

ANNUAL REPORT OF THE

JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS (JJSAMHP)

2015-2016



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Section A: Overview of the Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)

The Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP) are local teams across North Carolina working together to deliver effective, family-centered services and supports for juvenile justice-involved youth with substance abuse and/or mental health challenges. The partnerships require an organized, person-centered system that operates under the following System of Care principles:

- ❖ Family Driven & Youth Guided
- ❖ Child & Family Team Based
- ❖ Natural Supports
- ❖ Collaboration
- ❖ Community Based
- ❖ Culturally & Linguistically Competent
- ❖ Individualized
- ❖ Strengths Based
- ❖ Persistence
- ❖ Outcomes and Data Based Driven

The Partners can include any individual/agency in the community that wants to help address these issues but at a minimum, includes:



- A Local Management Entity/Managed Care Organization
- Local Juvenile Justice Court Leadership
- Local Provider(s)
- Coordination with Juvenile Crime Prevention Councils

The Partnerships work together to ensure the following for juvenile justice involved youth:

- ❖ Completion of comprehensive substance abuse and mental health clinical assessments by appropriately licensed substance abuse and mental health treatment professionals
- ❖ Provision of evidence-based treatment options to youth referred for substance abuse, mental health and co-occurring disorders by appropriately licensed and qualified mental health professionals
- ❖ Use of the Child and Family Team Process
- ❖ Involvement of Juvenile Crime Prevention Councils in programming

Additionally, the JJSAMHP teams are requested to problem solve about the following domains:

- Usage of funding such as Medicaid, Health Choice, Child Mental Health and Child Substance Abuse funding in collaboration with their LME/MCO financial liaisons
- Utilize methods/practices for engaging youth and families
- Increase accessibility of services including offering after hour or non-traditional service provision times
- Providing for choice for families in service locations including at JJ offices, in homes, and in the community
- Establishing a relationship amongst providers to develop a service array
- Work on decision making about processes for out of home placements
- Assist in training staff on Evidence Based Treatments and Evidence Based Practices

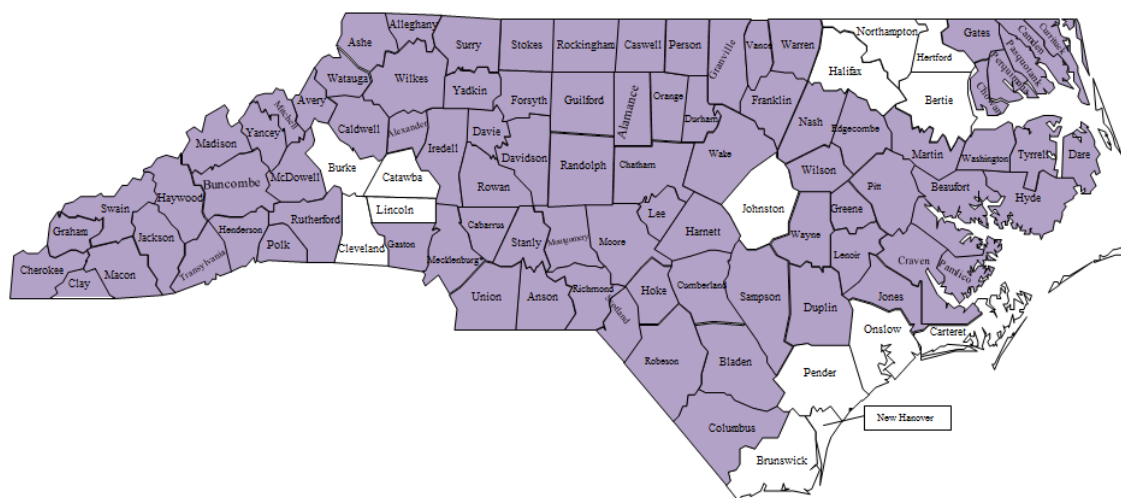
This Annual Report provides information about the JJSAMHP 2015-2016 fiscal year. Although no report can capture every detail of a statewide initiative, the purpose of this document is to provide the main highlights and overall information about JJSAMHP. It is divided up in the following sections:

- ◆ **Section A** is this overview of the document.
- ◆ **Section B** outlines the Local Management Entities (LME)/Managed Care Organizations (MCOs) involved with JJSAMHP and includes information on the Court Districts associated with each LME/MCO.
- ◆ **Section C** outlines the JJSAMHP Service Domains that are expected to be addressed by each JJSAMHP local team. This section also includes overall statistics for the JJSAMHP across all sites.
- ◆ **Section D** outlines Activities and the Accomplishments of the overall JJSAMHP.
- ◆ **Section E** details the local JJSAMHP processes including screening, assessment, and admission to treatment for each local team as reported at the end of the fiscal year 2015-2016.

Section B: Local Management Entity/Managed Care Organization Involvement

As noted, JJSAMHP teams must involve the Local Management Entity/Managed Care Organization (LME/MCO). The role of the LME/MCO is to help to ensure that the principles of the JJSAMHP are facilitated through the local teams and to support local team activities. During this fiscal year, there were 9 LME/MCOs associated with JJSAMHP serving 86 counties. Within the LME/MCO's, there are 19 locally driven teams that work to address juvenile justice involved youth and family needs.

JJSAMH Partnerships Across North Carolina



The major teams associated with JJSAMHP are as follows (with their 2015-2016 nomenclature):

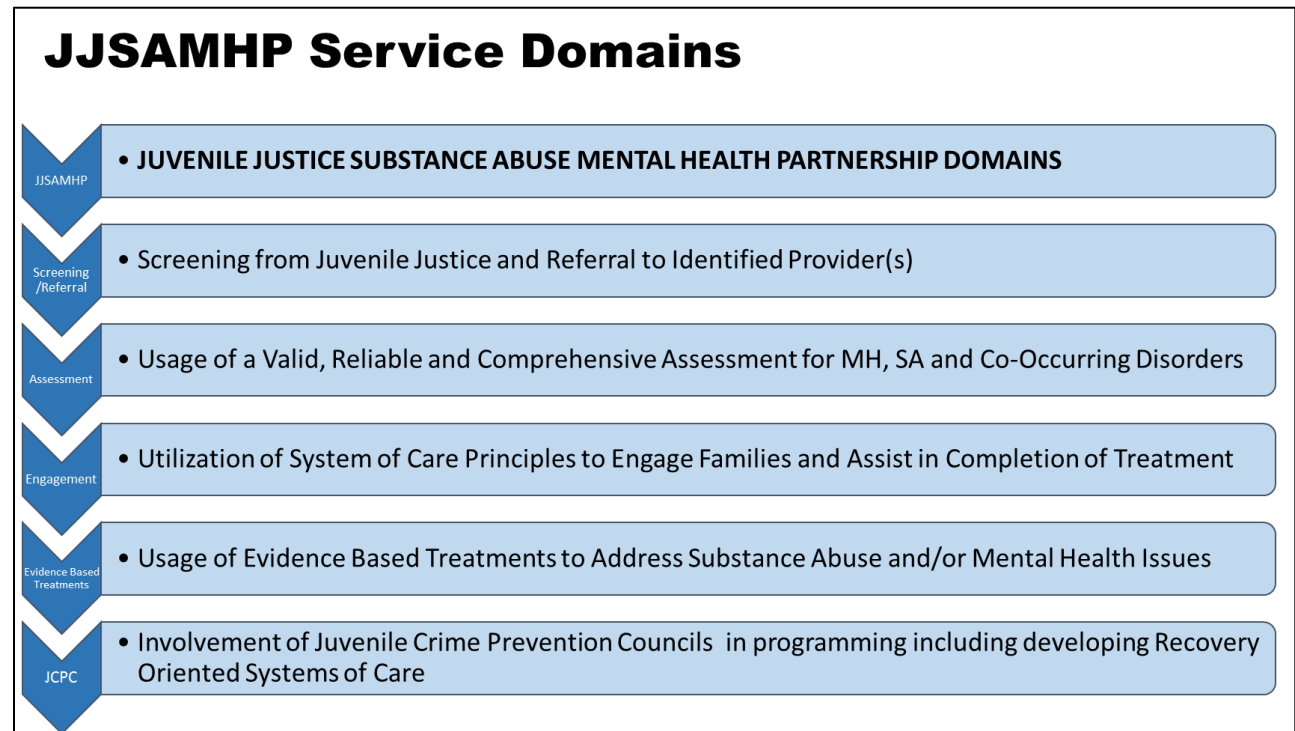
Alliance Behavioral Healthcare (3 teams)	Cardinal Innovations Healthcare Solutions (5 teams)	CenterPoint Human Services (until June 2016)
Eastpointe (3 teams)	Partners Behavioral Health Management (2 teams)	Sandhills Center (2 teams)
Smoky Mountain Center	Trillium Health Resources (2 teams)	

Section C: JJSAMHP Service Domains

Although local teams define service provision within their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are: Screening/Referral, Assessment, Engagement, Evidence Based Treatments, and involvement with Juvenile Crime Prevention Councils. Most of these overall domains are represented by a national initiative, Reclaiming Futures (RF). Reclaiming Futures “helps teenagers caught in cycle of

drugs, alcohol and crime. The project began in 2001 with \$21 million from Robert Wood Johnson Foundation (RWJF) for 10 pilot sites to create a six-step model that promotes new standards of care and opportunities in juvenile justice” (<http://www.reclaimingfutures.org>)

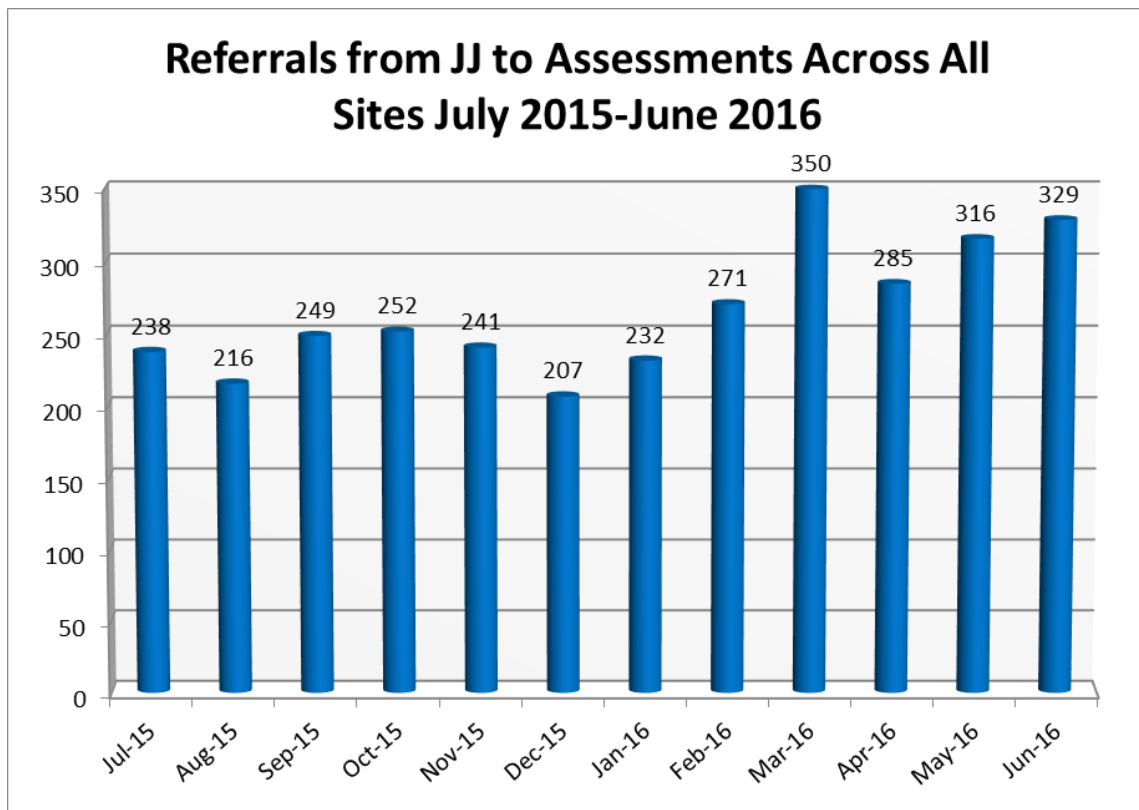
The RF six steps include a Coordinated Individualized Response of: 1) Initial Screening; 2) Initial Assessment and 3) Service Coordination and Community Directed Engagement plan for: 4) Initiation; 5) Engagement; and 6) Transition. Although all of the JJSAMHP teams do not have to follow this model (there are eight RF sites in NC), the concepts are complementary to JJSAMHP service domains. Please note these five domains below. It is also noted that most of the team processes within each of the first four domains for each LME/MCO are outlined in the JJSAMHP Compendium of Services, which can be viewed online at: <http://www.jjsamhp.org/publications/>.



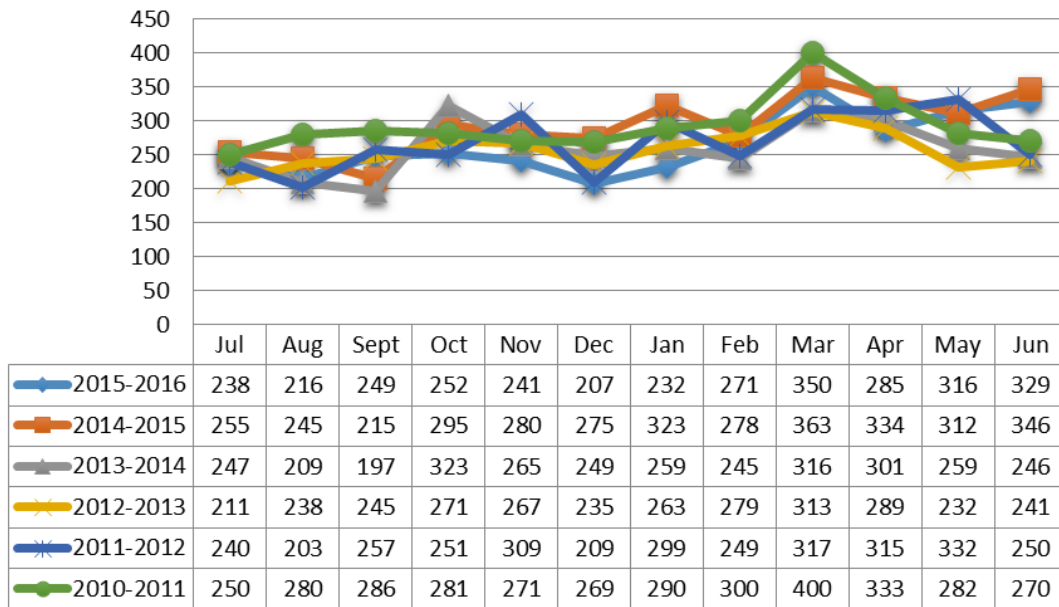
JJSAMHP Domain I: Screening and Referral

The first domain is Screening and Referral. According to Reclaiming Futures, screening involves usage of a reputable tool to identify youth who potentially have a substance abuse problem. In the case of JJSAMHP, the tool should also be able to detect possible mental health challenges. 100% of the JJSAMHP teams identify a uniform screening process from JJ to a local provider. The tool that is used in North Carolina is the Global Appraisal of Individual Needs- Short Screener (GAIN-SS).

Based on data submitted by the local teams, there were 3,186 referrals from Juvenile Justice (JJ) screening to local provider(s) for assessments from July, 2015 to June, 2016. This averages to 266 referrals per month. For the first half of the fiscal year (July through December) there were 1,403 referrals and for the second half of the fiscal year (January through June), there were 1,783 referrals. To determine the number of referrals for each team across this time period, please see the section entitled "Local Team Processes." The following graphs represent the total referrals completed across all JJSAMHP teams for 2015-2016, and then a comparison of this fiscal year with the five previous fiscal years.

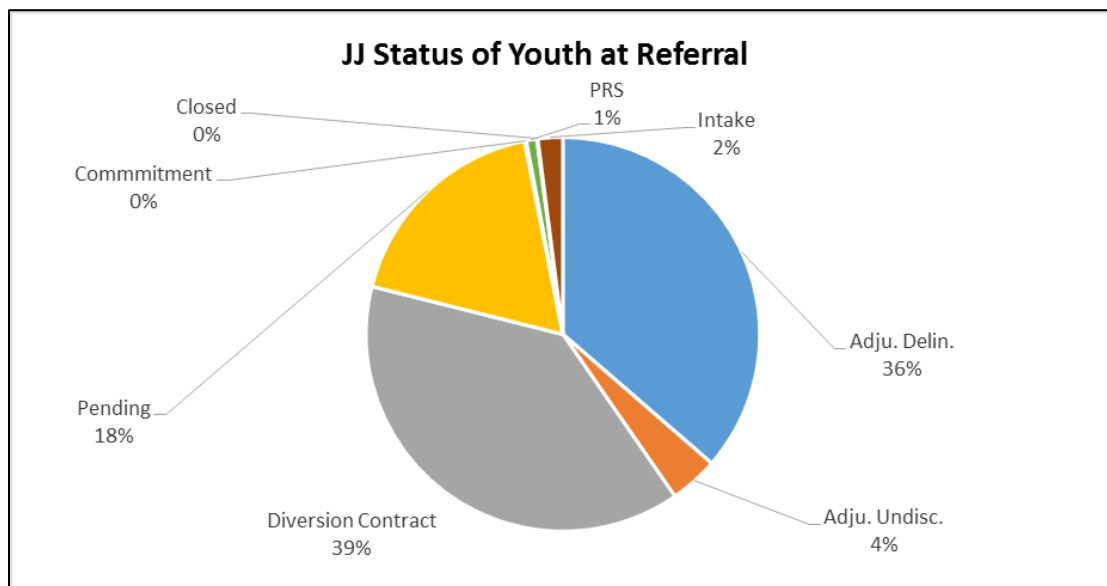


JJSAMHP Monthly Referrals Across Fiscal Years



JJ Categories for Youth Involved with JJSAMHP

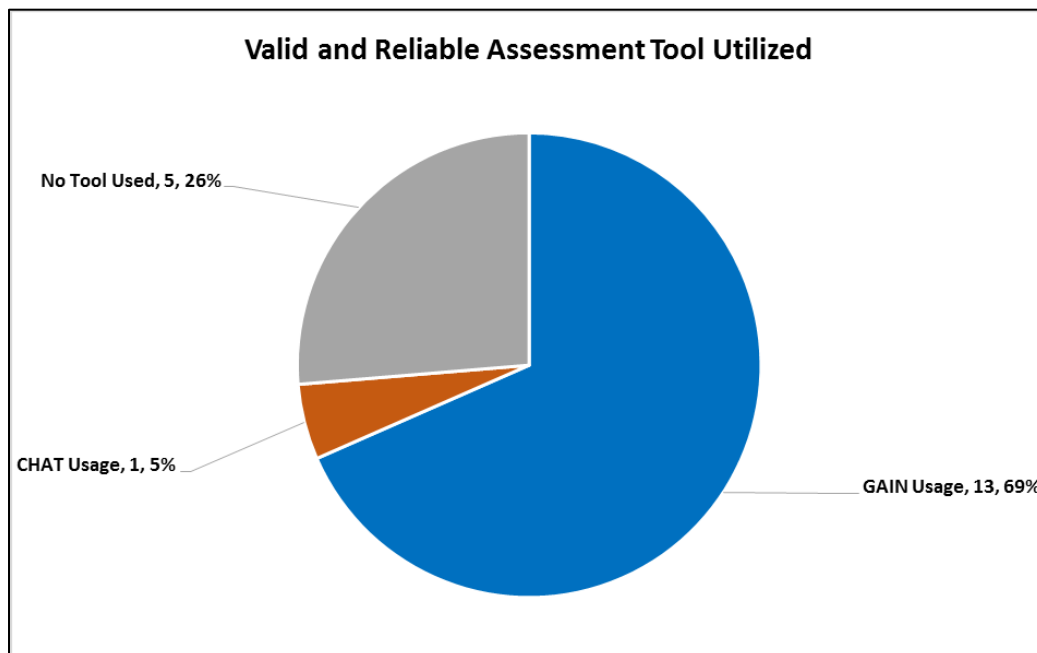
There are different categories for juvenile justice involvement for youth referred within JJSAMHP. The most common to least common juvenile justice status points at time of referral to a JJSAMHP provider for those who reported status of Diversion with Contract followed by Adjudicated Delinquent. The information is in the following graph:



JJSAMHP Domain II: Assessment

The second JJSAMHP domain is Assessment. The Assessment tool used by JJSAMHP teams must gather information on substance abuse and mental health challenges. According to Reclaiming Futures, a comprehensive assessment involves usage of a tool to ascertain a wide range of individual and family risk factors, service needs, as well as the youth's strengths and assets.

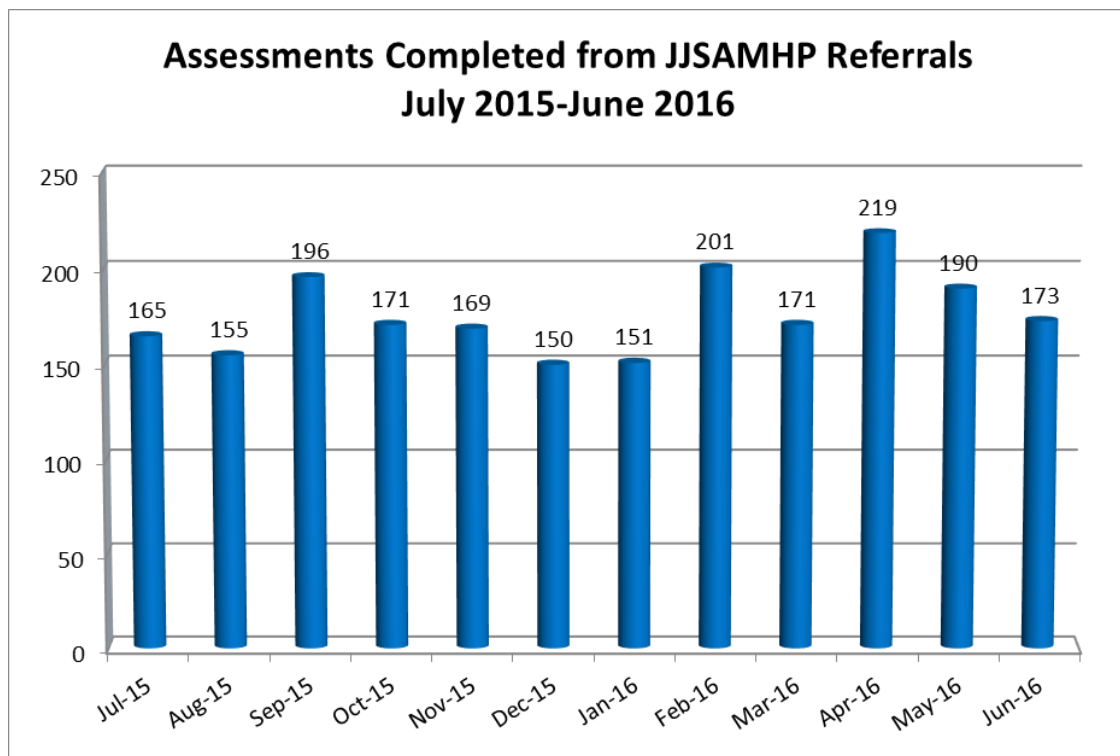
This year, there was data collection on types of Evidence Based Tools that teams utilized to assess youth once they were referred to a provider. The tools that were collected this year such as the Global Appraisal of Individual Needs (GAIN) and the Comprehensive Health Assessment for Teens (CHAT). Fourteen out of 19 teams reported using an evidence based (valid and reliable) assessment tool for mental health and substance abuse. This was also compared to the teams' reports of monthly data and if the team classified that they are using another tool such as a Comprehensive Clinical Assessment (CCA), then this was classified as "No Tool Used" below. Three of the sites utilize a dedicated assessment clinician or a clinician that is mainly housed at JJ. The following chart outlines the most frequently cited valid and reliable assessment tools used by teams:



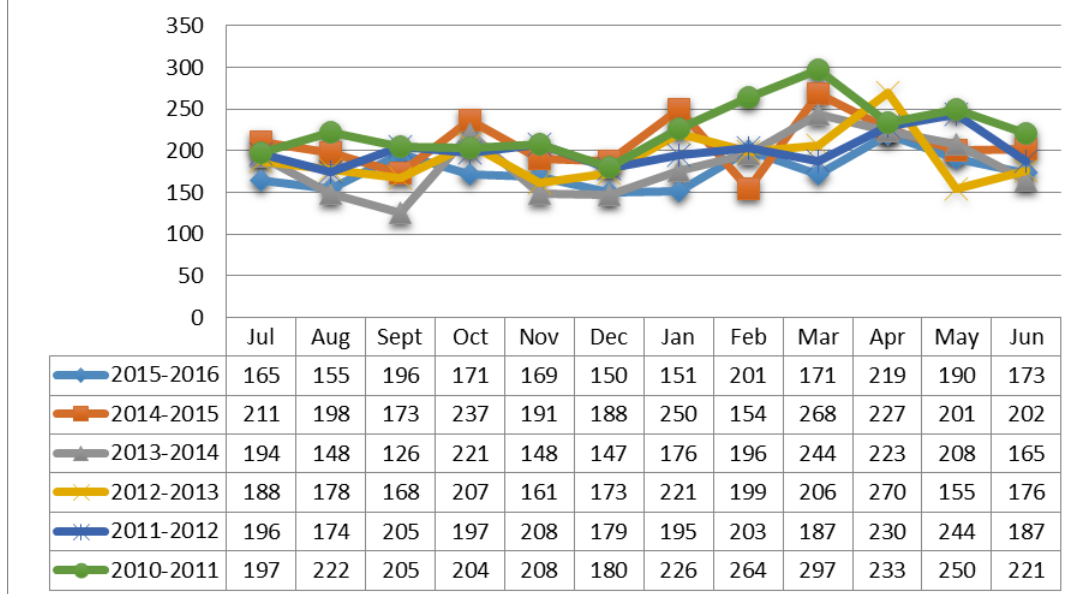
Based on data submitted by the local teams, there were 2,111 assessments completed by partnering providers for the JJSAMHP during 2015-2016. This represents 66% of the youth referred being assessed. This averages to 176 assessments per month. For the first half of the fiscal year (July through December) there were 1,006 assessments and for the second half of the fiscal year (January through

June), there were 1,105 assessments. The assessments completed represent 72% of the referrals for the first half of the year and 62% of the referrals for the second half of the year. To determine the number of assessments for each LME/MCO across this time period, please see the section entitled “Local Team Processes.” One of the main barriers noted by teams in assessment process is mainly around funding for youth who are privately insured to get an assessment completed or underinsured youth. Additionally, there was significant turnover in staff or changing of provider agencies across the teams (which affects all areas). Of the 19 JJSAMHP teams, 12 had major shifts in personnel or agency leadership (63%). To address these issues, teams are working with the LME/MCO to better understand what they are able to do and to establish sustainability plans so that the work is not as impacted by transition and changes in personnel. These plans also include training of new staff on practices such as data entry, engagement protocols, etc. that can be readily employed with new team members.

The following graphs represent the total assessments completed across all JJSAMHP sites for 2015-2016 and then a comparison of this fiscal year with the previous fiscal years. The last graph is the number of valid and reliable assessments reported by the teams. It is noted that this upcoming fiscal year will add an increased monitoring to this reporting variable as there is limitations as to what each team can report.



JJSAMHP Monthly Assessments Across Fiscal Years



JJSAMHP Domain III: Engagement

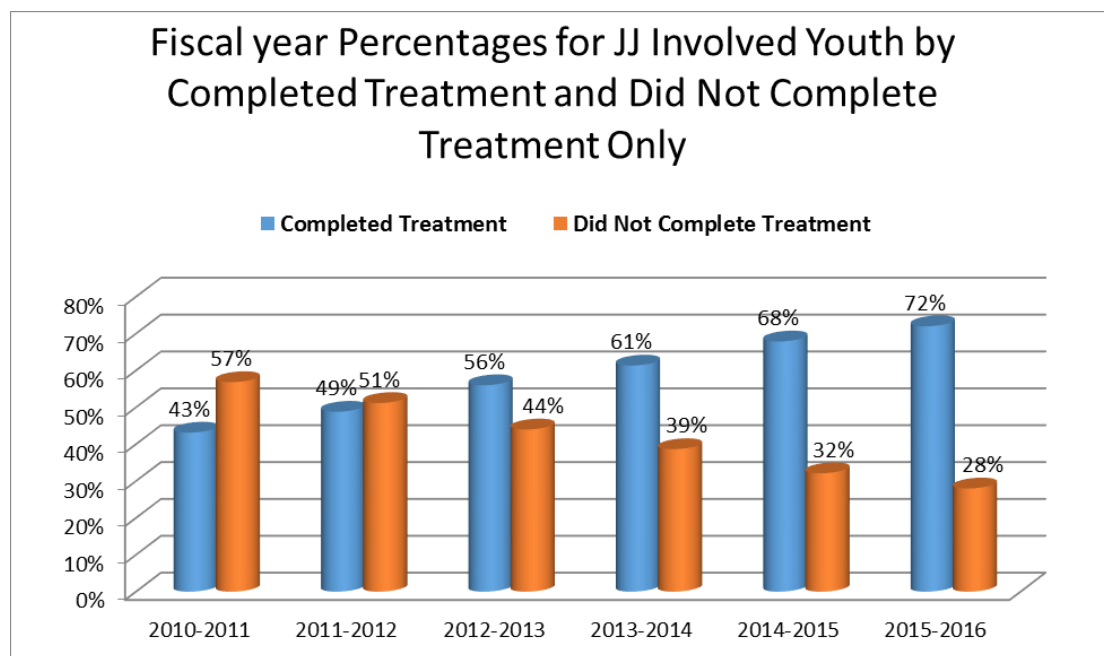
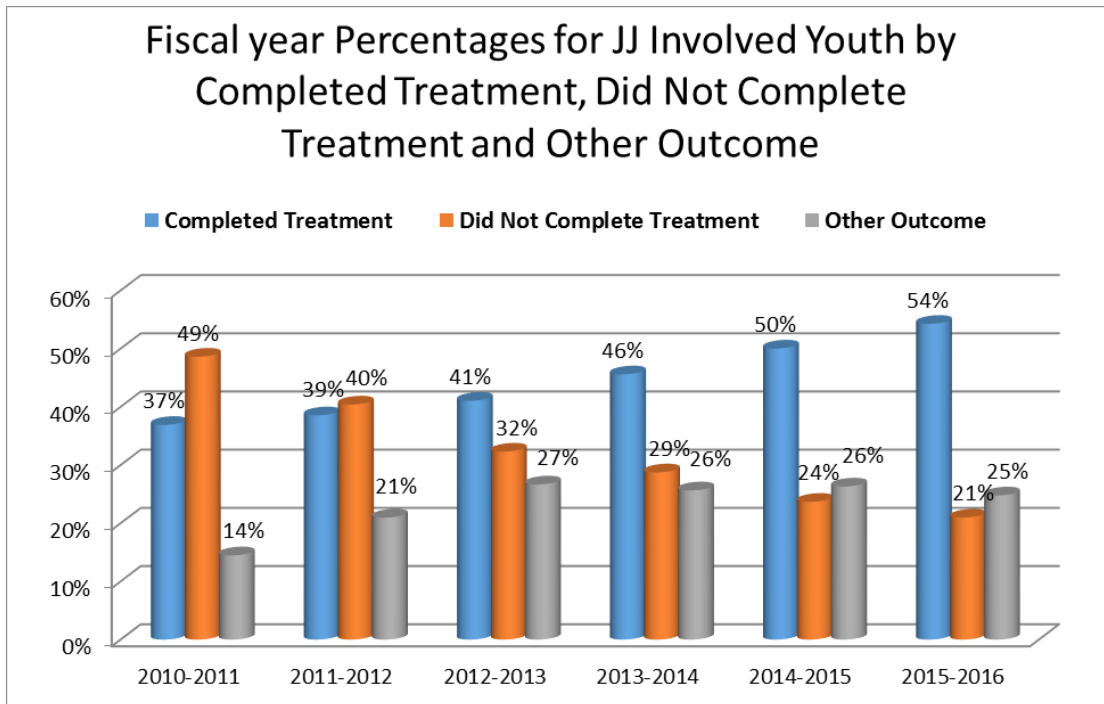
The third JJSAMHP domain is Engagement—particularly utilizing System of Care Principles. Although engagement can entail various areas, including partnering with families, etc., the focus was ensuring admission to a partnering provider who agreed to include Child and Family Teams as part of the continuum of care. 100% of the teams cite regular usage of Child and Family Teams. There were 1,301 admissions to JJSAMHP providers during 2015-2016. It is noted that several of the teams do not have the capability to track when referring youth outside of the partnering provider array, so there are likely youth who are referred to another provider but not captured in these numbers since it is based on admissions by partnering providers. For the first half of the fiscal year (July through December) there were 650 admissions to local JJSAMHP providers and for the second half of the fiscal year (January through June), there were 651 admissions to JJSAMHP providers. To determine the number of admissions for each LME/MCO across this time period, please see the section entitled “Local Team Processes.” The following graphs represent the total admissions to JJSAMHP partner providers for 2015-2016 and then a comparison of this fiscal year with the previous fiscal years.

When asking teams about admission rates going down, some teams have started to collect data on those youth that are not admitted to services. The main anecdotal note that teams make is challenges with authorization of services. This upcoming fiscal year, this data will be tracked by some teams through web portal so this will be better assessed.

Discharge Completion Rates for JJSAMHP across Fiscal Years 2011, 2012, 2013, 2014, 2015, 2016

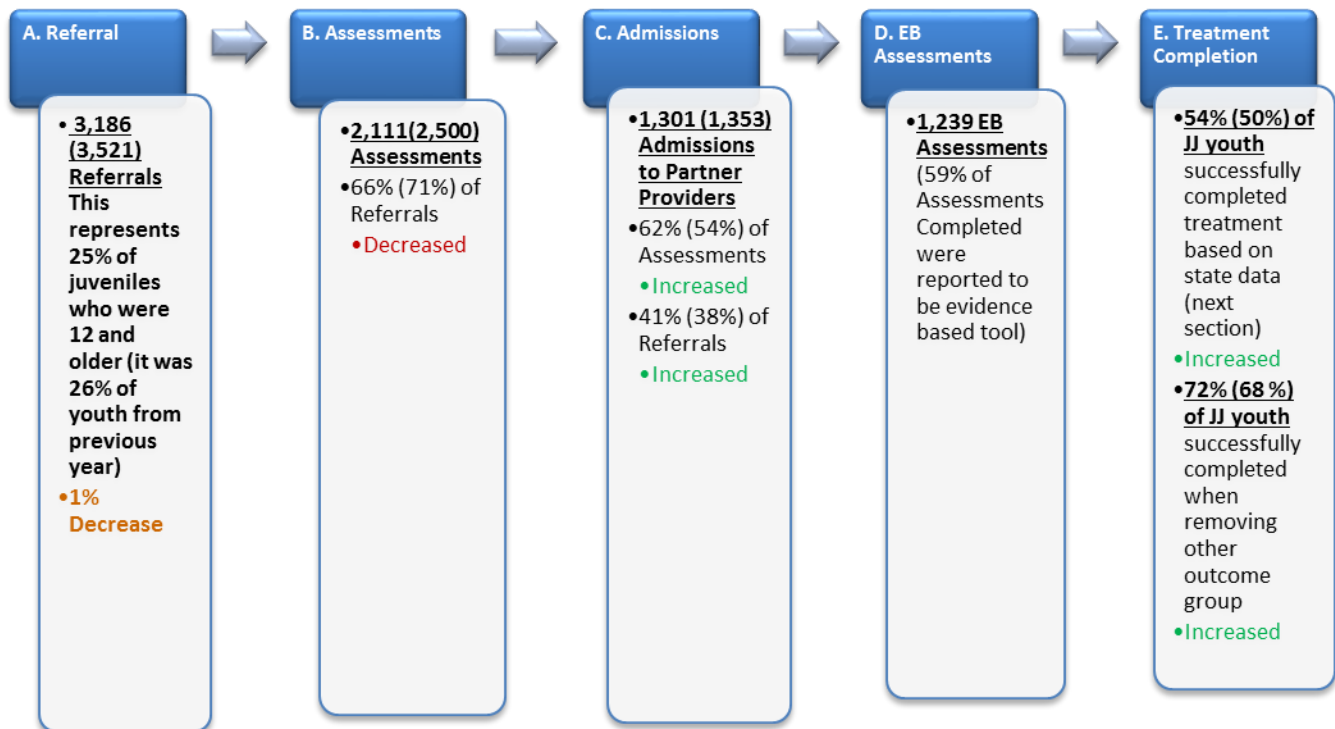
Another area that has been outlined is percentage of youth who have successfully completed treatment across the fiscal years. NC-TOPPS (see Section D) data is completed by treatment providers for youth

who initiate and complete treatment. The **Completed Treatment** group includes those youth who successfully completed treatment services. The **Did Not Complete Treatment** group includes those youth who never received any treatment/services, were discharged at the program initiative, refused treatment, incarcerated, and did not return as scheduled within 60 days. The **Other Outcome** group includes youth who were institutionalized, moved out of area, changed to a service not required by NC-TOPPS and youth who died during the fiscal year. The first chart outlines all juvenile justice discharges and the second chart only the Completed Treatment and Did Not Complete treatment groups. As in previous years, both of these percentages increased.

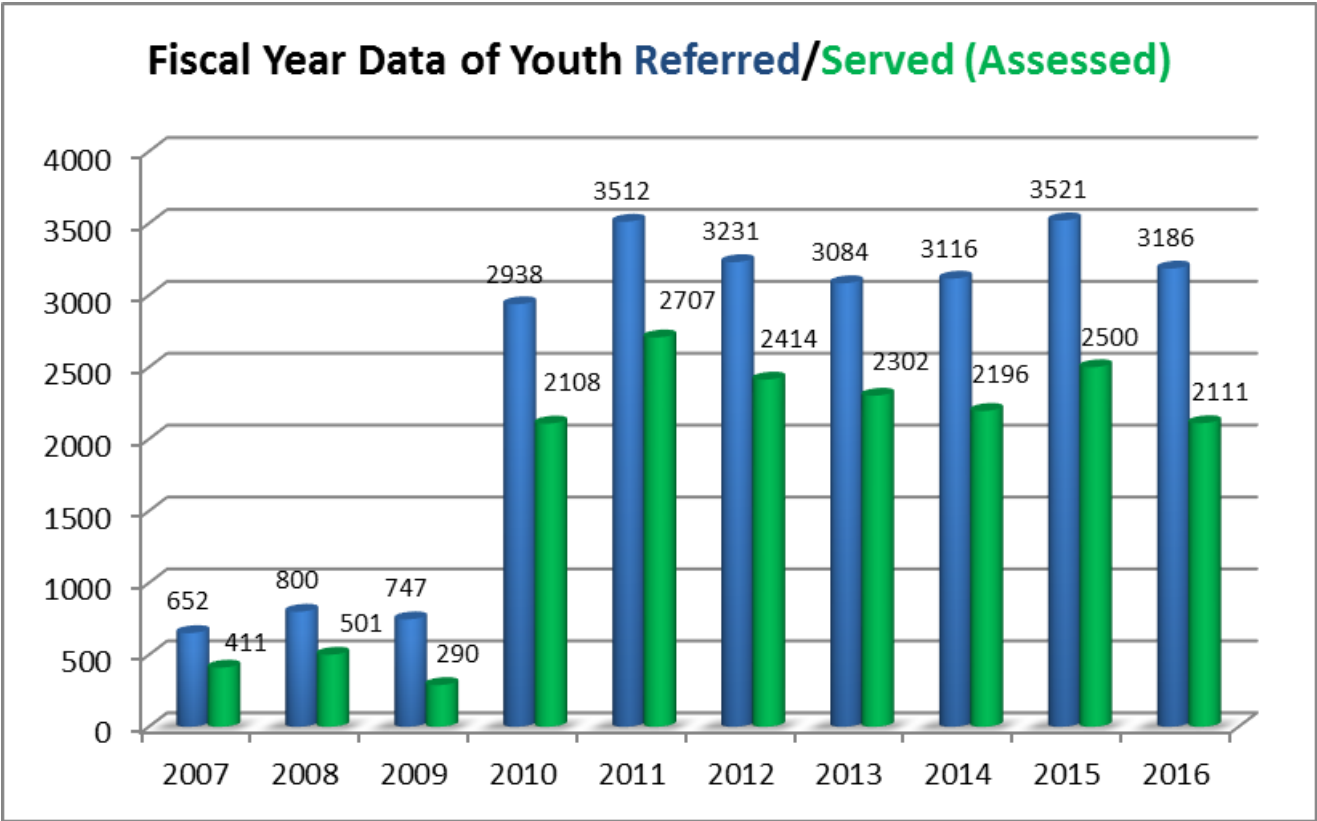


Overall Process Numbers for JJSAMHP for 2015-2016

The graphic below outlines key process points for JJSAMHP over the last fiscal year in the following areas: a) the number of youth that had documented referrals from JJ to JJSAMHP assessment provider; b) the number of youth assessed and documented by a JJSAMHP provider; c) the number of youth admitted by a JJSAMHP provider (it is again noted that youth can be referred outside of partnership to a provider who is not tracking data and based on family choice and needs); d) the number of youth for whom provider reported they used an evidence based assessment tool; and e) the percentage of youth who successfully completed treatment based on data provided to the state by providers (see this information below). There were fewer youth referred this year when compared to last year, but this was not significant as there were fewer youth involved in the intake process-so the percentages of youth were essentially the same across the years. There was a decrease in youth being assessed from referral this year and an increase in admissions and treatment completion. **The numbers in parentheses represent the figures for previous (2014-2015) fiscal year.**



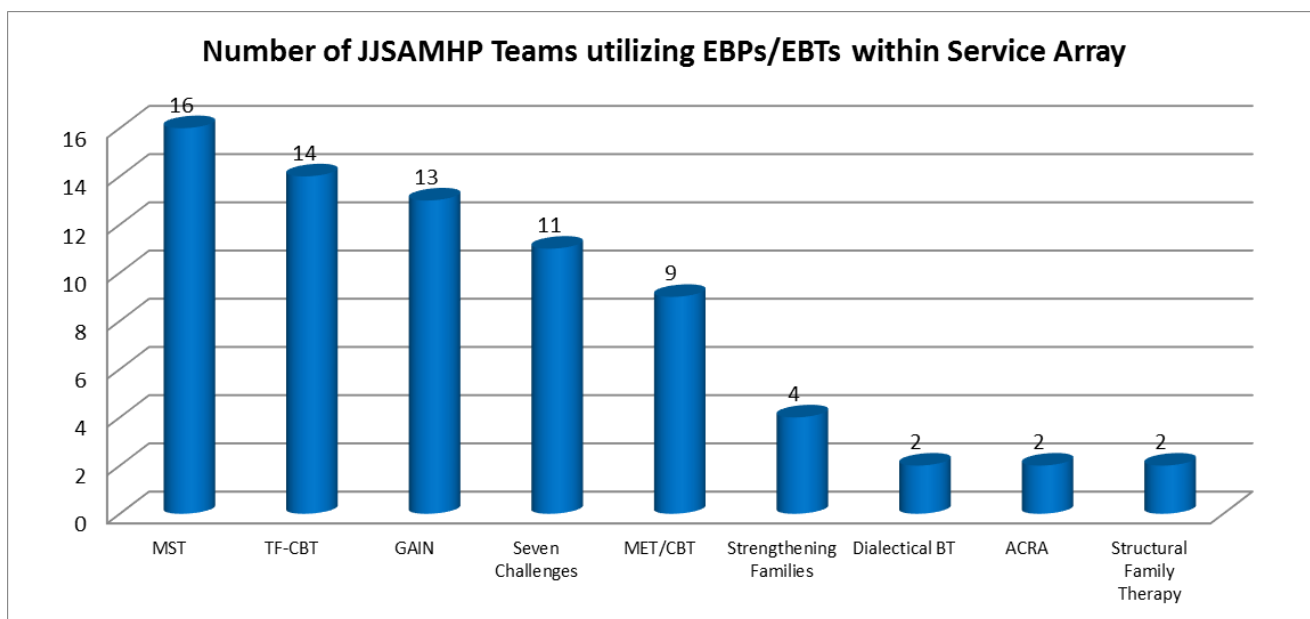
Additionally, there is data on the number of youth referred by JJ to a JJSAMHP provider (formerly MAJORS), and the number of youth who were assessed by a JJSAMHP provider for services. The next chart outlines this information over the last fiscal years. Notably, during Years 2007, 2008, 2009 (MAJORS), only youth with substance abuse issues were being tracked and in 2010, 2011, 2012, 2013, 2014, 2015, 2016 (JJSAMHP), youth with mental health issues were also tracked across multiple providers.



IJSAMHP Domain IV: Evidence Based Practices/Evidence Based Treatments

The fourth domain is usage of Evidence Based Practices/Treatments. All teams cite having providers that use evidence based treatments within their service array. The most commonly used EBT's/EBP's are in the chart below (only those with 3 or more sites are listed). This information is provided by the teams but this is not a check into the actual fidelity of the treatment/practice. The Evidence Based Practices/Treatments include: Multisystemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy, Global Appraisal of Individual Needs (GAIN), Seven Challenges, Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), Strengthening Families, Dialectical Behavior Therapy, Adolescent Community Reinforcement Approach, and Structural Family Therapy. All of the listed areas are Evidence Based Treatments except the GAIN which is an Evidence Based Assessment. Any practices/or treatments that had more than one team endorsing the usage was included in the tabulation. For more information on these EBP's/EBT's, please refer to:

<http://www.ijsamhp.org/publications/>.



JJSAMHP Domain V: JCPC Involvement-Developing Recovery Oriented Systems of Care and Ensuring “Beyond Treatment” Activities

The last domain involves inclusion of Juvenile Crime Prevention Council (JCPC) programming, particularly with respect to Recovery Oriented Systems of Care (ROSC).

ROSC is defined as the following:

Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan. Participants at the Summit declared, “There will be no wrong door to recovery” and also recognized that recovery-oriented systems of care need to provide “genuine, free and independent choice” (SAMHSA, 2004) among an array of treatment and recovery support options. Services should optimally be provided in flexible, unbundled packages that evolve over time to meet the changing needs of recovering individuals. (USDHHS, 2009)

For the purposes of JJSAMHP, the focus is to build upon treatment services to address the needs of not only youth with substance abuse issues, but also youth with mental health issues as well. This is described by Reclaiming Futures as “Beyond Treatment” and entails involvement in other community based activities such as mentoring and leadership development to address the holistic needs of the youth and their families as recovery often includes natural supports and helps that can only be provided by the community. JJ leadership is involved with both JJSAMHP and the local JCPC team.

Section D: Activities and Accomplishments of JJSAMHP for Fiscal Year 2015-2016

This section outlines the overall Activities and Accomplishments of the JJSAMHP for the 2015-2016 Fiscal Year. This will be detailed in four (4) areas that helped shape the review of activities: 1) Strengthen Partnerships, Communication, and Information Sharing; 2) Improve Data Reporting; 3) Provide Support for Training and Technical Assistance; 4) Provide Support for Usage of Evidence Based Practices/Evidence Based Treatments/Best Practices. Each of these areas is outlined below.

1. Strengthen Cross-System Partnerships, Communication and Information Sharing

One of the goals for this fiscal year was to provide support for teams to continue their work in cross-system partnerships, including strengthening information sharing mechanism, documentation of activities, and providing opportunities for cross-system training and collaboration. Local teams meet at varying frequencies from quarterly to every week (for clinical staffing). This information can be found in the Compendium of Services that is updated at least twice per year at <http://www.jjsamhp.org/publications/>. Additionally, the state level partnership meets to review and discuss the initiative and processes and to obtain and provide feedback. The focus was to increase communication and sharing of information between state level and local partners to assist in providing support to local teams. Additionally, this year sought the completion of Information Sharing Training Protocol in consultation with Department of Public Safety and distribution of plan after approval from their leadership. The main activities are highlighted below that focus on this area:

- A. One activity for this fiscal year was the provision of Regional meetings that addressed implementation of state level processes to the local JJSAMHP and Reclaiming Futures Teams. The state team worked on the following dissemination for local teams: Best Practices in Screening and Assessment Dissemination, JJBH Services Process Dissemination, coordinated with DPS Community Programs speaker, and Detention Flow Chart processes.
 - a. 4/4/2016-Western/Piedmont (Hickory, NC) -44 Cross System Team members
 - b. 4/6/2016-Eastern (Greenville, NC)-54 Cross System Team members
 - c. 4/7/2016-Central (Durham, NC)-65 Cross System Team members
- B. Additionally, the Information Sharing Training packets were developed in consultation with Department of Public Safety for implementation with their team members.
- C. The following webinars or cross-system education sessions were implemented during the fiscal year:
 - a. October 22, 2015 on Cross Talk Webinar series- "Single Assessor, Transparency and Choice"-32 participants
 - b. December 16, 2015 Cross Talk Webinar series "Using Data to Facilitate Systems Change"-9 participants
 - c. E-mailer-August 2015: "Disproportionate Minority Contact (DMC) in the Juvenile Justice (JJ) System"

- d. Emailer-September 2015: “Family Partners on NC JJBH Teams Double from 2013 to 2015”
 - e. Emailer-October 2015: “Time in Treatment by Treatment Outcome Disposition”
 - f. Emailer-January 2016: “Trauma and Juvenile Justice Involved Youth”
 - g. Emailer-February 2016: “Top 4 Barriers to Treatment Services Identified by Juvenile Justice (JJ) Involved Youth”
 - h. Emailer-April 2016: “JJSAMHP 2015 Partnership Key Results”
 - i. April 27, 2016- Webinar on “Defining Family Voice versus Family Partner”
- D. One additional effort within this domain was the facilitation of a Family Partner and Young Adult training that focused on providing Family Partners and Young Adults across the state with the information and tools they need to be confident and effective advocates for the youth and families they support to address areas of interest for those advocating for youth in the justice system and their families. This was held on June 29, 2016 with 20 Family and Youth Advocates in attendance in Greensboro.
- E. UNCG participated in 46 state level team meetings across various initiatives to provide one link from JJBH initiatives to broader state efforts such as Fetal Alcohol Spectrum Disorders collaborative and the System of Care State Collaborative.
- F. The Compendium of Services was maintained as a resource document through work with local teams (specifically LME/MCO liaisons). Again this year, it was helpful to involve a Family Partner and an undergraduate student in attaining information from LME/MCO liaisons. This allows for individuals to see various roles that Family Partners can play in working with JJSAMHP teams. The Compendium of Services outlines key team partners, juvenile justice youth served, services provided, referral, assessment, and treatment processes. The link to the Compendium is located at <http://www.jjsamhp.org/publications/>.
- G. It was important to continue to update the JJSAMHP website, including weekly updates of the Substance Abuse Residential beds for those in state seeking this resource for juvenile justice involved youth. The Residential census that is updated by UNCG students is at the following link: <http://www.jjsamhp.org/residential-census/>
- H. A monthly updated Technical Assistance (TA) document was provided to state and regional level partners to ensure better understanding of type of work being completed by sites. Each TA on-site visit and each substantial contact (such as teleconferences or research requests) is noted in the TA Document, which is described in more detail in Section 4.

2. Improve Data Reporting

This second area for the fiscal year was to improve already existing data reporting mechanisms to help increase the ability to describe local and state processes. This includes two forms of data: the monthly report that is required by the Division of LME/MCO partners and the collection of North Carolina Treatment Outcomes and Program Performance System that is required by providers:

- A. The teams continued to use the data system, Qualtrics, through UNCG to submit their monthly data reports. This allowed local teams to generate a report of their data at the time of submission. The main data points continue to be referrals, assessments, and admissions. This

year, a data point of Evidence Based Assessments (valid and reliable assessments) was added. This first year was found that some teams did not clearly notate their evidence based assessments when an “other” category was outlined so this will be streamlined in the upcoming fiscal year to increase validity of reporting.

- B. UNCG worked with teams on the data system and compliance/accuracy of data submissions. This includes training new liaisons since there were many staff changes through the year. Reports were generated and provided to state level partners and local teams when requested. The survey questions for the monthly reports are located in Appendix A.
- C. The second domain was obtaining/cleaning/linking and distribution of NC-TOPPS data. This is to assist in providing more information about quality and treatment provided to youth who are admitted to services. JJSAMHP state partners and UNCG provided end of previous fiscal year and mid-year information out to teams about NC-TOPPS data. NC-TOPPS interview forms can be found here: <https://www.ncdhhs.gov/providers/provider-info/mental-health/printable-interview-forms>
- D. The UNCG evaluation team continued to provide information to state and local team partners regarding the de-identified database in which access was granted in 2012 and continued during this fiscal year. Teams can access analyses per request and the questions are outlined in Appendix B. An example of a data report generated from NC-TOPPS state level partners on Disproportionate Minority Contact is included in Appendix C.

3. Provide Support for Training and Technical Assistance

- A. Technical Assistance. Another activity of the JJSAMHP was to provide technical assistance directly to local teams. The state level partners requested that teams be visited at least two times during the year. There were a total of 127 site visits to teams from July, 2015 through June, 2016. These visits helped to identify barriers at the local team level and possible solutions/information from state level partners, information sharing on evidence based practices, and sharing of other team’s processes as ways to address barriers and encouragement of usage of funds to support processes. There were an additional 36 other substantial contacts that required data generation, research or something other than routine phone calls and questions. There were numerous emails and short phone calls that are not documented here but this was also provided to teams, particularly around evidence based treatment questions, data collection, or general JJSAMHP processes.

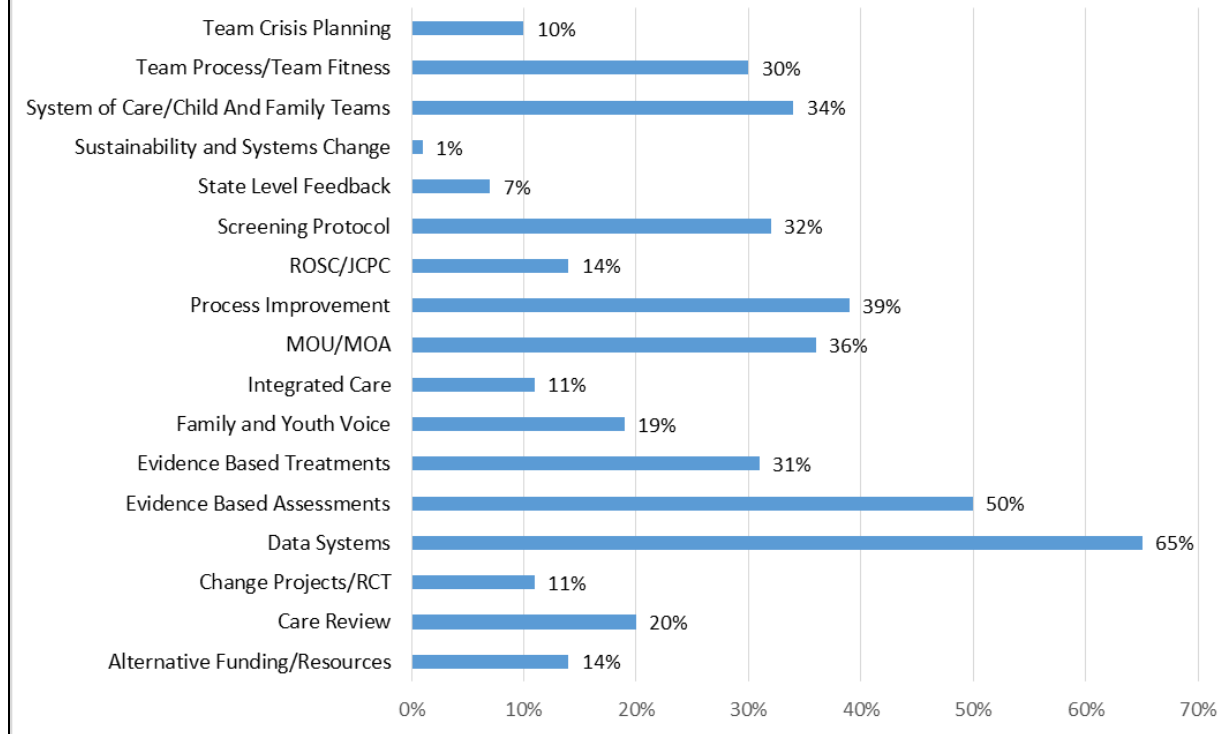
The following visits were completed by UNCG or UNCG contractors:

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
On-Site Visits	1. 7/6/2015-Trillium-ECBH-Southern	1. 10/2/15-Cardinal Piedmont	1. 1/11/16-Smoky Mountain Center	1. 4/13/16-Eastpointe Lumberton
	2. 7/23/2015-Trillium-ECBH Northeast	2. 10/8/15-Eastpointe Rocky Mount	2. 1/13/16-Eastpointe Lumberton	2. 4/15/16-Cardinal ACOC
	3. 7/23/2015-Alliance Durham	3. 10/8/15-Cardinal Person	3. 1/14/16-Cardinal Mecklenburg	3. 4/19/16-Cardinal Five County
	4. 7/24/2015-Alliance Cumberland	4. 10/12/15-Smoky Mountain	4. 1/14/16-Alliance Durham	4. 4/19/16-Alliance Wake
	5. 7/24/2015-Sandhills-Guilford	5. 10/13/15-Alliance Cumberland	5. 1/14/16-Eastpointe Goldsboro	5. 4/21/16-Eastpointe Rocky Mount
	6. 7/27/2015-Smoky Mountain Center	6. 10/16/15-Cardinal ACOC	6. 1/15/16-Cardinal ACOC	6. 4/22/16-Sandhills Guilford
	7. 7/28/2015-Cardinal Innovation-Mecklenburg	7. 10/20/15-Alliance Wake	7. 1/15/16-Centerpoint	7. 4/22/16-Alliance Cumberland
	8. 7/30/2015-Cardinal Five County Team	8. 10/21/15-Cardinal Mecklenburg	8. 1/19/16-Cardinal Five County	8. 4/25/16-Cardinal ACOC
	9. 7/31/2015-Sandhills-8 County	9. 10/23/15-Alliance Cumberland	9. 1/19/16-Alliance Wake	9. 4/28/16-Trillium Northeast
	10. 8/3/2015-Trillium-ECBH-Southern	10. 10/23/15-Sandhills Guilford	10. 2/1/16-Smoky Mountain Center	10. 4/29/16-Sandhills 8 County
	11. 8/4/2015-Smoky Mountain Center	11. 10/27/15-Cardinal Five County	11. 2/2/16-Partners North	11. 5/11/16-Eastpointe Lumberton
	12. 8/4/2015-Partners-Crossroads	12. 10/30/15-Sandhills 8 County	12. 2/5/16-Cardinal Piedmont	12. 5/12/16-Eastpointe Rocky Mount
	13. 8/6/2015-Eastpointe-Lumberton	13. 11/2/12-Trillium Central	13. 2/9/16-Eastpointe Lumberton	13. 5/12/16-Eastpointe Goldsboro
	14. 8/7/2015-Cardinal-Piedmont Team	14. 11/2/15-Smoky Mountain	14. 2-11-16-Alliance Durham	14. 5/17/16-Cardinal Five County
	15. 8/7/2015-CenterPoint	15. 11/6/15-Eastpointe Goldsboro	15. 2/11/16-Cardinal Mecklenburg	15. 6/2/16-Sandhills 8 County
	16. 8/10/2015-Sandhills-8 County	16. 11/6/15-Cardinal Piedmont	16. 2/11/16-Eastpointe Goldsboro	16. 6/3/16-Cardinal Piedmont
	17. 8/11/2015-Eastpointe-Goldsboro	17. 11/17/15-Cardinal Five County	17. 2/19/16-Cardinal ACOC	17. 6/6/16-Trillium Central
	18. 8/13/2015-Alliance Durham	18. 11/19/15-Trillium North	18. 2/26/16-Sandhills Guilford	18. 6/6/16-Smoky
	19. 8/18/2015-Cardinal-Five County Team	19. 11/20/15-Sandhills Guilford	19. 2/26/16-Alliance Cumberland	19. 6/9/16-Cardinal Person
	20. 8/18/2015-Alliance Wake	20. 11/20/15-Cardinal ACOC	20. 3/3/16-Alliance Cumberland	20. 6/9/16-Cardinal Mecklenburg
	21. 8/20/2015-Trillium-ECBH Northeast	21. 12/1/15-Partners Crossroads area	21. 3/7/16-Sandhills 8 County	21. 6/13/16-Sandhills Guilford
	22. 8/20/2015-Cardinal-Person Team	22. 12/2/15-Smoky Mountain	22. 3/7/16-Smoky Mountain Center	22. 6/13/16-Cardinal ACOC
	23. 8/25/2015-Eastpointe-Lumberton	23. 12/7/15-Cardinal Innovations Person	23. 3/10/16-Cardinal Mecklenburg	23. 6/21/16-Cardinal Five County
	24. 8/25/2015-Alliance Cumberland	24. 12/9/15-Eastpointe Rocky Mount	24. 3/10/16-Cardinal Person	24. 6/21/16-Alliance Wake
	25. 12/10/15-Eastpointe Goldsboro	25. 3/10/16-Alliance Durham		
	26. 12/10/15-Cardinal Person	26. 3/10/16-Eastpointe Goldsboro		

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	25. 8/28/2015-Cardinal-ACOC Team 26. 8/28/2015-Alliance Cumberland 27. 8/28/2015-Sandhills-Guilford 28. 8/31/2015-Smoky Mountain Center 29. 9/4/2015-Cardinal-Piedmont Team 30. 9/10/2015-Alliance Durham 31. 9/14/2015-Trillium-ECBH-Southern 32. 9/15/2015-Smoky Mountain Center 33. 9/15/2015-Sandhills-8 County 34. 9/15/2015-Alliance Wake 35. 9/15/2015-Cardinal-Five County Team 36. 9/16/2015-Partners-Gaston, Lincoln, Cleveland 37. 9/16/2015-Eastpointe-Lumberton 38. 9/23/2015-Trillium-CoastalCare 39. 9/25/2015-Cardinal-ACOC Team 40. 9/25/2015-Sandhills-Guilford	27. 12/15/15-Alliance Wake 28. 12/17/15-Cardinal Piedmont 29. 12/17/15-Trillium North 30. 12/18-Sandhills Guilford 31. 12/18/15-Cardinal Mecklenburg 32. 12/18/15-Cardinal ACOC	27. 3/15/16-Alliance Wake 28. 3/15/16-Cardinal Five County 29. 3/16/16-Eastpointe Lumberton 30. 3/18/16-Cardinal ACOC 31. 3/29/16-Eastpointe Goldsboro	
Scheduled or planned phone technical assistance phone conferences or other Substantial Contact	<ol style="list-style-type: none"> 1. 1st Quarter <ol style="list-style-type: none"> a. Data Spreadsheet analysis and tracking reporting during 1st quarter for the following JJSAMHP teams: b. Alliance-Durham c. Alliance-Wake d. Cardinal-Five County e. Cardinal-Piedmont f. Sandhills-8 County g. Sandhills-Guilford h. 9/14/2015-Cardinal-Piedmont Team 2. 2nd Quarter <ol style="list-style-type: none"> a. Data Spreadsheet analysis and tracking reporting during 2nd quarter for the following JJSAMHP teams: b. Cumberland c. Sandhills-8 County d. Smoky e. Developed a Communication Survey with Sandhills Guilford Team to assess clinician’s communication with juvenile justice f. Launched online Team Fitness Survey link g. Team visit by Phone-November 17-Cardinal Five county h. Team visit by Phone-November 24-Eastpointe Lumberton and worked on finalizing Flow chart with team 			

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
				<ul style="list-style-type: none"> i. Consultation-December 3rd- Alliance Durham j. Consultation-December 7 and 17-Alliance Durham k. Consultation-December 17-Cardinal Piedmont l. Data Spreadsheet analysis and tracking during 3rd quarter for the following JJSAMHP teams: Sandhills 8 county, Sandhills Guilford and Alliance Durham, Eastpointe Lumberton) m. Conference Calls -Team Fitness and improved cross system processes with Cardinal Piedmont Team <p>3. 3rd Quarter</p> <ul style="list-style-type: none"> a. TA Consultants provided current JJSAMHP monthly data and assisted teams in discussing trends for the following JJSAMHP teams: Centerpoint, Alliance Durham, Cardinal Piedmont, Sandhills Guilford, Alliance Wake b. Partners North-Phone Consultation-1/5/16 c. Cardinal Piedmont-1/21/16-phone consultation d. Alliance Wake-provided feedback on Detention services-2/10/16 e. Cardinal Person-2/11/16-Phone consultation f. Cardinal Piedmont-2/16/16-Phone consultation g. 2-26-16: Cumberland County JJSAMHP team meeting was established via orientation to expanding the provider network. The LME/MCO shared the MOA and answered questions regarding joint the JJSAMHP process and team participation. This team meeting was separated from the Reclaiming Futures team and will expand providers in an effort to collect data across providers and more closely identify gaps and needs in the local service array. <p>4. 4th Quarter</p> <ul style="list-style-type: none"> a. 4-25 and 6-17, 2016: ACOC and Person: Met with JJ Chiefs and superior (3 members) to assist in drafting an RFP for Single Assessor in each county. b. 6-7-2016: Five County: TA assisted in incorporating JJ Access to BH Services draft into Visio c. 6-28-2016: Trillium: TA assisted in incorporating JJ Access to BH Services draft into Visio d. 6-16-2016: Eastpointe: based on request from this JJSAMHP Team, a customized Shared Facilitation Skills training has been designed and drafted. Training will be delivered late summer or early fall 2016. e. Data Spreadsheet analysis and tracking during 4th quarter for the following JJSAMHP teams: Sandhills 8 county, Sandhills Guilford and Partners Crossroads, Trillium North f. TA Consultant provided technical assistance to the Sandhills Guilford team (Chief) in development of informational materials for a Community Stakeholder Informational Fair g. TA Consultant provided current JJSAMHP monthly data and assisted teams in discussing trends during their team meetings h. TA assisted with Vizio Flow charts for Eastpointe teams i. TA Consultant utilized the DPS developed GAIN-SS link and provided GAIN-SS quarterly information for teams j. TA Consultants provided technical assistance and individual coaching for the transition of SOC Coordinators for Cardinal ACOC, Cardinal Person, Cardinal Mecklenburg and Cardinal Piedmont k. TA Consultant provided technical assistance to the Cardinal Corporate System of Care Manager for the transition of the Centerpoint JJSAMHP team into the Cardinal framework l. TA Consultant provided technical assistance to the Sandhills Guilford team in the development of a Single Assessor model. m. TA Consultant provided technical assistance to the Partners Gaston, Lincoln, Cleveland team during the exploration phase of a federal grant opportunity

TA Domains for JJSAMHP Teams



- B. Additionally, monthly TA updates are provided to both state and regional level partners. 10 reports (All months except November and May) were provided during this fiscal year. Also contact on each report with Division liaison about information provided in report and follow up on concerns noted as well as key discussion points of the meetings the key discussion points. Major areas for increased focus include Sustainability Plans, Family and Youth Voice, Change Projects, Team Crisis Planning and Care Review, and Recovery Oriented Systems of Care/Beyond Treatment. The percentage of time spent with teams over the year are in the chart above.
- C. Additionally, there was a focus again on increasing capacity for Evidence Based Assessments and Treatments and best practices in service delivery.
- a. UNCG strengthened the 4-part series for effective teams. The four trainings that were polished during this fiscal year included:
 - i. Process Improvement Training (Feedback was positive and teams wanted more training-this was extended to a full day)
 - ii. Youth and Family Engagement training for both JCC staff and for cross-system teams
 - iii. Team Fitness
 - iv. Facilitation Skills Training (this was the only training that had not been implemented during the fiscal year but the Training matrix was completed based on training with LME/MCO liaisons)

v. Additional trainings can be found at the following link:

<http://www.jjsamhp.org/training-options-for-jjbh-teams/>.

b. Additional training that was funded through JJSAMHP was the Global Appraisal of Individual Needs Assessment tools and training of frontline and Clinical Leaders in The Seven Challenges. A brief description of all trainings conducted this year is below. Some of the trainings were co-funded by the Kate B. Reynolds Charitable Trust and these have an asterisk besides them. Two asterisks mean that Department of Public Safety provided substantial funding for the training.

Training Date	Brief Description	Number of Participants	Location of Training
7/14/15	Plan of Work Webinar	40 persons in attendance	Webinar
8/11/15 9/17/16	Family Support Follow Up Calls	Average 7 persons on each call	Teleconference Booster Calls
10/14/15	Training for Durham JJSAMHP and partners on Youth and Family Engagement in Treatment	30 Cross System Team members	Alliance Durham, Durham, NC
10/22/15	Single Assessor, Transparency and Choice-Webinar	14 persons in attendance on webinar	Webinar
11/17/15	Process Improvement Training for Wake JJSAMHP	15 Cross System Team members	Alliance Wake, Raleigh, NC
12/9/15	Process Improvement Training for Eastpointe team members from Goldsboro, Rocky Mount and Lumberton teams	16 Cross System Team members	Wayne County Public Library in Goldsboro, NC
12/16/15	Using Data to Facilitate Systems Change-Webinar	9 Cross System Team members	Webinar
*1/26/16	GAIN Training for Clinicians	7 Behavioral Health Clinicians	Greensboro, NC
1/27/16	Process Improvement Training for Sandhills 8 County JJSAMHP Team	20 Sandhills 8 County JJSAMHP team members	Hoke County Public Library in Raeford, NC
1/28/16	Eastpointe Liaison training on JJSAMHP and Facilitating JJSAMHP	5 participants and spurred decision to enhance Facilitation training to 4-hour training	Nash Medical Arts Mall, Rocky Mount, NC
2/3/16	Training for Intensive Case Managers, Chief Court Counselors and on Youth	31 DPS Intensive Case Managers	DPS Central Office, Raleigh, NC

Training Date	Brief Description	Number of Participants	Location of Training
	and Family Engagement on Juvenile Justice		
3/4/16	Process Improvement Training for Sandhills Guilford JJSAMHP team at	22 JJSAMHP/RF team members in Sandhills Guilford.	Guilford DSS Building in Greensboro, NC
*4/4/2016	Area Regional Meeting - Western/Piedmont	44 Cross System Team members	Hickory, NC
*4/6/2016	Area Regional Meeting - Eastern	54 Cross System Team members	Greenville, NC
*4/7/2016	Area Regional Meeting - Central	65 Cross System Team members	Durham, NC
4/27/2016	Partnering with Families	9 Cross System Team members	Webinar
*5/2-5/4/16	Seven Challenges Initial (Basic) Training	35 Behavioral Health Clinicians	UNCG Kirklind Clinic, Greensboro, NC
5/16-5/17/2016	Motivational Interview Training - Court Services Staff	108 JJ Staff	Raleigh, NC
5/18/2016	District 11 Youth and Family Engagement in Treatment	32 Cross System Team members	Sanford, NC
**5/19-5/20/2016	Motivational Interview Training - Court Services Staff	92 JJ Staff	Greenville, NC
**5/23-5/24/2016	Motivational Interview Training - Court Services Staff	91 JJ Staff	Hickory, NC
**5/26-5/27/2016	Motivational Interview Training - Court Services Staff	115 JJ Staff	Winston-Salem, NC
5/31/2016	Process Improvement Training - ACOC-Person	16 Cross System Team members	Chapel Hill, NC
6/13/2016	JJSAMHP Orientation Training - Cardinal Innovations	3 LME/MCO team members	Burlington, NC
**6/20-6/21/2016	Motivational Interview Training - Supervisors	39 JJ Supervisors	Hickory, NC
*6/21-6/23	Seven Challenges Leader Training	22 Behavioral Health Clinical Supervisors	Greensboro, NC

Training Date	Brief Description	Number of Participants	Location of Training
6/22/2016	Process Improvement - Durham	13 Cross System Team members-Alliance Durham	Durham, NC
**6/23-6/24/2016	Motivational Interview Training - Supervisors	At least 35 JJ Supervisors	Rocky Mount, NC
6/29/2016	JJBH Family Partner and Young Adult Training	20 Family Partners/Young Adult Partners/Advocates	Greensboro, NC

* Funding provided also by the Kate B. Reynolds Charitable Trust (KBR)

**Substantial Funding Provided by Department of Public Safety and KBR

4. Provide Support for Usage of Evidence Based Practices/Evidence Based Treatments and Best Practices

The goal is to encourage and support teams in the utilization of evidence based practices/evidence based treatments and opportunities for teams to increase their ability to provide more effective services to juvenile justice involved youth and their families. This entailed the following activities (See training section for actual support provided for training by JJSAMHP).

- A. See table above for EBP training including strengthening EBP including GAIN Training and Seven Challenges Training.
- B. Team members often request support from JJSAMHP on research of evidence based practices or providing information. An additional document was updated on Evidence Based Assessments this year.
- C. Provided support to teams on Seven Challenges and GAIN related issues-contacting management from both agencies and linking teams to training information.
- D. Training conducted on Best Practices in Screening and Assessment in Regional Meetings and completion of Best Practices Documentation.

Section E: LOCAL TEAM PROCESSES

This section outlines all of the local team processes within each of the local JJSAMHP sites by LME/MCO. As a reminder, there are some sites where there is more than one team, and even differentiation within team based on Court District preferences. The following table provides a general overview of Evidence Based Assessment, Practices, and Treatments for each of the teams and which JJ youth are engaged for JJSAMHP **based on 2015-2016 nomenclature. One team name changed in July, 2016.** After this table, each LME/MCO main processes are outlined. More information can be obtained from the Compendium of Services at <http://www.jjsamhp.org/publications/>.

	GAIN	CBCL	CHAT	TF-CBT	Seven Challenges	MST	MET/CBT	Strengthening Families	DBT	ACRA
Alliance Cumberland	X			X	X		X	X		
Alliance Durham	X			X	X	X	X			
Alliance Wake	X				X	X	X			
Cardinal ACOC	X			X	X	X	X			
Cardinal 5 County				X		X				X
Cardinal Person						X				
Cardinal Piedmont				X	X	X	X		X	
Cardinal Mecklenburg						X				
CenterPoint	X			X	X	X	X			
Eastpointe Goldsboro	X			X	X	X	X			
Eastpointe Lumberton	X			X		X				
Eastpointe Rocky Mount	X			X		X				
Partners Gaston										
Partners North	X			X				X		

	GAIN	CBCL	CHAT	TF-CBT	Seven Challenges	MST	MET/CBT	Strengthening Families	DBT	ACRA
Sandhills 8 County	X			X	X	X	X	X		
Sandhills Guilford	X			X	X	X	X			
Smoky	X			X	X	X				X
Trillium Central			X	X	X	X				
Trillium North	X					X		X	X	

ALLIANCE BEHAVIORAL-CUMBERLAND TEAM

Key Team Members

Tina Higgs
Community Relations Specialist

Joe Comer
Provider Network Development Specialist

Sharon Glover
System of Care Coordinator

Damili Alston
Quality Review Coordinator

Miguel Pitts
Chief-District 12

LaVondra McCloud
Access Family Services

Dr. Kim Young
Alexander Youth Network

Danell Leigh-Triola
Carolina Outreach

Sarah Hallock
Cumberland County Communicare

Jaun Thompson
Extended Reach

Dr. Tony Haire
Haire Enterprises

Joy Innis
Johari Family Services

Joceyln Stephens
Pinnacle Family Services

Antwan Adams
Yelverton Enrichment Services

Farrah Delgado
Youth Villages

Affiliated Counties: Cumberland

Other JJ Initiatives Reclaiming Futures

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	9	9	6	8	9	5	6	4	7	8	19	23	113	---
Assessments	10	10	7	11	9	10	6	3	3	10	3	5	87	77%
Admissions	5	5	7	10	7	5	3	4	3	11	3	6	69	61%
Overall EBA	10	10	7	9	9	10	6	3	3	10	3	5	85	98%
GAIN	10	10	7	9	9	10	6	3	3	10	3	5	85	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

ALLIANCE BEHAVIORAL-DURHAM TEAM

Key Team Members

Kimberly Hayes-Johnson
Provider Network Development Specialist

Zakilya Taylor Thompson
Court Liaison

Geyer Longenecker
Director of Quality Management

Tasha Butts
Chief-District 14

Cherry Hitt
Carolina Outreach

Rose Hylton
Easter Seals UCP

Bobbie Hopf
Youth Villages

Rosanna De La Rosa
Easter Seals MST

Affiliated Counties: Durham

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	12	6	15	11	11	6	9	16	9	4	12	12	123	---
Assessments	12	6	8	5	9	6	5	4	11	9	9	7	91	74%
Admissions	4	4	1	2	3	2	2	0	1	2	1	4	26	21%
Overall EBA	0	1	6	4	7	6	3	3	9	8	7	5	59	65%
GAIN	0	1	6	4	7	6	3	3	9	8	7	5	59	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

ALLIANCE BEHAVIORAL-WAKE TEAM

Key Team Members

Eric Johnson
Community Relations Supervisor

Patricia Cardoso
Haven House

Ashley Barber
Carolina Outreach

Mala Ross
Fellowship Health Resources

Damali Alston
Quality Review Coordinator

Kimberly Dekan
Triangle Family Services

Donald Pinchback
Chief-District 10

Wendy Wenzel
Turning Point

Donald Pinchback
Chief-District 10

Christopher Jones
Youth Villages

Trish Wisse
Hope Services

Affiliated Counties: Wake

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	27	20	14	29	21	30	13	24	16	16	13	28	251	---
Assessments	17	10	8	20	12	12	13	15	9	15	6	4	141	56%
Admissions	5	0	5	10	8	11	3	4	4	1	4	6	61	24%
Overall EBA	12	13	6	14	9	10	12	7	0	0	0	0	83	59%
GAIN	12	13	6	14	9	10	12	7	0	0	0	0	83	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-ACOC

Key Team Members

Stephanie Jones
System of Care Coordinator

Beth Pfister
Regional System of Care Manager

David Carter
Chief-District 9

Peggy Hamlett
Chief-District 15

Amanda Farris
Juvenile Justice Supervisor-District 15

Tina Mitchell
Amethyst Consulting and Treatment

Belinda Younger
Faith in Families Solutions CSA

Starkesha Daye
Pinnacle Family Services

Tom Lesniak
RHA

Chandrika Brown
North Carolina Families United

Allison Smith
Youth Villages

Tom McQuiston
Reintegration Support Network

James Strickland
Solutions Community Supports

Affiliated Counties: Alamance, Caswell, Orange, Chatham

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	3	0	1	2	3	1	7	1	3	5	5	11	42	---
Assessments	3	2	1	1	0	2	1	1	3	2	0	3	19	45%
Admissions	2	2	0	1	1	1	3	0	3	2	0	0	15	36%
Overall EBA	3	2	1	0	0	0	0	1	0	0	0	6	14	74%
GAIN	0	0	0	0	0	0	1	0	0	0	0	3	4	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	3	2	1	0	0	0	0	1	0	0	0	3	10	---

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-FIVE COUNTY AREA

Key Team Members

Clarette Hill
System of Care Coordinator

Sonynia Leonard
Chief-District 6

David Carter
Chief-District 9

Dana Greenway
DAYMARK Recovery Services, Inc.

Carol McClelland
Freedom House Recovery

Sharon Garrett
Vision Behavioral Health Services

Bobbie Jo Hopf
Youth Villages

Affiliated Counties: Franklin, Granville, Halifax, Vance, Warren

Other JJ Initiatives: Juvenile Justice Treatment Continuum (Reclaiming Futures) – District 6– Halifax

Five County- Four County 2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	9	1	2	6	0	6	4	5	3	8	11	8	63	---
Assessments	3	2	0	0	2	0	2	1	0	1	7	6	24	38%
Admissions	1	1	2	0	1	1	2	1	0	0	3	0	12	19%
Overall EBA	0	0	0	0	0	0	0	0	0	0	0	1	1	4%
GAIN	0	0	0	0	0	0	0	0	0	0	0	1	1	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS –PERSON AREA

Key Team Members

Stephanie Jones
System of Care Coordinator

Beth Pfister
Regional System of Care Manager

David Carter
Chief-District 9

Tina Mitchell
Amethyst Consulting and Treatment

Martha Pickett
Freedom House Recovery

Starkesha Daye
Pinnacle Family Services

Antoniquan Johnson
Securing Resources

Allison Smith
Youth Villages

Chandrika Brown
North Carolina Families United

Ronnie Dunevant
Roots and Wings of Person County

Affiliated Counties: Person

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	5	3	4	2	0	3	9	5	4	5	3	1	44	---
Assessments	0	0	3	0	0	0	3	2	0	3	1	0	12	27%
Admissions	0	2	1	0	0	0	3	2	1	1	0	0	10	23%
Overall EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-PIEDMONT AREA

Key Team Members

Noel Thomas-Lester
Tressy McLean Hickey-July, 2016
 System of Care Manager

Beth Pfister
 MHSA Care Coordination Manager

David Wall
 Chief-District 19

Calvin Vaughan
 Chief-District 20

Krista Hiatt
 Chief-District 22

Chuck Hill
 RHA

Jean Tillman
 Daymark Recovery Services

Chris Abbey
 Monarch

LaRuth Brooks
 Youth Villages

Greg Yousey
 Carolina Counseling and Consulting, LLC

Tim Tilley
 Family Services of Davidson

Dr. Arlana Sims
 Sims Consulting and Clinical Services

Affiliated Counties: Cabarrus, Davidson, Rowan, Stanly, Union

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	28	21	29	32	34	30	25	46	39	32	39	34	389	---
Assessments	10	8	16	17	26	26	17	39	22	28	17	22	248	64%
Admissions	12	13	8	16	8	8	13	12	21	18	9	12	150	39%
Overall EBA	0	7	16	17	23	26	15	34	22	0	1	0	161	65%
GAIN	0	0	0	0	5	0	1	0	2	0	1	0	8	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	7	13	17	18	25	10	0	0	0	0	0	90	---
Other EBA	0	0	3	0	0	1	4	34	20	0	0	0	62	---

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-MECKLENBURG

Key Team Members

Diana Moser-Burg
Noel Thomas-Lester-July, 2016
System of Care Manager

Beth Pfister
MHSA Care Coordination Manager

Russell Price
Chief-District 26

Stacy Huss
Supervisor-District 26

Katherine Fitzgerald
Reclaiming Futures Project Director

Amanda Elder
AMI Kids, Inc.

Wanda Douglas
Family Partner

Dawn Shelley
Anuvia

Mackie Johnson
Anuvia

Katherine Hogan
Carolinas Health Care

Libby Safrit
Carolinas Health Care

Becky Smith
Children's Hope Alliance

John Waller
Family First

Angie Walker
Mecklenburg County

Josh Martin
Support, Inc.

Shante Vines
Support, Inc.

Betsy Thompson
Teen Health Connection

Jesse Stroud
Turning Point Family Services

Andrew Stehberger
Youth Villages

Judge Elizabeth Trosch (Reclaiming Futures
Judicial Fellow)

Affiliated Counties: Mecklenburg

Other JJ Initiatives: Reclaiming Futures

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals							22	1	59	9	22	28	91	---
Assessments							9	4	7	18	7	15	38	42%
Admissions							3	4	5	3	0	0	15	16%
Overall EBA							9	0	0	0	0	0	9	24%
GAIN							0	0	0	0	0	0	0	---
CBCL							0	0	0	0	0	0	0	---
CHAT							0	0	0	0	0	0	0	---
Other EBA							9	0	0	0	0	0	9	---

CENTERPOINT HUMAN SERVICES (CARDINAL TRIAD NEXT FISCAL YEAR)

Key Team Members

Kathi Perkins
Kim Morgan-July, 2016
 System of Care Coordinator

Bob Scofield
 System of Care Coordinator

Rusty Slate
 Chief-District 17

Stan Clarkson
 Chief-District 21

Krista Hiatt
 Chief-District 22

Sam Gray
 Insight Human Services

Mary Beth Robinson
 The Children's Home

Affiliated Counties: Davie, Forsyth, Rockingham, Stokes

Other JJ Initiatives Reclaiming Futures

CenterPoint Forsyth/Stokes/Davie, Rockingham-2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	39	31	34	24	33	18	28	34	36	38	37	26	378	---
Assessments	36	28	26	20	26	14	21	26	14	35	34	23	303	80%
Admissions	10	9	11	10	13	8	18	18	10	18	20	13	158	42%
Overall EBA	2	4	3	2	6	0	0	0	4	0	2	3	26	9%
GAIN	2	4	3	2	6	0	0	0	4	0	2	2	25	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	1	1	---

EASTPOINTE-GOLDSBORO TEAM (KINSTON TEAM-July, 2016)

Key Team Members

Andrea Boney-Dickens
System of Care Specialist

Stacy Justiss
Family Partner Coordinator/NCFU

Angela Wilson
Lead SOC/Care Coordinator

Jennifer Short/Jerry Burns
Chief/Supervisor-District 8

Tracy Arrington
Chief-District 4

Constance Olatidoye
New Dimension Group

Jocelyn Stephens
Pinnacle Family Services

Christina Allen
Pride in NC

Don Neal Jr.
Waynesboro Family Clinic

Affiliated Counties: Duplin, Greene, Lenoir, Sampson, Wayne

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	11	8	4	6	8	7	10	5	5	5	3	9	81	---
Assessments	13	3	8	3	5	7	0	9	3	1	0	5	57	70%
Admissions	11	3	8	3	2	4	0	6	3	1	0	5	46	57%
Overall EBA	1	5	1	1	3	7	7	4	3	1	3	5	41	72%
GAIN	1	5	1	1	3	7	7	4	1	1	3	5	39	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	2	0	0	0	2	---

EASTPOINTE-LUMBERTON TEAM

Key Team Members

Renada Emanuel
System of Care Specialist

Stacy Justiss
Family Partner Coordinator/NCFU

Angela Wilson
System of Care Team Lead

Lance Britt
Chief-District 13

Furman Ivey
Chief-District 16

Alice Hunt
Primary Health Choice

Barry Graham
Advantage Behavioral

Ivan Pride/Martha Locklear
RHA

Ryan Estes/Stephen Rieman
Coastal Horizons Center

Paul Russ
Consumer & Family Advisory Committee Chair
(CFAC)

Affiliated Counties: Bladen, Columbus, Robeson, Scotland

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	0	0	1	0	4	1	2	0	11	11	13	6	49	---
Assessments	2	1	3	1	3	1	1	0	3	15	5	5	40	82%
Admissions	2	1	3	1	2	1	1	0	3	10	5	2	31	63%
Overall EBA	0	1	0	0	3	1	1	0	3	10	3	7	29	73%
GAIN	0	0	0	0	3	1	1	0	1	10	3	4	23	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	1	0	0	0	0	0	0	2	0	0	3	6	---

EASTPOINTE-ROCKY MOUNT TEAM

Key Team Members

Cotina Thorne
System of Care Specialist

Stacy Justiss
Family Partner Coordinator/NCFU

Mike Walston
Chief-District 7

Terri Proctor
Supervisor-District 7

Sandy Wilkey/Nicole Bauer
Easter Seals UCP NC & VA, Inc.

Candance Sutton-Sauls
Pride in NC

Katherine Mitchel/Sandra Pierce
Pinnacle Family Services

Affiliated Counties: Edgecombe, Nash, Wilson

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	5	6	4	6	11	10	12	8	6	9	12	16	105	---
Assessments	5	6	11	19	3	3	10	17	23	8	10	1	116	110%
Admissions	5	8	8	14	3	2	6	12	16	6	4	1	85	81%
Overall EBA	0	6	2	6	11	3	0	7	21	6	8	16	86	74%
GAIN	0	6	2	6	11	3	0	7	2	6	0	15	58	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	19	0	8	1	28	---

PARTNERS-NORTH
Key Team Members

Stephanie Funderburk
System of Care Coordinator

Rusty Slate
District 17

Krista Hiatt
District 22

Bill Davis
District 23

Kevin Angell
Children's Hope Alliance

George Edmonds
Youth Villages

Brittany Morgan-Parks
Family Partner

Zachary Hawks
Easter Seals

Duane Gaskins
Daymark Recovery

Affiliated Counties: Iredell, Surry, Yadkin

Other JJ Initiatives Reclaiming Futures

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	10	9	6	14	3	2	1	6	9	9	13	12	94	---
Assessments	6	4	10	17	13	11	12	12	15	15	24	18	157	167%
Admissions	3	2	6	7	1	2	1	9	8	3	11	2	60	64%
Overall EBA	10	9	10	17	13	11	0	0	0	0	0	0	70	45%
GAIN	0	0	10	17	13	11	0	0	0	0	0	0	51	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	10	9	0	0	0	0	0	0	0	0	0	0	19	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

PARTNERS-SOUTH

Key Team Members

Jeanne Patterson
System of Care Coordinator

Carol McManus
Chief-District 27

Shante Vines
Support, Inc.

Casey Pruitt
Family Partner

Monica Cambria
Alexander Youth Network

Judge Richard Abernathy

Michael Bridges
PORT Program

Affiliated Counties: Gaston

Other JJ Initiatives Reclaiming Futures

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	7	4	9	2	1	2	4	6	6	2	3	8	54	---
Assessments	7	4	9	8	1	2	5	7	3	5	3	6	60	111%
Admissions	3	3	4	3	3	2	1	3	1	2	2	4	31	57%
Overall EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

SANDHILLS CENTER-GUILFORD TEAM

Key Team Members

Lisa Salo
System of Care Coordinator

Carmen Graves
Chief-District 18

Lylan Wingfield/Van Catterall
Youth Focus

Ron Carter/Megan Johnson
Carter's Circle of Care

Tara Ward
Youth Villages

Shawanta McMillan
Amethyst

Quentin Leak
Alcohol and Drug Services

Affiliated Counties: Guilford

Other JJ Initiatives: Reclaiming Futures

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	28	64	71	33	41	28	20	36	50	49	36	38	494	---
Assessments	16	47	55	15	18	14	13	22	10	16	18	11	255	52%
Admissions	8	5	59	15	9	8	5	12	4	10	17	9	161	33%
Overall EBA	14	13	6	10	13	8	4	7	5	9	6	10	106	42%
GAIN	8	13	6	5	13	6	4	6	5	9	6	10	92	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	6	0	0	5	0	2	0	1	0	0	0	0	14	---

SANDHILLS CENTER-8 COUNTIES

Key Team Members

Lucy Dorsey
System of Care Coordinator

Marsha Woodall
Chief-District 11

Shirlyn Smith
NAMI Family Advocate

Furman Ivey
Chief-District 16

Calvin Vaughan
Chief-District 20

David Wall
Chief-District 19

Megan Johnson
Carter's Circle of Care

Jamie Allen/Jerry Earnhart
Daymark Recovery Services

Bryan Dupree
Pinnacle Family Service

Crystal Morrison
Trinity Services

Judy Fradenburg
Youth Unlimited

Affiliated Counties: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	11	14	16	11	16	8	15	16	25	10	16	16	174	---
Assessments	8	12	9	6	8	3	3	7	7	5	9	8	85	49%
Admissions	2	9	9	3	4	2	5	2	7	2	1	4	50	29%
Overall EBA	22	21	17	8	7	6	6	12	28	10	11	8	156	183%
GAIN	6	5	3	2	3	1	1	2	0	1	2	1	27	---
CBCL	3	5	7	3	2	3	4	5	15	5	8	6	66	---
CHAT	4	9	7	1	1	2	0	3	13	2	0	0	42	---
Other EBA	9	2	0	2	1	0	1	2	2	2	1	1	23	---

SMOKY MOUNTAIN CENTER

Key Team Members

Christy Satterfield
Provider Relations

Donald Reuss
Director of Provider Relations

Brenda Chapman
Substance Abuse Provider Specialist

Krista Hiatt
Chief-District 22

Bill Davis
Chief-District 23

Lisa Garland
Chief-District 24

Ronn Abernathy
Chief-District 25

Sylvia Clement
Chief-District 28

Rodney Wesson
Chief-District 29

Dianne Whitman
Chief-District 30

Ronn Ross
Appalachian Community Services

Matt Gaunt/Tammy Deitz
Barium Springs/Children's Hope Alliance

Sarah Dunagan
Daymark Recovery Services

Courtney Ownings
Family Preservation Services

Greta Metcalf
Jackson Psychological/Meridian Behavioral
Health

Sandy Feutz/Bill Westel
RHA

Vern Eleazer
Swain Recovery Center

George Edmonds
Youth Villages

Affiliated Counties:

Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey counties

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	26	15	26	60	37	43	31	49	54	48	41	37	467	---
Assessments	10	4	18	25	27	33	22	26	34	26	29	16	270	58%
Admissions	16	17	20	28	31	23	23	24	23	23	27	21	276	59%
Overall EBA	10	4	18	25	27	33	22	26	34	26	29	16	270	100%
GAIN	10	4	18	25	27	33	22	26	34	26	29	16	270	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

TRILLIUM HEALTH RESOURCES- NORTH

Key Team Members

Tracey Webster
System of Care Coordinator

LaQreshia Bates-Harley
Chief-District 1

Bill Batchelor
Chief-District 2

Hope Eley
System of Care Coordinator

Garrett Taylor
Uplift Foundation/Power of U

Affiliated Counties: Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington, Gates

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	4	4	2	5	5	5	12	6	6	12	14	12	87	---
Assessments	4	7	2	1	4	5	6	5	4	5	6	14	63	72%
Admissions	3	11	0	0	0	2	2	4	1	3	0	4	30	34%
Overall EBA	4	7	2	0	1	1	0	3	1	0	2	9	30	48%
GAIN	4	7	2	0	1	1	0	3	1	0	2	9	30	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

TRILLIUM HEALTH RESOURCES-CENTRAL

Key Team Members

Keith Letchworth
System of Care Coordinator

Karen Reaves
System of Care Coordinator

Jean Kenefick
System of Care Coordinator

Mary Mallard
Chief/Supervisor-District 3

**Tracy Williams Arrington/
Russell Turner**
Chief/Supervisor-District 4

Jennifer Hardee/Debbie Sudekum
PORT Human Services

Affiliated Counties: Craven, Jones, Pamlico, Pitt

2015-2016 Data

	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Total	% of Ref.
Referrals	4	1	5	1	4	2	2	3	2	5	4	4	37	---
Assessments	3	1	2	2	3	1	2	1	0	2	2	4	23	62%
Admissions	1	1	2	2	3	1	2	1	0	1	2	4	20	54%
Overall EBA	1	1	2	2	2	1	2	0	0	0	0	4	15	65%
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	---
CHAT	1	1	2	2	2	1	2	0	0	0	0	4	15	---
Other EBA	0	0	0	0	0	0	0	0	0	0	0	0	0	---

APPENDIX A – JJSAMHP MONTHLY DATA REPORT

JJSAMHP Monthly Data Survey

1. What is the LME/MCO Associated with this Report?

- Alliance Behavioral Healthcare-Cumberland
- Alliance Behavioral Healthcare-Durham
- Alliance Behavioral Healthcare-Wake
- CenterPoint-Forsyth/Stokes/Davie
- CenterPoint-Rockingham
- Eastpointe-Goldsboro Site
- Eastpointe-Rocky Mount Site
- Eastpointe-Lumberton Site
- TRILLIUM-Beaufort
- TRILLIUM-Craven-Pamlico
- TRILLIUM-Northampton/Hertford/Bertie
- TRILLIUM-Northeast Area
- TRILLIUM-Pitt
- Partners Behavioral Health-Crossroads Area
- Partners Behavioral Health-Pathways Area
- Cardinal Innovations Healthcare-A/C Area
- Cardinal Innovations Healthcare-Henderson Area
- Cardinal Innovations Healthcare-Halifax Area
- Cardinal Innovations Healthcare-OPC Area
- Cardinal Innovations Healthcare-Cabarrus Area
- Sandhills/Guilford-Southern Area
- Sandhills/Guilford-Guilford Area
- Smoky Mountain Center
- Coastal Care-Jacksonville Area
- Coastal Care-Wilmington Area
- Smoky Mountain-Former Western Highlands Network

2. As data reporter, what is your name?

3. What is your agency name?

4. What is your title?

5. What is your email address?

6. What are the counties associated with this report?

7. What is the date of this report?

Month _____

Day _____

Year _____

8. For which month are you reporting this data?

____ July 2015

____ August 2015

___ September 2015

___ October 2015

___ November 2015

___ December 2015

___ January 2016

___ February 2016

___ March 2016

___ April 2016

___ May 2016

___ June 2016

9. JJSAMHP Only-Please put in the total number of youth who participate in the following activities during the month of this report.

___ Number of youth referred from JJ

___ Number of assessments completed during the month

___ Number of admissions to JJSAMHP providers during the month

10. Please describe the type of juvenile-justice involvement for JJSAMHP admissions during the reporting month (total account for admissions only).

___ # of Consultation youth referred by JJ during the month

___ # of Diversion with Contract youth referred by JJ during the month

___ # of Diversion without Contract youth referred by JJ during the month

___ # of Pre-Adjudication youth referred by JJ during the month

___ # of Adjudicated Delinquent youth referred by JJ during the month

___ # of Adjudicated Undisciplined youth referred by JJ during the month

___ # of Commitment status youth referred by JJ during the month

___ # of Post-Release Supervision youth referred by JJ during the month

___ # of youth with closed cases referred by JJ during the month

____ # of Intake youth referred by JJ during the month

____ # of other youth referred by JJ during the month

DETENTION ONLY

1. DETENTION CENTER ONLY DATA –for this current report month (please leave blank if you are not required by the Division to report these activities):

____ Total number of youth admitted to Detention Center

____ Total number of referrals to DC SAS clinician

____ Total number of youth enrolled with a community treatment provider at admission

____ Total number of GAIN assessments (Quick, Core or Full Initial)

____ Total number of youth participating in Brief Challenges

____ Total number of youth participating in 7C sessions

____ Total number of youth with primary SA diagnosis at discharge

____ Total number of youth with primary MH diagnosis at discharge

____ Total number of youth with no diagnosis at discharge

____ Total number of youth at ASAM level III or higher

2. Other Detention Center Activities for the current reporting month (please leave blank if you are not required by the Division to report these activities):

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

APPENDIX B - Data Request Questions Provided to JJSAMHP Teams

NC-TOPPS Data Request Form for JJSAMHP or Juvenile Justice Partnership teams

1. What is the LME/MCO associated with this report? (If someone contacts us who is not an LME/MCO representative, we will contact the LME/MCO liaison for your team)

- Alliance-Cumberland
- Alliance Behavioral Healthcare-Durham
- Alliance Behavioral Healthcare-Wake
- CenterPoint
- Eastpointe-Goldsboro Site
- Eastpointe-Rocky Mount Site
- Eastpointe-Lumberton Site
- Partners Behavioral Health-Crossroads Area
- Partners Behavioral Health-Pathways Area
- Cardinal Innovations Healthcare-ACOC Area
- Cardinal Innovations Healthcare-Henderson Area
- Cardinal Innovations Healthcare-Halifax Area
- Cardinal Innovations Healthcare-Cabarrus Area
- Cardinal Innovations Mecklenburg Area
- Sandhills 8 County
- Sandhills-Guilford Area
- Smoky Mountain Center
- TRILLIUM-Central Area
- TRILLIUM-North Area
- Smoky Mountain Center

2. What is your name?

3. What is your agency name?

4. What is your title?

5. What is your email address?

6. What is the best phone number where you can be reached directly?

7. Which data would you like to include in the analyses?

- County level (1)
- District level (2)
- MCO level (3)

8. What time period would you like to request?

- July 2010-June 2011 (1)
- July 2011-June 2012 (2)
- July 2012-June 2013 (3)
- July 2013-June 2014 (4)
- July 2014-June 2015 (5)
- Most Recent data from July 2015 until last data received by UNCG (4)
- Multiple years or another time period-we will describe below in our question(s) section (5)

9. Which data would you like to examine?

- Initial (1)
- Episode Completion (2)
- Both Initial and Episode Completion Together (3)

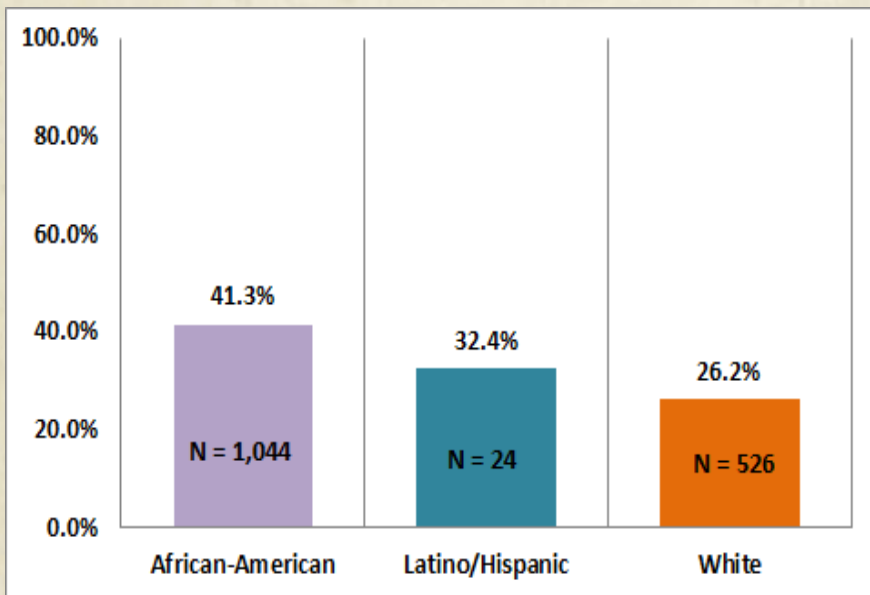
10. What questions would you like answered by using NC-TOPPS data? (Someone from the UNCG evaluation team-either Shureka Hargrove or Kenneth Gruber- will follow up within a couple of business days)

APPENDIX C - Example of NC-TOPPS Analyses Provided

Disproportionate Minority Contact (DMC) in the Juvenile Justice (JJ) System

Disproportionate Minority Contact (DMC) refers to the disproportionate number of minority youth who come into contact with the JJ system. There is a noticeable level of DMC in the JJ system. Minority youth, especially African American and Hispanic youth, are generally more likely to have contact with the JJ system at all stages, from arrest, referral to juvenile court, to disposition.* Students are being suspended, expelled, and even arrested for minor misbehavior, and schools are using discipline policies that are ineffective or delivered unfairly, and considered to be harsh. Research shows that this zero tolerance approach does not work.**

Ethnicity by Suspension (Within 3 Months of Completion Interview)*



NC-TOPPS gathers outcome and performance data on youth with mental health and/or substance abuse issues, including demographic and school related information. The data represented includes only JJ-involved youth (between the ages of 12 to 17) in treatment services, with both an initial and completion interview form, for FYs 2010-2014.*** This figure presents the percentages of youth who were suspended, within the past 3 months of their completion interview, by ethnicity. Within 3 months prior to their completion interview, African-American JJ-involved youth were the most likely to be suspended; more than 50% more likely than White and 25% more likely than Hispanic JJ-involved youth.

* The difference in proportions is significant, $\chi^2 = (3, 1877), 114.2, p < 0.001$.

These data suggest that while in treatment services, more African- American JJ-involved youth are being suspended than other races. More attention should be focused on this group of youth to encourage them to participate in more pro-social activities.

Evidence based practices for effectively lowering DMC rates include:

- using data to identify conditions that are associated with the occurrence of disproportionate involvement with the JJ System
- cultural competence training: to broaden understanding of issues contributing to racial disparities in JJ systems
- cultivating a participatory culture for strengthening relationships to foster positive youth outcomes.****

WHAT THIS DATA SUGGESTS FOR TEAMS

References:

*Disproportionate Minority Contact. (November 2012). Retrieved from <http://www.ojjdp.gov/dmc/index.html>.

**Slowikowski, J. (2009). Reducing disproportionate minority contact: Preparation at the local level. Report submitted to the US Department of Justice, Office of Justice Programs, and Office of Juvenile Justice and Delinquency Prevention.

*** The North Carolina Treatment Outcomes Program and Performance System (NC-TOPPS) is a tool used by the Division of Mental Health, Developmental Disabilities & Substance Abuse Services (DMHDDSAS), NC -DHHS to collect data on consumers engaged in behavioral health services with substance abuse, mental health, and/or both substance abuse and mental health issues.

****Cabaniss, E. R., Frabutt, J. M., Kendrick, M. H., & Arbuckle, M. B. (2007). Reducing disproportionate minority contact in the juvenile justice system: Promising practices. *Aggression and Violent Behavior, 12*(4), 393-401.