

Champaign County, Ohio

Juvenile Cross-Systems Mapping

June 15-16, 2023

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Juvenile Cross-Systems Mapping

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Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Juvenile Cross-Systems Mapping* and *Taking Action for Change* workshops held in Champaign County, Ohio on June 15-June 16, 2023. The workshops were hosted at Champaign County Library with Champaign County coordination provided by Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties, Champaign County Juvenile Court, and Champaign County Family and Children First Council, along with a Champaign County planning team comprised of representatives from behavioral health and criminal justice agencies and the community. 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 intercept 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 Champaign County achieve its goals

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

Background

The Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties, Champaign County Juvenile Court, and Champaign County Family and Children First Council requested the *Juvenile Cross-Systems Mapping* and *Taking Action for Change* workshops in January 2023. The establishment of the new GRACE Initiative in Champaign County, focusing on juveniles that are dually involved with both Children's Services and Juvenile Court, prompted the request for the mapping. The Juvenile Cross-Systems Mapping exercise was meant to aid Champaign County with:

- Creation of a map indicating points of interface among all relevant Champaign County juvenile systems
- Identification of resources, gaps, and barriers in the existing 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 28 individuals representing multiple stakeholder systems including mental health, human services, juvenile justice, school systems, individuals with lived experience, and courts. A complete list of participants is available in the resources section of this document. Micheal Fox, Lisa DiSabato-Moore, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

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

concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible*. Attendees also added the values of *Family Inclusion as the Experts* and *Nothing About Us Without Us*.

Objectives of the Juvenile Cross-Systems Mapping Exercise

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

1. Development of a comprehensive picture of how youth, including those with mental illness and co-occurring disorders flow through the Champaign County juvenile justice system along six critical intervention points for change: Initial Contact and Referral, Intake and Initial Detention, Judicial Processing, Probation Supervision, Secure Placement, and Reentry.
2. Identification of gaps, resources, and opportunities at each of the six critical intervention points for change for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals and families in the target population.

The Champaign County 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, 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 evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Champaign County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently two primary cross-system collaborative teams/coalitions that were identified by the Champaign County planning team and workshop participants: The GRACE Initiative, focused on dual-status youth with involvement with both Children's Services and Juvenile Court, and Champaign County Family and Children First Council (FCFC). The executive committee of the FCFC meets monthly as a decision-making body.

Individual with Lived Experience Involvement

The Champaign County planning team included one person with lived experience, with additional representation during the workshop consisting of one parent of a person with lived experience. 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 consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the juvenile court system, school systems, detention, human services, and mental health system.
- Key stakeholders that were missing at the workshops: Law enforcement, hospital, parole.

Data Collection

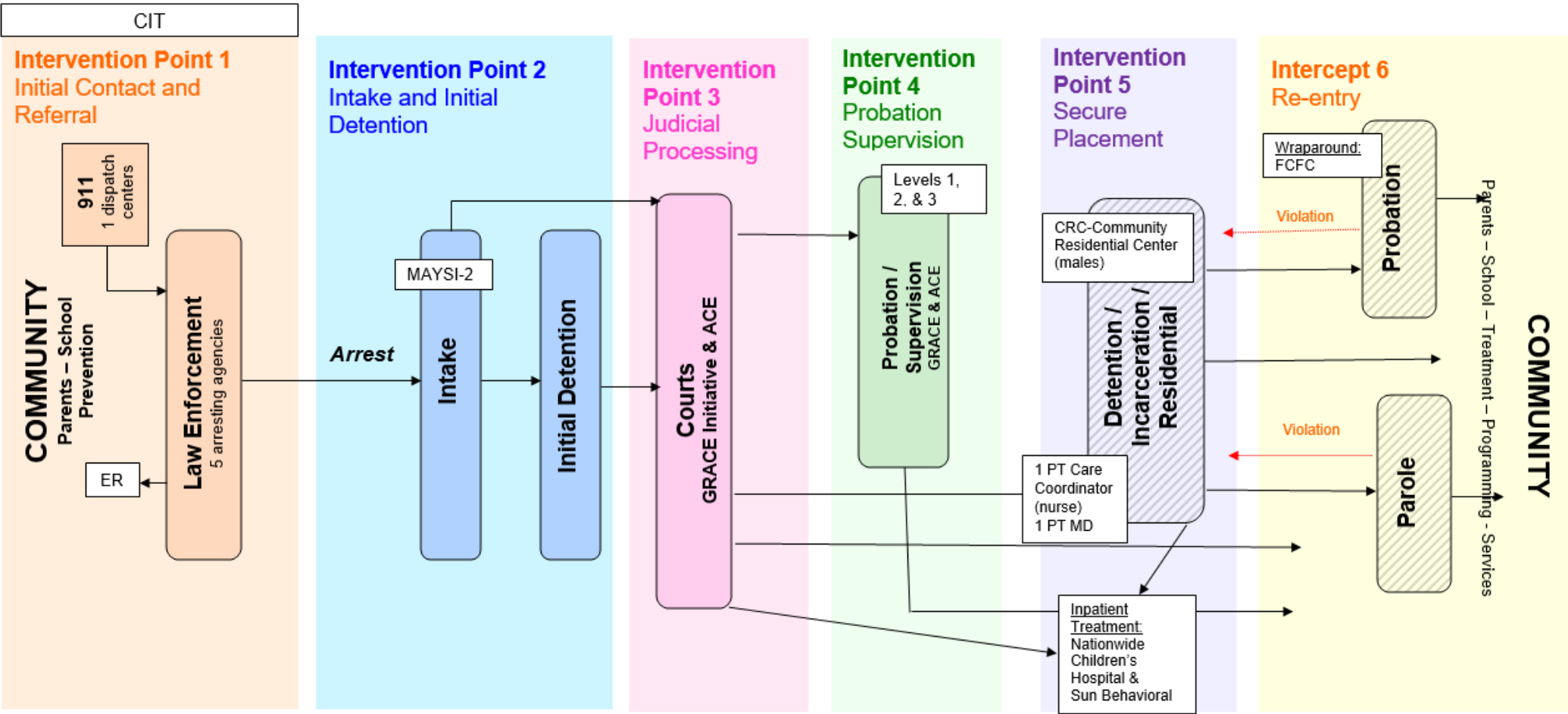
- The Champaign County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Champaign County Juvenile Justice Center population statistics for March 2022-March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

Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of youth with severe mental illness and often co-occurring disorders in the Champaign County juvenile justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.

Juvenile Cross-Systems Mapping
Champaign County, Ohio

Critical Intervention Points for Change: Juvenile Justice - Mental Health Partnerships – Champaign County June 2023



Champaign 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 Champaign 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 Champaign County Cross-Systems Map. The cross-systems Champaign 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. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Champaign County.

- Group Response for a Chance to Excel (GRACE) Initiative
 - Focused on dually involved youth having contact with both Children’s Services and Juvenile Court
 - Includes a Child and Adolescent Needs and Strengths (CANS) assessment for every youth that comes through Juvenile Court.
 - School counselors are expected to be involved in this initiative
- School Resource Officers (SRO’s) in all school systems
- TCN Behavioral Health Services providers in all school districts
 - Additionally, two districts have school navigators to assist with referrals
 - Agency has 1.5 FTE juvenile therapists
 - Facilitates Signs of Suicide (SOS) in all county school districts in-person, during 6th and 9th grades
- Utilization of the Columbia Suicide Scale and SASSI (Substance Use Subtle Screening Inventory) at some school districts
- PASS prevention services in four of the school districts
 - Botvin Life Skills Training and Dialectal Behavior Therapy (DBT) Steps
- Sources of Strength has been implemented in Graham School District
- One school in Mechanicsburg conducts the DESA (Deveraux Early Screening Assessment)
- Community Health Needs Assessment and Search Institute biannual surveys
 - It was noted that schools are not necessarily using the data for decision making
- Food pantry that serves 300 people for 2 hours every other Sunday is beyond capacity
- Schools use absence intervention plans, though there were questions about how effective this intervention is and whether the school districts approach this in a consistent manner
- FCFC has one full-time multi-system program coordinator

Intervention Point 0 Gaps

- ▣ Mobile crisis
- ▣ Ohio Crisis Text Line data and review
- ▣ OhioRISE integration and utilization (training)
- ▣ Emergency Room response – no crisis drop off
- ▣ No psychiatric services breakdown of communication between all
- ▣ No inpatient substance use treatment
- ▣ No group homes
- ▣ Lack of respite care options
- ▣ Consistent prevention services across school districts
- ▣ Prevention services capacity
- ▣ Prevention selection not data-driven
- ▣ Information sharing between agencies, especially non-government to government
- ▣ Cross-training on identification and referral for community-based service providers
- ▣ Effective truancy intervention
- ▣ Job and Family Services resources to meet needs of community

Intervention Point 0 Opportunities

- ▣ Possible return to employing social workers in each school system.

Recommendations

- Is there an opportunity to evaluate outcomes of the current absence intervention plans? It is unclear whether this intervention approach is effective.
- The county can request training and closer collaboration with OhioRISE.
- Given the identified gaps in intra and inter-systems communication, a system cross-training model may be of benefit to the community.

Intervention Point I: Initial Contact and Referral

In Champaign County, law enforcement is accomplished by the Champaign 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. Champaign County adopted the Crisis Intervention Team (CIT) Model in 2008 with co-coordination by the Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties and the Chief of Police of Village of Russells Point Police Department.

Initial Referral

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

Dispatch / 9-1-1

- There is one dispatch/9-1-1 center in Champaign County through the Champaign Countywide Communication Center. The Champaign Countywide Communication Center answers calls for the Sheriff's Office, police departments, fire, and EMS.

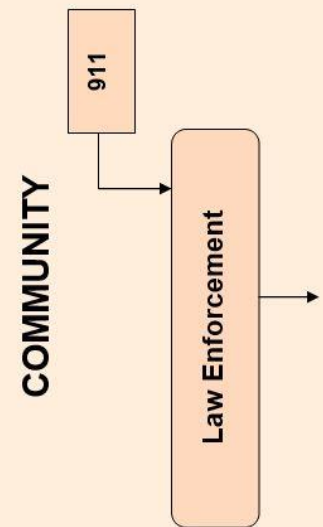
Law Enforcement

- According to the 2022 Ohio Peace Officer Training Commission (OPOTC) County Agency Report, Champaign County has five Law Enforcement Agencies: Champaign County Sheriff's Office, Mechanicsburg Police Department, North Lewisburg, St Paris Police Department, Urbana Police Department, with an estimated 49 full-time officers.
 - The Champaign County Crisis Intervention Team (CIT) program is coordinated through the Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties. The program held the first CIT training in 2008 with the latest being in 2022. Most 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. As of March 2023, CJ CCoE records indicate that 75 full-time officers have completed CIT training. One law enforcement agency, North Lewisburg Police Department, has not participated in CIT training.
- It was noted that the law enforcement jurisdictions handle youth interactions differently.
- It was estimated that Urbana Police Department (UPD) handles approximately 50% of the juvenile cases in the county and placed two youth in the Central Ohio Youth Center (COYC) during the first quarter of CY2023.
- Law enforcement try not to use COYC for youth experiencing acute mental health crises. Typically, youth are only transported there if they have a current Children's Services case that has disrupted placement and a criminal offense with no other placement options.
- Law enforcement was not present at the workshop.

Crisis Services

- 988 (run by TCN Behavioral Health Services)
 - It was noted that 988 is seeing a significant increase in call volume as the community becomes more aware of the 988 option. The 988 line can refer calls to 911 if necessary after exhausting all other support and intervention options.
- Community Crisis Line
- Nationwide Childrens
 - Acute crisis care is sometimes utilized; however, it was reported youth are often released home. There is also an 8-month wait list for services.

Intervention Point 1 Initial Contact and Referral



Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Hospital Emergency Departments serve as the typical after-hours access to mental health care. Champaign County hospitals include Memorial Hospital, Mercy Health-Urbana Hospital and Nationwide Children's.

Intervention Point I Gaps

- ▣ Overuse of law enforcement officers
- ▣ Law enforcement tied up for hours at the hospital
- ▣ Lack of alternative response
- ▣ Cross-communication among stakeholders, re: consumption of services by frequent utilizers
- ▣ Not currently using Standard Release of Information (ROI) form

Intervention Point I Opportunities

- ▣ Text line is being created

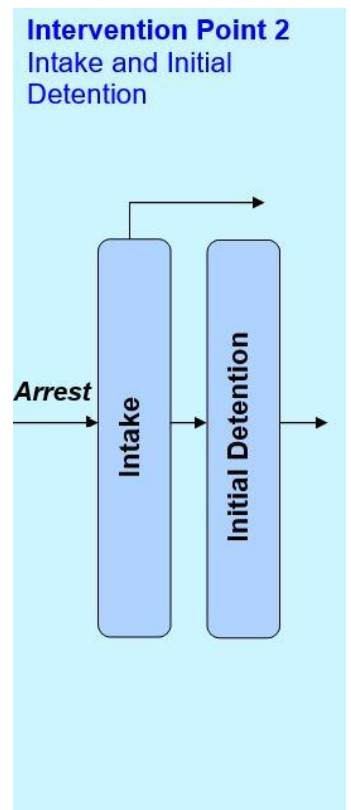
Recommendations

- Law enforcement agencies are active in the CIT program and engaged in youth response. The planning team is strongly encouraged to find ways to engage law enforcement representatives in the ongoing work of the committees.

Intervention Point II: Intake and Initial Detention

Intake

- Upon arrest, individuals are taken to the Central Ohio Youth Center (COYC). The COYC serves Champaign, Logan, Delaware, Madison, and Union Counties. The intake officer gathers the initial information from the youth such as suicidal ideation, human trafficking, and substance use. The police departments provide a pre-filled in form for each youth that lists medications and indicates if a parent needs to be called for clarification or additional information. The assessment tool used at intake is the MAYSI-2 (Massachusetts Youth Screening Instrument). If a youth has suicidal ideation, they are taken to the hospital to be medically cleared, then returned to COYC. The assessment process includes gathering information about possible abuse and neglect, and procedures to make appropriate referrals.
 - It was estimated that COYC identifies 95% of youth at intake as having mental health issues. Additionally, approximately 80% of youth in detention are discovered to have additional mental health needs after intake. This is discovered by corrections officers, health staff, and other general staff in detention. Incident reports are sent to the respective judge for the youth's charges and referrals are made to Children's Services.
- When a youth is experiencing a mental health crisis and experiencing suicidal ideation, they are placed on suicide watch with safety precautions, monitored by staff, and reevaluated.
- There is a 60-day diversion program offered by the probation office to divert youth from further justice involvement.
 - The youth must admit to the charge to engage in the diversion program. Standard rules (including community services, court costs, school attendance, no more problem behavior, etc.) for all participants are set by the judges. Probation officers can add to those rules as they see fit. Referrals for the diversion program can come from self-report, officer report, or by the nature of their charge. Youth that have been in detention prior cannot complete the diversion program unless the court permits. Qualifications for the program include first



time offenders, no felonies, two or less charges, and have not been through diversion before. Charges are cleared once the program is completed.

- In 2022, there were 118 diversion cases with 101 of those being successfully completed. If the youth fails to complete the diversion program, the charge(s) is sent back to the judge.

Initial Detention

- Law enforcement and probation officers can take youth to the COYC based on their own discretion. Ideally, officers call ahead to alert the COYC staff they are bringing in a youth. Probation may bring youth to the COYC without permission from a judge based on probation violations or other terms of law.
- Education and some psycho-social/skills building education services, e.g., Thinking Errors, are available if the therapist from the community provider agency comes to the facility.
- It was noted that staff often discover more significant trauma histories of the youth in detention as they spend more time at the facility.
- The facility also must comply with the Prison Rape Elimination Act (PRIA).
- It is very rare for youth in Champaign County to be detained in detention waiting for charges to be disposed.

Intervention Point II – Identified Gaps

- ▣ Resources for developmental disabilities (DD) youth and alternative responses for DD youth
- ▣ Identifying lead agency communication/ Identification of lead agency for coordination of services for youth with multi-system involvement

Intercept II – Identified Opportunities

- ▣ None identified

Recommendations

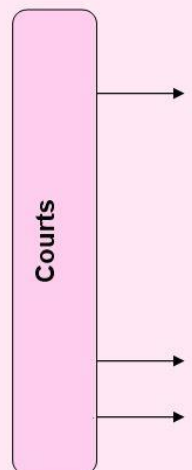
- ▣ The court is encouraged to track recidivism rates of the youth successfully completing the diversion program vs. those that do not successfully complete to determine if the program is effective beyond the initial successful completion and identify an subsequent needs of these youth.

Intervention Point III: Judicial Processing

Detention Hearing

- If the youth does not go to detention, then charges are brought directly to court. Serious offenses can take months for a charge to be filed dependent on the extensive nature of investigation by law enforcement. Juvenile Court tries to see the youth within two weeks of the charge once it is filed.
- When a youth is at COYC, within 24 hours, either a hearing is held, or the youth is released. There are no weekend or holiday hearings.
- The judge must make the decision to hold the youth within 24 hours. The judge can release the youth from detention without a hold. The COYC may also contact the judge to request the release of a youth.
- Youth and their families are provided with legal representation for all felony charges at the initial hearing.
- Detention continues at the COYC if ordered.
 - 90% of youth have an overnight stay at the COYC.
 - There are two populations of youth at the COYC: short term and long term. Approximately 10% of youth are longer term.
 - It was noted in the community questionnaire that the youth who go to COYC often repeat 3 to 5 times before going on to placement/detention.

Intervention Point 3 Judicial Processing



- COYC also estimated that 10-15% of youth there are held for competency evaluation. COYC does not always receive records from these evaluations.
- Champaign County is not one of the 19 Ohio JDAI (Juvenile Detention Alternative Initiative) jurisdictions but clearly has many principles of JDAI built into their fabric.

Court

- The court does not utilize screenings or assessments. The OYAS (Ohio Youth Assessment System) is used for pre-sentence investigations; however, the COYC only conducts these assessments if requested by the court.
- Anecdotally, it was reported that the court is seeing an increase in charges for youth vaping THC at the schools, truancy, and recording and posting videos of assaults.
- The GRACE (Group Response for a Chance to Excel) Initiative is a collaboration between Children's Services, Juvenile Court, Urbana Police Department, and other community stakeholders.
 - Funded through a grant from the Robert F. Kennedy Center for Justice and additional supportive funds from the Supreme Court.
 - The Executive Committee meets quarterly and has established the necessary MOU's (Memoranda of Understanding) with the identified service organizations. The multi-disciplinary team meets two times per month to monitor open files, youth, and their families.
 - If a youth coming through Juvenile Court also has an open file with Children's Services, they are categorized as "dual status" and referred to the GRACE Initiative for services. After successful completion of the program and no parallel court involvement, charges are erased.
 - More serious charges may also go through the formal court process.
- Truancy and Unruly/Misdemeanor
 - Youth charged with unruly offenses cannot be found incompetent for that offense, which is meaningful for youth with I/DD that are charged. Multi-system youth funding is now channeled through the FCFC. Status offenders, however, may end up on probation if they have repeated problems, which ultimately could result in detention if enough charges accumulate. It was reported that law enforcement will sometimes take status offenders to detention, but the court will release them the next day.
- Advancing Children's Excellence (ACE) program is used as part of probation. Youth need to attend school in the Urbana district and complete a physical and mental health evaluation.
 - Cross-Fit sessions are required 3 days per week for 1 hour after school. Youth also complete a journaling session at the beginning and end of each Cross-Fit session. All youth are assigned a peer/Ambassador for support and motivation. The Ambassadors are previous graduates of the program. Youth are given a certificate of completion at the end of the program, and incentives and rewards are used during the program but were not specified.
 - However, identified concerns with the program included a gap in teaching youth how to maintain new behaviors after the completion of the program and a trend of youth reoffending after the completion of the program.
- I Mind
 - Early intervention program for vaping run by PASS. The program is four hours long. Additionally, there is an eight-hour program called CAST. Both programs are indicated for youth showing/reporting consequences of vaping use.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 2022, Champaign County does not have specialized dockets.

Intercept III – Identified Gaps

- Sustained changes post-ACE (Advancing Children's Excellence) program
- Broadly: transportation
- Virtual/electronic appearance
- No screenings or assessments utilized by Juvenile Court

Intercept III – Identified Opportunities

- None identified

Recommendations

- The court is encouraged to review how many youths are placed on probation or in detention as a result of multiple status offenses and determine if there are opportunities for improved, or more effective, responses to these youth earlier in their cycle of behaviors.

Intervention Point IV: Probation Supervision

Probation

- There are two probation officers; one assigned for the GRACE Initiative and the other for diversion. The officers do not carry guns nor weapons but have a badge for identification purposes. Both are assigned to the Afterschool Child Enrichment program (ACE). The caseload is split by the school system. The caseloads can be as low as 18 and as high as 45. Currently, there are around 20 youth on probation.
 - Most probation contacts occur at the schools. During summer, some contact is made with walk-ins and phone calls. Probation officers also have access for contact with youth in detention.
- The probation officers have authority to take youth into custody. Once the youth is taken in, the detention cannot be released without a court order.
- There are three levels of probation:
 - One: attendance issues
 - Two: general probation
 - Graduated curfew
 - 90-day program
 - No drugs or alcohol
 - Other rules set by the court and probation officer
 - Three: special conditions and more serious offenses
- Probation violations are filed at the discretion of the probation officer, in conjunction with the judge, and can include sanctions. Sanctions are graduated.
- Parole did not have representation at the workshop. They report to Juvenile Court as required.

Intervention Point 4 Probation Supervision



Intervention Point IV – Identified Gaps

- Parental transportation to visit in detention
 - Availability and cost of CTS (Champaign Transit Services) for service utilization and visits
- Some pending court hearings may delay initiation of outside service involvement
- Sustainability of behavior change after ACE ends
- Explore increased opportunities for youth-serving agency's general acknowledgement (sharing) about involvement

Intercept IV – Identified Opportunities

- Communication

Intervention Point V: Secure Placement

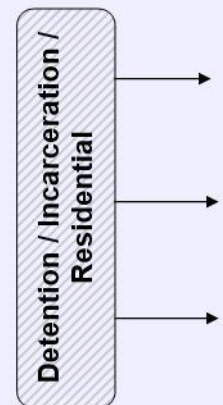
Juvenile Detention Center

- There are currently no Champaign County youth in the Department of Youth Services (DYS). Champaign County has not placed youth there in a long period of time. There is one youth on parole through DHS.
- The COYC services 5 counties. Most of the youth placed at COYC are enrolled in long-term services in the community and are on multiple medications; however, data is not available on how many youths are known to the publicly funded Behavioral Health system.
 - COYC estimates that approximately 85% of youth are released within a day or two of initial detention.
 - COYC utilizes Maryhaven Hospital for youth that need hospitalization. Youth can remain at COYC until a hospital bed becomes available.
 - Screening services at the COYC include:
 - SASSI-A2 (Adolescent Substance Abuse Subtle Screening Inventory)
 - MAYSI-2 Questionnaire (Massachusetts Youth Screening Instrument)
 - Childhood Trauma Events Survey
 - Abbreviated Dysregulation Inventory
 - Short Mood and Feelings Questionnaire
 - UCLA PTSD Reaction Index
 - A-DES (Adolescent Dissociative Experiences Scale)
 - Peer Conflict Scale
 - Self-Reported Delinquency Scale
- Staffing at the facility includes a part-time nurse as the Care Coordinator and a physician, not a child psychiatrist, that sees youth in the facility and prescribes medications.
- Youth may move from the COYC into the Community Residential Center (CRC) for a variety of reasons and purposes. This movement is not unusual.

Residential and Alternate Placements

- The Community Residential Center (CRC) is a residential, 90–180-day program. While it is located at the same facility as the COYC, it is separate and serves the entire state, including taking DHS stepdown cases. Youth can be suspended from the program and sent to detention.
 - Programs include:
 - CBT (Cognitive Behavior Therapy)
 - Substance Use Treatment
 - Coping skills
 - Thinking Errors and Thinking Correcting
 - PREP (Personal Responsibility Education Program)
 - Sex education
 - Life skills
 - Individual and family counseling
 - The National Child Traumatic Stress Network (NCTSN)
 - Runs a trauma group for youth that are ready to begin processing and working on their trauma experiences.
 - Project Grow, which is a gardening club through Union County Master Gardeners
 - Bark Program, which is a program in which staff bring their dogs to the facility
- There are inpatient treatment options in Columbus and Dayton with Nationwide Children's Hospital and Sun Behavioral Health. A Psychiatric Residential Treatment Facility (PRTF) is also available but not frequently utilized for placement out of state. Currently, there are no PRTF's approved or certified in Ohio.

Intervention Point 5 Secure Placement



- There is a short-term mental health center in Kentucky. The recommendation for the facility comes from the psychiatrist. The level of care assessment is Child and Adolescent Needs and Strengths (CANS).
- Community based alternatives for placement include intensive home treatment through ViaQuest.

Intervention Point V – Identified Gaps

- ▣ Residential female options
- ▣ Lack of residential resources/beds
- ▣ Lack of residential developmental disability (DD) beds
- ▣ Lack of mid-level services; intensive community-based
- ▣ Finding effective high-level youth and adolescent treatment facilities

Intercept V – Identified Opportunities

- ▣ None identified

Intervention Point VI: Reentry

Reentry - Detention

- There is no release planning process for youth released within one or two days from COYC. For other youth at the facility, COYC facilitates reentry on a case-by-case basis. The COYC indicates that it is unknown how many youth leave detention with appointments or services in place. It is estimated to be very low, unless the youth and their family already had services and appointments set up either prior to detention or during detention on their own.
 - It was noted that if a youth is truly homeless, Juvenile Court will not order their release from COYC.
- When youth are in the CRC, providers are invited to a reentry meeting and assist in providing follow-up recommendations for the youth leaving the program.
- Reentry and wraparound services are through FCFC.

Reentry – Department of Youth Services

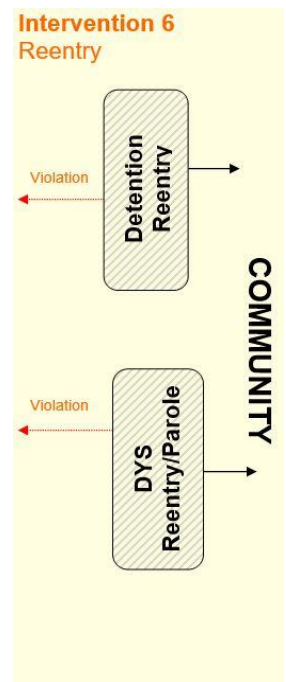
- Reentry and wraparound services are through FCFC.

Intervention Point Vi – Identified Gaps

- ▣ Transportation
- ▣ Communication with provider

Intervention Point Vi – Identified Opportunities

- ▣ None identified



Priorities for Change

Champaign County,
Ohio

Champaign 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. Transportation
2. Intensive Community-Based (midlevel) Services
3. Cross-communication
4. Mobile Crisis

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

- ▣ Prevention services capacity (4 votes; Intercept 0)
- ▣ ER response - no crisis drop off (4 votes; Intercept 0)
- ▣ Resources for developmental disabilities (DD) youth and alternative responses for DD youth (4 votes; Intercept 2)
- ▣ Information sharing between agencies, especially non-government and government (2 votes; Intercept 0)
- ▣ Effective truancy intervention (2 votes; Intercept 0)
- ▣ Lack of alternative response (2 votes; Intercept 1)
- ▣ Breakdown of communication between all (1 vote; Intercept 0)
- ▣ Overuse of law enforcement officers (1 vote; Intercept 1)
- ▣ Not currently using standard release of information form (1 vote; Intercept 1)
- ▣ Some pending court hearings may delay initiation of outside service involvement (1 vote; Intercept 4)

Additional Recommendations

Parking Lot Issues

- OhioRISE challenges
- Transient workforce

Additional Resources and Programs

Annie E. Casey Foundation	AECF.org
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 Child Trauma Stress Network	https://www.nctsn.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
Champaign County, Ohio | June 15-16, 2023**

Participant Roster

Name	Title	Email	Agency
Cassie Branan	Prevention Specialist	cbranan@passaah.org	Prevention Awareness Support Services (PASS)
Sarah Caccia	Parent of Child with Lived Experience		Champaign County
Justin Cygnor	Psychotherapist	jcygnor@coyc.org	Central Ohio Youth Center (COYC)
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Beth Gerken	Clinical Administrator	bgerken@coyc.org	Central Ohio Youth Center
Jacob Hayward	Faith Coordinator	ccfaithco@gmail.com	Champaign Hope4Good
Ashley Hixenbaugh	Social Worker	hixenbaugha@mcburg.org	Mechanicsburg Schools
Amy Johnson	Juvenile Probation Officer	ajohnson@ccfamct.us	Family Court and the GRACE Initiative
Kecia Kramer	Behavioral Health Supervisor	kecia.kramer@chwplc.org	Community Health and Wellness Partners
Amber Landis			Urbana Youth Center
Natalie Landon	Superintendent	nlandon@coyc.org	Central Ohio Youth Center (COYC)
Stacey Logwood	OCPS, Students, Family, Community Support Coordinator		Graham Local Schools
Tera Malone	School Navigator	tmalone@tcn.org	TCN at Triad Schools
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Tammy Nicholl	Executive Director	tnicholl@mhdas.org	Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties
Kimberly Ortiz	Multisystem Youth Coordinator	kimberly.ortiz@jfs.ohio.gov	Champaign County Family and Children First Council
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Brenda Rock	Director	brenda.rock@jfs.ohio.gov	Champaign County Family and Children First Council
Pam Sanders	Youth Services Coordinator	psanders@champaigncountylibrary.org	Champaign County Library
Meghann Scott	Magistrate	msscott@ccfamct.us	Champaign County Family Court and GRACE Initiative
Angel Shook	Lived Experience Representative	terrinsarah2016@gmail.com	Champaign County
Emily Smith	Director of Special Education	emily.smith@urbanacityschools.org	Urbana City Schools
Doug Steiner	Youth Therapy Supervisor	dsteiner@tcn.org	TCN Behavioral Health Services
Megan Webb	Prevention Educator	mwebb@passaah.org	Prevention Awareness Support Services (PASS)
Justin Weller	Director	justin@grandworks.org	Urbana Youth Center
Sara Wright	Social Services Administrator	sara.wright@jfs.ohio.gov	Champaign County Department of Job & Family Services
Ceci Yelton	Director of School and Community Based Prevention	cyelton@mhdas.org	Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties

Action Planning Matrix for Champaign County, Ohio

Priority Area 1: Transportation			
Objective	Action Step	Who	When
1	Awareness and share resources available	-network with JFS and other programs that assist with people obtaining their license and/or reinstating their license -build a list of resources	Job & Family Services (JFS), BMV, Ohio Means Jobs – Beth McFann Family and Children First Council (FCFC)
2	Transportation options outside of Champaign Transit System (CTS)	-Recovery Zone van -peer supporter -family/parent -David's Place -Hope 4 Good/Care Portal -Nate Long/LongRoad/CrossFit	Court/R2 Partnership Jacob Hayward Nate Long
3	Meeting needs where they are	-Providers in rural communities -St. Paris, McBurg, North Lewisburg -Meet kids where they are -Summer continuation of services/supports -Libraries as a resource/meet space -Use technology when you can -Library has hotspots and tablets -Champaign County Transportation Coalition	Providers/Schools Kimberly (connection to stakeholder)
4	Explore CTS Children Rules	-Learn why children cannot be transported -Is a child only bus possible -Social Service/Court/Medicaid tax	Coalition
5	Lack of transportation for parents tow work/youth	-Business/industry ride shares -Hiring felons -Court involved youth mentor/workforce	Chamber/business Economic Development Agency Chris Flowers/Youth Focus

Action Planning Matrix for Champaign County, Ohio

Priority Area 2: Intensive Community-Based Services

Objective	Action Step	Who	When
1	Level of care decision-making tools to be identified for high-end need youth and families	Sara (Brenda)	July meeting – introduce
2	Identified providers who <u>could</u> serve Champaign for clinical in-home services -including online LSW programs	Sara	By August 30 th
3	Explore consultative role for non-typical youth serving agencies to access if a crisis develops – make the connections (professional support)	Doug – trainer Stacey to connect FLIGHT coordinators (YMCA) PASS Sara to invite Ashley to invite him Doug being the contact	
4	Partial hospitalization	Ashley	
5	Re-establish communication with the family court staff	Brenda Rock Magistrate Scott	By August 30, 2023
6	Parent Peer Support	Each team member to discuss with partner agency staff	

Action Planning Matrix for Champaign County, Ohio

Priority Area 3: Cross Communication				
Objective	Action Step	Who	When	
1	Identify what data is currently being collected around youth and families	-Identify a subcommittee of data driven decision makers -Reach out to find out what is currently being collected and look for gaps (opportunities)	Committee – Family and Children First Council (FCFC) – Brenda Rock and Emily Smith (Adam Sorenson – voluntold)	By September 2023
2	Developing a protocol for sharing information between agencies	-Deciding if a data “hub” is needed and where it should be -Develop an MOU for sharing agencies	Committee – FCFC – Brenda Rock	By October 2023
3	Identify all required releases of information and put in a central location	-Reach out to family serving organizations in Champaign County to secure their release of information	FCFC – put releases on website?	By January 2024
4	Continue with no wrong door	-Continue with no wrong door annual event	FCFC	October 2023
5	Explore using Handle with Care protocol county-wide to notify schools or other providers of sensitive situations without details	-Mental Health Board provides a forum for how to use Handle with Care -Cordata system-data	Champaign/Logan Mental Health Board	TBD

Action Planning Matrix for Champaign County, Ohio

Priority Area 4: Mobile Crisis				
Objective		Action Step	Who	When
1	Determine best practices	<ul style="list-style-type: none"> -Research other funding and models as a backup for grant (Union) -Research use of volunteer peer support and discuss possibility with law enforcement and dispatch 		
2	Identify community partners	<ul style="list-style-type: none"> -Identify additional community partners not currently at the table (some pastors are licensed) -Identify volunteer groups -Meet with prosecutor for liability -Training de-escalation/resources 		

Appendix

Pre-Workshop Data Collection

DETENTION INTAKES <i>How many people are identified as having mental health issues?</i>	
<p>By detention intake staff (Intake process includes suicidal ideation, human trafficking, unknown substance abuse)</p> <p>Central Ohio Youth Center (COYC – detention) has a detailed intake procedure. PD has a pre-filled out form for each child that lists medications and indicates if a parent needs to be called for clarification. If a child has suicidal ideation, the child is medically cleared at the hospital and then returns to COYC. COYC’s assessment process includes procedures to make referrals regarding abuse/neglect. The intake process also includes a brief abuse history, and there are instructions within that process. COYC serves Champaign, Logan, Union, Delaware, and Madison Counties. COYC: Majority. Proportionally – approx. 95%.</p>	<p>(insert number)</p> <p>COYC estimates 95%. Records are not able to produce exact counts in this column.</p>
<p>While in detention (by corrections officers, health staff or others):</p> <p>Works the same way. Incident reports get sent to the respective court – referrals made to children services – placed on suicide watch, suicide prevention. Safety precautions and reevaluated. Detention has to comply with PRIA – prsion rape elimation act. Make allegation cofidnetially. COYC: probably approximately 80%. Some come in with diagnosis but doesn’t have a crisis. Discover a lot more trauma than originally thought. A lot of kids – find out after the fact. During a risk assessment. Don’t necessarily intervene. During interventions. 80% - discover there’s more to the story. Kids don’t disclose it, but attorney or PO calls and informs.</p>	<p>COYC estimates that approximately 80% of the time, additional mental health issues are discovered after intake.</p>
<p>Release Planning Activity</p>	<p>COYC estimates that approximately 85% of their juveniles are in and out within a day or 2. No release planning is possible for that proportion. COYC also has a residential program that is treatment centered and includes release planning.</p>
<p>How many people are held for forensic review?</p> <p>There is no NGRI process in the juvenile court system. Juveniles can be evaluated for competency to stand trial. With juveniles it can be competency due to age or mental faculties. Champaign County Family Court reports that it is rare for a child to be in COYC awaiting an evaluation for competency.</p>	<p>COYC estimates that 10% - 15% are held for competency. COYC further reports that sometimes they get records from evaluations and sometimes not.</p>

CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of youth entering detention during the identified time period (open or closed cases):</i>	
<p>How many were known to publicly-funded mental health system? Different LE agencies handle youth differently. Urbana Police Department (UPD) put 2 kids in COYC in during January – March, 2023. UPD handles approx. 50% of juvenile cases in Champaign County.</p> <p>Acute crisis services? The system tries not to use COYC for acute mental health situations. The only time that would happen is if there is a children services case that has disrupted placements and has a criminal offense when there is nowhere else to go.</p> <p>Long-term service enrollment? The majority of kids that go to COYC are enrolled in long term services in the community and go there with a bag of medicine.</p>	<p>COYC reports that they have no way of knowing these numbers because not enough information is shared.</p>
<p>How many were known to publicly funded substance abuse treatment system? The group cannot answer this question.</p> <p>Detoxification services: Judge Reisinger has talked with COYC about this potential issue.</p> <p>Residential: If the juvenile has an open Children Services case, this can happen. This number can be generated. COYC has a 90-day residential program. COYC reports that there is no way of knowing who goes to residential post-COYC without probation/parent/attorney disclosure.</p>	
ADDITIONAL DETENTION/OFFENSE-RELATED INFORMATION	
<i>For those who are identified as persons with mental health, substance abuse or developmental disabilities (by detention, other juvenile justice, or treatment systems)</i>	
<p>Nature of the charges: Status Misdemeanors Felonies Violent behavior Violations of probation</p> <p>It would take a lot of work to make the connection between trauma and truancy or substance abuse with the intake sheets, but it could be done. The intake forms are paper.</p>	<p>These numbers are on the Intake sheet at COYC. The numbers can be obtained but are recorded on paper.</p>
<p>Frequency How many arrests / intakes per person? (average)</p> <p>Often, it is the same group of children who go to COCY within a time frame. UPD notices this when they do the local COYC report. A lot of times, the juveniles get arrested, released, then eventually go to JDC. During the court process, sometimes the court leaves them in CYOC so they don't get more charges. COYC: Could possibly pull if a kid comes back. Average child: approximately repeat – 3 to five times.</p>	<p>COYC reports that they could pull a report that shows how many times each child completes an intake from the charts.</p>
<p>Length of stay in the detention center for each episode of incarceration (average):</p>	

90% are overnight stay. The UPD vision is not to punish the child, it's to rehabilitate so the ideal situation is that they are not sitting in COYC. There are 2 populations of juveniles who use COYC: short term and long term kids. COYC reports the same thing – 10% of juveniles are longer term clients.	
DISCHARGE / REENTRY	
How many people left detention with financial benefits or entitlements in place?	0
How many people left detention with a shelter as the identified residence?	0
How many people had no known residence? 1 child who was released from DYS in the last year was homeless. Regarding CYOC, the courts would not release the juvenile if the child was truly homeless.	1
<p>How many people left detention with an appointment at a mental health or other treatment service?</p> <p>Very few if any – unless the juvenile already had an appointment.</p>	<p>COYC reports that they would not know that. There is a disconnect regarding everyone knowing what is going on. In the 90 day program, providers get invited to a reentry meeting and help provide follow up recommendations for clients leaving the program. One question from COYC is if family therapy is more often court ordered or simply recommended.</p>
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	0

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@neoemed.edu or rsimera@neoemed.edu

Community: Champaign County			
Contact Person: Adam Sorensen		Phone: (937) 465-1045	Email: asorensen@mhdas.org
Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	<p>Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the juvenile justice system?</p> <p>The Champaign Family Court has a GRACE Initiative that features a lot of collaboration between Children Services, the Court, Urbana Police Department, and other local stakeholders.</p> <p>CYOC reports that they have collaboration with the court system and Children Services in Champaign County and not much collaboration with providers.</p>	X	
2	<p>Does your community have a cross-system collaborative team or task force? <i>If yes, please list the membership by agency and/or title, listing mental health providers, juvenile justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p>The GRACE Initiative.</p> <p>Members of the GRACE Executive Committee: Judge Lori Reisinger Magistrate Meghann Scott Sara Wright – JFS Administrator Stacy Cox – Director of JFS Tammy Nicholl – Executive Director of the MHDAS Board. Jane Napier – Assistant Prosecutor Mary Mitchell – Director, Champaign Madison ESC Brenda Rock – Executive Director of FCFC</p>	X	

3	<p>Does your community provide for cross-training of mental health, substance use, juvenile justice and other providers? <i>If yes, please list recent programs:</i></p> <p>In 2022, FCFC hosted the No Wrong Door for Champaign County and generated a nearly comprehensive contact list for different services.</p> <p>The National Child Trauma Stress Network is also a trusted resource for cross-training.</p>	X	
4	<p>Does your community have resources identified to work with this population? <i>Please describe:</i></p> <p>Children Services reports that JFS has struggled with resources for more than a decade. There are resources for the most basic and most intensive needs, but nothing for the majority of cases. This has led to an informal patchwork that features long waiting lists and a short supply of resources.</p> <p>There is a constant need for supportive families and a constant need for follow-up care and case management.</p>		X
5	<p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i></p> <p>School Resource Officers work on building supportive relationships within schools. TCN has 2 School Navigators in 2 school districts. TCN has 1.5 FTE juvenile therapists. FCFC has 1 full time multisystem program coordinator. School Counselors are expected to be involved with the GRACE Initiative.</p> <p>The system needs a contact list for connections with the school system.</p> <p>COYC communicates mostly with Probation Officers.</p>	X	
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the juvenile justice system? <i>Please describe:</i></p> <p>The GRACE Initiative is able to track a small proportion of this population. Anecdotally, each day the court is getting charges of kids vaping THC at school.</p> <p>UPD has a report of the Average Daily COYC Population.</p>	X	

7	<p>Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i></p> <p>There is not an identified boundary spanner. However: FCFC coordinates across systems. JFS uses ROIs to communicate across systems. GALs can talk with anyone who has dealings with that child.</p> <p>If COYC notices something, communication is strong with the courts and JFS.</p>		X
8	<p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i></p> <p>Yes – one for GRACE that includes most stakeholders. JFS – MOUs are a part of accreditation. TCN – does not have MOU with schools where there is a school navigator.</p> <p>The group discussed the need to brainstorm with people in other communities about how they obtain resources.</p>	X	
9	<p>Does your community have a coordinated crisis management plan or team? <i>Please describe:</i></p> <p>Yes – The Crisis Intervention Team is coordinated through the MHDAS.</p>	X	
10	<p>Does your community have any juvenile diversion programs at this time? <i>Please describe:</i></p> <p>Yes – through Family Court. GRACE, Truancy, and Unruly/Misdemeanor diversion program.</p>	X	
11	<p>Does your community have a mental health, drug or other specialty court for serving juveniles? <i>Please describe:</i></p>		X
12	<p>Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems?</p> <p>The GRACE Initiative</p>	X	

13	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? <i>Please describe:</i></p> <p>Nothing in writing, but there is informal communication. There are 2 probation officers. No MOUs with Champaign County and COYC. COYC utilizes Maryhaven to hospitalize a child if needed. Could stay at COYC until a bed is found. Each case is situational.</p>		X
14	<p>Have screening or assessment procedures been instituted in the mental health, substance use and juvenile justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i></p> <p>The local system has not instituted this, but this has been an ongoing topic of discussion for years.</p> <p>COYC uses the SASSI-A2, the MAYSI-2 Questionnaire, The Childhood Trust Events Survey, The Abbreviated Dysregulation Inventory, Short Mood and Feelings Questionnaire, UCLA PTSD Reaction Index, A-DES, The Peer Conflict Scale, and the Self-Reported Delinquency Scale.</p>		X
15	<p>Have re-entry services been instituted to help people returning to their communities from detention? <i>Please describe:</i></p> <p>The local system notes that the hardest part about reentry is the kids grow and mature so quickly when they are away from home and how growth is reversed when placed back in an unhealthy home.</p> <p>COYC facilitates reentry services on a case by case, flexible basis. 18-year-olds are sent out with a “big boy” binder.</p>		X
16	<p>To be successful, what aspects of each agency’s culture do the other agencies need to be sensitive?</p> <p>We all have limitations. We all have rules we have to follow, and it can really limit our ability to do what the other agency may think we need to do. There may be a lot of misconceptions about what the rules are. What each system is allowed to do changes over time and it is difficult to keep track of changes in other systems.</p> <p>COYC: the system needs to take a trauma-informed approach in dealing with our kids. Champaign County is getting better – partnerships with the courts – if COYC is concerned about something that is going on in the home they know who to talk with. Everyone needs to be open to feedback and understand each other’s limitations. COYC has fostered a positive relationship with all community partners.</p> <p>Additional Note: The GRACE Initiative is in the process of hiring a dedicated position and schools have great buy-in. The court is seeing an increase in vaping and truancy. They report that normally vapes are labeled with THC content. The other trend is taking video of an assault and posting it online.</p>	X	