

Summit County, Ohio

Juvenile Cross-Systems Mapping Report

January 11-12, 2024

Summit County Core Planning Team

| Name | Position | Agency |
|----------------------|----------------------|---|
| Stacey Garske | Executive Director | Summit County Family and Children First Council |
| Cassandra Holtzmann | Executive Director | Summit County Children Services |
| Lisa Kamlowky | Superintendent | Summit County Developmental Disabilities Board |
| Linda Tucci Teodosio | Administrative Judge | Summit County Juvenile Court |
| Aimee Wade | Executive Director | County of Summit Alcohol, Drug Addiction & Mental Health Services Board |

Workshop Facilitators and Consultants

| | | |
|----------------|---|--|
| Ashley Eads | Dissemination Coordinator | Criminal Justice Coordinating Center of Excellence |
| Michael Fox | Consultant and Trainer/Research Associate | Center for Innovative Practices, Case Western Reserve University |
| Ruth H. Simera | Executive Director | Coordinating Centers of Excellence |
| Em Ribnik | Director | Criminal Justice Coordinating Center of Excellence |



**CRIMINAL JUSTICE
COORDINATING CENTER
of EXCELLENCE**

A NEOMED CCoE

Juvenile Cross-Systems Mapping

Table of Contents

| | |
|--|--------|
| Sequential Intercept Mapping | - 2 - |
| Introduction..... | - 2 - |
| Background..... | - 2 - |
| Values..... | - 2 - |
| Objectives of the Sequential Intercept Mapping Exercise..... | - 3 - |
| Keys to Success | - 3 - |
| Cross-Systems Partnerships; Task Force | - 3 - |
| Representation from Key Decision Makers; Family/Youth Involvement | - 3 - |
| Summit County Sequential Intercept Map | - 6 - |
| Summit County Sequential Intercept Map Narrative | - 7 - |
| Intervention I: Initial Contact and Referral | - 9 - |
| Intervention II: Intake and Initial Detention | - 12 - |
| Intervention III: Judicial Processing | - 13 - |
| Intervention IV: Probation Supervision | - 15 - |
| Intervention V: Secure Placement | - 16 - |
| Intervention VI: Reentry | - 16 - |
| Summit County Priorities | - 20 - |
| Top Priorities | - 20 - |
| Additional Resources | - 21 - |
| Action Planning Matrix..... | - 25 - |
| Appendices | - 16 - |

Summit 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 Summit County, Ohio on January 11-12, 2024. The workshop was requested and sponsored by the County of Summit Alcohol, Drug Addiction and Mental Health Services Board and the Summit County Juvenile Court. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential map of intervention points* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Summit 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 Summit County stakeholders wished to have a better understanding of the capacity and capabilities of all stakeholders 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 Summit County with:

- Creation of a map indicating points of intervention among all relevant Summit 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 38 individuals representing multiple stakeholder 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. Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence and Michael Fox 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 health needs, co-occurring mental health and substance use needs, and complex multisystem involvement needs flow through the Summit 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 Summit 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

Summit County stakeholders and service providers, like those from most other Ohio counties, have been involved in a variety of collaborative relationships and initiatives over the years. There are currently two primary cross-system collaborative teams/coalitions addressing youth and family services: Family and Children First Council (FCFC) Service Review Committee and MI/ID: Mental Illness and Intellectual Disability multi-disciplinary team to review and support transitional age youth and adults.

Individual in Recovery Involvement

Representation during the workshop consisted of two family members and one youth with past involvement in the juvenile justice system. The SIM group is strongly encouraged to solicit participation from additional 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 key decision makers present for the juvenile court system, detention, and mental health system.

- Key constituents that were missing at the workshops: Public Safety Telecommunicators, NAMI, parole, and law enforcement (patrol and school resource officer).

Data Collection; Information Sharing; Communication

- The Summit County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Summit County Juvenile Detention Center Data for 2022-2023
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Summit County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, September 2023
 - Summit County CIT Officers Roster Project Summary Report, September 2023

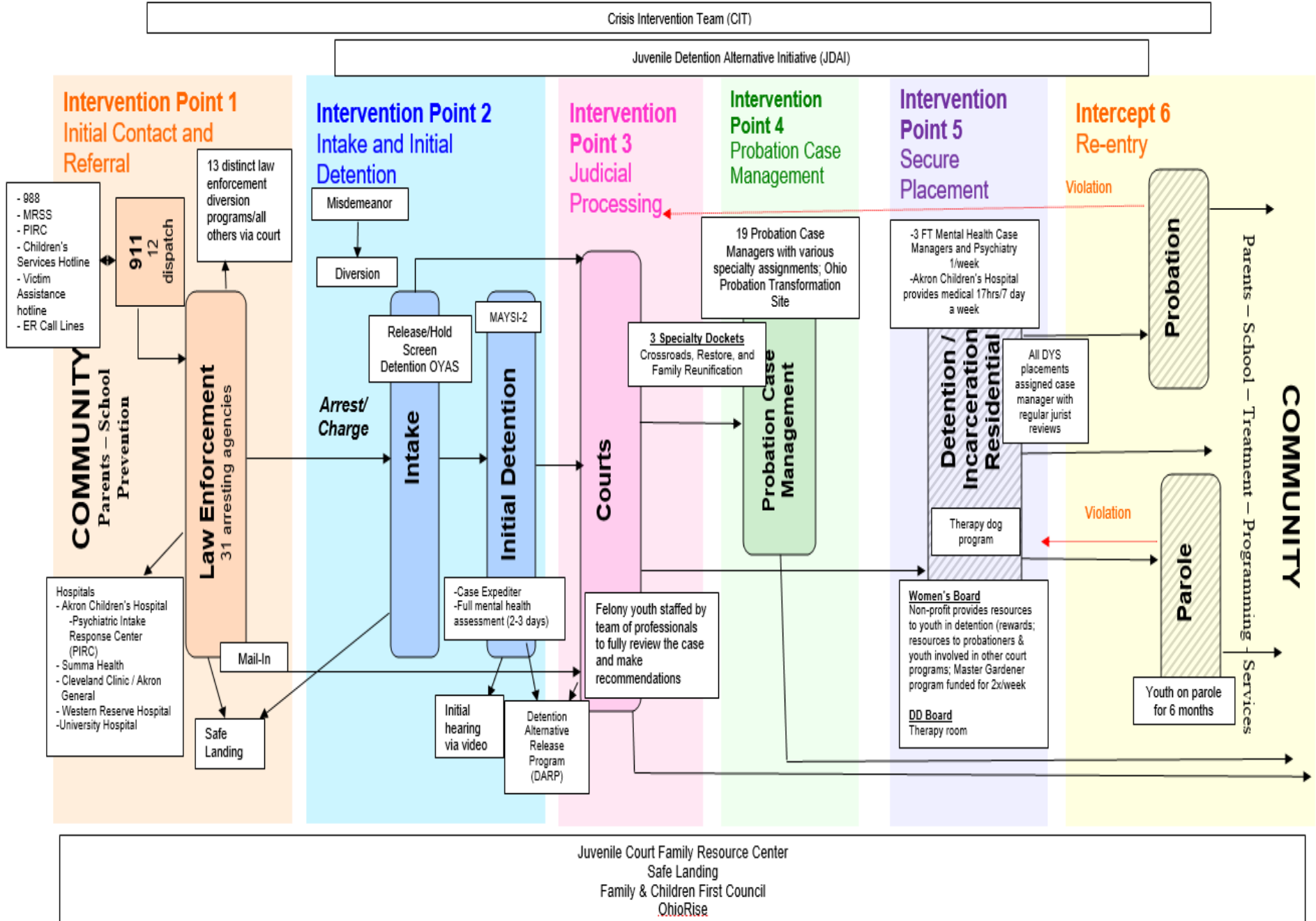
Recommendations

- While the current workshop was focused on addressing the needs of youth and families with direct juvenile justice and/or multiple system involvement, participants acknowledged that there may be greater opportunity for victim input across the intercepts of the juvenile justice system. The group is encouraged to identify participants or partners that have valuable information and insights and offer a follow-up discussion which could include using the sequential intercept model as a framework. In so doing, participants are encouraged to investigate and consider what evidence is available, re: the impact of victim input and the process of involving victims in cases of youth and families involved in the juvenile justice system. For example, does it positively affect outcomes (recidivism, recovery) and for whom?

Juvenile Cross-Systems Mapping

Summit County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Summit County January 2024



Summit 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 Summit 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 Summit County Cross-Systems Map. The cross-systems Summit County planning team may choose to revise or expand information gathered in the activity.

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

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

The following represents initiatives, services, and/or evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept - 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 Summit County.

- 988 through Portage Path
- MRSS (Mobile Response and Stabilization Service)
- OhioRISE
- Akron Children’s Hospital therapists at their primary care offices
- County of Summit Alcohol, Drug Addiction, and Mental Health Services Board hosts a bimonthly prevention meeting and has a Children’s Program Coordinator on staff
- Child Guidance and Family Solutions
 - Prevention services from birth to adulthood
 - Provides training and education for parents
- Children Youth Family Services
 - After school programming
 - Prevention of drug abuse
 - Acclamation training for immigrants
- The county has both Intensive Home-Based Treatment and Functional Family Therapy services.
- Community Health Center (CHC)
 - Offers school and community-based facilitated and youth-led prevention
- Minority Behavioral Health therapists in Akron City Schools
- Red Oak Behavioral Health in Summit County public schools
- Risk behavior survey every 5 years across the school districts through Case Western
- Safe Landing Youth Shelter
- The County of Summit ADM Board has collected information on prevention programming in the county’s K-12 schools. Prevention programming includes but is not limited to: CATS Youth Led Prevention, Botvin’s Lifeskills, Strengthening Family Program, Sources of Strength, Adolescent Suicide Prevention Program (ASPP), DREAM: African Centered Arts as a means of coping, Mental Health First Aid (MHFA),

Question Persuade Refer (QPR), and Pax Good Behavior Game. (See Appendix for a full list of current prevention programming)

- Summit County Board of Developmental Disabilities has youth-specific Service and Support Administrators and Behavioral Support Service and Support Administrators
- Family and Children First Council (FCFC) has two Wraparound Facilitators that provide service coordination and wraparound for youth involved in multiple systems or with multiple needs. FCFC also offers 9-month long multi-disciplinary, cross-system training for direct service staff which covers various topics and community resources. Similarly, the Child and Family Leadership Exchange provides 9 months of training for supervisory level staff.

Intervention Point 0 Gaps

- ▣ Use of social media and technology in ways that youth will see and respond and at younger ages
- ▣ Adult education and preparation about youth culture, including technology and social media
- ▣ Youth participation in planning
- ▣ Effective dissemination of service/educational opportunities (adults – Facebook, Instagram)
- ▣ Well-Child screening content
- ▣ Differentiated approaches and solutions to meet a broader array of cultures
- ▣ Respite/Safe-Landing type - service capacity
- ▣ High need youth – developmental disabilities (DD)/autism spectrum disorder (ASD)/dependency for alternative placements and services – those that don't meet criteria
- ▣ Mechanisms for families not to have to tell their “stories”/crisis/information so many times
- ▣ Earlier, effective response to kids living in violence, including improved training on recognizing trauma and violence experience (non-verbal communication, body)
- ▣ Parent intervention and preparation
- ▣ Social workers – schools (human capital at schools to meet all mandates)
- ▣ Pathways to provide services in schools is different at each school district (coordination across districts)
- ▣ Peer Support for Mobile Response and Stabilization Services (MRSS) – MRSS does not currently have a youth or family peer; Position is posted but remains unfilled

Intervention Point 0 Opportunities

- ▣ Identification and engagement with approved providers (law enforcement and prosecutors with experience with these types of cases) to deliver mandated child abuse prevention training for students in school districts.

Intervention Point I: Initial Contact and Referral

In Summit County, law enforcement is provided by the Summit 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 detention center, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options. Summit County adopted the Crisis Intervention Team (CIT) Model in 2000 with current co-coordination between the County of Summit ADM Board and Tallmadge Police Department.

Initial Referral

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

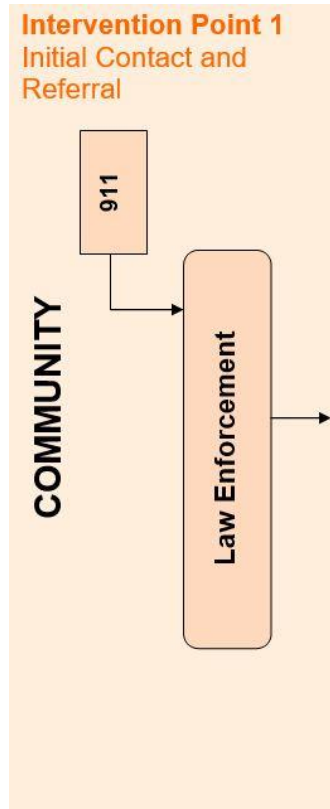
Dispatch / 9-1-1

- Summit County has 9 call and dispatch centers: Akron, Bath, Hudson, Macedonia, Richfield, Twinsburg, South Summit, Summit Emergency Communications Center (SECC) and Southwest Summit Communications (SWSCOM). The SECC dispatches for Stow, Cuyahoga Falls, Silver Lake, Summit County Sheriff's Office, Copley, Fairlawn, Boston Heights, Mogadore, Munroe Falls, Summit County MetroParks and Tallmadge. The SWSCOM dispatches for Norton, Barberton, and Twinsburg.
- There is no juvenile/youth specific call coding done by 911 at this time.
- Since 2016, 15 Summit County Public Safety Telecommunicators from 7 departments have completed CIT training.

Law Enforcement

According to the 2022 Ohio Peace Officer Training Commission (OPOTC) County Agency Report, Summit County has 31 Law Enforcement Agencies: Akron Police Department, Akron Children's Hospital, Barberton Police Department, Bath Township Police Department, Boston Heights Police Department, Copley Township Police Department, Cuyahoga Falls Police Department, Fairlawn Police Department, Hudson Police Department, Lakemore Police Department, Macedonia Police Department, Metro Transit Police Department, Mogadore Police Department, Munroe Falls Police Department, New Franklin Police Department, North Coast Behavioral Health Police Department, Northfield Village Police Department, Norton Police Department, Peninsula Police Department, Reminderville Police Department, Richfield Police Department, Sagamore Hills Township Police Department, Silver Lake Police Department, Springfield Township Police Department, Stow Police Department, Summa Health Police Department, Summit County Sheriff's Office, Summit Park Police Department, Tallmadge Police Department, Twinsburg Police Department, and The University of Akron Police Department. Summit County is estimated to have 1,390 full-time officers.

- The Summit County Crisis Intervention Team (CIT) training program held their first CIT training in 2000 with the latest being held in 2023. As of September 2023, CJ CCoE records indicate 983 full-time officers have completed CIT Patrol Officer training. All 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 Summit County CIT training curriculum, the patrol officer course includes sections on Intellectual and Developmental Disabilities, Autism Spectrum, The Family Perspective, Crises with Kids and Adolescents; however, no advanced CIT-Youth training is currently offered.



- 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.
- Five of the 31 law enforcement agencies (Akron Police Department, Cuyahoga Falls Police Department, Stow Police Department, Tallmadge Police Department, and the Summit County Sheriff's Office) reported 102 service calls involving juveniles in 2023.
- Akron Children's Hospital has a BRAVE Unit for responses to youth in crisis
- It is a mandatory arrest if youth possess a firearm or the charge includes violence.
- In other cases, in lieu of arrest, law enforcement can mail complaints to the clerk's office, where decision trees are used to route cases, dependent on a variety of factors.
- Without patrol and School Resource Officers present at the workshop the group was unable to engage in thorough discussion about community-based responses to families and youth.

Crisis Services

- Mobile Response and Stabilization Services (MRSS) through Coleman Heath Services
 - Law enforcement can call and request MRSS to transition a situation to their services.
 - Operates Monday-Friday 8am-6pm, including holidays that are on week days.
- Portage Path Psychiatric Emergency Services (PES) hosts crisis assessment services and answers 988 hotline for county
- Psychiatric Intake Response Center (PIRC) 24/7 emergency line – Akron Children's Hospital
 - Can also present to the Emergency Department
- Family Resource Center through juvenile court
- Safe Landing Shelter Care
 - 12 beds (five beds were open at the time of the mapping exercise)
 - Licensed counselor on staff
 - Eligibility includes voluntary attendance, not under influence of alcohol or other drugs, and not a threat of harm to self or others
- Summit County Board of Developmental Disabilities has a respite home/beds

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Akron Children's Hospital inpatient youth psychiatric care
- Summa Health
- Cleveland Clinic
- Cleveland Clinic Akron General
- Summa Western Reserve Hospital
- University Hospital

Intervention Point I Gaps

- Drop-off location/respite/assessment site or function
 - Youth falling through the cracks daily
- Incomplete CIT data across jurisdictions
- Community recognition of CIT availability
- Decreased use of diversion
- 911/call-taker CIT training

Intervention Point I Opportunities

- Create a drop-off assessment center
- Explore services that Applewood Centers Inc. is providing in Lorain County – anything useful for Summit? Or Lucas County Assessment Center
- Assemble/collaboration with county School Resource Officers and Diversion Officers

- Handle With Care program is in development, being coordinated by the Educational Services Center

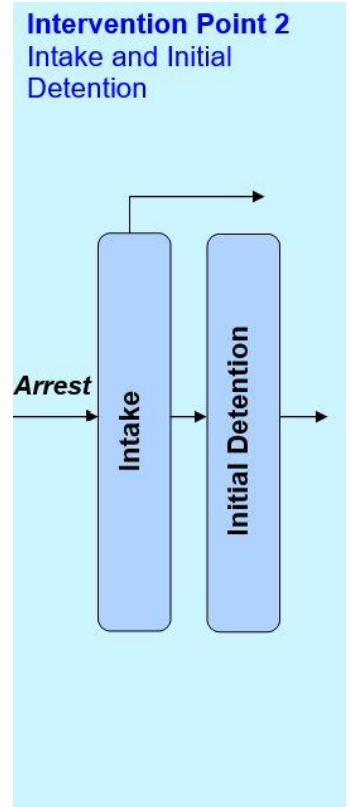
Recommendations

- Summit County service providers participate in the Systems of Care ECHO where consultation is available from Case Western Reserve University and other child serving hub experts. 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/>). Summit County service providers are encouraged to use this resource more consistently, as it can result in creative recommendations and possible solutions that might delay or prevent youth and families from experiencing service gaps.
- There are potential opportunities to disseminate resource and referral information to hospital emergency departments that operate 24-hour phone lines. This may be a fitting objective to include in the Priority 2 Crisis work group, or if cross-system providers already have regular meetings with emergency department staff, it could be discussed at coordinated. It may be helpful to explore local physicians/clinics with expertise prescribing Buprenorphine (Subutex/Suboxone) with a willingness to consider youth with opioid detoxification needs. Establish routes of referral. Youth with these needs are likely (hopefully) quite rare, but an established provider/route may be beneficial.
- The CIT Steering Committee could request and review deidentified law enforcement data regarding youth contacts to look for trends, patterns, and possible opportunities related to categories of youth: location, disposition, use of force, arrest, referrals, etc. If such data does not currently exist, the steering committee could recommend consistent use of the CIT contact sheet and identify a central portal for such data collection.

Intervention Point II: Intake and Initial Detention

Intake

- Upon arrest, youth are taken to the Summit County Juvenile Detention Center. When they arrive, staff complete the Detention Screening Instrument (DSI) an assessment developed by staff of the Summit County Juvenile Detention Center in collaboration with JDAI (Juvenile Detention Alternative Initiative), to determine if the youth will be held in detention or released. If the youth disclose any mental health concerns or suicidal ideation at that time, staff notify the facility mental health clinicians.
 - After the screening, if a youth will not be held in detention, they may be released with community support services.
 - If a youth is not being detained and parents refuse to pick up their child, the youth will stay at the facility and Summit County Children's Services will be notified to assume custody.
 - If a youth is held in detention, detention staff will complete the MAYSI-2 (Massachusetts Youth Screening Instrument), the Ohio Youth Assessment System (OYAS), and a preliminary health screening.
- If the charge is a misdemeanor, the individual enters a law enforcement diversion program. These diversion programs vary among the 13 jurisdictions contracting with Summit County Juvenile Court. The Sheriff's Office has two officers for diversion programming. Law enforcement jurisdictions not contracted with the juvenile court have their own diversion programming and dedicated staff.
- Juvenile Court may also order a youth to be detained.



Initial Detention

- Law Enforcement must take youth to the Summit County Juvenile Detention Center if there is a firearm involved, the charge is a Felony 1 or 2, there is an open felony warrant, or an incident occurred on school grounds. It was noted during the workshop that the number of incidents and arrests involving a firearm have been increasing exponentially for the past few years.

Intervention Point II – Identified Gaps

- Voice of victims
- Staffing in detention
- Appropriate response/services for youth in active withdrawal or intoxication
- Motivating treatment involvement between initial contact and court

Intervention Point II – Identified Opportunities

- None identified

Recommendations

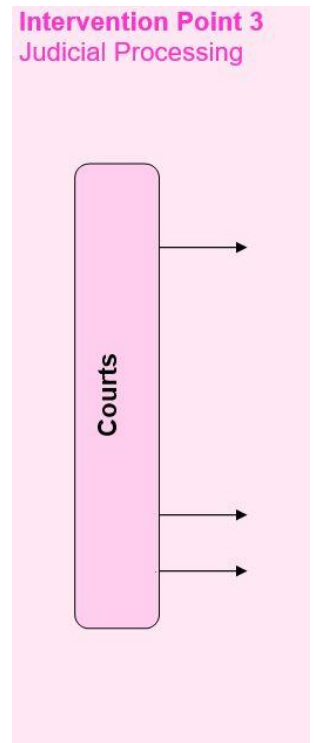
- With the noted concern about youth being intoxicated and/or withdrawing from substance use during their initial or ongoing detention period:
 - Based on suggestions from the MAYSI, it might be useful to explore the addition of an ASAM (American Society of Addiction Medicine) Assessment (if any level of drug/alcohol use or involvement is noted), and the CANS (which would likely have some challenges, including for non-Medicaid youth and the need for family participation).

- Detention administrators, court administrators, and detention medical providers may want to review the federal Guidelines for Managing Substance Withdrawal in Jails, released in June 2023. These guidelines, while created for adult incarcerate settings, may provide needed insights to establish sound protocols to supplement the existing requirement for mental health assessments to be completed within 7 days of admission. The Guide can be found here: https://www.cossup.org/Content/Documents/JailResources/Guidelines_for_Managing_Substance-Withdrawal_in_Jails.pdf
- Credible Messengers were noted as a gap or desired resource associated with youth returning to the community or involved in probation case management. If a program is developed, it could potentially evolve to include outreach and in-reach to youth in detention, and to youth with cases pending who are remaining in the community.

Intervention Point III: Judicial Processing

Detention Hearing

- A detention hearing is held the next day on Zoom for youth both in detention and those who were released after their Detention Screening Instrument was completed. There are no weekend nor holiday hearings.
 - When a youth is in detention, they attend their detention hearing in a room within the facility. Youth are typically alone in the room and are monitored by staff.
 - Legal counsel can argue for release via a case expeditor and see if the youth would be a candidate for Detention Alternative Release Program (DARP).
 - DARP is an Ohio Department of Youth Services funded initiative developed for the purpose of providing an alternative to incarceration for youth brought to the Summit County Juvenile Detention Center. Evidence-based tools are utilized for determining those appropriate for release. A youth can be ordered either pre, or post adjudication for DARP monitoring. The Court's case expeditor makes recommendations for hold/release to the Juvenile Court Bench, leaving the decision to the sitting jurist on the youth's case. Case management services, including Global Positioning Satellite monitoring are used to assist in supervising the youth who are released to the program.
 - Case management through DARP is provided by the court expeditor and Oriana House.
 - 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 to Safe Landing Youth Shelter.
- 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 mental health assessment, parental consent is required for the mental health staff to provide treatment and ongoing care.
- If the youth is not transported to detention, charges are mailed into the court and a hearing is scheduled.
- The Public Defenders office receives packets of information for each youth arrested at 5am to prepare for the detention hearings.



Court

- The court offers diversion through their Juvenile Court Diversion Programming and Behavioral Health Juvenile Justice (BHJJ) Programming. A mental health assessment is required to participate in diversion programming.
 - The BHJJ program is a partnership with community behavioral health providers and other child-serving agencies who serve youth who may have otherwise been identified for an institutional level of care. Many of the youth served by the BHJJ program are brought to the Court on a higher-level delinquent offense and are potentially faced with a period of incarceration in an Ohio Department of Youth Services correctional facility. Youth work with a behavioral health treatment agency, and a team of invested partners, including a Court probation case managers who provide intensive support and supervision and utilize incentives and evidence-based practices to facilitate a successful outcome for the youth. The BHJJ conducts bi-annual studies led by Dr. Jef Kretschmar.
- Any youth charged with a felony is staffed by a team of professionals to help establish action plans for diversion. The professionals are provided with information about the youth from a range of sources to make recommendations to the Jurist. Prosecution and victim/victims advocate are not a component of the staffing.
- The Juvenile Court collects information quarterly and reports to the Summit County ADM Board, where funding is provided for full time mental health workers and a psychiatrist who are staffed at the detention center.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of 2024, Summit County has the following specialized dockets for families and youth:

| Judge Name | Jurisdiction | Docket Type | Status 2024 |
|----------------------|---------------|----------------------|-------------|
| Linda Tucci Teodosio | Summit County | Family Reunification | Certified |
| Linda Tucci Teodosio | Summit County | Crossroads | Certified |
| Linda Tucci Teodosio | Summit County | Restore | Certified |

- Crossroads began as a drug court and evolved into a docket serving youth with co-occurring disorders in 2003 after Judge Teodosio put a community panel together to evaluate the need for a mental health court. More than 90% of the youth served have co-existing mental health and substance use disorders. The court partners with community-based service providers to offer youth and families treatment for mental health challenges and substance use disorders. The court is certified by the Ohio Supreme Court. As a Juvenile Treatment docket.
- Restore was started by Judge Teodosio in 2013 to meet the unique needs of youth at risk for and victims of human trafficking. The program combines evidence-based practices, such as trauma informed treatment and substance abuse counseling with services and activities that promote connection, healing, and self-worth as a way of intervening and diverting youth from the path as early as possible. The court is certified by the Ohio Supreme Court as a Juvenile Treatment – Human Trafficking docket.
- Family Reunification through Recovery Court is an adult docket with a memorandum of understanding with Children’s Services to serve adults who have substance use disorders and are working toward reunification with their children.
 - All three certified dockets hold weekly multi-disciplinary treatment team meetings.
- New Paths is a dedicated docket for youth with developmental disabilities. This docket is not certified by the Ohio Supreme Court.

Intervention Point III – Identified Gaps

- Parent/caregiver support to help meet requirements of programming for court involved youth
 - Transportation, time, finances, etc.
- Victim input not included in team recommendation to Jurist

- Immigration navigator
- Normal litigation process - The time to court can take a long time

Intervention Point III – Identified Opportunities

- None identified

Recommendations

- Consider ways to increase opportunities for youth to have someone – preferably a family member, but perhaps a therapist or at least the public defender – be physically present with youth for the initial (video) hearing.
 - It was noted that youth are often alone in a small room for their initial hearing and monitored by staff with the possibility of parent and/or public defender on zoom. It was not clear whether the assigned counsel/public defender makes a clear effort to meet with the youth and parent(s) prior to the initial hearing and whether the court provides ample opportunity or encourages such meetings.
 - The guidelines issued by the National Council of Juvenile and Family Court Judges address the importance of meeting and preparation.
 - From a trauma informed lens, the court and detention center may want to consider the merits of a less austere, less restrictive, and more person-centered setting for the youth’s initial interaction with the court when this is appropriate and possible.
- Crossroads has an Advisory Committee. Is there opportunity for greater parental involvement on the committee, or possibly a separate or sub parent advisory group to include both parents of youth with lived experience and at-large community members?

Intervention Point IV: Probation Supervision

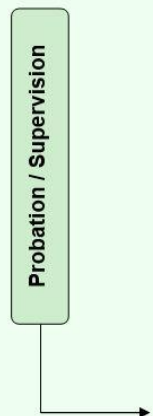
Probation

- Summit County is an Ohio Probation Transformation Site with JDAI. The title of Probation Officer has been updated to Probation Case Manager. The juvenile probation department has moved away from enforcement to an incentive-based program balanced with sanctions. Probation Case Managers work collaboratively with the family, have smaller caseloads (12-15 youth), and take on a more coaching and guiding role with youth.
- There are 19 Probation Case Managers with various specialty assignments. Assignments include intake (3), supervisor (3), sex offenses (2) and other cases (11). The Juvenile Court has 3 specially trained Probation Case Managers who work with youth with mental health diagnoses and developmental disabilities. There are currently 107 youth on probation.
- Juvenile Court Case Managers are further trained to identify youth in need of specialized docket services. A team meets weekly to review cases and make recommendations for the most appropriate disposition.
- Parole officers report to the Juvenile Court as required and did not have representation at the workshop.

Intervention Point IV – Identified Gaps

- Community understanding of changes in probation approach

Intervention Point 4 Probation Supervision



Intervention Point IV – Identified Opportunities

- None identified

Recommendations

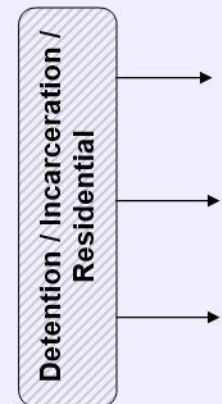
- Tying to the previous intercept's recommendations, a parent advisory group, whether through Crossroads or another program along the continuum, could be used to inform the court and probation department about what understandings exist, what is important for community members to know and why, and the best avenues for informing parents and/or disseminating information widely to the community.

Intervention Point V: Secure Placement

Juvenile Detention Center

- The Summit County Juvenile Detention Center has a capacity of 100. At the time of the workshop there were 20 youth being held at the facility.
- During fiscal year 2023 (July 1, 2022 – June 30, 2023) 396 youth were processed, with 22 seen by detention psychiatry, 85 placed on suicide watch, and 223 identified as having a substance use disorder.
- Staffing at the facility includes 3 full-time mental health case managers and a psychiatrist present once a week, all funded through the County of Summit ADM Board. The mental health workers also provide services to court-involved youth who are not in detention if called upon to do so. Akron Children's Hospital provides medical services 17 hours a day, 7 days a week.
- Mental health assessments are conducted by the mental health staff after the decision to detain the youth on-site has been made. They try to assess the youth as soon as possible, typically within 2-3 days. Parental consent is not required for the assessment; however, parents must sign consent for the mental health staff to provide ongoing treatment.
- Youth detained in the facility are assigned a case manager and parole officer with monthly placement meetings.
- Every 90 days, there is a jurist review for each youth.
- Programs within the facility include the twice weekly Master Gardener Program, a weekly reception for rewards provided and funded by the Women's Board, and a therapy dog. The Board of Developmental Disabilities provided funding for a therapy room within the detention center. The center also has a full gymnasium, outdoor recreation, an art and music room, and a library operated by the public library system.
- English as a Second Language is increasingly common among detained youth. The center has a relationship with the International Institute for translation services.
- Should a youth need to be transferred to an Ohio Department of Youth Services facility, they are transferred to Indian River Juvenile Correctional Facility in Massillon, Ohio.
 - Summit County has 20 youth at Ohio Department of Youth Services facilities.

Intervention Point 5 Secure Placement



Residential and Alternate Placements

- The Board of Developmental Disabilities (DD) has a respite house located in Barberton that houses 4-6 youth and can be utilized as an alternative to detention for eligible youth.

- Safe Landing may be appropriate for some youth. There is a fee for service to the court to place youth here, and there are various criteria for (in)eligibility.

Intervention Point V – Identified Gaps

- ▣ No specific gaps were identified for the center, although during the pre-workshop tour of the detention center, it was noted that a challenge exists in that youth of color remain disproportionately represented among those in detention, even though charges are limited to serious offenses, public safety and weapons.

Intervention Point V – Identified Opportunities

- ▣ During the pre-workshop tour of the detention center, staff noted that the detention center is looking for a local college to provide post-secondary education.

Recommendations:

- ▣ Recognizing the attempts made already and the challenges, explore methods for involving family members (direct and fictive kin) in supported ways with youth in detention – perhaps by creating contingency management protocols (gift cards for gas or essentials) for family members that participate.
- ▣ 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

- The Juvenile Court has 2 full time re-entry specialists to provide youth and families with resources to successfully reintegrate after an out of home placement, including incarceration in a youth prison, a community corrections facility, detention, and re-entering from a behavioral health or other residential setting. The reentry case manager also runs a book club.

Reentry – Department of Youth Services

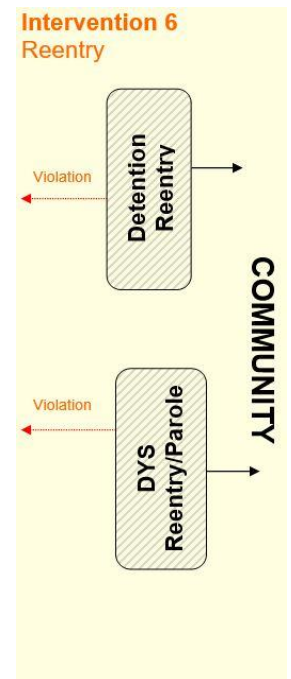
- Reentry and wraparound services are through Family & Children First Council (FCFC) and OhioRISE. Youth remain on parole for 6 months after release.

Intervention Point VI – Identified Gaps

- ▣ Lived Experience/Credible Messengers to interface with returning youth

Intervention Point VI – Identified Opportunities

- ▣ Balance and Restorative Justice (BARJ)
- ▣ Let’s Get Real
- ▣ Peace in the Hood



Recommendations

- The Credible Messenger Justice Center may be a resource for the Credible Messengers work group: cmjcenter.org/approach/. This information was provided to the work group shortly after the workshop.

Priorities for Change

Summit County,
Ohio

Summit 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. Respite and alternative placement
2. Drop-off/Assessment Center
3. Credible Messenger Involvement
4. Increasing care giver skills for parenting youth with multiple needs and supportive services for intensive specialty court involvement for parents/caregivers

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

- Earlier, effective response to kids living in violence, including improved training on recognizing trauma and violence experience (non-verbals, body) (Intercept 0; 6 votes)
- Social workers – schools (human capital at schools to meet all mandates) (Intercept 0; 3 votes)
- Pathways to provide services in schools is different at each school district (coordination across districts) (Intercept 0; 2 votes)
- Peer Support for MRSS – position posted and unable to fill (Intercept 0; 2 votes)
 - Not yet 24/7
- Use of social media and technology in ways that youth will see and respond and at younger ages (Intercept 0; 4 votes)
- Adult education and preparation about youth culture and technology and social media (Intercept 0; 4 votes)
- Youth participation in planning (Intercept 0; 3 votes)
- Differentiated approaches and solutions to meet a broader array of cultures (Intercept 0; 1 vote)
- 911/call taker CIT training (Intercept 1; 1 vote)
- Assemble a collaborative with county SROs and Diversion Officers (Intercept 1; 1 vote)
- Voice of victim (Intercept 2; 2 votes)
- Youth in active withdrawal or intoxication (Intercept 2; 4 votes)
- Victim input not included in team recommendation to Jurist (Intercept 3; 3 votes)
- Community understanding of changes in probation approach (Intercept 4; 1 vote)

Additional Recommendations

Parking Lot Issues

- Regulation of electronics

Additional Resources and Programs

| | |
|---|--|
| Bureau of Justice Assistance Police Mental Health Collaboration Toolkit | https://Pmhctoolkit.bja.gov |
| Center for Juvenile Justice Reform | https://cjjr.georgetown.edu/about-us/ |
| Center for Substance Abuse Prevention | https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap |
| Center for the Study of Prevention of Violence | http://www.colorado.edu/cspv/blueprints/ |
| CIT International | http://www.citinternational.org/ |
| Coalition on Homelessness and Housing in Ohio | http://cohhio.org/ |
| Coalition for Juvenile Justice | http://www.juvjustice.org/ |
| Corporation for Supportive Housing | 40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997 https://www.csh.org/about-csh/in-the-field/oh/ |
| Council of Juvenile Correctional Administrators | http://cjca.net/ |
| Council of State Governments Justice Center Mental Health Program | http://csgjusticecenter.org/ |
| Conflict Resolution Education Connection | https://creducation.net/ |
| Juvenile Detention Alternatives Initiative | https://www.aecf.org/work/juvenile-justice/jdai/ |
| Juvenile Justice Information Exchange | https://jjie.org/ |
| Juvenile Justice Resource Hub | https://jjie.org/hub/ |
| Mental Health America | http://www.mentalhealthamerica.net/ |
| Models for Change | http://www.modelsforchange.net/index.html |
| National Association of Pretrial Services Agencies | NAPSA.org |
| National Association of School Resource Officers | https://nasro.org/ |
| National Alliance on Mental Illness (NAMI) | www.nami.org |
| NAMI Ohio | www.namiohio.org |
| National Center for Cultural Competence | http://nccc.georgetown.edu/ |
| National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint | www.samhsa.gov/nctic |
| National Center for Youth Opportunity and Justice (formerly National Center for Mental Health and Juvenile Justice) | www.ncmhjj.com https://ncyoj.policyresearchinc.org/ |
| National Council of Juvenile and Family Court Judges | http://www.ncjfcj.org/ |
| National Council of Juvenile and Family Court Judges - Enhanced Juvenile Justice Guidelines | http://www.ncjfcj.org/EJJG |
| National Institute of Corrections | http://nicic.gov/ |
| National Institute on Drug Abuse | www.drugabuse.gov |
| National Juvenile Justice Network | www.njjn.org |
| National Youth Screening & Assessment Partners | http://www.nysap.us/ |
| Office for Victims of Crime: The Vicarious Trauma Toolkit | https://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
Summit County, Ohio | January 11-12, 2024**

Participant Roster

| Name | Job Title | Agency | Email |
|-----------------------|--|--|--------------------------------------|
| Aimee Wade | Executive Director | County of Summit Alcohol, Drug Addiction & Mental Health Board | wadea@admboard.org |
| Andrea Whitaker | Director | Summit Legal Defenders | awhitaker@legaldefenders.org |
| Allyson Drinkard | Senior Director, Research & Evaluation | Summit Education Initiative | adrinkard@seisummit.org |
| Beth Gracey | Children's Program Coordinator | County of Summit Alcohol, Drug Addiction & Mental Health Board | Bethg@admboard.org |
| Cassandra Holtzmann | Executive Director | Summit County Children Services | cassandra.holtzmann@summitkids.org |
| Dr. Curtis Williams | Director of Voices of Violence | Minority Behavioral Health Group | Cwilliams@mbhg.org |
| Denico Buckley-Knight | Youth & Community Opportunity Director | City of Akron Mayors Office | dbuckley-knight@akronohio.gov |
| Dianne M Curtis | Legal Counsel | Summit County Children's Services | dianne.curtis@summitkids.org |
| Lisa Kamlowky | Superintendent | Summit County Developmental Disabilities Board | lkamlowky@summitdd.org |
| Linda Tucci Teodosio | Administrative Judge | Summit County Juvenile Court | lteodosio@cpcourt.summitoh.net |
| Lisa DiSabato-Moore | Programs and Reform Administrator | Summit County Juvenile Court | Ldisabato-moore@cpcourt.summitoh.net |
| Grace Kane | Parent | Parent | marygracekane17@gmail.com |
| Herman Matherson | Pastor/Chief Operating Officer (COO) | The House of the Lord | hmatherson@thotl.org |
| Holly Brugh | Assistant Superintendent | Summit County Developmental Disabilities Board | hbrugh@summitdd.org |
| Jennie Petrarca | Service and Support Administrator (SSA) Senior Manager | Summit County Developmental Disabilities Board | jpetrarca@summitdd.org |
| Joe Rizzo | Executive Director | Shelter Care Inc. | j.rizzo@sheltercareinc.org |
| Kevin Floyd | Court Operations Administrator | Summit County Juvenile Court | kfloyd@cpcourt.summitoh.net |
| Kimberly Patton | Associate Director of Clinical Services | County of Summit Alcohol, Drug Addiction & Mental Health Board | pattonk@admboard.org |
| Laura Craig | Manager, Care Coordination OhioRISE (Resilience through Integrated Systems and Excellence) | Coleman Health Services | laura.craig@colemanservices.org |

| | | | |
|------------------------|---|---|------------------------------------|
| Lynn Purcel | Senior Director of Care and Utilization Management | Akron Children's Hospital | lpurcel@akronchildrens.org |
| Maureen Flynn | Placement Supervisor | Summit County Children Services | maureen.flynn@summitkids.org |
| Maureen Walsh | Supervisor Delinquency Division | Summit County Prosecutor's Office | mwalsh@prosecutor.summitoh.net |
| Megan Kleidon | Chief Executive Officer (CEO) | Red Oak Behavioral Health | mkleidon@redoakbh.org |
| Megan Petruzzi | Director Mobile Response and Stabilization Services (MRSS) | Coleman Health Services | megan.petruzzi@colemanservices.org |
| Melissa Gerney | Detention Superintendent | Summit County Juvenile Court | mgerney@cpccourt.summitoh.net |
| Myha Dukes | Youth | | mightymyha@gmail.com |
| Nathan Crolley | Detective | Summit County Sheriff's Office | ncrolley@sheriff.summitoh.net |
| Rachel DePauw | Intensive Home-based Treatment (IHBT) Manager | Child Guidance & Family Solutions | piskr@cgfs.org |
| Richard Kuznik | Lieutenant Juvenile Unit | Akron Police Department | rkuznik@akronohio.gov |
| Samantha Salamon | Chief Counsel | Asian Services in Action, Inc. | Salamon@asiaohio.org |
| Sean Dawson | Director of Summit Services/Director of Ohio Healthy Transitions Project (OHTP) | Bellefaire JCB | dawsons@bellefairejcb.org |
| Stacey Garske | Executive Director | Summit County Family and Children First Council | sgarske@summitdd.org |
| Stephanie Edwards | Clinical Operations Supervisor | Akron Children's Hospital | sedwards3@akronchildrens.org |
| Sushila Tripathy-Moore | Deputy Director, Social Services Resources | Summit County Children Services | sushila.moore@summitkids.org |
| Talia Brown | Clinical Operations Supervisor | Akron Children's Hospital | Tbrown3@akronchildrens.org |
| Tanisha Jones | Parent | | tanishajones1205@gmail.com |
| Tim Davidson | Program Supervisor | Summit County Family & Children First Council | tdavidson@summitdd.org |
| Dr. Wanda Lash | Director of Student & Family Services | Akron Public Schools | rferguso2@apslearns.org |
| Zach Miley | Wellness Initiatives Coordinator | Summit Educational Service Center | zachm@summitesc.org |

Action Planning Matrix for Summit County, Ohio

| Priority Area 1: Respite/Alternative Placement | | | | |
|--|--------------------------|--|--|------|
| Objective | | Action Step | Who | When |
| 1. | Determine placement need | <ol style="list-style-type: none"> 1. Gather data around number of kids needing placement, level of placement, availability, length of stay. 2. Establish exclusion criteria. | Family and Children First Council (FCFC) Executive Committee FCFC Executive Committee | |
| 2. | Workforce development | <ol style="list-style-type: none"> 1. Identify qualifications for respite providers to aid in recruitment. 2. Engage University of Akron, Stark State, and faith-based community. 3. Develop recruitment and retention efforts. | Subcommittee to be developed representative of community agencies/stakeholders. | |

Action Planning Matrix for Summit County, Ohio

| Priority Area 2: Drop-off/Assessment Center | | | |
|--|--|--|-----------|
| Objective | Action Step | Who | When |
| <p>1.</p> <ul style="list-style-type: none"> -Define drop off crisis center: place for children to go when parents will not come pick them up. -Some beds should be available – short-term mediation/reunification to reduce the need for JR6 removal trauma -Law enforcement can take children to multiple sources (limited referral sources) -Will feed into more extended care and placement -Will provide clinical triage planning -Avoid widening the net | <ul style="list-style-type: none"> -Review Adult Psychiatric Assessment Center Portage Path Emergency Services (PES). Maybe it could be modified with a lot of overlap. | Aimee Wade | 2/28/2024 |
| | <ul style="list-style-type: none"> -Alternative transport by Summit County Outreach Team (SCOUT) or Akron Fire or other source. | Aimee Wade | 2/28/2024 |
| | <ul style="list-style-type: none"> -Clarifying the streams available and what they do for Akron Police (APD)/law enforcement | | |
| | <ul style="list-style-type: none"> -Nationwide Children’s Coleman Access – Portage | Stephanie Edwards Lisa Kamlowsky and Stacey Garske | 2/28/2024 |
| | <ul style="list-style-type: none"> -Department of Youth Services (DYS) is competitive reclaim - 9 counties that receive. Small amount of funding. | | |
| | <ul style="list-style-type: none"> -Guidelines and rules established. | Group discussion | |

Action Planning Matrix for Summit County, Ohio

| Priority Area 2: Drop-off/Assessment Center | | | |
|---|--|---|---|
| Objective | Action Step | Who | When |
| <ul style="list-style-type: none"> -Get arrest standard condition for release to the drop off/assessment and overnight if needed. -Psychiatric issues/law enforcement takes child goes to Akron Children’s Hospital (ACH) -If non-medical issues, then assessment crisis center. -Definition: Place for law enforcement to triage clinicians on whether the youth should go to the hospital or the Assessment Center or Dan Street (Juvenile Correction Facility) meet with parent. | <ul style="list-style-type: none"> -Review Portage and Franklin County experience in Assessment Center – positives and negatives. -Lucas Assessment Center. -Follow up with current spaces and understand the process. -Multiple resources – collaborative. All entities come together. - Opiate Abatement Advisory Committee (OAAC) – possibly. -Define sustainable funding and start up funding. -Service providers may be able to bill this to Medicaid. Learn how this can be done. | <ul style="list-style-type: none"> Andrea Whitaker/Stephanie Edwards System Of Care (SOC) SOC SOC Cassandra Holtzmann | <ul style="list-style-type: none"> ASAP initial contact 1/31/2024 End of 2/29/2024 Down the road 1/31/2024 |

Action Planning Matrix for Summit County, Ohio

Priority Area 3: Credible Messenger Involvement

| Objective | | Action Step | Who | When |
|-----------|--|--|-----|------|
| 1. | Identify the targeted communities and needs. | 1. a) Mayors Committee b) Gathering leaders throughout Summit County c) Triage of needs priorities | | |
| 2. | What is message | 2. a) Speak to leaders to determine needs of their community b) Training c) Having youth voice in what message should be delivered | | |
| 3. | Vetting credible messengers | 3. a) Review or revise policy b) Determine funding availability – is that an option? c) Where can we pull these funds? Are there alternatives? | | |

Action Planning Matrix for Summit County, Ohio

Priority Area 4 & 5: Increasing care giver skills for parenting youth with multiple needs and Supportive services for intensive specialty court involvement for parents/caregivers

| Objective | Action Step | Who | When |
|--|---|----------------|------|
| <p>1. Create central access point to have knowledge of all resources in the community (crisis or otherwise).</p> | <ul style="list-style-type: none"> a) Research what parenting support actually already exists in Summit. <ul style="list-style-type: none"> - Ensure they are well-defined as to timeline/frequency, etc. - All across lifespan - Insurance requirements/allowances b) Look at locations offered services and determine appropriateness. <ul style="list-style-type: none"> - Transportation - Location stigma c) Make as many resources electronic as possible, easily accessible. d) Identify gaps (focus groups?) in location and service and create as needed. e) Advertise electronically this central access point to both families and clinicians. <ul style="list-style-type: none"> - Locations like schools, gyms, park, grocery store, etc. look at gaps in what schools have mental health services – what’s happening with some schools alternative. | <p>Parents</p> | |

Action Planning Matrix for Summit County, Ohio

Priority Area 4 & 5: Increasing care giver skills for parenting youth with multiple needs and Supportive services for intensive specialty court involvement for parents/caregivers

| Objective | Action Step | Who | When |
|-----------|---|--|------|
| 2. | <p>“Summit Parents” Hub online</p> | <p>Parents/ Alcohol, Drug Addiction, and Mental Health (ADM) Board Peer Credible Messenger</p> | |
| | <ul style="list-style-type: none"> a) Online community for parents to engage and support each other <ul style="list-style-type: none"> - Reduce stigma b) Community provides information, resources c) Expand to sibling support? Etc? how do parents support siblings? d) Who is going to be in charge of hub? Needs to be unbiased and non-stigmatizing to parents. e) Increase awareness of this resource with parents and families | | |

Action Planning Matrix for Summit County, Ohio

Priority Area 4 & 5: Increasing care giver skills for parenting youth with multiple needs and Supportive services for intensive specialty court involvement for parents/caregivers

| Objective | Action Step | Who | When |
|---|--|--|------|
| <p>3. Increase flexibility and support for parents/caregivers involved in specialty dockets</p> | <ul style="list-style-type: none"> a) Examine pros and cons of zoom hearings with each family. b) Create orientation for parents involved in specialty dockets – explain time commitment, assess needs of family. c) Research what parenting support is available through court and otherwise and inform parents – provide speaker to shape parenting resources – over zoom? On weekend? As convenient as possible. d) Create parent peer supports that have already gone through specialty programs. <ul style="list-style-type: none"> - Identify these parents that would be willing/able to serve as these supports. e) Ensure parent voices are present in Supreme Court Certified Docket Committee. | <p>Focus group around what is needed with Tony Ingram at this orientation and what is possible based on court rules.</p> | |



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 aeads@neomed.edu or rsimera@neomed.edu



| | | |
|--------------------------------------|---------------------------|---|
| Community: Summit County | | |
| Contact Person: Stacey Garske | Phone 330-212-5508 | Email sgarske@summitdd.org |

| Please check the appropriate box for each and provide descriptions as necessary. | YES | NO |
|---|---|-----------|
| <p>1 Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system?</p> |  | |
| <p>2 Does your community have a cross-system collaborative team or task force? <i>If yes, please list the membership by agency and/or title, listing mental health providers, juvenile justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p style="margin-left: 20px;"> 1) Juvenile Detention Alternatives Initiative Court since 2010. Executive decision makers meet quarterly (exec list attached). 2) Specialized Juvenile Court Dockets (all hold weekly multi-disciplinary treatments teams): <ul style="list-style-type: none"> • Crossroads for youth with co-occurring disorders • Restore Court for youth at risk of trafficking • Family Reunification through Recovery Court 3) FCFC Service Review Committee: weekly multi-disciplinary team, reviews funding requests for community-based services and placement; also provides cross system case consultations 4) MI/ID: Mental Illness and Intellectual Disability multi-disciplinary team to review and support transitional age youth and adults </p> |  | |

| | | | |
|---|---|---|--|
| 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> <ol style="list-style-type: none"> 1) <i>FCFC Cross Systems Training: 9 month long multi-disciplinary/cross system training for front line staff covering various topics and community resources.</i> 2) <i>Child and Family Leadership Exchange: 9 month long multi-disciplinary/cross system training for supervisory level staff covering various topics and community resources.</i> 3) <i>CIT for Law Enforcement: Crisis Intervention Training</i> 4) <i>Speaker’s Bureaus for specialized topics upon request</i> |  | |
| 4 | <p>Does your community have resources identified to work with this population? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1) <i>Crossroads: specialized docket for youth with co-occurring disorders.</i> 2) <i>New Paths: dedicated docket for youth with a developmental disability.</i> 3) <i>BHJJ: Behavioral health juvenile justice programming collaborative with juvenile court and mental health.</i> 4) <i>FCFC Service Coordination/Wraparound, Case Consultation, and Shared Funding: for multi-system multi-need youth</i> 5) <i>ECHO Case Consultation: State cross system collaborative thought the COE at Case Western for case consultation</i> 6) <i>MSY/Multi System Youth: State level technical assistance and funding for multi-system youth to prevent custody for treatment</i> 7) <i>ICT/Integrated Co-occurring Treatment: Intensive home-based services for co-occurring youth</i> 8) <i>Various in-home and community-based mental health, AOD, and co-occurring treatment</i> |  | |
| 5 | <p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i></p> <ol style="list-style-type: none"> 1) <i>Juvenile Court has three full time mental health workers in the detention facility. All the youth who come through the “felony services” department (probation) are screened, then further assessed, if needed, by one of the mental health workers.</i> 2) <i>Juvenile Court has three specially trained probation case managers who work with MH and DD youth. (Misdemeanor services and Diversion services identify youth with MH or special needs and refer out for necessary assistance or services.)</i> 3) <i>Children’s Program Coordinator, Summit County Alcohol, Drug and Mental Health Board</i> 4) <i>Youth Specific Service and Support Administrators and Behavioral Support Service and Support Administrators, Summit County Board of Developmental Disabilities</i> 5) <i>FCFC has two Wraparound Facilitators that provide service coordination/wraparound for multi-system multi-need youth.</i> |  | |

| | | | |
|----|--|---|---|
| 6 | <p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the juvenile justice system? Please describe:</p> <ol style="list-style-type: none"> 1) Juvenile Court collects information quarterly and reports to the ADM Board, who provides funding for full time mental health workers and psychiatrist who comes to detention weekly. 2) BHJJ bi-annual studies |  | |
| 7 | <p>Does your community have an identified boundary spanner? Please describe the position and the person(s):</p> | |  |
| 8 | <p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety? Please describe:</p> <ol style="list-style-type: none"> 1) Some MOUs are arranged by contracts through the various county agencies ▪ (Some have no formal written agreement). |  | |
| 9 | <p>Does your community have a coordinated crisis management plan or team? Please describe:</p> <ol style="list-style-type: none"> 1) In detention, the mental health workers provide crisis intervention. 2) MRSS/Mobile Response Stabilization Services |  | |
| 10 | <p>Does your community have any juvenile diversion programs at this time? Please describe:</p> <ol style="list-style-type: none"> 1) 14 police jurisdictions have local diversion programs for minor charges (mostly status offenses) to prevent referrals to Juvenile Court 2) Juvenile Court Diversion Programing |  | |

| | | | |
|----|---|---|---|
| 11 | <p>Does your community have a mental health, drug or other specialty court for serving juveniles? Please describe:</p> <ol style="list-style-type: none"> 1) <i>Crossroads began as a drug court but turned into a co-occurring court in 2003 after Judge Teodosio put a community panel together to evaluate the need for a MH court. More than 90% of our kids have both, MH and AOD disorders, so the decision was made to proceed as a cooccurring docket. The court partners with community-based service providers to offer youth and families treatment for mental health challenges and substance use disorders. Certified by the Ohio Supreme Court.</i> 2) <i>Restore Court was started by Judge Teodosio to meet the unique needs of youth at risk and victims of human trafficking in 2013. The program combines evidence-based practices, such as trauma informed treatment and substance abuse counseling with services and activities that promote connection, healing, and self-worth as a way of intervening and diverting youth from the path as early as possible. Certified by the Ohio Supreme Court.</i> |  | |
| 12 | <p>Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems?</p> <ol style="list-style-type: none"> 1) <i>MOU for Childrens Services for Reunification through Recovery Court. Specialized docket serving adults who have AOD disorders and are working toward reunification with their children.</i> 2) <i>Contracts and Business Associate Agreements among FCFC service review collaborative/funding agencies.</i> |  | |
| 13 | <p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? Please describe:</p> <ul style="list-style-type: none"> ▪ | |  |
| 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? Please describe:</p> <ol style="list-style-type: none"> 1) <i>Juvenile Court has three full time mental health workers within the detention facility who additionally provide services to court side youth when called upon. All the youth who come through the “felony services” department (aka probation) are screened, then further assessed if needed by one of the 3 MH workers.</i> 2) <i>Juvenile Court Case managers are further trained to identify youth in need of specialized docket services. A team meets weekly to review cases and make recommendations for the most appropriate disposition.</i> |  | |

| | | | |
|----|---|---|--|
| 15 | <p>Have re-entry services been instituted to help people returning to their communities from detention? <i>Please describe:</i></p> <p>1) <i>Juvenile Court has 2 full time re-entry specialists who have flexibility and access to resources to provide youth and families with whatever they need to successfully reintegrate after out of home placement (includes incarceration in a youth prison, a community corrections facility, detention, as well as re-entering from a behavioral health or other residential setting).</i></p> |  | |
| 16 | <p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>1) <i>Detention is intended to promote public safety. It is not an appropriate setting for kids who don't have anywhere else to go, kids who have made an adult mad, or broken a rule, and need to learn a lesson.</i></p> <p>2) <i>Children Service's custody is not intended for youth who are not abused, neglected, and/or dependent.</i></p> <p>3) <i>Understanding that youth always deserve the least restrictive environment and that must be balanced with meeting safety needs.</i></p> |  | |

DETENTION INTAKES

How many people are identified as having mental health issues?

| | |
|--|-----------------|
| <p>By detention intake staff upon admit, youth complete a preliminary health screen. This is a self report and if they disclose at that time, intake staff would notify our Mental Health clinicians. We do not have numbers of youth that self disclose at intake</p> | (insert number) |
| <p>While in detention (by corrections officers, health staff or others) We have 3 Mental health clinicians who complete an assessment on all youth admitted within 3 to 5 days. MH makes a provisional diagnosis.</p> | |
| <p>Release Planning Activity This is not done by detention staff, but may be done by the Probation Casemanager.</p> | |
| <p>How many people are held for forensic review? None</p> | |

CROSS TABULATION OF MULTI-SYSTEM DATA

For the entire population of youth entering detention during the identified time period (open or closed cases):

| | |
|--|--------------|
| <p>How many were known to publicly-funded mental health system? We do not track</p> | |
| <p>Acute crisis services? In Detention,</p> | 128 |
| <p>Long-term service enrollment? We don't track from the community, but in detention</p> | 357 |
| <p>How many were known to publicly funded substance abuse treatment system?</p> | See attached |
| <p>Community-based</p> | report |
| <p>Detoxification services</p> | |
| <p>Residential</p> | |

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)

| | |
|--------------------------------------|--------------|
| <p>Nature of the charges: Status</p> | See attached |
| <p>Misdemeanors</p> | report |
| <p>Felonies</p> | |

| | |
|--|------------------------|
| Violent behavior Violations of probation | |
| Frequency How many arrests / intakes per person? (average) | Not something we track |
| Length of stay in the detention center for each episode of incarceration (average) | Not something we track |
| DISCHARGE / REENTRY | |
| How many people left detention with financial benefits or entitlements in place? This is not something we track | |
| How many people left detention with a shelter as the identified residence? | 0 |
| How many people had no known residence? | 0 |
| How many people left detention with an appointment at a mental health or other treatment service? This is not something we track | |
| How many people with mental illness had contact with a helping professional from the community to facilitate reentry? This is not something we track – BHJJ? | |

County of Summit ADM Board Funded Prevention Programming

| Agency | Program | Age Range |
|-------------------------------------|--|--|
| Alliance For Healthy Youth | <ul style="list-style-type: none"> CATS Youth Led Prevention (<i>both in and out of school</i>) | 8 th grade and High School |
| AISA | <ul style="list-style-type: none"> ICEP International Community Empowerment Project- Botvin's Lifeskills In Language Education Program | Middle School, High School |
| Catholic Charities | <ul style="list-style-type: none"> Active Parenting | Early Childhood, Elementary School |
| Akron UMADAOP | <ul style="list-style-type: none"> Botvin's Lifeskills Youth Led Prevention (<i>Out of School</i>) Strengthening Families Program | Middle School, High School All Ages for Strengthening Families |
| Child Guidance and Family Solutions | <ul style="list-style-type: none"> Toddlers and Preschoolers Succeeding (TAPS) Building Resilience in Children (BRIC) Trauma Systems Therapy for Refugees(TST-R) Incredible Years Triple P Parenting Lifeskills Training Educator Social Emotional Reflection and Training (EDSERT) Too Good for Violence Sources of Strength Early Childhood Mental Health Consultation Mental Health Awareness and Education | All Ages; some programs are age specific such as TAPS for preschool ages |
| CHC | <ul style="list-style-type: none"> Project Alert Too Good for Drugs Too Good for Violence Problem Gambling Summit County Youth to Youth/Youth Staff School/Community Presentations | All Ages |
| Greenleaf | <ul style="list-style-type: none"> Adolescent Suicide Prevention Program (ASPP) Parent Education, Empowerment, Resources and Support (PEERS) | All Ages |

| | | |
|---|--|--------------------------------------|
| Minority Behavioral Health Group | <ul style="list-style-type: none"> • The Pastor's Project, Say it Straight • Believe, Liberate, Understand, and Empower Suicide Prevention (BLUE) • DREAM: African Centered Arts as a means of coping | Middle School, High School |
| OhioGuidestone | <ul style="list-style-type: none"> • Botvin's Lifeskills • Mommy and Me (Joyful Together) <i>*Offered in AMHA buildings</i> • Sandy Hook Promise | Middle School, Early Childhood, K-12 |
| Red Oak Behavioral Health | <ul style="list-style-type: none"> • Early Childhood Mental Health • Mental Health First Aid • Question, Persuade, and Refer (QPR) • Lion's Quest- Say it Straight • Parent University • The Parent Project • iCARE Mentoring | All Ages |
| Summit County Sheriff's Office | <ul style="list-style-type: none"> • DARE | Middle School, High School |
| Pax Good Behavior Game | Akron Public Schools Woodridge School District Nardonias Schools District | Elementary School |

Summer Camps offered through the following:

- Akron UMADAOP
- Minority Behavioral Health Group
- ASIA

Summit County Community Partnership offers environmental prevention efforts targeting the following areas:

- Safe medication disposal (Deterra pouches)
- Problem Gambling
- Marijuana

Summit County Juvenile Detention Center Quarter 4

The mental health and substance abuse programming at the Summit County Juvenile Detention Center continues to expand programming and offer additional services to the youth that are held in detention. Typically, we offer group 6 days a week, focusing on mental health, substance abuse prevention and education, independent living, nutrition, community service, basic health and human trafficking awareness. However, Covid-19 protocols continue to affect the ability to complete groups if a youth or unit is placed into medical observation as they are unable to attend group.

Staff have continued to provide both individual and group sessions to youth who remain in the detention facility. Covid-19 protocols remain in place which has affected the total daily population within the detention center.

| | Quarter 4 | Quarter 1 |
|------------------------------|-----------|-----------|
| Attended Group | 47 | 75 |
| No Group Offered During Stay | 1 | 1 |
| Released Prior to Group | 21 | 20 |

| | Quarter 4 | Quarter 1 |
|------------------------------------|-----------|-----------|
| Total Youth Processed | 69 | 96 |
| Assessments Completed | 33 | 63 |
| Youth Released Prior to Assessment | 35 | 32 |
| Youth Refused Assessment | 1 | 1 |

There was a total of 101 youth that were seen 750 times total during the first quarter. One mental health social worker met with 60 youth for a total of 296 times while the other met with 48 youth for a total of 271 times. The Clinical Supervisor met with 71 youth a total of 183 times. 32 youth were seen by 2 different clinicians while 23 were seen by all three.

| | Quarter 4* | Quarter 1** |
|---|------------|-------------|
| Attended Individual Sessions | 64 | 82 |
| Released Prior to Assessment | 5 | 32 |
| Assessment Completed but released prior to individual session | 0 | 0 |
| Refused Assessment Process | 1 | 1 |

*Quarter 4: 30 youth had individual sessions related to crisis situations without having a completed assessment.

*Quarter 1: 18 youth had individual sessions related to crisis situations without having a completed assessment.

Our ability to track home medications that the youth arrive to detention on has significantly improved. It should be of note that if the youth does not disclose medication at the point of intake, they are identified as having no medication.

| | Quarter 4 | Quarter 1 |
|------------------|-----------|-----------|
| Home Medications | 22 | 29 |

| | | |
|---|----|----|
| No Home Medications | 47 | 67 |
| Released Prior to Obtaining Information | 0 | 0 |
| Refused Assessment Process | 0 | 0 |

Dr. Spivey, the contracted detention psychiatrist, saw a total of 8 youth during this quarter. 2 youth were seen 3 times and 6 youth were seen twice. 18 total visits were completed. It is important to note that some youth that work with Dr. Spivey were released, re-offended, were re-admitted to detention and referred again to psychiatric services

| | | |
|---|-----------|-----------|
| | Quarter 4 | Quarter 1 |
| Seen by Detention Psychiatry | 0 | 9 |
| No Referral Needed | 0 | 54 |
| Released Prior to Obtaining Information | 35 | 33 |
| Refused Assessment Process | 0 | 1 |

No new trends were seen in youth that arrived to detention and placed on suicide watch. Reasons continue to include MAYSI score warnings, active suicidal thoughts, fleeting suicidal thoughts, emotional instability, detox, a history of mental health diagnosis and past suicide attempts. Youth are placed on suicide watch until they have the opportunity to speak with a counselor to deem them cleared. With the increase in staff, youth have been able to meet with counselors relatively quickly upon arrival to detention in order to determine need for suicide watch.

| | | |
|-------------------------|-----------|-----------|
| | Quarter 4 | Quarter 1 |
| Placed on Suicide Watch | 17 | 20 |
| Clear | 52 | 76 |

SASSI-A3 assessments can now be completed during the initial assessments so we expect to see an increase in our numbers over the next few months. Clinical staff in detention also complete the SASSI-A3 referrals on courtside but are not reflected in the completed SASSI numbers.

| | | |
|---|-----------|-----------|
| | Quarter 4 | Quarter 1 |
| Completed SASSI | 33 | 63 |
| Released Prior to Adjudication | 35 | 32 |
| Refused | 1 | 1 |
| Held in detention but not at adjudication | 0 | 0 |

In addition to the previously obtained information, detention has tracked the amount of youth that met criteria for a substance use disorder. The goal is to see a decrease in future numbers with the implementation of substance abuse programming.

| | Quarter 3 | Quarter 4 |
|---|-----------|-----------|
| Youth with Substance Abuse Disorder | 35 | 62 |
| Youth without Substance Abuse Disorder | 7 | 12 |
| Released Prior to Obtaining Information | 27 | 22 |
| Refused Assessment Process | 1 | 0 |

Summit County Juvenile Detention Center Quarter 2

The mental health and substance abuse programming at the Summit County Juvenile Detention Center continues to expand programming and offer additional services to the youth that are held in detention. Typically, we offer group 6 days a week, focusing on mental health, substance abuse prevention and education, independent living, nutrition, community service, basic health and human trafficking awareness. However, Covid-19 protocols continue to affect the ability to complete groups if a youth or unit is placed into medical observation as they are unable to attend group.

Staff have continued to provide both individual and group sessions to youth who remain in the detention facility. Covid-19 protocols remain in place which has affected the total daily population within the detention center.

| | Quarter 2 | Quarter 3 |
|------------------------------|-----------|-----------|
| Attended Group | 63 | |
| No Group Offered During Stay | 2 | |
| Released Prior to Group | 26 | |

| | Quarter 2 | Quarter 3 |
|------------------------------------|-----------|-----------|
| Total Youth Processed | 96 | |
| Assessments Completed | 52 | |
| Youth Released Prior to Assessment | 44 | |
| Youth Refused Assessment | 0 | |

There was a total of 87 youth that were seen 734 times total during the second quarter. One mental health social worker met with 62 youth for a total of 365 times while the other met with 48 youth for a total of 264 times. The Clinical Supervisor met with 53 youth a total of 105 times. 29 youth were seen by 2 different clinicians while 23 were seen by all three.

| | Quarter 2* | Quarter 3** |
|---|------------|-------------|
| Attended Individual Sessions | 85 | |
| Released Prior to Assessment | 11 | |
| Assessment Completed but released prior to individual session | 0 | |
| Refused Assessment Process | 0 | |

*Quarter 2: 33 youth had individual sessions related to crisis situations without having a completed assessment.

*Quarter 3: 33 youth had individual sessions related to crisis situations without having a completed assessment.

Our ability to track home medications that the youth arrive to detention on has significantly improved. It should be of note that if the youth does not disclose medication at the point of intake, they are identified as having no medication.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Home Medications | 26 | |
| No Home Medications | 70 | |
| Released Prior to Obtaining Information | 0 | |
| Refused Assessment Process | 0 | |

Dr. Spivey, the contracted detention psychiatrist, saw a total of 7 youth during this quarter. 17 total visits were completed. It is important to note that some youth that work with Dr. Spivey were released, re-offended, were re-admitted to detention and referred again to psychiatric services.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Seen by Detention Psychiatry | 7 | |
| No Referral Needed | 45 | |
| Released Prior to Obtaining Information | 44 | |
| Refused Assessment Process | 0 | |

No new trends were seen in youth that arrived to detention and placed on suicide watch. Reasons continue to include MAYSI score warnings, active suicidal thoughts, fleeting suicidal thoughts, emotional instability, detox, a history of mental health diagnosis and past suicide attempts. Youth are placed on suicide watch until they have the opportunity to speak with a counselor to deem them cleared. With the increase in staff, youth have been able to meet with counselors relatively quickly upon arrival to detention in order to determine need for suicide watch.

| | Quarter 2 | Quarter 3 |
|-------------------------|-----------|-----------|
| Placed on Suicide Watch | 17 | |
| Clear | 79 | |

SASSI-A3 assessments can now be completed during the initial assessments so we expect to see an increase in our numbers over the next few months. Clinical staff in detention also complete the SASSI-A3 referrals on courtside but are not reflected in the completed SASSI numbers.

| | Quarter 2 | Quarter 3 |
|--|-----------|-----------|
|--|-----------|-----------|

| | | |
|---|----|--|
| Completed SASSI | 51 | |
| Released Prior to Adjudication | 44 | |
| Refused | 1 | |
| Held in detention but not at adjudication | 0 | |

In addition to the previously obtained information, detention has tracked the amount of youth that met criteria for a substance use disorder. The goal is to see a decrease in future numbers with the implementation of substance abuse programming.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Youth with Substance Abuse Disorder | 47 | |
| Youth without Substance Abuse Disorder | 12 | |
| Released Prior to Obtaining Information | 37 | |
| Refused Assessment Process | 0 | |

Summit County Juvenile Detention Center Quarter 3

The mental health and substance abuse programming at the Summit County Juvenile Detention Center continues to expand programming and offer additional services to the youth that are held in detention. Typically, we offer group 6 days a week, focusing on mental health, substance abuse prevention and education, independent living, nutrition, community service, basic health and human trafficking awareness. However, Covid-19 protocols continue to affect the ability to complete groups if a youth or unit is placed into medical observation as they are unable to attend group.

Staff have continued to provide both individual and group sessions to youth who remain in the detention facility. Covid-19 protocols remain in place which has affected the total daily population within the detention center.

| | Quarter 2 | Quarter 3 |
|------------------------------|-----------|-----------|
| Attended Group | 63 | 56 |
| No Group Offered During Stay | 2 | 0 |
| Released Prior to Group | 26 | 14 |

| | Quarter 2 | Quarter 3 |
|------------------------------------|-----------|-----------|
| Total Youth Processed | 96 | 70 |
| Assessments Completed | 52 | 38 |
| Youth Released Prior to Assessment | 44 | 29 |
| Youth Refused Assessment | 0 | 3 |

There was a total of 96 youth that were seen 812 times total during the second quarter. One mental health social worker met with 66 youth for a total of 387 times while the other met with 42 youth for a total of 292 times. The Clinical Director met with 69 youth a total of 134 times. 35 youth were seen by 2 different clinicians while 23 were seen by all three.

| | Quarter 2* | Quarter 3** |
|---|------------|-------------|
| Attended Individual Sessions | 85 | 64 |
| Released Prior to Assessment | 11 | 29 |
| Assessment Completed but released prior to individual session | 0 | 0 |
| Refused Assessment Process | 0 | 3 |

*Quarter 2: 33 youth had individual sessions related to crisis situations without having a completed assessment.

*Quarter 3: 26 youth had individual sessions related to crisis situations without having a completed assessment.

Our ability to track home medications that the youth arrive to detention on has significantly improved. It should be of note that if the youth does not disclose medication at the point of intake, they are identified as having no medication.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Home Medications | 26 | 22 |
| No Home Medications | 70 | 48 |
| Released Prior to Obtaining Information | 0 | 0 |
| Refused Assessment Process | 0 | 0 |

Dr. Spivey, the contracted detention psychiatrist, saw a total of 9 youth during this quarter. 19 total visits were completed. It is important to note that some youth that work with Dr. Spivey were released, re-offended, were re-admitted to detention and referred again to psychiatric services.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Seen by Detention Psychiatry | 7 | 1 |
| No Referral Needed | 45 | 40 |
| Released Prior to Obtaining Information | 44 | 29 |
| Refused Assessment Process | 0 | 0 |

No new trends were seen in youth that arrived to detention and placed on suicide watch. Reasons continue to include MAYSI score warnings, active suicidal thoughts, fleeting suicidal thoughts, emotional instability, detox, a history of mental health diagnosis and past suicide attempts. Youth are placed on suicide watch until they have the opportunity to speak with a counselor to deem them cleared. With the increase in staff, youth have been able to meet with counselors relatively quickly upon arrival to detention in order to determine need for suicide watch.

| | Quarter 2 | Quarter 3 |
|-------------------------|-----------|-----------|
| Placed on Suicide Watch | 17 | 11 |
| Clear | 79 | 59 |

SASSI-A3 assessments can now be completed during the initial assessments so we expect to see an increase in our numbers over the next few months. Clinical staff in detention also complete the SASSI-A3 referrals on courtside but are not reflected in the completed SASSI numbers.

| | Quarter 2 | Quarter 3 |
|--|-----------|-----------|
|--|-----------|-----------|

| | | |
|---|----|----|
| Completed SASSI | 51 | 38 |
| Released Prior to Adjudication | 44 | 30 |
| Refused | 1 | 2 |
| Held in detention but not at adjudication | 0 | 0 |

In addition to the previously obtained information, detention has tracked the amount of youth that met criteria for a substance use disorder. The goal is to see a decrease in future numbers with the implementation of substance abuse programming.

| | Quarter 2 | Quarter 3 |
|---|-----------|-----------|
| Youth with Substance Abuse Disorder | 47 | 39 |
| Youth without Substance Abuse Disorder | 12 | 13 |
| Released Prior to Obtaining Information | 37 | 18 |
| Refused Assessment Process | 0 | 2 |

Summit County Juvenile Detention Center Quarter 4

The mental health and substance abuse programming at the Summit County Juvenile Detention Center continues to expand programming and offer additional services to the youth that are held in detention. Typically, we offer group 6 days a week, focusing on mental health, substance abuse prevention and education, independent living, nutrition, community service, basic health and human trafficking awareness.

Staff have continued to provide both individual and group sessions to youth who remain in the detention facility.

| | Quarter 3 | Quarter 4 |
|------------------------------|-----------|-----------|
| Attended Group | 56 | 99 |
| No Group Offered During Stay | 0 | 0 |
| Released Prior to Group | 14 | 31 |
| Refused | 0 | 2 |

| | Quarter 3 | Quarter 4 |
|------------------------------------|-----------|-----------|
| Total Youth Processed | 70 | 134 |
| Assessments Completed | 38 | 76 |
| Youth Released Prior to Assessment | 29 | 56 |
| Youth Refused Assessment | 3 | 2 |

There was a total of 124 youth that were seen 876 times total during the second quarter. One mental health social worker met with 85 youth for a total of 446 times while the other met with 41 youth for a total of 284 times. The Clinical Director met with 79 youth a total of 146 times. 30 youth were seen by 2 different clinicians while 26 were seen by all three.

| | Quarter 3* | Quarter 4** |
|---|------------|-------------|
| Attended Individual Sessions | 64 | 126 |
| Released Prior to Assessment | 29 | 8 |
| Assessment Completed but released prior to individual session | 0 | 0 |
| Refused Assessment Process | 3 | 2 |

*Quarter 3: 26 youth had individual sessions related to crisis situations without having a completed assessment.

*Quarter 4: 50 youth had individual sessions related to crisis situations without having a completed assessment.

Our ability to track home medications that the youth arrive to detention on has significantly improved. It should be of note that if the youth does not disclose medication at the point of intake, they are identified as having no medication.

| | Quarter 3 | Quarter 4 |
|---|-----------|-----------|
| Home Medications | 22 | 37 |
| No Home Medications | 48 | 97 |
| Released Prior to Obtaining Information | 0 | 0 |
| Refused Assessment Process | 0 | 2 |

Dr. Spivey, the contracted detention psychiatrist, saw a total of 7 youth during this quarter. 15 total visits were completed. It is important to note that some youth that work with Dr. Spivey were released, re-offended, were re-admitted to detention and referred again to psychiatric services.

| | Quarter 3 | Quarter 4 |
|---|-----------|-----------|
| Seen by Detention Psychiatry | 1 | 5 |
| No Referral Needed | 40 | 73 |
| Released Prior to Obtaining Information | 29 | 56 |
| Refused Assessment Process | 0 | 2 |

No new trends were seen in youth that arrived to detention and placed on suicide watch. Reasons continue to include MAYSI score warnings, active suicidal thoughts, fleeting suicidal thoughts, emotional instability, detox, a history of mental health diagnosis and past suicide attempts. Youth are placed on suicide watch until they have the opportunity to speak with a counselor to deem them cleared. With the increase in staff, youth have been able to meet with counselors relatively quickly upon arrival to detention in order to determine need for suicide watch.

| | Quarter 3 | Quarter 4 |
|-------------------------|-----------|-----------|
| Placed on Suicide Watch | 11 | 37 |
| Clear | 59 | 97 |

SASSI-A3 assessments can now be completed during the initial assessments so we expect to see an increase in our numbers over the next few months. Clinical staff in detention also complete the SASSI-A3 referrals on courtside but are not reflected in the completed SASSI numbers.

| | Quarter 3 | Quarter 4 |
|--------------------------------|-----------|-----------|
| Completed SASSI | 38 | 75 |
| Released Prior to Adjudication | 30 | 55 |

| | | |
|---|---|---|
| Refused | 2 | 3 |
| Held in detention but not at adjudication | 0 | 1 |

In addition to the previously obtained information, detention has tracked the amount of youth that met criteria for a substance use disorder. The goal is to see a decrease in future numbers with the implementation of substance abuse programming.

| | Quarter 3 | Quarter 4 |
|---|-----------|-----------|
| Youth with Substance Abuse Disorder | 39 | 75 |
| Youth without Substance Abuse Disorder | 13 | 7 |
| Released Prior to Obtaining Information | 18 | 50 |
| Refused Assessment Process | 2 | 2 |

Ohio Department of Youth Services
November 2023

| Facilities | |
|--|-------------------------|
| Juvenile Correctional Facilities (JCFs) | Gender/Security |
| Circleville JCF: intake + general pop | Male/All |
| Cuyahoga Hills JCF: general pop | Male/All |
| Indian River JCF: intake, gen pop, special living | Male/All |
| Alternative Placements | Gender |
| Lighthouse Youth Center - Paint Creek | Male |
| Center for Adolescent Services DYS Unit | Female and Male |
| Applewood Centers | Female |
| Oesterlen | Female |
| Community Corrections Facilities | Male |
| Average Daily Facility Population | |
| October 2023 | 513 |
| October 2020 | 364 |
| Youth in JCFs and Alt. Placements | November 1, 2023 |
| Total Population | 528 |
| JCFs | 447 |
| Alt. Placements | 81 |
| Mental Health Caseload | 73% |
| Male | 71% |
| Female | 100% |
| Youth in Need of Special Education | 49% |
| Average Age | 17.8 |
| Parole | |
| Northern Regional Office | |
| Southern Regional Office | |
| Average Daily Parole Population | |
| October 2023 | 248 |
| October 2020 | 271 |
| Youth on Parole | November 1, 2023 |
| Total Population | 247 |
| Average Age | 18.7 |
| DYS Funded Community Facilities and Programs | |
| Community Corrections Facilities | 11 |
| Funded Beds | 297* |
| *Plus 13 additional beds for DYS girls | |
| DYS Step-down youth in October | 9 |
| FY 2023 Admissions | 324 |
| FY 2023 Average Length of Stay | 7.1 months |
| FY 2023 Average Daily Population | 210 |
| Subsidy Grant (RECLAIM Ohio and Youth Services Grant) | |
| Approx. Program Admissions in FY 2022 | 59,195 |
| Approx. Funded Programs in FY 2022 | 658 in 88 counties |

| Admission Statistics - Fiscal Year 2023 | |
|---|---------------|
| Admissions | 344 |
| Avg. Daily Facility Population | 497 |
| Avg. Daily Parole Population | 214 |
| Admissions by Gender | |
| Male | 92.2% |
| Female | 7.8% |
| Admissions by Race | |
| Black/African-American | 57.8% |
| White | 31.4% |
| Other | 10.8% |
| Admissions by Most Serious Offense <i>Excludes revoked youth</i> | |
| Person | 48.2% |
| Property | 13.9% |
| Sex Offense | 15.2% |
| Drug | 1.3% |
| Homicide | 5.3% |
| Other | 16.2% |
| Top Three Counties for DYS Admissions | |
| Cuyahoga | 21.5% |
| Franklin | 14.2% |
| Hamilton | 7.6% |
| Average Length of Stay - Fiscal Year 2023 | |
| Facilities | 15.5 months |
| Parole | 11.4 months |
| Youth Accomplishments - Fiscal Year 2023 | |
| # GEDs Awarded | 36 |
| # High School Diplomas Awarded | 24 |
| # Career Tech Industry Credentials | 186 |
| # Career Tech Skill Certificates | 1,029 |
| # Facility Community Service Hours | 37,840 |
| # Parole Community Service Hours | 2,238 |
| Budget Allocations - Fiscal Year 2024 | |
| Total Budget Allocations | \$272,023,800 |
| Administrative Support | 12.5% |
| Community Corrections Facilities | 10.1% |
| Debt Service | 5.6% |
| Facilities | 39.5% |
| Community Subsidies and Grants | 24.4% |
| Parole | 4.3% |
| Alternative Placements | 3.6% |
| FY 2022 Average Per Diem | \$646.14 |
| FY 2022 Marginal Cost* | \$41.09 |
| *Includes food, clothing, medical care, and treatment costs per youth. All payroll and equipment costs are excluded. | |

last updated November 7, 2023

Detention Admission Release Program (DARP)

The Detention Admission Release Program (DARP) was developed for the purpose of providing an alternative to incarceration for youth brought to the Summit County Juvenile Detention Center. The use of evidence-based tools for determining those appropriate for release are utilized. Then Summit County Juvenile Court partners with the Oriana House Inc. (OHI) to serve the populations with one of two separate tracks of services:

- 1) Pre-adjudication case monitoring services including Global Positioning Satellite (GPS) Intermediate Level Electronic Monitoring (EM) for youth being held on gun charges who did not use the weapon in the commission of the act they are charged with (e.g. CCW, Weapons Under Disability, Receiving Stolen Property) who score below the threshold on the Courts hold/release tool, and who have not been charged above felony level three.
- 2) GPS intermediate level EM Services for others who are being held in detention post-adjudication with hold/release scores below the release threshold for other reasons.

If release to GPS monitoring/pre-adjudication services is determined to be appropriate, the Court's case expeditor will make the recommendation to the judiciary, accompany the youth to the detention release hearing, and if approved, facilitate the monitoring connection and act as the court's coordinating case monitor throughout the youth's involvement in the program, working directly with OHI staff to ensure compliance with OHI program rules and court orders. In post-adjudication monitoring cases, the case expeditor will also closely collaborate with court program staff assigned to the youth as he or she resumes program activities. Initial hold-release screening will remain the responsibility of the SCJC detention officer conducting the preliminary interview with any youth brought to the detention center. Youth held after initial Risk Assessment Interview (RAI) screening will immediately be brought to the attention of the newly created case expeditor position. The expeditor will interview the youth and complete the Ohio Youth Assessment System – Detention (OYAS-DET) tool to screen for release to pre- or post-adjudication supervision services. Youth determined to be eligible who have scored low will be recommended for release only after the expeditor contacts a legal guardian and a release plan is agreed upon. Youth scoring moderate or high on the OYAS-DET will be referred for further assessment in order to determine suitable interventions to take place during community supervision.

Qualifying youth will be released to OHI for GPS electronic monitoring and other services including initial 5-panel drug screenings for all youth and follow up screenings as determined to be necessary through monitoring and further assessment. Pre-adjudication monitored youth will be deemed as successfully completing the program once they have been adjudicated without having to be placed into detention during that process. Post-adjudication monitored youth will be deemed as successfully completing the program once they have made sufficient progress in their court obligations (i.e. adherence to probation rules and meeting any individualized identified goals, etc.). Services will vary in length from 10 days to 60 days on average.

Summit County Behavioral Health Juvenile Justice (BHJJ) Program Description

The Behavioral Health Juvenile Justice program in Summit County is a partnership among: The Summit County Juvenile Court (SCJC), the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, The Village Network, Child Guidance and Family Solutions (CGFS), The Center for Innovative Practices of Case Western Reserve University (CIP), Greenleaf Family Center and Akron Area YMCA. The two main evidence-based practices utilized are Integrated Co-occurring Treatment (ICT) through CGFS and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) through the Village Network. The program is further supported using Greenleaf Family Center Parent Advocates for caregivers and Akron Area YMCA mentoring for youth along with intensive court supervision and case management.

Approximately 40 youth can be referred to the BHJJ program annually. Generally, males and females from 12 to 18 years old who commit a felony offense and who are known to have serious substance abuse/mental health issues can be referred to the program. All youth under consideration for referral to BHJJ services must first be staffed (a meeting held among various experienced court staff from probation, felony disposition, and partnering agency professionals) post-adjudication (after admitting to their offense in court) for appropriateness (mental health and/or substance abuse issues, serious offenders, etc.).

Referred youth, some of whom have received suspended ODYS commitments, are placed on probation. Once admitted to the BHJJ program, the youth are assigned to a treatment provider, and the BHJJ team (Probation Case Manager and Supervisor, Felony Disposition Supervisor, program Case Manager and program Supervisor, and other relevant organizations (i.e. mental health professional, chemical dependency counselor, school personnel, etc.) meet to develop individual/family case plans and provide further disposition recommendations to the judiciary.

Once the youth/family has engaged, monthly reviews are scheduled to gauge progress, service gaps and any barriers to success. A Behavioral Health Court Docket (BHCD) is utilized to provide judicial oversight and structure to the application of incentives and sanctions to both youth and their caregivers.

Successful treatment completion is determined by the service provider based on number of sessions completed and adherence to program goals and completion of court orders as set forth by the program case manager.