

Wayne County, Ohio

Juvenile Cross-Systems Mapping

Final Report

January 11-12, 2021

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Juvenile Cross-Systems Mapping

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Wayne County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Juvenile Cross-Systems Mapping and Taking Action for Change* workshops held in Wayne County, Ohio on January 11-12, 2021. The workshops were co-sponsored by the Wayne County Juvenile Court and the Mental Health and Recovery Board of Wayne and Holmes Counties. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop and through pre-workshop meetings
- A *sequential map of intervention points* as developed by the group
- An action planning matrix as developed by the group during the workshop
- Observations, comments, and recommendations to help Wayne 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

Wayne County Juvenile Court and the Mental Health and Recovery Board of Wayne and Holmes Counties requested the *Cross-Systems Mapping and Taking Action for Change* workshops for the youth population in February 2020 following an initial request by Orrville Police Department as part of a Juvenile Detention Alternatives Initiative (JDAI) meeting. Wayne County is a participant in the national JDAI and has been in the process of implementing JDAI since January 2018. Wayne County Juvenile Court together with the Mental Health and Recovery Board requested Sequential Intercept Mapping to aid Wayne County in:

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

The participants in the workshop included 48 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, juvenile justice and detention, advocacy, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Lisa DiSabato-Moore, Michael Fox, Teri Gardner, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for juvenile justice-involved youth with mental illness and co-occurring disorders. Participants agreed that the following values and concepts

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

Objectives of the Juvenile Cross-Systems Mapping Exercise

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

1. Development of a comprehensive picture of how youth with mental illness and co-occurring disorders flow through the Wayne 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 Wayne County Juvenile Cross-Systems Map can be found in this report on page 6.

Keys to Success

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

Cross-Systems Partnerships; Task Force

Wayne County stakeholders and service providers are engaged in a variety of collaborative relationships and initiatives. There are several collaborative cross-system initiatives, for example: Juvenile Detention Alternatives Initiative (JDAI), Crisis Intervention Team (CIT), Beyond the Numbers Initiative, and Youth Engagement Specialist (YES).

Individual in Recovery Involvement

The local planning team included two family members that attended Day 1 of the workshop and were both active in the discussion.

Representation from Key Decision Makers; Family/Youth Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the juvenile court system, detention, child welfare and mental health system.
- Key players that were missing at the workshops: representative from Parole and direct service staff for substance use treatment system.

Data Collection; Information Sharing; Communication

- The Wayne County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop materials:
 - Completed Community Collaboration Questionnaire
 - Wayne County Pre-Workshop Data Collection for 2019
 - Wayne County Detention Population – Jul 01, 2020 to Dec 21, 2020
 - Wayne County Annual Detention Statistics – 2017 to 2020
 - Wayne County Ohio Average Length of Stay – Jan 01, 2020 to Dec 31, 2020
 - Wayne County Probate & Juvenile Court Organization Table

Recommendations

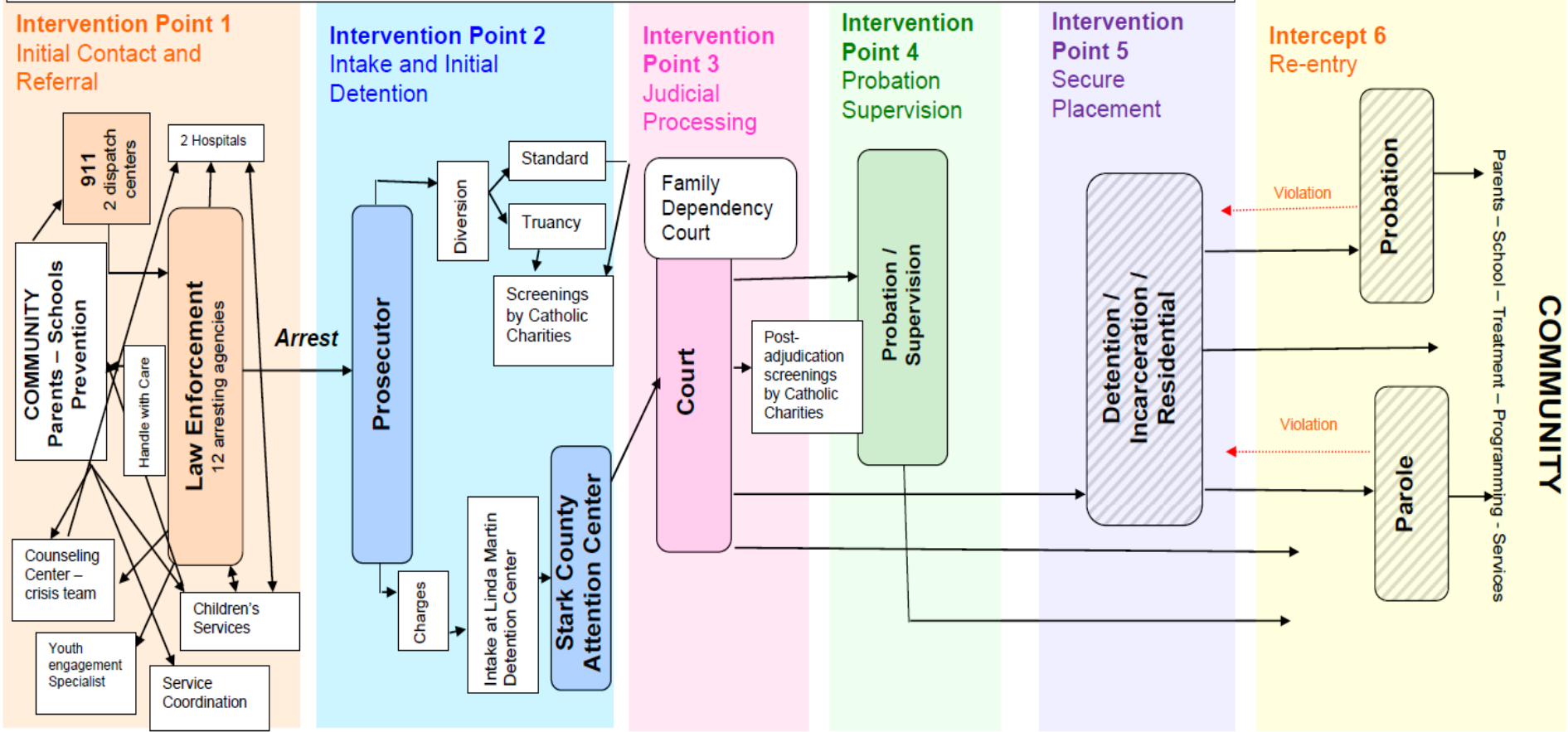
- The input from family members was invaluable during the discussion and planning process. Whatever structure is established to continue the work of the SIM mapping and JDAI will be well-served by having family members and youths with lived experienced represented at stakeholder meetings and on specific work groups.

Juvenile Cross-Systems Mapping

Wayne County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Wayne County January 2021

Crisis Intervention Team; Beyond the Numbers Initiative; JDAI Initiative



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

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

This narrative reflects information gathered during the *Cross-Systems Mapping* Exercise. The exercise included two small group mapping sessions on January 4 and 5, 2021 at which key representatives of each of the intervention points gathered to draft the cross-systems map in preparation for a larger discussion at the workshop. This narrative provides a description of local activities at each intervention point, as well as gaps and opportunities identified at each point and may be used as a reference in reviewing the Wayne County Cross-Systems Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

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

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

The following represents initiatives, services, and/or evidenced based practices (EBP) that were highlighted during discussion of the Ultimate Intercept – an effective and accessible community mental health system. Generally, the participants outlined the availability of juvenile focused mental health agencies, residential treatment, mentoring, community centers, and high fidelity wrap around (HFWA). This is not meant to be an exhaustive or comprehensive roster of all services or EBPs available in Wayne County.

- Mobile Crisis
- The Village Network Crisis Stabilization for 10 to 21-year-olds.
- Catholic Charities of Wayne County Youth Engagement Specialist, in partnership with the Wayne County Juvenile Court, assists in connecting youth identified by law enforcement to mental health and other social services.
- OneEighty 24-hour Treatment Navigator Hotline for individuals experiencing a substance use crisis.
- School-based mental health counseling services available in all districts through Job & Family Services funding; each district contracts with individual agencies (Anazao, Catholic Charities, Christian Children’s Home, Encompass Counseling, and possibly others)
- Family liaison at Wooster City Schools through Anazao provides pre-treatment, deflection and diversion services.
- Home-based services.

- Four types of Service Coordination and Wrap Around: Family and Children First Council, Dual Diagnosis mental health and developmental disabilities, Home Transition Coordination and Transition to Independence. The four coordinators meet monthly.
- The Mental Health and Recovery Board of Wayne and Holmes Counties offers Multi-Systemic Therapy (MST) for court involved youth.
- The Village Network provides residential treatment for youth.

Intervention Point 0 Gaps

- ▣ Alternative options to Law Enforcement responses.
- ▣ Services Coordinator earlier in the process. Utilizing the Youth Engagement Specialist Program throughout the process.
- ▣ The Mobile Crisis is limited.
- ▣ Crisis Intervention planning training for clinicians.
- ▣ Respite options and/or a runaway shelter.
- ▣ Crisis stabilization for youth with intellectual/developmental disabilities and kids who are threatening to hurt themselves or others.
- ▣ Responses to families that fall between the child welfare and juvenile justice gap such as short-term out of home placement for stabilization.
- ▣ Early intervention strategies for youth with high intensity needs, including autism.
- ▣ Clear path for screening for developmental and intellectual disabilities – identify resources
- ▣ Kinship care shortcomings and risks to older caregivers

Intervention Point 0 Opportunities

- ▣ Youth Engagement Specialist
- ▣ Intensive home-based treatment is being considered

Intervention Point I: Initial Contact and Referral

In Wayne County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, Campus Police, and local law enforcement agencies in various towns or cities. There are eleven school districts all of which have full-time School Resource Officers (SRO).

Initial Referral

- Multiple parties make referrals to law enforcement and the juvenile justice system: parents/families, caregivers, and acquaintances or witnesses.
- Referrals from schools come from SROs or staff.

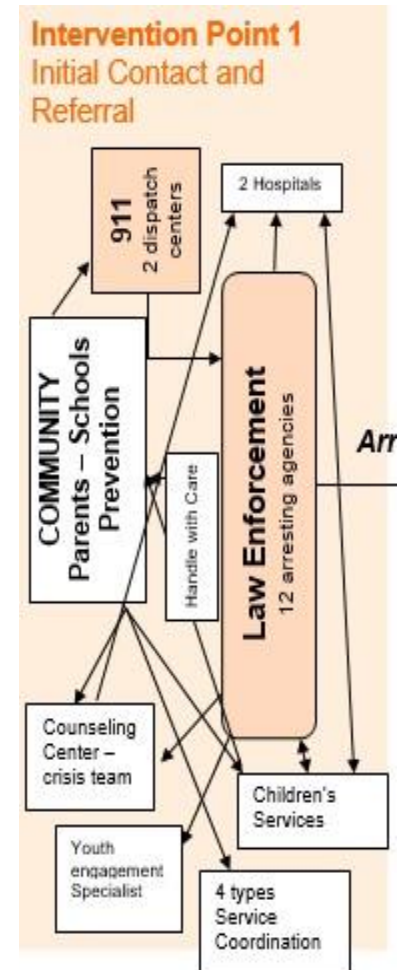
Dispatch / 9-1-1

- Wayne County has two dispatch centers: Wayne County Justice Center that is responsible for all areas of the county not covered by the Wooster-Ashland Regional Council of Governments (WARCOG), which is responsible for Wooster, Orville and Ashland.

Law Enforcement

In Wayne County, there are thirteen Law Enforcement Agencies in addition to the Ohio State Highway Patrol and two campus police departments: Apple Creek Police Department, Creston Village Police Department, Dalton Police Department, Doylestown Police Department, Marshallville Police Department, Mount Eaton Police Department, Shreve Police Department, Smithville Police Department, Orrville Police Department, Wayne County Sheriff's Office, West Salem Police Department, and Wooster Police Department.

- Orrville Police Department was able to provide the order of prevalence of referral sources related to youth encounters.:
 - Caregivers (family, guardian) 60-66%
 - School or School Resource Officer
 - Acquaintance
 - Physical description from an incident
 - Seldom but occasionally a self-initiated field activity
- Wooster Police Department makes referrals to Wooster City Schools using the Handle with Care model when there is an encounter with a family or youth in the district. This is unique to Wooster City School and Wooster Police Department; no other jurisdictions use this model.
- Wayne County has a Crisis Intervention Team (CIT) program. 70% of Wooster Police Department officers are trained in CIT. Their policy requires if a CIT officer is available, they will be dispatched to a mental health crisis. Community members can also request a CIT officer. Orrville Police Department will have 100% of officers trained after the next training cycle, so there is no need to request CIT.
- During initial intake, police write a report and then send the report to the Prosecutor's Office as the route to refer to the Juvenile Court. The Prosecutor's Office ultimately decides on whether to press charges (refer to court) or refer the juvenile to diversion.



Schools

- The Educational Services Center (ESC) Superintendent is also superintendent of four school districts. Those present at the workshop indicated the ESC does not have significant presence in coalitions, etc.
- Dalton School District is served by the Stark County ESC.
- All school districts have a full-time School Resource Officer (SRO). The Sheriff's Office SROs are funded by grant dollars in partnership between the county and the school districts.
- Related to COVID-19 response, some schools returned to in-person instruction in January 2021; most others were preparing for a blended format at the time of the workshop.

Crisis Services

- Through the Counseling Center, Wayne County has an emergency response team that is available 24/7, 365 days for children and adults. The team performs pre-

hospitalization screening and home-based services. The mobile crisis unit covers both Aultman Orrville and Wooster Hospitals when on-site social work is not available.

- 18% of crisis services are provided to individuals 17 years or younger, not limited to pre-hospital screening
- Referrals can be made to the Youth Engagement Specialist to provide families with short interventions and connections to services. A flexible referral process is in place, both paper and online. At the time of the workshop, at least 17 referrals had been received; Orrville PD is the primary referral source, using the service to prevent charges where possible.
- Service Coordination that families can self-refer at any time include:
 - Transitioning Youth – Counseling Center
 - Catholic Charities for dual mental health and developmental disabilities Wrap Around Services
 - Anazao
 - Residential Treatment return to home
 - Family & Children First Council (FCFC)

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- Wayne County has two hospitals: Aultman Orrville Hospital and Wooster Community Hospital
- Wooster Hospital has a social worker on staff during the hours of 10AM – 10PM.
- Wooster Hospital has a full-time Wooster Police Department Officer on-site.
- Aultman Orrville Hospital reports an 11% increase in youth mental health visits over a five-year average. This does not include length of wait in the emergency department, which is a reported problem.

Intervention Point I Gaps

- Mobile Crisis is not comprehensive in services and lacks sufficient home-based services
- Lack of interventions and/or shelter that is available to youth/families that have high needs & risks; particularly youth with Autism
- Lack of a respite stabilization option for youth who are not appropriate for detention
- Length of time spent in hospital Emergency Departments
- Lack of resource information for parents prior to contact with law enforcement
- Coordination and streamlined referrals for assistance

Intervention Point I Opportunities

- The Counseling Center crisis team is working on a process for notifying other providers when they respond to clients of other providers.
- The Youth Engagement Specialist is underutilized

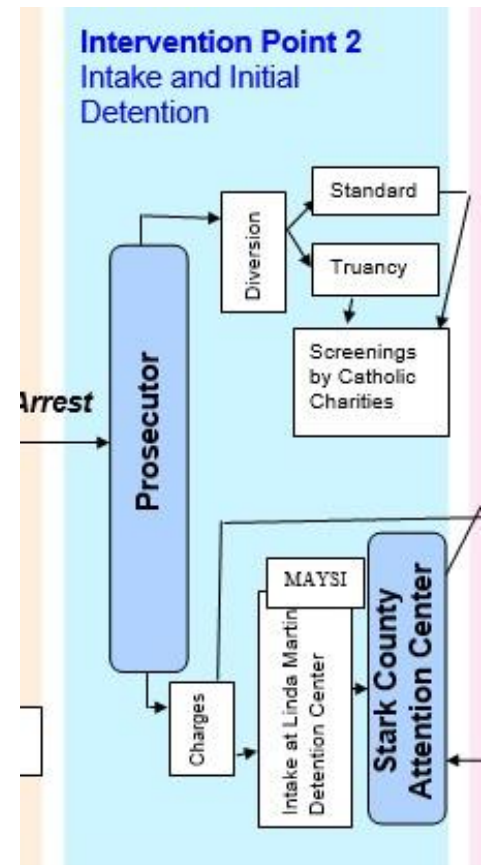
Recommendations

- Expand awareness and utilization of the Youth Engagement Specialist. Information and referral procedures can be part of CIT training and distributed to referral sources.
- Clearly identify the number of distinct youths visiting hospital Emergency Departments (Eds) for mental health crises, along with the wait time in the EDs and the reason for the wait time to help inform what strategies should be implemented to address what appears to be a growing problem

Intervention Point II: Intake and Initial Detention

Intake and Diversion

- Those present at the workshop stated that youth are not issued a summons or a ticket except in traffic cases. Law Enforcement write a report and send that report to the Prosecutor's Office as the route to refer the juvenile to court or diversion. The Prosecutor's Office decides if charges will be filed or if the youth will be referred to diversion. If charges are filed, the parent/guardian(s) is then notified by the court. If diversion is selected, a diversion officer will notify the parent/guardian(s) of the juvenile. If neither charges nor diversion is selected, the parent/guardian(s) are not notified.
- First time offenders may be diverted to treatment/counseling before going through the court system. Two diversion routes are available: standard and truancy. Diversion programming is staffed by a prevention and intervention officer from the probation department. Diversion is voluntary; the family can choose to decline but will then go through the traditional court process. Diversion participants are screened for mental health, substance use and trauma.
- The Juvenile Assistant Prosecutor is on call 24/7.
- Law Enforcement have access to probation lists and can contact Probation Officers if needed.
- There are five Probation Officers, including three trained to handle juvenile sex offender cases and one that focuses on truancy.



Initial Detention

- Wayne County utilizes the Multi-County Juvenile Attention System, which has four attention centers across four counties (Columbiana/Carroll, Tuscarawas, Wayne, and Stark). In July 2020, Wayne County stopped using the Wayne County Linda Martin Detention Center and began sending juvenile offenders to Stark County Attention Center. Linda Martin Detention Center is now utilized for intake and booking before youth are taken to Stark County Attention Center (AKA "Multi-County").
- Once the youth is transported to Stark County Attention Center, a MAYSI-2 screening is done. The results of the screening do not appear to be utilized to determine next steps.
- Youth must have an initial court hearing before being released from the Attention Center.

- Prior to youth being housed at Stark Attention Center, if a juvenile was new to the court system, a mental health, substance use and trauma screening was completed by Catholic Charities and a recommendation is given. This process is still used when youth come to court who are either no longer detained or were not initially detained prior to the disposition hearing.
- Multi-County has a clinician that is available to see juveniles at the Attention Center if needed. Prior to COVID, this was done in person. For the time being, telehealth is being used for clinicians to connect with detained youth.

Detention Hearing

- Detention hearings are held with a Magistrate the next business day following initial detention.

Intervention Point II – Identified Gaps

- ▣ Screening is not administered until youth is either transferred to Wayne County Attention Center, comes to court after release prior to disposition, or the prosecutor decides on the diversion path (currently considers prior offenses, residence, victim, restitution, seriousness of offense).
- ▣ Diversion is only available to first time offenders irrespective of length of time between offenses.
- ▣ There is a lack of information and resources available to parent/guardian(s) to understand and navigate the court system.
- ▣ Privacy issues with counselors and youth at sessions in detention.

Intervention Point II – Identified Opportunities

- Juvenile Detention Alternatives Initiative (JDAI) developed a screening tool that, once approved, will be used prior to being transported to the Attention Center
- Public Defender’s office expressed willingness to assist in creating educational materials or mentoring opportunities to guide parents on the court process.

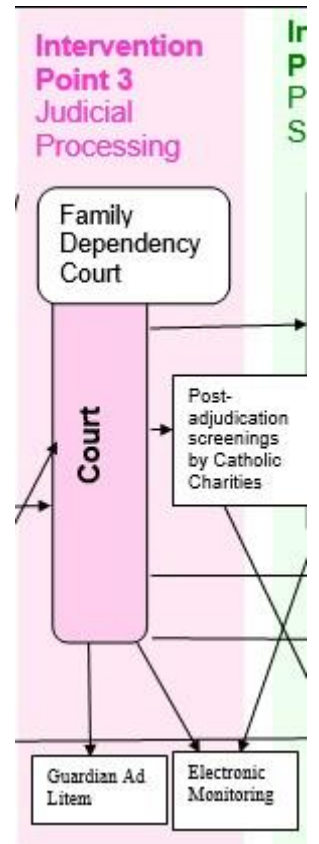
Recommendations/Considerations

- Earlier administration of the MAYSI-2 or JDAI screening tool could provide more insight before transferring youth to Attention Center or could provide rationale for other options. It will be important to create protocols for completing such screenings prior to decisions to transport to the detention facility, including established locations. If the plan is that the Attention Center will not accept youth unless screened and resulting in detention recommendation, then additional options will need to be available in the community. The CIT program, Youth Engagement Specialist, and Juvenile Court representatives, along with mental health provider agencies should begin meeting as soon as possible to develop such strategies.
- Consider a procedure to close the gap for families when no charges or diversion recommendations are forthcoming from the Prosecutor’s Office. As it stands now, families receive no communication.
- Consider including representatives of Medicaid in team meetings to address issues of payment if needed.

Intervention Point III: Judicial Processing

Court

- The Juvenile Court is combined with Probate and one judge oversees both courts containing five magistrates. One magistrate has a full-time docket; others have part-time dockets, with one more concentrated on probate cases and four more concentrated on delinquency, unruly and traffic cases. All serve as back-up to both courts.
- Juveniles are always appointed a Guardian Ad Litem (GAL) in dependency and abuse cases and are sometimes ordered in delinquency cases when additional needs exist, or the family has a longer history with the court. A GAL is also assigned with serious offenses when the parent is a victim. There were reportedly more open cases in 2020 than ever in the past, with fifty cases open at any given time. Some cases were delinquency, but most were private with custody disputes or CSB cases.
- Post-adjudication screenings are administered by Catholic Charities. Screenings include trauma (Childhood Trust Event Survey), mental health (Mental Health Screening Form 3), and substance use are done on Thursdays, same day as Diversion hearings. Prior to the pandemic, the screenings included a drug screen; at current time, screenings are completed remotely and do not include a drug screen.
- The court has experienced improved attendance rates with online services and programming at both court and probation and may continue with some of these options, e.g., substance use and behavior group, and first appearance hearings. Parents are also happier with video-based hearings – less demanding, less intrusive on time, more convenient. The court will likely continue using in-person format for contested or more detailed trials.
- The juvenile court has not processed any bind-over cases in the past 7-8 years.



Specialty Courts

- Wayne County has a Family Dependency Treatment Court. Here, families agree to work on substance use issues to retain custody of children. Families must be court and child welfare involved, and reunification is the priority. This program requires weekly check-ins and ranges from 18-24 months.

Intervention Point III – Identified Gaps

- An update is needed in the way court information is made available to families, youth and providers

Intervention Point III – Identified Opportunities

- Beyond the Numbers Initiative has continued in Wayne County and includes cross-system collaboration with significant overlap in people with JDAI.

Recommendations

- Consider combining or at least coordinating the efforts of Beyond the Numbers and JDAI with the plans developed in this mapping exercise to gain maximum cross-system collaboration and minimize unnecessary meetings and duplication.

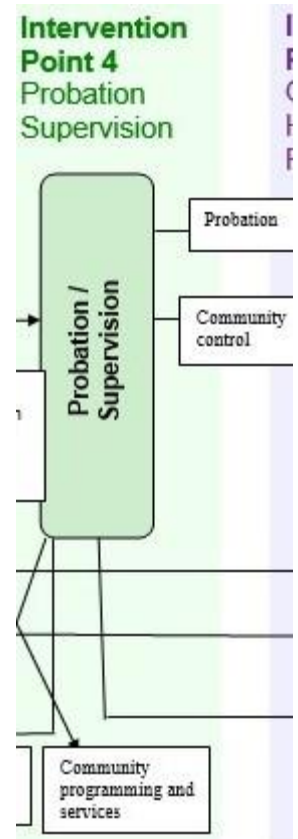
Intervention Point IV: Probation Supervision

Parole

- Parole was not represented or discussed in this workshop.

Probation

- Probation Officers will contact local service providers and connect youth with pre-existing providers or with providers of services based on screening assessment recommendations. Youth not placed on probation do not get this assistance.
- Probation Officers are equipped with field bags that contain drug tests and handcuffs, but they do not carry weapons.
- Probation officers have arresting authority and can admit youth straight to detention. They can file probation violations without arrest without supervisory approval, but if they want to arrest based on a violation, must have supervisory approval. They do not yet have a graduated sanctions list, nor a formal assessment process, but consider the purpose for detention (e.g., rule violation vs. breaking law). Since inception of JDAI, arrests are less frequent.
- Discussion occurred around challenges with the Ohio Youth Assessment System (OYAS). Consensus is that the tool does not screenshot the population very well. When required to use, they only use the disposition instrument.
- All staff are on-call 24 hours.
- The Youth Services Supervisor is tasked with grant reporting, handling referrals, and coordinating community service sights. This person also supervises the prevention and intervention officer (diversion).



Intervention Point IV – Identified Gaps

- Providing information to families and providers in a more immediate and direct way
- Providing families with online resources such as rules and guidelines of probation and court information

Intervention Point IV – Identified Opportunities

- Considering screenings for all youth, including those not placed on probation, and a pre-disposition report for every youth placed on probation

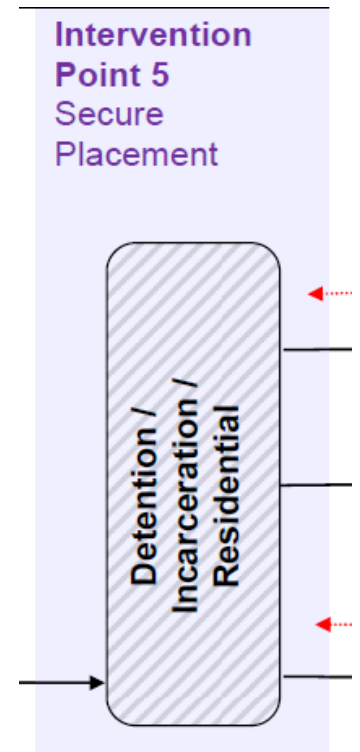
Recommendations

- Consider developing materials and tools – web-based and/or printed – to increase quality and timeliness of information flow to affected families.
- Families who have experienced law enforcement and court involvement, even minimally, may benefit from screening and referrals to community resources. First-time involvement can be an opportunity for case finding and prevention.

Intervention Point V: Secure Placement

Juvenile Detention Center

- The Linda Martin Attention Center is a 30-bed locked facility that serves males and females. Average length of stay for misdemeanor charges is 5-7 days and 5-10 days for felony charges (12 days males and 6 days females). As described above, all youth flow through the Linda Martin Center for intake and transition, including completion of the MAYSI 2. Multi-county picks up and transports to the Stark Attention Center.
- There are one to two youth in detention at any given time. The population size has decreased since initiation of JDAI.
- Youth who are placed in detention resulting from police encounter typically are released while charges are pending. Those placed by the Magistrate experience a longer length of stay.
- All Wayne County youth enter the Attention Center as medium risk. Probation informs the Center if a therapist is assigned to the youth and assists in setting up meetings. A contract with Catholic Charities covers services that cannot be paid by Medicaid.
- Canton South Local School District provides the educational programming seven hours per day Monday-Friday.
- Faith Family Church provides a church service to youth.
- The “Thinking for a Change” program in the Attention Center encourages youth to reflect on their behavior and the outcomes of their actions.
- Through the JDAI, the county has developed a “Purpose of Detention” statement.



Residential and Alternate Placements

- Diversion Team is a multi-system team of the Family & Children First Council (FCFC) that represents all major systems and shares funding responsibilities for placements. The team approves funding for three months at a time and parent/guardian(s) who hold custody are responsible for providing a portion of the cost. Children’s Services and the MHRB always contribute to placements. The Board of Developmental Disabilities and Juvenile Court only contribute if they are directly involved. Majority of youth are not juvenile justice involved. The team meets every Thursday and uses pooled funds to pay for services to prevent out-of-home placements.
- Electronic monitoring (SCRAM) can be court ordered or ordered by probation (amendment to probation). The county uses Reclaim funds for electronic monitoring.

Intervention Point V – Identified Gaps

- ▣ There are currently no placement options for runaways
- ▣ Respite is not available

Recommendations

- Since the MAYSI-2 is typically completed prior to a stay in detention, consider using the results of the screening to aid in planning activities, services, or interventions that would be beneficial to individual youths and families. Perhaps this case planning function could be added to an existing contract with one of the service providers.

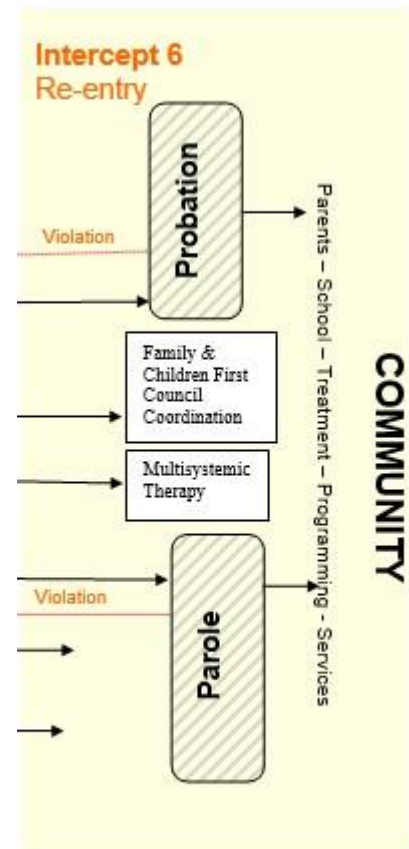
Intervention Point VI: Reentry

Reentry – Department of Youth Services and other placements

- Probation Officers coordinate reentry.
- Youth placed in Residential Treatment Services by Juvenile Court usually go into Multi-System Therapy (MST) programs as a step-down. Anyone who is placed out of home has a lead worker through MST.
- Medicaid is not usually lost while in detention; typically, it's family Medicaid, so the coverage is seamless upon reentry. The exception could be transition-age youth.

Intervention Point VI – Identified Gaps

- ▣ Multi-County has a Reentry coordinator that serves the residential portion of their organization only
- ▣ Transition planning and step-down process - challenges with continuity and recovery after returning home; families not prepared, not stable, resulting in initial success followed by a fall-off and return to old behaviors. Need for longer term or follow-up programs to maintain family systems focus, including follow-up from MST (3-5 months program) and other home-based therapy options.
- ▣ Commonly understood cross-systems measure of success for families and youth
- ▣ Home-based options for step down from intensive placement
- ▣ No services to involve families for reentry planning, which leaves burden on multi-system youth agencies or probation



Intervention Point VI – Identified Opportunities

- ▣ Typically, Medicaid is not lost while youth are in detention. They can continue use upon reentry

- Multi-county Attention Center has a reentry coordinator and can accept referrals from short-term detention

Recommendations

- Since the Attention Center has an existing reentry coordinator that is able to accept referrals from short-term detention, it may be worth convening a work group to establish agreed upon criteria for select referrals to the reentry coordinator. One such consideration might be the results of the MAYSI-2.

Priorities for Change

Wayne County,
Ohio

Wayne 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. Early Intervention and crisis respite options
2. Length of time youth spend in local Emergency Departments
3. Step-down and transitional services to increase sustained engagement for youth and family involved in intensive services
4. Mobile Crisis expansion
5. Assisting law enforcement and community providers in assessing community options that match community and youth needs

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

- ▣ Develop or realign services to maintain family system focus and sustain progress long-term
- ▣ The criteria for diversion are too narrow at this time; review and update the criteria to accept folks with a second offense.
- ▣ Screening does not occur prior to Initial Detention
- ▣ A mechanism for Parents/Guardians to learn about the court process and how to navigate the system; Review and update the way court and probation information is made available to Families, Youth and Providers; a centralized location for information and a commitment to update the information; how to address lost verification of completing counseling and other court requirements; improved service coordination and develop on-line options for the information
- ▣ Getting buy-in from Law Enforcement and police agencies based on successful dispositions and clear measures of success that meet their needs
- ▣ Completing Dispatcher CIT Training across the county

Parking Lot Issues

- Youth transferred to legal custody of relatives located out of state requires local involvement (for those transferred to Wayne County) because inter-state compact is only used for felony offenses.
- Funding for family-based services ends when child is in placement
- Effective October 2021 Families First Prevention funding will change requirements for post-0placement follow-up

Additional Resources and Programs

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

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

Cross-Systems Mapping
Wayne County, Ohio | January 11-12, 2021

Participant Roster

Name	Title	Organization	Email
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Observer Roster

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Douglas Powley	Chief Prosecutor	Retired, City of Akron	dpowley@neo.rr.com

Priority Area 1: Early Intervention and Crisis Respite Options				
Objective		Action Step	Who	When
1.	Determine/evaluate available Respite options within Wayne County.	<p>A. Connect with Family & Children First Council (FCFC) Respite workgroup to align work. Join/merge the groups.</p> <p>B. Explore possible options that are already available (Salvation Army, specific person, place)</p> <p>C. Explore “to be” created Respite Options, including a possible preplanned pop-up option.</p>	Deanna Nichols-Stika/ Sheryl Villegas /Jeff Bradford	1.21.21 at 11am.

Priority Area 1: Early Intervention and Crisis Respite Options				
Objective	Action Step	Who	When	
2.	Outline training and resource information to be provided to law enforcement and other involved professionals on existing options and how to access them	<ul style="list-style-type: none"> A. Explore WHIRE (Wayne Holmes Information Referral Exchange) as an option to share the resource information. Including levels of Respite needed. (Example: hourly, overnight, days) Create a flowchart of levels. Identify resources if family is involved with service supports or if family is not linked to supports. Map it out to clearly describe. B. Look at custody and funding needs C. Integrate follow up on supports for ongoing service engagement with families. D. Explore a preplanned pop-up option. 	Sheryl Villegas/Hannah Gee	
3.	Prevention of needing crisis (reactive) respite. De-escalation of crisis with supports for the family.	<ul style="list-style-type: none"> A. Leverage professionals and support programs/agencies that are involved with the family or need linkage to the programs/agencies. Programs/agencies = Orrville Area Boys & Girls Club (OABGC), O'Huddle, Schools. 		
4.	Identification of Needed Partners	<ul style="list-style-type: none"> A. Explore NAMI, School Representation, High School Resource Officers 		

Priority Area 2: Length of Time Youth Spend in Local Emergency Departments			
Objective	Action Step	Who	When
1.	Educate Police and Parents/Guardians to Community Resources	Hospital Resource Officer (HRO)	December 2021
2.	Monthly Meeting regarding community care plans	Catholic Charities WCH ED SW	July 2021

Priority Area 2: Length of Time Youth Spend in Local Emergency Departments

Objective		Action Step	Who	When
3.	Recruit members	A. Educate purpose of the group and identify appropriate partners	Orrville PD Wooster PD TCC WCH Aultman Orrville Catholic Charities Board of DD	March 2021
4.	Data Collection to identify trends	A. WCH and TCC to collect data on frequency of visits, length of stay and barriers.	WCH TCC	Immediately

Priority Area 3: Step-down and Transitional Services to Increase Sustained Engagement for Youth and Family Involved in Intensive Services				
Objective	Action Step	Who	When	
1.	Keep families engaged while they decrease service reliance	A. Better understanding of sharing information and collaboration. Professional allowance to share information as identified by HIPAA; With the idea that would help in transitioning between programs if providers could feel comfortable communicating B. Training for professionals in the community and those involved with the kids transitioning between services.	Pat Edwards, Pattie Geiser, Rhiannon Whalen-Harris, Scott Rotolo, Misty Hanson, Jeff Bradford, Dawn Carter, Deanna Nicols-Stika, Tammy Spotts, Judy Wood, Esther Hawkins, Amanda Terakedis, Sue Gorman, Dave Paxton, and Carrie Bush	First week of February
2.	Create a tailored response plan	A. Hold professional meetings to identify presumed issues. As well as family meetings B. Explore mentoring and peer support options C. Provide community resources to assist with the transition from youth to adulthood	Pat Edwards, Pattie Geiser, Rhiannon Whalen-Harris, Scott Rotolo, Misty Hanson, Jeff Bradford, Dawn Carter, Deanna Nicols-Stika, Tammy Spotts, Judy Wood, Esther Hawkins, Amanda Terakedis, Sue Gorman, Dave Paxton, and Carrie Bush	First week of February

Priority Area 4: Mobile Crisis Expansion

Objective		Action Step	Who	When
1.	Develop a Mobile Crisis Team	<p>A. Identify an existing (out of county) model of a Mobile Crisis Team</p> <p>B. Look at the Treatment Navigator model to see if it can be expanded or adapted to Juvenile System</p> <p>C. Look at YES (Youth Exchange and Study) program to determine if it can be expanded or improved</p> <p>D. Define when there will be a joint response with law enforcement and CIT team and when it would be just CIT responding</p> <p>E. Identify when Treatment Navigator model would be appropriate</p> <p>F. Look at existing programs in the county to see what can be expanded into the Juvenile System</p>	<p>A. Dawn Carter (The Crisis Center – TCC)</p> <p>B. Explore JDAI Connected (Misty Hanson)</p> <p>C. One-Eighty</p> <p>D. Catholic Charities</p> <p>E. Center for Innovative Practices</p> <p>F. Dispatch Center Directors</p>	2 Weeks

Priority Area 5: Assisting Law Enforcement and Community Providers in Assessing Community Options that Match Community & Youth Needs

Objective	Action Step	Who	When
<p>1. Expanding the YES (Youth Exchange and Study) Program</p> <ul style="list-style-type: none"> • all county Law Enforcement agencies utilizing the program • Dispatch has YES program information so that Law Enforcement are not always responding to calls • Expand the program to include school personnel 	<p>B. Reach out to Law Enforcement agencies about the YES program</p> <p>C. Revamp the process of informing Law Enforcement on the outcome of a referral</p> <p>D. Measure current outcomes</p> <p>E. Explore if YES program be expanded; need to check with grant wording</p>	<p>A. Hannah Gee</p> <p>B. Juvenile Court</p> <p>C. Law Enforcement</p> <p>D. Dispatch</p>	<p>3-6 Months</p> <p>Review in 4 weeks</p>

Priority Area 5: Assisting Law Enforcement and Community Providers in assessing community options that match community & youth needs

Objective	Action Step	Who	When	
2	Utilizing residential facilities (CCHO, TVN, Stabilization Unit) for emergency purposes for youth who are not able to stay in the home; also when it is not a detainable situation	<ul style="list-style-type: none"> A. Contacting facilities to see if this option is available B. Find out admission qualifications for facilities C. Contacting facilities to see if this option is available D. Find out admission qualifications for facilities 	<ul style="list-style-type: none"> A. Family & Children's First Council B. Diversion Team C. Family & Children's First Council D. Diversion Team Family & Children's First Council E. Diversion Team 	<p>3-6 Months</p> <p>Review in 4 weeks</p>

Priority Area 5: Assisting Law Enforcement and Community Providers in assessing community options that match community & youth needs

Objective	Action Step	Who	When
<p>3. Researching resources available and giving to public, community agencies</p>	<p>A. Working with United Way about what options they have available</p> <p>B. Finding out what other information could be added to WHIRE (Wayne Holmes Information Referral Exchange)</p> <p>C. Educating dispatch about what options/resources are out there (via website and/or paper form)</p> <p>D. Creating an easily navigated community website about community resources. Check to see if UA has this already.</p> <p>E. Invite United Way to group</p> <p>F. Invite/talk to OHUDDLE as they have started resource research</p> <p>G. Invite consumer of services for their input</p> <p>H. Find out what service(s) does each agency provide</p>	<p>A. United Way</p> <p>B. OHUDDLE</p> <p>C. Nicole Zornes</p> <p>D. Hannah Gee</p> <p>E. Rachael Oyer</p> <p>F. Diversion Team</p> <p>Family & Children’s First Council</p>	<p>3-6 Months</p> <p>Review in 4 weeks</p>

Appendix

Pre-Workshop Data Collection

DETENTION INTAKES		
<i>How many people are identified as having mental health issues?</i>		
By detention intake staff	Unknown	
While in detention (by corrections officers, health staff or others)	Unknown	
Release Planning Activity	Unknown	
How many people are held for forensic review?	0	
CROSS TABULATION OF MULTI-SYSTEM DATA		
<i>For the entire population of youth entering detention during the identified time period (open or closed cases):</i>		
How many were known to publicly-funded mental health system? Acute crisis services? Long-term service enrollment?	97	
	25	
	14	
How many were known to publicly funded substance abuse treatment system? Community-based Detoxification services Residential	20	
	32	
	0	
ADDITIONAL DETENTION/OFFENSE-RELATED INFORMATION For those who are identified as persons with mental health, substance abuse or developmental disabilities (by detention, other juvenile justice, or treatment systems)		
	Nature of the charges: Status	34
	Misdemeanors	48
	Felonies	17
	Violent behavior	47
Violations of probation	83	
Frequency	1.92	
How many arrests / intakes per person? (average)		
Length of stay in the detention center for each episode of incarceration (average)	12.6 Days	
DISCHARGE / REENTRY		
How many people left detention with financial benefits or entitlements in place?	Unknown	
How many people left detention with a shelter as the identified residence?	Unknown	
How many people had no known residence?	Unknown	
How many people left detention with an appointment at a mental health or other treatment service?	Unknown	
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	Unknown	

Community Collaboration Questionnaire

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

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

Community: Wayne County		
Contact Person: Misty Hanson	Phone: 330-287-5560	Email: mhanson@waynecourts.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>The Court contracts with several mental health providers to provide counseling, educational programming, mentoring, Multi-Systemic Therapy and other programs to help kids with mental illness and co-occurring disorders. We also fund a youth engagement specialist through Catholic Charities that takes referrals straight from law enforcement in order to engage youth and families with services before they are ever referred to the Court. The Court holds monthly case staffing with providers of Court funded programming to discuss cases and determine additional needs. The Court also contracts for a clinician to conduct a mental health, substance abuse and trauma screening for any youth that the court is not familiar prior to disposition to identify needs as well as youth in the diversion program. Mental health and substance abuse providers also participate in the Juvenile Detention Alternatives groups with the Court.</p>	X	

2	<p>Does your community have a cross-system collaborative team or task force? <i>If yes, please list the membership by agency and/or title, listing mental health providers, juvenile justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p>Diversion Team meets once a week to review out of home placements across systems and to approve service funding for new cases needing assistance. Members of the Diversion Team participate in oversight of wraparound and service coordination cases, provide consultation to front line workers and families for intensive cases and pool funding to provide prosocial activities, safety equipment and etc. The team consist of representatives from Juvenile Court, Mental Health (The Counseling Center), Board of DD, Children’s Services, Wooster City Schools, Tri-County ESC and FCFC.</p> <p>The Sex Offender Service Coordination Oversight Panel (SOSCOP) is a coordinating body that monitors juvenile sex offenders. This group includes Juvenile Court, Mental Health Board, Child and Adolescent Behavioral Health, Counseling Center, Children’s Services, Child Advocacy Center and FCFC.</p>	X	
3	<p>Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers? <i>If yes, please list recent programs:</i></p> <p>Somewhat. Court staff are encouraged to participate in any trainings available locally, state or nationally regarding juveniles and mental health or substance abuse. We have created videos and spoke at different agencies about programs we offer but not about the system itself. Local agencies and organizations periodically provide interdisciplinary training as able and also promote affordable training opportunities offered online and/or by other entities.</p>	X	
4	<p>Does your community have resources identified to work with this population? <i>Please describe:</i></p> <p>The juvenile court utilized RECLAIM funds for local programming and to provide other identified resources. RECLAIM funds most of the Court programs.</p> <p>The Diversion Team oversees a pooled fund and shared funding for prosocial activities, respite, out of home placements, safety equipment and etc. Diversion Team also oversee the process to request funding for Ohio’s MSY through OFCFC.</p> <p>The mental health board also has a BHJJ grant that provides Multi-Systemic Therapy.</p>	X	

5	<p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i> The Diversion Team is the central point for coordination of funding and monitoring this population. Each partner agency has assigned staff that serves as point person and attends the weekly meetings. Wayne County has 4 types of multi system service coordination/wraparound: Lower intensity cases (FCFC Service Coordination), Dual Diagnosis MH and DD (High Fidelity Wrap Around with Catholic Charities), Home Transition Coordination for youth returning from out of home placement (provided by AnaZao) and Transition to Independence (Provided by the Counseling Center). The Juvenile Court, Mental Health Board and FCFC also collaborate to oversee the Court's Multi-Systemic Therapy program. This collaboration allows for cases to be staffed and access to additional funding for families for extra services and pro-social activities.</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? <i>Please describe:</i> Not specifically juvenile court youth/all juvenile court youth. FCFC gathers this information about any youth placed in out of home placements. The Court also gathers information on Court involved youth who participate in the mental health, substance abuse and trauma screening process. This is typically first time offenders who the Court is not familiar with.</p>		X
7	<p>Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i> The counties wrap around and diversion team facilitates boundary spanning as well as the Youth Engagement Specialist contracted for with Catholic Charities by the Court.</p>	X	

8	<p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety?</p> <p><i>Please describe:</i></p> <p>All agencies that participate in the Diversion Team through FCFC have signed MOU's to facilitate services. Specifically the Court has several contracts with local agencies to provide specific programming to Court involved youth. The juvenile detention center and OneEighty have a MOU. OneEighty responds any time a detained youth makes allegations of sexual abuse/assault. The Child Advocacy Center and the Interdisciplinary Team that staffs cases from the CAC have a MOU. There are MOU's between behavioral health providers and schools to provide counseling and prevention programming. WATCH (human trafficking coalition) has MOU between members and the MHRB contracts with local agencies to provide behavioral health services to uninsured and under insured clients.</p>	X	
9	<p>Does your community have a coordinated crisis management plan or team?</p> <p><i>Please describe:</i></p> <p>Wayne County has a 24hr availability of Crisis Services through the Counseling Center. Local law enforcement, fire, hospital and behavioral health staff participated in Critical Incident Stress Management in 2018; Wooster Community Hospital now has an internal CISM team and first responders have reciprocity with neighboring communities. OneEighty staffs a 24hr treatment navigator for substance use related crisis.</p>	X	
10	<p>Does your community have any juvenile diversion programs at this time?</p> <p><i>Please describe:</i></p> <p>The Court currently has two diversion programs. The standard diversion program is for first time offenders and take referrals from the prosecutor's office in lieu of formal court filing. Referrals may also come from the bench if the case is eligible and was either not caught by the prosecutor or was a transfer from another county. Truancy diversion is the first stop for all truancy cases before formal court filing. Both programs if completed successfully the case will either not be filed or will be dismissed and sealed if it came from the bench.</p>	X	
11	<p>Does your community have a mental health, drug or other specialty court for serving juveniles?</p> <p><i>Please describe:</i></p> <p>We do not</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?</p> <p>Family and Children First which over sees Diversion Team and service coordination utilizes a joint release of information that families must sign to utilize services covered under FCFC. This allows the mutual sharing between agencies (FCFC, MHRB, Courts, Schools, Counseling Agencies, DD Board, CSB)</p> <p>180 and MCJAS has a MOU that 180 will be notified any time a youth is brought into detention and reports a sexual assault. 180 will then arrange services and MCJAS will cooperate as needed.</p>	X	
13	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement?</p> <p><i>Please describe:</i></p> <p>There is no MOU specifically, however there is a understanding that both fully cooperate with one another which has not been a problem. The Court also funds a Youth Engagement Specialist which is a clinician who takes referrals directly from law enforcement and reaches out to the family within 24 hours to assist in problem solving and referring to services. There is also no MOU however it is a position specifically to act as a liaison with law enforcement and service providers to assist in linkage.</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?</p> <p><i>Please describe:</i></p> <p>Each community partner has its own procedures. The Court has a contract for a licensed clinician to conduct mental health, substance abuse and trauma screenings on all youth in the courts diversion programs and youth prior to disposition who the court is not already familiar with to identify areas of need.</p>	X	
15	<p>Have re-entry services been instituted to help people returning to their communities from detention?</p> <p><i>Please describe:</i></p> <p>NO</p>		X

16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>The Court is part of JDAI and cannot and will not "lock" a youth up because you (parents and agencies) don't know what else to do with them, you are frustrated with them, or they need a wakeup call or any other reason that doesn't involve the youth being a risk to the community. Not going to school is not being a risk to the community. Our goal is to get the family services they need to eliminate the behaviors that brought them to the court.</p> <p>HIPPA and FERPA can be annoying when agencies need that information but counseling agencies and schools have no choice but to comply with them.</p>	X	
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