style="list-style-type: none"> A. Research all parenting programs in Stark County B. Ensure Stark Help Central is up to date on said programs 	<ul style="list-style-type: none"> Larissa Haring John Aller 	
2.	Develop strategies to enhance parent skills and engagement across all prevention levels; universal, selected and indicated	<ul style="list-style-type: none"> A. Have all school C.A.R.E Teams develop a school-wide parenting goal B. Develop a list of options for parenting goals C. Universal level of marketing (campaign) 	<ul style="list-style-type: none"> Kay Port Comprehensive Prevention Strategy Team 	
3.	Create a working definition of the comprehensive prevention strategy (i.e. mission statement/vision)	<ul style="list-style-type: none"> A. Develop said strategy 		

Action Planning Matrix for Stark County, Ohio

Priority Area 3: Crisis Care				
Objective		Action Step	Who	When
1.	Determine need for youth needing placement, but not meeting hospital level of care	A. Collect data from law enforcement on numbers of youth with behavioral health needs (911 contacts)	Sgt. Ripley and Michelle Allison-Smith	04/05/2019
		B. Collect data from emergency departments on youth who are assessed and released/returned to community	Doug Straight and Kay Tesch	04/05/2019
		C. Collect data from mobile response on youth who have been assessed and are released/returned to community	Michelle Allison-Smith	04/05/2019
2.	Explore and identify the best model for Stark County	A. Review of current providers of youth crisis stabilization units/engagement centers	Christina Kalnicki	04/05/2019
		B. Contact Shelter-Care in Summit County to gain more information	Doug Straight	04/05/2019
		C. Contact Wayne County crisis stabilization unit to gain more information	Michelle Allison-Smith	04/05/2019
		D. Tour chosen facility/model	Workgroup	04/05/2019

Action Planning Matrix for Stark County, Ohio

Priority Area 4: Continuity of Care at Detention				
Objective		Action Step	Who	When
1.	Identification	<ul style="list-style-type: none"> A. Behavioral health services/Multi-County Juvenile Attention System intake as contact person B. Identify community services in place 	K. Genis and J. McKenzie	90 days
2.	Contact	<ul style="list-style-type: none"> A. Behavioral health services as contact point to counselor/agency 	K. Genis and J. McKenzie	90 days
3.	Connect	<ul style="list-style-type: none"> A. Behavioral health services will facilitate any visits – sessions with youth 	K. Genis	90 days
4.	Resources	<ul style="list-style-type: none"> A. Identify funding sources collect data 	J. French and D. Wills	90 days
5.	Electronic records	<ul style="list-style-type: none"> A. Aggregate general data sharing point between court/agencies 	J. Morgan and CNA	90 days

Appendix

Pre-Workshop Data Collection

** Data collected is for July 1, 2017-June, 30th, 2018**

DETENTION INTAKES	
<i>How many people are identified as having mental health issues?</i>	
By detention intake staff Multi-County Juvenile Attention System reported 868 total, of which 764 were Stark County residents; The others were from the other identified counties: Carroll, Columbiana, Stark, Tuscarawas and Wayne.	(insert number) Not tracked specifically for Stark County
While in detention (by corrections officers, health staff or others) While in detention (by corrections officers, health staff or others) Multi-County Juvenile Attention System reported 356 clinical screens were conducted. However, this also is totaled for all counties served and not specific to Stark County.	Not tracked specifically for Stark County
Release Planning Activity Although release planning does occur, it is not tracked specifically to those with mental health related diagnosis. This activity occurs through pre-trial, probation, or parole depending on the individual's needs. MCJAS may refer out if the youth is being released from their treatment facility and involved in Re-entry services.	Not tracked
How many people are held for forensic review?	NA
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of youth entering detention during the identified time period (open or closed cases):</i>	
There was a total of 617 individuals that entered detention during this reporting period. The numbers represent how many of the 617 were known to each system and service. Of those reported, 88 are known to have co-occurring diagnosis.	370
	33
	281
How many were known to publicly-funded mental health system? Acute crisis services? Long-term service enrollment? (information is for 6 mths or longer)	
How many were known to publicly funded substance abuse treatment system? Community-based Detoxification services Residential	127 127 0 0
ADDITIONAL DETENTION/OFFENSE-RELATED INFORMATION	
<i>For those who are identified as persons with mental health, substance abuse or developmental disabilities (by detention, other juvenile justice, or treatment systems)</i>	
Nature of the charges: Status Misdemeanors Felonies Violent behavior Violations of probation This information is tracked for all juvenile offenders; however, it is not tracked specifically to those with identified behavioral health or DD diagnosis. The court does screen for behavioral health needs using the MAYSI II, which allows them to identify behavioral health, but not capture county-wide data for reporting and planning purposes. One of the challenges that have been mentioned regarding this is the need for an agreed upon definition of mental illness for this specific population.	Not tracked
	Not tracked
	Not tracked
	Not tracked
	Not tracked
Frequency How many arrests / intakes per person? (average)	Not tracked
Length of stay in the detention center for each episode of incarceration (average)	Not tracked
DISCHARGE / REENTRY	
How many people left detention with financial benefits or entitlements in place? Although a mechanism is not specifically in place to track this, in most cases, youth is connected to benefits or entitlements through their families.	Not tracked
How many people left detention with a shelter as the identified residence?	Not tracked

Although this is not tracked, the planning committee reported that this is extremely rare	
How many people had no known residence?	Not tracked
How many people left detention with an appointment at a mental health or other treatment service? Although this is not tracked, the planning committee reported that if services are indicated, it is put in a case plan/court order and then followed through that mechanism	Not tracked
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	Not tracked

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system requires meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJ CCoE with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

This information helps prepare the CJ CCoE for providing the best direction during the training about the points of intervention most useful in your community. This Word document can be filled in and returned by way of email to hdurig@neomed.edu or rsimera@neomed.edu

Community: Stark County		
Contact Person: Jeannie Cool & Joyce Salapack	Phone 330-430-3947	Email jasalapack@starkcountyohio.gov Jeannie.cool@starkmhar.org

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	<p>Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system?</p> <ol style="list-style-type: none"> 1. Training/education: Stark offers a plethora of training opportunities and are often offered across systems; CIT is addresses cross-system training opportunities; YMHFA; QRT, etc. 2. SOC Grant, as identified partners are: Family council, ESC, StarkMHAR, Stark DD, Family Court; 3. Stark County has school resources officers in all school district; 4. Youth Mobile Response Teams work collaboratively with the schools, law enforcement, etc. 5. liaisons between systems; 6. information sharing protocols in place between court, attention center and JFS regarding multi system involved youth that enter the attention center; 7. family court has their own behavioral health department; trauma & resiliency committees; 8. CARE teams in almost every school throughout the county; suicide prevention/intervention/postvention collaboration work; 9. unanimous reporting system in the schools, "Say Something" 	x	
2	<p>Does your community have a cross-system collaborative team or task force? <i>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.</i></p> <p>Executive Committee for JDAI (Juvenile Detention Alternative Initiative)</p> <ul style="list-style-type: none"> • Judge Jim D. James • Judge Rosemarie Hall • Judge David Nist • Diane Wilson, Court Administrator SCFC • Joyce A. Salapack, JDAI Director • Michelle Cordova, Chief Juvenile Prosecutor 	x	

- Beth Leggett, Chief Juvenile Public Defender
- Bill Smith, SC Commissioner
- Jim Nicodemo, Educational Service Center
- Jerry Coleman, Chief Legal Counsel SCDJFS
- Dan Gichevski, Director Family First Council
- George Maier, Stark County Sheriff
- Jack Angelo, Chief of Police Canton
- Michelle Boone, Stark Mental Health and Recovery Board
- Clay Riker, Superintendent Multi-County Juvenile System
- TBD, Superintendent Canton City Schools
- Brent May, Superintendent Plain Local Schools

The Coordinating Committee is the main group that was formed out of the Suicide Cluster that Stark County has faced since 2018. Its existence is short-term while Stark still works through the suicide cluster. It consists of:

1. Joe Chaddock, Superintendent of ESC
2. Dr. Anju Mader, ESC
3. Marty Bowe
4. Mary Jo Slick
5. Michele Boone, Director of Clinical Services, StarkMHAR
6. John Aller, Executive Director, StarkMHAR
7. Kirk Norris, Stark County Health Department
8. Sherry Smith, Stark County Health Department
9. Jim Adams, Canton City Health Department
10. Retired Judge Howard
11. Michelle Smith, Coleman-Crisis

The Coordinating Committee mentioned above has several sub-committees: Data/Psychological Autopsy, Care Coordination Committee and Safety Committee. The safety committee, also known as, Stark County Safety & Security Task Force consists of the following members:

1. Brent May, Superintendent Plain Local
2. Major Stantz, SCSO
3. Chris Diloreto, Superintendent Jackson
4. Doug Swartz, Police Chief Canal Fulton (Association)
5. Jeff Talbert, Superintendent Alliance
6. Joe Chaddock, Superintendent ESC
7. Joe Knoll, Superintendent Marlinton
8. Chief Deputy Oliver, SCSO
9. Mary Fiala, Superintendent Catholic Diocese of Youngstown
10. Mary Jo Slick, ESC Attorney
11. Michael Peterson, Global Investigations and Security Goodyear
12. Tim Delvecchio, Ohio Schools Council
13. Todd Krajeck, FBI

The Care Coordination Committee consists of:

1. Liz Edmunds, Aultman Hospital
2. Anne Gunther, Aultman Hospital
3. Nicole Kolacz, Aultman Hospital
4. Stacey Howard, Aultman Hospital
5. Chris Donato, Aultman Hospital
6. Shelley Johnson, Aultman Hospital
7. Tiffany Witmer, Aultcare
8. Jodi Edmunds, Aultcare
9. Michelle Smith, Coleman-Crisis
10. Jim Adams, Canton City Health Department
11. Dr. Anju Mader, ESC
12. Kay Port, ESC
13. Amy Antonacci, Aultman-Alliance
14. Dan Lane, Mercy Medical Center
15. David Morris, Mercy Medical Center
16. Dough Straight, Akron Children's
17. Michele Boone, StarkMHAR

Service Review Collaborative (SRC)

1. Stark County Board of Developmental Disabilities – Paula Kovach, Assistant Director, Service and Support Administration

	<ol style="list-style-type: none"> 2. Stark County Educational Service Center – Kay Port, Director, CARE Teams 3. Stark County Family Council – Dan Gichevski, Executive Director 4. Stark County Family Court – Casey McCloud, Finance Administrator 5. Stark County Job and Family Services – Michele Monterubbio-Brady, Purchased Care Coordinator 6. Stark Mental Health and Addiction Recovery – Lilly Davenport, Consultation, Education and Prevention Coordinator <p>Family Council's Service Coordination Committee (SCC)</p> <ol style="list-style-type: none"> 1. Family Representative – Lynette Blasiman 2. Stark County Board of Developmental Disabilities – Amy Anderson, Director, Service and Support Administration 3. Stark County Educational Service Center – Jim Nicodemo, Assistant Superintendent 4. Stark County Family Council – Dan Gichevski, Executive Director 5. Stark County Family Court – Casey McCloud, Finance Administrator 6. Stark County Job and Family Services – Rob Myers, Deputy Director, Children Services Division 7. Stark Mental Health and Addiction Recovery – Michele Boone, Director of Clinical Services <p>Community Initiative to Reduce Violence (CIRV)</p> <ol style="list-style-type: none"> 1. Prosecutor's Office 2. Service Providers 3. Law Enforcement 4. Court 5. Probation/Parole 6. Community members 7. Elected Officials 8. Faith-Based <p>There are multiple cross-system coalitions that may indirectly impact this population: Suicide Prevention Coalition, Drug Free Stark County, etc.</p>		
3	<p>Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers?</p> <p><i>If yes, please list recent programs:</i></p> <ol style="list-style-type: none"> 1. Edward Latessa, University of Cincinnati, Juvenile Justice in summer 2018 2. Majority of trainings offered by StarkMHAR are open to the community, which would involve all of the above. Trainings have included but are not limited to: TIP, Motivational Interviewing, Co-Occurring offered in sfy18 through SOC grant; 3. Several individuals cross-system are trained in GAINS Trauma Informed Responses in the Criminal Justice System 4. Mary Vicario completed a training for multi-county regarding trauma in fall of 2018; 5. SRO, schools, providers, etc. trained in YMHFA 6. CIT, 7. Crossover Youth 8. NAMI Basics 9. Wraparound Facilitation Training spring 2018 10. Trauma Training w/ Soulbird Consulting in fall 2018 11. IEP 101, January 23, 2019 	x	
4	<p>Does your community have resources identified to work with this population?</p> <p><i>Please describe:</i></p> <p>Hot Cards (see attached) were distributed starting the fall of 2015 to all law enforcement officers, judges/magistrates, dispatchers, public defenders, hospitals, etc., which easily identifies behavioral health resources within Stark County. They are updated and re-distributed as warranted. Behavioral health services specific to this population include:</p> <ol style="list-style-type: none"> 1. MST/PSB and general MST 2. TASC's IHBT Team 3. SIBR 4. TASC Services <p>Behavioral health services/programs utilized by this population, but not specific to this population alone include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Wraparound 2. MiAoD Team 3. MIDD Team 4. Smith House & Bright House (residential tx) 5. IOP through C&A 6. Outpatient services for both mental health and AoD through a variety of agencies 7. Crisis Text Line 	x	

	<p>8. Youth Mobile 9. Starkhelpcentral.com 10. School-based Consultation and treatment services 11. Prevention services, through community and school 12. FIRST Episode Psychosis at Coleman 13. Transitional age youth treatment programs at a variety of agencies 14. TAY Housing through Coleman 15. Peer Support through a variety of agencies 16. See attached hotcard</p> <p>Programs offered through the juvenile justice system include: 17. Caselink 18. Teen Court 19. Reentry through multi-county (in home) 20. Multi-county 21. Choices (cognitive behavioral interventions) 22. Equine Therapy with Pegasus 23. First Tee 24. Girls Chasing Goals 25. 21st Century Program (skill building, mentoring, life skills)</p> <p>Other Cross-system services/programs include: 26. Care Teams through schools 27. SRC/SCC through Family Council 28. Family Council 29. Family Engagement Specialist through Family Council and SOC grant 30. Early Childhood Resource Center 31. Multi-County 32. CIT 33. Early Childhood Resource Center 34. Hannah's House 35. Alternative Response through JFS 36. NAMI 37. Youth Move 38. Youth Led Prevention 39. Guys with Ties 40. Be a Better Me 41. Project ReBuild (academic plus life skills) 42. Mentoring through ECRC and Hollywood Consulting 43. DARE and other programs that focus on at-risk youth</p>		
5	<p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. Stark county is one of few communities fortunate to have a TASC agency that works primarily with justice involved individuals, both juveniles and adults. Staff at TASC work at different capacities to service justice involved youth (i.e. Drug Court at Family Court, Family & Youth Together Program through Family Court, TASC youth services, which is primarily outpatient) 2. Family Court has a behavioral health department with nine devoted staff 3. Multi-county has counselors (5) and a suicide intervention specialist 4. Schools have contracted School-based behavioral health staff at most school district. Some schools also have prevention specialists. 5. C&A has staff identified for MST, MST/PSB, and SIBR 6. CommQuest also has identified staff contracted to work with Family Court (DMC and TIP Peer Support). 7. Intake Social Worker at JFS that has over half of her time devoted to this population. 	x	

6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the juvenile justice system? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. As part of the SOC grant, a cross-system data collection group was formed and has recently been meeting to look at data collection within the youth system. This is just in the infancy stage. 2. The CIT Committee began to collect information in 2016. Work has been occurring to get the form as a part of CJIS, where LEOs can complete from their patrol car and immediately send to Coleman's Crisis Services, which has begun the testing phase in January 2019. 3. StarkMHAR collects outcomes on those programs funded in full or part by StarkMHAR (i.e. Family & Youth Together, MST, MST/PSB, SIBR) 4. The attention center collects data regarding admissions 5. Family Council does track data on needs (i.e. behavioral health need and juvenile justice need, specific to Wraparound) <p>The Planning Committee recognizes that although we are capturing some data within our systems, it is limited and there are challenges in collecting and then sharing information.</p>	x	
7	<p>Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i></p> <ol style="list-style-type: none"> 1. CIT Co-Coordinator (Erin Ivers, Major CJ Stantz) 2. Sherri McKinney-Frantz, Children's Network 3. Joe Mongold, Detective Canton PD 4. Judge Michael Howard, retired Judge, SC Family Court 5. Kim Genis, Director of BHS, SC Family Court 6. Stark County Safety & Security Task Force (see above) 	x	
8	<p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. The Children' Network (Akron Children's Hospital, service provider, all LEO departments, JFS, Family Court, Probation) 2. Family Navigator (Children's Network, StarkMHAR, SC Commissioners, SC JFS) 3. Crossover Youth (JFS & Family Court) 4. MOU between schools and LEOs to provide SROs in school districts (House Bill 318)- some schools are in place, all to be in place by November 2, 2019 5. Stark County is a recipient of a System of Care Expansion Grant through SAMHSA. MOUs exists between StarkMHAR and each of the SOC partners: Stark County Family Court, Stark County DD, Stark County JFS, and Stark County ESC. The MOU clarifies match and reporting requirements, participation in cross-system training opportunities, participation in data collection activities, contribution to the virtual hub (aka Starkhelpcentral), and participation in the SOC Leadership Advisory committee. 6. Family Court has multiple MOUs with providers (CQ, TASC, C&A, First Tee, Pegasus Farms, 7. Compliance Checks (StarkMHAR & SO) 8. Family Council service delivery MOU (Family Council, ESC, StarkMHAR) 9. Child Injury Grant MOU for suicide prevention (StarkMHAR and SC Health Dept.) 10. Day Integrated MOU (StarkMHAR and ESC) 11. SOC MOU for Family Engagement Coordinator and grant required trainings (StarkMHAR and ESC) 12. MOU for integrated care consultation and protocols regarding pediatric psychiatric emergencies/consultation (StarkMHAR and ESC) 13. School Resiliency Grants (StarkMHAR and each of the individual school districts: Sandy valley, Perry Local, Northwest, North Canton City Schools, Louisville, Jackson Local, Canton City, Alliance), some of which are still being executed 14. MOU for additional/alternative supports (StarkMHAR and DD) 		
9	<p>Does your community have a coordinated crisis management plan or team? <i>Please describe:</i></p> <p>Attached is an emergency response plan that StarkMHAR and its funded agencies have in coordination with the Emergency Management Agency (EMA)for Stark County.</p> <p>StarkMHAR's Suicide & Community Response Coordinator is working closely with the ESC to develop a county-wide response protocols in connection with the schools. This would be enacted when a suicide or other crisis response occurs. At this time, school districts have their individual plans in place, but the hope is to develop a consistent county-wide response.</p>	x	

10	<p>Does your community have any juvenile diversion programs at this time? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. Teen Court 2. Truancy Diversion 3. Traffic Diversion 4. Star Program (Drug Court w/ Judge James and Magistrate Huntley) 5. Misdemeanor Program in works 6. Wraparound 7. CIT 8. Promise Court (human trafficking court with Judge Nist) 		
11	<p>Does your community have a mental health, drug or other specialty court for serving juveniles? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. Star Program 	x	
12	<p>Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems? Some of the MOUs listed in #8 have information sharing protocols in place</p> <p>Through the System of Care grant, there was an information sharing sub-committee that was formed. They have recently begun meeting to discuss policies, procedures, barriers, etc. for cross-system sharing of information; however, there does not appear to be any official MOUs at this time.</p> <p>The <i>Criminal Justice Information System (CJIS)</i> is the information sharing system across all Stark County justice systems. Cross system partners can also request a login to CJIS for identified information.</p>		x
13	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? <i>Please describe:</i></p> <p>Family Court has working relationships with both probation and law enforcement to which a MOU is not believed to be applicable.</p> <p>Stark County's CIT program has a sub-committee addressing policies/procedures, with a goal to have an MOU county-wide.</p>		x
14	<p>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? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1. Family Court uses the MAYSI II to screen for behavioral health needs. 	x	
15	<p>Have re-entry services been instituted to help people returning to their communities from detention? <i>Please describe:</i></p> <p>If an individual is on probation, there are mechanisms in place to ensure that services are followed through.</p> <p>If a youth is released from MCJAS, they reportedly do not have reentry services, unless specifically ordered from the court. At release from MCJAS, the attention center should have a judgement entry ordering release, verify custody and return the individual's belongings.</p>		
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ol style="list-style-type: none"> 1. SC Family Court is beginning to adopt JDAI. In coordinating with them, JDAI core strategies are important to understand, which include: collaboration, use of accurate data, objective admissions criteria, alternative to detention, case processing reforms, reducing the use of secure confinement for 'special' cases, deliberate commitment to reducing racial disparities, and improving conditions of confinement. 2. Behavioral health shared that HIPAA and 42 CFR are important federal laws that limit, restrict, or exclude protected health information without proper releases in place with non-covered entities. 		