



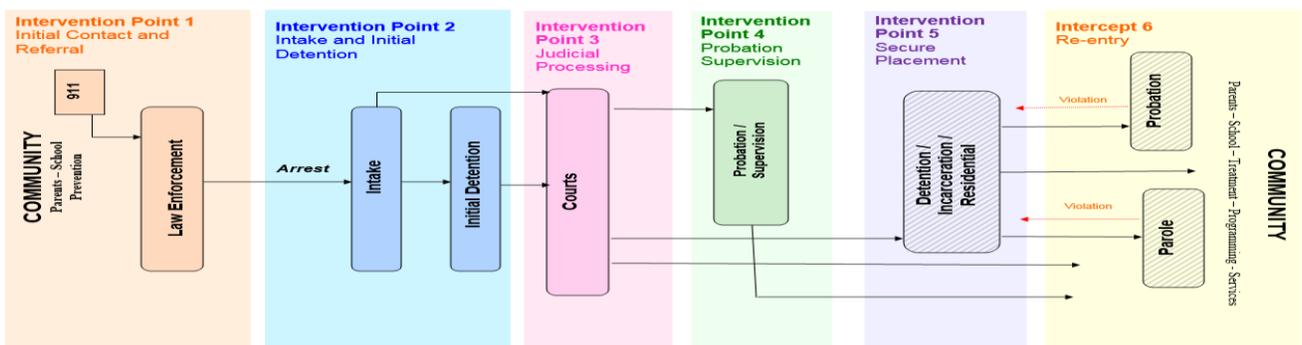
Wood County, Ohio

# Juvenile Cross-Systems Mapping Report

September 29 – 30, 2014



Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships



OHIO CRIMINAL JUSTICE  
COORDINATING CENTER  
OF EXCELLENCE

# Juvenile Cross-Systems Mapping

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# Wood County, Ohio: *Juvenile Cross-Systems Mapping*

## Wood County Planning Team Members

Lorrie Lewandowski LISW-S, OCPSII, LICDCIII, Associate Director, Wood County ADAMHS Board

Dr. Stacey Rychenor, Lead BHJJ Project Evaluator, Center for Assessment Evaluation Services, Bowling Green State University

Janelle LaFond, Director, Children's Resource Center

Tim Brown, Executive Director, Wood County Juvenile Court

Sandra J. Carsey, LSW, Children's Services Administrator, Wood County Job and Family Services

Mandisa Sherife-Kekulah, BHJJ Juvenile Court Liaison, Children's Resource Center

Katy Fox, BGSU Student Intern, Wood County Juvenile Court & Children's Resource Center

Jenni Mohler, Parent Representative

## Facilitators

Mark R. Munetz, M.D., Margaret Clark Morgan Endowed Chair, Department of Psychiatry, Northeast Ohio Medical University

Michael Fox, PCC, LCDC III, Research Associate, Center for Innovative Practices, Begun Center for Violence Prevention Research and Education, Mandel School for Applied Social Sciences, Case Western Reserve University

Kendra Kec, Assistant Court Administrator, Lucas County Juvenile Court

Ruth H. Simera, M.Ed., LSW, Program Administrator, Criminal Justice Coordinating Center of Excellence, Northeast Ohio Medical University

## **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 Wood County, Ohio on September 29 & 30, 2014. The workshops were sponsored by The Children's Advocacy Center and The Wood County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board. 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 Wood County achieve its goals

Additional electronic files and resources were provided at the time of the mapping exercise. Recommendations contained in this report are based on information received prior to, during, or following

the *Cross-Systems Mapping* workshops. Additional information is provided that may be relevant to future action planning.

## Background

The Children's Advocacy Center and the Wood County Alcohol, Drug Addiction and Mental Health Services Board, Children's Resource Center, and Wood County Juvenile Court, along with multiple other local stakeholders, requested the *Cross-Systems Mapping* and *Taking Action for Change* workshops to provide assistance to Wood 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 workshops included 38 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, juvenile justice and detention, defense attorneys, parents, law enforcement, courts, faith-based, education, local government, university, vocational, and social services. A complete list of participants is available in the resources section of this document. Mark R. Munetz M.D. from Northeast Ohio Medical University, Michael Fox PCC, LCDC III from Case Western Reserve University, Kendra Kec from Lucas County Juvenile Court, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

## 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 Wood 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 Wood County Juvenile Cross-Systems Map created during the workshop can be found in this report on page 7.

## Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

### Existing Cross-Systems Partnerships

- Wood County has a Planning Committee for the Behavioral Health Juvenile Justice (BHJJ) Grant which largely served as the Steering Committee for implementing the Juvenile Cross-Systems

Mapping exercise. The BHJJ Grant was awarded to the Wood County ADAMHS Board and implemented by Children's Resource Center (CRC) in collaboration with the Wood County Juvenile Court, Bowling Green State University (BGSU) and Wood County Family and Children First Council (FCFC). The grant was used in part to fund a Juvenile Court Liaison position in February 2014 with responsibilities for providing assessment and youth/family services. In addition, the BHJJ project included the following goals pertinent to the mapping exercise:

- Divert serious juvenile offenders with serious behavioral health needs from Ohio Department of Youth Services (ODYS) to evidence-based family focused community programs,
  - Treat and support serious juvenile offenders and their families displaying substance abuse issues and/or emotional disturbances, and
  - Improve intersystem communication, collaboration, and data sharing among behavioral health, juvenile justice, and child welfare systems.
- The Juvenile Detention Center has had a contract with Children's Resource Center for over 14 years to provide screenings and assessment for substance abuse and mental health diagnosis. Other contracts or memorandums of understanding include Juvenile Court, BGSU, Wood County ADAMHS Board, and FCFC.
  - CIT Coordinator's Committee is responsible for development of the CIT program in Wood County and problem solving barriers as they arise. There was an initial meeting of law enforcement partners in July, 2013, with plans to include representatives from Behavioral Connections and NAMI going forward.
    - Crisis/Law Enforcement Quality Improvement sub-committee addresses quality improvement between law enforcement and crisis intervention services.
  - The FCFC meets monthly and has a strategic plan goal to increase cross agency collaboration to facilitate successful treatment outcomes for adolescents.
  - The Wood County Prevention Coalition has a mission statement that embraces a collaborative and coordinated approach toward community action to reduce the number of youth and adults who engage in substance abuse and other risky behavior. The coalition strives to create a community consensus that underage substance use is illegal, unhealthy and unacceptable.
  - Wood County has a generally strong history of collaboration across systems; relationships tend to be long term with key stakeholders remaining involved post-retirement. The retired superintendent of North Baltimore Schools is an active member of the Wood County Prevention Coalition and has assumed the lead role in the Safe Schools Healthy Students Initiative. The Juvenile Prosecutor is invested in community efforts regarding youth and has chaired the Wood County Prevention Coalition for the past 5 years.

## Consumer Involvement

Much discussion occurred prior to the workshop regarding consumer involvement in the mapping exercise and how to responsibly engage a youth consumer, including support from family and advocates and recommendations from counselor(s) or other service providers. The planning team also considered past consumers, whose experience would be recent enough to provide meaningful input to participants. The team was unable to identify an appropriate consumer representative, but did engage a parent of a youth that lives with co-existing disorders and has been at risk for juvenile justice system involvement. This parent also has professional experience in social services and juvenile justice. She participated in both days of the exercise.

**Recommendations:**

- Develop broader interaction with and invite input from youth consumers and family members who have shown interest in collaborating to improve the continuum of juvenile justice and behavioral health services.

## Representation from Key Decision Makers

- The group composition provided good cross-system representation. The only key player that was not represented was the youth involved in the juvenile justice system.

## Data Collection

- The Wood County Planning Team compiled the following items to be included in the participant manual for the Juvenile Cross-Systems Mapping workshops:
  - Completed Community Collaboration Questionnaire: all information is contained in appropriate corresponding sections of this report without citation.
  - Basic Juvenile Detention Center Data: the timeframe of the data was unspecified. Of the 47 Wood County youth identified as having mental health issues, 37 were known to the publicly funded mental health system, and two required acute crisis services.
- The Planning Team also provided a copy of the final Behavioral Health Juvenile Justice grant application to the CJCCoE for reference. This document contained pertinent information and data from the Juvenile Probation Department about the target population, but was not included in the workshop manual. This data is referenced in the Intervention Point IV section of this report.

**Recommendations:**

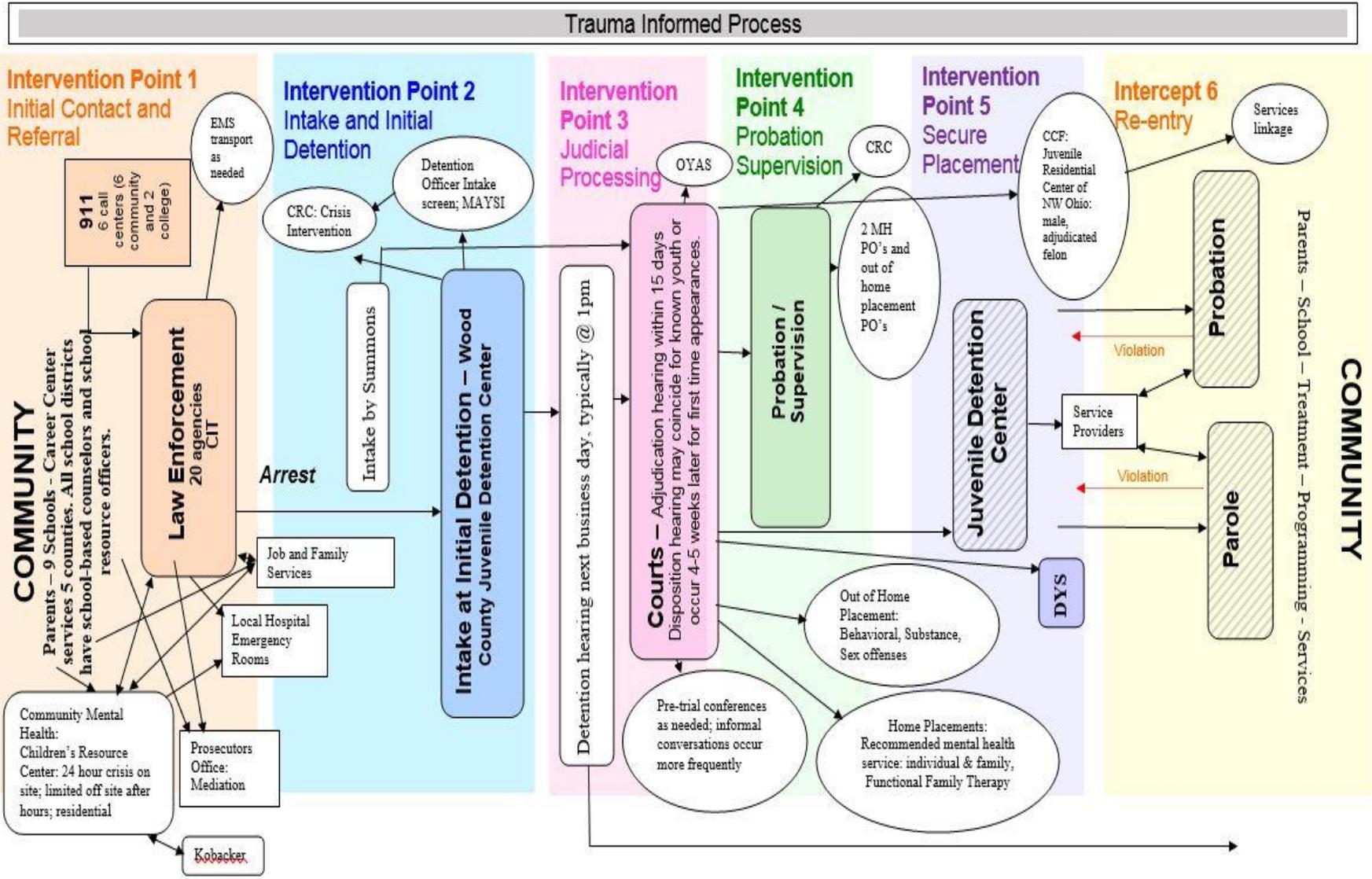
- At all Critical Points of Intervention, data should be developed, shared and analyzed to document the involvement of youth with severe mental illness and often co-occurring disorders in the Wood County juvenile justice system.
- Be strategic in collecting data. Identify clearly what data will help to inform the mental health and juvenile justice systems of needs within the systems and needs of persons being served.

# Juvenile Cross-Systems Mapping

Wood County, Ohio

# Critical Intervention Points for Change: Wood County Juvenile Justice - Mental Health Partnerships

9/30/14



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

The *Cross-Systems 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, 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 Wood County Cross-Systems Map. The cross-systems local task force 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 I: Initial Contact and Referral

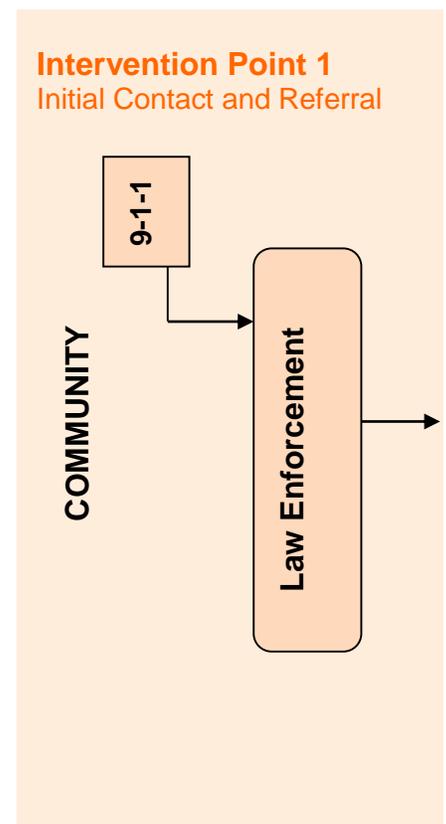
In Wood County, law enforcement is provided by the County Sheriff’s Department, Ohio State Highway Patrol, and local law enforcement in various towns or cities. There are nine school districts in Wood County, eight of which have sworn School Resource Officers (SRO). The Career Resource Center serves five counties. There is a current Wood County Critical Incident Response Plan that is revised on a regular basis and distributed to schools, agencies and police in Wood County. Each School also has an individual Wood County School District Crisis Plan that is updated by their school safety team to ensure a speedy response to a lockdown and other crisis situations. CRC also has school based clinicians in Wood County Schools. In April of 2014, the Wood County ADAMHS Board began subsidizing mental health clinicians in the schools. Schools were represented at the workshop by the Superintendent of the Wood County Educational Service Center (WCESC) who meets monthly with the local district superintendents at the WCESC.

#### Initial Referral

- Multiple parties make referrals to law enforcement and the juvenile justice system: parents/families, schools, child welfare system, healthcare, and the community at large.
- Referrals from schools may originate with disciplinary staff, Prevention/Intervention staff, administrative staff or the SROs.
- Parents, schools, and law enforcement can request referral to mediation services at the Prosecutor’s Office for unruly charges or issues related to truancy or neighborhood disputes.

#### Dispatch / 9-1-1

- Dispatch services are not centralized in Wood County. There are eight call-taking centers operated by the County Sheriff’s Office,



two colleges/universities, and a combination of five municipalities and townships.

- Some dispatchers do not screen for mental illness; as a result no information is available in some cases at the point of initial contact.
- The first dispatcher CIT training was held in September 2013. Central and southern parts of the county were well represented.

## Law Enforcement

- According to the Ohio Peace Officer Training Commission County Agency Report issued June 17, 2014, Wood County has 21 Law Enforcement Agencies: Bloomdale PD, Bowling Green PD, Bowling Green State University PD, Bradner PD, Haskins PD, Lake Township PD, Luckey PD, North Baltimore PD, Northwood PD, Owens Community College Department of Public Safety, Pemberville PD, Perrysburg PD, Perrysburg Township PD, Portage PD, Risingsun PD, Rossford PD, Walbridge PD, Wayne PD, West Millgrove PD, Wood County Park District, and Wood County Sheriff's Office.
- Wood County held its first Crisis Intervention Team training in November, 2012 and has completed four training cycles. The Criminal Justice Coordinator is the county-wide CIT Coordinator. Police departments with CIT trained officers include Bowling Green, Bowling Green State University, Owens Community College Department of Public Safety, Haskins, North Baltimore, Northwood, Perrysburg, Perrysburg Township, Rossford, and the Wood County Sheriff's Office.
- Police officers can currently use the following options for youth with mental illness in crisis:
  - Release to family
  - Children's Resource Center for intake and 24 hour crisis
  - Wood County Juvenile Detention Center – Some individuals are arrested, most often charged with a delinquency, and taken to detention pending court activity
  - Emergency room – Officers have the option of taking people with mental illness in crisis to an emergency room (ER) for medical clearance. Wood County Hospital is used by many jurisdictions, but only has night time security. As a result, when security is not available, law enforcement must stay with the citizens they have transported until a determination is made. Some youth in need of psychiatric hospitalizations are sent to Toledo Hospital or Kobacker.
  - Intoxicated youth are transported to a hospital, where law enforcement wait for medical clearance.
- EMS might be called out by police or might respond on their own if deemed medical emergency

## Crisis Services

- Youth may be transported to Children's Resource Center, Toledo Hospital, or Kobacker Center for Behavioral Health for crisis services. Transport may occur by police, parents, or EMS.
- Children's Resource Center provides intake and 24 hour crisis services. Limited mobile crisis services are available when the environment is deemed safe, such as a police station, but services are not provided at a family residence. On-site short term residential services are also available.

## Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Area hospitals with emergency departments include Wood County Hospital, Flower Hospital, Toledo Hospital, and St. Charles Hospital. Wood County Emergency Room is most commonly used as an initial entry point; however, there are no hospitals in Wood County that provide psychiatric treatment for adolescents. Kobacker Center for Behavioral Health and Toledo Hospital are the two locations with inpatient psychiatric beds that are utilized by Wood County.

## Detoxification

- There are no formal detox services in Wood County. Intoxicated youth are transported to Wood County Hospital or another nearby hospital for medical clearance prior to being transported to other services.

## Intervention Point I Gaps

- ▣ Culturally competent and sensitive services
- ▣ Training in identification and screening of youth mental health issues for dispatchers and call-takers
- ▣ Consistent protocol for arrest
- ▣ Common understanding of juvenile law, re: management of aggressive acts and domestic violence to enable law enforcement screening and identification of appropriate options. Currently aggressive acts are deemed domestic violence with a tendency toward arrest
- ▣ Communication of needed information
- ▣ Youth-specific mental health/CIT training
- ▣ Difficulty getting beds for aggressive youth
- ▣ Drug screening at emergency rooms might not be comprehensive (e.g., K2; bath salts must be requested)

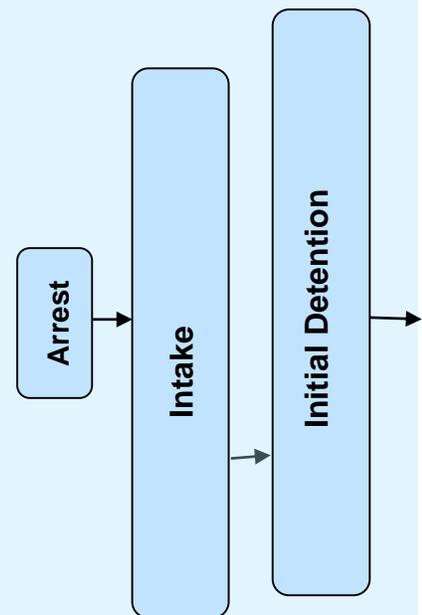
## Intervention Point I Opportunities

- ▣ Ability for schools to provide limited treatment gives opportunity to contact parents
- ▣ CIT companion training for dispatchers has begun
- ▣ Identify options for Law Enforcement, in re: domestic violence for juveniles that does not increase civil liability

### Recommendations:

- Implement a procedure for collecting and analyzing data on mental health calls and share data on law enforcement encounters
- An opportunity exists for Wood County to further develop the local CIT program by sponsoring advanced training for existing CIT officers, focused on youth-specific information and strategies.
- Utilize CIT officers as trainers for dispatchers and call-takers to help in outlining their role on a Crisis Intervention Team and the needs of responding officers
- Convene a workgroup to establish a clear and consistent understanding of domestic violence law as it pertains to juveniles and implement corresponding response protocols that take mental health status into consideration

## Intervention Point 2 Intake and Initial Detention



## Intervention Point II: Intake and Initial Detention

### Intake

- Decision to arrest is made on a case by case basis.
- Juvenile Detention Center – Law Enforcement calls ahead with basic information and transports youth to detention. Law Enforcement dictates complaint and conduct; charge must be a delinquency offense for youth to be eligible to stay. All delinquency cases are admitted.

- Youth are handcuffed and sit on a stool during intake process. Initial pat down with “light search” and magnetometer occurs before proceeding to detention area.
- If medical attention or clearance is needed, law enforcement transports out.
- The policy is that no unruly cases are held in detention; however, occasionally an offense other than delinquency might be held if circumstances warrant it. The court may authorize detention to hold chronic runaways, and in situations where there are strong uncertainties about returning youth to home, the youth might be held for short-term, temporary shelter-care with a referral made to Job and Family Services.
- Intake process is performed by Detention Officer, including administration of the Massachusetts Youth Screening Instrument (MAYSI/MAYSI-2), interview, completion of questionnaire addressing personal and behavioral information, provision of information packets, and contacting parents. Other activities include hygiene procedures, e.g., shower, hair delousing, and minimal search.
- The MAYSI score, together with other evidence, such as information obtained from the transporting officer, a parent by phone, or the youth, the youth’s demeanor, physical markings, etc. help determine whether or not Detention will call Children’s Resource Center (CRC) to discuss a “crisis intervention” for the youth. If the CRC counselor agrees that a crisis intervention is needed, he or she visits the youth within a few hours and makes a recommendation as to the type of watch (frequency the officer looks in on the youth’s room), which may also affect the clothing the youth wears while on that watch. The juvenile court liaison is usually not involved in this process.
- Youth are socialized to the population as quickly as possible. Nursing staff interviews youth during staffed hours and addresses medication needs. All youth are screened for substance use.
- Detention hearing is held on the next business day.

## Initial Detention

- Prosecutor’s office does not assist in decision re: initial detention. They may offer guidance regarding probable cause and possible mental health options, but do not weigh in on decisions to arrest or detain unless the youth clearly does not meet criteria for admission to detention (e.g., status offenses)
- Alternatives to detention include house arrest, release with Children’s Resource Center counseling, Children’s Resource Center residential treatment, or referral to a specific agency for services
- Detention packet is provided; staff make contact with home school; dietary needs are determined; religious needs/preferences are identified; counseling available through Children’s Resource Center (more specifics identified under secure placement section)
- Mental health screening occurs post detention hearing
- Defense attorney talks with youth

## Intervention Point II – Identified Gaps

- ▣ Consistency and continuity of educational work being provided efficiently and accepted by home school
- ▣ Online and technologically based education is not available at the Detention Center; youth may not be able to complete their required work
- ▣ Identification of diversion programs for youth with mental health and co-morbid disorders
- ▣ Services for suspended youth (programs within schools)

## Intervention Point II – Identified Opportunities

- ▣ Protocol for arrest or objective admissions with agreed upon memoranda of understanding
- ▣ Effective use of data Collection – race, ethnicity, gender, geographic location, offense, Average Length of Stay, Average Daily Population

## Recommendations

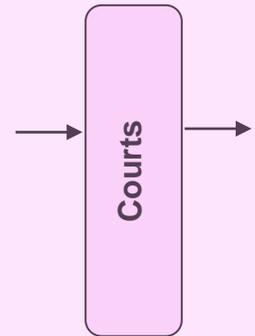
- Develop formal, written protocol with local school districts regarding completion and acceptance of educational work. Every effort should be made to maintain the integrity of each youth's education and to ensure that detained youth do not fall any further behind in their work as a result of detention.
- Increase capacity of technology-based educational opportunities in Detention.

## Intervention Point III: Judicial Processing

### Detention Hearing

- Detention hearing is held on the next business day following initial detention. Youth are not shackled for the hearing, except extreme cases. A Detention Officer is present.
- Data and information used to determine release or diversion options include:
  - Sexual or felony offenses are detained.
  - Domestic violence offenses are typically detained, but may be determined on ability to ensure safety
  - Underage consumption usually released
  - If parents refuse to take home, referral is made to Job and Family Services/ Child Protective Services.
  - If parent no-shows, the court will look for an alternate contact (ask youth). Lack of parent/guardian may be cause for continued stay in detention.
  - Other factors considered include flight risk, prior offenses, nature of current offense, presence of defense counsel, parental appearance and willingness to take home, and serious risk or threat to self, others or community which can vary in perception.
- Counsel is appointed by the court in most cases. Public Defender's office reported lack of consistency in use of criteria for detention vs. release.
- First time appearances – social history is gathered and youth not necessarily detained. Disposition and referral follows on average 4-5 weeks later.
- Mental health cases may be released prior to adjudication.
- Parents can request diversion; these diversions often heard by magistrate.
- The Ohio Youth Assessment System (OYAS) is not utilized prior to detention hearings.

### Intervention Point 3 Judicial Processing



### Court

- Diversion may occur with probation staff through a court meeting, with specific goals set forth for youth. Diversion may also occur through the Prosecutor's office.
- Adjudication hearing occurs within 10-15 days.
- Adjudication and dispositional hearings are usually held on the same day. When scheduled separately at the request of all parties, or when a pre-dispositional report is ordered, disposition may be heard weeks after adjudication. If continuance is granted, youth are often released from detention.
- With long term cases, adjudication and disposition are more likely to occur on same day.
- Pre-trial conference can be set if needed
- Mental health circumstances appear to be considered in sentencing.

## Specialty Courts

- There are currently no specialty courts. The court is currently working on re-establishing a mental health docket; one individual is on waiting list for that roster.
- OYAS is used as one of the tools for assessing risks and needs of youth on mental health docket.

## Intervention Point III – Identified Gaps

- Defense counsel and other trained or professional advocates are usually not at Detention Hearing.

## Intervention Point III – Identified Opportunities

- Mental Health Court or mental health docket
- Child's Voice in what is happening
- Family voice in what is happening – what would family like to see; what does family see as a need

### Recommendations:

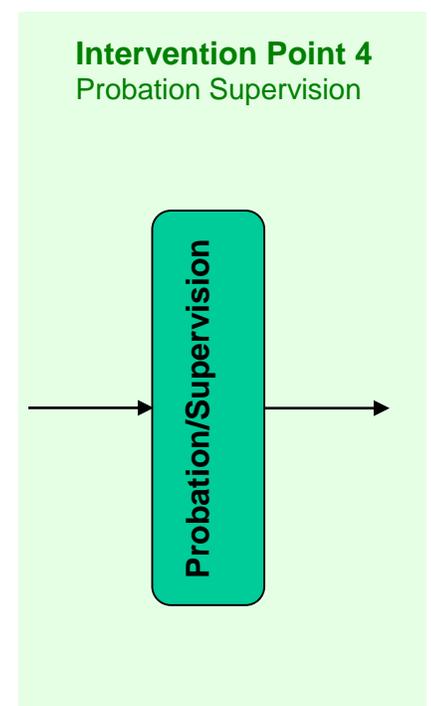
- Identify means to gain more consistent input from family and youth. The Core Principles of the National Center for Mental Health and Juvenile Justice *Blueprint for Change*, comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system includes, “whenever possible, families and/or caregivers should be partners in the development of treatment decisions and plans made for their children.”
- If it has not occurred prior to this stage, every effort should be made to thoroughly evaluate a youth's mental status and present this information to the court for consideration in the disposition plan. While it is noted above that mental health circumstances appear to be considered in sentencing, it is unclear that such evaluation and consideration is inherent in the existing process.
- Develop a mentoring or advocacy program for families whose children are involved in mental health and juvenile justice systems

## Intervention Point IV: Probation Supervision

As part of their Behavioral Health Juvenile Justice grant proposal in July 2013, Wood County Juvenile Court Probation Officers performed a file audit of all active cases to determine the incidence of mental health, substance abuse, trauma, and other factors among the youth involved in probation supervision. Two probation officers were unavailable during the process; sample size reported was 199 of the existing 261 cases (76%). Of this sample, 49% of juvenile offenders had a DSM diagnosis, 48% were identified as having a substance abuse issue, 50% were exposed to trauma, 40% were currently engaged in mental health services, 35% were in engaged in mental health services prior to probation, 28% were charged with and/or adjudicated delinquent of offense of violence as defined by ORC 2901.01, 26% had an Individualized Education Plan (IEP) or 504 Education Plan, 5% had a physical disability, and 3% were diagnosed but were not seeking mental health services. More than  $\frac{3}{4}$  of the youth had experienced 3 or more of the listed criteria, and the majority (80%) had multi-system involvement.

### Probation

- Probation officers may be assigned pre or post-disposition. General probation officers carry a caseload of 35-40 youth.
- Levels of probation include unsupervised probation (typically



90 days, monthly visits) and supervised probation (6 months minimum for misdemeanors; 1 year minimum for felonies; minimum 2 meetings per month for all)

- Screening and Assessment – generalized risk assessment is completed for out of home placement and supervised probation
- All youth on probation undergo random drug screening and screening every 6 months using a 10-item tool.
- Some status offenders are placed on probation – varies as to how that determination is made.
- OYAS is used by Judge when intake report is ordered. Social history Information is used to assess risk and aid in determining disposition, probation status, and level of supervision. These tools are not consistently used, however, in determining risk of recidivism and doing case planning based on risk of recidivism factors.
- Specialized programs include:
  - Two probation officers for sex offenses with caseloads of 15-20 individuals. Average probation lasts about two years.
  - Two Mental Health probation officers with caseloads of 35-40 youth. Both officers are trained in Family Functional Therapy (FFT) and motivational interviewing. They do not provide FFT services, but use some motivational interviewing approaches. These officers will work with mental health docket once it is up and running again. Regular treatment team meetings occur for mental health docket cases.
  - One out of home placement/residential treatment caseload of 15 youth
  - Specialized docket training  
Family Functional Therapy (FFT) provided to high risk probation families by Children’s Resource Center therapists trained in FFT through BHJJ grant; 4-5 families on FFT caseload at time of workshop.
  - Each school district assigned at least one Probation officer
- Violations are managed with discretion and whenever possible without bringing youth back to court, using contact with therapists, increased visits and increased frequency of drug screens with established time limits and warning of additional sanctions.
- Partnerships
  - Behavioral Connections team meets monthly with Probation, re: sex offenders, and transition to Independence (TIP) youth
  - Children’s Resource Center – Juvenile Court Liaison provided; weekly reports on alcohol and drug caseload for intensive outpatient program (IOP) youth, and non-intensive outpatient program youth
  - All service providers, such as A Renewed Mind, Zepf Center, and others, are invited to Probation office visits and maintain regular phone contact

#### **Intervention Point IV – Identified Gaps**

- Transportation: Probation makes every effort to meet families. Taxi not available cross-county. Transportation costs are not reimbursable for probation appointments.
- Stressor for families having to meet all requirements
- Risk Assessments - OYAS does not drive case plan



#### **Intervention Point IV – Identified Opportunities**

- Children’s Resource Center - Transportation plan to expand to non-Medicaid for behavioral health appointments and medical appointments. Join with transportation coordination committee to address cross-system needs. County Wide Transit – Rob Richter

- Resume Mental Health Docket with regular treatment team meetings

### **Recommendations:**

- Post workshop, the local planning team indicated that risk assessment and use of the OYAS to drive case planning is not considered a gap by the Juvenile Court, based on the high quality of alternative risk assessment tools used by the Court, including service provider recommendations concerning case plan issues. We would strongly encourage the court and provider teams to do a thorough evaluation of the tools being used to assess risk, to ensure that the risk assessment tools being used are comprehensive, valid and reliable; used for the purposes of gauging risk of recidivism as well as other types of risk; and used to drive case planning and services which will address the specific risks and needs for each individual youth. Models for Change, an effort to create successful and replicable models of juvenile justice reform, issued the publication “Risk Assessment in Juvenile Justice: A guidebook for Implementation,” which can be used as a guide to evaluating current practices and determining future practices in risk assessment.

## **Intervention Point V: Secure Placement**

### **Juvenile Detention Center**

- The local detention center is the primary pre-adjudication placement for charged delinquents.
- Post-adjudication – local Judge not typically in favor of detention placement, but will utilize if youth returns and shows pattern of recidivism
- Some post-disposition sentencing occurs (30-90 days), but more often from other counties. Repeat offenders will be given gradually increasing sentences (e.g., 30 days previous appearance, 33 days current appearance)
- Rational Behavioral Training (RBT) employed in Detention Center by trained Detention officers. Primarily focuses on modifying behavior while at the center to ensure safety at the center, includes the use of “time out.” Secondary emphasis is to reduce recidivism by teaching alternatives to criminal thinking and behaviors. Probation officers are also trained in RBT. The Detention Administrator oversees individualized needs/plans and is a certified trainer for RBT.
- Educational Services Center involvement – Individualized Education Plans (IEPs) are faxed
- Home school materials are requested, although home school districts are not required to accept work, and occasionally a local school district refuses to accept a student’s work. This was identified as a huge gap.
- Transition plan is formulated to and from detention.
- Juvenile Court Liaison, employed by CRC provides assessment, linkage services, and counseling, including an FFT caseload. The MAYSI is not used for this purpose, although the liaison may look at results as part of the overall picture. The assessment uses a different instrument designed to further assess for mental health and substance abuse issues. Linkage involves communicating with the family when a youth is found to be in need of services in one or both of these areas upon release.
- Spiritual/Religious needs – chaplaincy group conducts weekly church service and Bible study.
- Daily roster review occurs. At time of mapping workshop, the census was 19 (13 Wood County youth and 6 non Wood County youth) in the detention center, which is a typical average daily census.

### **Residential and Alternate Placements**

- Juvenile Residential Center of Northwest Ohio
  - Four therapists on staff
  - Coordinate with MH providers
- Placement by Family & Children First Council Service Coordination Team
- Synergy for males: 45 days; must have AoD diagnosis; can be co-occurring

- Kobacker – average stay 3-5 days
- Out of county placements

### Intervention Point V – Identified Gaps

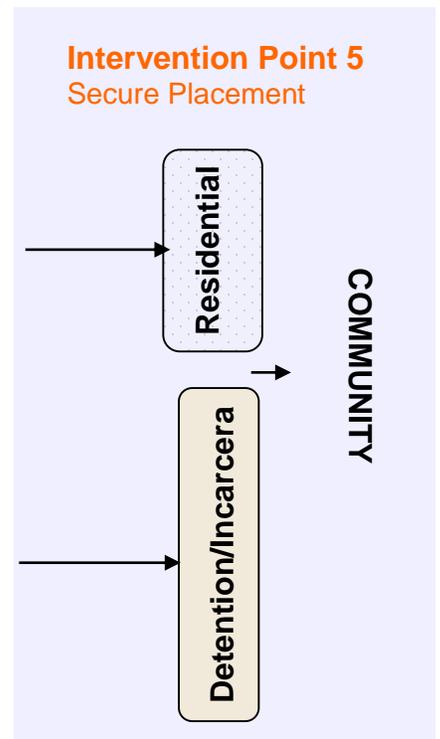
- ▣ Community awareness of FFT program (including providers, court, public defenders)
- ▣ Furloughs
- ▣ Communication to public defender’s office and other pertinent entities about available options and services

### Intervention Point V – Identified Opportunities

- ▣ Juvenile Justice Liaison

#### Recommendations:

The data provided by the Juvenile Detention Center indicates there were 40 status offenders in detention for the reported time period. This report is inconsistent with discussion during the mapping exercise that indicated rare detainment of status offenders. The local planning team clarified post-workshop that there were 500 total youth detained during the reported time period. However, pertaining specifically to the target population of youth with mental health disorders, because of inconsistencies in the data, it is unknown how many youth with mental health, substance abuse or developmental disabilities were status offenders or detained for other level offenses. The Detention Center should identify a mechanism for clearly identifying the nature of offense in conjunction with the mental health status of each youth and establish a procedure for notifying appropriate authorities and advocates when youth with mental illness are being detained for low level offenses that could more constructively be managed by other means.



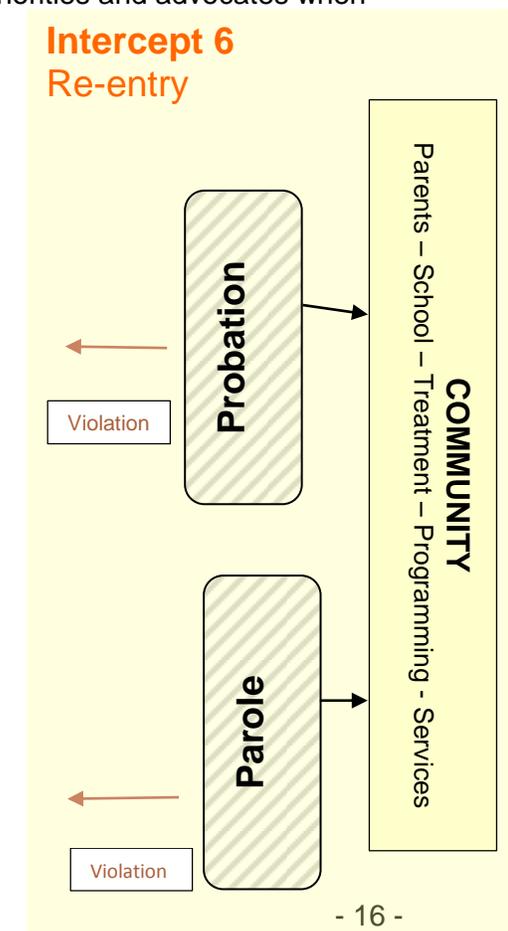
### Intervention Point VI: Re-entry

#### Reentry - Parole

- At the time of the exercise, only one youth in Wood County was currently on parole
- The Juvenile Court does not have much involvement with youth on parole; parole officers take lead on those cases.

#### Reentry – Probation

- Re-entry services are currently overseen by Juvenile Probation Officers. Transitional services may include school, youth , family, and/or service provider meetings. For mental health cases, home visits. As the role of the Juvenile Court Liaison develops, and more families are engaged, it is hoped that boundary spanner services will facilitate the re-entry of youth returning to their communities from detention.



## Intervention Point VI – Identified Gaps

- ▣ Loss of Medicaid during detention. What is transition plan?
- ▣ Relinking to positive and natural support mechanisms
- ▣ Family supports – Mental health advocate; parent advocate
- ▣ Community/family awareness of existing programs and services

## Intervention Point VI – Identified Opportunities

- ▣ Possible increased or altered role for Juvenile court Liaison

## Cross-Intercepts:

The Planning Team identified a need for agencies to improve their cross-system understanding of confidentiality requirements, the sharing of information, HIPPA regulations, and respective agency missions in order to be more successful in their collaborative efforts.

## Identified Gaps

- ▣ Often forget to ask the family & youth what they need or want

## Identified Opportunities

- ▣ Diversion could occur at any point, in theory.
- ▣ Children’s Resource Center is a great resource.

## Additional Recommendations

### Cross-Intercepts Recommendations:

- ▣ The coordination of the activities and follow up work from the mapping exercise will likely fall to the ADAMHS Board staff, as there is no identified entity to take the lead otherwise. In the adult system Wood County has a Criminal Justice Coordinator position which is contracted through Family Services of Northwest Ohio to coordinate the efforts of the steering committee and provide liaison services between the mental health and adult criminal justice system. This model seems to be working very well in the adult system, and may be a model worth considering for the juvenile systems.
- ▣ Early and ongoing assessment of mental health needs is an important factor for youth and their families. Screening should be used for initial identification purposes at any point of intervention; however, when case planning, placement and dispositional decisions are to be made, it is important to perform thorough evaluations of needs and risks, as well as to include families and caregivers.

# Priorities for Change

Wood County,  
Ohio

## Wood County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top two priorities. Listed below are the results of the voting and the priorities ranked in order of voting preference.

### Top Priorities

1. Family Supports – MH and parent advocates – provide a mechanism for consistent input in decision making from child and family (cross-systems and cross-intercepts)
2. Consistency and continuity of educational work while in detention or placement, including what is provided and accepted by home school and provision of online and technologically based educational tools (Intercept 2 and 5)
3. Youth specific mental health/CIT training for LE and dispatch; dispatch screening of MH
4. Increase awareness and knowledge of programming availability across intercepts and across provider types (Intercept 5)
5. Relinking youth to positive support mechanisms at point of reentry

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

- ▣ Stressor for families having to meet all requirements associated with probation supervision
- ▣ Transportation plan to expand to non-Medicaid for behavioral and medical appointments
- ▣ Professional advocates not at detention hearing
- ▣ Mental Health Court
- ▣ Services for suspended youth (programs within schools)
- ▣ Data gathering at intake and detention
- ▣ Common understanding of juvenile law, re: management of aggressive acts and domestic violence to enable law enforcement screening and identification of appropriate options. Currently aggressive acts are deemed domestic violence with a tendency toward arrest
- ▣ Youth-specific mental health/CIT training for Law Enforcement
- ▣ Access to beds for aggressive youth

### Parking Lot

- ▣ Culturally competent and sensitive services
- ▣ Integrated healthcare
- ▣ Loss of Medicaid at placement
- ▣ Stigma associated with early intervention and seeking services
  - Education
  - Primary Care
- ▣ Early prevention and intervention – including for younger families

## Transforming Services for Youth with Mental Illness in Contact with the Juvenile Justice

### Additional Resources

Center for the Study of Prevention of Violence	<a href="http://www.colorado.edu/cspv/blueprints/">http://www.colorado.edu/cspv/blueprints/</a>
CIT International	<a href="http://citinternational.org">citinternational.org</a>
Coalition on Homelessness and Housing in Ohio	<a href="http://cohhio.org/">http://cohhio.org/</a> <a href="http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf">http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf</a> <a href="http://cohhio.org/programs/soar_2011">http://cohhio.org/programs/soar_2011</a>
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	<a href="http://csgjusticecenter.org/">http://csgjusticecenter.org/</a>
Juvenile Justice Information Exchange Juvenile Justice Resource Hub	<a href="http://jjie.org">jjie.org</a> <a href="http://jjie.org/hub">jjie.org/hub</a>
National Association of Pretrial Services Agencies	<a href="http://NAPSA.org">NAPSA.org</a>
National Alliance on Mental Illness (NAMI) NAMI Ohio	<a href="http://www.nami.org">www.nami.org</a> <a href="http://www.namiohio.org">www.namiohio.org</a>
National Center for Cultural Competence	<a href="http://nccc.georgetown.edu/">http://nccc.georgetown.edu/</a>
National Center for Mental Health and Juvenile Justice	<a href="http://www.ncmhjj.com">www.ncmhjj.com</a>
National Center for Trauma Informed Care	<a href="http://www.samhsa.gov/nctic">www.samhsa.gov/nctic</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://store.samhsa.gov/home">http://store.samhsa.gov/home</a>
National Council of Juvenile and Family Court Judges	<a href="http://www.ncjfcj.or/introducing-adolescent-based-treatment-database">www.ncjfcj.or/introducing-adolescent-based-treatment-database</a>
National Institute of Corrections	<a href="http://nicic.gov/">http://nicic.gov/</a>
National Institute on Drug Abuse	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
National Juvenile Justice Network	<a href="http://www.njjn.org">www.njjn.org</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Office of Juvenile Justice and Delinquency Prevention	<a href="http://www.ojjdp.gov/mpg/">http://www.ojjdp.gov/mpg/</a>
Ohio Criminal Justice Coordinating Center of Excellence	<a href="http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence">http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence</a>
Ohio Department of Youth Services	<a href="http://www.dys.ohio.gov/dnn/">http://www.dys.ohio.gov/dnn/</a>
Ohio Ex-Offender Reentry Coalition	<a href="http://www.reentrycoalition.ohio.gov/">http://www.reentrycoalition.ohio.gov/</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
The P.E.E.R. Center	<a href="http://thepeercenter.org/">http://thepeercenter.org/</a>
Pretrial Justice Institute Diversion Programs	<a href="http://pretrial.org/DiversionPrograms">http://pretrial.org/DiversionPrograms</a>
Reclaiming Futures	<a href="http://reclaimingfutures.org/">http://reclaimingfutures.org/</a>
SAMHSA's GAINS Center	<a href="http://gainscenter.samhsa.gov/">http://gainscenter.samhsa.gov/</a>

SOAR: SSI/SSDI Outreach and Recovery	<a href="http://www.prainc.com/soar">www.prainc.com/soar</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>
Summit County Reentry Network	<a href="http://summitcountyreentrynetwork.org">http://summitcountyreentrynetwork.org</a>
Supreme Court of Ohio Specialized Dockets Section	<a href="http://www.supremecourt.ohio.gov/JCS/specdockets/">http://www.supremecourt.ohio.gov/JCS/specdockets/</a>
Treatment Advocacy Center	<a href="http://www.treatmentadvocacycenter.org">www.treatmentadvocacycenter.org</a>
University of Memphis CIT Center	<a href="http://cit.memphis.edu/">http://cit.memphis.edu/</a>

## Wood County Juvenile Cross-Systems Mapping Participants September 2014

Name	Title	Organization	Phone #	Email	Address
Beth Mertz	Juvenile Attorney	Public Defender's Office	419-354-9244	<a href="mailto:emertz@co.wood.oh.us">emertz@co.wood.oh.us</a>	123 N Summit St. Bowling Green, Ohio 43402
Beth Ricard	Coordinator of Outpatient Mental Health Services	Behavioral Connections	419-352-5387	<a href="mailto:bricard@bc.wcnet.org">bricard@bc.wcnet.org</a>	PO Box 29, Bowling Green
Bonnie Iler	TIP Coordinator	Behavioral Connections	419-352-5387	<a href="mailto:BIler@bc.wcnet.org">BIler@bc.wcnet.org</a>	PO Box 29 Bowling Green, Ohio 43402
Brandy Hartman	Director, CYCLE Division	Wood County Prosecuting Attorney's Office	419-354-9250	<a href="mailto:bhartman@co.wood.oh.us">bhartman@co.wood.oh.us</a>	One Courthouse Square
Bridget Ansberg	Director of Clinical Services	Juvenile Residential Center of Northwest Ohio	419-353-4406	<a href="mailto:bridget@jrcnw.org">bridget@jrcnw.org</a>	1012 S. Dunbridge Rd.
Carol Fox	CASA/GAL Program Director	Wood County Juvenile Court	419-352-3554	<a href="mailto:cfox@co.wood.oh.us">cfox@co.wood.oh.us</a>	1032 South Dunbridge Bowling Green
Chris Walter	Associate Director	First United Methodist Church	419-353-0682	<a href="mailto:castron99@gmail.com">castron99@gmail.com</a>	1526 East Wooster Street
Dr. Stacey Rychenor	Lead BHJ Project Evaluator	Center for Assessment Evaluation Services BGSU	419-372-7303	<a href="mailto:stacevr@bgsu.edu">stacevr@bgsu.edu</a>	BGSU
Francesca Leass	Co-Occurring Disorders Coordinator	Children's Resource Center	419-352-7591	<a href="mailto:francesca@crc.wcnet.org">francesca@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43409
Heather Cruz	Deputy of Community Programs	PathStone Corporation	419-675-6654 X230	<a href="mailto:hacruz@pathstone.org">hacruz@pathstone.org</a>	2453 County Road V/Vanwert Ohio
James Carter	President	Wood County Commissioners	419-354-9100	<a href="mailto:Commissioners@co.wood.oh.us">Commissioners@co.wood.oh.us</a>	One Court House Square Bowling Green, Ohio 43402
Janelle LaFond	Director of CRC	Children's Resource Center	419-352-7588	<a href="mailto:janelle@crc.wcnet.org">janelle@crc.wcnet.org</a>	CRC
Jenni Mohler	Parent Representative		740-416-0628	<a href="mailto:jwmh1@gmail.com">jwmh1@gmail.com</a>	7630 Reitz Rd. #110 Perrysburg, Ohio 43351
Jeremy Holland	Sergeant- Road Division	Wood County Sheriff Office	419-354-9347	<a href="mailto:jholland@co.wood.oh.us">jholland@co.wood.oh.us</a>	1960 East Gypsy Lane, Bowling Green, OH 43402
Judy Kellermeier	Director of Behavior Health Services	Health and Wellness Center FOHC	419-354-2311		1840 E Gypsy Lane Rd
Kathy Hamm	Public Defender	Wood County Public Defender's Office	419-354-9244	<a href="mailto:khamm@co.wood.oh.us">khamm@co.wood.oh.us</a>	123 N Summit St, Bowling Green OH 43402
Katie Kramer	Service Coordinator	Wood Lane	419-352-5115	<a href="mailto:kkramer@woodlane.us">kkramer@woodlane.us</a>	1921 East Gypsy Lane Rd, Bowling Green 43402
Katy Fox	BGSU Student Intern	Wood County Juvenile Court		<a href="mailto:kfox@bgsu.edu">kfox@bgsu.edu</a>	
Kyle D. Clark	Project Director	Wood County Educational Service Center	419-354-9010	<a href="mailto:kclark@wcsc.org">kclark@wcsc.org</a>	1867 N. Research Drive
Kyle Kanuckel	Superintendent	Educational Service Center	419-354-9010	<a href="mailto:kkanuckel@wcsc.org">kkanuckel@wcsc.org</a>	1867 N Research Dr.
Linda Logue	Onsite Prevention Specialist	Penta Career Center WCESC	419-308-9086 419-661-6384	<a href="mailto:llogue@pentacc.org">llogue@pentacc.org</a>	9301 Buck Rd. Perrysburg, Ohio 43351
Lora Graves	Probation Co-Director	Wood County Juvenile Court	419-352-3554	<a href="mailto:lgraves@co.wood.oh.us">lgraves@co.wood.oh.us</a>	1032 South Dunbridge Bowling Green
Lorrie Lewandowski	Associate Director	ADAMHS Board	419-352-8475	<a href="mailto:llewandowski@wccadanh.org">llewandowski@wccadanh.org</a>	745 Haslins Rd Suite H
Mandisa Sherife-Kekulah	BHJJ Juvenile Court Liaison	Children's Resource Center	419-352-7588	<a href="mailto:msherife-kekulah@co.wood.oh.us">msherife-kekulah@co.wood.oh.us</a>	PO Box 738 Bowling Green Ohio 43409
Matt Rizzo	Interim Director	A Renewed Mind	419-720-9247	<a href="mailto:mrizzo@arenewedmindservices.org">mrizzo@arenewedmindservices.org</a>	1946 N. 13th Street, Suite 420
Melanie Vandyne	Chief Operating Officer	Children's Resource Center	419-352-7589	<a href="mailto:mvandyne@crc.wcnet.org">mvandyne@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43409
Melanie Vierling	School Based Program Manager	Children's Resource Center	419-352-7588	<a href="mailto:melaniev@crc.wcnet.org">melaniev@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43402
Nicole Flores-McCure	CPST Program Manager	Children's Resource Center	419-352-7592	<a href="mailto:nicolef@crc.wcnet.org">nicolef@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43406
Noelle Duvall	Chief Clinical Officer	Children's Resource Center	419-352-7588	<a href="mailto:noelled@crc.wcnet.org">noelled@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43402
Pascha Jackson	Professional Counselor	Department of Psychiatry University of Toledo	419-383-3511	<a href="mailto:pascha.windham@utoledo.edu">pascha.windham@utoledo.edu</a>	3130 Glenside Ave. Mallstop #1161 Toledo, Ohio 43614
Rachel Bernhard	School Resource Officer	Penta Career Center	419-661-6552	<a href="mailto:rbernhard@pentacc.org">rbernhard@pentacc.org</a>	9301 Buck Rd. Perrysburg, Ohio 43351
Sandra J. Carsey	Children's Services Administrator	Wood County Job and Family Services	419-352-7566	<a href="mailto:sandi.carsey@jfs.ohio.gov">sandi.carsey@jfs.ohio.gov</a>	Wood County JFS
Tamara O'Brien	Outpatient Program Manager	Children's Resource Center	419-352-7590	<a href="mailto:tamaraO@crc.wcnet.org">tamaraO@crc.wcnet.org</a>	PO Box 738 Bowling Green Ohio 43404
Thomas Vogtsberger	Attorney		419-308-1730	<a href="mailto:tvogtsberger@wcnet.org">tvogtsberger@wcnet.org</a>	124 E Court St.
Tim Brown	Executive Director	Wood County Juvenile Court	419-352-3554	<a href="mailto:tjbrown@co.wood.oh.us">tjbrown@co.wood.oh.us</a>	1032 South Dunbridge Bowling Green
Timothy C. Atkins	Chief Assistant Prosecutor	Juvenile Division Wood County Prosecutor's Office	419-354-9250	<a href="mailto:TAtkins@co.wood.oh.us">TAtkins@co.wood.oh.us</a>	One Courthouse Square
Tom Clemons	Executive Director	Wood County ADAMHS Board	419-352-8475	<a href="mailto:tclemons@wccadanh.org">tclemons@wccadanh.org</a>	745 Haslins Rd Suite H
Wendy J. Shaheen	Vice President of Clinical Services	A Renewed Mind	419-720-9247	<a href="mailto:WShaheen@arenewedmindservices.org">WShaheen@arenewedmindservices.org</a>	1946 N. 13th Street, Suite 420

## Action Planning Matrix

Priority Area 1: Ensure family Supports via mental health and parent advocates, and provide a mechanism for consistent input in decision making from children and families (cross-systems and cross-intercepts)					
Objective		Action Step		Who	When
I.	Enhance communication regarding available support, treatment, and prevention services	<ol style="list-style-type: none"> <li>1. Inform schools, especially teachers, through meetings</li> <li>2. Speaking to BAR Association (CRC)</li> <li>3. Create brochure for parents, and send out at different time (one month into school)</li> <li>4. Educate clergy</li> </ol>	Mental health service providers, schools, court, attorney, healthcare services, FCFC, ADAMHS, NAMI, JFS, law enforcement, Heather Cruz (Pathstones)	9 months to 1 year; have ready by school year, August 2014	
II.	Prior to disposition inform the child, the parent, the family about the commitment they are making and what they are agreeing to	<ol style="list-style-type: none"> <li>1. Identify where referrals can come from</li> <li>2. Research with juvenile court the possibility of advocate being housed and the financial component (Title 4e?) – specifically at adjudication</li> </ol>	<p>Tim Brown – take to Judge; Sandra Carsey</p> <p>CASA – training and presentations</p> <p>Kathy Hamm – Public Defender</p>	Start discussion Jan-Feb. 2015. Completed by August 2015	
III.	Understanding the importance of early prevention and intervention; including a consideration of cultural difference	<ol style="list-style-type: none"> <li>1. Early identification through risk screening (define crisis)</li> <li>2. Education of schools, re: warning signs and indicators for referral</li> <li>3. Activity to reduce stigma: educate parents on need for early responses</li> </ol>	Health District, Heather Cruz (Pathstones), Sandra Carsey (JFS), NAMI, CRC, A Renewed Minds	August 2015 – have plan established for ongoing efforts	

**Priority Area 2: Consistency and continuity of educational work while in detention or placement, including what is accepted by home school and provision of online and technologically based educational tools (Intercept 2 and 5)**

Objective	Action Step	Who	When	
I.	To align academic content of homeschool curriculum for students who have been detained for more than five days.	<ol style="list-style-type: none"> <li>1. Research technology based common core programs</li> <li>2. Present technology curriculum concept for approval to superintendent</li> <li>3. Create school protocol to send academic information to the detention center</li> </ol>	<p>Stacey Rychener</p> <p>Kyle Kanuckel</p> <p>School designated person</p>	<p>Fall 2014</p> <p>Spring 2015</p> <p>Spring 2015</p>
II.	To support the students' re-entry into the homeschool from detention.	<ol style="list-style-type: none"> <li>1. School designates a contact person</li> <li>2. Contact person receives training from court staff</li> <li>3. Each school/building establishes a re-entry protocol.</li> </ol>	<p>Kyle Kanuckel communicates procedure with district superintendents</p>	<p>December 2014</p> <p>Spring 2015</p> <p>Spring 2015</p>

**Priority Area 3: Youth specific mental health/CIT training for Law Enforcement and dispatch; dispatch screening of MH**

Objective	Action Step	Who	When	
I.	Training dispatchers on CIT to make them aware of mental health concerns as well as provide them with de-escalation skills.	Rachel will address at the upcoming CIT Coordinators meeting.	Rachel	October 9, 2014
II.	Training School Resource Officers (SROs) on CIT to make them aware of mental health concerns as well as provide them with skills necessary for the school setting.	Rachel will discuss with the (OSROA) Ohio School Resource Officers Association <ul style="list-style-type: none"> <li>• Get on an agenda at local meeting</li> <li>• Get on an agenda at statewide conference</li> </ul>	Rachel	January 2015 Summer 2015

**Priority Area 4: Increase awareness and knowledge of programming availability across intercepts and across provider types**

Objective	Action Step	Who	When
<p>I. Create a “quick and dirty” resource guide for youth and families</p>	<ol style="list-style-type: none"> <li>1. Identify agencies to include in the guide</li> <li>2. Send out surveys to agencies for information to be included in the guide (Prevention Coalition Guide?)</li> <li>3. Review information and brief description of their programs</li> <li>4. Create a brief paper resource guide available to families, agencies, schools, juvenile court, etc...</li> </ol>	<p>Work Group</p>	<p>November 14</p>
<p>II. Create or utilize and expand a web based resource guide for youth and families</p>	<ol style="list-style-type: none"> <li>1. Determine the appropriate format for the resource guide in conjunction with existing resources</li> <li>2. Include information determined appropriate by the group for the resource guide</li> <li>3. Update the information and plan on a regular basis</li> </ol>		
<p>III. Create a dissemination plan: “get the word out”</p>	<ol style="list-style-type: none"> <li>1. Continue to gather information that is appropriate for the resource guide</li> <li>2. Utilize existing resources and meetings</li> </ol>		

**Priority Area 5: Relinking youth to positive support mechanisms at point of reentry**

Objective	Action Step	Who	When	
I.	Increase awareness of Parent Project	Fliers – education	Linda Logue, WCESC	ASAP – ongoing
II.	Integrate information sharing across agencies and communities	<ol style="list-style-type: none"> <li>1. Expand listserv of Wood County Prevention Coalition to include all SIM attendees</li> <li>2. Increase awareness of education opportunities</li> <li>3. Increase cross agency collaboration of SIM attendees</li> </ol>	<p>Lorrie Lewandowski</p> <p>Workgroup</p> <p>workgroup</p>	<p>Completed</p> <p>Ongoing</p> <p>Ongoing</p>
III.	Increase engagement and outreach to families, and decrease stigma	<ol style="list-style-type: none"> <li>1. Identify elevator message that is spoken by all</li> <li>2. Develop family safety plan that can be spoken/conveyed to all providers/agencies, police/courts</li> </ol>	Community	Ongoing