

ANNUAL REPORT OF THE JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS (JJSAMHP)

2013-2014



**NC Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services**



**THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO**
Center for Youth, Family
and Community Partnerships



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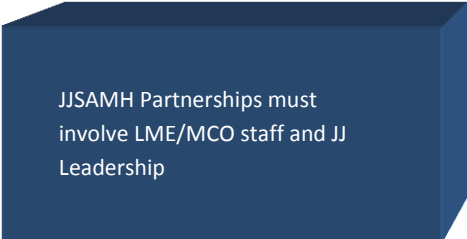
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Section A: Overview of the Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)

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:



JJSAMH Partnerships must involve LME/MCO staff and JJ Leadership

- 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 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

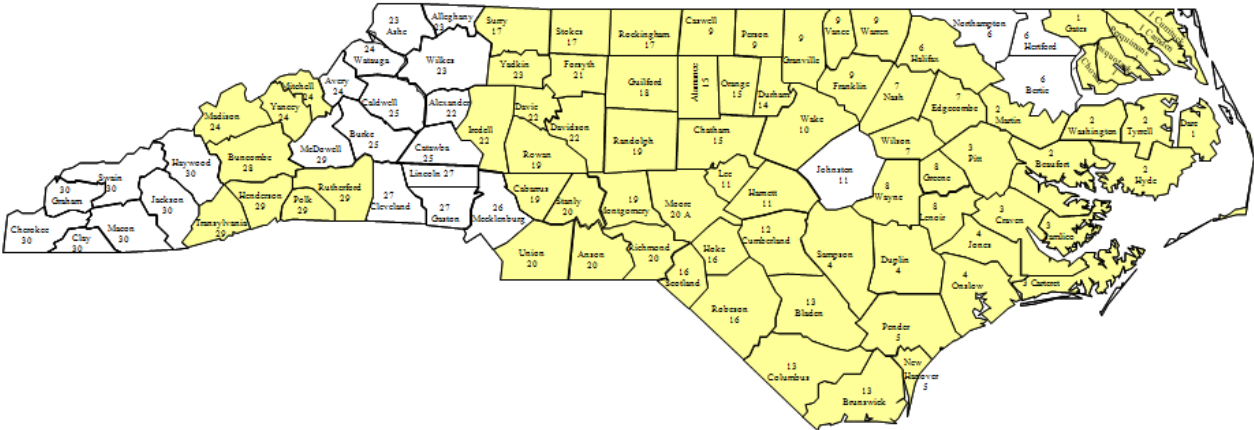
This Annual Report provides information about the JJSAMHP 2013-2014 fiscal year. Although no report can capture every detail of a statewide initiative, the purpose of this document is to provide the main highlights and overall information about JJSAMHP. It is divided up in the following sections:

- ◆ **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 2013-2014.

Section B: Local Management Entity/Managed Care Organization Involvement

As noted, JJSAMHP teams must involve the Local Management Entity/Managed Care Organization. The role of the LME/MCO is to help to ensure that the principles of the JJSAMHP are facilitated through the local teams. The LME/MCO is also provided with funds to help support local team activities. There are 9 LME/MCOs associated with JJSAMHP serving 75 counties. Within the LME/MCO's, there are 18 locally driven teams that work to address juvenile justice involved youth and family needs. For a listing of how each county is distributed by Chief Court Counselor and LME/MCO designation, please see **Appendix A**. Also, although there are 18 locally driven teams, there may be Court Districts within each team that have different processes. For example, one Court District may complete a GAIN Short Screener on each youth and another Court District (within the same team) may utilize another screening tool. Therefore, when describing team processes, there may be fluctuations in the numbers based on these processes within teams. The local partnership counties and associated court districts involved in JJSAMHP are graphically represented below with JJSAMHP counties in yellow.

JJSAMH Partnerships Across North Carolina



The major teams associated with JJSAMHP are as follows (with their 2013-2014 nomenclature):

Alliance Behavioral Healthcare (3 teams)	Cardinal Innovations Healthcare Solutions (4 teams)	CenterPoint Human Services
CoastalCare	East Carolina Behavioral Health (2 teams)	Eastpointe (3 teams)
Partners Behavioral Health Management	Sandhills Center (2 teams)	Smoky Mountain Center (Former Western Highlands Area Only)

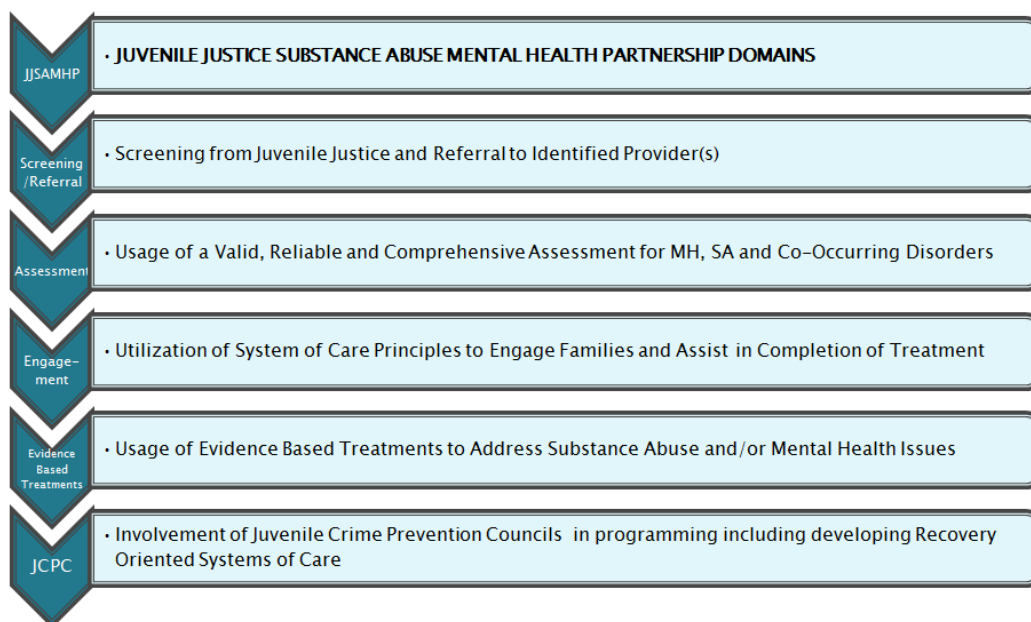
With MeckLink being within Cardinal and Western Highlands within Smoky Mountain Center, all LME/MCOs are now involved with JJSAMHP

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>)

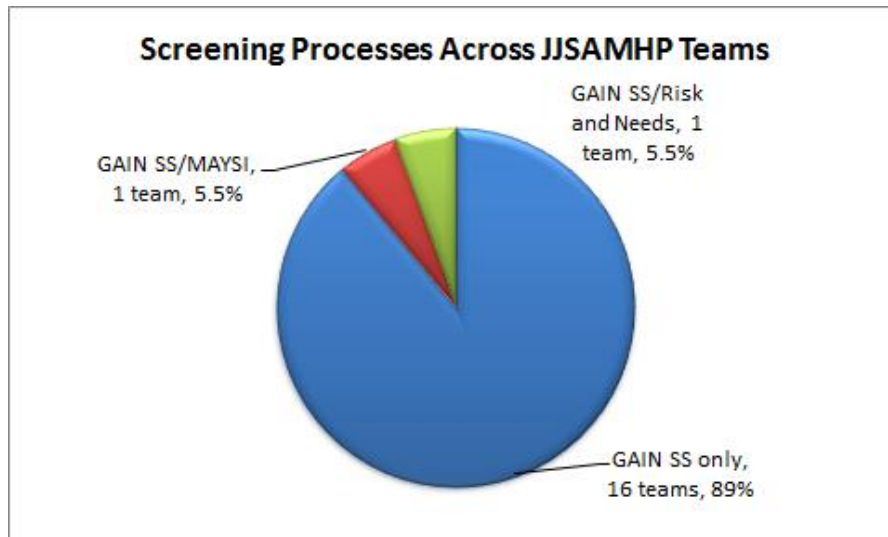
The RF six steps include a Coordinated Individualized Response of: 1) Initial Screening; 2) Initial Assessment and 3) Service Coordination and Community Directed Engagement plan for: 4) Initiation; 5) Engagement; and 6) Transition. Although all of the JJSAMHP teams do not have to follow this model (there are fourteen 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.turninglivesaround.org/publications.html>.

JJSAMHP Service Domains



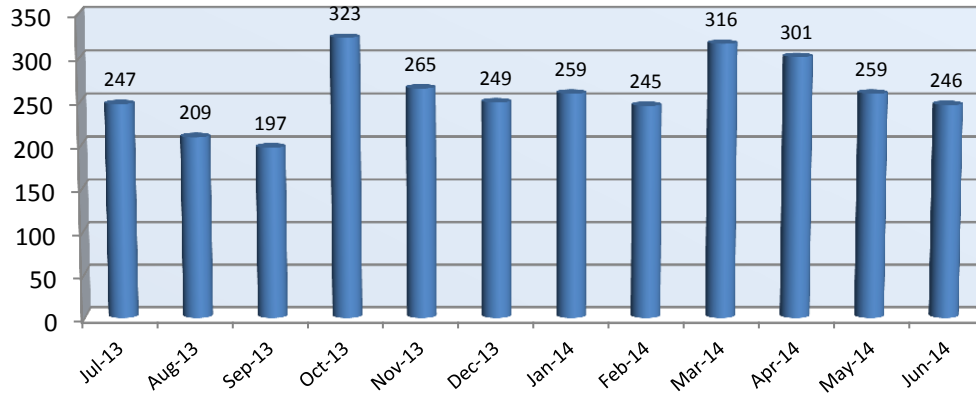
JJSAMHP Domain I: Screening and Referral

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 different tools include the following: Global Appraisal of Individual Needs Short Screener (GAIN-SS); a Combination of the GAIN-SS and the Risk and Needs Assessment from JJ, and one team uses the Massachusetts Youth Screening Instrument (MAYSI). The following chart outlines the most frequently cited screening tools used by JJSAMHP teams:

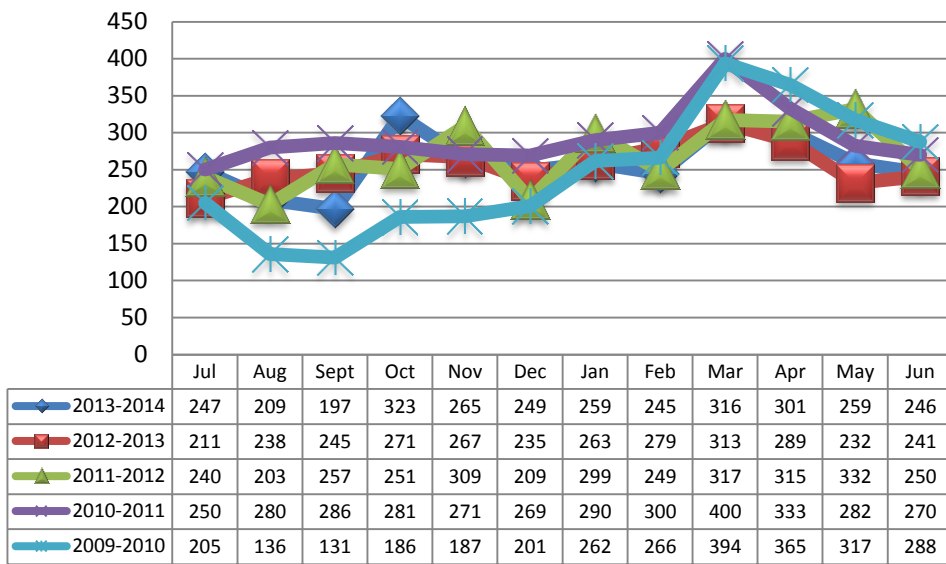


Based on data submitted by the local teams, there were 3,116 total referrals from Juvenile Justice (JJ) screening to local provider(s) for assessments from July, 2013 through June, 2014. This averages 260 referrals per month. For the first half of the fiscal year (July through December), there were 1,490 referrals and for the second half of the fiscal year (January through June), there were 1,626 referrals. To determine the number of referrals for each LME/MCO across this time period, please see the section entitled "Local Team Processes." The following graphs represent the total referrals completed across all JJSAMHPs for 2013-2014 and then a comparison of this fiscal year with the four previous fiscal years.

Referrals from JJ to Assessments Across All Sites July 2013-June 2014

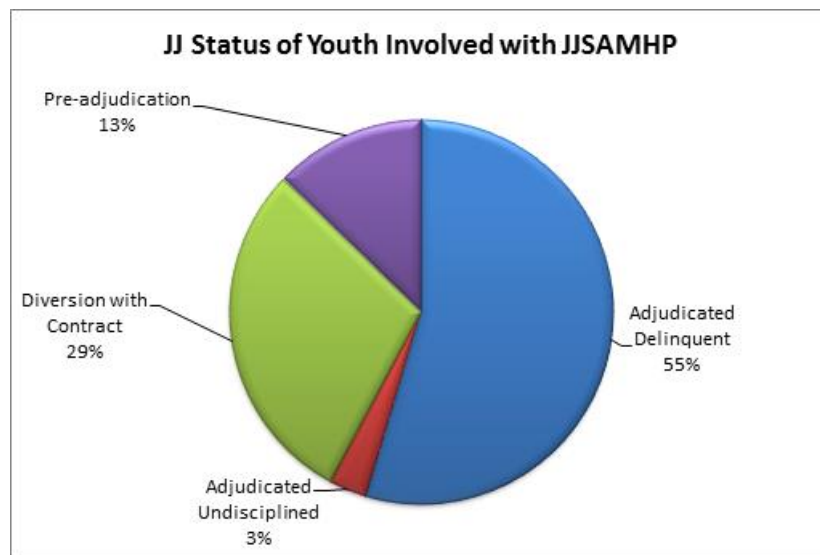


JJSAMHP Monthly Referrals



JJ Categories for Youth Involved with JJSAMHP

There are four main domains of information captured on type of youth involved in JJSAMHP: Adjudicated Delinquent, Adjudicated Undisciplined, Diversion with Contract, and Pre-Adjudication (there are very few youth in other JJ categories). Of those youth within the four main categories, the majority were adjudicated delinquent, followed by diversion with contract, then pre-adjudication, and then adjudicated undisciplined. The information is in the following graph.

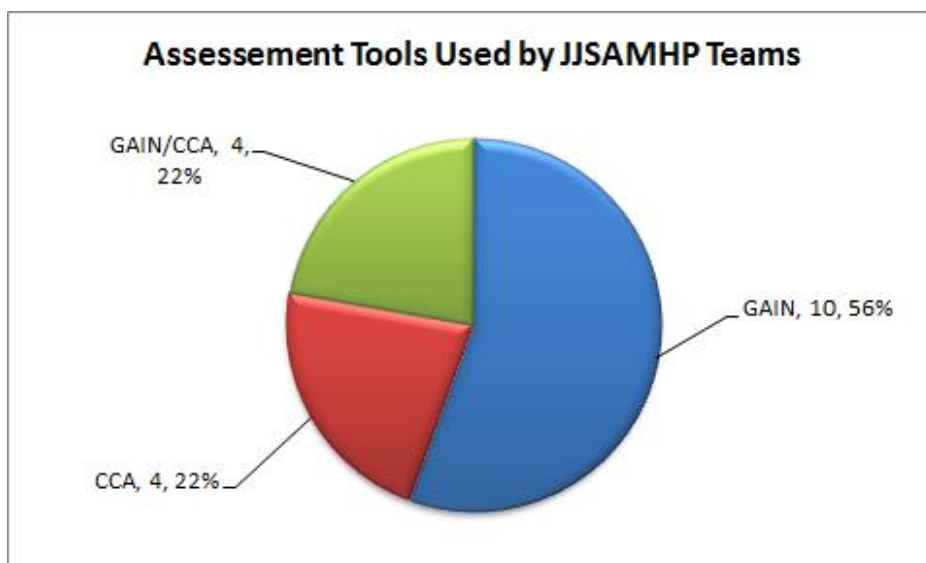


JJSAMHP Domain II: Assessment

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.

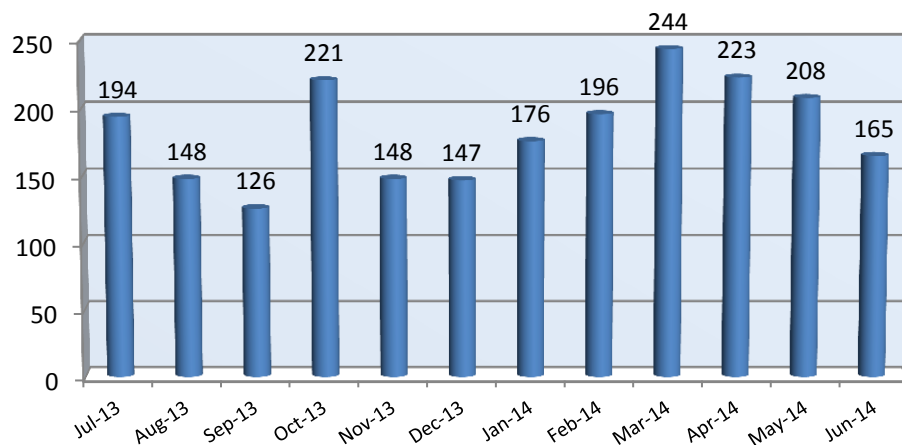
100% of the JJSAMHP teams identify an assessment process that involves using either a Provider based assessment tool (Comprehensive Clinical Assessment) or an Evidence Based Assessment Tool such as the Global Appraisal of Individual Needs (GAIN).

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 assessment tools used by teams:

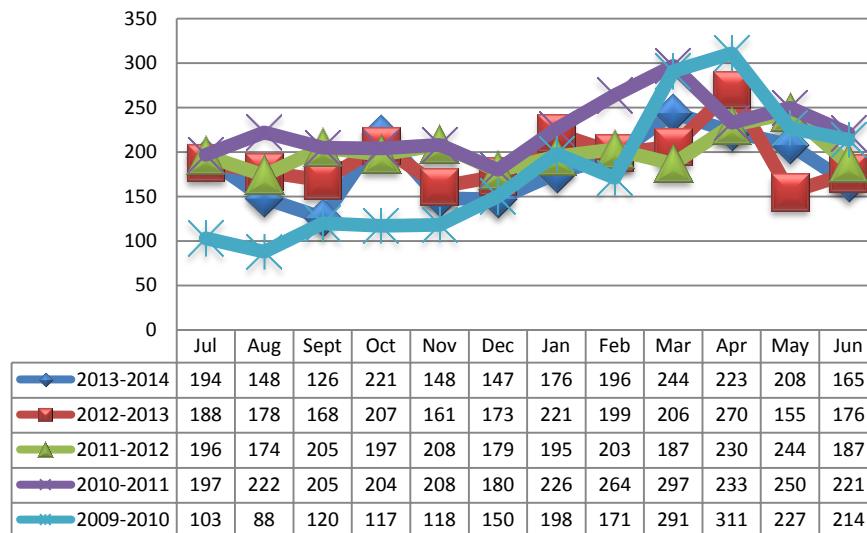


Based on data submitted by the local teams, there were 2,196 assessments completed by partnering providers for the JJSAMHP during 2013-2014. This averages to 183 assessments per month. For the first half of the fiscal year (July through December) there were 984 assessments and for the second half of the fiscal year (January through June), there were 1,212 assessments. The assessments completed represent 66% of the referrals for the first half of the year and 75% 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.” The following graphs represent the total assessments completed across all JJSAMHP sites for 2013-2014 and then a comparison of this fiscal year with the previous fiscal years.

**Assessments Completed from JJSAMHP Referrals
July 2013-June 2014**

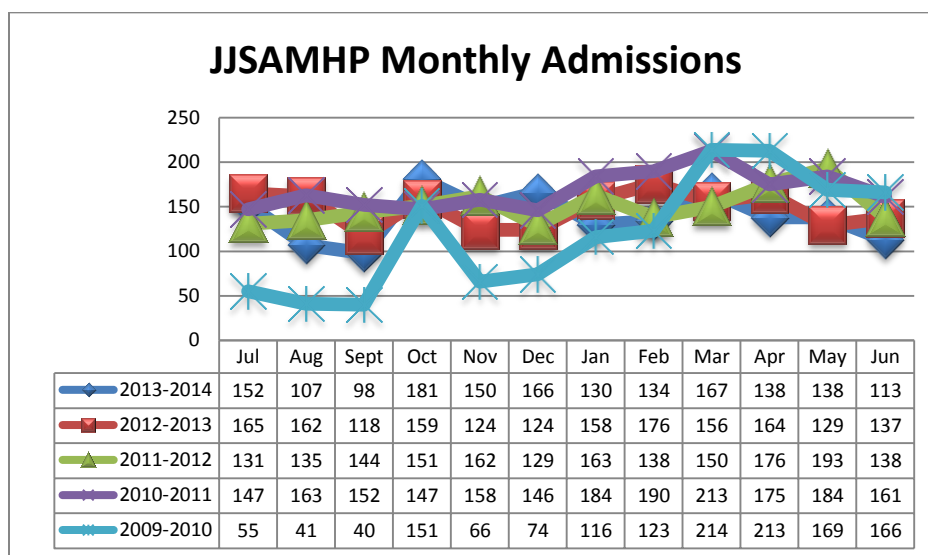
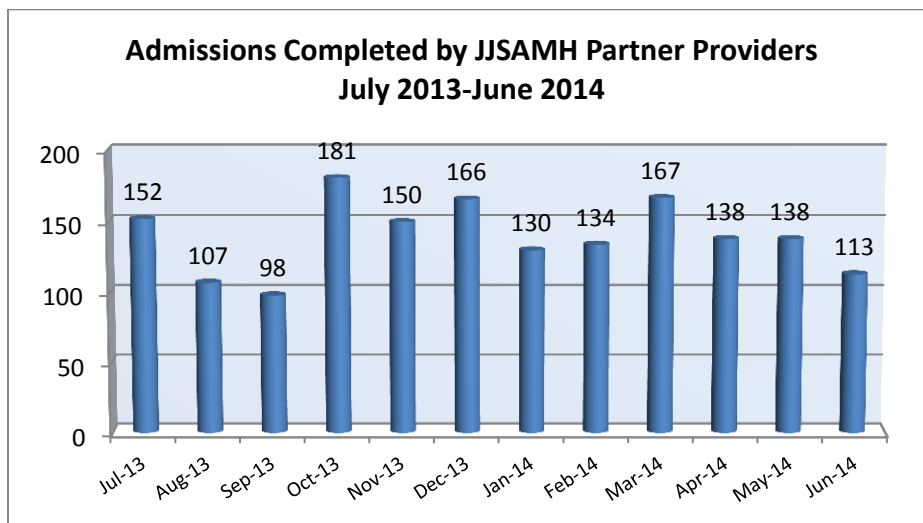


JJSAMHP Monthly Assessments



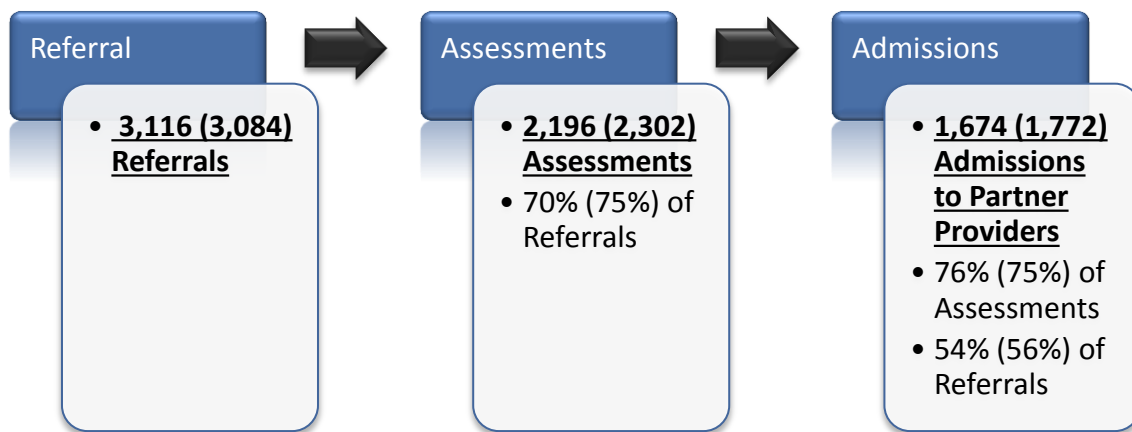
JJSAMHP Domain III: Engagement

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 1,674 admissions to JJSAMHP providers during 2013-2014. 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 854 admissions to local JJSAMHP providers and for the second half of the fiscal year (January through June), there were 820 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 2013-2014 and then a comparison of this fiscal year with the previous fiscal years.

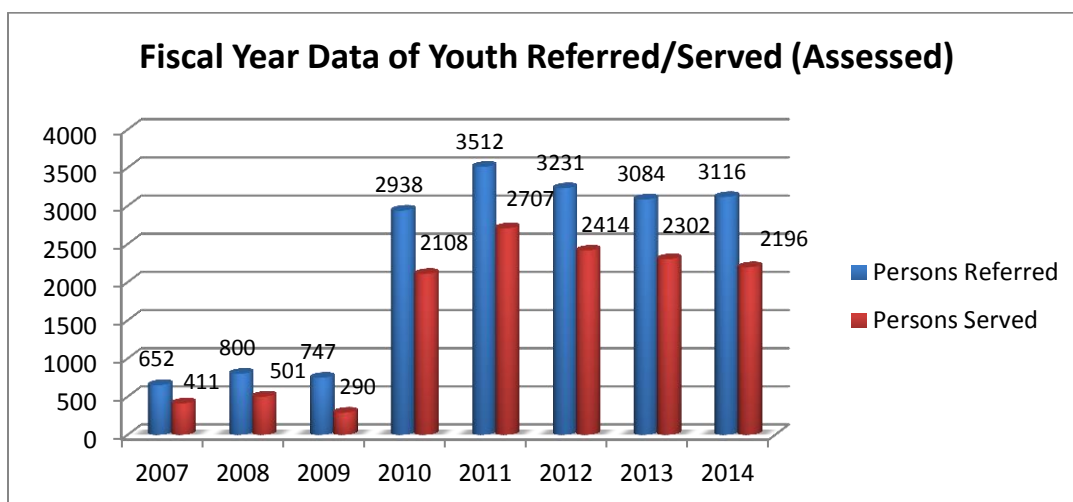


Overall Process Numbers for JJSAMHP for 2013-2014

The next graphic outlines how many youth overall were referred by JJ into the JJSAMH Partnership, then assessed by a JJSAMHP affiliated provider and then admitted to a JJSAMHP affiliated provider (as a reminder, some youth are referred to providers outside of the partnership for services based on their needs). There was a decrease in a couple of areas, most notably percentage of assessments completed. As has been in the previous year, there were significant activities, including implementing the 1915 b/c Medicaid Waiver and changes in funding of services, authorization processes, changes in staffing patterns amongst partners, etc., that occurred during this fiscal year. **The numbers in parentheses represent the figures for 2012-2013 fiscal year.**

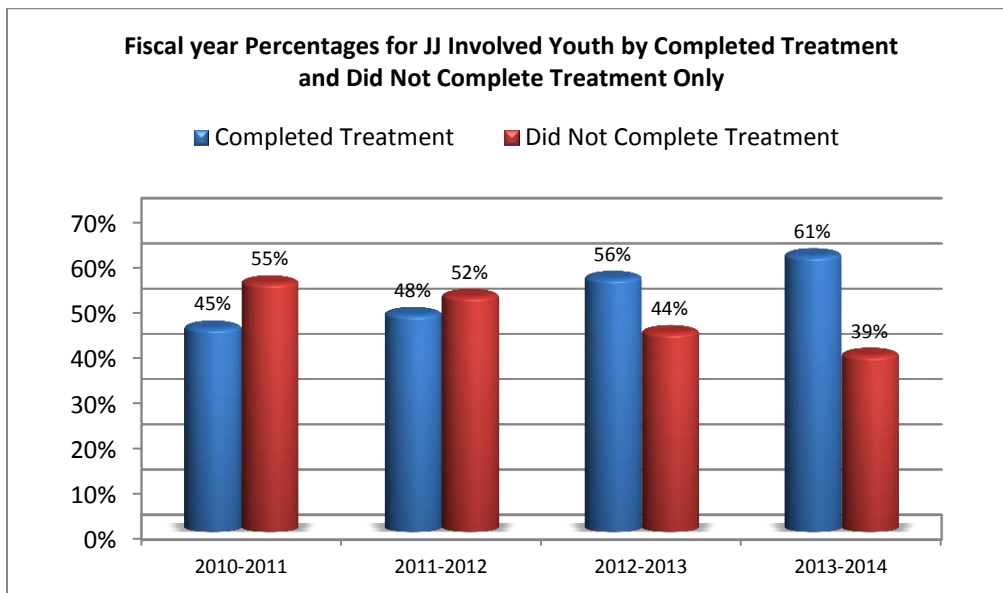
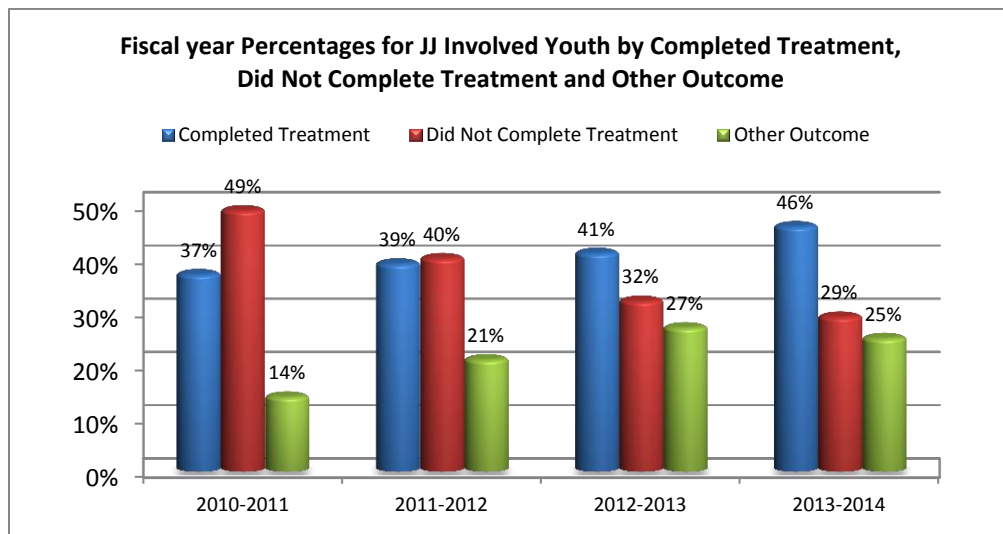


Additionally, there is data on the number of youth referred by JJ to a JJSAMHP provider (formerly MAJORS), and the number of youth who were assessed by a JJSAMHP provider for services. The next graphic outlines this information over the last five fiscal years. Notably, during Years 2007, 2008, 2009 (MAJORS),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



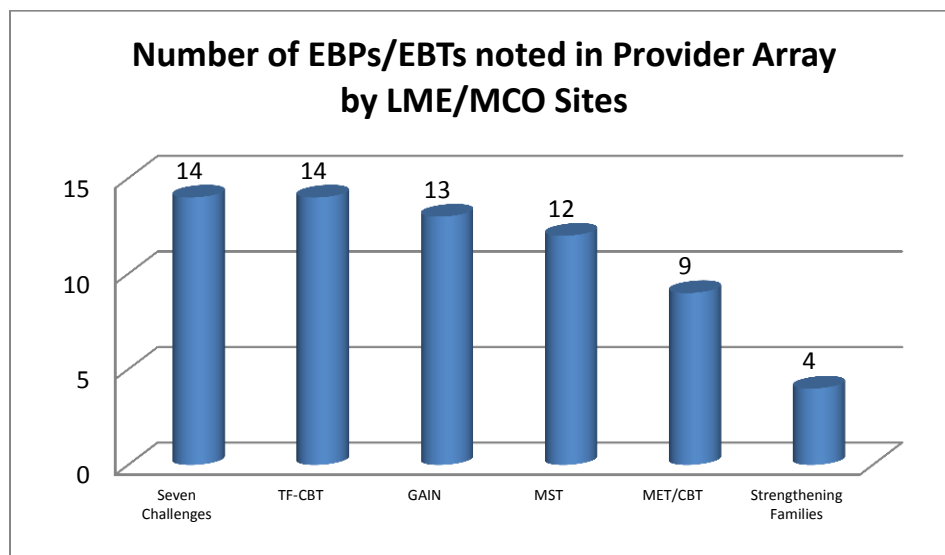
Discharge Completion Rates for JJSAMHP across Fiscal Years 2011, 2012, 2013, 2014

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 (unfortunately about two youth per year) 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.



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 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, Seven Challenges, Global Appraisal of Individual Needs (GAIN), Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), and Strengthening Families. GAIN is an Evidence Based Assessment; MST, Trauma Focused CBT, and Seven Challenges are Evidence Based Treatments; and Strengthening Families is an Evidence Based Prevention program. For more information on these EBP's/EBT's, please refer to: <http://turninglivesaround.org/publications.html>.



IISAMHP 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 2013-2014

This section outlines the overall Activities and Accomplishments of the JJSAMHP for the 2013-2014 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, followed by a listing of major accomplishments of JJSAMHP:

1. Strengthen Partnerships, Communication and Information Sharing

One of the goals of this fiscal year was to continue support for partnerships' provision of services for JJSAMHP youth, and provide opportunities for teams to share their local processes. Local teams meet at varying frequencies from quarterly to every week (for clinical staffing). This information can be found in the Compendium of Services at <http://www.turninglivesaround.org/publications.html>. Additionally, the state level partnership meets regularly to review and discuss the initiative and processes and to obtain and provide feedback. Additionally, the focus was to increase communication and sharing of information between state level and local partners to assist in providing support to local teams. The main activities are highlighted below that helped towards achieving this goal:

- A. One of the main activities was to continue to educate teams on funding opportunities for services for JJSAMHP youth and the different types of funding available to ensure service delivery. This was accomplished through one set of Regional Meetings, communications from DMHDDSAS, emails, phone calls, etc. The goal was to communicate that if any youth needed services, there shouldn't be a barrier for them to receive those services. Additionally, teams were encouraged to use funding to provide support for gaps in service delivery such as necessary training and support.
- B. Another main activity for JJSAMHP during this fiscal year was provision of Regional Meetings based on the needs of the teams and to increase collaboration amongst the teams at the meetings. The Fall Regional Meeting Report is included in Appendix B.
 - a. The Regional Meetings were implemented during the second quarter. The focus of the meetings were Cross System planning process that focuses on Child and Family Teams and JJ planning meeting; using data more effectively to improve local processes; NIAtx and process improvement; and using resources to change behavior. Participant feedback stated that the most beneficial aspects were: teamwork and group sessions, effective usage of resources for behavior change, and activities. The following number of individuals attended the Regional meetings at the following locations (including state and regional partners):
 - i. Millennium Hotel-Durham-45 persons-November 6th
 - ii. Greenville Hilton-Greenville-41 persons-November 12th

- iii. Crowne Plaza Hickory-Hickory-36 persons-November 14th
 - b. Instead of Spring Regional Meetings, the state team worked collaboratively to follow up on areas where teams provided feedback. The intention was to implement cross-systems training to support the work of the local teams. This included a Data Training Workshop and Training on Process Improvement in collaboration with another state initiative, Reclaiming Futures. The Report on the Data Training Workshop is included in Appendix C.
 - i. During the 4th quarter, the stat team helped to implement the JJBH Data Training Workshop. UNCG provided for planning around overnight stays and accommodations and travel as well as using space on campus for the training including a computer lab. In collaboration with state partners, UNCG coordinated the meeting agenda, materials for the meeting, and implemented a Mock Training Workshop. This training was co-lead by graduate students at UNCG. Additional information is below:
 - 1. Data Training Workshop held on May 13th and 14th at UNCG
 - 2. There were 18 participants: 1 Family Partner, 1 Young Adult Advocate, 4 LME/MCO and 12 Provider representatives
 - 3. There were 6 training/state team members
 - ii. The second cross-system training during the 4th quarter was the Change Leader Academy (Process Improvement Training). UNCG ensured accommodations/logistics for training and participants (Hawthorne Inn and Suites in Winston Salem) and also assisted in planning with DMHDDSAS and DPS and University of Wisconsin-Madison. Additional information is below:
 - 1. Change Leader Academy held on June 12th and 13th in Winston Salem
 - 2. There were 34 local participants: 7 Family Partners/Youth Partner, 4 LME/MCO and 13 Provider representatives, 7 Juvenile Justice reps. And 1 Judge, 2 RF Project Directors
 - 3. There were 7 training/state team members
- C. The Compendium of Services was maintained as a resource document through work with local teams (specifically LME/MCO liaisons). 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.turninglivesaround.org/publications.html>.
- D. 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 website is www.turninglivesaround.org.
- E. 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 a TA Document.

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. 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 are located in Appendix D.
- B. 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 mid-and end-year information out to teams about NC-TOPPS data. The NC-TOPPS forms are included in Appendix E.
- C. 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 F. An example of a data report generated from NC-TOPPS state level partners is included in Appendix G.

3. Provide Support for Training and Technical Assistance

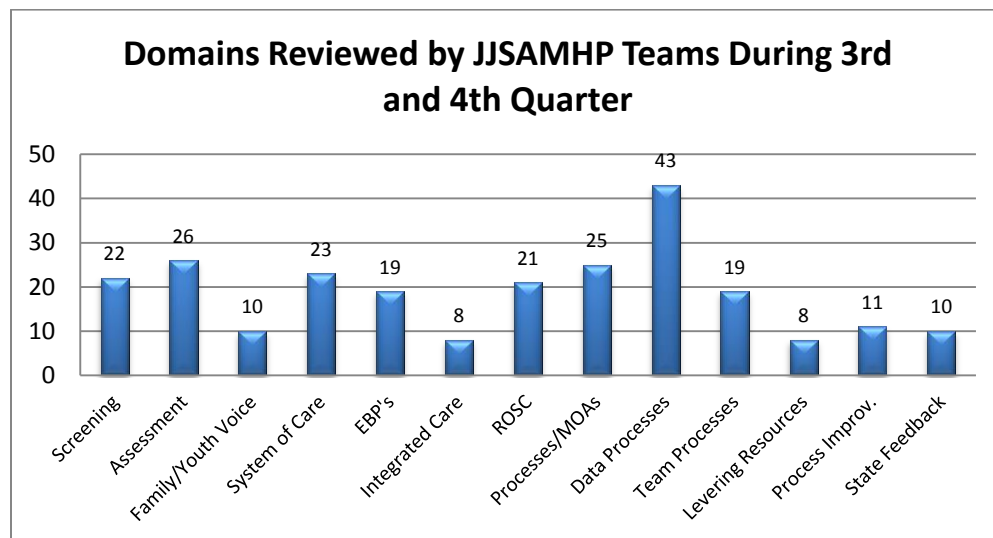
- A. Technical Assistance. Another activity of the JJSAMHP was to provide technical assistance directly to local teams. The state level partners requested that teams be visited at least two times during the year. There were a total of 114 site visits to teams from July, 2013 through June, 2014. These 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 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. ECBH-Southern-7/1/13	1. Partners-Crossroads-10/1/13	1. ECBH-Southern-1/6/14	1. Partners-Crossroads-4/1/14
	2. Eastpointe-Goldsboro-7/2/13	2. Cardinal-Piedmont-10/4/13	2. Sandhills-Southern-1/8/14	2. Sandhills-Southern-4/1/14
	3. Alliance-Durham-7/9/13	3. ECBH Southern-10/7/13	3. Eastpointe-Rocky Mount-1/9/14	3. Cardinal-Piedmont-4/4/14
	4. Eastpointe-Rocky Mount-7/11/13	4. Alliance Wake-10/15/13	4. CenterPoint-1/10/14	4. Cardinal-Five County-4/15/14
	5. Alliance-Wake-7/16/13	5. ECBH Northeast-10/17/13	5. Eastpointe-Goldsboro-1/14/2014	5. Alliance Wake-4/15/14
	6. Eastpointe-Lumberton-7/18/13	6. CenterPoint-10/20/13	6. Partners-Crossroads-1/14/14	6. Sandhills-Southern-4/16/14
	7. CoastalCare-7/22/13	7. CoastalCare-10/28/13	7. Eastpointe-Lumberton-1/16/14	7. Eastpointe-Goldsboro-4/21/14
	8. Alliance-Five County-7/25/13-new liaison meeting	8. Eastpointe-Lumberton-10/31/13	8. Alliance-Wake-1/21/14	8. Cardinal-ACOC-4/25/14
	9. ECBH-Northeast-7/25/13	9. Cardinal-Piedmont-11/1/13	9. ECBH Northeast-1/23/14	9. Sandhills-Guilford-4/25/14
	10. Cardinal Overall Planning meeting with liaisons-7/29/13	10. ECBH Southern-11/4/13	10. Cardinal-Five County-1/24/14	10. CoastalCare-4/28/14
	11. Alliance-Durham-7/31/13	11. Eastpointe-Goldsboro-11/5/13	11. Sandhills-Guilford-1/24/14	11. Eastpointe-Rocky Mount-5/1/14
	12. Eastpointe-Lumberton-8/15/13	12. ECBH Northeast-10/17/13	12. Cardinal-ACOC-1/24/14	12. Cardinal-Piedmont-5/2/14
	13. Alliance-Wake-8/20/13	13. Sandhills-Guilford-10/28/13	13. CoastalCare-1/27/14	13. Eastpointe-Lumberton-5/15/14
	14. Cardinal-Five County-8/20/13	14. Smoky-WH Area-11/5/13	14. Alliance-Durham-1/27/14	14. Cardinal-Five County-5/20/14
	15. Alliance-Cumberland-8/23/13	15. Eastpointe-Goldsboro-11/6/13	15. Alliance-Durham-2/4/14	15. ECBH-Northeast-5/22/14
	16. Western Highlands-8/23/13	16. Alliance Wake-11/18/13	16. Cardinal-Piedmont-2/7/14	16. Sandhills-Guilford-5/23/14
	17. CoastalCare-8/26/13	17. Cardinal-Five County-11/19/13	17. Eastpointe-Goldsboro-2/11/14	17. Alliance-Cumberland-5/23/14
	18. Sandhills-Southern-8/27/13	18. Sandhills-Southern-11/19/13	18. Alliance-Wake-2/18/14	18. ECBH-Southern-6/2/14
	19. ECBH-Northeast-8/29/13	19. Sandhills-Guilford-11/22/13	19. Cardinal-Five County-2/18/14	19. Sandhills-Guilford-6/4/14
	20. Sandhills-Guilford-8/30/13	20. Cardinal-AOC-11/22/13	20. Eastpointe-Lumberton-2/25/14	20. CenterPoint-6/6/14
	21. Cardinal-OPC-8/30/13	21. CoastalCare-11/25/13	21. Smoky-WH area-2/25/14	21. Eastpointe-Lumberton-6/11/14
	22. Cardinal-Piedmont-9/6/13	22. ECBH Southern-12/2/13	22. Cardinal-Piedmont-3/7/14	22. Eastpointe-Goldsboro-6/17/14
	23. CenterPoint-9/6/13	23. Partners/Crossroads-12/3/13	23. Sandhills-Southern-3/11/14	23. Alliance-Wake-6/18/14
	24. Alliance-Durham-9/12/13	24. Alliance Wake-12/17/13	24. Cardinal-Five County-3/18/14	24. Sandhills-Southern-6/23/14
	25. ECBH Management team members-9/16/13	25. Cardinal-Five County-12/17/13	25. CenterPoint-3/21/14	25. Sandhills-Southern-6/24/14
	26. Eastpointe-Goldsboro-9/17/13	26. Eastpointe-	26. Partners-Crossroads-3/21/14	26. Cardinal-ACOC-6/27/14
		27. CoastalCare-3/24/14	27. Sandhills Guilford-6/27/14	
		28. ECBH Northeast-		

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	27. Cardinal-Five County- 9/17/13 28. Cardina-OPC-9/20/13 29. CoastalCare-9/23/13 30. ECBH Northeast- 9/26/13 31. Cardinal-AC- 9/27/13	Lumberton-12/19/13	29. Cardinal-ACOC- 3/27/14 30. Sandhills-Guilford- 3/28/14	
Scheduled or planned phone technical assistance phone conferences or other Substantial Contact	<ol style="list-style-type: none"> 8/6/13-Conference Call in with Eastpointe-Goldsboro team 11/21-Developed Excel worksheet for District 8 partnership for Provider RFA responses Follow up with Cardinal area on judges conference concerns with Chief and LME/MCO liaison during 2nd quarter Worked with Alliance Durham Team during third quarter to modify Reclaiming Futures data tracking spreadsheet for usage with their team Worked with Alliance Wake during third quarter to modify Reclaiming Futures data tracking spreadsheet for usage with their team Worked with Sandhills Southern during third quarter to modify Reclaiming Futures data tracking spreadsheet for usage with their team UNCG rep. worked with JJ representative to clarify Child and Family Team training criteria and needs for DPS during third quarter Had several conversations with Sandhills Guilford LME/MCO liaison about data tracking, usage of evidence based treatments, and new providers during month of May, 2014 Provided Sandhills Southern LME/MCO liaison with assistance with data tracking for team, provider training, and providing feedback on the Plan of Work during month of May, 2014 TA Consultant has touched base with the MCO Liaisons and the Chief Court Counselor for team updates/areas of support. Per request of JJ, TA attended Peer Review meeting to discuss GAIN SS percentage increase as well as County judges training (District 18) during 4th quarter 			

This year, for the second part of the fiscal year, there was documentation of the types of issues discussed with teams. These areas include the following (summarized in the table): Screening Protocol, Evidence Based Assessment/Assessment Process, Family Voice and Youth Voice, System of Care/Child and Family Teams/Care Review Process, Evidence Based Treatments/Best Practices, Recovery Oriented System of Care/Community Programming/JCPC, Documentation of Processes/MOA/MOU/Requests for Proposal or Application, Data Tracking and Data Systems, Team Process/Team Fitness/Collaboration, Discussion of Alternative Usage of Funding/Leverage Resources, Process Improvement/Rapid Cycle Testing and the Need for State Level Feedback. The domains discussed by the teams are noted in the chart below:



B. Additionally, there was focus again on increasing capacity for Evidence Based Assessments and Treatments and best practices in service delivery. This included training detention, residential, and community providers on the Global Appraisal of Individual Needs and Seven Challenges. This also included training detention staff on using the Brief Challenges-which is designed for settings such as detention. There was also training on Trauma to communities that requested (including working together with a Family Partner). Lastly, training was also provided to Juvenile Court Counselors on the GAIN Short Screener.

Training	Brief Description of Trainings	Number of Participants Attending Trainings
7/18/13	Training of JJ Court Counselors on GAIN Short Screener update	7 Court Counselors
9/10-9/11/13	Training of MeckLink Team members on evidence based screening, evidence based assessment, and evidence based treatments	At least 50 members of various roles including providers, JCCs , LME/MCO liaisons, and community providers
9/30/13	Training of Alamance Joint Collaborative of JCPC/System of Care on the Impact of Trauma	30 members of various roles including providers, JCCs , LME/MCO liaisons, and community providers
10/17-10/18	Global Appraisal of Individual Needs training-Greensboro	6 Behavioral health clinicians
11/7	GAIN Short Screener Training -Guilford	4 Court Counselors
11/6	JJSAMHP/RF Central Regional Meeting-Durham	45 persons (including state and regional)
11/12	JJSAMHP/RF Eastern Regional Meeting-Greenville	41 persons (including state and regional)
11/13	Presentation to Juvenile District Court Judges at UNC School of Government on Mental Health and Substance Abuse system	30 District Court Judges

Training	Brief Description of Trainings	Number of Participants Attending Trainings
11/14	JJSAMHP/RF Western/Piedmont Regional Meeting-Hickory	36 persons (including state and regional)
1/16/14	GAIN Short Screener Training-Mecklenburg County-Charlotte	11 Court Counseling Staff
2/20-2/21	Global Appraisal of Individual Needs training-Greensboro	9 Behavioral health clinicians
2/24-2/26	Seven Challenges Initial Training-Winston Salem	50 Behavioral Health clinicians
2/28/14	GAIN Short Screener Training –District 22, Thomasville	22 Court Counselors
Multiple dates during 3 rd quarter	Brief Challenges Training	1 Clinician based in juvenile detention facility (Cumberland)
4/29/14-5/1/14	Seven Challenges Leader Training-UNCG campus	19 SA clinician leaders
6/12-6/13	Change Leader Academy held at the Hawthorne Inn and Suites-Winston Salem, NC	There were 34 individuals across systems: 7 Family Partners/Youth Partner, 4 LME/MCO and 13 Provider representatives, 7 Juvenile Justice reps. And 1 Judge additionally there were 7 training/state team members
6/6	Risk and Needs Assessment Follow Up Training on Adolescent Development, Mental Health, Substance Abuse Issues and Trauma-Central Area	16 Juvenile Justice Court Counseling staff
6/9	Risk and Needs Assessment Follow Up Training on Adolescent Development, Mental Health, Substance Abuse Issues and Trauma-Piedmont Area	14 Juvenile Justice Court Counseling staff
6/16	Risk and Needs Assessment Follow Up Training on Adolescent Development, Mental Health, Substance Abuse Issues and Trauma-Eastern Area	21 Juvenile Justice Court Counseling staff
6/19	Risk and Needs Assessment Follow Up Training on Adolescent Development, Mental Health, Substance Abuse Issues and Trauma-Western Area	13 Juvenile Justice Court Counseling staff
Multiple dates during 3 rd and 4 th quarter	Brief Challenges Training	2 Clinicians based in juvenile detention facilities (Durham and Smoky)

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 usage in for detention clinicians;
- B. Provision of Overview/Awareness training on EBT's and usage of the GAIN as requested;
- C. Provided support to teams on Seven Challenges and GAIN related issues;
- D. Provision of training based on previously identified needs including Trauma Informed Care for partners per request.

Major Accomplishments from 2013-2014 Activities

A listing of Major Accomplishments from the Activities of JJSAMHP for fiscal year 2013-2014 is noted below:

- ✦ 114 Technical Assistance visits completed with local JJSAMHP teams during this period and at least 11 substantial contacts for research and follow up (does not include routine email questions, phone calls, etc.; also, RF teams are noted on RF report only)
- ✦ Provided 12 Technical Assistance updates-one per month for the entire year. For the third and fourth quarter, the DMH liaison also requested categorization of types of assistance provided. The following areas were documented: Screening Protocol; Evidence Based Assessment/Assessment Process; Family Voice and Youth Voice; System of Care/Child and Family Teams/Care Review Process; Evidence Based Treatments/Best Practices; Integrated Care; Recovery Oriented System of Care/Community Programming/JCPC; Documentation of Processes/MOA/MOU/Requests for Proposal or Application; Integrated Care; Data Tracking and Data Systems; Team Process/Team Fitness/Collaboration; Discussion of Alternative Usage of Funding/Leverage Resources; Process Improvement/Rapid Cycle Testing; Teams that needed state level feedback
- ✦ Completion of Annual Report for Fiscal Year 2012-2013 and distribution to local, regional, and state team members
- ✦ Updated JJSAMHP fact sheet and distributed and uploaded online
- ✦ Coordinated planning for Joint Regional meetings between Reclaiming Futures and JJSAMHP. This included focusing on issues for a “working” meeting including crosswalk of the Child and Family Team/JJ service planning; overall process and improvement including using data; and using resources for behavior change and set up agenda and contracted with locations this quarter
- ✦ Assisted in implementing Joint Regional meetings between Reclaiming Futures and JJSAMHP. This included 45, 41, and 36 persons, respectively at the Central, Eastern, and Western/Piedmont areas.
- ✦ Worked with DMHDDSAS, DPS and Reclaiming Futures to help solicit and set up for two Joint trainings: the JJBH Data Training Workshop and the Change Leader Academy. UNCG contracted with locations and space as well for both meetings
- ✦ The two day trainings occurred in the Spring with the JJBH Data Training had 18 participants and Change Leader Academy with 34 participants
- ✦ Documented evidence based practice information on Global Appraisal of Individual Needs Access, MST, TF-CBT, and Seven Challenges/ACRA access across state in excel and mapping format
- ✦ Updated and redistributed the evidence based assessment primer and also provided examples of tools (like CBCL, BASC) at team meetings when these were discussed
- ✦ Updated Compendium of Services and loaded on website and made additional website changes
- ✦ Participation in at least 26 state level/Regional team meetings or collaborative efforts
- ✦ Had initial discussions about KBR Charitable Trust to address issues of monitoring evidence based treatment access during this quarter
- ✦ With every team, have advocated for usage of other funding including JCPC funds, flexible funds with LME/MCO, having LME/MCO work with their training arm to utilize funds, having teams work across different regions to identify funds for training.
- ✦ Distribution of over 2,000 Seven Challenges journals to the Substance Abuse Residential programs and key JJSAMHP providers endorsed by local JJ Chiefs

- ✦ Contracted with Seven Challenges to do Seven Challenges Initial Training and Seven Challenges Leader Training. Developed RFA for training, vetted applicants, coordinated training locations and trained 50 Behavioral Health Clinicians in Seven Challenges Initial and 19 Behavioral Health Clinicians in Seven Challenges Leader training
- ✦ Participated in Quarterly Seven Challenges Support Calls
- ✦ Training of 44 Court Counseling staff in GAIN Short Screener
- ✦ Worked with state liaison on documenting detention status update for each detention center
- ✦ Contractor completed GAIN and Comprehensive Clinical Assessment crosswalk
- ✦ Sent out GAIN applications and vetted individuals for GAIN training for first round of training for 6 individuals in Fall, 2013 and trained 6 individuals including providing CEUs
- ✦ Sent out applications for second round of GAIN training for 9 individuals in Winter, 2014 and trained 9 individuals including providing CEUs
- ✦ Worked with Chestnut Health Systems to identify ways for teams to overcome barriers to usage of GAIN and assisted in identification of training topics for webinar to be held in Summer 2014
- ✦ Set up contracts for three detention clinicians to obtain Brief Challenges training and coordinated one clinician to attend Seven Challenges training for overview. Clinicians came from Smoky, Durham, and Cumberland
- ✦ Evaluation team able to set up data from previous fiscal year for analyses; do initial and case closure reports, prepare report of discharges across LME/MCOs, conduct analyses of arrest data by mh/sa issues
- ✦ Evaluation team prepared reports of table for 2012-2013 dataset, restructured data for comparative analyses across the years, generated emailer for local teams, assisted in developing presentation for regional meetings and began restructuring for restricting the data through December, 2013
- ✦ Evaluation team provided UNCG status reports for state team meetings including Mid-Year Reports, merging of across data reports for 4 years, conducting cross analysis of levels of services, sent out emailer on emotional well-being and began working on joint data training workshop agenda and activities during this quarter
- ✦ Evaluation team planned, developed, and conducted data analysis workshop and feedback, worked on providing NC-TOPPS information to 12 provider agencies, worked on source material for education for trainees, analyzed insurance status information for DMH rep. as well as trauma analyses for one local team
- ✦ Training of MeckLink team on importance of evidence based practices and noted DMHDDSAS role in this area for 50 persons (during their RF training)
- ✦ Training on trauma-informed care with 30 persons in joint Alamance area collaborative including a Family Partner as trainer
- ✦ Training of 30 District Court Judges on Mental health and substance abuse system
- ✦ Assisted in developing module for training of trainers across the state for Risk and Needs Assessment: Adolescent Development, Mental Health, Substance Abuse, Trauma and Contextual Issues and did follow up across four regions (Central, Piedmont, Eastern, Western) with a total of 64 Juvenile Justice Court Counseling Trainers
- ✦ Developed online and brochure training document for teams to be supported by UNCG trainers across domains of screening, assessment, best practices, family and youth voice, system of care, and trauma
- ✦ Monthly data reports sent including data reporter information, detention center data report, MPMH reports (for first part of fiscal year only) and local team reports individually and in aggregate form

- ✦ Co-Coordinated Information Sharing Certificate Program meetings with UNC, DMHDDSAS, and DPS and pass along required information to team members and worked on training powerpoint for legal input
- ✦ Assisted in editing shared consent form for Information Sharing
- ✦ Developed first draft of Memorandum of Agreement for Information Sharing
- ✦ Attendance at Cross Area Service Residential Program meeting in Summer, 2013
- ✦ Updated the substance abuse residential census weekly online

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 Screening and Assessment processes for each of the LME/MCOs and which JJ youth are engaged for JJSAMHP. After this table, each LME/MCO main processes are outlined. More information can be obtained from the Compendium of Services at www.turninglivesaround.org.

<i>LME/MCO</i>	<i>Screening Measure</i>	<i>Assessment Measure</i>	<i>Adjudicated</i>	<i>Diversion with Contract</i>	<i>All Intakes</i>	<i>Pre-Adjudication</i>	<i>Dedicated Assessor</i>
Alliance Behavioral-Cumberland Team	GAIN-SS	GAIN	X	X		X	
Alliance Behavioral-Durham Team	GAIN-SS	CCA	X	X			X
Alliance Behavioral-Wake Team	GAIN-SS	GAIN	X	X		X	X
Cardinal Innovations-Alamance Caswell Orange Chatham	GAIN-SS	GAIN	X	X			
Cardinal Innovations -Five County Location	GAIN-SS-4 County GAIN-SS started in July, 2014	GAIN-4 County JJTC CCA-Halifax	X-District 6	X District 6	All intakes through JJ-District 9		
Cardinal Innovations - Person	GAIN-SS	CCA/GAIN	X	X		X	
Cardinal Innovations-Piedmont	GAIN-SS	GAIN	X	X		X	
CenterPoint Human Services	GAIN-SS	GAIN	X	X	All intakes through JJ	X	
CoastalCare	GAIN-SS and MAYSI	CCA-Psychologist Assessment through JCPC	X	X		X	X (District 5 only)
East Carolina Behavioral Health-Southern Team	GAIN-SS	CCA	X	X		X	
East Carolina Behavioral Health Northeast Team	GAIN-SS	GAIN	X	X		X	
Eastpointe-Goldsboro Team	GAIN-SS	GAIN	X	X	All intakes through JJ	X	
Eastpointe-Lumberton Team	Risk & Needs Assessment/GAIN-SS	GAIN	X	X	All intakes through JJ	X	
Eastpointe-Rocky Mount Team	GAIN-SS	GAIN	X	X	All intakes through JJ	X	
Partners Behavioral-Crossroads Area	GAIN-SS	CCA	X	X	All intakes through JJ	X	
Sandhills-8 Counties	GAIN-SS	CCA/GAIN-Q	Varies by District by all adjudicated		Varies by District		
Sandhills-Guilford	GAIN-SS	CCA/GAIN	X	X	All intakes through JJ	X	
Smoky-Former WHN	GAIN-SS	GAIN	X	X		X	

ALLIANCE BEHAVIORAL-CUMBERLAND TEAM
Key Team Members

Sharon Glover
System of Care Coordinator

Joe Comer
Substance Abuse Liaison

Damali Alston
Quality Review Coordinator

Miguel Pitts
Chief-District 12

Juanita Pilgram
Reclaiming Futures

Yvonne Smith
Cumberland CommuniCare

Affiliated Counties: Cumberland

Other JJ Initiatives Reclaiming Futures

Screening Process: Any court involved youth are screened by the court counseling staff with the GAIN SS and are referred if there is possible indication of substance abuse. Youth are then referred to Cumberland CommuniCare.

Assessment Process: Each youth will receive an assessment using the GAIN Initial and also will receive a urine test. If youth has a DSM-IV diagnosis for substance abuse or substance dependence, they are then admitted into JJSAMHP services.

Treatment Process: Treatment is holistic, with family and community based supports to “wrap” services around juveniles in ways to reduce/eliminate substance use and avoid future legal consequences. Services are generally provided through Cumberland CommuniCare unless the youth needs something outside of their service array.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	7	10	10	10	14	12	14	13	13	10	10	19	142	---
Assessments	7	10	7	11	6	14	9	9	22	12	14	15	136	96%
Admissions ¹	7	9	7	11	3	10	6	4	14	11	14	12	108	76%

¹ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

ALLIANCE BEHAVIORAL DURHAM TEAM

Key Team Members

Kimberly Hayes
Provider Network Development Specialist

Zakilya Taylor Thompson
Court Liaison

Geyer Longenecker
Director of Quality Management

Tasha Jones
Chief-District 14

Heidi Dohnert
Carolina Outreach

Rose Hylton
Easter Seals UCP

Bobbie Hopf
Youth Villages

Keith Green
Vision Quest Residential – Durham

James Robinson
Easter Seals MST

- Affiliated Counties:*** Durham
- Screening Process:*** The JJ office uses the GAIN Short Screener for Adjudicated Delinquent, Adjudicated Undisciplined, and Diversion contract youth. This information is passed on to a full time assessor.
- Assessment Process:*** An assessor, being funded by JJSAMHP, conducts all the assessments at JJ office. The assessor is employed by an adult provider, which helps eliminate pressure to refer to services within the agency.
- Treatment Process:*** The family selects from Best Practice services based on recommendation of JJSAMHP Assessor and Child and Family team. CFT meetings should be held once per month and drive service decision for the youth and the family.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	26	15	25	22	13	10	17	8	10	11	10	14	181	---
Assessments	23	12	18	21	8	5	4	5	11	9	6	12	134	74%
Admissions²	10	3	8	13	7	7	2	4	1	3	3	5	66	36%

² Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

ALLIANCE BEHAVIORAL-WAKE TEAM

Key Team Members

Eric Johnson
Community Relations Supervisor

Adel Winner
Easterseals UCP, Inc.

Ken DePaul
Southlight

Lisa Stacy
Family Legacy

Donald Pinchback
Chief-District 10

Patricia Corderoso
Haven House

Jessica Hord
Triangle Family Services

Bobbie Hopf
Youth Villages

Ashley Barber
Carolina Outreach

Damali Alston
Quality Review Coordinator

Sara Leonard
Hope Services

Angela Bowers
Healthcare Resources

Mala Ross
Fellowship Health Resources

Affiliated Counties: Wake

Screening Process: Screenings are conducted on any court involved youth (diversion contracts and more involved) who are not already receiving treatment services. The youth and families are referred for evaluations by juvenile court counselors based on identified screening indicators that reflect a need for assessment and possible treatment services. If a youth comes to the attention of JJ already in services with a treatment provider, the JJ Court Counselor reviews the PCP with provider and family to determine if the current level of care is appropriate. If the youth is not connected to treatment services, a referral is made to the Juvenile Court Assessment Team for a comprehensive MH/SA evaluation utilizing the GAIN.

Assessment Process: The Juvenile Court Assessment Team is made up of 1 FTE licensed clinician who completes a single, comprehensive, individualized clinical evaluation process to assess mental health and substance abuse issues, determine eligibility for available funding sources, make recommendations, and link the juvenile court involved youth and their families to appropriate mental health and substance abuse services and supports.

Treatment Process: The comprehensive and individualized evaluation process yields better outcomes for youth and families through objective matching of youth to appropriate services and supports based on professional assessment recommendations and consumer choice. Once the youth and families engage with a treatment provider, a Child and Family Team is initiated to develop and monitor a person centered plan (PCP). The Child and Family Teams meet monthly, as well as any time there is an urgent need to review/revise the PCP.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	23	21	27	27	20	21	18	35	36	37	50	32	347	---
Assessments	20	22	22	27	21	9	18	18	23	22	33	20	255	73%
Admissions³	18	13	24	22	27	18	17	19	24	13	23	18	236	68%

³ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-AC AREA

Key Team Members

Fran Harvey
System of Care Coordinator

Beth Phister
Regional System of Care Manager

David Carter
Chief-District 9

Peggy Hamlett
Chief-District 15

NC Mentor

EasterSeals

Wanda Ramsuer
Wanda Ramsuer

RHA

Faith in Families

Amethyst Counseling and Treatment Solutions

Serenity Counseling and Resource Center

Solutions CSA

Affiliated Counties: Alamance, Caswell

Screening Process: Court involved youth will receive a GAIN SS. JJ will identify which youth will receive this screening based on their current structure and individual district/county needs. Based on the outcome of the GAIN SS the Court Counselor will offer child/family provider choice and make referral to one of the Partnership providers for GAIN-I assessment.

Assessment Process: The JJSAMHP Partnership clinician will complete a full GAIN assessment and make clinically appropriate recommendations. The assessing clinician will offer the consumer/family provider choice and make referrals to identified service and chosen partnership provider.

Treatment Process: Each youth will have a Child and Family Team that will help design and guide treatment options. The Child and Family Team meets at least monthly for each youth and other child serving agencies as well as family advocates are actively recruited to be part of the treatment process for each youth.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	2	---	1	2	2	1	---						8	---
Assessments	3	---	---	2	2	1	1						9	113%
Admissions ⁴	3	---	1	2	2	1	1						10	125%

⁴ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-FIVE COUNTY AREA

Key Team Members

Heart Foxworth* until May, 2014
System of Care Coordinator

Clarence High
Chief-District 6

David Carter
Chief-District 9

Dana Greenway
RHA

Serafina Dowdy
Easter Seals

Heather Brewer
Family Preservation Services

Natasha Holley
Integrated Family Services

Bobbie Hopf
Youth Villages

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

Other JJ Initiatives: Juvenile Justice Treatment Continuum – District 6– Halifax

Screening Process: The Risk and Needs Assessment is completed in Halifax and GAIN Short Screener is used in the four other counties. Juvenile Family Data Sheet and screening information is provided to all providers except Integrated Family Services, by facsimile.

Assessment Process: District 6 uses a Comprehensive Clinical Assessment modeled after the JJTC Assessment and Global Appraisal of Individual Needs is used in the 4 other counties.

Treatment Process: Families are provided services through Integrated Family Services and Family Preservation Services unless there is a service not within these provider's arrays. If a child is receiving an enhanced benefit, child and family team meetings are to occur every 30 days in Halifax County. High priority cases are staffed weekly and non-high priority cases are staffed at least once per month. In 4 Counties, Child and Family teams are held as needed.

Five County- Four County 2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	7	1	8	18	9	5	9	5	8	8	6	6	90	---
Assessments	5	---	1	2	5	3	5	4	4	3	3	4	39	43%
Admissions ⁵	5	---	1	2	4	3	5	---	6	3	4	3	36	40%

Five County- Halifax 2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	2	---	1	2	2	1	---						8	---
Assessments	3	---	---	2	2	1	1						9	113%
Admissions	3	---	1	2	2	1	1						10	125%

⁵ Note that these admissions are to JJSAMHP Partnering Providers only and does not include other agencies that work with youth but do not provide data

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS ORANGE-PERSON-CHATHAM AREA

Key Team Members

Fran Harvey
System of Care Coordinator

Beth Phister
Regional System of Care Manager

David Carter
Chief-District 9

Peggy Hamlett
Chief-District 15

Beth Barwick
Easter Seals UPC, Inc.

Russell Knop/Craig Caspari
Freedom House

Bobbie Hopf
Youth Villages

Renee White
Carolina Outreach

Joana Finer
Institute for Family Centered Services

Daun Pearson
Securing Resources for Consumers

Mary Martin
Center for Behavioral Healthcare

Sara Osborne
RHA

Affiliated Counties: Chatham, Orange, Person

Other JJ Initiatives: Reclaiming Futures (Orange, Chatham)

Screening Process: All youth who come to the court counseling office for intakes receive the GAIN SS. If the youth has a red flag on the GAIN SS or on the Risk and Needs Assessment, he/she is referred to the OPC/JJ Liaison.

Assessment Process: JJ Providers use the UCLA PTSD RI assessment tools for all youth referred by JJ. Providers can use the GAIN I if they have staff certified in its use.

Treatment Process: Services will be offered based on the assessments. Youth receiving enhanced services will have monthly Child and Family Teams which will coordinate their plans using a strength-based approach.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals		1	4	4	1	4	9	7	5	4	6	5	50	---
Assessments		---	2	5	2	3	5	1	1	1	4	1	25	50%
Admissions⁶		---	2	5	2	3	5	1	1	1	4	1	25	50%

⁶ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-PIEDMONT AREA

Key Team Members

Diana Moser-Burg-until April, 2014
System of Care Manager

Beth Phister
MHSA Care Coordination Manager

Emily Coltrane
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

Other JJ Initiatives: Reclaiming Futures – Rowan County

Screening Process: Court involved youth will receive a GAIN SS. Each JJ will identify which youth will receive this screening based on their current structure and individual district/county needs. Based on the outcome of the GAIN SS the Court Counselor will offer child/family provider choice and make referral to one of the Partnership providers for GAIN-I assessment.

Assessment Process: The Partnership clinician will complete a full GAIN assessment and make clinically appropriate recommendations. The assessing clinician will offer the consumer/family provider choice and make referrals to identified service and chosen partnership provider.

Treatment Process: The treating provider will serve as the Clinical Home for the referred youth. The Clinical Home is responsible for coordination and facilitation of Child and Family Team meetings. Children receiving enhanced services have monthly CFT meetings.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	40	33	17	25	27	22	34	19	30	15	19	18	299	---
Assessments	8	10	3	7	8	---	11	15	34	9	23	19	147	49%
Admissions⁷	31	17	17	15	9	15	14	12	36	13	11	21	211	71%

⁷ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

CENTERPOINT HUMAN SERVICES

Key Team Members

Kathi Perkins
System of Care Coordinator

Krista Hiatt
Chief-District 22

Rusty Slate
Chief-District 17

Stan Clarkson
Chief-District 21

Robert Scofield
The Children's Home

Sam Gray
Partnership for a Drug Free America

Affiliated Counties: Davie, Forsyth, Rockingham, Stokes

Other JJ Initiatives Reclaiming Futures

Screening Process: All youth who come into the court office are screened using the GAIN-SS. If a youth scores 5 or higher on the GAIN-SS (or indicates high risk such as endorsing suicidal thoughts), they will be sent to the JJSAMHP funded counselor housed in JJ for an assessment.

Assessment Process: The JJSAMHP funded counselor meets with the juvenile and their family and conducts a GAIN-Quick or schedules a GAIN I, as needed and asks additional questions. Based on their responses, the youth may immediately be referred for services. The JJSAMHP funded counselor works to have an appointment in the family's hands when they leave the courthouse.

Treatment Process: Services are provided by three main Providers unless there is a need that the provider cannot address and the youth and their family are then referred to an outside provider.

CenterPoint Forsyth/Stokes/Davie-2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	32	39	19	35	24	20	31	26	35	31	24	25	341	---
Assessments	30	29	13	30	17	26	49	66	57	52	41	34	444	130%
Admissions ⁸	14	29	7	9	10	17	39	46	37	34	31	24	297	87%

CenterPoint-Rockingham-2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	1	3	3	---	2	2	---	---	3	3	5	1	23	---
Assessments	3	2	1	---	---	1	3	3	3	3	7	1	27	117%
Admissions	1	---	1	---	---	1	3	3	3	3	7	1	23	100%

⁸ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

COASTALCARE
Key Team Members

Amy Horgan
System of Care Coordinator

Karen Reaves
System of Care Coordinator

Tracy Arrington/Russell Turner
Chief/Supervisor-District 4

Mary Mallard
Chief-District 3

Robert Speight
Chief-District 5

Lance Britt
Chief-District 13

Jimmy Faulkner
PORT Human Services

Eric Henderson
Wrights Care Services

Ryan Estes
Coastal Horizons

Chris Preston
Juvenile Psych Services

John O'Conner
LeChris

Burt Wilson
Pender DSS

Affiliated Counties Brunswick, Carteret, New Hanover, Onslow, Pender
Screening Process: The local JJ office will use the GAIN SS and MAYSI to determine which youth are to be referred for an assessment.

Assessment Process: The assessments for Brunswick, Onslow & Carteret Counties are done by outside provider agencies. The assessments for New Hanover and Pender can be done by a psychologist through Juvenile Psychological Services or through an outside provider agency.

Treatment Process: Consumers are referred for services based on the recommendations of the assessment completed. Consumers may pick from any Medicaid provider in the Network for outpatient therapy, Medication Management, IIH Services, Day Treatment Services. Family may also decide to work with AMI kids for Functional Family Therapy rather than an IIH agency.

Coastal Care-Northern Area 2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	16	6	4	18	7	9	10	6					76	---
Assessments	17	6	8	8	8	5	3	---					55	72%
Admissions ⁹	16	5	4	8	8	5	3	6					55	72%

Coastal Care-Southern Area 2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	26	12	13	15	19	18	14	14	22	15	10	14	192	---
Assessments	23	14	11	12	5	13	12	13	14	13	10	7	147	77%
Admissions ¹⁰	8	4	1	1	5	3	6	4	4	4	5	4	49	26%

⁹ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

¹⁰ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

EAST CAROLINA BEHAVIORAL HEALTH-NORTHEAST AREA

Key Team Members

Tracey Webster
System of Care Coordinator

Sherri Ellington
Chief-District 1

Bill Batchelor
Chief-District 2

Hope Eley
System of Care Coordinator

Garrett Taylor
Uplift Foundation/Power of U

- Affiliated Counties:*** Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington, Hertford, Bertie
- Screening Process:*** Juvenile Court Counselors use the GAIN-SS District 1-Diversion Contract and Adjudication and for District 2-Diversion, Pre-Adjudication, Adjudication, and PRS. Court Counselors complete a referral sheet on any youth who scores in the Moderate or High range. Family members must sign a consent form in order to participate. Then, a referral is faxed to the Assessment Provider Uplift Foundation.
- Assessment Process:*** The GAIN-I is being used by Uplift, who is certified in administration of the GAIN. After the assessment is completed, a Child and Family Team is held.
- Treatment Process:*** The Assessment provider will refer families to services based on the CFT meeting to either their agency or to another agency in the community.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	9	7	2	3	5	9	6	8	14	17	12		92	---
Assessments	5	7	2	3	5	5	4	5	11	8	11		66	72%
Admissions¹¹	3	4	2	1	5	4	3	4	5	4	5		40	43%

¹¹ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

EAST CAROLINA BEHAVIORAL HEALTH-SOUTHERN AREA

Key Team Members

Tracey Webster
System of Care Coordinator

Amy Bryant
System of Care Coordinator

Bill Batchelor
Chief-District 2

Chinita Vaughan
System of Care Coordinator

Mary Mallard/Brian Stewart
Chief/Supervisor-District 3

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

Jennifer Hardee/Debbie Sudekum
PORT Human Services

- Affiliated Counties:*** Beaufort, Craven, Jones, Pamlico, Pitt
- Screening Process:*** Districts 2, and 3 use the GAIN-SS and the Risks and Needs Assessment to determine which youth need to be referred to JJSAMHP. District 4 uses the Risk and Needs Assessment.
- Assessment Process:*** All Districts use the GAIN on youth referred to the JJSAMHP team.
- Treatment Process:*** For Districts 2, 3, and 4, treatment is based on the decision in the CFT, youth are then referred either to the Assessment Provider or a partner providing agency. Child and Family teams will be held monthly or more frequently for youth.

2013-2014 Data

ECBH- Beaufort

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	---	---	---	---	1	---	---	---	1	---	---	2	4	---
Assessments	---	---	---	---	---	---	---	---	---	---	---	2	2	50%
Admissions ¹²	---	---	---	---	---	---	---	---	---	---	---	---	---	%

¹² Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

ECBH – Craven/Pamlico

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	8	1	1	3	4	1	2	2	2	5	---	---	29	---
Assessments	5	---	1	1	3	1	2	2	1	1	---	---	17	59%
Admissions ¹³	---	---	---	---	1	1	---	1	1	1	---	---	5	17%

ECBH – Pitt

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	3	4	1	3	---	---	1	---	---	1		1	14	---
Assessments	---	4	2	1	2	---	---	---	---	3		1	13	93%
Admissions	---	---	2	1	2	---	1	---	---	3		1	10	71%

¹³ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

EASTPOINTE-GOLDSBORO TEAM

Key Team Members

Suzanne Lewis
Community Relations Specialist

Courtney Boyette
Community Relations Specialist

Jennifer Short
Chief-District 8

Amy Watson
Pride in NC

Don Neal
Waynesboro Family Clinic

Ronald Cox
Family First Support Center

Shelly Moorfield
New Dimensions Group

NC Mentor
Evaluz Negron

Martie Rye
EasterSeals UCP

Affiliated Counties: Lenoir, Wayne

Screening Process: Staff utilize the GAIN Short Screener and youth with a Moderate or High Score are referred to one of three assessment Providers: Waynesboro Family Clinic, Easter Seals, Pride, NC Mentor and Family First Support Center.

Assessment Process: A GAIN Initial or Core assessment is completed on each youth that is referred by JJSAMHP. Information from the assessment is shared with JJSAMHP staff and used for Child and Family team process. The youth and family are encouraged to participate in recommended services where they have been assessed by a partner provider. Should other services be needed or youth and family prefer another provider, client choice is allowed.

Treatment Process: A Child and Family Team is held for each youth after their assessment is completed. Child and Family teams are then held once per month or more often if needed and decisions about treatment are made in collaboration with the family.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	4	9	13	13	11	9	9	10	7	14	9	6	114	---
Assessments	3	2	10	8	9	9	7	10	8	12	11	6	95	83%
Admissions¹⁴	1	2	2	2	5	5	5	9	5	11	7	4	58	51%

¹⁴ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

EASTPOINTE-LUMBERTON TEAM

Key Team Members

Nicole Wilson
Community Relations Specialist

William Sellers
Community Relations Specialist

Lance Britt
Chief-District 13

Keith Bullard-Interim* (until Summer, 2014)

Barry Graham
Advantage Behavioral

Carolyn Floyd-Robinson
Holistic Services

Chief-District 16

Alice Hunt
Primary Health Choice

Larry Crib/Marie Tutwiler
Allied Behavioral

Ivan Pride/Martha Locklear
RHA

- Affiliated Counties:** Bladen, Columbus, Robeson, Scotland
- Screening Process:** Juvenile Court Counselors will complete the Risk and Needs Assessments and the GAIN SS for any court involved youth (complaint filed, diversion, probation, court supervision, PRS). Any youth determined to be eligible for a referral; guardian will be assisted in contacting the LME/MCO Call Center to choose a partnership provider. JJ will forward the Risk and Needs assessment results to the chosen the Provider Agencies.
- Assessment Process:** The partnership provider completes the GAIN assessment. Recommended treatment services; the consumer/guardian has the option to receive services from the provider performing the assessment or choose another provider in the partnership and or Eastpointe Provider network.
- Treatment Process:** Services will be offered based on the outcome of the assessment(s). Youth receiving enhanced services will have monthly Child and Family Teams to coordinate the Person Centered Plan.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	2	3	1	1	2	1	1	2	3	1	2	2	21	---
Assessments	2	---	1	---	---	1	2	1	---	1	1	1	10	48%
Admissions ¹⁵	1	---	---	---	---	1	---	2	2	1	1	1	9	43%

¹⁵ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

EASTPOINTE-ROCKY MOUNT TEAM

Key Team Members

Tiffany Purdy
Community Relations Specialist

Brooke Mickelson
Community Relations Specialist

Mike Walston
Chief-District 7

Terri Proctor
Supervisor-District 7

Serafina Dowdy
Easter Seals UCP NC & VA, Inc.

Amy Watson
Pride in NC

Michelle Swigunski
NC Mentor

Affiliated Counties: Edgecombe, Greene, Nash, Wilson

Screening Process: Juvenile Court Counselors use the GAIN-SS on any court involved youth (complaint filed, diversion, probation, court supervision, PRS). Any youth who scores in Moderate or High range is referred to the provider agency that the family has chosen from the list above by contacting the Eastpointe's Member Call Center. The Juvenile Court Counselors also supply the juvenile data sheet to the Provider Agencies.

Assessment Process: The provider completes the GAIN assessment. Following recommendations for services the consumer/guardian has the option to receive services from the provider performing the assessment or choose another provider in the network.

Treatment Process: The Provider Agencies will confirm initial appointment with family. They will conduct Child and Family Team meetings and hold one every 30 days for the youth. Information about treatment will be provided monthly to JJ staff and the Provider Agencies will be tracking the data and reporting it back to the LME/MCO staff.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	8	7	12	14	8	2	3	3	10	10	8	5	90	---
Assessments	8	7	5	16	5	6	4	1	9	9	2	9	81	90%
Admissions ¹⁶	8	3	5	8	3	1	2	1	9	7	1	8	56	62%

¹⁶ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

PARTNERS-CROSSROADS AREA

Key Team Members

Candice Moore
System of Care Coordinator

Tara Conrad
System of Care Manager

Rusty Slate
District 17

Krista Hiatt
District 22

Bill Davis
District 23

Zach Hawks
Easter Seals/UCP

Ron Baczurik
Daymark Recovery Services

Kevin Angell
Barium Springs Home for Children

George Edmonds
Youth Villages

Affiliated Counties: Iredell, Surry, Yadkin

Other JJ Initiatives Reclaiming Futures
Juvenile Justice Treatment Continuum
Candice Moore

Screening Process: Intake Counselors utilize the GAIN Short Screener on any youth that is adjudicated and on youth with diversion contract. The results are forwarded to any of the four providers according to location and district.

Assessment Process: All four providers utilize the Comprehensive Clinical Assessment for their assessments and has a team of licensed professionals and qualified professionals that work together to complete the assessment process. The information from the assessment is then shared with the family, treatment provider (s) and JJ staff to help in directing and organizing the Child and Family Team. The youth and their family can be referred to anyone in a network of providers in the area.

Treatment Process: Youth are referred to services based on their needs and as outlined in their Child and Family Team. Child and Family Teams are held at least one time a month or more often based on the needs of the youth and their family. The teams also work to include a family partner for each family that can advocate and assist in engagement processes for the families.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	2	8	1	15	15	13	14	7	4	7	6	7	99	---
Assessments	7	6	2	16	11	11	8	7	8	6	6	9	97	98%
Admissions¹⁷	5	6	---	7	7	6	4	2	6	4	3	3	53	54%

¹⁷ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

SANDHILLS CENTER-GUILFORD TEAM

Key Team Members

Lisa Salo
System of Care Coordinator

Carmen Graves
Chief-District 18

Lylan Wingfield/Leon Lorenc
Youth Focus

Kelly Graves/Chris Townsend
NC A & T

Quentin Leak
Alcohol and Drug Services

David Pate
Therapeutic Alternatives

Ron Carter
Carter's Circle of Care

Shannon Harty/Megan Johnson
Family Preservation Services of NC

Jamie Wiseman
Youth Villages

David Pate
Therapeutic Alternatives

- Affiliated Counties:** Guilford
- Other JJ Initiatives:** Reclaiming Futures
- Screening Process:** The Juvenile Court Counselors screen all adjudicated youth and youth with diversion contracts using the GAIN SS. Any youth with moderate or high scores on any subscale (except CJ score) are referred to one of 6 Provider agencies for an assessment. Consent for referral is obtained on each youth.
- Assessment Process:** Youth and families have choice of one of our six JJSAMHP/RF providers for services. The provider chosen will complete either a GAIN, or a Comprehensive Clinical Assessment or other reliable and valid assessment tool on JJ referred youth.
- Treatment Process:** One of six JJSAMHP/RF providers that has been chosen to provide services will lead the initial Child and Family Team meeting. Based on assessment results and Child and Family Team recommendations, youth are referred for services to one of the six JJSAMHP/RF providers.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	15	13	15	20	39	29	18	23	27	26	20	25	270	---
Assessments	15	8	4	12	15	17	10	13	13	11	14	8	140	52%
Admissions¹⁸	10	4	4	7	12	16	6	11	8	6	8	3	95	35%

¹⁸ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

SANDHILLS CENTER-8 COUNTIES

Key Team Members

Lucy Dorsey
System of Care Coordinator

Gene McRae
Customer Services Director

Marsha Woodall
Chief-District 11

Keith Bullard (interim)/Tom Landry
Interim Chief/Supervisor-District 16

Calvin Vaughan
Chief-District 20

Emily Coltrane
Chief-District 19

Mary Martin
Center for Behavioral Health

Jamie Allen/Jerry Earnhart
Daymark Recovery Services

Jana-Rae Ross
Family First Support Center

Andy Smitley
NC Mentor

Ahmed Al-Qaid
Sandhills Behavioral Center

Crystal Morrison
Trinity Services

Judy Fradenburg
Youth Unlimited

Kim Taxiera
Youth Villages

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

Screening Process: All Districts use the GAIN-SS and the Risks and Needs Assessment for screening of youth. Youth are referred for evaluations by court counselors based on screening indicators that reflect a need for assessment and possible treatment service. If a youth comes to the attention of JJ already in services with a treatment provider, the JJ Court Counselor reviews current services with provider and family to determine if the current level of care is meeting client needs. If youth is not connected to another treatment service, a referral is made to Daymark Recovery. A referral form and consent form are sent to the Daymark single portal contact.

Assessment Process: If a youth does not have a clinical home and is referred to Daymark, Daymark administers the GAIN-Q and a urine drug screen. The youth is then given a comprehensive clinical assessment and may get a psychiatric assessment if indicated. Treatment recommendations are based on assessment results. The guardian has the option to receive service from the provider performing the assessment or be referred to any provider in the MCO network. If the youth is already involved with another treatment provider other than Daymark, these providers base treatment recommendations on the outcome of a comprehensive clinical assessment they perform. The goal of the JJSAMHP management team is to promote the use of evidenced based assessment by all providers of services to JJ involved youth.

Treatment Process: Treatment services are determined through a comprehensive clinical assessment and must meet medical necessity as determined by the assessor and MCO. The treating provider serves as the clinical home for the referred youth. The clinical home is responsible for

coordination and facilitation of Child and Family Team meetings. Children receiving enhanced or residential services have monthly CFT meetings. Decisions about treatment are made in collaboration with the family and Family Advocates are available if needed

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	8	11	9	8	4	15	5	11	14	9	8	12	114	---
Assessments	3	4	5	3	2	6	---	4	4	6	3	3	43	38%
Admissions¹⁹	3	4	3	3	---	3	---	---	---	3	---	3	22	19%

¹⁹ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

SMOKY MOUNTAIN (FORMER WHN AREA)

Key Team Members

Brenda Chapman
Substance Abuse Provider Specialist

Donald Reuss
Director of Provider Relations

Sonia Eldridge
Child Provider Specialist

Rodney Wesson
Chief-District 29

Sylvia Clement
Chief-District 28

Lisa Garland
Chief-District 24

**Danielle Arias/Sandy Feutz/Scott
Melton/Jason Strack/Bill Westel**
RHA/ARP

Youth Villages
George Edmonds

Vern Eleazer
Swain Recovery Center

Jimmy Tambini/Jim Capbianco
Family Preservation Services

Matt Gaunt
Barium Springs

- Affiliated Counties:*** Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey
- Other JJ Initiatives:*** Juvenile Justice Treatment Continuum (JJTC)
- Screening Process:*** The initial point of entry is through the completion of a face-to-face screening by JJ court counselor utilizing the GAIN Short Screen. Individuals who score positive on this instrument or who have other factors indicating possible substance abuse/co-occurring disorders are referred for a comprehensive clinical assessment utilizing the full GAIN. Additionally a urine drug screen will be conducted on all youth who are referred for a mental health assessment to determine need for more in-depth substance abuse assessment.
- Assessment Process:*** A comprehensive clinical assessment utilizing the GAIN full screen is completed by Families Together, the and provides the clinical basis for the development of the Person Centered Plan (PCP), establishes medical necessity for services and recommends a Level of Care using ASAM Patient Placement Criteria (ASAM-PPC) . When indicated,, the service provider makes referrals or provides resources for other family members
- Treatment Process:*** Treatment Services are determined through a comprehensive assessment process and must meet medical necessity as determined by the provider and the LME/MCO. Services may include outpatient individual or group therapy, multi- family therapy, intensive in-home, MST, or residential services, as well as referral for prevention services. Some services, such as intensive in-home, may be limited in some areas due to current availability in all counties (we are in the process of developing service continuum capacity in all counties). A System of Care approach is utilized throughout the treatment process.

2013-2014 Data

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	Total	% of Ref.
Referrals	8	5	7	7			3	2	7	10	1	4	54	---
Assessments	7	5	7	7			3	2	6	9	3	4	53	98%
Admissions²⁰	7	4	6	7			3	1	6	9	6	1	50	93%

²⁰ Note that these admissions are to JJSAMHP Providers only and does not include other agencies that work with youth but do not provide data

Appendix A-Chief Distribution by County AS OF JUNE 2014 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
1	Camden	SHARON ELLINGTON	ECBH
1	Chowan	SHARON ELLINGTON	ECBH
1	Currituck	SHARON ELLINGTON	ECBH
1	Dare	SHARON ELLINGTON	ECBH
1	Gates	SHARON ELLINGTON	ECBH
1	Pasquotank	SHARON ELLINGTON	ECBH
1	Perquimans	SHARON ELLINGTON	ECBH
2	Beaufort	BILL BATCHELOR	ECBH
2	Hyde	BILL BATCHELOR	ECBH
2	Martin	BILL BATCHELOR	ECBH
2	Tyrrell	BILL BATCHELOR	ECBH
2	Washington	BILL BATCHELOR	ECBH
3	Pitt	MARY MALLARD/ SUPERVISOR BRIAN STEWART	ECBH
3	Carteret	MARY MALLARD	CoastalCare
3	Craven	MARY MALLARD	ECBH
3	Pamlico	MARY MALLARD	ECBH
4	Duplin	TRACY WILLIAMS ARRINGTON/SUPERVISOR RUSSELL TURNER	Eastpointe
4	Jones	TRACY WILLIAMS ARRINGTON	ECBH
4	Onslow	TRACY WILLIAMS ARRINGTON	CoastalCare
4	Sampson	TRACY WILLIAMS ARRINGTON	Eastpointe
5	New Hanover	ROBERT SPEIGHT	CoastalCare
5	Pender	ROBERT SPEIGHT	CoastalCare
6	Halifax	CLARENCE HIGH	Cardinal Innovations
6	Bertie	CLARENCE HIGH	Not JJSAMHP
6	Hertford	CLARENCE HIGH	Not JJSAMHP
6	Northampton	CLARENCE HIGH	Not JJSAMHP
7	Edgecombe	MIKE WALSTON/SUPERVISOR TERRI PROCTOR	Eastpointe
7	Nash	MIKE WALSTON	Eastpointe

Appendix A-Chief Distribution by County AS OF JUNE 2014 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
7	Wilson	MIKE WALSTON	Eastpointe
8	Greene	JENNIFER SHORT/SUPERVISOR JERRY BURNS	Eastpointe
8	Lenoir	JENNIFER SHORT	Eastpointe
8	Wayne	JENNIFER SHORT	Eastpointe
9	Franklin	DAVID CARTER	Cardinal Innovations
9	Granville	DAVID CARTER	Cardinal Innovations
9	Vance	DAVID CARTER	Cardinal Innovations
9	Warren	DAVID CARTER	Cardinal Innovations
9	Caswell	DAVID CARTER	Cardinal Innovations
9	Person	DAVID CARTER	Cardinal Innovations
10	Wake	DONALD PINCHBACK	Alliance
11	Harnett	MARSHA WOODALL	Sandhills
11	Johnston	MARSHA WOODALL	Not JJSAMHP
11	Lee	MARSHA WOODALL	Sandhills
12	Cumberland	MIGUEL PITTS	Alliance
13	Bladen	LANCE BRITT	Eastpointe
13	Brunswick	LANCE BRITT	CoastalCare
13	Columbus	LANCE BRITT	Eastpointe
14	Durham	TASHA JONES	Alliance
15	Alamance	PEGGY HAMLETT/SUPERVISOR STEVE FISHEL	Cardinal Innovations
15	Chatham	PEGGY HAMLETT	Cardinal Innovations
15	Orange	PEGGY HAMLETT	Cardinal Innovations
16	Hoke	INTERIM-KEITH BULLARD (during Fiscal year)	Sandhills
16	Scotland	INTERIM-KEITH BULLARD	Eastpointe
16	Robeson	INTERIM-KEITH BULLARD	Eastpointe
17	Rockingham	RUSTY SLATE	CenterPoint
17	Stokes	RUSTY SLATE	CenterPoint
17	Surry	RUSTY SLATE	Partners
18	Guilford	CARMEN GRAVES	Sandhills

Appendix A-Chief Distribution by County AS OF JUNE 2014 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
19	Cabarrus	EMILY COLTRANE/SUPERVISOR RANDY JONES	Cardinal Innovations
19	Montgomery	EMILY COLTRANE	Sandhills
19	Moore	EMILY COLTRANE	Sandhills
19	Randolph	EMILY COLTRANE	Sandhills
19	Rowan	EMILY COLTRANE	Cardinal Innovations
20	Anson	CALVIN VAUGHAN	Sandhills
20	Richmond	CALVIN VAUGHAN	Sandhills
20	Stanly	CALVIN VAUGHAN	Cardinal Innovations
20	Union	CALVIN VAUGHAN	Cardinal Innovations
21	Forsyth	STAN CLARKSON	CenterPoint
22	Alexander	KRISTA HIATT	Not JJSAMHP
22	Davidson	KRISTA HIATT	Cardinal Innovations
22	Davie	KRISTA HIATT	CenterPoint
22	Iredell	KRISTA HIATT	Partners
23	Alleghany	BILL DAVIS	Not JJSAMHP
23	Ashe	BILL DAVIS	Not JJSAMHP
23	Wilkes	BILL DAVIS	Not JJSAMHP
23	Yadkin	BILL DAVIS	Partners
24	Avery	LISA GARLAND	Not JJSAMHP
24	Madison	LISA GARLAND	Western Highlands
24	Mitchell	LISA GARLAND	Western Highlands
24	Watauga	LISA GARLAND	Not JJSAMHP
24	Yancey	LISA GARLAND	Western Highlands
25	Burke	RONN ABERNATHY	Not JJSAMHP
25	Caldwell	RONN ABERNATHY	Not JJSAMHP
25	Catawba	RONN ABERNATHY	Not JJSAMHP
26	Mecklenburg	LAURA McFERN (RETIRED DURING LAST QUARTER)	Not JJSAMHP
27	Gaston	CAROL McMANUS	Not JJSAMHP
27	Cleveland	CAROL McMANUS	Not JJSAMHP

Appendix A-Chief Distribution by County AS OF JUNE 2014 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
27	Lincoln	CAROL McMANUS	Not JJSAMHP
28	Buncombe	SYLVIA CLEMENT	Western Highlands
29	Henderson	RODNEY WESSON	Western Highlands
29	McDowell	RODNEY WESSON	Western Highlands
29	Polk	RODNEY WESSON	Western Highlands
29	Rutherford	RODNEY WESSON	Western Highlands
29	Transylvania	RODNEY WESSON	Western Highlands
30	Cherokee	DIANNE WHITMAN	Not JJSAMHP
30	Clay	DIANNE WHITMAN	Not JJSAMHP
30	Graham	DIANNE WHITMAN	Not JJSAMHP
30	Haywood	DIANNE WHITMAN	Not JJSAMHP
30	Jackson	DIANNE WHITMAN	Not JJSAMHP
30	Macon	DIANNE WHITMAN	Not JJSAMHP
30	Swain	DIANNE WHITMAN	Not JJSAMHP

APPENDIX B-FALL REGIONAL REPORT



2013 JOINT FALL REGIONAL MEETINGS

This document includes a summary of the 2013 Joint Fall Regional Team meetings including individual impressions of the Regional Meetings-compiled and tabulated by the UNCG Center for Youth, Family and Community Partnerships

Summary of Document Contents

Enclosed is the Overall Summary for the Joint Regional Team Meetings held in November, 2013. These meetings were planned collaboratively with a team consisting of the following individuals: Sadric Bonner and Frederick Douglas-Family Partners; Rachel Johnson-Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS); Jessica Jones-Department of Public Safety (DPS); Sonja Frison, Dannette McCain, Shureka Hargrove and Bibba Dobyms-UNCG; Mina Cook-Reclaiming Futures and with assistance from Lisa Lackmann-UNC. There was representation from both the Juvenile Justice Substance Abuse Mental Health Partnerships and Reclaiming Futures. This report is outlined in four different areas:

- I. Meeting Locations
- II. Meeting Participants
- III. Meeting Agenda
- IV. Individual Evaluations of Meeting

I. Meeting Locations: Regional Meetings were held in the following locations based on Juvenile Justice Areas:

<i>Area</i>	<i>Counties</i>	<i>Date</i>	<i>City</i>	<i>Location</i>
Central Area	Alamance, Bladen, Brunswick, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Lee, Orange, Person, Robeson, Scotland, Vance, Wake, Warren,	Nov. 6 th	Durham	Millennium Hotel
Eastern Area	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, New Hanover, Northhampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrell, Washington, Wayne, Wilson	Nov. 12 th	Greenville	Greenville Hilton
Western/Piedmont Areas	Anson, Buncombe, Cabarrus, Davidson, Davie, Forsyth, Guilford, Henderson, Iredell, Madison, Mitchell, Montgomery, Moore, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stanly, Stokes, Surry, Transylvania, Union, Yadkin, Yancey	Nov. 14 th	Hickory	Crowne Plaza Hickory

II. Meeting Participants:

Overall, there were **89** Local Participants who attended the Regional Meetings across the state (there were 126 in the spring). There were 20 State/Regional/Contractor Participants who attended the Regional Meetings (some attended more than one meeting so they are only counted one time). The breakdown of the types of personnel that attended each meeting is indicated below and a listing of each person who attended each meeting is available upon request:

	Participants in Regional Meetings		
	Central	Eastern	Western/Piedmont
Local Management Entity/Managed Care Organization (LME/MCO) Representatives	6	8	5
JJ Local Court Counseling Representatives	11	11	13
Provider Representatives	15	11	3
Family Representatives	1	0	1
Reclaiming Futures Project Directors	0	0	2
Court Representatives	0	0	2
Total Local Participants	33	30	26
Total State/Regional	12	11	10
Total Participants	45	41	36

III. Meeting Agenda

The overall agenda for each meeting was the same across each of the 3 Regional meetings.

- 9:00-9:30 Registration
- 9:30-9:40 Welcome & Introductions
 - Area Administrators-Maxine Evans-Armwood; Joe Testino; Chuck Mallonee, Tom Kilby
- 9:40-10:45 Reducing Burden in the local System of Care: Crosswalk of JJ Service Planning and Child and Family Team Process
 - Bibba Dobyns, UNCG and Intentional Practices; Sadric Bonner, Great Expectations; Frederick Douglas, Faith in Communities Ministries; Jessica Jones, DPS
- 10:45-10:55 Break
- 10:55-12:00 Effective Usage of Resources for Behavior Change
 - Rachel Johnson, DMHDDSAS; Jessica Jones, DPS; Stephen Fletcher, Barium Springs
- 12:00-1:00 Lunch
- 1:00-1:55 Defining Local Team Process Improvement: NIAtx and Systems Change
 - Mina Cook, Reclaiming Futures; Dannette McCain, UNCG
- 1:55-2:50 Monitoring and Tracking Local Progress: Using Data Dashboards and Data Resources Effectively
 - Jessica Jones, DPS; Shureka Hargrove, UNCG; Sonja Frison, UNCG
- 2:50-3:15 Local Team CrossTalk-One Key Lesson from Today
- 3:15-3:30 Evaluation

IV. Individual Evaluations of the Meeting

Overall, 68 local participants and one state Family Partner completed the meeting evaluation forms. This represents 76% of the total local meeting participants. The participants were asked questions about meeting location, registration, helpfulness of meeting, meeting pace and organization and qualitative questions about what they liked most or would improve about the meeting. The following table includes the overall evaluations across the three sites for the key questions that were asked of meeting participants. The ratings were as follows: **Strongly Agree=4, Agree=3, Disagree= 2 and Strongly Disagree=1**. Overall, the highest rated response was for ease of registration and the lowest rated response was the meeting will be helpful to our local team planning process. The individual responses from each participant are in a separate document.

<i>Fall Regional Meeting-Individual Responses</i>							
<i>Questions asked of Participants</i>	<i>It was easy to register for this meeting</i>	<i>The location was appropriate for this meeting.</i>	<i>The information shared during the meeting was helpful.</i>	<i>The pace of the meeting was appropriate-not too fast or too slow</i>	<i>The meeting was well organized/</i>	<i>The meeting will be helpful to our local team planning process</i>	<i>Overall Averages</i>
Averages for Central	3.83	3.78	3.61	3.57	3.83	3.61	3.70
Averages for Eastern	3.89	3.81	3.52	3.48	3.54	3.42	3.61
Averages for Western/Piedmont	3.97	3.63	3.24	3.37	3.58	3.22	3.50
Overall Averages for All Meetings	3.89	3.75	3.48	3.48	3.64	3.43	3.61

Additionally, the following questions were asked in a qualitative form on the individual forms:

1. My favorite part of the meeting was _____
2. The meeting could be better by doing the following _____
3. The team needs more support or training on _____

What follows is a listing of the responses to the three questions based on categorizing the responses and then ranking based on most endorsed.

A. My Favorite part of the meeting was..... (listed in order of most endorsed by 2 or more participants)

- a. Teamwork/working in local team/group sessions
- b. Effective Usage of Resources for Behavior Change
 - i. Entire Session
 - ii. Contingency Management/Stages of Change
 - iii. Graduated Responses and Rewards
- c. Activities (ex. Hula hoop)

- d. Interactive nature of the meeting
- e. Collaboration/networking across disciplines
- f. Entire meeting
- g. Process Improvement/NIATX
- h. Child and Family Teams/Family Partner
- i. Using Data
- j. Practical nature of the meeting

B. The meeting could be better by doing the following..... (listed in order of most endorsed by 2 or more participants)

- a. Nothing/Great meeting
- b. More local team time/more local planning time
- c. More specific data for the team to look at; make data presentation more for local team
- d. Better handouts-bigger slides, put in color
- e. Too many activities

C. My team needs more support or training on..... (listed in order of most endorsed by 2 or more participants)

- a. Data, utilization of data, using data more effectively
- b. Collaboration with various agencies and stakeholders/roles/working together
- c. System of Care/pulling together Child and Family Teams with agencies/CFT process
- d. Increasing access and addressing LME/MCO issues, financing, utilization, authorization
- e. Process Improvement/Rapid Cycle Testing-we need more than one slot for Change Leader training

APPENDIX C-JJBH Data Training Workshop Report

A decorative graphic on the right side of the page features three overlapping circles of varying sizes, each composed of concentric layers of different shades of blue. Two thin, light blue lines intersect at the top left and extend diagonally across the page, framing the circles.

2014 JJBH Data Workshop Training

This document includes a summary of the 2014 JJBH Data Training Workshop including individual impressions of the Workshop Training-compiled and tabulated by the UNCG Center for Youth, Family and Community Partnerships

Summary of Document Contents

Enclosed is the Overall Summary for the JJBH Data Training Workshop held in May, 2014. These meetings were planned collaboratively with a team consisting of the following individuals: Shureka Hargrove, Kenneth Gruber, and Sonja Frison (University of North Carolina at Greensboro, Center for Youth, Family and Community Partnerships) (UNCG)), Jessica Jones (Reclaiming Futures State Project Director), Rachel Johnson -Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS).

Key Coordination activities were provided by Shureka Hargrove (UNCG doctoral student) with substantial assistance on training days provided by Kshawna Askew (UNCG doctoral student). Training was reviewed initially by Family Partners Sadric Bonner and Frederick Douglas, Young Adult Consultant Joi Douglas, and Reclaiming Futures State Coach Mina Cook. Additional assistance was provided by Shequilla Barnes (UNCG student) and Kim Augsburg (UNCG administration).

1. Meeting Participants:

Overall, there were **18** Local Participants who attended the Training Workshop. There was one Juvenile Justice Representative (6%), 1 Family Partner (6%), 4 LME/MCO Representatives (22%) and 12 Provider Representatives (66%)

Alston, Damali - Alliance Behavioral Healthcare
Bonner, Sadric - Great Expectations
Dorsey, Lucy - Sandhills Center MCO
Fitzgerald, Katy - Mecklenburg County Criminal Justice Services
Fortin, Joe - Guilford County DSS
Foushee, Eric - Monarch
Hallock, Sarah - Cumberland County Communicare
Hawks, Zack - Easter Seals UCP
Johnson, Megan - Family Preservation Services of NC, Inc.
Landry, Tom - NCDPS - ACJJ
Lane, Melissa - Youth Villages
Moore, Candice - Partners Behavioral Health Management
Moore, Lutisher - Uplift Comprehensive Services
Pilgrim, Juanita - Cumberland County Communicare
Sorrell, Kimberly - Partners Behavioral Health Management
Trudnak, Ashley - Support, Inc.
Turner, Jo Van D. - The Children's Home
Walker, Mary - NC Mentor

2. Meeting Agenda

Below is the meeting agenda for the two day training workshop.

DAY 1			
<i>Time Frame</i>	<i>Activity</i>	<i>Facilitator</i>	<i>Location</i>
10:00-10:20	Introductions	Shureka Hargrove	Room 2711
10:20-10:30	Data Advocacy	Sonja Frison	Room 2711
10:30-11:50	Process Improvement and Data	Jessica Jones	Room 2711
11:50-12:50	Lunch		Room 2603, 2711, and 1302
12:50-2:20	Basics in Using Data and Databases	Shureka Hargrove and Kenneth Gruber	Computer Lab 1305
2:20-2:30	Break		Room 1302
2:30-4:00	Higher Level Analyses	Shureka Hargrove and Kenneth Gruber	Room 1302
DAY 2			
9:00-9:15	Energizer	Rachel Johnson	Room 2711
9:15-10:30	Data Presentation Skills	Jessica Jones	Room 2711
10:45-11:30	Dealing with Different Audiences	Jessica Jones	Room 2711
11:30-1:45	Introduction to Team Project and Lunch	Shureka Hargrove and Kenneth Gruber	All Rooms
1:45-2:15	Team Presentations	Jessica Jones and Shureka Hargrove	Room 2711
2:15-2:30	Final Questions/Evaluation and Wrap Up	Sonja Frison	Room 2711

IV. Individual Evaluations of the Meeting

Overall, 13 local participants completed the meeting evaluation forms. This represents 72% of the total local meeting participants. The participants were asked questions about the overall workshop (such as objectives, content, and activities) as well as questions about individual content areas (preparation of the instructor, helpfulness, and being able to use the information obtained from training). The following tables include the overall evaluations that were asked of meeting participants. The ratings were as follows: **Strongly Agree=5, Agree=4, Neither Agree nor Disagree=3, Disagree= 2 and Strongly Disagree=1**. Overall, the highest rated response was for ease of registration and the lowest rated response was the meeting will be helpful to our local team planning process. The individual responses from each participant are in a separate document.

JJBH Workshop Feedback: Overall Workshop									
Questions asked of Participants	<i>I was well informed about the objectives of this overall workshop.</i>	<i>This workshop lived up to my expectations.</i>	<i>The content is relevant to my job.</i>	<i>The workshop objectives were clear to me.</i>	<i>The workshop stimulated my learning.</i>	<i>The activities in this workshop gave me sufficient practice and feedback.</i>	<i>The difficulty level of this workshop was appropriate.</i>	<i>The pace of this workshop was appropriate.</i>	Overall Averages
	4.62	4.54	4.46	4.62	4.62	4.46	4.54	4.46	4.54

Questions asked of Participants	<i>The instructor was well prepared.</i>	<i>The instructor was helpful.</i>	<i>I will be able to use what I learned in this section.</i>	Overall Averages
Averages for Process Improvement and Data	4.85	4.85	4.62	4.77
Averages for Using Data and Data Analyses/StatCrunch	5	4.85	4.54	4.79
Averages for Data Presentation and Working with Different Audiences	5	4.85	4.69	4.85
Average for Overall Transitions				4.86

Additionally, the following questions were asked in a qualitative form on the individual forms:

1. My favorite part of the workshop was _____

2. I would recommend to change this in the workshop _____
3. Other feedback _____

What follows is a listing of the responses to the three questions based on categorizing the responses and then ranking based on most endorsed.

A. My Favorite part of the workshop was.....

- a. StatCrunch
- b. Discussion on presenting to difficult audiences
- c. Hands-On approach to handling raw data
- d. Practical Application
- e. Helpful Trainers
- f. Recognition of various skills on second day

B. I would recommend to change this in the workshop

- a. Nothing/Great meeting
- b. More consistent/frequent breaks
- c. Use real data
- d. More time for hands-on activities
- e. Make it longer/more in-depth
- f. Step by step guidance with definitions
- g. Provide a booklet with descriptions

C. Other feedback...

- a. Great food
- b. Helpful trainers/ Great presenters
- c. More training on Data Management
- d. StatCrunch seems useful but it needs more user friendly graphing capability
- e. Very well organized
- f. Could use technical assistance and guidance on collecting data

APPENDIX D-Monthly Report Questions

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
- ECBH-Beaufort
- ECBH-Craven-Pamlico
- ECBH-Northampton/Hertford/Bertie
- ECBH-Northeast Area
- ECBH-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?

___ June 2013

___ July 2013

___ August 2013

___ September 2013

- ___ October 2013
- ___ November 2013
- ___ December 2013
- ___ January 2014
- ___ February 2014
- ___ March 2014
- ___ April 2014
- ___ May 2014
- ___ June 2014

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 moth (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 SS screenings (SS or Q)

_____ Total number of GAIN assessments (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 E-NORTH CAROLINA-TREATMENT OUTCOMES AND PROGRAM
PERFORMANCE SYSTEM (NC-TOPPS) FORMS**

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Initial Interview

Use this form for backup only. *Do not mail.* Enter data into web-based system (<http://www.ncdhhs.gov/mhddsas/providers/nc topps>)

QP First Initial & Last Name

--	--	--	--	--	--	--	--	--	--

I certify that I am the QP who has conducted and completed this interview. QP Signature: _____ Date: _____

Please have the consumer sign and date and place in consumer's file. Consumer Signature: _____ Date: _____

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number

--	--	--	--	--	--	--	--

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--

Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence: _____

Local Area Code (Reporting Unit Number) (optional)

--	--	--	--	--	--

First three letters of consumer's last name:
(If female, use consumer's maiden name)

--	--	--

First letter of consumer's first name:

--

Consumer Date of Birth:

--	--	--	--	--	--	--	--

Consumer Gender:

Male Female

Consumer County of Residence: _____

Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

Adolescent Mental Health, age 12-17

Adolescent Substance Abuse, age 12-17

b. If both *Mental Health and Substance Abuse*, is the treatment at this time mainly provided by a...

qualified professional in substance abuse

qualified professional in mental health

both

Begin Interview

1. Please select all services the consumer is receiving.
(See Attachment I)

2. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment II)

3. For Female Adolescent SA individual:
Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?

Yes No

4. Are you of Hispanic, Latino, or Spanish origin?

Yes No

5. Which of these groups best describes you?

African American/Black

Alaska Native

White/Anglo/Caucasian

Asian

Multiracial

Pacific Islander

American Indian/Native American

Other

6. What kind of health/medical insurance do you have?

(mark all that apply)

None

Medicaid

Private insurance/health plan

Medicare

TRICARE/Military Coverage

Other

Health Choice

Unknown

7. What is the highest grade you completed or degree you received in school?

Grade K, 1, 2, 3, 4, or 5

Grade 6, 7, or 8

Grade 9, 10, 11, or 12 (no diploma)

HS diploma/GED

Some college or technical/vocational school

2-year college/assoc. degree

8. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

Yes No → (skip to 11)

b. If yes, what programs are you currently enrolled in for credit? (mark all that apply)

Alternative Learning Program (ALP) - at-risk students outside standard classroom

Academic schools (K-12)

Technical/Vocational school → (skip to 11)

College → (skip to 11)

GED Program, Adult literacy → (skip to 11)

Other → (skip to 11)

9. For K-12 only:

a. What grade are you currently in?

--	--

b. For your most recent reporting period, what grades did you get most of the time? (mark only one)

A's B's C's D's F's School does not use traditional grading system

b-1. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?

Pass Fail

10. For K-12 only: In the past 3 months, have you been...

a. suspended from school?

Yes No

b. expelled from school?

Yes No

11. In the past 3 months, what best describes your employment status? (mark only one)

Full-time work (working 35 hours or more a week)

Part-time work (working less than 35 hours a week)

Unemployed (seeking work or on layoff from a job)

Not in labor force (not seeking work)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>s)

12. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never
 A few times
 More than a few times

13. In the past year, how many times have you moved residences?

(enter zero, if none)

14. In the past 3 months, where did you live most of the time?

- Homeless → (skip to b)
 Temporary housing → (skip to 15)
 In a family setting (private or foster home) → (skip to 15)
 Residential program → (skip to c)
 Facility/institution → (skip to 15)
 Other → (skip to 15)
b. If *homeless*, please specify your living situation most of the time in the past 3 months.
 Sheltered (homeless shelter or domestic violence shelter)
 Unsheltered (on the street, in a car, camp)
c. If *residential program*, please specify the type of residential program you lived in most of the time in the past 3 months.
 Therapeutic foster home
 Level III group home
 Level IV group home
 State-operated residential treatment center
 Substance abuse residential treatment facility
 Halfway house (for Adolescent SA individual)
 Other

15. Was this living arrangement in your home community?

- Yes No

16. How long has it been since you last visited a physical health care provider for a routine check up?

- Never
 Within the past year
 Within the past 2 years
 Within the past 5 years
 More than 5 years ago

17. Females only: Are you currently pregnant?

- Yes No Unsure
(skip to 18) (skip to 18)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? Yes No

d. Are you receiving prenatal care? Yes No

18. For Female Adolescent SA individual:

Do you have children?

Yes No → (skip to 19)

b. Do you have legal custody of all, some, or none of your children?

All → (skip to e) Some None

c. Does DSS have legal custody of all, some, or none of your children?

All Some None

d. Are you currently seeking legal custody of all, some or none of your children?

All Some None

e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

All Some None NA (no children in legal custody)

f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

All Some None NA

g. In the past year, have you been investigated by DSS for child abuse or neglect?

Yes No → (skip to 19)

g-2. Was the investigation due to an infant testing positive on a drug screen?

Yes No NA

h. Was your admission to treatment required by Child Welfare Services of DSS?

Yes No

19. In the past 3 months, how often did you participate in ...

a. extracurricular activities?

Never A few times More than a few times

b. recovery-related support or self-help groups?

Never → (skip to 20) A few times More than a few times

c. In the past month, how many times did you attend recovery-related support or self-help groups?

Did not attend in past month

1-3 times (less than once per week)

4-7 times (about once per week)

8-15 times (2 or 3 times per week)

16-30 times (4 or more times per week)

some attendance, but frequency unknown

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

20. For Adolescent MH only individual:
Have you ever used tobacco or alcohol?

Yes No

21. For Adolescent MH only individual:

Have you ever used illicit drugs or other substances?

Yes No → (skip to 23 if 'No' is answered on both questions 20 and 21)

22. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquillizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

23. For Adolescent SA individual:

If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

24. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never
 A few times
 More than a few times
 Deferred

25. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

- Never
 A few times
 More than a few times
 Deferred

26. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

- Never
 A few times
 More than a few times

27. In your lifetime, have you ever attempted suicide?

- Yes No

28. In the past 3 months, how often have you had thoughts of suicide?

- Never
 A few times
 More than a few times

29. How many times have you been arrested or had a petition filed for any offense including DWI.... (enter zero, if none)

a. in the past month

b. in the past year

c. in your lifetime

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>s)

30. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?
 Yes No

31. For Adolescent SA individual:
In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)? (enter zero, if none)

32. In the past 3 months, have you...

a. had **telephone** contacts to an emergency crisis facility?
 Yes No

b. had **visits** to a hospital emergency room?
 Yes No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)
 Yes No

d. spent **nights** homeless? (sheltered or unsheltered)
 Yes No

e. spent **nights** in detention, jail, or prison? (adult or juvenile system)
 Yes No

33. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)

None

1 or 2

3 or more

34. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?

Not supportive

Somewhat supportive

Very supportive

No family/friends

35. How well have you been doing in the following areas of your life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Did you receive a list or options, verbal or written, of places to receive services?

Yes, I received a list or options

No, I came here on my own

No, nobody gave me a list or options

37. Was your first service in a time frame that met your needs?

Yes No

38. Did you have difficulty entering treatment because of problems with... (mark all that apply)

No difficulties prevented you from entering treatment

Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)

Active substance abuse symptoms (addiction, relapse)

Physical health problems (severe illness, hospitalization)

Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)

Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)

Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)

Cost or financial reasons (no money for cab, treatment cost)

Stigma/Embarrassment

Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)

Deaf/Hard of hearing

Language or communication issues (foreign language issues, lack of interpreter, etc.)

Legal reason (incarceration, arrest)

Transportation/Distance to provider

Scheduling issues (work or school conflicts, appointment times not workable, no phone)

39. What help in any of the following areas is important to you? (mark all that apply)

<input type="checkbox"/> Educational improvement	<input type="checkbox"/> Child care
<input type="checkbox"/> Finding or keeping a job	<input type="checkbox"/> Medical care
<input type="checkbox"/> Housing (basic shelter or rent subsidy)	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Transportation	<input type="checkbox"/> None of the above

40. In the past month, how would you describe your mental health symptoms?

Extremely Severe Mild

Severe Not present

Moderate

For Data Entry User (DEU) only:
 This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? Yes No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:
<http://www.ncdhs.gov/mhddsas/nc-topp>s
Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (SA consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling - Family Therapy without Consumer - H0004 HS
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Enhanced Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015 HT
- Intensive In-Home Services (IIH) - H2022
- Multisystemic Therapy Services (MST) - H2033
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035

Day/Basic Benefit Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Level III - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

Other Services

Service Code: _____ Service Description: _____

Attachment II: DSM-IV TR Diagnostic Classifications

Childhood Disorders

- Learning disorders (315.00, 315.10, 315.20, 315.90)
- Motor skills disorders (315.40)
- Communication disorders (307.00, 307.90, 315.31, 315.39)
- Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- Mental retardation (317.00, 318.00, 318.10, 318.20, 319.00)
- Autism and pervasive development (299.00, 299.10, 299.80)
- Attention deficit disorder (314.xx, 314.90)
- Conduct disorder (312.80)
- Disruptive behavior (312.90)
- Oppositional defiant disorder (313.81)

Substance-Related Disorders

- Alcohol abuse (305.00)
- Alcohol dependence (303.90)
- Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- Dysthymia (300.40)
- Cyclothymic disorder (301.13)
- Bipolar disorder (296.xx)
- Major depression (296.xx)

Anxiety Disorders

- Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- Posttraumatic stress disorder (PTSD) (309.81)

Adjustment Disorders

- Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- Mental disorders due to medical condition (306.00, 316.00)
- Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.20)

Somatoform, Eating, Sleeping & Factitious Disorders

- Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- Other mental disorders (Codes not listed above)
- Other clinical issues (V-codes)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. *Do not mail.* Enter data into web-based system (<http://www.ncdhhs.gov/mhddsas/providers/nctopps>)

QP First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that I am the QP who has conducted and completed this interview. QP Signature: _____ Date: _____

Please have the consumer sign and date and place in consumer's file. Consumer Signature: _____ Date: _____

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number

--	--	--	--	--	--	--	--

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence: _____

Local Area Code (Reporting Unit Number) (optional)

--	--	--	--	--	--

First three letters of consumer's last name:
(If female, use consumer's maiden name)

--	--	--

First letter of consumer's first name:

--

Consumer Date of Birth:

--	--	--	--	--	--	--	--	--	--

Consumer Gender:

Male Female

Consumer County of Residence: _____

Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

Adolescent Mental Health, age 12-17

Adolescent Substance Abuse, age 12-17

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

qualified professional in substance abuse

qualified professional in mental health

both

Begin Interview

1. Please select all services the consumer is receiving.

(See Attachment I)

2. Please indicate reason for Episode Completion:

(mark only one)

Completed treatment

Discharged at program initiative

Refused treatment

Did not return as scheduled within 60 days → (skip to end of interview)

Changed to service not required for NC-TOPPS

Moved out of area or changed to different LME

Incarcerated

Institutionalized

Died → (skip to end of interview)

Other

3. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment II)

4. For Female Adolescent SA individual: Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum?

Yes No

5. Since the last interview, the consumer has attended scheduled treatment sessions...

All or most of the time

Sometimes

Rarely or never

6. For Adolescent SA individual: Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted (enter zero, if none and skip to 7)

b. Number Positive (enter zero, if none and skip to 7)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.						
Cocaine	Amphetamine	Barbiturate							

7. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)

Educational improvement

Finding or keeping a job

Housing (basic shelter or rent subsidy)

Transportation

Child care

Medical care

Screening/Treatment referral for HIV/TB/HEP

Legal issues

None of the above

8. In the past 3 months, has the individual's family, significant other, or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)

Treatment services

Person-centered planning

None of the above

Section II: Complete items 9-28 using information from the individual's interview (preferred) or consumer record

9. How are the next section's items being gathered?

(mark all that apply)

In-person interview (preferred)

Telephone interview

Clinical record/notes

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>)

10. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment
- Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- Active substance abuse symptoms (addiction, relapse)
- Physical health problems (severe illness, hospitalization)
- Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- Cost or financial reasons (no money for cab, treatment cost)
- Stigma/Embarrassment
- Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- Deaf/Hard of hearing
- Language or communication issues (foreign language issues, lack of interpreter, etc.)
- Legal reason (incarceration, arrest)
- Transportation/Distance to provider
- Scheduling issues (work or school conflicts, appointment times not workable, no phone)

11. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

- Y N → (skip to 14)
- b. If yes, what programs are you currently enrolled in for credit? (mark all that apply)
 - Alternative Learning Program (ALP) - at-risk students outside standard classroom
 - Academic schools (K-12)
 - Technical/Vocational school → (skip to 14)
 - College → (skip to 14)
 - GED Program, Adult literacy → (skip to 14)
 - Other → (skip to 14)

12. For K-12 only:

- a. What grade are you currently in?
- b. Since beginning treatment, your school attendance has...
 - improved stayed the same gotten worse
- c. For your most recent reporting period, what grades did you get most of the time? (mark only one)
 - A's B's C's D's F's School does not use traditional grading system
- c-1. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?
 - Pass Fail

13. For K-12 only: In the past 3 months, have you been...

- a. suspended from school?
 - Yes No
- b. expelled from school?
 - Yes No

14. Currently, what best describes your employment status? (mark only one)

- Full-time work (working 35 hours or more a week)
- Part-time work (working less than 35 hours a week)
- Unemployed (seeking work or on layoff from a job)
- Not in labor force (not seeking work)

15. In the past 3 months, how often did you participate in ...

- a. extracurricular activities?
 - Never A few times More than a few times
- b. recovery-related support or self-help groups?
 - Never → (skip to 16) A few times More than a few times
- c. In the past month, how many times did you attend recovery-related support or self-help groups?
 - Did not attend in past month
 - 1-3 times (less than once per week)
 - 4-7 times (about once per week)
 - 8-15 times (2 or 3 times per week)
 - 16-30 times (4 or more times per week)
 - some attendance, but frequency unknown

16. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never
- A few times
- More than a few times

17. In the past month, how would you describe your mental health symptoms?

- Extremely severe
- Severe
- Moderate
- Mild
- Not present

18. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription
- All or most of the time
- Sometimes
- Rarely or never

19. In the past 3 months, how many times have you moved residences?

(enter zero, if none)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

20. Currently, where do you live?

Homeless → (skip to b)

Temporary housing → (skip to 21)

In a family setting (private or foster home) → (skip to 21)

Residential program → (skip to c)

Facility/institution → (skip to 21)

Other → (skip to 21)

b. If homeless, please specify your living situation currently.

Sheltered (homeless shelter or domestic violence shelter)

Unsheltered (on the street, in a car, camp)

c. If residential program, please specify the type of residential program you currently live in.

Therapeutic foster home

Level III group home

Level IV group home

State-operated residential treatment center

Substance abuse residential treatment facility

Halfway house (for Adolescent SA individual)

Other

21. Was this living arrangement in your home community?

Yes No

22. In the past 3 months, have you received any residential services outside of your home community?

Yes No

23. For Adolescent MH only individual:
In the past 3 months, have you used tobacco or alcohol?

Yes No

24. For Adolescent MH only individual:
In the past 3 months, have you used illicit drugs or other substances? Yes No → (skip to 26 if 'No' is answered on both questions 23 and 24)

25. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Other Drug Codes**
- | | |
|------------------------------|-------------------------------|
| 5=Non-prescription Methadone | 13=Other Tranquillizer |
| 7=PCP | 14=Barbiturate |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic |
| 9=Methamphetamine | 16=Inhalant |
| 10=Other Amphetamine | 17=Over-the-Counter |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) |

26. In general, since entering treatment your involvement in the criminal/juvenile justice system has...

Increased Decreased Stayed the same

26. In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)

27. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?

Yes No

28. For Female Adolescent SA individual only:
Do you have children?

Yes No → (skip to 29)

b. Since the last interview, have you... (mark all that apply)

Gained legal custody of child(ren)

Lost legal custody of child(ren)

Begun seeking legal custody of child(ren)

Stopped seeking legal custody of child(ren)

Continued seeking legal custody of child(ren)

New baby born - removed from legal custody

None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

All Some None NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

All Some None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect?

Yes No → (skip to f)

e-1. Was the investigation due to an infant testing positive on a drug screen?

Yes No NA

f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

All Some None NA (no children in legal custody)

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

29. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?

Yes - Complete items 30-43

No - Stop here

30. Females only: Are you currently pregnant?

Yes No Unsure
(skip to 31) (skip to 31)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care?

Yes No

d. Are you receiving prenatal care?

Yes No

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

31. Females only: Have you given birth in the past year?
 Yes No → (skip to 32)
 b. For Adolescent SA individual:
 How long ago did you give birth?
 Less than 3 months ago
 3 to 6 months ago
 7 to 12 months ago
 c. Did you receive prenatal care during pregnancy?
 Yes No
 d. For Adolescent SA individual:
 What was the # of weeks gestation?

--	--	--	--

 e. For Adolescent SA individual:
 What was the birth weight?

pounds		ounces	

 f. How would you describe the baby's current health?
 Good
 Fair
 Poor
 Baby is deceased → (skip to 32)
 Baby is not in birth mother's custody → (skip to 32)
 g. Is the baby receiving regular Well Baby/Health Check services?
 Yes No

32. Since the last interview, have you visited a physical health care provider for a routine check up?
 Yes No

33. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)
 None 1 or 2 3 or more

34. How supportive has your family and/or friends been of your treatment and recovery efforts?
 Not supportive
 Somewhat supportive
 Very supportive
 No family/friends

35. For Adolescent SA individual:
In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?
 Yes No Deferred

36. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?
 Never A few times More than a few times Deferred

37. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?
 Never A few times More than a few times Deferred

38. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?
 Never A few times More than a few times

39. Since the last interview, how often have you had thoughts of suicide?
 Never A few times More than a few times

40. Since the last interview, have you attempted suicide?
 Yes No

41. In the past 3 months, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. In the past 3 months, have you...

a. had **telephone** contacts to an emergency crisis facility?
 Yes No

b. had **visits** to a hospital emergency room?
 Yes No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)
 Yes No

d. spent **nights** homeless? (sheltered or unsheltered)
 Yes No

e. spent **nights** in detention, jail, or prison? (adult or juvenile system)
 Yes No

43. How helpful have the program services been in...

a. improving the quality of your life?
 Not helpful Somewhat helpful Very helpful NA

b. decreasing your symptoms?
 Not helpful Somewhat helpful Very helpful NA

c. increasing your hope about the future?
 Not helpful Somewhat helpful Very helpful NA

d. increasing your control over your life?
 Not helpful Somewhat helpful Very helpful NA

e. improving your educational status?
 Not helpful Somewhat helpful Very helpful NA

For Data Entry User (DEU) only:
 This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? Yes No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:
<http://www.ncdhs.gov/mhddsas/nc-topps>
Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (SA consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling - Family Therapy without Consumer - H0004 HS
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Enhanced Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015 HT
- Intensive In-Home Services (IIH) - H2022
- Multisystemic Therapy Services (MST) - H2033
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035

Day/Basic Benefit Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Level III - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

Other Services

Service Code: _____ Service Description: _____

Attachment II: DSM-IV TR Diagnostic Classifications

Childhood Disorders

- Learning disorders (315.00, 315.10, 315.20, 315.90)
- Motor skills disorders (315.40)
- Communication disorders (307.00, 307.90, 315.31, 315.39)
- Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- Mental retardation (317.00, 318.00, 318.10, 318.20, 319.00)
- Autism and pervasive development (299.00, 299.10, 299.80)
- Attention deficit disorder (314.xx, 314.90)
- Conduct disorder (312.80)
- Disruptive behavior (312.90)
- Oppositional defiant disorder (313.81)

Substance-Related Disorders

- Alcohol abuse (305.00)
- Alcohol dependence (303.90)
- Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- Dysthymia (300.40)
- Cyclothymic disorder (301.13)
- Bipolar disorder (296.xx)
- Major depression (296.xx)

Anxiety Disorders

- Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- Posttraumatic stress disorder (PTSD) (309.81)

Adjustment Disorders

- Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- Mental disorders due to medical condition (306.00, 316.00)
- Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.20)

Somatoform, Eating, Sleeping & Factitious Disorders

- Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- Other mental disorders (Codes not listed above)
- Other clinical issues (V-codes)

APPENDIX F-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-Forsyth/Stokes/Davie
- CenterPoint-Rockingham
- Eastpointe-Goldsboro Site
- Eastpointe-Rocky Mount Site
- Eastpointe-Lumberton Site
- ECBH-Beaufort
- ECBH-Craven-Pamlico
- ECBH-Northampton/Hertford/Bertie
- ECBH-Northeast Area
- ECBH-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
- Cardinal Innovations Mecklink area
- Sandhills
- Sandhills-Guilford Area
- Smoky Mountain Center
- Coastal Care-Jacksonville Area
- Coastal Care-Wilmington Area
- Western Highlands Network

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)
- Most Recent data from July 2013 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)

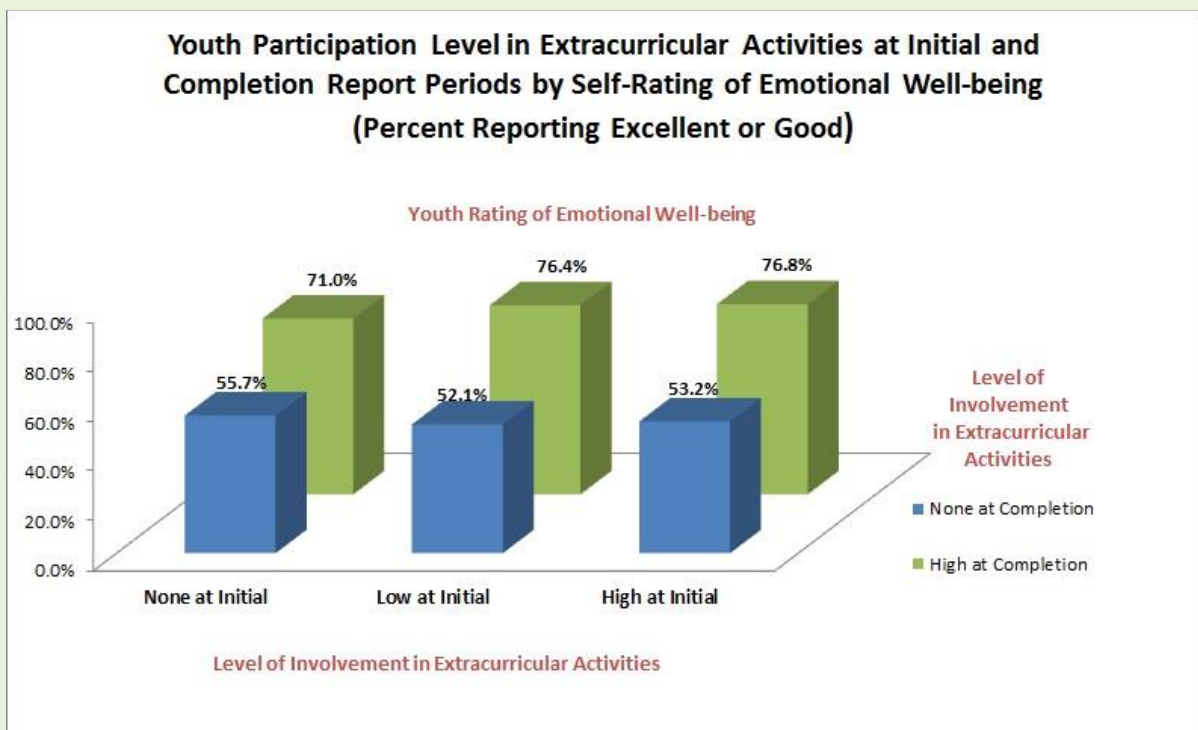
10. What questions would you like answered by using NC-TOPPS data? (Someone from the UNCG evaluation team-either Shureka Hargrove or Kenneth Gruber- will follow up within a couple of business days)

APPENDIX G - Example of NC-TOPPS Analyses Provided

Youth Participation in Extracurricular Activities Linked to Perception of Emotional Well-Being of Juvenile Justice (JJ) Involved Youth in North Carolina

Youth involvement in pro-social activities can be an important determinant of youth well-being and recent discussions among initiatives such as Reclaiming Futures and JJSAMHP have focused on this area. NC-TOPPS data was used to further explore youth involvement in extra-curricular activities. The NC-TOPPS data represented in this report includes JJ involved youth (between the ages of 12 and 17) for FYs 2010-2011, 2011-2012, and 2012-2013.¹ Data representing each youth has been linked so it is possible to query youth involvement in treatment services across the three program years. To determine if pro-social activity involvement is related to a youth's mental health self-perception, an analysis was conducted relating involvement in pro-social activities and youths' perception of their emotional well-being (N=2,656).²

The following chart relates youth involvement in extracurricular activities: None [Never], Low [A few times] and High [More than a few times] within the past 3 months of the interview at their initial and episode completion interviews, and their perception of their emotional well-being within the past 3 months of their episode completion interview.



-Results are based only on youth with an initial and completion assessment form.

As the chart shows, youth who conclude treatment with few to more than a few times of participation in extracurricular activities are more likely to report their emotional well-being as Excellent or Good compared with youth who report no extracurricular activity involvement at treatment completion. For example, 71% of the youth who were involved in no extracurricular activity at initial but were involved in high levels of participation in extracurricular activities at completion reported Excellent to Good emotional well-being ratings. This data compares to that only 55.7% of the youth who were involved in no extracurricular activities at initial and completion reported Excellent to Good emotional well-being ratings.

¹The 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.

²Data analysis and report conducted by The Center for Youth, Family and Community Partnerships (UNCG).