

Portage County, Ohio

Juvenile Cross-Systems Mapping

January 30-31, 2024

Portage County Core Planning Team

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Ruth H. Simera	Executive Director	Coordinating Centers of Excellence

*Please be advised that contact information and names of facilities and/or programs may have changed since the workshop was completed. Contact the involved agencies for the most up to date information.

Juvenile Cross-Systems Mapping

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Portage County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Juvenile Cross-Systems Mapping and Taking Action for Change* workshops held in Portage County, Ohio on January 30-31, 2024. The workshops were hosted at the Happy Day Services Building with Portage County coordination provided by the Mental Health & Recovery Board of Portage County, Portage County Juvenile Court, and Portage County Family and Children First Council, along with a Portage County planning team comprised of representatives from behavioral health and juvenile 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 Portage 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 & Recovery Board of Portage County and Portage County Juvenile Court requested the *Juvenile Cross-Systems Mapping and Taking Action for Change* workshops in May 2023. The Mental Health & Recovery Board and Juvenile Court are both strongly connected to the community partners that make up the Family and Children First Council (FCFC), all of whom play a critical role in enhancing the well-being of Portage County multi-system involved youth by building community capacity, coordinating systems and services, and engaging families. FCFC members include leaders from most youth serving agencies, mental health providers, local educational agencies, and justice department representatives. The Juvenile Cross-Systems Mapping exercise was meant to aid Portage County with:

- Creation of a map indicating points of interface among relevant Portage 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 32 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. Lisa DiSabato-Moore, Teri Gardner, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for juvenile justice-involved youth 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 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 Portage 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 Portage 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

Portage County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. One cross-system collaborative team/coalition was identified by the Portage County planning team and workshop participants: Inter-Agency Clinical Assessment Team (ICAT).

Individual with Lived Experience Involvement

The Portage County planning team did not include a person with lived experience. Moving forward, the group is strongly encouraged to solicit participation from community members and individuals with lived experience; ideally each work group/committee will include a person with lived experience, 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: dispatch and parole.

Data Collection

- The Portage 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
 - Portage County Juvenile Justice Center population statistics for June 1, 2022-June 30, 2023
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Portage County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2024
 - Portage County CIT Officers Roster Project Summary Report, March 2024

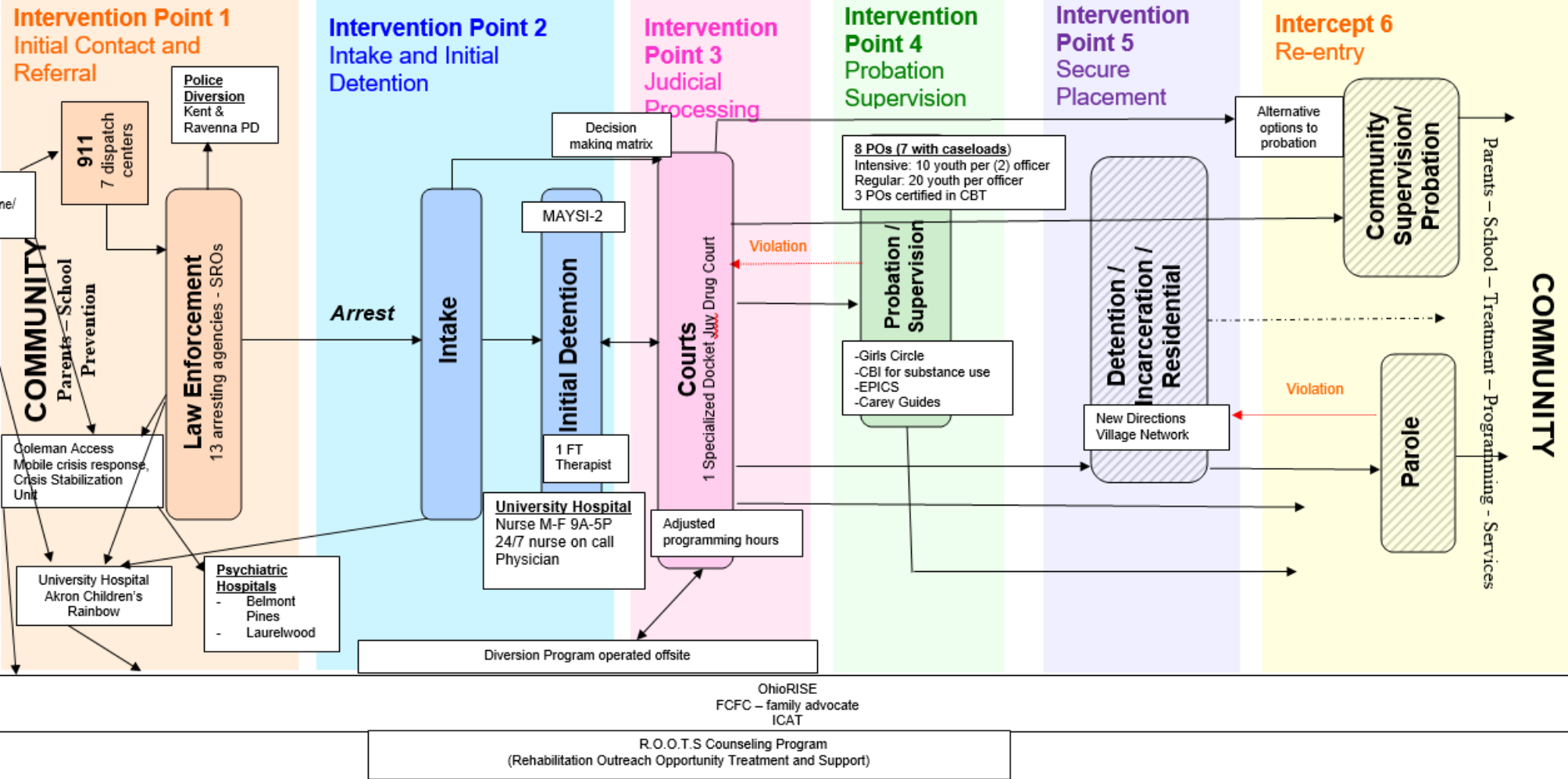
Recommendations

- 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 Portage 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 people being served.

Juvenile Cross-Systems Mapping
Portage County, Ohio

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

Crisis Intervention Team (CIT)



Portage 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 (then renamed the National Center for Youth Opportunity and Justice, and today not operational) 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 Portage 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 Portage County Cross-Systems Map. The cross-systems Portage 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

Portage County is home to 13 school districts: Aurora City, Crestwood Local, Field Local, James A. Garfield Local, Kent City, Ravenna City, Rootstown Local, Southeast Local, Streetsboro City, Waterloo Local, Windham Exempted, Bio-Med Science Academy, and Maplewood Career Center.

- All districts have School Resource Officers (SROs) or on-site law enforcement. The Portage County Sheriff's Office covers several of the districts. James A. Garfield and Crestwood Local have their own.
- All districts participate in school-based prevention programming. Legislated requirements guide the topics, and the county uses SAMHSA's EBP list to make selections. Two programs are adapted from EBPs.
 - Discussion occurred regarding who makes referrals from schools if a student is identified during prevention/education services as having a potential need, and it was unclear if any standard procedure exists.

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 includes community-based and school-based offerings and is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Portage County.

- Teen Dating Abuse Program (adaptation of Safe Dates)
- Personal Body Program (5 session program)
- Too Good for Drugs (K-5th grade)
- Project Alert (middle schools)
- Signs of Suicide (SOS)
- The King Kennedy Center Project
- Confidential Case Management Program (CCMP)
- Carey Guides
- Intensive Home-Based Treatment (IBT) from Bair Foundation
- Mentoring services through Big Brothers Big Sisters
- Comprehensive Case Management & Employment Program (CCMEP) through Department of Job & Family Services
- Children's Advantage
 - School-based therapists and case managers
 - Vaping diversion using state prevention tool kit (5 sessions)

- Alcohol and drug use diversion (8 sessions)
- Celebrating Families (16 weeks)
- Positive Parents Program
- Family Center Model
- ICAT (Interagency Clinical Assessment Team)

Intervention Point 0 Gaps

- Social Inclusion Program
- Teachers educated as prevention educators
- Continuity K-12 for all key programming
- More programming that includes parents and kids
- Transportation
- Mentoring wait list for males
- Connecting options at younger age
- Addressing barriers to family follow through and engagement
- Capacity for intensive home-based therapy
- Wait time for DD and early intervention assessments at 2 years or more
- Capacity for autism spectrum services
- Unclear referral process when potential student needs are identified during prevention programming

Intervention Point 0 Opportunities

- Direct collaboration between probation and case managers to make it easier for families
- Coleman Health Services – 1 clinician and wait time
- The Bair Foundation Child & Family Ministries – 3 Intensive Home-Based Therapists
- New Office of School Safety through the Governor’s Office – staff attending some SRO meetings in Portage County and trying to create SRO Associations in counties

Recommendations

- School referral processes seem clear in all circumstances except when classroom-based prevention and education services occur. It’s possible that prevention staff have a procedure known to them, but it was not identifiable during the workshop. Whoever coordinates the county’s school-based prevention services is encouraged to clarify, document, and disseminate the procedure to staff and partners.
- Ohio has two Centers of Excellence dedicated to prevention and early intervention, which may be helpful resources for community-based and school-based prevention professionals and their partners:
 - The Ohio Center of Excellence for Behavioral Health Prevention and Promotion
 - The Ohio School-Based Center of Excellence for Prevention and Early Intervention
- Including parents and youth with direct experience in the review and planning of family-oriented and youth services is vital to ensure alignment with needs and to maximize engagement and outcomes. This should be an ongoing expectation of all coalitions and work groups.
- Streetsboro City Schools has its own social worker. It’s unclear what resources may be in place in other schools districts. Getting a comprehensive inventory of school-based services and sharing that information across service systems could be valuable in maximizing use of those resources and preventing deeper involvement in the court or other systems of care.

Intervention Point I: Initial Contact and Referral

In Portage County, law enforcement is provided by the Portage 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. Portage County adopted the Crisis Intervention Team (CIT) Model in 2006.

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 School Resource Officers (SROs) or staff. All 13 school districts have SROs, 11 of which are sworn law enforcement officers.

Dispatch / 9-1-1

- There are seven dispatch/911 call centers in Portage County.

Law Enforcement

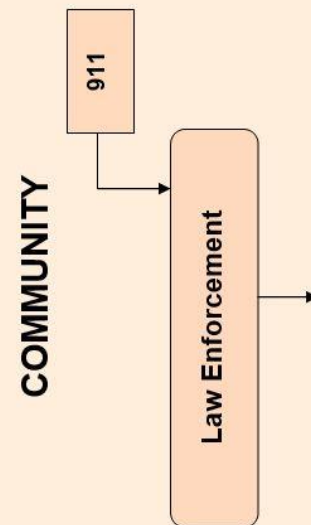
According to the 2022 Ohio Peace Officer Training Commission (OPOTC) County Agency Report, Portage County has 13 Law Enforcement Agencies: Aurora Police Department, Brimfield Township Police Department, Garrettsville Police Department, Hiram Police Department, Kent Police Department, Kent State University Police Services, Mantua Police Department, Northeast Ohio Medical University (NEOMED) Police Department, Portage County Sheriff's Office (PCSO), Ravenna Police Department, Streetsboro Police Department, University Hospital Portage Medical Center Police Department, and Windham Police Department.

- The Portage County Crisis Intervention Team (CIT) training program held their first CIT training in 2006 with the latest being in 2023. 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 2024, CJ CCoE records indicate that all 13 law enforcement agencies have participated in CIT and 268 full-time officers have completed CIT training.
- CIT Program coordination for Portage County is shared between the Mental Health and Recovery Board of Portage County and Officer Joshua Bartholomew of the Streetsboro Police Department.
- Streetsboro Police Department has a licensed social worker on staff. Ravenna Police Department has a therapy dog that visits the schools daily with the SRO. (Officer Lincoln, Portage County CIT Officer of the Year)
- Kent and Ravenna Police Departments are the only two out of 13 jurisdictions that have police diversion programs.
 - Kent Police Department modeled their program after Stow Police Department's diversion program.
 - Ravenna's diversion program operates within the school system for students facing suspension due to drug or fight-related incidents.
 - Both Kent and Ravenna Police Department diversion programs receive many referrals from their school district. The charges are recorded but not referred to juvenile court if the youth successfully complete the program. Activities in the diversion programs are heavily weighted in community service work. If the youth fail the program, and charges go through juvenile court, the court retains the option to have the youth participate in a court-based diversion program.

Crisis Services

- 988 through Townhall II
- 24/7 Community Crisis Lines run by both Townhall II and Coleman Access
- Coleman Access and Mobile Crisis Response
 - Walk-in emergency psychiatric assessment and evaluation for youth.
 - Mobile Crisis Response team that can assess youth in the community.

Intervention Point 1 Initial Contact and Referral



- Coleman Access can also be called to provide consultation for evolving situations.
- If a youth is violent, suspected of experiencing medical issues or concerns, has injuries in need of medical attention, and/or highly intoxicated, they will be routed to the nearest emergency department for medical clearance. If Coleman Access is aware of these circumstances and the youth is going to the University Hospitals (UH) Portage County Medical Center Emergency Department, staff will contact the ED to assist in streamlining the process.
- Coleman Access is not credentialed for seclusion nor restraint.
- If it is determined the youth needs to be hospitalized, staff will coordinate an admission to a hospital outside of the county. Windsor Laurelwood Center for Behavioral Medicine (Lake County), Belmont Pines Hospital (Mahoning County), and Akron Children’s (Summit County) are typically utilized for youth psychiatric admissions. Admissions to Akron Children’s are done through the Emergency Department/Psychiatric Intake Response Center (PIRC). A parent or guardian must provide consent for hospitalization. If the parent(s)/guardian(s) refuses to provide consent, Coleman Access may work with the family on a safety plan for the youth and/or report the case to Job & Family Services for review for potential removal from their care. If removed from the parent(s). Jobs & Family Services can provide consent for the hospitalization.
- Mobile Response and Stabilization Services (MRSS) is run through Coleman Access.
 - Can be accessed through three potential pathways: referral from 988, referral from state MRSS call center, or calling Coleman Access directly.
 - Families can be eligible for up to 6 weeks of stabilization services after the initial response.
- Coleman Crisis Stabilization Unit
 - Currently, this service is not available for youth.
- Job & Family Services has a contracted law enforcement detective to investigate the criminal nexus of cases that flow through FS – sexual abuse, internet abuse, etc. The detective does a lot of Rule 6 removals and educates deputies on that rule and process. This is one of only a limited number of JFS and Sheriff’s Office partnerships using this model.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The University Hospitals (UH) Portage Medical Center Emergency Department serves as the typical after-hours access to mental health care. The facility does not have a pediatric psychiatric floor.
- Two pediatric hospitals in neighboring counties are also often utilized by Portage County residents for youth in crisis: Akron Children’s (Summit County) and University Hospital (UH) Rainbow Babies & Children (Cuyahoga County).

Detoxification

- No in-county detox available for youth.

Intervention Point I Gaps

- ▣ Available data and utilization of data
- ▣ No crisis text options
- ▣ Knowledge of options
- ▣ Law enforcement not able to identify special needs kids
- ▣ Lack of parental consent and availability
- ▣ Services inequitable
- ▣ No right door
- ▣ Inpatient psychiatric services not available for youth in-county
- ▣ Crisis stabilization
- ▣ 11 of 13 police jurisdictions do not have diversion programs

Intervention Point I Opportunities

- MRSS (Mobile Response Stabilization Services)
- Expansion of crisis stabilization services pending
 - Youth medical clearance
 - 23-hour hold
 - Seclusion and restraint
 - 11 crisis beds for stabilization
 - Law enforcement drop-off
 - Community drop-off

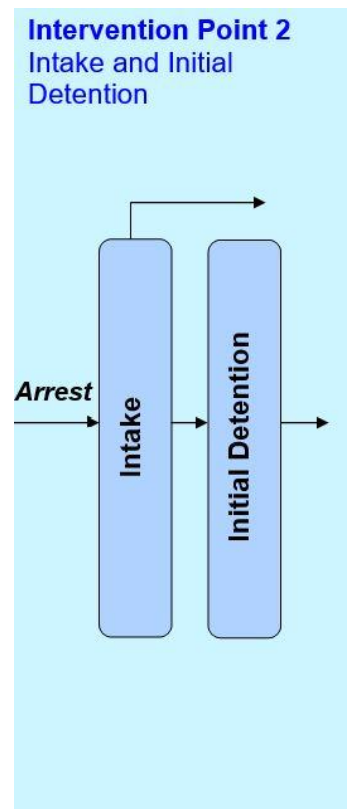
Recommendations

- Portage County law enforcement agencies are using the Northwest Ohio CIT Data Site, which provides an excellent opportunity for case referral, jurisdiction level CIT data review and analysis, and county-wide data review and analysis. If this hasn't already begun, the county CIT Program Coordinator is encouraged to include a data sub-committee in the CIT Steering Committee structure to ensure that encounter-based information, demographics and outcomes are routinely reviewed to evaluate and improve CIT responses.
- It may be useful to convene police jurisdictions and school representatives to determine if police-based diversion programming could be beneficial to school-related behaviors and charges. Kent and Ravenna Police Departments could provide information on their programs to determine if they are replicable in other communities.
- Participants questioned if School Resources Officers (SROs) in uniform can hinder communication with youth. The group is encouraged to research best practices and outcomes of SROs, including any evaluations and comparisons of uniformed vs. non-uniformed, to determine local protocols.

Intervention Point II: Intake and Initial Detention

Intake

- Intake occurs through arrest, submission of complaints by law enforcement, and submission of complaints by schools. Arrests for felony charges and violent misdemeanors typically result in transport to the Portage-Geauga County Juvenile Detention Center (**renamed Portage County Juvenile Detention Center in 2025*).
- Complaints received by the court are usually dropped off by law enforcement agencies. Complaints are reviewed for diversion vs. court process, then either diverted or filed to the court. A matrix created by the court intake team is used to make decisions based on what should be diverted vs. what the court should see. If youth are directed to court involvement, they will receive summons for arraignment.
 - Typically, youth are not detained at arraignment unless more serious information comes to light.
 - The Court can dismiss at arraignment, but this does not occur often because the decision matrix helps to direct the majority of cases to the proper pathway.
- Portage County is an Implementation Site (first time for Ohio) for two years to improve the ways they handle dependency, neglect, and abuse cases. There are two goals of the initiative: collaboration with community partners and child protective mediation. Monthly meetings occur with the National Council of Juvenile Court Judges (NCFCJ).



Initial Detention

- The Portage-Geauga County Detention Center serves both Portage and Geauga Counties (**renamed Portage County Juvenile Detention Center in 2025 and now only serves Portage County*). Only law enforcement has the authority to bring youth into the facility. Services, policies, and procedures are consistent across both counties.
- There are two ways for youth to be referred to the Detention Center: law enforcement arrest and court order. Probation does not have the authority to send youth to detention unless there is an active warrant.
 - The facility accepts all felony charges and misdemeanors with associated violence. Youth with lesser charges necessitate a conversation regarding acceptance into the facility. Some youth with unruly charges or repeat runaway charges may be accepted.
 - If a youth under the age of 13 is brought to the facility, the Detention Administrator is contacted to approve their acceptance into the facility. Otherwise, there is no lower-age limit to facility admissions.
- Upon arrival at the facility, youth undergo hygiene and body check to detect any injuries. Additionally, they are questioned about suicidal ideation or self-harm. If the youth express suicidal ideation or self-harm, they are transported to University Hospital Portage Emergency Department for evaluation. After the evaluation and if not admitted, the youth are returned to the facility.
- The Massachusetts Youth Screening Instrument (MAYSI-2) is conducted by the mental health counselor within 72 hours of admission to the facility. The evaluation is primarily for detention and not used in court proceedings. The outcome of the MAYSI-2 and any specific behavioral notes are recorded in a psychological services binder for detention staff.
 - The outcome of the MAYSI-2 may result in observation, restrictions (i.e. what items the youth can have in their room), Job & Family Services (JFS) referral, and/or an individualized special management plan for their time in the facility.
- Non-detained youth will enter the court system through mail-in or electronic monitoring methods. The court team also uses the matrix described above to determine which individuals are suitable for diversion and who should be court involved.

Detention Hearing

- Hearings must be conducted within 24 business hours. Currently, no hearings are held over the weekends.

Intervention Point II – Identified Gaps

- Getting the youth into hospitalization
- Lack of resources for youth that aren't appropriate for detention
- In-home services are not available
- Lack of parental engagement
 - Can cause significant gaps in care for youth when parents are not willing participants

Intercept II – Identified Opportunities

- None identified

Recommendations

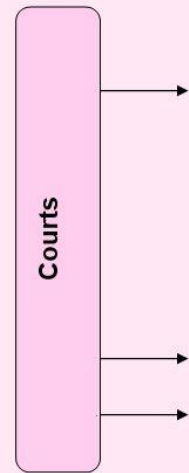
- Concerns were not raised about intoxication of youth at intake; however, this concern has been elevated in other counties. If such concerns do arise, based on suggestions from the MAYSI, it might be useful to explore the addition of an ASAM (American Society of Addiction Medicine) Assessment (if any 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).

Intervention Point III: Judicial Processing

Intervention Point 3 Judicial Processing

Court

- Youth come to the court through arrest and detention, or by summons based on a complaint. The determination of supervision occurs during the arraignment process. Hearings take place from Monday to Friday, with no weekend sessions.
- The Portage County Juvenile Court tries to take a specialized docket approach with all cases, using the following programs:
 - ROOTS Counseling Program (Rehabilitation, Outreach, Opportunity, Treatment, and Support)
 - For youth in detention and youth involved with the Juvenile Court's Probation and Diversion Services
 - Family counseling:
 - court has three counselors
 - one of which works in the detention center to provide crisis support and care coordination
 - others provide individual mental health and substance use counseling, family counseling, group counseling, and problem sexual behavior treatment
 - RECLAIM
 - A Behavioral Health/Juvenile Justice (BH/JJ) grant through Children's Advantage- nine youth engaged at any give time. Goal of 30 in the current fiscal year. Includes youth with co-occurring diagnoses, any level charges, some court involvement. There's a parent component with incentives. All are expected to participate in therapy and case management, CCAP (trauma-informed) group.
 - Targeted Reclaim
 - Court Diversion Program
 - Located in the Riddle Building in downtown Ravenna
 - Carteens
 - The Carteens Program takes place monthly. A youth who has committed a traffic violation and a parent/guardian will participate in a 2 to 3-hour class, with the offense being deferred until the program concludes.
 - Empowering Parents
 - Holistic, family-centered approach to care run by Psychological Services
 - Program lasts 6 weeks and focuses on Embrace, Educate, and Empower
 - Court Appointed Special Advocate (CASA)/ Guardian ad Litem (GAL)
- The Court has grant funding for restitution, so does not typically require youth to be fined. Youth are paid for service through the grant, and their income makes the victim whole.
- For youth being referred to the adult criminal-legal system, the bind-over process is initiated by the Prosecutor's Office. A preliminary hearing is held to determine probable cause and discretionary nature. This also includes a social history and amenability report conducted by an external provider. The court then determines if the juvenile will be bound over. Last year, one case was bound over and a second case was reviewed but not bound over. There are two cases currently in process at the time of this mapping. It was noted that these cases often involve youth with significant mental health issues.



Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 2024, Portage County has the following juvenile dockets:
 - Common Pleas Probation/Juvenile – Judge Patricia Smith
 - Drug Court (**renamed Harmony Court*) is on Tuesdays and runs late to accommodate scheduling needs of families

Intercept III – Identified Gaps

- Need for additional diversion programs
- Transportation – court and probation located on Infirmary Road

- Barriers for family to visit in detention and make probation appointments
- Lack of transportation for child services

Intercept III – Identified Opportunities

- Review current police diversion programs (see Intercept 1) and how they might reduce court referrals
- Use of AXXESS, a healthcare technology platform

Recommendations

- Consider alternate locations for probation appointments
- Get input from parents on how to improve engagement and compliance

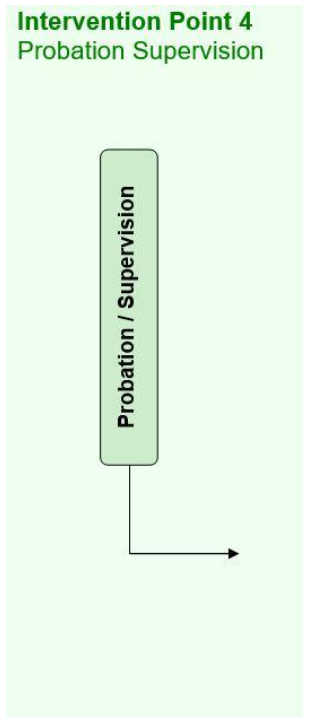
Intervention Point IV: Probation Supervision

Parole

- Parole was not in attendance at the mapping.
- Parole Officers come to see youth in the detention center and have working relationships with the staff at the facility though it was noted that parole officers don't seem to have a great bond with the youth.

Probation

- There are 8 probation officers (POs), including the supervisor (does not carry a caseload), with caseloads of 10-12 youth (intensive, two POs) and 20 (regular, 5 POs). Three of the probation officers are certified in Cognitive Behavioral Therapy (CBT).
- Specialized programs include:
 - Girls Circle
 - Two Probation Officers and two Diversion Officers certified for the program.
 - Can be held at the Riddle Building in downtown Ravenna as it includes youth in diversion programs.
 - Cognitive Behavioral Intervention for Substance Use
 - Led by the three certified POs and held at the court
 - 48 sessions
 - At the time of the workshop, a girls' group was in its 40th week with all youth still involved who started the series.
 - Court Diversion
 - Four Diversion / Truancy Specialists at the Riddle Building
 - Two days per week, changed the Riddle Building hours to 10am-6pm to allow for some afterhours services (truancy, probation, counseling, etc.)
 - Riddle Building uses private security funded by the county
 - Effective Practices in Correctional Settings (EPICS)
 - Carey Guides
 - Parent advocates through Family and Children First Council (FCFC)
 - PARTA passes are provided to families through RECLAIM funds.
 - Incentives are used (gift cards, prize wheel)
 - Currently beginning to transition from tracking through spreadsheets to a new web-based case management system called Ohio Juvenile Supervision System (OJSS)
- A limited number of misdemeanor youth are placed on probation. Status offenders are not typically placed on probation.
- The court does not have data on the percentage of youth coming through the formal court process that end up on probation.



Community Supports

- A few family peer supporters are available, along with Ohio START family mentors (child welfare)
- Parent Advocates are available through Family & Children First Council for families involved in service coordination and wrap-around services
- Benefit Bridge Program: people on public assistance transitioning to self-sufficiency – pilot program. A Peer Recovery Specialist is assigned to these families.

Intervention Point IV – Identified Gaps

- Security at court building limits operations hours for programming
- Riddle Building diversion programming site only open until 6pm two days/week
- Families cannot navigate the transportation scheduling

Intercept IV – Identified Opportunities

- There may be existing opportunities to collaborate Re: data around placements that are out of town/county.
- The OJSS case management system is more efficient and easier to use than the past system. Will be able to track and integrate more effectively with Ohio Department of Youth Services (ODYS) in the future.

Recommendations

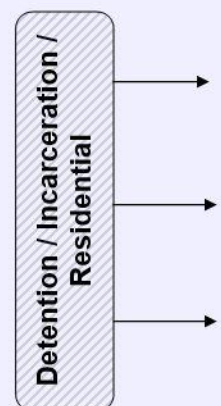
- Identify ways to improve family engagement and reduce stigma:
 - Identify location(s) for probation services and programming after traditional hours that include adequate security
- Consider creating a matrix or response grid based on new behaviors (new potential charges) and risk level to quickly respond to youth without levying new charges. This would fit well given that not every new probation violation is filed with court, and staff meetings are held to discuss best options/routes per individual cases.

Intervention Point V: Secure Placement

Juvenile Detention Center

- The Portage-Geauga County Juvenile Detention Center services both Portage and Geauga Counties (**renamed Portage County Juvenile Detention Center in 2025 and serves only Portage County*). The total capacity of the detention center is 46 with a daily average of 14-17. The average length of stay for detained youth is 26 days. There is a sliding scale per diem fee, based on income and dependents, which maxes at \$25/day max for detained youth, however, in most cases, the fee is paid through a grant. Youth offenders are not kept on probation due to unpaid fees.
 - Geauga County admissions account for 10-18% annually (**at time of workshop*)
 - The facility does not contract out bed space.
- The medical staff at the detention center is contracted through University Hospitals and includes a two nurses and physician. A nurse is available on weekdays from 9 AM to 5 PM, Wednesday and Friday evenings, and on Saturdays. A nurse is on call 24/7.
- There is one full-time licensed therapist in the facility. Individuals facing psychiatric emergencies on-site are taken to University Hospital Portage Emergency Department for assessment. University Hospital Portage Emergency Department will determine whether a youth needs hospitalization and will coordinate an admission for that level of care.
 - Detention center staff make decisions regarding medical isolation within the facility for cases of self-harm, behavioral concerns, and medical issues.

Intervention Point 5 Secure Placement



- The licensed therapist is currently doing a SEE Learning pilot (program from Emory University in Georgia) focused on social, emotional, and ethical learning for youth.
- The therapist will also do “family interventions” to assist youth and family in preparing for release
- Routine psychiatric services are through Coleman Health Services. Appointments are done via telehealth, and the psychiatrist is available for consultation overnight.
- Parents or guardians may bring medications to the facility for their child. The facility's medical team then repackages the medications individually and administers them to the youth. In cases where the youth do not have their medication, the detention center works with providers and Job and Family Services to confirm the medications, provide a prescription, and arrange for dispensing.
- The facility employs its own teaching staff.

Residential and Alternate Placements

- Portage County does not offer residential placement services within the county. However, Coleman Health Services can assist in referring youth to an out-of-county residential center. Additionally, Children's Advantage and Children's Services can also assist with placements. The available options include Village Network for mental health concerns and New Directions for substance use.

Intervention Point V – Identified Gaps

- Accessing ICAT processing – training for service providers
- Data collection and management at Detention Center, including a gap with ability to separate data
- Consistency of medication for youth during transfers and from one facility to another and continuity across placements. Secure placements are often geographically far away and sometimes the first available bed is not the preferred placement, in regard to services offered, and they create transportation and visitation barriers for parents.
- Sometimes detention is the only place for a youth while waiting on residential placement

Intercept V – Identified Opportunities

- Upcoming Portage County Secure Youth Behavioral Unit will be for ages 12-18 years with complex behavioral health needs

Recommendations:

- The U.S. Department of Justice issued an article discouraging use of fines and fees for court-involved youth. This article was provided to some members of the participant group for consideration.

Intervention Point VI: Reentry

Reentry - Detention

- Currently, there is no in reach or services in place for the youth prior to release.
- Most youth that are released from detention are placed on some type of supervision.
 - If there is no parent or guardian custody at the time of release, Children's Services has custody of the youth.

Reentry – Department of Youth Services

- No court referrals were made to the Department of Youth Services last year. It was noted that Community Corrections Facilities (CCF's) were preferred when this type of secure placement was needed.
- Reentry and wraparound services are lacking. Portage County Job and Family Services does not interact with the Department of Youth Services.
- If a youth is released prior to their 18th birthday, they are placed on a waitlist for services.

Intervention Point VI – Identified Gaps

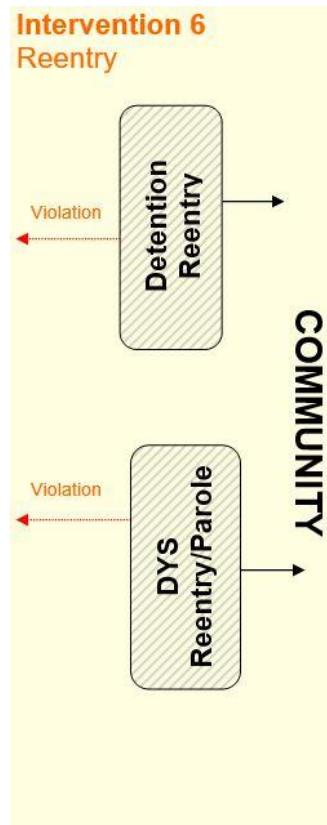
- ▣ Systemic reentry initiative – coordination and planning
- ▣ Earlier planning
- ▣ Services that address the whole family – substance use, peer associations, educational needs
- ▣ Lack of interface with Ohio Department of Youth Services (ODYS)
- ▣ Education exchange between schools and any out-of-home placement
 - Attendance by educational entity at ICAT meetings
- ▣ Department of Job & Family Services is often the guardian of record for youth in ODYS or alternate placement and not treated as such; communication is disjointed, and the interface is lacking, re: services, hospitalizations.
 - Visitation at DYS for Children's Service (JFS) is on a "system day," not on a parent day, which further isolates and stigmatizes the child's situation
 - If no parental custody is available, Children's Services has custody at release. Without ongoing relationship with ODYS, services are not in place upon release.

Intervention Point VI – Identified Opportunities

- ▣ Define "Reentry"
- ▣ Citizens Circle concept – modeled after the existing adult version
- ▣ Utilize space at detention center for treatment services

Recommendations

- Some discussion occurred, regarding future goals for reducing time spent in detention. The court is in the infancy stages of planning and is strongly encouraged to engage partners in this planning.
 - There are some youth in the detention center for technical violations. The circumstances and possible alternatives for these youth should be closely reviewed and addressed.
- Engage a broader range of providers and services in reentry planning.



Priorities for Change

Portage County,
Ohio

Portage 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. Reentry
2. Capacity for intensive home-based therapy
3. Resources for youth who aren't appropriate for detention
4. Parental engagement
5. Transportation

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

- ▣ Social Inclusion Program (intercept 0; 1 vote)
- ▣ More programming that includes parents and kids (intercept 0; 2 votes)
- ▣ Transportation (intercept 0; 5 votes)
- ▣ Mentoring wait list for males (intercept 0; 1 vote)
- ▣ Connecting options at younger age (intercept 0; 1 vote)
- ▣ Wait time for DD and early intervention assessments at 2 years or more (intercept 0; 3 votes)
- ▣ Capacity for autism spectrum services (intercept 0; 2 votes)
- ▣ Utilizing data (intercept 1; 1 vote)
- ▣ Lack of parental consent and availability (intercept 1; 4 votes)
- ▣ Crisis stabilization (intercept 1; 2 votes)
- ▣ Getting the youth into hospitalization (intercept 2; 2 votes)
- ▣ In home services are not available (intercept 2; 2 votes)
- ▣ Identify a location for probation services that is more accessible, a place for programming after traditional hours and security for all (intercept 4; 1 vote)
- ▣ Education exchange between schools and any out of home placement (intercept 6; 5 votes)

Additional Recommendations

Parking Lot Issues

- Staffing
- Clients that cross over county lines – service and payment challenges
- Loss of insurance coverage for detained youth

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://vt.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
Portage County, Ohio | January 30-31, 2024**

Participant Roster

Name	Title	Agency	Contact
Abigail Watkins	Kent Police Department	Juvenile Counselor	Abigail.Watkins@kentohio.gov
Amanda Perrin	Town Hall II	Emergency Services Program Manager	amandap@townhall2.com
Amanda Trego	Family & Community Services, Inc	Next Step case manager	atrego@fcsohio.org
Amy Proseus	PARTA	Transit Planner	aproseus@partaonline.org
Brian Bachtel	Kent Roosevelt High School	Guidance Counselor	bbachtel@kentschools.net
Brian Pavelko	Coleman Health Services-OhioRISE	Manager of Care Coordinator	brian.pavelko@colemanservices.org
Carly Spencer	Portage County Job & Family Services	CCMEP Supervisor	carly.spencer@jfs.ohio.gov
Chrissy West	Portage County Board of Developmental Disabilities	Services & Support Administrator	christinaw@portagedd.org
Cindy Brew	Child Advocacy Center of Portage County	Executive Director	Cindy.Brew@UHHospitals.org
Darla Scott	Portage County	Dr of Psychological & Substance Abuse Services	dscott@portageco.com
Det. Romo	Portage County Sherriff's Office	Children's Services Removal Officer	kromo@portageco.com
Erin Grohe	Portage County	CASA Volunteer Coordinator	egrohe@portageco.com
Holly Spohn	Portage County Prosecutor's Office	Asst. Prosecuting Attorney	hspohn@portageco.com
Jae Leeworthy	Portage County	Superintendent -Portage-Geauga Detention Center	(330)297-5233
James Horn	Lived Experience		Jame.Horn3@icloud.com
John Garrity	Mental Health & Recovery Board	Executive Director	johnng@mental-health-recovery.org
John Vennetti	Portage County Board of DD	Superintendent	johnv@portagedd.org
Josh Bartholomew	Streetsboro Police Department	Patrolman	jbartholomew@streetsboropolice.com
Kellijo Jeffries	Portage County Job & Family Services	Director	KelliJo.Jeffries@jfs.ohio.gov
Kelly MacMullin	Coleman	Chief Officer of Behavioral Health -Portage	kelly.macmullin@colemanservices.org
Kevin Perry	Portage County Job & Family Services	CCMEP Case Manager	kevin.perry@jfs.ohio.gov
Lenny Sorboro	Portage County	Director of Judicial Services	lsorboro@portageco.com
Lindsey Zenker	Kent Roosevelt High School	Asst Principal	lzenker@kentschools.net
Melissa Marzec	Family & Community Services	Youth Program Director	mmarzec@fcsohio.org
Monica Ochoa	Children's Advantage	Director of Community Based Services	mochoa@childrensadvantage.org
Myia Sanders	King Kennedy Community Center	Program Manager	msanders@fcsohio.org
Nathaniel Carpenter	Lived Experience		
Nicole Collier	Family & Community Services, Inc	Youth therapist	ncollier@fcsserves.org

Patricia Smith	Portage County	Judge	psmith@portageco.com
Ryan Ferguson	Children's Advantage	Director of Outpatient MH and AOD Services	rferguson@childrensadvantage.org
Samantha Cassel	Streetsboro School District	District School Social Worker	scassel@scsrockets.org
Sara Jones	Portage County Juvenile Court	Juvenile Intensive Probation Officer	sajones@portageco.com
Sarah McCully	Town Hall II	Prevention & Outreach Director	SarahMc@townhall2.com
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Shannon DeGraffinreid	Coleman Health Services	Child Case Manager	Shannon.degraffinreed@colemanservices.org
Shannon Wolford	Abraxas	Clinician	swolford@abraxasyfs.org
Steven Lincoln	Ravenna Police Department	SRO/Patrolman	Steven.lincoln@ravennaoh.gov
Sue Tagar	New Directions	Site Director	stager@newdirect.org
Todd Henry	University Hospitals	Emergency Department manager	Todd.Henry@UHhospitals.org

Action Planning Matrix for Portage County, Ohio

Priority Area 1: Parental Engagement				
Objective		Action Step	Who	When
1	Streamline resources	-create an interagency/professional listserv for programs, groups, and events. -work with the Mental Health and Recovery Board for a hotline or a streamlined resource information center from the 5 agencies involved with the board. -identify school contacts to receive resources and agency information.	Sarah McCully	6-28-2024
			Sarah McCully	6-28-2024
			Samantha Cassel	6-28-2024
2	Reduce stigma of resources	-identify peer support options. -identify community "Wellness Fair" stakeholders and potential video options.	Abby Watkins	6-28-2024
			Samantha Cassel	6-28-2024

Next meeting date: 6-28-2024 @ 9:00AM



**CRIMINAL JUSTICE
COORDINATING CENTER
of EXCELLENCE**
A NEOMED CCoE

Action Planning Matrix for Portage County, Ohio

Priority Area 3: Transportation				
Objective	Action Step	Who	When	
1	Background checks. Seek volunteers to assist in transports of youth/families to court and court appointments.	d) Outreach to United Way and Family and Community Services (FCS) (National Services) Red Cross United Disability Services	Kellijo Jeffries Bill Childers (United Way) Mark Friscone (Family and Child Services)	By 2/9/2024 To Melissa Marzec
2	Department of Probation Service to conduct survey of youth/families to assess need.	a) Jeff Cunningham and team will create and issue survey and share results with volunteer coordinators/agency.	Jeff Cunningham and team Target community meeting?	By 3/31/2024
3	Explore Uber and Lyft options pooled funding.	a) Job and Family Services (JFS) will outreach and ask about coupons or community account.	Rebecca Abbott (JFS)	Forum to be held by 5/1/2024
4	Ask community agency directors to explore policies to expand transportation to case management services.	a) Invite directors to next Community Transportation Forum to be facilitated by Representative Gail Pavliga.	Mandy Minnick (Ohio Means Jobs) to schedule Gail Pavliga	

Next meeting date: 4/1/2024 @ 10:00AM; Kellijo will send invite.



Priority Area 4 Resources for Youth Who Aren't Appropriate for Detention			
Objective	Action Step	Who	When
1	Quick solution when Probation Officer (PO) called; child not being removed.	Townhall II/Coleman	At time of police response
2	Where to place/what to do with youth who must be removed.	Monica Ochoa /ICAT	Within 24 hours

Next meeting date: 3/1/2024 @ 12:00PM at the CASA Office
 (209 South Chestnut St. Suite 203 Ravenna, OH 44272)



Appendix

Pre-Workshop Data Collection

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: Portage		
Contact Person: Melissa Marzec	Phone 330-298-4545 ext 1	Email mmarzec@fcsohio.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> <ul style="list-style-type: none"> • Multiple current initiatives with community partners • ICAT involvement • Grant related collaborations • Juvenile court dollars allocated for mental health treatment • Funding collaborations for residential placements 	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> <ul style="list-style-type: none"> • Inter-Agency Clinical Assessment Team (ICAT) meets monthly to provide consultative suggestions, and hear funding requests on multi-system youth. Attendees include: Children’s Advantage, Coleman, FCS, Townhall II, Ohio Rise, Juvenile Court (Probation, Diversion), Bair, PCBDD, Children’s Services. 	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> <ul style="list-style-type: none"> • Currently in development/beginning stages. This is not super formalized at this point. Just started within the last 12 months. Trainings have been provided on Trauma Informed Care, Human Trafficking, Crisis Intervention. 	X	X

4	<p>Does your community have resources identified to work with this population? <i>Please describe:</i> Additional funding is needed to provide the needed resources and supports to this population. Youth are mainly being served by community partnerships and/or joint grant opportunities.</p>	X	
5	<p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i> All community partners have allocated staff or staff time dedicated to this population/ initiative.</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> In need of a better data collection method. New program may be the answer to this.</p>	X	X
7	<p>Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i></p>		X
8	<p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i> Crisis services share information on open cases</p>	X	
9	<p>Does your community have a coordinated crisis management plan or team? <i>Please describe:</i> PC CIT Coleman Crisis Walk-in, Stabilization, and Mobile Response</p>	X	
10	<p>Does your community have any juvenile diversion programs at this time? <i>Please describe:</i> Diversion works close with many community partners and have collaborated on many services and programs that specifically targets this population to divert youth from the juvenile court system</p>	X	

11	Does your community have a mental health, drug or other specialty court for serving juveniles? <i>Please describe:</i> Recently established	X	
12	Does your community have a mechanism (such as an MOU) to facilitate communication and/or information sharing across agencies or systems? Looking to improve this area	X	
13	Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation or law enforcement? <i>Please describe:</i> Looking to improve this area	X	
14	Have screening or assessment procedures been instituted in the mental health, substance use and juvenile justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i> Individuals are now being screened in all areas.	X	
15	Have re-entry services been instituted to help people returning to their communities from detention? <i>Please describe:</i> Referrals are made to services to assist youth in successfully returning to their homes and communities.	X	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Be more aware of others perspectives and other agency policies. Listen to others with an open mind, and have a willingness to understand.		

**Pre-Workshop Data
Collection June 1, 2022 –
June 30, 2023**

DETENTION INTAKES <i>How many people are identified as having mental health issues?</i>	
By detention intake staff	27
While in detention (by corrections officers, health staff or others)	17
Release Planning Activity	0
How many people are held for forensic review?	14
CROSS TABULATION OF MULTI-SYSTEM DATA <i>For the entire population of youth entering detention during the identified time period (open or closed cases):</i>	
How many were known to publicly-funded mental health system? Acute crisis services? Long-term service enrollment?	UNK
	UNK
	UNK
How many were known to publicly funded substance abuse treatment system? Community-based Detoxification services Residential	UNK
	UNK
	N/A
	21
ADDITIONAL DETENTION/OFFENSE-RELATED INFORMATION <i>For those who are identified as persons with mental health, substance abuse or developmental disabilities (by detention, other juvenile justice, or treatment systems)</i>	
Nature of the charges: Status Misdemeanors Felonies Violent behavior Violations of probation	0
	110
	45
	UNK
	UNK
Frequency How many arrests / intakes per person? (average)	49.03%
Length of stay in the detention center for each episode of incarceration (average)	26
DISCHARGE / REENTRY	
How many people left detention with financial benefits or entitlements in place?	UNK
How many people left detention with a shelter as the identified residence?	UNK
How many people had no known residence?	0
How many people left detention with an appointment at a mental health or other treatment service?	UNK
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	N/A