

Mahoning County, Ohio

Juvenile Cross-Systems Mapping Report

October 14 – 15, 2021

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Juvenile Cross-Systems Mapping

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Mahoning 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 Mahoning County, Ohio on October 14 – 15, 2021. The workshops were sponsored by the Mahoning County Mental Health & Recovery Board and the Mahoning County Juvenile 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 Mahoning 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

The Mahoning County Mental Health & Recovery Board and the Mahoning County Juvenile Court requested the *Cross-Systems Mapping and Taking Action for Change* workshops in August 2019. The workshops, originally scheduled for March 2020, were postponed in response to the pandemic. The request was made to help strengthen local strategies to address the interface of juvenile justice and behavioral health systems, for justice-involved youth and their families, to aid Mahoning County with:

- Creation of a map indicating points of intervention among all relevant Mahoning 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 or at risk for contact with the juvenile justice system

The participants in the workshop included 28 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, juvenile justice and detention, 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 and families, including those 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, including those with mental illness and co-occurring disorders flow through the Mahoning 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 and families in the target population.

The Mahoning 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

Mahoning County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. Examples of current initiatives include the Crisis Intervention Team (CIT) program, Specialty Dockets, Mahoning County Family and Children First Council, and a Behavioral Health Juvenile Justice multi-county award funded through FY 2023 covering all adjacent counties with Multi-systemic Therapy as the primary service

Individual in Recovery Involvement

The Mahoning County planning team did not include consumer/peer support; nor were youth and families with lived experience represented during the workshop.

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, school systems, detention, law enforcement, the mental health system, faith based and community providers.
- Key players that were missing at the workshops: youth and families with lived experience, peer support, transportation, Homes for Kids, detention director, and JDAI point of contact.

Data Collection; Information Sharing; Communication

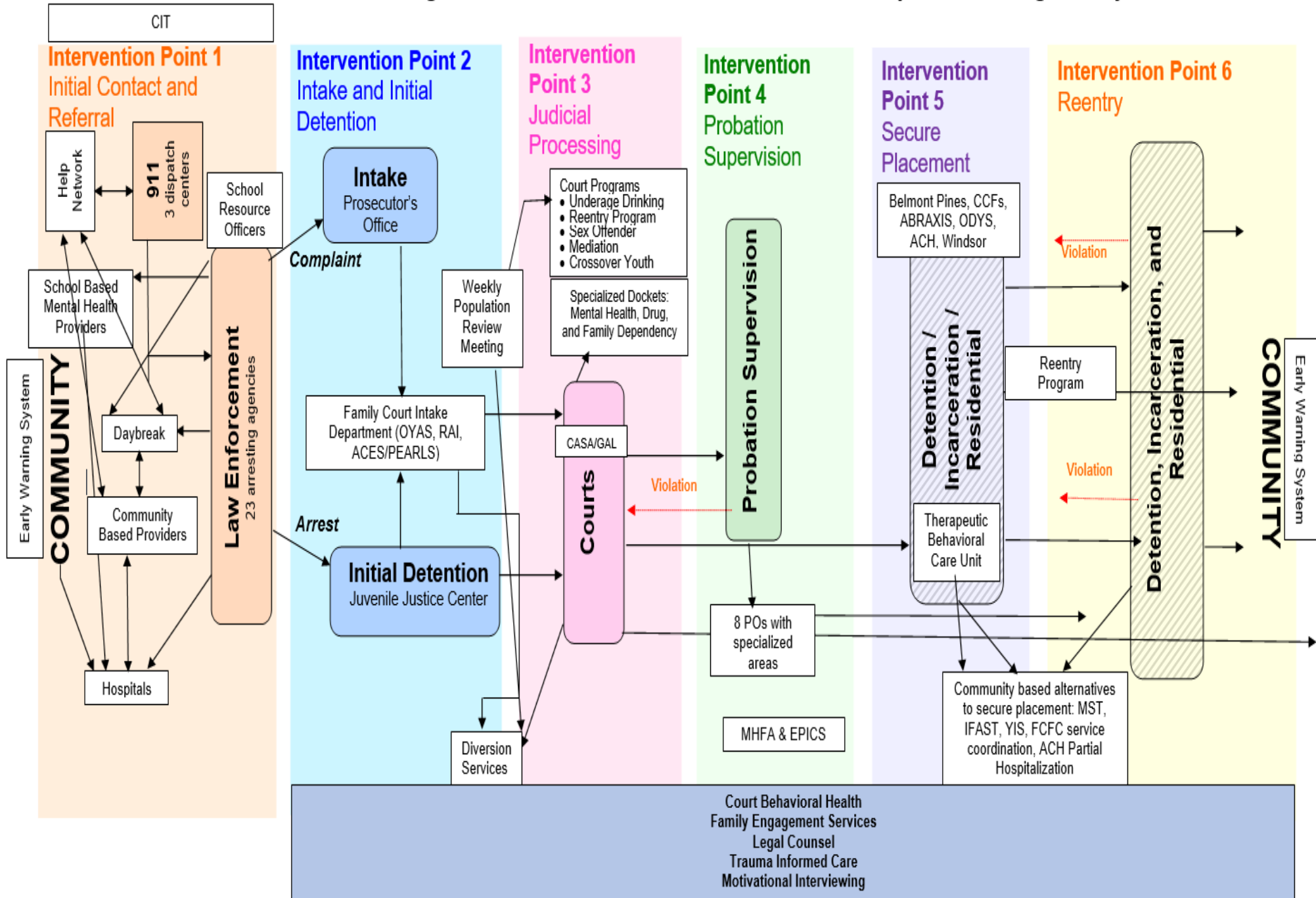
- The Mahoning County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Mahoning County Juvenile Justice Center population statistics for 2019
 - Background and miscellaneous documents illustrating activities to advance Trauma-Informed Care in Mahoning County
 - Mahoning County Service Coordination shared informed consent form
 - Mahoning County Family Dependency Treatment Court Advisory Committee roster
 - List of providers on the Juvenile Court Mental Health Treatment Team

Recommendations

- The inclusion of people with lived experience in the systems and services being discussed, in this case families and youth who have had contact with law enforcement, the justice system and or multiple health and social services agencies, is a vital part of the review, discussion, analysis and planning for the improvement of such systems. As the stakeholder group moves forward with its action plans, each work group is strongly encouraged to seek input and involvement of youth and families with lived experience.

Juvenile Cross-Systems Mapping
Mahoning County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Mahoning County October 2021



Mahoning 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 National Center for Youth Opportunity and Justice) at Policy Research Associates, Inc. During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the six Critical Intervention Points for Change.

This narrative reflects information gathered during the *Cross-Systems Mapping* Exercise. It provides a description of Mahoning County activities at each intervention point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Mahoning County Cross-Systems Map. The cross-systems Mahoning County 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 Mahoning County.

- Early Warning System: a partnership between the Juvenile Court, multiple Mahoning County school districts, and Alta Behavioral Healthcare to identify and refer students at-risk for justice contact. Referrals come from school staff and School Resource Officers (SRO). All schools have SROs. The system seems to be effective at diversion and decreasing juvenile court involvement.
- FIRST: Coordinated Specialty Care for adolescents 16 years and up and young adults who have had their first episode of psychosis, provided through Alta Behavioral Healthcare in partnership with Compass. Typical referrals come through hospitals, community providers and families. Psychiatry and case management are the most popular modules of the program.
- Day Break Youth Crisis Center: a temporary, non-secured (unlocked) runaway and homeless shelter with ten beds for youth ages 11-18 and diversion programs for detention. 90% of youth served are effectively diverted from detention or hospitalization. The program is operated by COMPASS.
- Crossover Youth Program: for students in the foster care system.
- Akron Children’s Hospital: 24/7 designated pediatric Emergency Room (ER), has the PIRC line for assistance and triage, medical and mental health screening and assessment. If not hospitalized, families are linked with community resources.
- Help Network of Northeast Ohio: 24/7hotline is part of the National Lifeline and offers information and referral, linkage, diversion assistance, Family Success Network, special needs navigator, warm line, PATH outreach, and community center.
- Multi-systemic Therapy (MST)
- IFAST at PsyCare: intensive case management and counseling as alternatives to secure placement
- Family & Children First Council: since being fiscally managed by the Juvenile Court, council serves more families that are justice involved. Previously, youth and families were primarily associated with the mental health system. Council has a grant for contracts with respite venues, social activities, etc., which are accessed for youth on probation.
- Bridges Program: mentoring, independent living programming, and financial assistance for transition youth

- Campbell Schools: uses a whole child framework and offers Healthy Living and Pathways programs, restorative practices, and community center.
- COMPASS Family & Community Services: services for homeless and runaway youth, counseling services, and many other mental health, addiction and supportive services
- Mahoning Valley Community School: alternative programming for students who have dropped out, been expelled, or have needs that exceed what their home school can provide. The school serves Mahoning, Trumbull, and Columbiana Counties.

Intervention Point 0 Gaps

- Mobile crisis response
- Crisis drop off and stabilization service
- Transportation
- Interim placement for youth not suicidal or homicidal when home is not an option
- Respite options other than Daybreak – both long term and short term- and capacity of Daybreak (rated capacity is ten; however, current capacity was five because of limited staffing. Some youth also have greater needs and require longer stays.)
- The Early Warning process does a good job identifying youth to prevent justice contact, but with diverse school districts, the data, outcomes and feedback about the identified youth are inconsistent
- Youngstown City School's lack involvement in Daybreak and the Early Warning System
- No data is available from Help Network's hotline regarding youth and family contacts

Intervention Point 0 Opportunities

- FIRST Program for ages 16 and older – opportunity to expand referral base
- Campbell Schools
 - Healthy Living
 - Pathways
 - Restorative Practices
 - Community Center
- QRTP (Qualified residential treatment program) model; initiative with Ohio Department of Mental Health and Addiction Services – providers will need to be licensed and accredited. There are challenges with regulatory requirements and finding staff to meet the blended requirements. While an opportunity in theory, this model could also be a threat to smaller agencies that will not be able to meet the requirements, particularly when there are existing challenges with the capacity of residential settings
- Ohio Rise will support Intensive Home-Based Treatment, Family Functional Therapy, and Multi-systemic Therapy.

Intervention Point I: Initial Contact and Referral

In Mahoning County, law enforcement is accomplished by Youngstown Police Department, Mahoning County Sheriff's Office, and law enforcement agencies in various towns or cities. Law enforcement options for responding to youth with mental illness include advise, summons, arrest, transport to detention center, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options. Mahoning County adopted the Crisis Intervention Team (CIT) model in 2007, with the county-wide program co-coordinated by staff of the Mental Health & Recovery Services Board and a Detective Sergeant of the Youngstown Police Department.

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 School Resource Officers (SROs).

Dispatch / 9-1-1

- Mahoning County has three dispatch centers responsible for dispatching Fire, EMS and law enforcement for their designated areas.
- Two dispatchers from Youngstown Police Department have completed the full 40-hour Crisis Intervention Team (CIT) course.

Law Enforcement

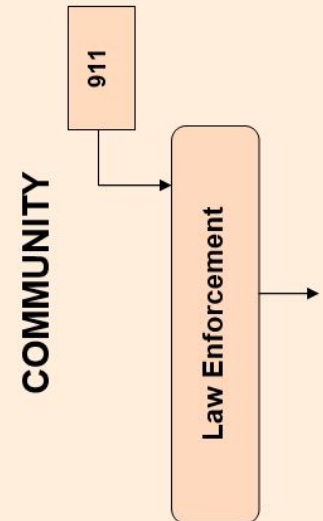
According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report, Mahoning County has 23 Law Enforcement Agencies: Austintown Police Department, Beaver Township Police Department, Boardman Township Police Department, Campbell Police Department, Canfield Police Department, Coitsville Township Police Department, Craig Beach Village Police Department, Goshen Police Department, Jackson Township Police Department, Lowellville Police Department, Mill Creek Metroparks Police Department, Milton Township Police Department, New Middletown Village Police Department, Ohio State Highway Patrol, Ohio State Police Constable, Poland Township Police Department, Poland Village Police Department, Poland Village Town Hall, Sebring Police Department, Smith Township Police Department, Springfield Township Police Department, Struthers Police Department, and Youngstown Police Department, with an estimated 642 full-time officers.

- As of the September 2021 statewide CIT training report, the Mahoning County CIT training program hosts annual CIT training averaging 18-20 participants. All 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 410 full-time officers have completed CIT training.
- Other than the "Call In" program, which is utilized primarily for gang involvement, there are no formal police diversion programs for youth
- Like other counties, first responders report that approximately 5% of families occupy 90% of their time.
- When youth who have been evaluated as not competent to stand trial have subsequent law enforcement interactions, police cannot charge them and transport to the reception center.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center for youth.
- Help Network is the 24/7 hotline for Mahoning County:

Intervention Point 1 Initial Contact and Referral



- Alta Behavioral Healthcare has crisis management services for their active clients

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Mahoning County has four hospitals:
 - Akron Children's - triage via the Emergency Room
 - St. Elizabeth's Mercy Health – dedicated psychiatric emergency by in the Youngstown location
 - Belmont – acute unit, primarily serving youth with significant behavioral issues. Partial hospitalization also available.
 - Shannon Regional

Intervention Point I Gaps

- No 911 hand-off to hotline
- Mobile mental health response
- Hotline to 911 transfer varies across the jurisdictions
- The response to unruly youth when parents demand arrest (resource center)
- Staffing (uniformed and have little availability)
- Crisis drop-off and crisis stabilization unit (CSU); St. Elizabeth Hospital and Akron Children's Hospital are the only drop-off sites. The CSU at Compass is only for adults and not for drop-off or assessment.
- The ER is overburdened
- There is a shortage of foster care or services for displaced, homeless students
- Responses and services for LGBTQ youth
- Community education on how and when to utilize 911

Intervention Point I Opportunities

- All dispatchers will be CIT trained
- Crisis Response/Mobile Response Stabilization Service (MRSS)
- Mediation Center
- Increased respite/Boundless – respite beds
- Faith-based involvement
- Car/mobile assessment (most juveniles and some adults) in development
- Full spectrum services (limited to basic support)
- Compass has a crisis stabilization unit for adults and could possibly expand to youth

Recommendations

- Develop after-hours triage for youth who cannot or should not be charged by police.
- Consider a work group to identify opportunities and create protocols for transfers between 911 and hotline

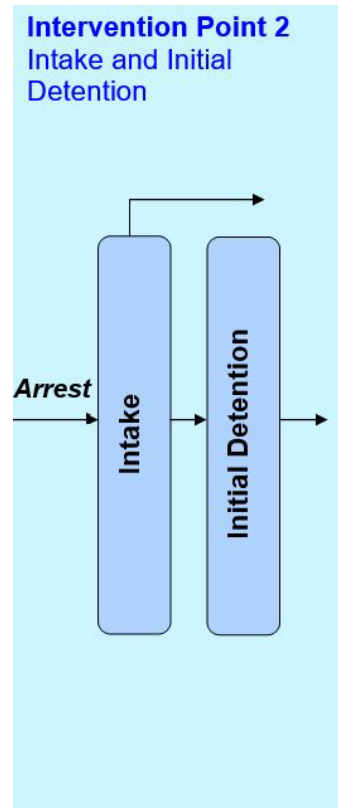
Intervention Point II: Intake and Initial Detention

Intake

- Upon arrest, law enforcement will call the Juvenile Justice Center detention supervisor. The supervisor will review the student's history and previous contact with law enforcement in the Court View system. There is no single way to verify whether youth are engaged in services. Staff attempt various ways to get a full picture. Some charges require youth offenders to be held in the detention center.
- Risk Assessment Instruments (RAI) are used to determine the best route for a student, i.e., hold vs. release. Instruments include Ohio Youth Assessment System (OYAS), Adverse Childhood Experiences (ACEs), Screening, Brief Intervention and Referral to Treatment (SBIRT) and The Pediatric ACEs and Related Life-events Screener (PEARLS). There are protocols in place in the CourtView system to trigger counseling referrals for a full assessment for all students whose screening is positive.
- Participants in the workshop indicated that 2nd and 3rd shift intake/detention staff seem to make a greater number of admissions for equal offenses than first shift staff.
- Law enforcement provides the Mahoning County Prosecutor's Office with all charges. The Prosecutor's Office completes a review of the charges and provides recommendations. A detention hearing occurs within 24 hours.

Initial Detention

- The Mahoning County Juvenile Justice Center is a single county center. At the time of the workshop there were 14 juveniles in the facility. The center also has a contract to provide detention services for youth from Ashtabula County.
- The Juvenile Justice Center is currently fully staffed. There is one full time clinical professional staff at the detention center.
- Victims of trafficking and sex crimes are held in a holding cell, not booked into detention facility.



Intervention Point II – Identified Gaps

- Safe and appropriate alternatives to holding for victims of sex crimes/Human Trafficking- requires staffing, funding and ability to pay living wages
- Conflict resolution family unit
- Lack of early identification of first-time offenders
- Communication with LEADS (Law Enforcement Automated Data System)

Intervention Point II – Identified Opportunities

- Training 2nd and 3rd shift detention staff to screen students (detain vs. release)
- Use of LEADS

Recommendations

- The Juvenile Court and mental health providers or MHRs Board may want to consider tracking the referrals from the court to the community providers, to determine how well the intake screening is identifying students' needs and to monitor the outcomes of the students being referred.
- Based on the discussion about differences in hold vs. release determinations between first and 2nd, 3rd shift staff members, the court may want to look into causes of these differences and address the differences accordingly. For instance, does staff need additional training? Do they experience less access to alternatives or less access to consultation outside of business hours?

Intervention Point III: Judicial Processing

Court

- Detention hearings are held within 24 hours of initial detention to determine if the juvenile should be held or released.
- Youth/families have access to legal counsel prior to arraignment. There is no county Public Defender's office. There is a court appointed list for assigned counsel based on qualifications, i.e., counsel is assigned to each case based on areas of expertise. No hearings are held without counsel. A Guardian Ad Litem can be assigned if needed.
- The prosecutor's office has an alert for individuals with special needs and is also involved in all felony and domestic violence cases. Felonies are also eligible for diversion.
- At arraignment, a competency evaluation may be ordered.
 - If a student is found incompetent to stand trial (ICST), the ICST status is not reflected in the Law Enforcement Automated Data System (LEADS) the same way it is for adults, i.e., there is no automatic alert. For students evaluated as not competent, there is a new indicator in LEADS; however, one must scroll down to find it. If a student with ICST status commits another offense, how a patrol officer handles the situation may depend on whether that officer has reason to look for the competency status information or knows about the new process.
 - According to participants in the workshop, the adult justice system does not have ready access to competency status information for youth transitioning to the adult system. Information can be requested by defense counsel, but information must then be shared in camera. There is no set expiration date on competency evaluations (may be included on the report, but no set standard) and no clear rule on whether competency status carries over from youth to adult status.
- There is a weekly meeting between the detention center and the court to review history, referrals, and linkage opportunities.
- The court employs 2.5 FTE clinical staff (not including the one clinical staff member at detention)

Specialty Courts

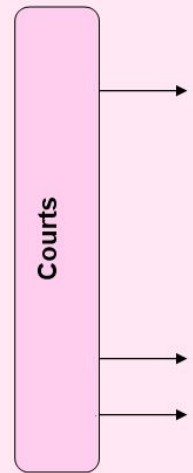
- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of May 31, 2021, Mahoning County Juvenile Court has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status May 2021
Judge Theresa Dellick	Mahoning	Drug – Juvenile	Certified
Judge Theresa Dellick	Mahoning	Family Dependency – Juvenile	Certified
Judge Theresa Dellick	Mahoning	Mental Health – Juvenile	Certified

- All Specialized Dockets are post-disposition. Students enter a guilty plea and charges are dismissed upon completion. The average length of stay is 9-12 months.
- All dockets have capacity for additional students currently. The capacity for the mental health docket is 15; census is currently ten. Treatment court (drug) census is currently at eight. Family Dependency census is currently low, and participants indicated that there is room for improvement in getting referrals from the Children Services Board.

- Additional court programs include a drinking under age (DDI) docket, reentry program, sex offender program, and mediation. Some mediation services are completed with counselors in attendance when emotional or mental health concerns are present. The course is also now allowed to use mediation in civil protection order cases if deemed appropriate, e.g., young kids fighting.
- Provider agencies' staff members attend court hearings to receive referrals, although the court also has its own clinical services.

Intervention Point 3 Judicial Processing



Intervention Point III – Identified Gaps

- Clear and consistent referral and follow-up protocols between providers and courts (two-way)

Intervention Point III – Identified Opportunities

- More utilization of specialty dockets
- Ending mandatory bind-overs (Currently pending at the state level)

Recommendations

- Identify and implement a mechanism for informing law enforcement of pertinent changes in LEADS. How to most effectively utilize LEADS to assist with interactions with youth previously determined to be incompetent to stand trial could be addressed in a CIT refresher or advanced youth training. Ultimately, if a consistent approach is worked out, it could be included in the CIT Patrol Officer Course.
- Because the court has robust in-house clinical services, it is possible that youth and families could miss out on opportunities to engage in the evidence-based clinical practices offered in community-based settings. It may be worthwhile for the court and agencies to convene to review referral practices to ensure that families are referred to services that will provide the best possible outcomes for their individual circumstances.

Intervention Point IV: Probation Supervision

Probation

- In Mahoning County, there are eight probation officers; three of which are armed. All eight have arresting authority and currently carry an average caseload of ten. Misdemeanors are not eligible for probation.
- During the time of the mapping, there were approximately 85 youth on probation.
- Probation officers are trained in EPICS (Effective Practices in Community Supervision), Trauma-informed approaches, MHFA (Mental Health First Aid), and MI (Motivational Interviewing). All probation officers specialize or sit on treatment teams, e.g., one officer is a co-facilitator of Parent Project.
- OYAS and supplemental screenings help determine needed services, and Family Engagement Coordinators typically interact with youth at intake.
- Students are referred to mediation for restitution, which can be converted to community service, with students in turn earning the money from the court to pay the restitution. Additional incentives are used as well.
- Probation officers conduct regular reviews and have at least weekly contact with students. In collaboration with Youngstown Police Department, officers do quarterly ride-alongs and curfew sweeps.
- Probation officers must petition to the court for a student to be placed in detention.
- Notable barriers to success are family engagement, follow through of parents, and the age of students, i.e., students on probation are typically age 16 or older.

- Probation averages 9 months and ends with case review with the officer and a request submitted to the Judge.

Intervention Point 4
Probation Supervision

Intervention Point IV – Identified Gaps

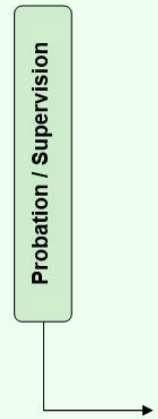
- Family engagement – do parents/caregivers have their own system involvement?

Intervention Point IV – Identified Opportunities

- Family engagement coordinator – possible increase in family engagement
- Decrease time to completion from 9 months to 6 months

Recommendations

- Considering the need and apparent desire to have more thorough family engagement, combined with the observations in intercept 2 that a family conflict program or unit would be helpful, and that earlier identification of first-time offenders is a gap, could the court mediation program consider expansion to earlier intervention to address emerging family problems, without requiring court involvement with the families?



Intervention Point V: Secure Placement

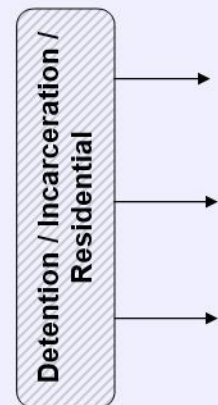
Juvenile Detention Center

- The Mahoning County Juvenile Justice Center is a 40-bed locked facility that serves both males and females.
- Of the fourteen youth in the facility at the time of the workshop, ten were in detention and four were in the therapeutic behavioral care (TBC) unit. The TBC unit is a residential unit located on the 2nd floor and staffs one full-time counselor. Placement in the TBC unit is a final effort before incarceration at Department of Youth Services.
- Education inside the facility is provided by Youngstown City Schools.
- Students in detention can earn monetary credit by working.

Intervention Point 5
Secure Placement

Residential and Alternate Placement Options:

- ABRAXAS Youth & Family Services
- Belmont Pines Hospital
- Multisystemic Therapy (MST)
- IFAST
- Youth Intensive Services (YIS) – school-based, after school, and family engagement
- All youth eligible for residential placement under OhioRise will require a full Ohio CANS assessment. Within 30 days, the case goes back to the court to approve placement. Youth do not have to be justice involved, but all future students will be required to go to approved QRPT services.



Intervention Point V – Identified Gaps

- Residential treatment capacity

Recommendations:

- If the Mahoning County Juvenile Court is still a targeted reclaim court, there is a funding source from Department of Youth Services geared toward kids deeper in the system. This may be a resource that could be used in the therapeutic behavioral care unit.
- There was not ample time during the workshops to review and analyze the demographic data of all youth served in the court and detention center. As part of the overall improvement effort in Mahoning County, it would be helpful to engage in such a review to determine whether there is overrepresentation of any group of students. This would allow for discussion about targeted responses and prevention efforts. (It's notable, for example, that services and responses for LGBTQ youth was identified as a gap in Intercept 1. This typically will not appear in the demographic reports; however, race, ethnicity, gender, and perhaps socioeconomic status may be captured.)

Intervention Point VI: Reentry

Reentry - Detention

- There is a program within the Mahoning County Juvenile Detention Center called The Brotherhood Council (TBC). This program is court referred for moderate to high risk male juvenile offenders.

Reentry – Department of Youth Services

- There are 2 family engagement coordinators in the Reentry Court Docket that are involved with cases from start to finish.

Intervention Point VI – Identified Gaps

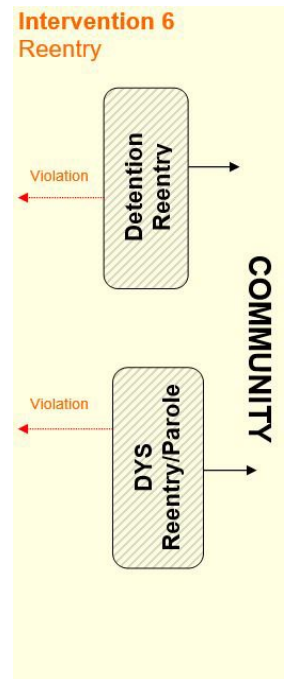
- Mandates

Intervention Point VI – Identified Opportunities

- Use of reentry docket for all returning students

Recommendations

- This intercept seems strongly tied to Intercept IV where family engagement was identified as a targeted gap and opportunity. Any efforts and initiatives could consider both supervision and reentry strategies.



Priorities for Change

Mahoning County,
Ohio

Mahoning 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. Mobile Mental Health Response
2. Responses for unruly/dysregulated (when parents demand arrest)
3. Crisis Drop-off/Stabilization Unit/Respite
4. Family Engagement

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

- ▣ Conflict resolution in the family unit
- ▣ Overburden in the ERs
- ▣ Shortage of foster care
- ▣ Respite options and capacity of Daybreak
- ▣ Youngstown City Schools involvement in Early Warning System

Additional Recommendations

Parking Lot Issues

- Workforce shortage
- Private insurance doesn't cover needed services
- Family First Act will limit the ability to place in residential services
- QRTP conflicting standards and potential reduction of available facilities because of QRTP standards
- Shortage of ambulances and EMTs

Additional Resources and Programs

Bureau of Justice Assistance Police Mental Health Collaboration Toolkit	https://Pmhctoolkit.bja.gov
Center for Juvenile Justice Reform	https://cjjr.georgetown.edu/about-us/
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for the Study of Prevention of Violence	http://www.colorado.edu/cspv/blueprints/
CIT International	http://www.citinternational.org/
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/
Coalition for Juvenile Justice	http://www.juvjustice.org/
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997 https://www.csh.org/about-csh/in-the-field/oh/
Council of Juvenile Correctional Administrators	http://cjca.net/
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/
Conflict Resolution Education Connection	https://creducation.net/
Juvenile Detention Alternatives Initiative	https://www.aecf.org/work/juvenile-justice/jdai/
Juvenile Justice Information Exchange	https://jjie.org/
Juvenile Justice Resource Hub	https://jjie.org/hub/
Mental Health America	http://www.mentalhealthamerica.net/
Models for Change	http://www.modelsforchange.net/index.html
National Association of Pretrial Services Agencies	NAPSA.org
National Association of School Resource Officers	https://nasro.org/
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Center for Youth Opportunity and Justice (formerly National Center for Mental Health and Juvenile Justice)	www.ncmhjj.com https://ncyoj.policyresearchinc.org/
National Council of Juvenile and Family Court Judges	http://www.ncjfcj.org/
National Council of Juvenile and Family Court Judges - Enhanced Juvenile Justice Guidelines	http://www.ncjfcj.org/EJJG
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
National Juvenile Justice Network	www.njjn.org
National Youth Screening & Assessment Partners	http://www.nysap.us/
Office for Victims of Crime: The Vicarious Trauma Toolkit	https://vtv.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
Mahoning County, Ohio | October 14 – 15, 2021**

Mahoning County Juvenile SIM Roster			EMAIL
FIRST	LAST	AGENCY	EMAIL
Amanda	Banner	Mahoning County Prosecutors office	amanda.banner@mahoningcountyoh.gov
Rachilla	Basista	Mahoning County Family and Children First	rbasista@mahoningcountyoh.gov
Matt	Bowen	Campbell School Superintendent	mbowen@campbell.k12.oh.us
Guy	Burney	CIRV	gburney@YoungstownOhio.gov
Allison	Cole	MCJJC	allison.cole@mahoningcountyoh.gov
Judge Theresa	Dellick	Mahoning County JJC	tdellick@mahoningcountyoh.gov
Kenneth	Donaldson	Pastor - Rising Star Baptist Church - Mentor/Coach in schools	pastorknd@gmail.com
Allison	Fortunato	Mahoning County Juvenile Court	afortunato@mahoningcountyoh.gov
Jennifer	Gray	Compass - Daybreak	Jgray@COMPASSFamily.org
Cathy	Grizinski	Help Network	cgrizinski@helphotline.org
Karen	Guerrieri	Mahoning County Juvenile Court	kguerrieri@mahoningcountyoh.gov
Brenda	Heidinger	Mahoning County Mental Health & Recovery Board	bheidinger@mahoningcountyoh.gov
Curtis	Ingram	Austintown PD	cingram@austintowntwp.com
Lakeya	Lee	Candence Care	lakeya.lee@candencecare.org
Jen	Merritt	Mahoning County High School Superintendent	j.merritt@mahoninghs.k12.oh.us
Jamie	Miller	Alta Behavioral Health	jamiem@altacaregroup.org
Mary	Missos	Akron Children's	mmissos@akronchildrens.org
Malik	Mostella	Youngstown Police	PtlMostella@YoungstownOhio.Gov
Duane	Piccirilli	Mahoning County Mental Health & Recovery Board	dpiccirilli@mahoningcountyoh.gov
Karen	Romano	Chief Magistrate MCJJC	kromano@mahoningcountyoh.gov
Alki	Santamas	Meridian/TASC	ASantamas@meridianhealthcare.net
Wes	Skeels	Mahoning County JJC	wskeels@mahoningcountyoh.gov
Bradley	Smith	Mahoning County Children Services Board	bradley.smith@mahoningcountyoh.gov
Cornelius	Strozier	Youth Intensive Services	cstrozier@youthintensiveservices.com
Mike	Sweeney	Boardman School SRO	msweeney@boardmantwp.com
DeWayne	Thompson	Youth Intensive Services	dthompson@youthintensiveservices.com
Michelle	Werth	Clinical Director	tmwerth@zoominternet.net
Marly	Zeigler	Mahoning County Juvenile Court	Marly.Zeigler@mahoningcountyoh.gov

Action Planning Matrix for Mahoning County, Ohio

Priority Area 1: Mobile Mental Health Response				
Objective		Action Step	Who	When
1)	Assess the need of the response a) Emergency Department (ED) b) disruptive/unruly	Collect data from Hotline, 911, ED. Research other community mobile outreach	Committee	December 2021
2)	Funding/Insurance	Review funding options, billable rates, grants	MHR Board Medicaid grants	May 2022
3)	Staffing	Identify staffing, develop a training schedule, Mobile Response Stabilization Services (MRSS), coordinate with Youngstown State University (YSU)/CIT/Social Work. Classes and curriculum.	Child/Youth Services/Agencies. Attend Mobile Response Stabilization MRSS Alta contact social work programs at YSU	December 2021
4)	Screening	Triage (Quick Response Team/QRT Model) a) Phone/telehealth/hotline/911 b) Outreach/mobile/MOU c) Develop SOP Policy d) Follow up – sharing information e) Training of staff	<ul style="list-style-type: none"> - Mental Health Recovery Board (MHRB)/funding - MHR Agencies - Law Enforcement, 911 Dispatch - Peers - Therapist 	May 2022
5)	Community awareness	Marketing MHR agencies	<ul style="list-style-type: none"> - MHR Agencies - School resource officers - Private practice 	May 2022

Action Planning Matrix for Mahoning County, Ohio

Priority Area 2: Responses for Unruly/Dysregulated (when parents demand arrest)				
Objective		Action Step	Who	When
1)	Give officers on scene a tool so formal charges don't occur	a) Collect resource information sheet from Curtis Ingram, Mike Wilson, and Wes Skeels.	<ul style="list-style-type: none"> - Curtis Ingram - Mike Wilson - Wes Skeels 	Soon
		b) Having a universal tool city wide with specific identified people on sheet (include 211 or 988)	<ul style="list-style-type: none"> - Rachel Shiley - Wes Skeels - Mike Sweeny - Parent advocate - Parent/Peer support - Youth Intensive Services - Prosecutor 	2 weeks
		c) After it is written, writing process to road officer for referral to school resource officer (SRO) in the Early Warning System (EWS) program. Dispatch to SRO when clearing the call.	<ul style="list-style-type: none"> - Chief of Police Association 	
2)	Train/disseminate new referral forms to police departments within jurisdiction of EWS	<ul style="list-style-type: none"> a) Announce at Superintendents meeting b) School Resource Officer meeting held at CSO. 		At 9:00
3)	Disseminate city wide tool to police departments not involved with EWS	<ul style="list-style-type: none"> a) Forming a committee to tackle this b) If this tool does not work, officers should follow current protocol of Juvenile Detention Alternatives Initiative (JDAI). 	<ul style="list-style-type: none"> - Community Initiative to Reduce Violence (C.I.R.V.) - Malik - Poster - Donaldson - Police Dept. - Prosecutor Rachel Shiley 	1 month

Action Planning Matrix for Mahoning County, Ohio

Priority Area 3: Crisis Drop-Off/Stabilization Unit/Respite				
Objective		Action Step	Who	When
1)	Define purpose of center	a) Gather information on adult systems currently in place for stabilization in other counties	Mental Health Board/Juvenile Justice Center (JJC)/Children Services Board (CSB)	Next Meeting
		b) Gather Ohio Department of Mental Health and Addiction Services (OMHAS) document crisis plan from July 2021	Jennifer Gray	
		c) Identify location, length of stay and type of facility	Malik Mostella	Virtual Invite
2)	Transportation	d) Determine payers and criteria - Staff and scope of services	DeWayne Thompson	
		e) Gather information on other models in other counties	Jenn Merritt	One Month
		f) Funding secured		
		g) Investigate safety requirements	Mental Health Board/JJC/CSB	
		h) Develop guide/screening process/tool for entry to determine next steps where student/adult will go	Mary Missos Group	

Action Planning Matrix for Mahoning County, Ohio

Priority Area 4: Family Engagement				
Objective		Action Step	Who	When
1)	Identify potential barriers to family engagement	a) Develop survey/questionnaire to send to parents/guardians	Schools, agencies, community leaders	1/31/2022
		b) Send survey/questionnaire electronically, physically (pend & paper), and post on websites		2/28/2022
2)	Collect and analyze data	a) Run data analysis b) Derive at report	Marly Zeigler	3/3/2022
3)	Planning and implementation meeting	a) Meet and discuss with identified parties	Family Engagement Team	4/30/2022
4)	Implement family engagement events	a) Devise quarterly family engagement opportunities b) Advertise and promote	Family Engagement Team	10/31/2022

Appendix

Pre-Workshop Data Collection

** Data collected is for January 1 – December 31, 2019**

DETENTION INTAKES	
<i>How many people are identified as having mental health issues?</i>	
By detention intake staff	50
While in detention (by corrections officers, health staff or others)	75
Release Planning Activity	Being tracked for 2020
How many people are held for forensic review?	0
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>	
How many were known to publicly-funded mental health system?	70
Acute crisis services?	7
Long-term service enrollment?	12
How many were known to publicly funded substance abuse treatment system?	40
Community-based	
Detoxification services	0
Residential	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	2
Misdemeanors	36
Felonies	79
Violent behavior	49
Violations of probation	10
Frequency	1.36
How many arrests / intakes per person? (average)	
Length of stay in the detention center for each episode of incarceration (average)	8.2 days
DISCHARGE / REENTRY	
How many people left detention with financial benefits or entitlements in place?	Being tracked for 2020
How many people left detention with a shelter as the identified residence?	110
How many people had no known residence?	
How many people left detention with an appointment at a mental health or other treatment service?	25
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	15

Community Collaboration Questionnaire

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

Please note that it is preferable not to have separate questionnaires filled out by various key stakeholders.

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

Community: Mahoning County Juvenile Justice		
Contact Person: Wes Skeels & Brenda Heidinger	Phone 330-740-2244 330-746-2959 ext. 7664	Email wskeels@mahoningcountyoh.gov bheidinger@mahoningcountyoh.gov

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system? Therapeutic Behavioral Care (TBC) unit	X	
2	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> Specialty Dockets FCFC	X	
3	Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers? <i>If yes, please list recent programs:</i> Do trainings with the community like BITS, Leadership Mahoning Valley, so any cross training is informal, except Leadership Mahoning Valley		X
4	Does your community have resources identified to work with this population? <i>Please describe:</i> Early Warning System Schools JJC has internal funding, Dr. Ferris, and Forensic Science center, Specialty Docket teams MCMHRB funds local agencies to provide services at JJC (TASC, Meridian HealthCare)	X	
5	Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i> Detention Counselor (Mark Jones) Counseling Department (3 -4 FTE's) Multi Systemic Therapy and respite services through Homes for Kids	X	
6	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> ACE, SBIRT, Service Coordination through FCFC, Specialty Docket report	X	

7	Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i> What is this?		X
8	Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i> Will check specialty dockets to see if an ongoing MOU is available		
9	Does your community have a coordinated crisis management plan or team? <i>Please describe:</i> Counseling Department can do on demand visits (one clinician a day sets aside a 3 to 4 hour time block) Alta has crisis management for those who are Alta clients	X	
10	Does your community have any juvenile diversion programs at this time? <i>Please describe:</i> Early Warning System Schools, and DayBreak has diversion programs for detention. Tobacco, driving, intake conferences can all divert	X	
11	Does your community have a mental health, drug or other specialty court for serving juveniles? <i>Please describe:</i> Specialty Dockets include MH, Drug, and Family Court	X	
12	Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems? Shared consent form for FCFC for MultiSystem releases are signed with agencies for all referrals	X	
13	Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? <i>Please describe:</i> Community Initiative to Reduce Violence (CIRV) Violent Crimes Task Force US Marshall Task Force	X	
14	Have screening or assessment procedures been instituted in the mental health, substance use and juvenile justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i> ACE, SBIRT screenings system in place for all juveniles. Counseling referrals for all who need full assessment when screening is positive Protocols in CourtView to trigger immediate referral at intake (before intake complete)	X	
15	Have re-entry services been instituted to help people returning to their communities from detention? <i>Please describe:</i> Have a re-entry court docket and 2 family engagement coordinators to follow case from beginning to end.	X	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Not all agencies understand each other's limitations, whether because of ORC or Agency protocols.	X	