ANNUAL REPORT OF THE

JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS (JJSAMHP)

2018-2019









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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 use 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:

JJSAMH Partnerships must involve LME/MCO staff and JJ Leadership

- A Local Management Entity/Managed Care Organization
- Local Juvenile Justice Court Leadership
- Local Treatment 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 use and mental health clinical assessments by appropriately licensed substance use and mental health treatment professionals
- Provision of evidence-based treatment options to youth referred for substance use, mental health and co-occurring disorders by appropriately licensed and qualified mental health professionals
- Use of the Child and Family Team Meetings
- Involvement of Family Members and Youth Advocates
- Involvement of Juvenile Crime Prevention Councils in programming

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

- Discussion of funding such as Medicaid, Health Choice, Child Mental Health and Child Substance use funding in collaboration with their LME/MCO financial liaisons
- Utilization of methods/practices for engaging youth and families
- Increase accessibility of services through offering after hour or non-traditional service provision times
- Providing 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 (EBT) and Evidence Based Practices (EBP)

This <u>Annual Report</u> provides information about the JJSAMHP 2018-2019 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
- 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 2018-2019.

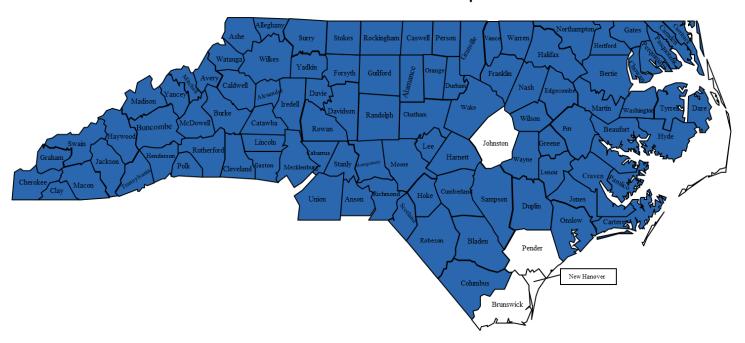
Section B: Local Management Entity/Managed Care Organization Involvement

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 7 LME/MCOs associated with JJSAMHP serving 97 counties. Within the LME/MCO's, there are 21 locally driven teams that work to address juvenile justice involved youth and family needs.

The major teams associated with JJSAMHP are as follows (with their 2018-2019 nomenclature):

Alliance Health (3 teams)	Cardinal Innovations Healthcare Solutions (6 teams)	Eastpointe (3 teams)
Partners Behavioral Health Management (3 teams)	Sandhills Center (2 teams)	Trillium Health Resources (2 teams)
Cardinal/Trillium Joint Team (1 Team)	Vaya Health (1 team)	

Juvenile Justice Substance Abuse Mental Health Partnerships Across North Carolina



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 <u>Coordinated Individualized Response</u> of: 1) Initial Screening; 2) Initial Assessment and 3) Service Coordination and <u>Community Directed Engagement</u> plan for: 4) Initiation; 5) Engagement; and 6) Transition. Although all of the JJSAMHP teams do not have to follow this model (there are seven 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 Service Domains

JJSAMHP

• JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP DOMAINS

Screening /Referral • Screening from Juvenile Justice and Referral to Identified Provider(s)

ssessment

• Usage of a Valid, Reliable and Comprehensive Assessment for MH, SU and Co-Occurring Disorders

Engagement

• Utilization of System of Care Principles to Engage Families and Assist in Completion of Treatment

vidence Base Treatments • Usage of Evidence Based Treatments to Address Substance Use and/or Mental Health Issues

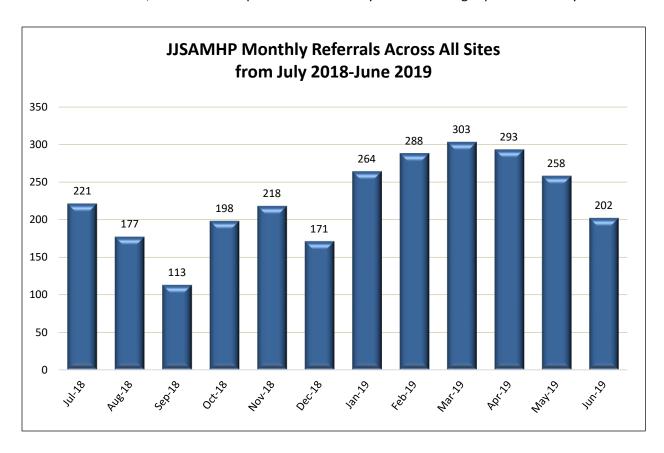
JCPC

• Involvement of Juvenile Crime Prevention Councils in programming including developing Recovery Oriented Systems of Care

IJSAMHP 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 use 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).

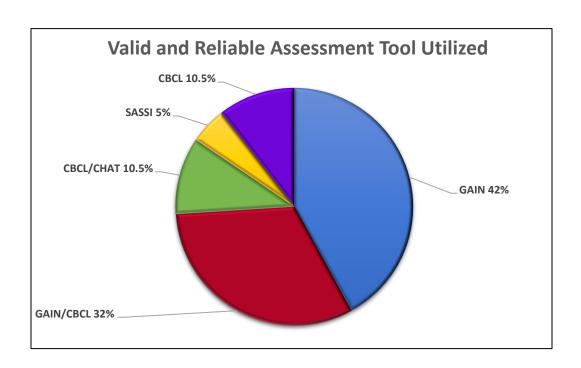
Based on data submitted by the local teams, there were 2,706 referrals from Juvenile Justice (JJ) screening to local provider(s) for assessments from July, 2018 to June, 2019. This averages to 226 referrals per month. For the first half of the fiscal year (July through December) there were 1,098 referrals and for the second half of the fiscal year (January through June), there were 1,608 referrals. To determine the number of referrals for each team across this time period, please see the section entitled "Local Team Processes." The graphs below represent the total referrals completed across all JJSAMHP teams for 2018-2019, and then a comparison of this fiscal year with the eight previous fiscal years.

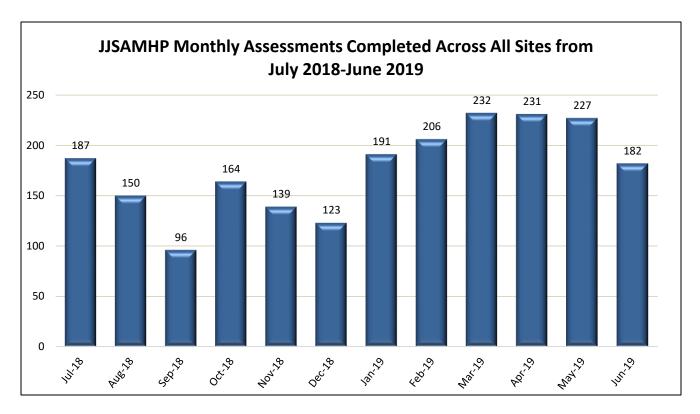


	JJSAMHP Monthly Referrals-Fiscal 2012-2019												
Fiscal	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2019	221	177	113	198	218	171	264	288	303	293	258	202	2706
2018	216	198	153	214	215	184	222	259	272	236	250	228	2647
2017	209	200	213	215	209	194	214	294	274	254	280	249	2805
2016	238	216	249	252	241	207	232	271	350	285	316	329	3186
2015	255	245	215	295	280	275	323	278	363	334	312	346	3521
2014	247	209	197	323	265	249	259	245	316	301	259	246	3116
2013	211	238	245	271	267	235	263	279	313	289	232	241	3084
2012	240	203	257	251	309	209	299	249	317	315	332	250	3231

IISAMHP Domain II: Assessment

The second JJSAMHP domain is Assessment. The Assessment tool used by JJSAMHP teams must gather information on substance use 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. There is 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 included the Global Appraisal of Individual Needs (GAIN), the Child Behavior Checklist, and the Comprehensive Health Assessment for Teens (CHAT) or some combination. All 21 teams reported using an evidence based (valid and reliable) assessment tool for mental health and/or substance use. The chart below outlines the most frequently cited valid and reliable assessment tools used by teams.





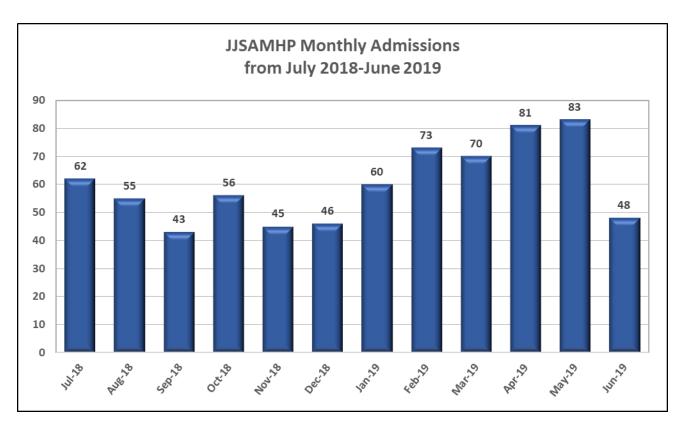
Additionally, teams collect data on the number of assessments completed each month. Based on data submitted by the local teams, there were 2,128 assessments completed by partnering providers for the JJSAMHP during 2018-2019. This represents 80% of the youth referred being assessed. This is the same as the last fiscal year (80%). This averages to 177 assessments per month. For the first half of the fiscal year (July through December) there were 859 assessments and for the second half of the fiscal year (January through June), there were 1,269 assessments. To determine the number of assessments for each LME/MCO across this time period, please see the section entitled "Local Team Processes." The chart below represents the total assessments completed across all JJSAMHP sites for 2018-2019 and the next graph represents a comparison of this fiscal year with the previous eight fiscal years.

	JJSAMHP Monthly Assessments-Fiscal 2012-2019												
Fiscal	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2019	187	150	96	164	139	123	191	206	232	231	227	182	2128
2018	181	167	121	164	159	143	173	185	216	197	234	187	2127
2017	171	147	144	113	143	125	182	195	218	165	231	211	2045
2016	165	155	196	171	169	150	151	201	171	219	190	173	2111
2015	211	198	173	237	191	188	250	154	268	227	201	202	2500
2014	194	148	126	221	148	147	176	196	244	223	208	165	2196
2013	188	178	168	207	161	173	221	199	206	270	155	176	2302
2012	196	174	205	197	208	179	195	203	187	230	244	187	2405

IISAMHP 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 and youth, the focus was

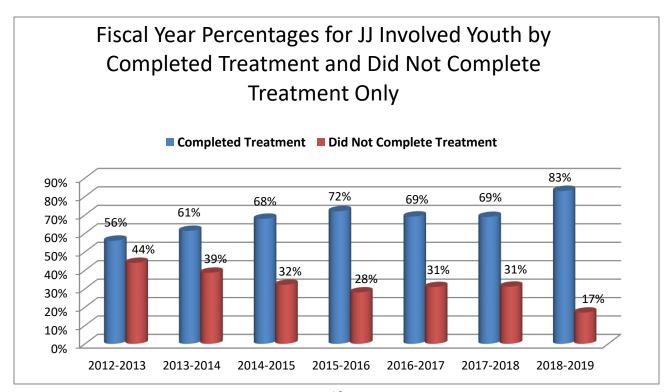
ensuring admission to a partnering provider who agreed to include Child and Family Teams as part of the continuum of care. 100% of the teams cite regular usage of Child and Family Teams. For this fiscal year, there were 722 admissions to JJSAMHP providers during 2018-2019. It is noted that several of 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 only. To determine the number of admissions to JJSAMHP providers for each team across this time period, please see the section entitled "Local Team Processes." The following graphs represent the total admissions to JJSAMHP partner providers for 2018-2019 and then a comparison of this fiscal year with the previous fiscal years.



	JJSAMHP Monthly Admissions-Fiscal 2012-2019												
Fiscal	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
2019	62	55	43	56	45	46	60	73	70	81	83	48	722
2018	54	63	46	65	54	46	81	59	77	63	102	75	785
2017	80	102	94	53	75	71	64	72	83	65	78	78	915
2016	93	96	154	125	99	83	96	118	114	117	109	97	1301
2015	102	163	126	108	96	103	125	84	107	138	106	95	1353
2014	149	107	95	179	147	164	125	132	165	135	138	113	1649
2013	165	162	118	159	124	124	158	176	156	164	129	137	1772
2012	131	135	144	151	162	129	163	138	150	176	193	138	1810

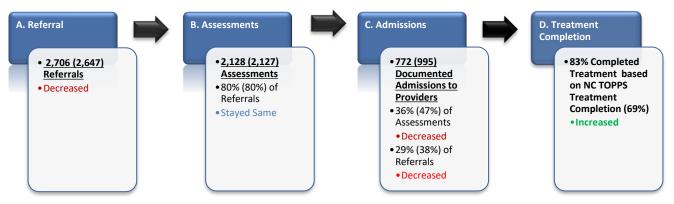
Discharge Completion Rates for JJSAMHP across Fiscal Years 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019

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 that youth who successfully completed treatment services. The **Did Not Complete Treatment** group includes that 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. Youth who were moved to institutions other than juvenile justice, moved out of the area, changed to a service not required by NC-TOPPS and youth who died during the fiscal year were not included in either group. The percentage of youth who completed treatment was the same as in previous fiscal year.

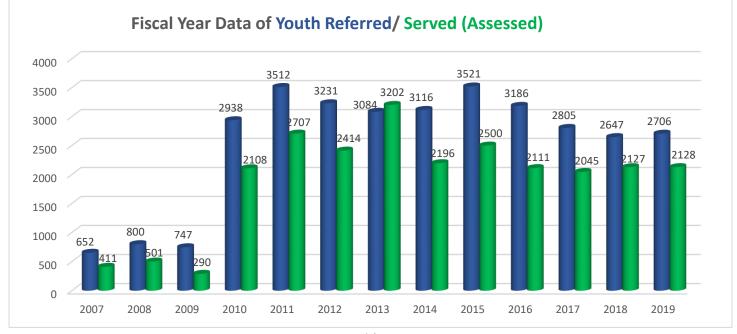


Overall Process Numbers for JJSAMHP for 2018-2019

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); and d) the percentage of youth who successfully completed treatment based on data provided to the state by providers (see this information below). The numbers in parentheses represent previous fiscal year data (2017-2018).

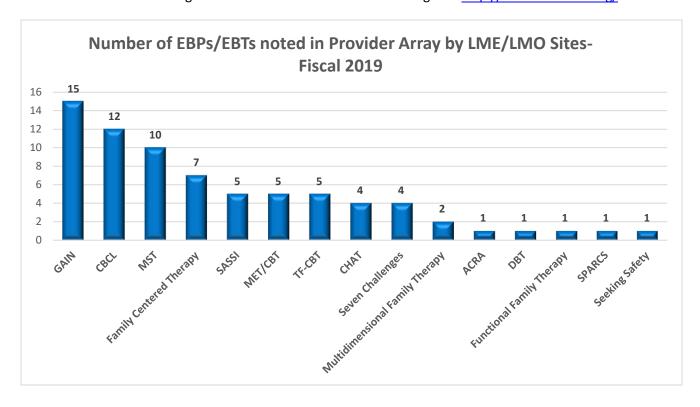


Additionally, there is data on the number of youth referred by JJ to a JJSAMHP provider (formerly MAJORS), and the number of youth who were assessed by a JJSAMHP provider for services. The next chart outlines this information over the last fiscal years. Notably, during Years 2007, 2008, 2009 (MAJORS), only youth with substance use issues were being tracked and in 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 (JJSAMHP), youth with mental health issues were also tracked across multiple providers.



IISAMHP 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 reported EBP/EBTs are included in this report. The Evidence Based Practices/Treatments include: Multisystemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Global Appraisal of Individual Needs (GAIN), Seven Challenges, Child Behavior Checklist (CBCL), Multidimensional Family Therapy, Family Centered Therapy, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Functional Family Therapy, Dialectical Behavior Therapy, Structural Family Therapy, Comprehensive Health Assessment for Teens (CHAT), Adolescent Community Reinforcement Approach (ACRA) and Seeking Safety. All of the listed areas are Evidence Based Treatments except the GAIN, CBCL and CHAT, which are Valid and Reliable Assessments. For more information on EBP's/EBT's, please refer the primer in the following link: http://www.ijsamhp.org/publications/. There is also a good resource at the California Evidence Based Clearninghouse for Child Welfare at the following link: http://www.cebc4cw.org/



IJSAMHP 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 use 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 2018-2019

This section outlines some of the key overall Activities and Accomplishments of the JJSAMHP for the 2018-2019 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; and 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 once per quarter 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 main activities for JJSAMHP are highlighted below:

- A. Overall, there were a total of 14 Cross-System (Juvenile Justice, Behavioral Health Providers, LME/MCO representatives and others) trainings/meetings, including the regional meetings below. There were 532 documented attendees across the trainings/meetings. As in every year, one of the major activities for this fiscal year was the provision of Regional meetings. The state team developed a curriculum that focused on upcoming issues such as Medicaid Transformation, Raise the Age and working with Transitional Age youth.
 - a. The Regional meetings are noted below and include locations and number of participants. There was a total of 198 participants across the three meetings which represented a 13% increase in participation and attendance across each meeting is located below:
 - i. 4/29/19-Eastern-49 Cross System Team members
 - ii. 5/1/19-Western/Piedmont-84 Cross System Team members
 - iii. 5/13/2019-90 Cross System Team members
- B. UNCG worked with Seven Challenges developer and held a Mastery Counseling Training with Dr. Robert Schwebel with 60 clinicians in attendance on 5/14/2019
- C. UNCG worked with Dr. Brenden Hargett and held Trauma and African American Youth training (cofounded by the Kate B. Reynolds Charitable Trust) on two occasions and trained 36 practitioners
- D. UNCG worked with Dr. Chris Townsend on Trauma and African American boys training on June 5 for 83 Juvenile justice staff
- E. UNCG worked with Seeking Safety and coordinated training for 11 JJ staff (3-hour Orientation) and 30 clinicians (2-day training) on June 6 and 7

- F. UNCG provided other training such as orientation for new treatment providers, Process Improvement, data tracking training, cultural competency and implicit bias training, meeting with new area to be involved with JJBH (Johnston), team fitness training, SWOT training, etc.
- G. UNCG worked with North Carolina Families United and Youth Move to infuse Young Adult Transition training into regional meetings per request of the state team.
- H. UNCG worked with state DMHDDSAS and DPS partners to develop a detention support visit interview guide, conducted interviews and provided feedback to the state and local team. This information was also incorporated in the Spring Detention Substance Use services meeting held on May 21, 2019.
- There were 37 state level team meetings and other meetings that link to JJBH issues such as the Juvenile Justice Behavioral Health state team and subcommittee meetings, System of Care State Collaborative, and the Cross Area Substance Use Detention and Residential meetings.
- J. The Compendium of Services was maintained as a resource document through work with local teams (specifically LME/MCO liaisons). This year, the graduate student on the project contacted the liaisons to obtain information at least three times per year. 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.ijsamhp.org/publications/.
- K. It was important to continue to update the JJSAMHP website, including weekly updates of the Substance Use 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/

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, admissions, evidence based assessments and evidence based treatments.
- 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. UNCG began a process this year on the web portal for linking data for teams through online submissions. This included working with UNCG IT to develop platform and questions and work with state team to streamline the questions. The pilot of this data system began in Fiscal 2020 (July, 2019).

- D. UNCG obtained, cleaned and linked NC-TOPPS data. This is to assist in providing more information about quality and treatment provided to youth who are admitted to services. UNCG provided end of previous fiscal year and mid-year information out to the state and local teams about NC-TOPPS data. NC-TOPPS interview forms can be found here: https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp
- E. 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.

3. Provide Support for Training and Technical Assistance

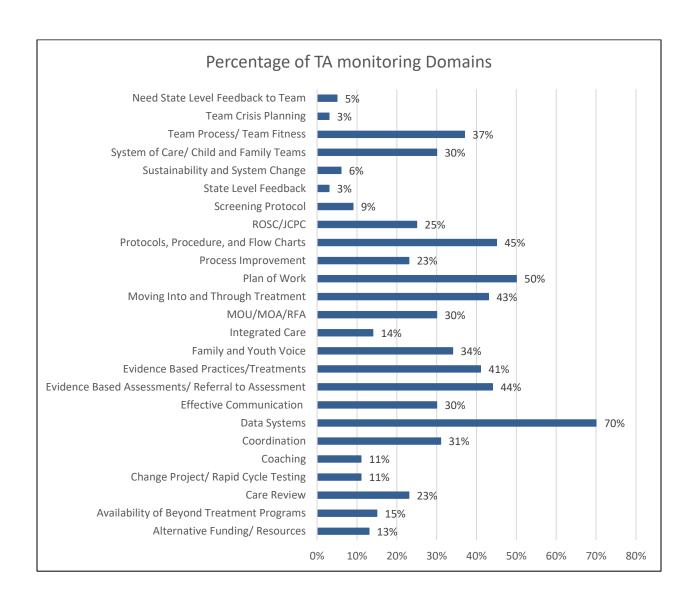
A. Technical Assistance. Another activity of the JJSAMHP was to provide technical assistance directly to local teams. The state level partners requested that teams be visited at least two times during the year. There was a total of 137 site visits to teams from July, 2018 through June, 2019. These visits 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 encourage use of funds to support processes. There were an additional 21 other substantial contacts that required data generation, research or work 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:

Type of		First Quarter		Second Quarter		Third Quarter	Fo	ourth Quarter
Contact								
On-Site	1.	7/5/2018 Cardinal -	37.	10/5/2018 Cardinal -	68.	1/2/19- Sandhills-		Trillium Central
Visits		Triad		Triad		Guilford	110.	4/3/19- Sandhills
	2.	7/9/2018 Sandhills-	38.	10/5/2018 Cardinal-	69.	1/3/19- Partners -		Guilford
		8 County		Piedmont Team		Northern	111.	4/4/19- Partners
	3.	7/11/2018 Sandhills-	39.	10/10/2018-Eastpointe-	70.	1/4/19- Cardinal-		Northern
		Guilford		Lumberton		Piedmont	112.	4/5/19- Cardinal
	4.	7/12/2018 Alliance	40.	10/10/2018 Sandhills-	71.	1/7/19- Trillium		Triad
	_	Durham		Guilford		Central	113.	4/11/19- Cardinal
	5.	7/17/2018 Cardinal-	41.	10/16/2018 Alliance	72.	1/10/19- Cardinal	111	Mecklenburg
	6	Five County Team	42	Wake	72	Mecklenburg	114.	4/11/19- Cardinal
	6.	7/18/2018 Partners - Southern	42.	10/16/2018 Cardinal-	/3.	1/10/19- Cardinal - Triad	115	Person/Caswell
	7.		43.	Five County Team	74		115.	Trillium-District 6 RF
	7.	7/19/2018 Partners - Northern	45.	10/17/2018 Partners - Southern	74.	1/15/19- Cardinal- Five County	116	4/15/19- Sandhills
	8.	7/23/2018	44.	10/18/2018 Trillium	75	1/23/19- Alliance	110.	Guilford
	0.	Eastpoint	44.	North	73.	Cumberland	117	4/16/19- Cardinal –
		e -Kinston	45.	10/19/2018 Cardinal-	76	1/28/19- Eastpointe-	117.	Five County
	9.	7/23/2018	75.	ACOC Team	70.	Goldsboro	118	4/17/19- Partners
	J .	Eastpoint	46.	10/26/2018 Sandhills-	77.	2/1/19- Cardinal -	110.	Southern
		e-Lumberton		8 County		Triad	119.	4/22/19-
	10.	7/24/2018 Partners -	47.	10/29/2018	78.	2/4/19- Trillium		Cardinal/Trillium
		Central		Eastpointe-Rocky		Central		District 6
	11.	7/25/2018 Alliance		Mount	79.	2/6/19- Sandhills-	120.	4/24/19- Alliance
		Cumberland	48.	10/29/2018		Guilford		Cumberland
	12.	7/30/2018 Cardinal		Eastpointe -Kinston	80.	2/7/19- Sandhills-8	121.	4/26/19- Cardinal
		Innovations/ Trillium-	49.	10/29/2018 District 6		County		AOC
		District 6 RF	50.	10/30/2018 Partners -	81.	2/7/19- Eastpointe-	122.	5/2/19- Partners
	13.	8/1/2018 Partners -		Central		Rocky Mount		Northern
		Northern	51.	11/1/2018 Partners -	82.	2/12/19- Partners -	123.	5/15/19- Partners
	14.	8/1/2018 Sandhills-		Northern		Northern		Southern
		Guilford	52.	11/14/2018 Sandhills-	83.	2/13/19- Eastpointe-	124.	5/15/19- Cardinal
	15.	8/2/2018		Guilford		Lumberton		Mecklenburg
		Eastpoint	53.	11/20/2018 Cardinal-	84.	2/13/19- Sandhills-	125.	5/28/19- Partners
		e-Rocky Mount		ACOC Team		Guilford		Central
	16.	8/3/2018 Cardinal-	54.	11/16/2018 Cardinal-	85.	2/14/19- Cardinal	126.	5/29/19- Cardinal –
		Piedmont Team		Five County Team		Mecklenburg		Triad
	17.	• •	55.	11/28/2018 Alliance	86.	2/14/19- Alliance	127.	5/31/19- Vaya
		Eastpoint	F.C	Cumberland	0.7	Durham	420	Health
	10	e-Lumberton	56.	11/26/2018 Cardinal	87.	2/14/19- Cardinal-	128.	6/4/19- Sandhills 8
	18.	8/9/2018 Cardinal		Innovations/ Trillium-	00	Five County	120	County
		Innovation- Mecklenburg	57.	District 6 RF 11/27/2018 Alliance	00.	2/15/19- Cardinal- ACOC Team	129.	6/5/19- Partners Northern
	10	8/9/2018 Alliance	57.	Wake	90	2/19/19- Cardinal-	120	6/6/19- Cardinal
	13.	Durham	58.	11/29/2018 Sandhills-	03.	Five County	130.	AOC
	20	8/9/2018 Cardinal-	J.	8 County	90	2/25/19- Eastpointe-	131	6/7/19- Cardinal
	25.	Person Team	59.	12/3/2018 Vaya	55.	Kinston	151.	Triad
	21.	8/15/2018 Partners -]	Health	91.	2/25/19- District 6	132.	6/10/19- Trillium
		Southern	60.	12/5/2018 Sandhills-		2/26/19- Partners -	102.	Central
	22.	8/16/2018 Vaya		Guilford		Central	133.	6/12/19- Eastpointe
		Health	61.	12/7/2018 Cardinal-	93.	2/27/19- Alliance		– Lumberton
	23.	8/20/2018 Cardinal -		Piedmont Team		Cumberland	134.	6/13/19- Alliance
		Triad						Durham
		muu	<u> </u>					Sumum

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	24. 8/22/2018 Alliance	62. 12/13/2018 Cardinal Innovation-Mecklenburg 63. 12/13/2018 Alliance Durham 64. 12/13/2018 Cardinal-Person Team 65. 12/19/2018 Partners-Gaston, Lincoln, Cleveland 66. 12/19/2018 Cardinal-Triad 67. 12/20/2018 Trillium North	94. 3/1/19- Cardinal- Piedmont 95. 3/4/19- Trillium Central 96. 3/6/19- Sandhills- Guilford 97. 3/7 /19- Partners - Northern 98. 3/7/19- Cardinal - Triad 99. 3/13/19- Cardinal Mecklenburg 100. 3/14/19- Cardinal Mecklenburg 101. 3/14/19- Alliance Durham 102. 3/15/19- Cardinal- AOC Team 103. 3/18/19- Sandhills- Guilford 104. 3/19/19- Alliance Wake 105. 3/19/19- Cardinal- Five County 106. 3/25/19- District 6 107. 3/25/19- Eastpointe Kinston 108. 3/26/19- Partners —	135. 6/17/19- Sandhills Guilford 136. 6/17/19- Vaya Health 137. 6/21/19- Cardinal AOC 138. 6/25/19- Partners Central
Scheduled or planned phone technical assistance phone conferences or other Substantial Contact	 7/10/2018 Alliance Cumberland 7/12/2018 Cardinal Innovation- Mecklenburg 7/19/2018 Cardinal- Piedmont Team 7/27/2018 Sandhills- 8 County 8/6/2018 Trillium Central 8/10/2018 Vaya Health 8/16/2018 Cardinal- ACOC Team 8/16/2018 Cardinal- Person Team 8/20/2018 Sandhills- 8 County 8/27/2018 Cardinal Innovations/ Trillium- District 6 RF 	1. 11/30/2018 Trillium Central 2. 12/12/2018 Eastpointe- Lumberton	1. 2/19 – Cardinal 5 County Team Meeting 2. 2/21 Data Tracking Technical Assistance Webinar 3. 3/4 – Trillium Central Team Meeting	

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	11. 9/12/2018 Alliance Cumberland 12. 9/13/2018 Cardinal Innovation- Mecklenburg			



- B. TA updates were provided to the Division liaison. UNCG also tracked different areas of focus during team meetings. This information is in the graphic above with teams focusing most consistently on data systems.
- C. Additionally, there was continued support for sustaining 6 Reclaiming Futures teams including Alliance Cumberland, Partners North, Partners Central, Partners South, Sandhills Guilford, and Cardinal Mecklenburg.
- D. As noted in Section 1, UNCG provided or facilitated discipline specific training as noted here:

	Trainings Comp	pleted During the Yea	r		
Date	Name of Training	Total Participants	Location		
7/26/18	JJSAMHP Orientation New Provider Agency Training	14	West End, NC		
11/8/2018	Introduction to Cultural Competence: Exploring Challenging Conversations, Culture and Implicit Bias	22	Durham, NC		
1/18/2019	Adolescent Substance Use trends for residential providers	11	UNCG		
4/29/2019	JJBH Eastern Regional Meeting	49	Greenville Hilton		
5/1/2019	JJBH Western/Piedmont Regional Meeting	84	Crowne Plaza Hickory		
5/13/2019	JJBH Central Regional Meeting	90	Millennium Center		
5/14/2019	Mastery Counseling for Clinicians	60	McKimmon Center		
5/21/2019	Annual Detention Meeting	42	UNCG		
5/30/2019	Trauma and African American Youth	21	UNCG		
6/5/2019	Trauma and African American Boys	83	Stoneybrook Christian		
6/6-6/7-2019	Seeking Safety Training JJ	11	Laureate Center		
6/6-6/7-2019	Seeking Safety Training Clinicians	30	Laureate Center		
6/21/2019	Trauma and African American Youth	15	McKimmon Center		

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. Provided support to developing training based on provider surveys around trauma and brought in a new EBT-Seeking Safety-to which both clinicians and juvenile justice professionals were invited and attended.
- B. UNCG continued to research EBT/EBPs on behalf of the teams and problem solve around new treatments/practices being brought into the local community.

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 in which juvenile justice involved youth are engaged for JJSAMHP and only lists those for which at least two teams are utilizing this practice. It is noted that these are the practices based on the team's monthly data of what was actually done. More information on teams can be obtained from the Compendium of Services at http://www.jjsamhp.org/publications/. More information on evidence based practices can be found in a primer, also found in the publications link.

	MST	Trauma –Focused CBT	GAIN	CBCL	Seven Challenges	ACRA	Functional Family Therapy	Multidimensional Family Therapy	Dialectical Behavioral Therapy	Family Centered Treatment	SPARCS	Motivational Enhancement Therapy/CBT
Alliance Cumberland			Х		Х							
Alliance Durham	Х		Х			Х				Х		
Alliance Wake	X		Х		Х					Х		
Cardinal ACO	Х	Х	Х	Х			Χ	X		Х		Х
Cardinal District 6												
Cardinal 5 County			Х									
Cardinal Person Caswell	Х		Χ	Х						Х		
Cardinal Piedmont			Х	Х								
Cardinal Mecklenburg				Х								
Cardinal Triad	Х	Х			Х							
Eastpointe Kinston			Х									

	MST	Trauma –Focused CBT	GAIN	CBCL	Seven Challenges	ACRA	Functional Family Therapy	Multidimensional Family Therapy	Dialectical Behavioral Therapy	Family Centered Treatment	SPARCS	Motivational Enhancement Therapy/CBT
Eastpointe Lumberton			Х									
Eastpointe Rocky Mount			Х									
Partners South				Х						Х		
Partners Central				Х								
Partners North	Х	Х	Х	Х								
Sandhills 8 County	Х		Х	Х							Х	Х
Sandhills Guilford	Х	Х	Х	Х	Х			X	Χ	Х		Х
Trillium Central (uses CHAT)												Х
Trillium North	Х		Х									
Vaya	Х	Х	Х	Х	Х					Х		Х

ALLIANCE HEALTH-CUMBERLAND TEAM

Key Team Members

Tina Higgs

Community Relations Specialist

Terrasine Gardner

Community Relations Manager

Cathy Stephenson

Provider Network Development Specialist

Damali Alston

Quality Review Coordinator

Miguel Pitts (until Spring 2019)

Chief-District 12

Vince Wagner

Provider Network Development Specialist

LaVondra McCloud

Access Family Services

Dr. Kim Young

Alexander Youth Network

Danell Leigh-Triola

Carolina Outreach

Sarah Hallock

Cumberland County CommuniCare

Jasun Thompson

Extended Reach

Dr. Tony Haire

Haire Enterprises

Joceyln Stephens

Pinnacle Family Services

Roderick Brown

Yelverton Enrichment Services

Farrah Delgado

Youth Villages

Affiliated Counties: Cumberland

Other JJ Initiatives Reclaiming Futures

Alliance Health —Cumberland (2018-2019)

minumee meantin		D 0 1 1011101	(2010 201)	-)										
	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	22	12	8	9	18	8	20	14	12	6	22	13	164	
Assessments	13	7	2	2	1	2	5	6	1	0	6	0	45	27%
Admissions	3	1	1	0	0	0	0	1	2	0	0	0	8	5%
Non-JJ Admissions	0	0	0	1	0	0	0	1	1	0	0	0	3	
Overall EBA	13	7	2	2	1	2	5	6	1	0	6	0	45	
GAIN	13	7	2	2	1	2	5	6	1	0	6	0	45	
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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	

Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	1	1	0	0	0	0	0	0	0	0	0	2	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

ALLIANCE HEALTH-DURHAM TEAM

Key Team Members

Jennifer Meade

Community Relations Manager

Christopher Jones

Youth Villages

Cathy Stephenson

Provider Network Specialist

Akia Gore

Turning Point Family Care

Tasha Jones Butts

Chief - District 44

Anthony Reid B&D Behavioral Health Services

Robin Sartin

Carolina Outreach

Jessica Cuttance Easter Seals UCP **Janet Mutahangarwa**Easter Seals UCP (MAJORS Assessor)

Carolina Outreach

Carrie Hendricks El Futuro, Inc.

Rhonda French

Visions Counseling Studio, PLLC

Jamarr Garris

Youth Extensions

Marisha Mathis YDC Assessor

Affiliated Counties:

Durham

Alliance Health — Durham (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	6	4	3	6	6	1	9	5	4	8	1	1	54	
Assessments	6	5	2	1	2	4	2	5	4	3	2	1	37	69%
Admissions	2	1	0	0	2	1	1	1	1	3	2	0	14	26%
Overall EBA	5	5	2	1	1	4	1	2	4	3	1	1	30	
GAIN	5	5	2	1	1	4	1	2	4	3	1	1	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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	1	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Family Centered Therapy	1	0	0	0	0	0	0	0	0	0	0	0	1	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	1	1	1	0	0	1	0	0	4	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

ALLIANCE HEALTH-WAKE TEAM

Key Team Members

Eric Johnson

Community Relations Manager

Donald Pinchback

Chief-District 10

Megan Wingate

Easterseals UCP, Inc.

James Ward

Sigma Health Services

Evaluz Negron

Pinnacle Family Services

Beth Bradley

Quality Review Coordinator

Mala Ross

Access Family Services

Brandon Robinson

Fellowship Health Resources

Trish Wisse

Hope Services

Christopher Jones

Youth Villages

Carolina Alford

Southlight Healthcare

Ashley Barber

Carolina Outreach

Patricia Cardoso

Haven House, LLC

Kimberly Dekan

Triangle Family Services

Jemma Al-Salaam

Turning Point

Affiliated Counties: Wake

Alliance Health —Wake (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	11	8	9	20	15	15	13	15	11	13	13	11	154	
Assessments	14	13	7	14	7	6	16	13	12	8	11	8	129	85%
Admissions	4	1	2	1	0	0	0	3	3	1	1	2	18	11%
Non-JJ Admissions								1	0	1	0	0	2	
Overall EBA	12	9	4	7	5	5	14	11	8	8	1	7	91	
GAIN	12	9	4	7	5	5	14	11	8	8	1	7	91	
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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Family Centered Therapy	1	0	0	0	0	0	0	1	0	1	0	0	3	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	3	1	0	0	0	0	0	2	2	0	0	0	8	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	1	1	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

CARDINAL INNOVATIONS-ACO TEAM (Combined with Person/Caswell team this fiscal year)

Key Team Members

Stephanie Jones

System of Care Coordinator

Tom Lesniak RHA Peggy Hamlett/Steven Sadler Chief-District 15

Amanda Farris

Supervisor District 15

Allison Smith Youth Villages

Tina MitchellAmethyst Consulting and Treatment

Belinda Younger

Faith in Families Solutions CSA

Carol McLelland

Freedom House Recovery Center

Chandrika Brown

North Carolina Families United

Starkesha Daye

Pinnacle Family Services

Tom McQuiston

Reintegration Support Network

David Carter

Chief-District 9 (Caswell)

James Strickland

Solutions Community Supports

Beth Pfister

Regional System of Care Manager

Affiliated Counties: Alamance, Chatham, Orange

Cardinal Innovations-Alamance, Chatham, Orange (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	21	9	7	8	12	14	16	9	23	18	15	4	156	
Assessments	12	7	4	7	2	6	4	4	13	6	5	0	70	45%
Admissions	3	0	0	7	3	0	7	2	2	4	3	0	31	20%
Non-JJ Admissions	0	0	0	0	0	2	0	0	0	0	0	0	2	
Overall EBA	0	4	2	3	0	6	3	8	5	5	3	0	39	
GAIN	0	0	0	0	0	0	1	4	0	0	0	0	5	
CBCL	0	4	2	3	0	6	2	4	5	5	3	0	34	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	

Dialectical														
Behavioral	0	0	0	0	0	0	0	0	0	0	0	0	0	
	U	U	U	0	U	U	U	U	U	U	U	U	U	
Therapy														
Family Centered	0	0	0	0	0	1	0	0	0	0	0	0	1	
Therapy														
Functional Family	0	0	0	0	1	0	1	0	0	0	0	0	2	
Therapy				Ů	•		-	Ŭ	Ŭ		Ŭ	Ů		
Motivational														
Enhancement														
Therapy/Cognitive	0	0	0	0	0	0	0	0	1	1	0	0	2	
Behavioral														
Therapy														
Multidimensional	0	0	0	0	0	0	0	0	_	0	0	0	5	
Family Therapy	U	U	0	0	0	0	0	0	5	U	U	0	5	
Multisystemic	_	4	2	4	1	4	2	2		2	4	0	27	
	5	4	2	1	1	1	3	3	1	2	4	0	21	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured														
Psychotherapy for														
	0	0	0	0	0	0	0	0	0	0	0	0	0	
	O	0	0	0	0	1	0	0	0	0	0	0	1	
Family Therapy Seven Challenges				0 0	0 0	0	-			-	-		-	

CARDINAL INNOVATIONS-FIVE COUNTY

Key Team Members

Noel Thomas Lester System of Care Manager **Sonynia Leonard** Chief-District 6

David Carter Chief-District 9

Bobbie Jo Hopf Youth Villages **Carol McClelland** Freedom House Recovery Lake Area Paul Roodhuyzen RHA

Jerome Brown Vision Behavioral Health Services **Bobbie Jo Hopf**Youth Villages

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

Cardinal Innovations – Five County (Without Halifax/2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals		2	0	3	1	2	1	0	2	1	1	1	14	
Assessments		0	0	1	0	1	0	0	1	0	0	0	3	21%
Admissions		0	0	1	0	0	0	0	0	0	1	0	2	14%
Overall EBA		0	0	1	0	0	0	0	0	0	0	0	1	
GAIN		0	0	1	0	0	0	0	0	0	0	0	1	
CBCL		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	
SASSI		0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach		0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy		0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy		0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy		0	0	0	0	0	0	0	0	0	0	0	0	

Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	

CARDINAL INNOVATIONS-PERSON/CASWELL TEAM (Combined with AOC team this fiscal year)

Key Team Members

Stephanie Jones

System of Care Coordinator

Noel Thomas-Lester Regional System of Care Manager

David Carter Chief-District 9

Allison Smith Youth Villages

Antoniquan Johnson Securing Resources

Chandrika Brown North Carolina Families United

Martha Pickett

Freedom House Recovery Center

Ronnie Dunevant

Roots and Wings of Person County

Larry Simpson Pinnacle Family Services

Tina Mitchell Amethyst Consulting and Treatment

Belinda YoungerFaith in Families Solutions CSA

Affiliated Counties: Person, Caswell

Cardinal Innovations—Person and Caswell (2018-2019)

	July	August	September	October	November	December	January	February	March	April	May	June	Total	% of
	2018	2018	2018	2018	2018	2018	2019	2019	2019	2019	2019	2019		Ref.
Referrals	0	4	1	5	7	0	3	11	2	3	4	7	47	
Assessments	0	2	1	2	7	0	0	5	0	2	4	5	28	60%
Admissions	0	2	0	2	0	0	0	0	0	0	0	1	5	11%
Non-JJ	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admissions	0	2	1	2	7	0	0	10	0	0	3	-	30	
Overall EBA			1	2	1	-	-	10	·			3		
GAIN	0	0	0	0	0	0	0	5	0	0	0	0	5	
CBCL	0	2	1	2	7	0	0	5	0	0	3	5	25	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement	0	0	0	0	0	0	0	0	0	0	0	0	0	
Approach														
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Family Centered Therapy	0	0	1	0	1	0	0	1	0	0	0	1	4	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	2	0	2	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

CARDINAL INNOVATIONS-PIEDMONT TEAM

Key Team Members

Tressy McLean-Hickey System of Care Manager

Noel Thomas-Lester System of Care Regional Manager **David Wall** Chief-District 19

Richard Griffan Chief-District 20 **Krista Hiatt** Chief-District 22 **Shannon Shore** Children's Hope Alliance

Jean TillmanDaymark Recovery Services

Tim TilleyFamily Services of Davidson

Chris AbbeyMonarch

Chuck Hill RHA **Dr. Arlana Sims**Sims Consulting and Clinical Services

Jesse StroudTurning Point Family Services

Andrew Stehberger Youth Villages

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

Cardinal Innovations—Piedmont (2018-2019)

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	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	33	9	4	16	11	21	32	30	28	43	32	31	290	
Assessments	28	17	10	15	17	15	33	25	22	45	37	30	294	101%
Admissions	3	9	6	7	5	3	7	10	9	15	19	7	100	34%
Overall EBA	0	0	0	0	1	1	9	25	22	0	36	5	99	
GAIN	0	0	0	0	1	1	9	6	5	0	6	5	33	
CBCL	0	0	0	0	0	0	0	19	16	0	30	0	65	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	1	0	0	0	1	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

CARDINAL INNOVATIONS - MECKLENBURG TEAM

Key Team Members

Noel Thomas-Lester

System of Care Coordinator

Stacy Huss (until 2018)

Supervisor-District 26

Wanda Douglas
Family Partner

Katherine Hogan Carolinas Health Care

John Waller Family First

Shante VinesSupport, Inc.

Judge Elizabeth Trosch (Reclaiming Futures Judicial Fellow)

Affiliated Counties: Mecklenburg

Other JJ Initiatives:

Reclaiming Futures

Andrew Stehberger

Youth Villages

Katherine Fitzgerald

Reclaiming Futures Project Director

Dawn Shelley

Anuvia

Libby Safrit

Carolinas Health Care

Angie Walker Mecklenburg County

Betsy Thompson Teen Health Connection **Russell Price**

Chief-District 26

Amanda Elder

AMI Kids, Inc.

Mackie Johnson

Anuvia

Becky Smith

Children's Hope Alliance

Josh Martin

Support, Inc.

Jesse StroudTurning Point Family Services

Cardinal Innovations-Mecklenburg (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	27	24	10	24	12	16	28	20	23	12	18	13	227	
Assessments	17	20	9	13	16	12	21	7	21	16	10	13	175	77%
Admissions	1	4	0	0	3	1	1	1	3	3	1	1	19	8%
Overall EBA	14	24	8	36	29	33	35	14	40	27	16	25	301	
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	
CBCL	0	4	0	10	0	11	3	0	7	1	2	0	38	
CHAT	0	0	0	13	16	11	20	7	21	15	9	13	125	
SASSI	14	20	8	13	13	11	12	7	12	11	5	12	138	

Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

CARDINAL INNOVATIONS-TRIAD TEAM

Key Team Members

Kimberly Morgan System of Care Coordinator **Noel Thomas Lester** System of Care Regional Manager **James Harner**Insight Human Services

Rusty Slate Chief-District 17 **Stan Clarkson** Chief-District 21 **Krista Hiatt** Chief-District 22

Youth Villages

AMI Kids

Children's Hope Alliance

Affiliated Counties: Davie, Forsyth, Rockingham, Stokes

Cardinal Innovations-Triad (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	3	4	2	1	5	3	6	5	6	6	10	2	53	
Assessments	3	2	4	1	2	2	6	5	3	3	6	3	40	75%
Admissions	3	2	3	1	2	2	6	4	3	3	6	3	38	72%
Non-JJ Admissions	0	0	1	0	0	0	0	0	0	0	0	0	1	
Overall EBA	3	2	4	1	2	2	6	5	3	3	4	3	38	
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	
SASSI	3	2	4	1	2	2	6	5	3	3	4	3	38	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	1	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	1	0	1	
Seven Challenges	3	2	3	0	2	1	6	4	2	3	4	2	32	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	1	0	0	0	0	0	0	0	0	0	1	

EASTPOINTE-KINSTON TEAM

Tracy ArringtonChief-District 4

Key Team Members Christina Allen Pride in NC

Angela Wilson Lead SOC/Care Coordinator

Don Neal, Jr. Waynesboro Family Clinic **Jerry Burns**Supervisor – District – District 8

Amy DrozdaEaster Seals

Constance Olatidoye & Crystal Davis
New Dimension Group

Michelle Swigunski Pinnacle Family Services

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

Eastpointe-Kinston (2018-2019)

Lustpointe mins	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	0	0	1	0	0	0	1	10	1	0	0	1	14	
Assessments	0	0	0	0	0	0	1	4	1	0	3	0	9	64%
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Overall EBA	0	0	0	0	0	0	0	1	0	0	0	0	1	
GAIN	0	0	0	0	0	0	0	1	0	0	0	0	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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive	0	0	0	0	0	0	0	0	0	0	0	0	0	

Behavioral Therapy														
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

EASTPOINTE-LUMBERTON TEAM

Key Team Members

Robert Williams System of Care Specialist

Lance Britt

Chief-District 13

Barry Graham Advantage Behavioral **Paul Russ**

Consumer & Family Advisory Committee Chair (CFAC) **Randy Jones** Chief-District 16

Ivan Pride & Martha Locklear RHA

Angela Wilson Systems of Care Team Lead

Alice Hunt Primary Health Choice

Lauren Ballar & Stephen Rieman Coastal Horizons Center

Bladen, Robeson, Scotland **Affiliated Counties:**

Eastpointe—Lumberton (2018-2019)

Lastpointe—Lui	July	August	September	October	November	December	January	February	March	April	May	June	Total	% of
	2018	2018	2018	2018	2018	2018	2019	2019	2019	2019	2019	2019		Ref.
Referrals	2	2	2	3	0	1	1	3	1	3	2	0	20	
Assessments	2	4	0	0	1	0	1	2	1	0	2	0	13	65%
Admissions	0	0	0	0	0	10	0	0	0	0	0	0	10	50%
Overall EBA	2	1	2	3	0	1	1	2	0	2	1	0	15	
GAIN	2	1	2	3	0	1	1	2	0	2	1	0	15	
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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

EASTPOINTE-ROCKY MOUNT TEAM

Key Team Members

Cotina ThorneSystem of Care Specialist

Angela Wilson Systems of Care Coordinator **Mike Walston** Chief-District 7

Terri ProctorSupervisor-District 7

Kristy Moore & Bobbie Jo HopeYouth Villages

Katherine Mitchell & Sandra PiercePinnacle Family Services

Candance Sutton-Sauls & Christina AllenPride in NC

Affiliated Counties: Edgecombe, Nash, Wilson

Eastpointe--Rocky Mount (2018-2019)

EastpointeRoci	xy Mot	IIIt (2016	0-2019)											
	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	4	3	4	4	2	4	5	3	2	8	7	0	46	
Assessments	1	0	1	3	0	0	0	13	3	3	10	1	35	76%
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Non-JJ Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	
Overall EBA	2	2	3	4	2	3	4	2	0	6	5	0	33	
GAIN	2	2	3	4	2	3	4	2	0	6	5	0	33	
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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

PARTNERS-NORTH TEAM

Key Team Members

Stephanie Funderburk-Part of Year

System of Care Liaison

Rusty Slate Chief - District 17 **Krista Hiatt** Chief - District 22

Scott Perry

Chief - District 23

Alex Dow

Children's Hope Alliance

George EdmondsYouth Villages

Jamie Sales

System of Care Manager

Zach Hawks

Easter Seals/UCP

Affiliated Counties:

Iredell, Surry, Yadkin

Other JJ Initiatives

Reclaiming Futures

Partners Behavioral Health-North (2018-2019)

Partners Benavi						ı	ı		1					
	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	10	6	6	9	4	3	7	6	10	13	10	11	95	
Assessments	7	3	8	7	4	8	8	6	10	7	7	10	85	89%
Admissions	12	6	7	8	4	5	5	5	10	7	5	7	81	85%
Non-JJ Admissions	0	0	0	0	0	0	0	3	0	0	0	0	3	
Overall EBA	1	0	1	0	0	3	2	3	4	1	2	3	20	
GAIN	1	0	1	0	0	0	0	0	0	0	0	0	2	
CBCL	0	0	0	0	0	3	2	3	4	1	2	3	18	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	1	2	1	1	2	0	0	2	0	0	0	0	2	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	3	3	2	1	2	0	0	0	0	0	0	0	11	

PARTNERS-CENTRAL TEAM

Key Team Members

Kimberly Rhoads-Part of the Year

Project Director

Honorable Burford Cherry

District 25

Ronn Abernathy District 25

Honorable Mark L. Killian

District 25

Brandi Tolbert Judicial

Jermaine Brooks

Josh ClayThe Cognitive Connection

Julie Walker

The Cognitive Connections

Kim James

Family Partner

Burke Recovery

Affiliated Counties:

Burke, Catawba, Caldwell

Other JJ Initiatives

Reclaiming Futures

Partners Behavioral Health-Central (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	17	15	8	7	16	16	17	19	19	13	8	13	168	
Assessments	6	8	8	7	8	8	15	14	13	10	8	9	114	68%
Admissions	5	5	10	5	2	2	7	5	5	9	6	5	66	39%
Overall EBA	4	6	6	5	7	8	14	13	10	9	8	9	99	
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	
CBCL	4	6	6	5	7	8	14	13	10	9	8	9	99	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

PARTNERS-SOUTH TEAM

Key Team Members

Jeanne Patterson-Part of the Year

Project Director

Honorable Judge Richard AbernethyDistrict 27

Carol McManus Chief-District 27

Shanté Vines Support, Inc.

Pamela Whisnant Community

Cynthia Lemburg
Treatment

Affiliated Counties: Gaston, Clevland, Lincoln

Other JJ Initiatives **Reclaiming Futures**

Partners Behavioral Health-South (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	10	5	1	3	3	1	2	1	9	14	10	4	63	
Assessments	8	3	1	3	1	1	2	0	8	8	7	3	45	71%
Admissions	0	0	1	2	1	1	1	0	8	7	7	3	31	49%
Non-JJ Admissions	0	0	0	1	0	0	0	0	0	0	0	0	1	
Overall EBA	5	3	1	3	1	1	2	0	5	6	6	3	36	
GAIN	0	0	0	0	0	0	0	0	0	0	0	0	0	
CBCL	5	3	1	3	1	1	2	0	5	6	6	3	36	
СНАТ	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	4	6	4	2	18	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement	0	0	0	0	0	0	0	0	0	0	0	0	0	

Therapy/Cognitive														
Behavioral														1
Therapy														l
Multidimensional	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Family Therapy	O	U	U	U	U	U	U	U	U	U	U	U	O	ł
Multisystemic	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Therapy	O	U	U	U	U	U	U	U	U	U	U	U	O	ł
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured														
Psychotherapy for														1
Adolescents	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Responding to														1
Chronic Stress														1
Trauma Focused														
Cognitive	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Behavioral	U	U	U	U	U	U	U		U	U	U	U	U	
Therapy														

SANDHILLS CENTER-GUILFORD TEAM

Key Team Members

Lisa Salo

System of Care Coordinator

Laqreshia Bates-Harley

Chief-District 18

Kenya GoingsFaith in Families

James Harner & Frances Browne

Insight Human Services

Tara Ward Youth Villages **Tina Mitchell**Amethyst

Van Catterall

Youth Focus, Inc.

Quentin Leak

Alcohol and Drug Services

Renee' Michaux Unifour One

Yohima Casey

Peculiar Counseling & Consulting, PLLC

Lisa Bracken

Pinnacle Family Services of NC, LLC

Reketta Wright

Wrights Care Services

Joe Fortin

Reclaiming Futures Community Treatment Fellow

Affiliated Counties:

Guilford

Other JJ Initiatives:

Reclaiming Futures

Sandhills Guilford (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	9	35	14	25	18	22	29	40	29	42	34	41	338	
Assessments	12	22	12	16	5	17	18	24	27	34	21	28	236	70%
Admissions	7	8	7	7	6	7	9	10	5	12	13	6	97	29%
Non-JJ Admissions	15	20	16	28	14	9	15	15	17	13	15	12	189	
Overall EBA	11	22	8	13	4	19	20	25	27	22	29	31	231	
GAIN	3	2	1	0	0	1	2	2	0	0	3	2	16	
CBCL	5	18	7	12	4	17	17	23	27	22	23	29	204	
СНАТ	2	0	0	0	0	1	0	0	0	0	3	0	6	
SASSI	1	2	0	1	0	0	1	0	0	0	0	0	5	
Adolescent Community	0	0	0	0	0	0	0	0	0	0	0	0	0	

Reinforcement														
Approach														
Dialectical														
Behavioral	0	0	0	1	0	0	1	0	0	0	1	2	5	
Therapy														
Family Centered Therapy	0	0	0	0	1	1	1	1	2	2	3	0	11	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral	1	0	0	0	1	0	0	2	0	4	2	1	11	
Therapy														
Multidimensional Family Therapy	0	0	0	0	0	0	0	1	0	0	0	0	1	
Multisystemic Family Therapy	0	2	5	4	4	0	5	6	5	1	1	2	35	
Seven Challenges	0	1	1	1	0	0	1	1	0	1	1	0	7	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	1	0	0	1	0	0	0	0	0	0	0	2	

SANDHILLS CENTER-8 COUNTIES TEAM

Key Team Members

Marsha Woodall-Part of the Year **Lucy Dorsey-Part of the Year** System of Care Coordinator

Chief-District 11

Randy Jones Chief-District 16

Megan Tarver System of Care Coordinator

David Wall Chief-District 19

Shirlyn Smith NC Families United Family Advocate

Bryan Dupree Pinnacle Family Service

Robert Smith Sandhills Behavioral Center **Crystal Morrison**Trinity Services

Jennifer LaBonte & Jerry Earnhart Daymark Recovery Services

Richard Griffin Chief-District 20

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

Sandhills—8 County (Southern Area-2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	10	7	5	8	11	9	22	22	18	22	15	11	160	
Assessments	7	5	3	9	7	4	5	12	10	10	10	8	90	56%
Admissions	2	4	0	2	2	1	0	9	5	7	5	4	41	26%
Non-JJ Admissions	2	1	2	1	1	0	2	1	0	1	2	1	14	
Overall EBA	4	3	2	5	3	0	4	12	15	13	16	7	84	
GAIN	0	0	0	0	0	0	0	4	1	1	0	0	6	
CBCL	3	3	2	5	3	0	4	7	10	9	9	5	60	
CHAT	0	0	0	0	0	0	0	1	3	2	4	2	12	
SASSI	1	0	0	0	0	0	0	0	1	1	3	0	6	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	1	1	3	0	5	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	2	0	2	1	0	0	3	0	3	0	6	17	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	1	0	0	0	1	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

TRILLIUM HEALTH RESOURCES- NORTH TEAM

Key Team Members

Tracey WebsterSystem of Care Coordinator

Edward Hall Chief-District 1

James Ward Chief-District 2

Hope Eley System of Care Coordinator **Garrett Taylor**Uplift Foundation/Power of U

Affiliated Counties:

Beaufort, Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington

Trillium North (2018-2019)

Timum North (2	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	1	3	10	9	10	12	9	7	9	4	9	8	91	
Assessments	9	4	4	7	8	7	13	4	6	9	9	8	88	97%
Admissions	1	2	0	3	0	2	3	2	2	0	0	0	15	16%
Overall EBA	9	2	3	7	8	7	7	4	6	11	9	8	84	
GAIN	7	2	2	3	7	5	7	2	4	6	3	4	52	
CBCL	0	0	0	0	0	0	0	0	0	0	0	0	0	
CHAT	2	0	1	4	1	2	5	2	2	3	6	4	32	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	1	2	1	3	1	2	0	2	2	2	3	2	18	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

TRILLIUM HEALTH RESOURCES-CENTRAL TEAM

Key Team Members

Keith Letchworth System of Care Coordinator **Karen Reaves**System of Care Coordinator

Jean Kenefick System of Care Coordinator

Robert Keeter & Stacy Huss Chief/Supervisor-District 3 Tracy Williams Arrington & Wendell Boykins
Chief/Supervisor-District 4

Jennifer HardeePORT Health Services

Affiliated Counties:

Carteret, Craven, Dare, Hyde, Jones, Onslow, Pamlico, Pitt

Trillium Central (2018-2019)

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	1	3	1	3	1	0	2	0	1	2	5	1	20	
Assessments	1	1	1	1	0	0	2	0	1	1	1	5	14	70%
Admissions	1	1	0	1	0	0	1	0	0	1	1	5	11	55%
Overall EBA	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	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	0	1	0	0	0	0	1	0	0	0	0	0	2	

Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	

VAYA HEALTH TEAM

Key Team Members

Christy Satterfield

Provider Relations Specialist

Donald ReussSenior Director Provider Network

Dianne Whitman Chief-District 30

Krista Hiatt Chief-District 22 **Scott Perry** Chief-District 23 **Lisa Garland** Chief-District 24

Ronn Abernathy Chief-District 25 **Sylvia Clement** Chief-District 28 Rodney Wesson Chief-District 29

Jeremy BrickerFamily Preservation Services

Ronn RossAppalachian Community Services

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

Sarah Dunagan Daymark Recovery Services **George Edmonds**Youth Villages

Greta MetcalfMeridian Behavioral Health

Sandy Feutz & Bill Westel RHA Vern Eleazer-Part of the Year Swain Recovery Center

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

Other JJ Initiatives: Juvenile Justice Treatment Continuum

Vaya Health (2018-2019)

,	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Total	% of Ref.
Referrals	27	18	14	31	64	17	37	60	81	54	34	21	458	
Assessments	32	25	18	52	48	27	37	51	65	61	59	41	516	113%
Admissions	15	8	6	9	14	11	11	20	12	9	13	4	132	29%
Non-JJ Admissions	0	1	0	0	0	0	0	0	15	0	0	0	16	
Overall EBA	24	10	10	0	26	18	28	40	48	44	29	31	308	
GAIN	1	1	0	0	1	0	14	0	1	0	2	0	20	
CBCL	23	9	10	0	25	18	14	40	47	44	27	31	288	
CHAT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SASSI	0	0	0	0	0	0	0	0	0	0	0	0	0	
Adolescent Community Reinforcement Approach	0	1	0	0	0	0	0	0	0	0	0	0	1	
Dialectical Behavioral Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Centered Therapy	0	0	0	1	0	0	2	0	4	0	0	0	7	
Functional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Motivational Enhancement Therapy/Cognitive Behavioral Therapy	11	11	12	11	6	4	10	12	21	4	5	3	110	
Multidimensional Family Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Multisystemic Family Therapy	4	5	4	4	7	2	0	10	3	0	0	0	39	
Seven Challenges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Structured Psychotherapy for Adolescents Responding to Chronic Stress	0	0	0	0	0	0	0	0	0	0	0	0	0	
Trauma Focused Cognitive Behavioral Therapy	6	3	4	4	4	2	2	3	0	0	0	0	28	
Seeking Safety										1	0	0	1	

APPENDIX A – JJSAMHP MONTHLY DATA REPORT

JJSAMHP Monthly Data Survey

1. \	What is the LME/MCO Associated with this Report?
0	Alliance Health -Cumberland
0	Alliance Health -Durham
0	Alliance Health -Wake
\mathbf{O}	Eastpointe-Kinston
0	Eastpointe-Lumberton
0	Eastpointe-Rocky Mount Site
\mathbf{O}	Partners Behavioral Health-North
\mathbf{O}	Partners Behavioral Health-Central
\mathbf{O}	Partners Behavioral Health-South
\mathbf{O}	Cardinal Innovations Healthcare-ACO Area
\mathbf{O}	Cardinal Innovations Healthcare-Five County-Four County
\mathbf{O}	Cardinal Innovations Healthcare-Halifax Area
\mathbf{O}	Cardinal Innovations Healthcare-Mecklenburg
\mathbf{O}	Cardinal Innovations Healthcare-Person Caswell Area
\mathbf{O}	Cardinal Innovations Healthcare-Piedmont
\mathbf{O}	Cardinal Innovations Healthcare-Triad Area
\mathbf{O}	Sandhills/Guilford-8 County
\mathbf{O}	Sandhills/Guilford-Guilford Area
\mathbf{O}	Trillium North
\mathbf{O}	Trillium Central
0	Vaya Health
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 2018
August 2018
September 2018
October 2018
November 2018

December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
June 2019
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
Admissions by Non JJ providers
10. Please enter the total number of each type of assessment completed during the month of this report.
Total number of Global Appraisal of Individual Needs Assessments
Total number of Comprehensive Health Assessments for Teens
Total number of Child Behavior Checklists
Total number of Substance Abuse Subtle Screening Inventories
11. Please describe the type of juvenile-justice involvement for JJSAMHP admissions during the reporting moth (total account for admissions only). DATA CHANGED MID-YEAR
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
12. JJSAMHP-Please describe the type of evidence based treatment that will be provided for JJSAMHP admissions during the reporting month (total count for admissions only). As a reminder, these are for SU and/or MH EBTs and do not include Cognitive Behavioral Therapy or Motivational Interviewing as these are basic tenants of most other EBTs.
Adolescent Community Reinforcement Approach
Dialectical Behavior Therapy
Family Centered Therapy (model)
Functional Family Therapy
Motivational Enhancement/Cognitive Behavioral Therapy
Multidimensional Family Therapy
Seeking Safety
Seven Challenges
Structured Therapy for Adolescents Responding to Chronic Stress
Trauma-Focused Cognitive Behavioral Therapy

DETENTION ONLY DATA POINTS CHANGED MID-YEAR

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 Su 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
rep	resentative, we will contact the LME/MCO liaison for your team)
\sim	
0	Alliance Health-Cumberland
0	Alliance Health -Durham
O	Alliance Health -Wake
O	Eastpointe-Kinston Site
O	Eastpointe-Rocky Mount Site
\mathbf{O}	Eastpointe-Lumberton Site
\mathbf{O}	Partners Behavioral Health-North
\mathbf{O}	Partners Behavioral Health-Central
\mathbf{O}	Partners Behavioral Health-South
\mathbf{C}	Cardinal Innovations Healthcare-ACO
\mathbf{C}	Cardinal Innovations Healthcare-Person Caswell
\mathbf{C}	Cardinal Innovations Healthcare-Five County
\mathbf{C}	Cardinal Innovations Healthcare-Halifax Area
\mathbf{C}	Cardinal Innovations Healthcare-Mecklenburg
\mathbf{C}	Cardinal Innovations Healthcare-Piedmont
\mathbf{O}	Cardinal Innovations Healthcare-Triad
\mathbf{O}	Sandhills 8 County
\mathbf{O}	Sandhills-Guilford Area
0	Trillium-Central
\mathbf{C}	Trillium-North
0	Vaya Health

DATA REQUEST QUESTIONS

	1.	What is your name?
	2.	What is your agency name?
	3.	What is your title?
	4.	What is your email address?
	5.	What is the best phone number where you can be reached directly?
	6.	Which data would you like to include in the analyses?
O	Cou	unty level (1)
0	Dis	trict level (2)
\mathbf{C}	MC	CO level (3)
0 1	۸/h م	t time period would you like to request?
٥. ١	viia	t time period would you like to request?
O	July	y 2010-June 2011 (1)
\mathbf{O}	July	y 2011-June 2012 (2)
\mathbf{C}	July	y 2012-June 2013 (3)
O	July	y 2013-June 2014 (4)
O	July	y 2014-June 2015 (5)
O	July	y 2015-June 2016 (6)
\mathbf{O}	July	y 2016-June 2017 (7)
O	July	y 2017-June 2018(8)
0	July	y 2018-June 2019(9)
0	Mo	ost Recent data from July 2019 until last data received by UNCG (9)
O	Mu	Iltiple years or another time period-we will describe below in our question(s) section (10)
9.\	Whic	ch data would you like to examine?
	Init	ial (1)
		sode Completion (2)
	•	th Initial and Episode Completion Together (3)
10.	Wh	at questions would you like answered by using NC-TOPPS data? (Someone from the UNCG
eva	luat	tion team- will follow up within a couple of business days)