

# Montgomery County, Ohio

## Juvenile Cross-Systems Mapping Report

April 28 - 29, 2025

### Montgomery County Core Planning Team

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# Juvenile Cross-Systems Mapping

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| • OhioMHAS (now ODBH) SFY2024 Criminal Justice Behavioral Health Linkage Report                           |        |
| • Montgomery County Sequential Intercept Model Mapping Report, 2024 (Policy Research Associates, Inc.)    |        |

# Montgomery 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* workshop held in Montgomery County, Ohio on April 28-29, 2025. The workshop was requested and sponsored by the Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board and the Montgomery County Common Pleas Court Juvenile Division. This report includes:

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

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

### Background

Through ongoing discussion regarding the increasing needs of youth and families in their county, potential gaps and opportunities were identified prior to the workshop. There was also recognition that Montgomery County community partners wished to have a better understanding of the capacity and capabilities of all community partners working with youth and families and a greater understanding of the implications of their planning. The Juvenile Cross-Systems Mapping exercise was meant to aid Montgomery County with:

- Creation of a map indicating points of intervention among all relevant Montgomery 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 behavioral health concerns in contact with the juvenile justice system

The participants in the workshop included 47 individuals, with several joining on Day 2, representing multiple community partner systems including mental health, substance use treatment, human services, juvenile justice and detention, parents, advocacy, law enforcement, and courts. A complete list of participants is available in the resources section of this document. Michael Fox, Lisa DiSabato-Moore and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

### Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for juvenile justice-involved youth with behavioral health concerns.

Participants agreed that the following values and concepts were important components of their

discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.*

## Objectives of the Juvenile Cross-Systems Mapping Exercise

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

1. Development of a comprehensive picture of how youth with mental health needs, co-occurring mental health and substance use needs, and complex multisystem involvement needs flow through the Montgomery 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 Montgomery County Juvenile Cross-Systems Map created during the workshop can be found in this report on page 6.

## Keys to Success

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

## Cross-Systems Partnerships; Task Force

Montgomery County has a rich history of collaborative relationships and initiatives, and experience using the Sequential Intercept Model for planning purposes in the adult mental health, substance use and criminal legal systems. In the context of juvenile / youth serving systems, the Montgomery County ADAMHS Board serves as a system wide coordinating entity and convener of community and providers. The county has a BHJJ (Behavioral Health Juvenile Justice) project for Family Functional Therapy through South Community and NYAP. Various Memoranda of Understanding (MOUs) are also in place to enable information sharing among law enforcement jurisdictions, Dayton Public Schools and service providing agencies, Dayton Public Schools and Montgomery County Juvenile Court, among others. Montgomery County has a total of 16 school districts. Unlike the adult service system, currently there is not a centralized task force for the coordination of all these efforts.

## Individual in Recovery Involvement

The Juvenile Cross-Systems group is strongly encouraged to solicit participation from community members and individuals with lived experience; ideally each work group/committee will include youth, family and/or advocate representation.

## Representation from Key Decision Makers; Family/Youth Investment

- The group composition provided reasonable cross-system representation with attendees from the mental health and substance use prevention and treatment, children's services, the largest public school system, juvenile court, the Sheriff's Office, crisis services, healthcare/hospitals, and NAMI.
- Key constituents that were missing at the workshops: family members and youth with lived experience, Public Safety Telecommunicators/call center and the 988 provider.

## Data Collection; Information Sharing; Communication

- The Montgomery County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and/or to be included in the workshop manual:
  - Completed Community Collaboration Questionnaire
  - Montgomery County Juvenile Detention Center Data from South Community / ADAMHS Caring for Kids, FY 2024
  - Montgomery County Juvenile Court adjudication data summary FY 2014 – 2023
  - Department of Youth Services FY25 Admissions Data with comparisons to prior years
  - OhioMHAS (now ODBH) SFY2024 Criminal Justice Behavioral Health Linkage Report
  - Montgomery County Sequential Intercept Model Mapping Report, 2024 (Policy Research Associates, Inc.)
- Additional data provided by the Criminal Justice Coordinating Center of Excellence
  - Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2025

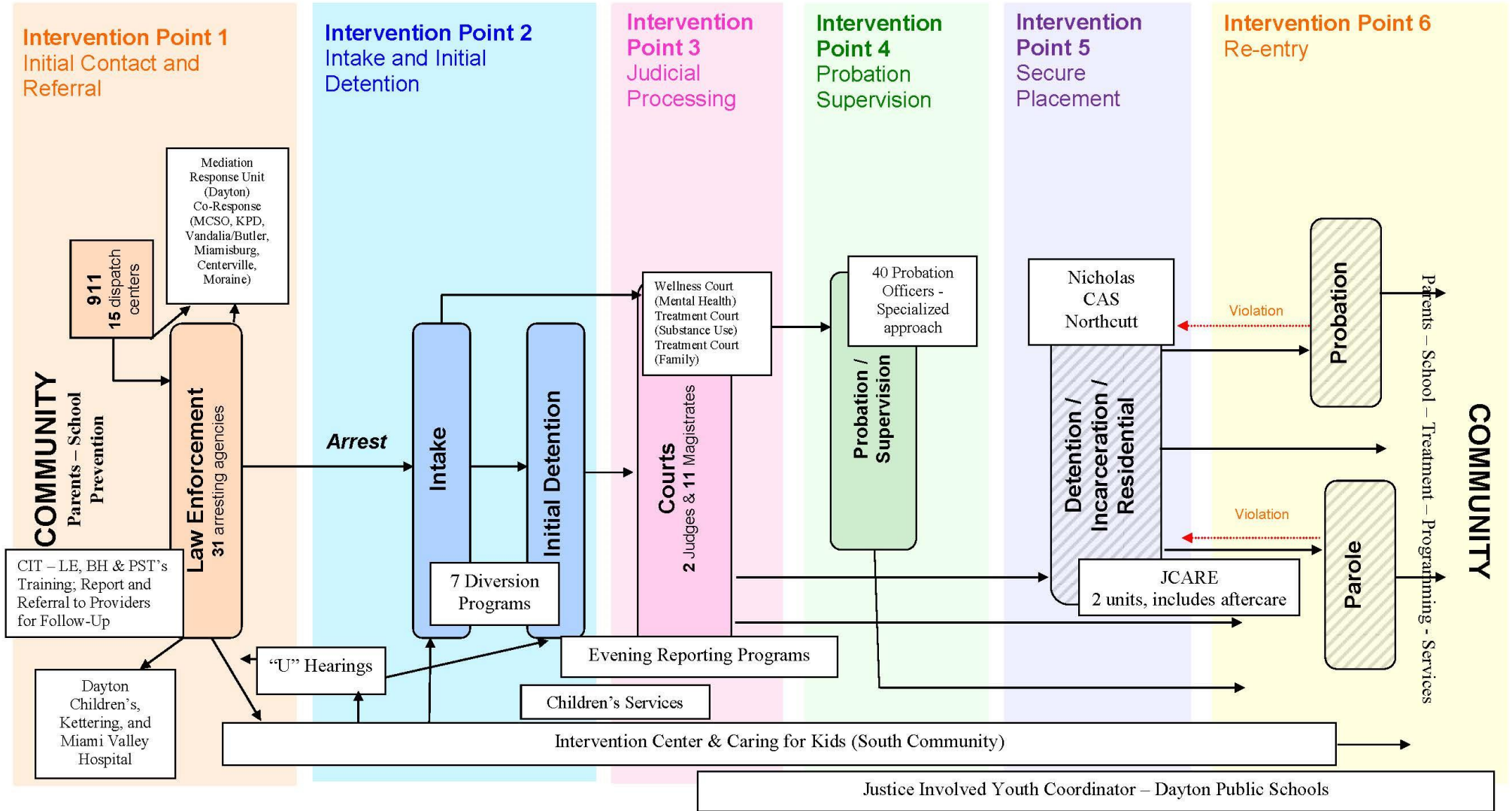
## Recommendations

- The group is strongly encouraged to engage and maintain engagement with family members and youth with lived experience as part of the action planning work groups and future planning initiatives.
- The group is strongly encouraged to formalize and centralize a task force to coordinate the current and future efforts being undertaken to improve the cross-systems response to youth and families.

# Juvenile Cross-Systems Mapping

Montgomery County, Ohio

# Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Montgomery County April 2025



## Montgomery 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 Montgomery 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 Montgomery County Cross-Systems Map. The cross-systems Montgomery 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.

The participants noted the following local characteristics which create added layers and sometimes challenges to the systems of care:

- Montgomery County has 16 total school districts
- Estimated 25% of the public-school population are immigrants
- Montgomery County has an unusually large number of group homes; 31% (89) of Ohio’s group homes are in Montgomery County. As a result, there is a large population of out-of-county youth placed in Montgomery County group homes.
- The Montgomery County ADAMHS Board requires 25% financial match from providers to receive funding; provider agencies often experience, or perceive, this as a cut to their funding.

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

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

- Dayton Public Schools has extensive programming:
  - Partnership with Nurturing Community Cultivating Justice (NCCJS) to provide screening to all freshmen to identify students at risk of suicide drug or alcohol use, including Screening, Brief Intervention and Referral to Treatment (SBIRT), Collaborative Assessment and Management of Suicidality (CAMS) and Adverse Childhood Experiences (ACES). ACES screening is completed with K-12 students and includes risk mitigation planning.
  - Counselors, life coaches, a psychologist, and contracts with multiple mental health providers
  - Justice Involved Youth Coordinator
- Crisis Continuum
  - 988 answered by Sojourner, with TCN, Talbert House and DeCoach as backups to answer roll over calls
  - MRSS (Mobile Response and Stabilization Service) is being developed through Choices Coordinated Care Solutions, the identified provider for Montgomery and Preble Counties

- OhioRISE
- The county has both Intensive Home-Based Treatment and Functional Family Therapy services.
- Daybreak - Youth Runaway Shelter
  - Services include emergency shelter, housing program, drop-in center, and job readiness
- Sunlight Village – Staffed to support families, parents, and youth facing mental, emotional and/or behavioral health concerns; Provides a variety of services and has a youth advocate
- Family and Children First Council (FCFC)
  - Family Centered Services and Supports (FCSS) – funding available to support families of children involved in multiple systems, often including the mental health system. Funding can cover the cost of assessments, treatment services, parent education, and more.
  - Parent education and other in-home services
  - Support goals of youth for non-clinical approaches
- Other Prevention and Early Intervention programming in schools:
  - Botvin Life Skills via Goodwill and Urban Minority Alcoholism & Drug Abuse Outreach Programs (UAMADAOP) of Dayton (18 buildings)
  - PBIS – Positive Behavior Intervention – all 16 districts
    - Restorative practices utilized in Dayton schools – Involves focusing on community-building, resolving conflicts through dialogue, and justice mediation to reduce suspensions and improve student behavior rather than punitive practices.
  - PAX Tools
  - Too Good for Drugs/Violence
  - Prime for Life
  - Signs of Suicide (SOS)
  - Youth Mental Health First Aid
  - School Links – electronic information that students can access and share about their credits, opportunities, etc.; helps students match to careers, colleges, etc.
  - QPR (Question, Persuade, and Refer), Hope Squad, and Ohio Handle With Care (HWC) in 30 schools
    - Education Services Center (ESC) tracks students, personnel, and systems
  - Leadership cohorts with 3 districts through the ESC
  - Behavior Threat Assessment teams in multiple schools
  - Boys and Girls Club – after school and summer prevention programs/support
- Intervention and Treatment
  - Schools contract for case managers so services can be billed
  - Goodwill Easter Seals of the Miami Valley – ALL CLUB and Peer Support
  - Some other school districts also may have screenings and building intervention plans, caseloads, and a case worker funded by Dayton Children’s Hospital
- Mediation Response Unit (MRU) with the Dayton Mediation Center, city of Dayton only
  - Community members can call directly to request services and assistance; however, do not respond to mental health calls
- 89 group homes
  - Concentrated in specific areas with lower housing costs and sometimes access to fewer resources than being evenly distributed throughout the county
  - School enrollment heavy in 3 school districts; Majority of youth are from out of county, which often creates coordination challenges
  - Heavy utilization of law enforcement
  - Lack oversight for training of staff
  - youth very alone throughout processes (such as intake at the facility, care planning, service provision, court processes, etc.)
  - Lack access to counseling services
- It was noted that 900 youth in Montgomery County touch both mental health and juvenile justice systems

### Intervention Point 0 Gaps

- Case management services are limited to Medicaid population with all behavioral health organizations
- Options for high acuity and/or long-term mental health cases that do not meet hospitalization criteria

- Barriers to engagement
  - Access to youth (by FCFC) through agencies serving families to enable use of Family Centered Services and Supports (FCSS) funds
  - Hefty paperwork to access FCSS funds
  - Referral process – needs liaison/support person to enable warm hand-off
  - Help for parents collating all the required items and documentation
  - Trust of the system
- Services built around or responsive to busy parents
- Group homes lack oversight for training of staff, high staff turnover, and staff not implementing training
- Group home youth – access to counseling services; alone during many processes at the facility, when involved with juvenile court, when accessing other services, etc.
- Additional funding strains, e.g., match requirement for providers to receive funding from ADAMHS
- Cross- county barriers such as getting documents signed, enrolling youth in services, guardianship barriers, and transportation barriers

### Intervention Point 0 Opportunities

- MRSS
  - 15 staff to be hired
  - Will include peer support, clinical services, and community wide response
- Bring group homes to the table
- OMEGA's Family Engagement Nights
- Ohio Rise expanding waiver pool (don't have to be on Medicaid for services/respite)
- Use data to drive decisions and case planning (e.g., kids do better in own homes or with family/relatives; whole family treatment reduces symptoms and suicide ideation)
- Wellness fairs with transportation
- Mediation response
- National Youth Advocate Program (NYAP) – access to FCSS funds

### Recommendations

- NAMI Basics is a free 6-sessions course for parents and other caregivers of youth ages 22 and younger who are experiencing mental health symptoms. NAMI Montgomery County offers the NAMI Basics course online (NAMI Basics OnDemand), which is self-paced and available 24/7. NAMI Basics is an evidence-based educational program, “shown to improve self-care, empowerment, and family communications skills in caregivers”. The Court, service providers, school staff, and probation staff should consider providing information and the link to all parents and family members as early as possible when youth are identified as experiencing mental health symptoms. The evidence base, combined with the easy access, 24/7 availability, and parent/family guides, could assist with family engagement and participation.
- Consider a navigator position (with FCFC or other appropriate organization) to assist with paperwork, completing processes, and warm hand-offs to other services and resources, particularly for non-Medicaid youth and families.
- In other counties, MRSS has demonstrated flexibility in responding to youth crises and youth-related situations. At the time of the workshop, the MRSS team was still being built. Once in place, planning and coordination could occur to develop protocols with group homes, and perhaps to utilize MRSS in circumstances when youth appear unaccompanied to court, or when they first arrive at a group home. It is not unreasonable to consider it a crisis when a minor is alone under such stressful circumstances.
- Is there an opportunity to work collectively with group homes to develop consistent intake policies and practices for out-of-country youth, including requirements that are clearly delineated and must be met by referring counties prior to acceptance and during the youth's stay? This could include some expectations for the referring county to take responsibility for enrollment in or coordination of services, coordination with Montgomery County navigator or case manager, etc.

- In line with the general recommendation on page 4 and similar to what is done under the Stepping Up umbrella for adult systems, the county is encouraged to establish a formal task force or centralized group that convenes Intercept 0 services and programs to provide regular updates, address challenges, and improve communication channels, etc. – Could include creation/updating of comprehensive service guide for partners and families, opportunities to identify funding needs and resources, network and build relationships, share data/utilization information, etc.
- Dayton Public Schools was represented at the workshop and outlined a robust list of interventions and services available to their students and families. It is unclear whether the other 15 school districts have access to equivalent services or functions. Getting a comprehensive inventory of school-based services and sharing that information across service systems could be valuable in maximizing use of those resources, identifying disparities and gaps in resource accessibility, and informing the future priorities of this group.
- Reinforcing the recommendation on page 4, including parents and youth with direct experience in the review and planning of family-oriented and youth services is vital to ensure alignment with needs and to maximize engagement and outcomes. This should be an ongoing expectation of all coalitions and work groups.
- Montgomery County service providers are encouraged to participate in the Systems of Care ECHO where consultation is available from Case Western Reserve University and other child serving hub experts. Brief didactics on pertinent topics are presented, and participants can learn from each other's client experiences. Complex cases can be submitted in advance to the ECHO hub for presentation to a community of peer professionals and the expert hub. These case presentations are collected by the ECHO hub team directly and through coordination with the local Family & Children First Council (details and the case presentation form can be found here: <https://soco.org/soc-echo-case-referral/>). This resource can result in creative recommendations and possible solutions for working with youth and families.

## Intervention Point I: Initial Contact and Referral

In Montgomery County, law enforcement is provided by the Montgomery County Sheriff's Office, Ohio State Highway Patrol, and law enforcement agencies in various towns or cities. Law enforcement options for responding to youth with mental illness include advise, summons, arrest, transport to intervention/detention center, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options. Montgomery County adopted the Crisis Intervention Team (CIT) Model in 2003 with current co-ordination at the Montgomery County ADAMHS Board and Dayton Police Department.

### Initial Referral

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

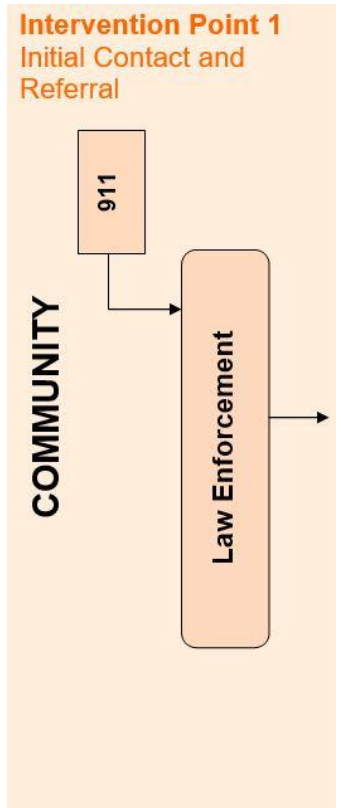
### Dispatch / 9-1-1

- Montgomery County has 15 call and dispatch centers, 8 of which are primary: Montgomery County Regional Dispatch (within the Montgomery County Sheriff's Office and dispatches a variety of police and fire departments), Huber Heights Police Department, Centerville Police Department, Oakwood Police Department, Kettering Police Department, Moraine Police Department, Englewood Police Department, and Vandalia Police Department; each center is responsible for dispatching police, fire and emergency medical services (EMS) for their jurisdiction.
- There was no 911/dispatch representation at the workshop to learn about call coding or prevalence of calls related to youth and families. It was stated that some of the dispatch centers share an information system.
- The CIT program provides the Public Safety Telecommunication (PST) CIT training course.
- Dispatch in Dayton and at the Montgomery County Regional Dispatch screen calls for appropriate dispatch to traditional law enforcement, CIT, co-response, or in Dayton City to the Mediation Response Unit (MRU).
- Dayton Police Department produces a daily mental health contacts report.

### Law Enforcement

According to the Active Agencies section of the Ohio Attorney General's Office public records resource pulled in March 2025, Montgomery County has 31 Law Enforcement Agencies: Brookville PD, Butler Township PD, Centerville PD, Clay Township PD, Clayton PD, Dayton International Airport PD, Dayton PD, Englewood PD, Fiver Rivers PD, German Township PD, Germantown PD, Huber Heights PD, Hackson Township PD, Kettering Health PD, Kettering PD, Miami Township PD, Miamisburg PD, Montgomery County Sheriff's Office, Morain PD, New Lebanon PD, Oakwood PD, Perry Township PD, Phillipsburg PD, Premier Health Public Safety, Riverside PD, Sinclair Community College, Trotwood PD, Union PD, University of Dayton, Vandalia PD, and W. Carrollton PD.

- The Montgomery County Crisis Intervention Team (CIT) training program held their first CIT Patrol Officer Training Course in 2003 with the latest being held in 2025. The program holds four CIT patrol officer training courses per year and offers role specific training courses for public safety telecommunicators and behavioral health. As of March 2025, CJ CCoE records indicate 718 full-time officers have completed CIT Patrol Officer training. 25 of the 31 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.
  - According to the May 2023 updated Montgomery County CIT training curriculum, the patrol officer course includes a full day dedicated to youth crisis.
  - Callers may request a CIT officer when contacting 911 or a jurisdiction's dispatch center. Families are educated about CIT and encouraged to request CIT officers when appropriate.



- 13 of the 31 law enforcement agencies utilize Motorola. Within this system, CIT questions were added that mirror the Model Crisis Intervention Contact Sheet. One other law enforcement agency that does not use Motorola has incorporated the CIT questions into their existing criminal justice system. These agencies also work with Ascend Innovations to port the CIT crisis contact sheets into a database that can be accessed to review CIT contacts.
  - Dayton PD is building their own system and incorporating the CIT contact sheet. This system will ultimately be connected to the Ascent Innovations system.
- The CIT Steering Committee recently added 4 new community organizations
- Multiple jurisdictions have co-response units.
- An MOU is in place to share information with all law enforcement jurisdictions throughout the county.
- The city of Dayton has a Mediation Response Unit (MRU) which can be called directly by community members, through 911 or through the Dayton Police Department non-emergency line. MRU can transport individuals to a provider for further assistance. Calls are directed to the MRU if appropriate.
- Law enforcement can transport youth to a secure placement if one has already been established, Dayton Children’s Hospital, Kettering Health Main Campus, Miami Valley Hospital or the Juvenile Intervention Center.
- There are no law enforcement diversion programs at this time.

### **Crisis Services**

- Mobile Response and Stabilization Services (MRSS) are being developed through Choices Coordinated Care Solutions
- Sojourner answers 988 hotline for county, with backup for roll over calls provided by TCN, Talbert House and DeCoach
- Intervention Center at Juvenile Court
- Daybreak Runaway Shelter
  - 24beds for youth ages 10 to 21 years old
  - Licensed counselor on staff

### **Hospitals / Emergency Rooms / Inpatient Psychiatric Centers**

- Dayton Children’s Hospital has 20 psychiatric beds; however, participants noted an apparent trend that “forensic” youth (those in the JDC) are not often admitted.
- Kettering Hospital Main Campus
- Miami Valley Hospital

### **Intervention Point I Gaps**

- CIT Steering Committee ad hoc subcommittee for focus on youth
- 911 information sheet for the community
- Decision tree for 911 interoperability – currently interoperability and discretionary dispatch seems limited to Dayton and MCSO
- Handle With Care (HWC) standardized procedure with schools

### **Intervention Point I Opportunities**

- CIT flow chart – Kim will distribute
- CIT notification effort
- Mediation Response Unit (MRU) – MRU to shadow Dayton Public Schools restorative justice aides
  - Expand MRU hours
- 911 to MRSS referrals
- 911 discretionary response to others – unable to dispatch Mobile Crisis Team
- Collaboration with group homes

- ADAMHS campaign; inform community
- CIT Steering Committee additions – 4 people / organizations were added to the roster during the workshop

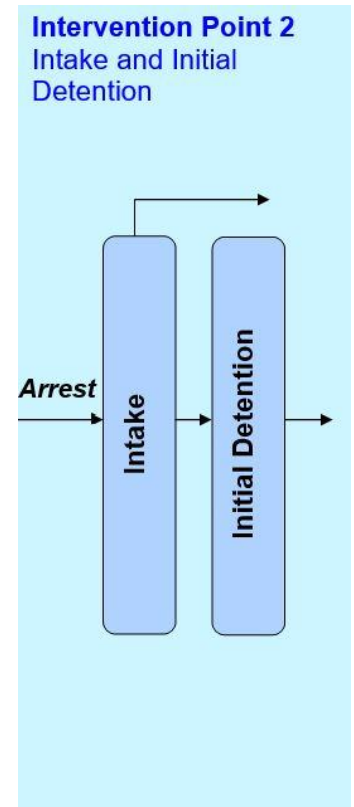
## Recommendations

- The CIT Steering Committee may want to consider youth oriented ad hoc committees to review data, outcomes, and training curriculum. This could be a fairly quick fix.

## Intervention Point II: Intake and Initial Detention

### Intake

- Upon arrest, youth are taken to the Montgomery County Juvenile Court Intervention Center, where youth are screened and every effort is made to divert from court involvement or detention. The Intervention Center is open 24/7 and has 65 staff members. When youth arrive, staff complete the Detention Screening Instrument (DSI), an assessment developed by staff of the Montgomery County Juvenile Detention Center in collaboration with JDAI (Juvenile Detention Alternative Initiative), to determine if the youth will be held in detention or released. The court may use pre-complaint hearings and unofficial hearings as part of the attempt to identify the best course of action. Law enforcement sign their complaint prior to leaving the facility after a drop off. The intake process takes approximately 4 hours.
  - Youth must be medically cleared prior to initiating the intake process. If a youth is intoxicated, they will be kept for monitoring and staff will wait for them to be sober and ready for assessment.
  - If youth disclose any mental health concerns or suicidal ideation, staff notify the facility mental health clinicians.
  - After the screening, if a youth is not held in detention, they may be released with or without community support services or community supervision. At the time of the mapping, 21 youth were on community monitoring. Every effort is made to align responses with risks and needs.
    - If a youth is not detained, Daybreak (youth emergency shelter) holds 2 beds for JDC referrals.
    - If a youth is not being detained and parents refuse to pick up their child, the youth will remain at the facility while Children’s Services becomes involved.
  - If a youth is held in detention, whether based on the assessment or by order of the Juvenile Court, detention staff will complete the MAYSI-2 (Massachusetts Youth Screening Instrument), the Ohio Youth Assessment System (OYAS), and a preliminary health screening.
  - The Intervention Center has an Under 10 program and an extensive program for truancy
  - The Intervention Center will also see youth walk-ins for screening and linkage to services.
  - Status offenders and unruly cases are processed and connected to services
    - Mediation Center uses trained, volunteer mediators to negotiate agreements with families. Cases can be referred back to the Intervention Center if no follow through by the family or if the family is unsuccessful in the agreements. Cases can also be resolved on their own without formal intervention or agreements. Other options include:
      - Community Impact Panel / Restorative Justice
      - Classes on responding effectively to conflict
- Challenges exist with varying skills levels of parents and understanding of what intervention strategies will be effective. The court and related services get pressure from parents to do more than diversion, including detention.



- In the last year, the Intervention Center conducted 900 further mental health assessments (as indicated after an initial screening) for youth brought there. These further assessments are conducted on an outpatient basis if the youth is not detained or within detention.

### **Initial Detention**

- Law Enforcement must take youth to the Montgomery County Juvenile Detention Center for any of the following charges: abduction; aggravated burglary, murder or robbery; felonious assault; firearm discharge in a habitation; gross sexual imposition; homicide; kidnapping; murder; rape; sexual battery; carrying a concealed weapon; involuntary and voluntary manslaughter; felony robbery; weapons under disability; witness from another facility; and violations of a Protection Order.

### **Intervention Point II – Identified Gaps**

- Unruly cases need a different response than the Intervention Center
- Staffing/workforce, especially mental health: more jobs, greater demand, and fewer qualified candidates
- 25% match for Montgomery ADAMHS funding

### **Intervention Point II – Identified Opportunities**

- Alignment of services to risks and needs. Attempts are already being made, but the landscape of providers is changing with warm hand-offs not as common or consistent.
- Telehealth (schools)
- Expand use of MRU for diversion

### **Recommendations**

- Lorain County engaged in the practice of screening the adults/parents for trauma (ACES) to help align the family's needs and risks to responses. This may be worth exploring in Montgomery County given the challenges reported with matching parents' demands/expectations to the Intervention Center/Court response.

## Intervention Point III: Judicial Processing

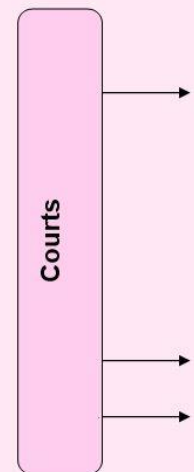
### Detention Hearing

- Detention hearings are held daily. It was noted that the building is designed so that youth in detention can be brought directly to the court area without entering public space.
- After the initial hearing, the youth is either detained, released, or released with community intervention/ support and restrictions. The youth are released to a parent/caregiver, other family member, or possibly to Children's Services if a parent/caregiver will not come to pick them up.
- Mental health staff will conduct a full mental health assessment for youth that will remain in detention past their detention hearing. While not needed to conduct the initial screening, parental consent and release is required for a formal mental health assessment, treatment and ongoing care.

### Court

- Participants estimated that there are 300 youth currently involved in the juvenile justice system.
- The court has 2 judges and 11 magistrates
- All hearings are conducted in person, although some exceptions will be made for witnesses to attend via Zoom. The court gives out bus passes to help support in person attendance.
- Law enforcement may mail in complaints.
- There is a "special summons" option with the court that has a 99% success rate of attendance. This can allow the youth to be released from detention and placed on electronic community monitoring through the Intervention Center.
- The Juvenile Court and Intervention Center have multiple "pre-complaint" diversion programs available to youth and families
  - 10 and Under (delinquency and unruly program for youth who are under the age of 10)
  - Disproportionate Minority Contact Diversion Program
  - Traditional Diversion (team works with the family and their support to identify what is impacting youth and what services are needed)
  - Screening Brief Intervention and Referral to Treatment (SBIRT) for youth who may be using substances and need immediate intervention – first time offenders
  - Sexually Oriented Diversion Approach for youth charged with first sexually oriented offense
  - Education Unit for truancy related concerns
  - Mediation Center of Dayton
    - Conducts family mediation to reach an agreement between the youth, family and court; however, if the youth breaks that agreement, the family can call within 30 days for the youth to return to court. If a parent declines mediation, the case will return to court as well.
- Participants advised that unruly charges are the #1 referral for juvenile court and parents have been resistant if a diversion program is recommended. The resistance comes from parents not wanting to participate in diversion and pushing to have the charge go through court.
- The court also refers to the following services to assist families:
  - Family Functional Therapy (FFT) – National Youth Advocate Program (NYAP)
  - Parent Project
- The court has experienced approximately a 10% increase in cases bound over to adult court, though the timeframe for the increase was not specified. At the time of the mapping, there were 8 motions pending bind over.
- Information about youth from both the Intervention Center and Juvenile Detention Center is shared with the court.

## Intervention Point 3 Judicial Processing



## Specialty Courts

- 3 specialty dockets
  - 2 judges and 11 magistrates
- According to the Supreme Court of Ohio Specialized Dockets Certified Specialty Docket list, as of 2025, Montgomery County has the following specialized dockets for families and youth:

| Judge Name       | Jurisdiction          | Docket Type                 |
|------------------|-----------------------|-----------------------------|
| Helen C. Wallace | Common Pleas Juvenile | Substance Use               |
| Helen C. Wallace | Common Pleas Juvenile | Mental Health               |
| Helen C. Wallace | Common Pleas Juvenile | Family Dependency Treatment |

## Intervention Point III – Identified Gaps

- Jurisdiction concerns (out of county youth; 3<sup>rd</sup> highest zip code of referrals came from Columbus, some being unruly charges; Franklin County representatives and parents often don't appear in court or respond which makes processing very difficult because the cases must go back to the home county for disposition)
- Parental engagement and participation
- Time constraints to complete a quality evaluation/assessment and make good referrals
- Alternatives for youth with developmental disabilities (DD), especially high acuity needs
  - Significant lack of funding
  - Comprehensive autism testing is required before DD eligibility can be determined
- Housing services – long wait lists
- Capacity for Family Functional Therapy

## Intervention Point III – Identified Opportunities

- Violence Interrupters (similar to Credible Messengers) being developed
- Greene County has a mentoring program that was noted as a good example that was being explored
- New legislation pending to balance group home levels across the state and give Ohio Dept. of Job and Family Services authority to revoke licenses and levy sanctions

## Recommendations

- It was not clear during the workshop whether the Juvenile Court has an advisory group or any kind of formal opportunity for parents and community members to offer input and feedback. The perspective of people with lived experience is important; therefore, some formal opportunities could be developed to ensure parents' needs and perspectives are heard other than when they are in crisis or in the midst of court involvement.

## Intervention Point IV: Probation Supervision

### Intervention Point 4 Probation Supervision

#### Probation

- Montgomery County is one of 19 Juvenile Detention Alternative Initiative counties in Ohio. The juvenile probation department has moved away from enforcement to a transformational approach with a high level of involvement and investment, incentivizing behavior through a case plan and matching needs to responses. Incentives are individualized based on what youth want or indicate is important to them. Contingency management is used, and family is involved as appropriate. Incentives may be extended to the parents and families where appropriate.
  - Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM) grant and the Juvenile Court Foundation funds are used to purchase incentive items. Employees can donate to the fund and fundraisers are held.
  - There are seven specialty diversion programs.
- There are 70 Probation Officers, all of whom have arresting powers but must have a judicial order to make an arrest.
  - Every youth develops an incentive-based case plan. Incentives are individualized by need and contingency management. Family can also be included in the incentives if appropriate. Caseload size is 15-17; Caseloads are divided into a “Release Track” and a “Detain Track”
  - There are 86 youth with misdemeanors on probation, accounting for approximately 28% of probation supervision
  - Specialty dockets have probation officers assigned to them
  - Evening Reporting is operated at a church and includes dinner and study time. To be eligible, youth must be on probation or in diversion.
  - Probation officers have access to youth during school hours
  - Probation officers will review probation violations with the probation supervisor before filing to determine best next steps. Probation violations don’t automatically move to arrest and do not require judicial involvement.
  - Multi-disciplinary team can be convened for review of more complicated cases.
- Community based services include Building Bridges (value through work) which typically serves higher need youth at lower ages.
- The community and community partners are concerned about violence and gun violence and indicated they could benefit from more communication. An open invitation was made for people to reach out to the Probation Department to open lines of communication and attempt to solve problems earlier.



#### Parole

- The parole officer is housed at the job center a couple miles from the Juvenile Detention Center and covers the southern region of Ohio with 80 youth on the caseload. The number of Montgomery County youth on parole was not reported but estimated to be between 10-20.

#### Intervention Point IV – Identified Gaps

- Meaningful communication; navigating releases of information and knowing what services are involved with each family; increase opportunities for collaboration
- Family engagement with systems

#### Intervention Point IV – Identified Opportunities

- Community connections, engagement, and involvement for youth and family
- Peer support (family and youth)
- Trauma recognition training

- Ford Next Generation Learning, i.e., “school links” at Dayton Public Schools, grades 7-12

## Recommendations

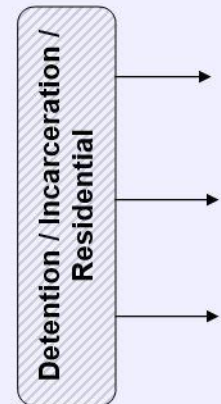
- Same recommendation as Intervention Point III – a parent advisory group could be used to inform the court and probation department about what understandings exist, what is important for community members to know and why, and the best avenues for informing parents and/or disseminating information widely to the community.

## Intervention Point V: Secure Placement

### Juvenile Detention Center

- The Montgomery County Juvenile Detention Center has a capacity of 144, with youth ranging in age from 15 – 18 years old. At the time of the workshop there were 50 youth being held at the facility, including several awaiting transfer/bind over to adult facilities. The facility houses moderate to high-risk youth. It is divided into 4 units with 12 beds per floor.
- It is completely keyless with camera monitoring throughout the facility. Central Control is staffed with at least two staff members at all times.
- The detention center has its own chartered school. All teachers and onsite school staff are employees of the JDC. School districts pay per diem and accept transcripts through court order.
- The Intervention Center provides care and treatment for youth in detention. The Secure Receiving Unit provides law enforcement with a dedicated space to bring youth to the detention center. Staff of the Assessment Unit screen and assess all youth brought by law enforcement for detention. Programs/services within the facility and/or family-centered:
  - Functional Family Therapy – detention and probation
  - Intensive Home-Based Treatment – provider agency going through the fidelity process at the time of the workshop
  - Video visitation is physically available but not used much since transition out of pandemic
- Mental health services are provided by South Community’s Caring for Kids division (CFK). On site services include behavioral health screens, diagnostic assessments, psychiatric medication monitoring and prescriptions, and treatment plans.
- Jobs and Family Services are onsite 5 days a week to work with the youth.
- Virtual visitation is offered.
- Should a youth need to be transferred to an Ohio Department of Youth Services (ODYS) facility, they are transported to complete their ODYS intake at Circleville Juvenile Correction Facility (CJCF), including a risk assessment and population study; Based on the intake, youth are transported to one of three facilities that ODYS operates. These include the CJCF, Cuyahoga Hills JCF or the Indian River JCF.
  - If the youth is female, they are first transported to the Center for Adolescent Services (CAS)
  - Montgomery County has approximately 15 youth committed to ODYS per year.
  - It was noted that delays in receiving assessments and other information can delay treatment opportunities and extend DYS stays; it sounded as if this does not occur often with Montgomery County youth, but it is an experience of DYS.

### Intervention Point 5 Secure Placement



## Residential and Alternate Placements

- Eastway, Northcutt Residential is for boys aged 6-10. The contract is with Montgomery County Children Services.
- Nicholas Residential Treatment is an unlocked residential treatment center with 18 beds. At the time of the mapping, 15 Franklin County youth resided there.
- Center for Adolescent Services (CAS) serves as a community correctional facility. It is a locked facility with 50 beds, offers multiple treatment focused programs and services and virtual visitation. At the time of the mapping, 19 Franklin County female youth were placed in CAS through ODYS.
- JCare is an alternative to DYS placement for felony offenses – a residential program, housed in the juvenile detention facility. Aftercare is included with probation for 3-6 months.

## Intervention Point V – Identified Gaps

- Appropriate level of care and availability of residential services (have had youth sleeping in lobby of Children's Services because nowhere to place them appropriately)
- Youth waiting in detention for assessment (then are released immediately after assessment completed); availability of alternative sites for assessments to be completed and avoid disruption of normal activities
- Placement opportunities for youth, especially girls and LGBTQ

## Intervention Point V – Identified Opportunities

- National Youth Advocate Program (NYAP) Care management - have used brief overnight stays to avoid youth sleeping in lobby
- Treatment level foster care – possible grant opportunity for Clermont, Butler, and Montgomery Counties to license own treatment level foster homes
- Juvenile Justice working groups – opportunity to contract with smaller companies, agencies, individuals to fill gaps in service (e.g., assessments, medical, educational) through Ohio Department of Youth Services (ODYS)

## Recommendations:

- Based on assessed levels of need, facilitate family-community based programming for appropriate youth about to be released (such as IHBT, MST, MDFT, ICT, etc.) – recognizing that intensive, community-based and family-engaging programming may offer the best odds for supporting initiated and sustained change(s). Part of this assessed level of need would likely include completion of the CANS.

## Intervention Point VI: Reentry

### Reentry - Detention

- Dayton Public Schools has transition position called Justice Involved Youth Coordinator. Involvement starts at day one of placement – JCare, CAS, Nicholas (not short-term detention). They become involved with the youth on the first day of their secure placement and assist with communication with schools, coordinates transcripts, and coordinates behavior plans. This is the first year of this program and this position.
- Dayton Public Schools have started re-entry circles for students returning from suspension/expulsion and or the justice system back to school.
- Nicholas Residential Treatment has transitional programming to assist youth returning to the community.

### Reentry – Department of Youth Services

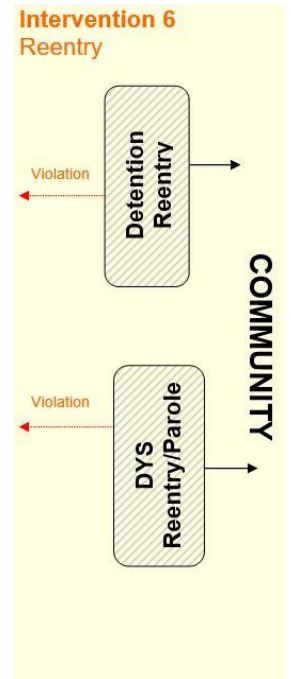
- Staff expressed concern with delays and barriers in getting treatment information and feeling like they are playing “catch up” when they begin working with a youth.

### Intervention Point VI – Identified Gaps

- ▣ Housing stabilization - where a youth is going upon release and options for resolving conflicts with families
- ▣ Setting realistic goals for reentry and coordination of all people and expectations involved
- ▣ Medication management for transitioning youth; wait time for appointments; limited supply of medication at discharge

### Intervention Point VI – Identified Opportunities

- ▣ Having “typical” conversations with transitional youth
- ▣ Bridge for Resilient Youth in Transition (BRYT) classrooms – Union County and Youngstown have this resource used specifically for reentry after a disturbance/departure (smaller classroom with clinician and teacher)



Priorities for Change

Montgomery County,  
Ohio

## Montgomery 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. Parental & Family Engagement
2. Group Homes
3. Response to Unruly
4. Appropriate Level of Care/ Residential Beds
5. Medication Management Upon Discharge

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

- Case managers limit service to Medicaid population (Intercept 0; Votes = 1)
- Barriers to engagement (Intercept 0; Votes = 2)
- 911 info sheet (Intercept 1; Votes = 1)
- 911 decision tree interoperability limited to Dayton (Intercept 1; Votes = 4)
- HWC (Handle With Care) standardized procedure with schools (Intercept 1; Votes = 4)
- 25% match for ADAMHS funding (Intercept 2; Votes = 2)
- Assessment turn around time (Intercept 3; Votes = 2)
- Community connections (Intercept 4; Votes = 1)
- Placement opportunities for kids (especially girls) (Intercept 5; Votes = 3)
- Housing stabilization/ Where a youth is going upon release (Intercept 6; Votes = 2)
- Setting realistic goals for reentry (Intercept 6; Votes = 2)

### Additional Recommendations

#### Parking Lot Issues

- Funding
- Workforce
- No-shows at appointments

## Additional Resources and Programs

|   |  |
|---|--|
| Bureau of Justice Assistance Police Mental Health Collaboration Toolkit   | <a href="https://Pmhctoolkit.bja.gov">https://Pmhctoolkit.bja.gov</a>  |
| Center for Juvenile Justice Reform  | <a href="https://cjjr.georgetown.edu/about-us/">https://cjjr.georgetown.edu/about-us/</a>  |
| Center for Substance Abuse Prevention   | <a href="https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap">https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap</a>  |
| 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://www.citinternational.org/">http://www.citinternational.org/</a>  |
| Coalition on Homelessness and Housing in Ohio   | <a href="http://cohhio.org/">http://cohhio.org/</a>  |
| Coalition for Juvenile Justice  | <a href="http://www.juvjustice.org/">http://www.juvjustice.org/</a>  |
| Corporation for Supportive Housing  | 40 West Long Street, PO Box 15955, Columbus, OH 43215-8955<br>Phone: 614-228-6263 Fax: 614-228-8997<br><a href="https://www.csh.org/about-csh/in-the-field/oh/">https://www.csh.org/about-csh/in-the-field/oh/</a> |
| Council of Juvenile Correctional Administrators   | <a href="http://cjca.net/">http://cjca.net/</a>  |
| Council of State Governments Justice Center Mental Health Program   | <a href="http://csgjusticecenter.org/">http://csgjusticecenter.org/</a>  |
| Conflict Resolution Education Connection  | <a href="https://creducation.net/">https://creducation.net/</a>  |
| Juvenile Detention Alternatives Initiative  | <a href="https://www.aecf.org/work/juvenile-justice/jdai/">https://www.aecf.org/work/juvenile-justice/jdai/</a>  |
| Juvenile Justice Information Exchange   | <a href="https://jjie.org/">https://jjie.org/</a>  |
| Juvenile Justice Resource Hub   | <a href="https://jjie.org/hub/">https://jjie.org/hub/</a>  |
| Mental Health America   | <a href="http://www.mentalhealthamerica.net/">http://www.mentalhealthamerica.net/</a>  |
| Models for Change   | <a href="http://www.modelsforchange.net/index.html">http://www.modelsforchange.net/index.html</a>  |
| National Association of Pretrial Services Agencies  | NAPSA.org  |
| National Association of School Resource Officers  | <a href="https://nasro.org/">https://nasro.org/</a>  |
| National Alliance on Mental Illness (NAMI)  | www.nami.org   |
| NAMI Ohio   | <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 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<br><a href="https://ncyoj.policyresearchinc.org/">https://ncyoj.policyresearchinc.org/</a>  |
| National Council of Juvenile and Family Court Judges  | <a href="http://www.ncjfcj.org/">http://www.ncjfcj.org/</a>  |
| National Council of Juvenile and Family Court Judges - Enhanced Juvenile Justice Guidelines                         | <a href="http://www.ncjfcj.org/EJJG">http://www.ncjfcj.org/EJJG</a>  |
| National Institute of Corrections   | <a href="http://nicic.gov/">http://nicic.gov/</a>  |
| National Institute on Drug Abuse  | www.drugabuse.gov  |
| National Juvenile Justice Network   | www.njjn.org   |
| National Youth Screening & Assessment Partners  | <a href="http://www.nysap.us/">http://www.nysap.us/</a>  |
| Office for Victims of Crime: The Vicarious Trauma Toolkit   | <a href="https://vtt.ovc.ojp.gov/">https://vtt.ovc.ojp.gov/</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="https://www.ojjdp.gov/">https://www.ojjdp.gov/</a>   |
| Office of Juvenile Justice and Delinquency Prevention – Model Programs Guide | <a href="http://www.ojjdp.gov/mpg/">http://www.ojjdp.gov/mpg/</a>   |
| Ohio Association of County Behavioral Health Authorities                     | <a href="https://www.oacbha.org/">https://www.oacbha.org/</a>   |
| Ohio Criminal Justice Coordinating Center of Excellence                      | <a href="http://www.neomed.edu/cjccoe/">http://www.neomed.edu/cjccoe/</a>   |
| Ohio Department of Youth Services  | <a href="https://www.dys.ohio.gov/">https://www.dys.ohio.gov/</a>   |
| Ohio Ex-Offender Reentry Coalition   | <a href="https://drc.ohio.gov/reentry-coalition">https://drc.ohio.gov/reentry-coalition</a>                                       |
| Ohio Mental Health & Addiction Services                                      | <a href="https://mha.ohio.gov/">https://mha.ohio.gov/</a>   |
| Partners for Recovery  | <a href="https://www.samhsa.gov/partners-for-recovery">https://www.samhsa.gov/partners-for-recovery</a>                           |
| Policy Research Associates/SAMHSA's GAINS Center                             | <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   | <a href="https://www.pretrial.org/">https://www.pretrial.org/</a>   |
| Reclaiming Futures   | <a href="http://reclaimingfutures.org/">http://reclaimingfutures.org/</a>   |
| SOAR: SSI/SSDI Outreach and Recovery   | <a href="http://www.prainc.com/soar">www.prainc.com/soar</a>  |
| SOAR: SSI/SSDI Outreach and Recovery – Child Course                          | <a href="https://soarworks.prainc.com/course/soar-child-curriculum">https://soarworks.prainc.com/course/soar-child-curriculum</a> |
| Substance Abuse and Mental Health Services Administration                    | <a href="http://www.samhsa.gov">www.samhsa.gov</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>   |

**Cross-Systems Mapping  
Montgomery County, Ohio | April 28 – 29, 2025**

**Participant Roster**

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|                 |                                   |                                     |                            |
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*This Participant List was created from the sign-in sheets for the workshop on April 28 and April 29, 2025.*

Action Planning Matrix for Montgomery County, Ohio

| Priority Area 1: Parent and Family Engagement   |   |   |                                      |
|---|---|---|--------------------------------------|
| Objective   | Action Step   | Who   | When                                 |
| Community event for parent education and family engagement                            | Join current resource fairs (5-6 per year)<br>Develop education campaign for community  | Juvenile Court Community Impact staff<br>Dayton Metro Library<br>Family and Children First Council  | August 2025 (first event)            |
| Parent Support Group of youth involved in system                                      | Find a Certified Peer Specialist to run group<br>Location/Frequency to be discussed<br>Recruit parents<br>Find incentives                           | Juvenile Court<br>Goodwill<br>NAMI<br>Montgomery County ADAMHS                                      | Fall 2025 (hold first group meeting) |
| In-house Peer Support Specialist for parents to navigate the system and offer support | Look at funding/who can support the position<br>Partner with agencies on education of staff position<br>Developing process for access, safety, etc. | Juvenile Court<br>Day Children's Hospital<br>Montgomery County ADAMHS<br>Behavioral Health Provider | Long-term goal<br>Late 2026 - 2027   |

Next meeting date: 30 days – email to group



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Action Planning Matrix for Montgomery County, Ohio

| Priority Area 2: Group Homes                                |   |     |      |
|---|---|-----|------|
| Goal: Develop a Montgomery County Group Home Collaborative  |   |     |      |
| Objective   | Action Step   | Who | When |
| Develop a policy cohort<br>*Include Government Review Board | Obtain accreditation requirements from/for group homes (in relation to treatment foster care/ foster care)<br>Determine zoning (County vs. City)<br>Application process development<br>Research model government review boards<br>Identify key stakeholders |     |      |
| Develop a community supports cohort                         | Survey community (needs)<br>Resource list<br>Identify key stakeholders  |     |      |
| Develop a training/certification cohort                     | Gather group home operator information<br>Organize meeting, develop agenda for facilitated group discussion<br>Identify needs<br>Identify resources to fill needs<br>Identify key stakeholders  |     |      |

Next meeting date:



Action Planning Matrix for Montgomery County, Ohio

| Priority Area 3: Response to Unruly Youth          |  |   |                                |
|--|--|---|--------------------------------|
| Objective  | Action Step  | Who   | When                           |
| Alternative to detention/arrest                    | Collaborate with other working groups<br>ID provider agencies when behavior occurring<br>Tear-off sheet/apps/video of youth services to give to families                               | Each working group<br>All law enforcement agencies in Montgomery County<br>Community stakeholders<br>Schools<br>Montgomery County Juvenile Court<br>Children's Services       | After reporting from Ed Summit |
| Collaboration between court and police departments | Conversation about runaway/AWOL policy<br>Education police about available resources   | Montgomery County Juvenile Court<br>Law enforcement agencies in Montgomery County – Dayton, Washington Township, Clayton, and Engelwood<br>DMC<br>Nan<br>Tiffany              | June on Zoom                   |
| Education/Prevention                               | Host a summit of provider agencies for court and law enforcement officers<br>Create provider videos<br>Mentoring<br>CHOICES hiring CANS co-located at Montgomery County Juvenile Court | CHOICES/OhioRISE<br>Montgomery County Juvenile Court<br>Montgomery County ADAMHS<br>Family and Children First Council<br>City of Dayton<br>Montgomery County<br>Vic on admin. | May on Zoom                    |

Next meeting date:



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Action Planning Matrix for Montgomery County, Ohio

| Priority Area 4: Appropriate Level of Care and Residential Beds Roster                       |   |   |                               |
|--|---|---|-------------------------------|
| Objective  | Action Step   | Who   | When                          |
| Adequate resources upon all areas of release, intervention, detention, and JCARE residential | Connect/Gather information<br>Collaborate with providers<br>Clearly define criteria for services  | Charlie's Health<br>Mental Health Resource Connection<br>Webster Street<br>Ford Next Generation Education Services Center<br>Evening Reporting Center | 90 days                       |
| Fidelity/Quality   | Asking other programs/reaching out<br>Ask open ended questions<br>Challenging providers to connect<br>Be willing to follow up, ensure referring agencies follows up | Any referring agency  | Ongoing<br>30/60/90           |
| Identifying needs of youth   | Create individual placement plans based on age, gender, mental health needs<br>Link program around needs, culture, crime  | Parent/Guardian<br>Referring agency<br>Placement agency   | Before & throughout placement |

Next meeting date:



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Action Planning Matrix for Montgomery County, Ohio

| Priority Area 5: Medication Management Upon Discharge           |  |   |      |
|---|--|---|------|
| Objective   | Action Step  | Who   | When |
| Standardized discharge planning                                 | Develop discharge checklist  | Medical professionals from group home/residential providers |      |
| Establish clarity regarding oversight                           | Looking at Montgomery County ADAMHS standards<br>Reviewing state standards   | Focus group   |      |
| Communication bridge between psychiatric providers and agencies | Inquire into HIPAA compliant technology platform similar to Ascend/ClinaSync | Focus group<br>Montgomery County ADAMHS                     |      |
| Availability for local on-demand providers and telehealth       | Explore county and state grant funding opportunities                         | Focus group<br>Montgomery County ADAMHS                     |      |

Next meeting date:



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# Appendix

## Community Collaboration Questionnaire

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

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

|  |                            |   |
|--|----------------------------|---|
| <b>Community:</b> Montgomery County      |                            |   |
| <b>Contact Person:</b> Kimberly Priester | <b>Phone:</b> 937-853-4331 | <b>Email:</b><br>kpriester@mcadamhs.org |

|   | Please check the appropriate box for each and provide descriptions as necessary.   | YES | NO |
|---|--|-----|----|
| 1 | <p>Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system?</p> <p><i>The Dayton Public Schools offers extensive services in mental health throughout the district for ages 3 and above. We also have a Justice Involved Youth coordinator who supports all youth exiting the juvenile justice system.</i></p> <p><i>There are several specialized dockets: The Juvenile Treatment Court and the Family Treatment Court</i></p>  | X   |    |
| 2 | <p>Does your community have a cross-system collaborative team or task force?<br/><i>If yes, please list the membership by agency and/or title, listing mental health providers, juvenile justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p><i>Dayton Public Schools Mental health and wellness partners:</i></p> <p><i>Keisha Anderson- East End</i><br/> <i>Harrietta Tucker- Holistic Health Company</i><br/> <i>Brittany Macgrew- Gro Community</i><br/> <i>Sue Fralick- Dayton Children's   Center for Emotional Well being</i><br/> <i>Emily Weltz- Dayton Children's On my sleeves</i><br/> <i>Erica Gist- B- Against Bullying</i><br/> <i>Gloria Mallory- South Community</i></p> <p><i>These are a few of the partners who participated in our Winter Wellness Fair</i></p> <p><i>Wellness Court Advisory Board at the Montgomery County Juvenile Court, Juvenile Treatment Court Advisory Board, BHJJ Targeted Reclaim Initiative, Nicholas Treatment Center Advisory Board</i></p> | X   |    |

|   |  |   |  |
|---|--|---|--|
| 3 | <p>Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers?<br/> <i>If yes, please list recent programs:</i></p> <p><i>Youth Mental Health First Aid, Stewards of Children, PAX Tools, ACE Screening, and Child Abuse Training: Identifying, Responding, and Preventing</i></p> <p><i>Dayton Public Schools</i><br/> Our school counselors, psychological services, Special Education staff and Security Resource officers provide and attend a variety of PD sessions related to these topics.</p>                               | X |  |
| 4 | <p>Does your community have resources identified to work with this population?<br/> <i>Numerous resources: See above for specialized dockets and advisory councils</i></p>   | X |  |
| 5 | <p>Do agencies have dedicated staff or staff time to work with this population?<br/> <i>Please describe:</i></p> <p>Children Services has a unit dedicated to juveniles who are involved with Juvenile Court. One worker is co-located at Juvenile Court full time.</p> <p><i>The Dayton Public Schools</i><br/> Yes, we have counselors, life coaches, a Justice Involved Youth Coordinator, Psychologist and have contracted with multiple mental health providers</p> <p>South Community and NYAP- FFT Program<br/> Goodwill EasterSeals of the Miami Valley- ALL CLUB and Peer support</p> | X |  |
| 6 | <p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the juvenile justice system?<br/> <i>Please describe:</i></p> <p><i>This answer is in reference to the Dayton Public Schools</i></p> <p><i>Yes, our Justice involved coordinator, school psychologist and counselors track this data.</i></p> <p><i>Data is collected through the BH/CJ (Lighthouse) outcomes and the Montgomery County BHJJ project for FFT (South Community and NYAP)</i></p>  | X |  |
| 7 | <p>Does your community have an identified boundary spanner?<br/> <i>Please describe the position and the person(s):</i></p> <p>ADAMHS acts as a system wide coordination/ connection between the community and providers. The organization bridges gaps and facilitates communication across external stakeholders.</p>  | X |  |
| 8 | <p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety?<br/> <i>Please describe:</i></p> <p>An MOU is in place to share information and resources.</p>   | X |  |

|    |   |   |  |
|----|---|---|--|
| 9  | <p>Does your community have a coordinated crisis management plan or team?<br/><i>Please describe:</i></p> <p>Montgomery County Mobile Crisis- Please refer to attached SIM document which outlines all crisis providers in Montgomery County.</p> <p>Yes, The Dayton Public Schools district has a crisis plan and all schools are required to have crisis plans by the Ohio Department of Education and Workforce</p>  | X |  |
| 10 | <p>Does your community have any juvenile diversion programs at this time?<br/><i>Please describe:</i></p> <p>10 and Under (Delinquency and unruly program for youth who are under the age of 10).<br/>Disproportionate Minority Contact Diversion Program<br/>Traditional Diversion (Team works with the family and their support to identify what is impacting the youth and what services are needed).<br/>Screening Brief Intervention and Referral to Treatment (youth who may be using substances and need immediate intervention- first time offenders).<br/>Sexually Oriented Diversion Approach (youth charged with first sexually oriented offense).<br/>Education Unit (Truancy related concerns).<br/>Juvenile Treatment Court</p>                             | X |  |
| 11 | <p>Does your community have a mental health, drug or other specialty court for serving juveniles?<br/><i>Please describe:</i></p> <p>Drugs Court and a Mental Health Court for Juveniles. Also, Family Treatment Court for families who are involved with Children Services.</p>  | X |  |
| 12 | <p>Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems?<br/>We are currently working on a MOU which will allow crisis notifications from the ED sent to providers as well as GoodWill to connect with youth touching our ED that do not currently have a provider.</p>  | X |  |
| 13 | <p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement?<br/><i>Please describe:</i></p> <p>An MOU is in place to share information with all law enforcement jurisdiction throughout Montgomery County.</p> <p>The Dayton Public Schools have MOUs with multiple agencies. We have an agreement related to the Title One Part D, sub part 2 delinquent grant, for the purpose of prevention of drop out and transition services between the Dayton Public Schools and Montgomery County Juvenile Court</p> <p>Business agreements will be sent once the crisis notification system for youth is in place. This is ready to go but we need to secure the funding and write a MOU for Ascend Innovations.</p> | X |  |

|    |   |   |  |
|----|---|---|--|
| 14 | <p>Have screening or assessment procedures been instituted in the mental health, substance use and juvenile justice systems to identify people with mental illness and co-occurring substance use disorders?<br/><i>Please describe:</i></p> <p>The Dayton Public Schools currently have a partnership with NCCJS to provide screening to all Freshman to identify students at risk of suicide, drug or alcohol abuse.</p> <p>SBIRT, CAMS, and ACES Screening</p> | X |  |
| 15 | <p>Have re-entry services been instituted to help people returning to their communities from detention?<br/><i>Please describe:</i></p> <p>Dayton Public Schools have started re-entry circles for students returning from suspension/expulsion and or the justice system back to school.</p> <p>Nicholas Residential Treatment has transitional programming to assist youth returning to the community.</p>  | X |  |
| 16 | <p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>All team members need to be culturally responsive to other people's perspectives and be willing to listen to understand differences.</p>  |   |  |

## CY24 South Community/ADAMHS (SIM)

### Stats for 2024

- 1583 were completed in the secure side of Intervention Center and 104 in non-secure (Admin Hearings). 129 Behavioral Health Screenings completed in the Detention Center
- 238 diagnostic assessments completed in the Detention Center; 69 were completed on non-detained youth who came through the Intervention Center.
- 1,539 Confinement Contacts for 159 youth
- 2,583 Cases in the Detention Center received case management; 1169 cases in the Intervention Center received case management.
- Detention consultations: 1,341 Individual contacts, 861 group contacts, 559 therapy contacts; 79 Psychiatry visits, 68 Psych nurse case management, 317 Psych nurse visits
- There were 73 youths on High Risk. Of the 73 youths, they received contacts from Caring for Kids on 647 occasions.
- There were 60 youths that were placed on High Risk and Shroud & Coverlet. Those 60 youths received contacts from Caring for Kids on 1,362 occasions.
- 29 Detained youth on psychotropic medication
- During reception or some point after detainment, 18 youths had to be transported to the hospital for further psychiatric evaluation.

| FY 2025      | July   |        | August  |        | September |        | October |        | November |        | December |        |
|--------------|--------|--------|---------|--------|-----------|--------|---------|--------|----------|--------|----------|--------|
|              | County | felony | revoked | felony | revoked   | felony | revoked | felony | revoked  | felony | revoked  | felony |
| Cuyahoga     | 8      | 0      | 6       | 0      | 5         | 1      | 7       | 0      | 13       | 0      | 6        | 1      |
| Franklin     | 4      | 1      | 2       | 4      | 7         | 2      | 8       | 0      | 10       | 2      | 6        | 0      |
| Hamilton     | 5      | 0      | 1       | 0      | 2         | 1      | 4       | 0      | 2        | 0      | 1        | 0      |
| Lucas        | 0      | 0      | 2       | 0      | 0         | 1      | 4       | 0      | 6        | 0      | 1        | 0      |
| Montgomery   | 1      | 0      | 1       | 0      | 0         | 0      | 1       | 1      | 1        | 0      | 2        | 0      |
| Summit       | 2      | 0      | 0       | 0      | 0         | 0      | 0       | 0      | 0        | 1      | 3        | 0      |
| Allen        | 0      | 0      | 0       | 0      | 0         | 0      | 1       | 0      | 0        | 0      | 0        | 0      |
| Ashtabula    | 0      | 0      | 0       | 0      | 0         | 0      | 0       | 0      | 0        | 0      | 1        | 0      |
| Butler       | 0      | 0      | 0       | 0      | 0         | 0      | 0       | 1      | 0        | 0      | 1        | 0      |
| Licking      | 1      | 0      | 0       | 0      | 0         | 0      | 0       | 0      | 1        | 0      | 0        | 0      |
| Lorain       | 0      | 0      | 2       | 0      | 1         | 0      | 0       | 0      | 3        | 0      | 1        | 0      |
| Mahoning     | 1      | 0      | 0       | 0      | 2         | 0      | 0       | 0      | 0        | 0      | 0        | 0      |
| Medina       | 0      | 0      | 0       | 0      | 0         | 0      | 0       | 0      | 0        | 0      | 0        | 0      |
| Stark        | 0      | 0      | 3       | 0      | 0         | 1      | 1       | 1      | 5        | 0      | 0        | 0      |
| Trumbull     | 0      | 0      | 0       | 0      | 0         | 0      | 1       | 0      | 0        | 0      | 0        | 0      |
| All Counties | 25     | 2      | 26      | 8      | 18        | 7      | 34      | 5      | 47       | 4      | 28       | 2      |

| FY 2025      | January |        |
|--------------|---------|--------|
|              | County  | felony |
| Cuyahoga     | 9       | 0      |
| Franklin     | 9       | 1      |
| Hamilton     | 4       | 0      |
| Lucas        | 2       | 1      |
| Montgomery   | 1       | 0      |
| Summit       | 0       | 0      |
| Allen        | 1       | 0      |
| Ashtabula    | 0       | 0      |
| Butler       | 0       | 0      |
| Licking      | 0       | 0      |
| Lorain       | 1       | 0      |
| Mahoning     | 0       | 0      |
| Medina       | 0       | 0      |
| Stark        | 1       | 0      |
| Trumbull     | 1       | 0      |
| All Counties | 36      | 3      |

### DYS admissions by race and gender for Fiscal Year 2025

| County          | White | Minority | % Minority | FY2024 % | Female | Male | % Male | FY2024 % |
|-----------------|-------|----------|------------|----------|--------|------|--------|----------|
| Cuyahoga        | 1     | 55       | 98.2%      | 98.6%    | 9      | 47   | 83.9%  | 89.0%    |
| Franklin        | 3     | 53       | 94.6%      | 95.2%    | 5      | 51   | 91.1%  | 95.2%    |
| Hamilton        | 2     | 18       | 90.0%      | 90.2%    | 1      | 19   | 95.0%  | 97.6%    |
| Lucas           | 0     | 17       | 100.0%     | 95.8%    | 0      | 17   | 100.0% | 100.0%   |
| Montgomery      | 3     | 5        | 62.5%      | 85.7%    | 0      | 8    | 100.0% | 100.0%   |
| Summit          | 1     | 5        | 83.3%      | 100.0%   | 0      | 6    | 100.0% | 90.9%    |
| Allen           | 0     | 2        | 100.0%     | 44.4%    | 0      | 2    | 100.0% | 77.8%    |
| Ashtabula       | 0     | 1        | 100.0%     | --       | 0      | 1    | 100.0% | --       |
| Butler          | 1     | 1        | 50.0%      | 76.9%    | 0      | 2    | 100.0% | 100.0%   |
| Licking         | 2     | 0        | 0.0%       | 0.0%     | 0      | 2    | 100.0% | 100.0%   |
| Lorain          | 1     | 7        | 87.5%      | 80.0%    | 0      | 8    | 100.0% | 95.0%    |
| Mahoning        | 0     | 3        | 100.0%     | 100.0%   | 0      | 3    | 100.0% | 100.0%   |
| Medina          | 0     | 0        | --         | 100.0%   | 0      | 0    | --     | 100.0%   |
| Stark           | 4     | 8        | 66.7%      | 90.9%    | 1      | 11   | 91.7%  | 90.9%    |
| Trumbull        | 1     | 1        | 50.0%      | 66.7%    | 0      | 2    | 100.0% | 100.0%   |
| 15 county total | 19    | 176      | 90.3%      | 90.0%    | 16     | 179  | 91.8%  | 94.2%    |
| All counties    | 57    | 188      | 76.7%      | 77.7%    | 21     | 224  | 91.4%  | 91.9%    |

### Fiscal Year 2025 admission totals with comparison to prior years

| County         | FY2009 actual | FY2010 actual | FY2011 actual | FY2012 actual | FY2013 actual | FY2014 actual | FY2015 actual | FY2016 actual | FY2017 actual | FY2018 actual | FY2019 actual | FY2020 actual | FY2021 actual | FY2022 actual | FY2023 actual | FY2024 actual | FY2025 July- January |         |       | projected FY2025 | compared to FY2024 | compared to FY2009 |
|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|---------|-------|------------------|--------------------|--------------------|
|                |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               | committed            | revoked | total |                  |                    |                    |
| Cuyahoga       | 293           | 208           | 173           | 124           | 96            | 110           | 104           | 104           | 123           | 111           | 68            | 54            | 76            | 78            | 74            | 73            | 46                   | 2       | 56    | 96               | 23                 | -197               |
| Franklin       | 212           | 176           | 119           | 97            | 71            | 86            | 58            | 44            | 59            | 34            | 42            | 25            | 51            | 47            | 49            | 63            | 54                   | 10      | 56    | 96               | 33                 | -116               |
| Hamilton       | 147           | 88            | 52            | 27            | 27            | 56            | 68            | 59            | 51            | 51            | 58            | 31            | 23            | 46            | 26            | 41            | 19                   | 1       | 20    | 34               | -7                 | -113               |
| Lucas          | 76            | 32            | 33            | 33            | 33            | 17            | 10            | 19            | 16            | 20            | 11            | 14            | 12            | 12            | 13            | 24            | 15                   | 2       | 17    | 29               | 5                  | -47                |
| Montgomery     | 129           | 49            | 38            | 25            | 28            | 19            | 19            | 28            | 21            | 16            | 9             | 7             | 10            | 21            | 12            | 14            | 7                    | 1       | 8     | 14               | 0                  | -115               |
| Summit         | 132           | 47            | 42            | 29            | 22            | 10            | 10            | 13            | 8             | 8             | 13            | 5             | 4             | 9             | 16            | 11            | 5                    | 1       | 6     | 10               | -1                 | -122               |
| 6 county total | 989           | 600           | 457           | 335           | 277           | 298           | 269           | 267           | 278           | 240           | 201           | 136           | 176           | 213           | 190           | 226           | 146                  | 17      | 163   | 279              | 53                 | -710               |
| Allen          |               |               | 17            | 8             | 9             | 5             | 3             | 6             | 4             | 4             | 2             | 4             | 1             | 5             | 5             | 9             | 2                    | 0       | 2     | 3                | -6                 | -14                |
| Ashtabula      |               |               | 46            | 29            | 13            | 7             | 2             | 4             | 0             | 0             | 1             | 1             | 1             | 0             | 0             | 0             | 1                    | 0       | 1     | 2                | 2                  | -44                |
| Butler         |               |               | 15            | 5             | 7             | 4             | 10            | 3             | 11            | 7             | 9             | 3             | 7             | 7             | 13            | 1             | 1                    | 2       | 3     | -10              |                    |                    |
| Licking        |               |               | 23            | 18            | 18            | 14            | 19            | 18            | 17            | 13            | 17            | 16            | 14            | 8             | 3             | 4             | 2                    | 0       | 2     | 3                | -1                 | -20                |
| Lorain         |               |               | 40            | 42            | 34            | 21            | 14            | 18            | 11            | 13            | 8             | 9             | 9             | 21            | 16            | 20            | 8                    | 0       | 8     | 14               | -6                 | -26                |
| Mahoning       |               |               | 26            | 10            | 17            | 13            | 7             | 5             | 4             | 9             | 6             | 10            | 10            | 12            | 10            | 4             | 3                    | 0       | 3     | 5                | 1                  | -21                |
| Medina         |               |               | 12            | 7             | 4             | 4             | 4             | 2             | 3             | 3             | 1             | 4             | 1             | 2             | 2             | 1             | 0                    | 0       | 0     | 0                | -1                 | -12                |
| Stark          |               |               | 23            | 12            | 13            | 16            | 12            | 15            | 12            | 6             | 3             | 2             | 0             | 8             | 7             | 11            | 10                   | 2       | 12    | 21               | 10                 | -2                 |
| Trumbull       |               |               | 11            | 14            | 7             | 7             | 9             | 5             | 4             | 9             | 3             | 6             | 2             | 5             | 4             | 3             | 2                    | 0       | 2     | 3                | 0                  | -8                 |
| 9 county total |               |               | 198           | 155           | 120           | 94            | 74            | 83            | 58            | 68            | 48            | 61            | 41            | 68            | 54            | 65            | 29                   | 3       | 32    | 55               | -10                | -147               |
| All counties   | 1579          | 1037          | 841           | 633           | 552           | 522           | 468           | 478           | 455           | 435           | 343           | 267           | 287           | 358           | 344           | 381           | 214                  | 31      | 245   | 420              | 39                 | -421               |

### FY2025 July-January compared to FY2024 July-January

| County          | FY2024 | FY2025 | % change |
|-----------------|--------|--------|----------|
| Cuyahoga        | 45     | 56     | 24.4%    |
| Franklin        | 42     | 56     | 33.3%    |
| Hamilton        | 26     | 20     | -23.1%   |
| Lucas           | 16     | 17     | 6.3%     |
| Montgomery      | 7      | 8      | 14.3%    |
| Summit          | 9      | 6      | -33.3%   |
| 6 county total  | 145    | 163    | 12.4%    |
| 15 county total | 180    | 195    | 8.3%     |
| Other 73        | 58     | 50     | -13.8%   |
| All counties    | 238    | 245    | 2.9%     |

| County    | FY2024 | FY2025 | % change |
|-----------|--------|--------|----------|
| Allen     | 8      | 2      | -75.0%   |
| Ashtabula | 0      | 1      | --       |
| Butler    | 9      | 2      | -77.8%   |
| Licking   | 3      | 2      | -33.3%   |
| Lorain    | 10     | 8      | -20.0%   |
| Mahoning  | 1      | 3      | 200.0%   |
| Medina    | 0      | 0      | 0.0%     |
| Stark     | 3      | 12     | 300.0%   |
| Trumbull  | 1      | 2      | 100.0%   |
| Total     | 35     | 32     | -8.6%    |

|   |   |
|---|---|
| <b>1. Board Area</b>  | Lighthouse Youth & Family Services – Dayton Reentry   |
| <b>2. Project Lead Name</b>   | Ashley Downs  |
| <b>3. Award Amount</b>  | \$100,000   |
| <b>4. Amount of Funds Spent</b>   | \$48,238  |
| <b>5. Remaining Balance</b>   | \$51,762  |
| <b>6. Total Number of Clients Served</b>  | 37  |
| <b>7. Of clients served, how many were re-incarcerated?</b>   | 4 out 15 discharged   |
| <b>8. Project Narrative: The narrative could describe success stories and challenges, how it has saved correction costs, reduced recidivism, promoted behavioral health treatment, collaborated with local partners and increased/developed community capacity etc.</b> | <p>The Community Linkage Grant provided to Lighthouse Youth &amp; Family Service's Dayton Re-entry Program served 37 youth from July 1 through December 31, 2024. The program, services, and evidence-based treatment programming have continued to prove themselves beneficial to the families and communities as evidenced by 8 out of 37 youth recidivating. This intervention has continued to reduce the number of youths cycling through the juvenile justice system or becoming involved in the adult system.</p> <p>High levels of juvenile crime in Montgomery County Juvenile Court and the Dayton community continue to increase in the number of youth being served. Positive outcomes from this program will play an important role in addressing this continued increase in trends in the community. Lighthouse staff have continued to support the youth and families of our community who we serve and encouraged the increase in prosocial activities and the use of healthy coping skills.</p> <p>Lighthouse continues to look at outcomes in a holistic manner and tracks the following outcomes from the youth served: of the 15 discharged, 15 were working towards an education goal, and 100% of them progressed towards their diploma. Of the 15 discharged clients, 15 made progress towards their mental health goals as indicated by clinical assessment. 14 youth worked on abstinence from substance abuse during their programming, and 14 made progress in decreasing the frequency of drug use. 12 of the 15 or 80% rated as "always" or "often" in the category of family engagement during their treatment. Strong family engagement is key to positive outcomes.</p> <p>Lighthouse continues to be thankful for this funding which has allowed us to have a strong partnership with Montgomery County Juvenile Court and allowed us to continue to provide needed services to youth in our community. This successful work cannot continue without the funding of the Community Linkage grant.</p> |

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| <p><b>9. Outcome Goals</b></p>  | <p>Objective #1: Participants will remain engaged in treatment/program.</p> <p>Activity: Participant agrees to participate in treatment programming.</p> <p>Number of Participants: 37</p> <p>Participants who agree to participate in treatment programming: 37</p> <p>Outcome: 100%</p> <p>Objective #2: Participants will comply with all court hearings.</p> <p>Activity: Participants attends all court hearings.</p> <p>Number of Participants: 37</p> <p>Participants who attended all court hearings during this reporting period: 37</p> <p>Outcome: 100%</p> <p>Objective #3: Participants will incur no new arrests at completion of treatment.</p> <p>Activity: Participants will successfully complete program with no new arrests.</p> <p>Number of Participants: 15 clients were discharged.</p> <p>Participants who were discharged with no new arrests: 7</p> <p>Outcome: <math>7/15 = 47\%</math></p> |
| <p><b>10. Client Success Story</b></p>                                | <p>An 18-year-old client completed the program. Client was able to obtain a job, obtain his own apartment, and stay in school.</p>  |
| <p><b>11. List any trainings staff received during the period</b></p> | <p>Strategies Hitting Reset: Understanding Adolescents, Gaming, &amp; Sexuality (3 hrs), Pornography &amp; Adolescents-Preventing Harm &amp; Eliminating Problematic Use (6 hrs), Talking to Children about Sex &amp; Sexuality (1 hr), Understanding Sexual Behaviors in Children (1 hr), Understanding Sexual Behaviors in Adolescents (1 hr)</p>   |