ANNUAL REPORT OF THE

JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS (JJSAMHP)

2014-2015

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

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

N★C DPS
DEPARTMENT OF PUBLIC SAFETY

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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

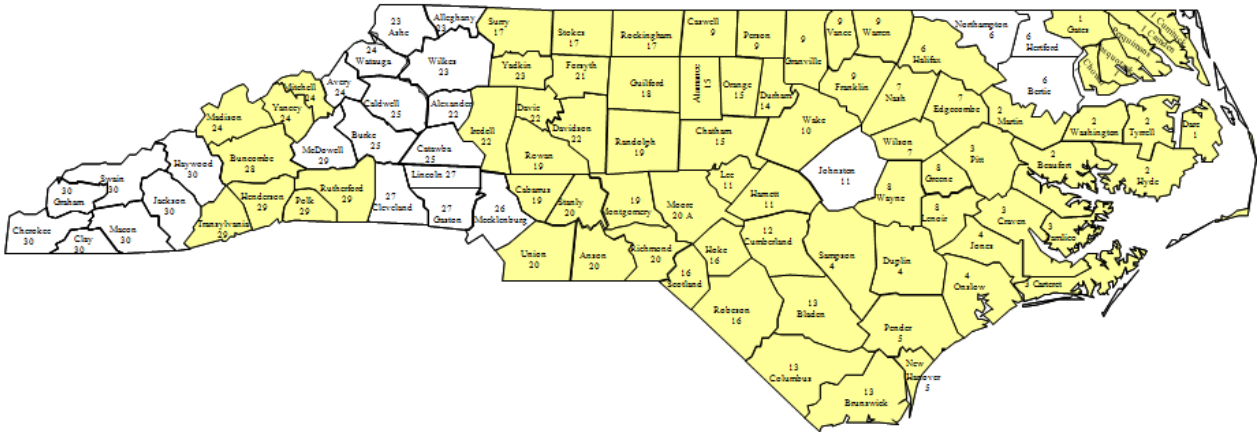
This Annual Report provides information about the JJSAMHP 2014-2015 fiscal year. Although no report can capture every detail of a statewide initiative, the purpose of this document is to provide the main highlights and overall information about JJSAMHP. It is divided up in the following sections:

- **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 2014-2015.

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. During this fiscal year, there were 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 have one referral process and other Court District would have another referral process within the same team. 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



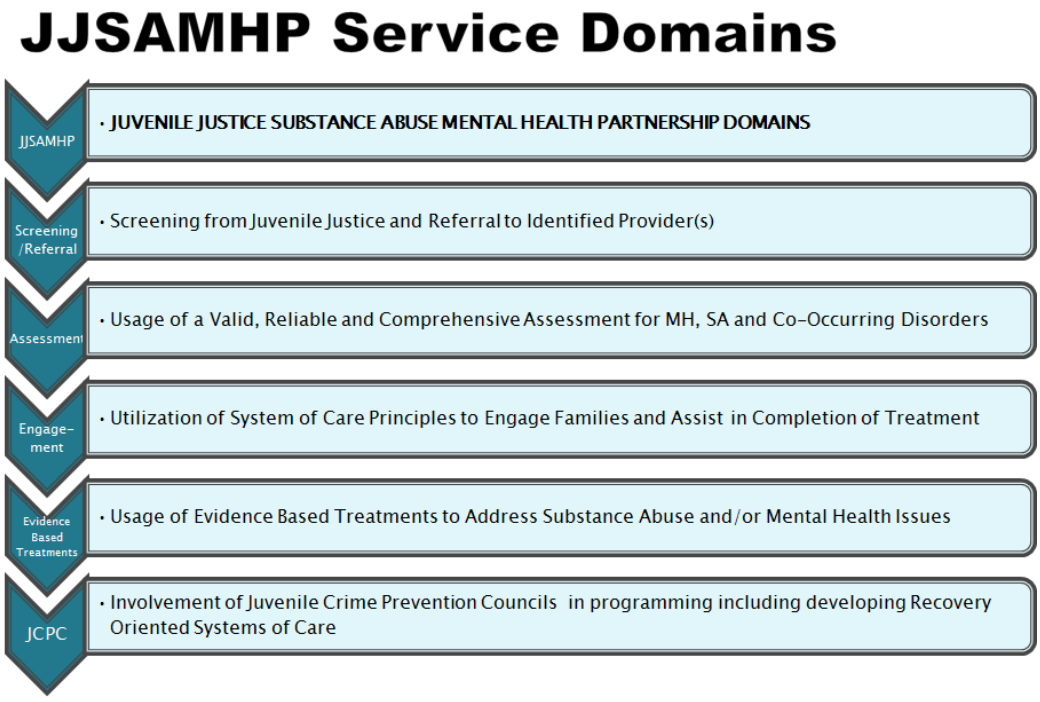
The major teams associated with JJSAMHP are as follows (with their 2014-2015 nomenclature):

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)**

Section C: JJSAMHP Service Domains

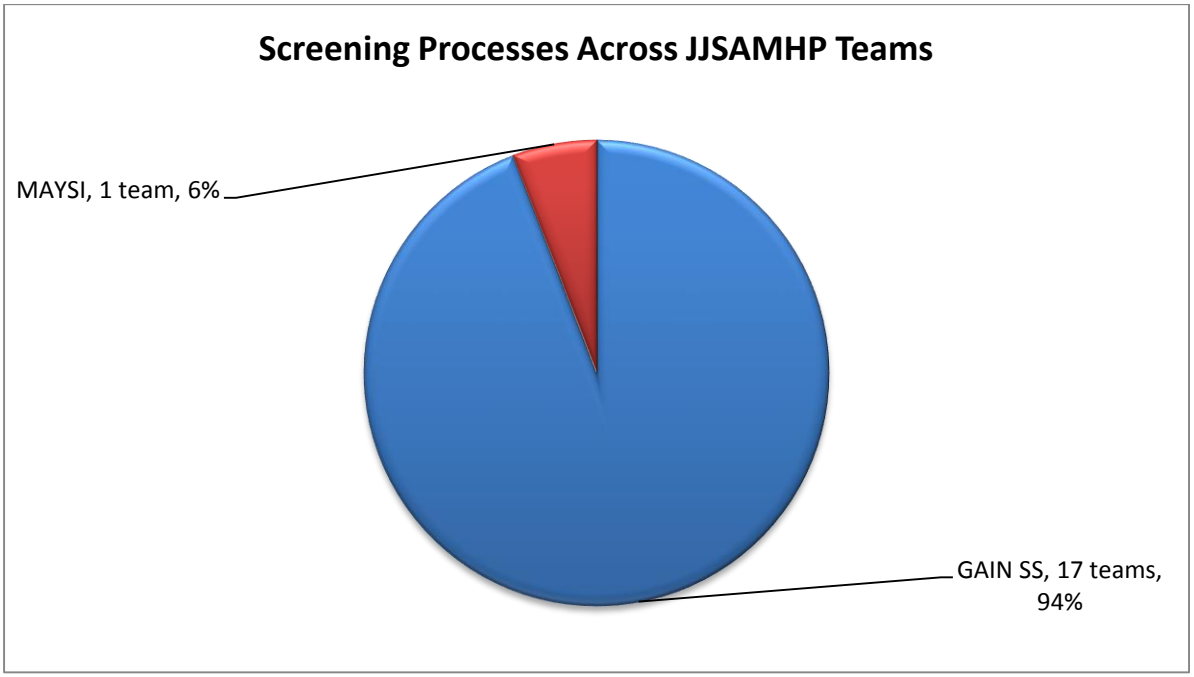
Although local teams define service provision within their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are: Screening/Referral, Assessment, Engagement, Evidence Based Treatments, and involvement 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.jjsamhp.org/publications/.

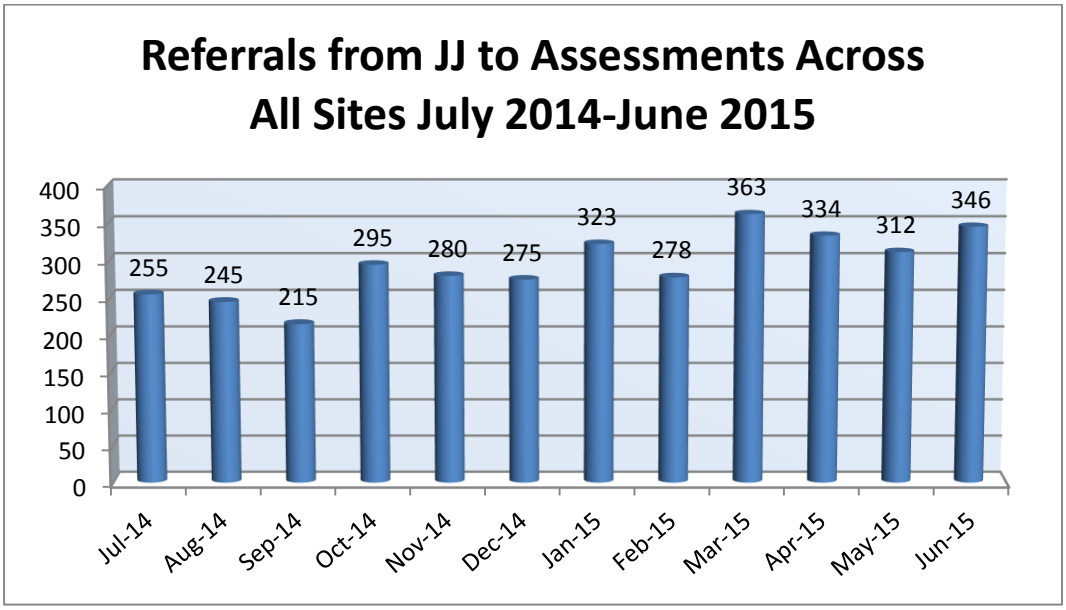


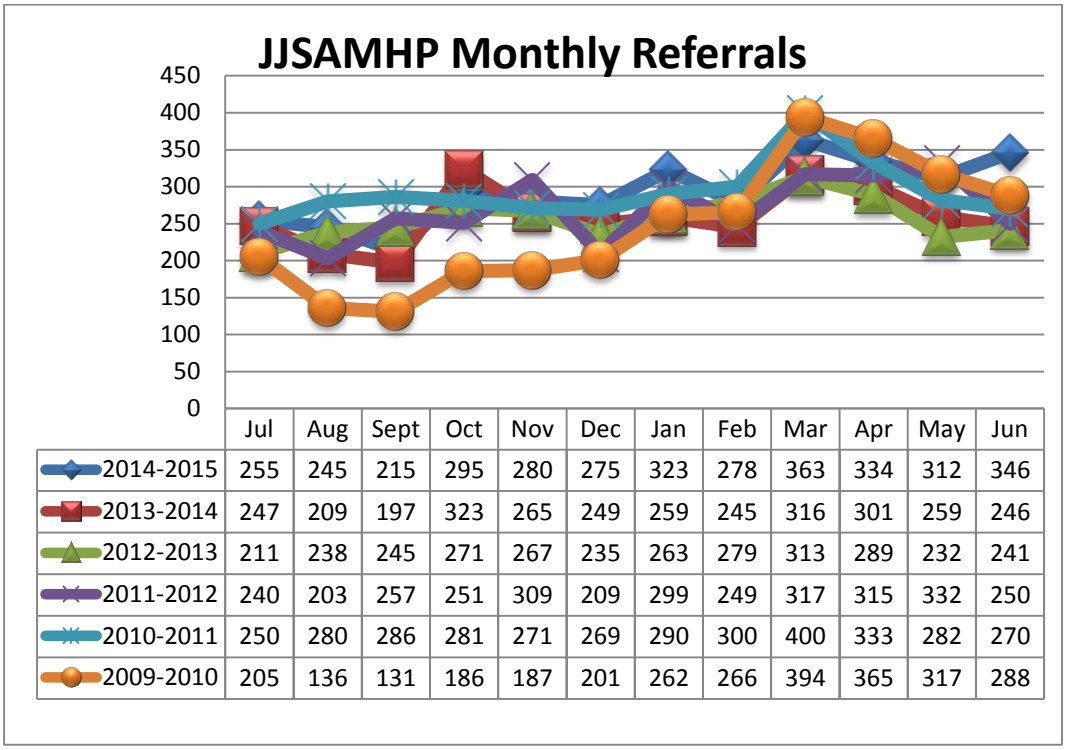
JJSAMHP Domain I: Screening and Referral

The first domain is Screening and Referral. According to Reclaiming Futures, screening involves usage of a reputable tool to identify youth who potentially have a substance abuse problem. In the case of JJSAMHP, the tool should also be able to detect possible mental health challenges. 100% of the JJSAMHP teams identify a uniform screening process from JJ to a local provider. There are two tools used by teams including the Global Appraisal of Individual Needs Short Screener (GAIN-SS) which is used in the Risk and Needs Assessment Process with one team using 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 3,521 total referrals from Juvenile Justice (JJ) screening to local provider(s) for assessments from July, 2014 through June, 2015. This averages 293 referrals per month. For the first half of the fiscal year (July through December), there were 1,565 referrals and for the second half of the fiscal year (January through June), there were 1,956 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 JJSAMHP teams for 2014-2015, and then a comparison of this fiscal year with the five previous fiscal years.

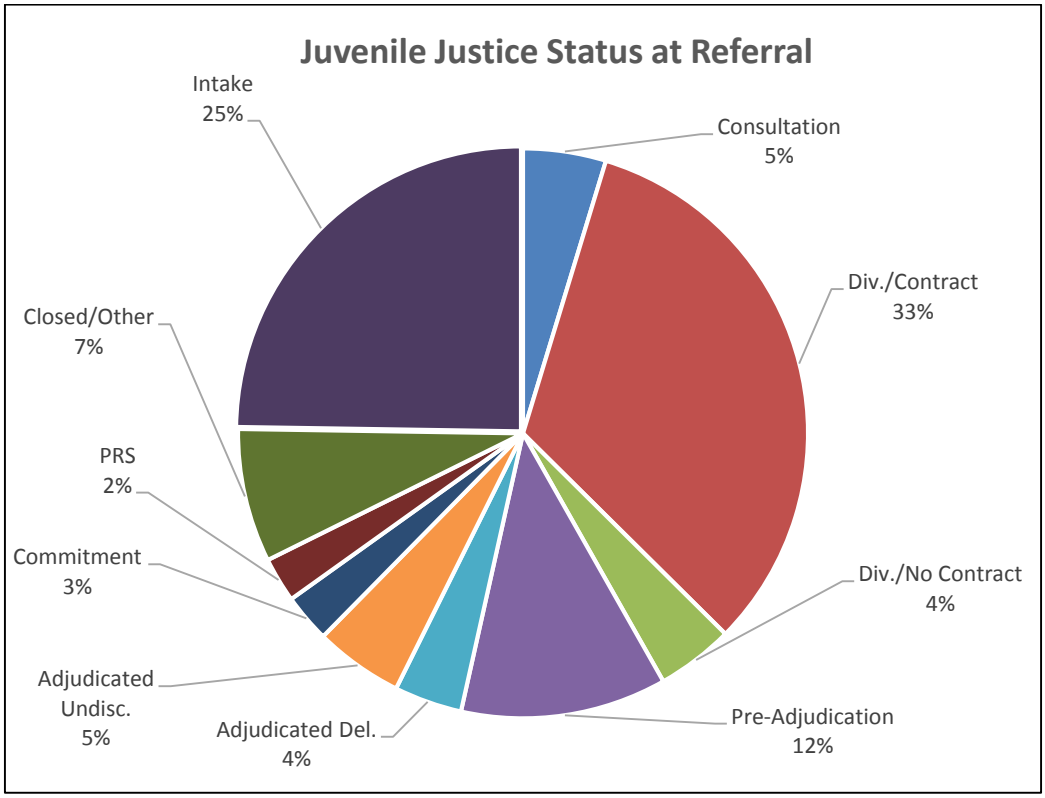




	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2014-2015	255	245	215	295	280	275	323	278	363	334	312	346
2013-2014	247	209	197	323	265	249	259	245	316	301	259	246
2012-2013	211	238	245	271	267	235	263	279	313	289	232	241
2011-2012	240	203	257	251	309	209	299	249	317	315	332	250
2010-2011	250	280	286	281	271	269	290	300	400	333	282	270
2009-2010	205	136	131	186	187	201	262	266	394	365	317	288

JJ Categories for Youth Involved with JJSAMHP

There are different categories for juvenile justice involvement for youth referred within JJSAMHP. The most common to least common juvenile justice status points at time of referral to a JJSAMHP provider for those who reported status were as follows: Diversion with Contract, Intake, Pre-Adjudication, Closed/Other, Adjudicated Undisciplined, Consultation, Adjudicated Delinquent, Diversion with No Contract, Commitment, and Post Release Supervision. The information is in the following graph:

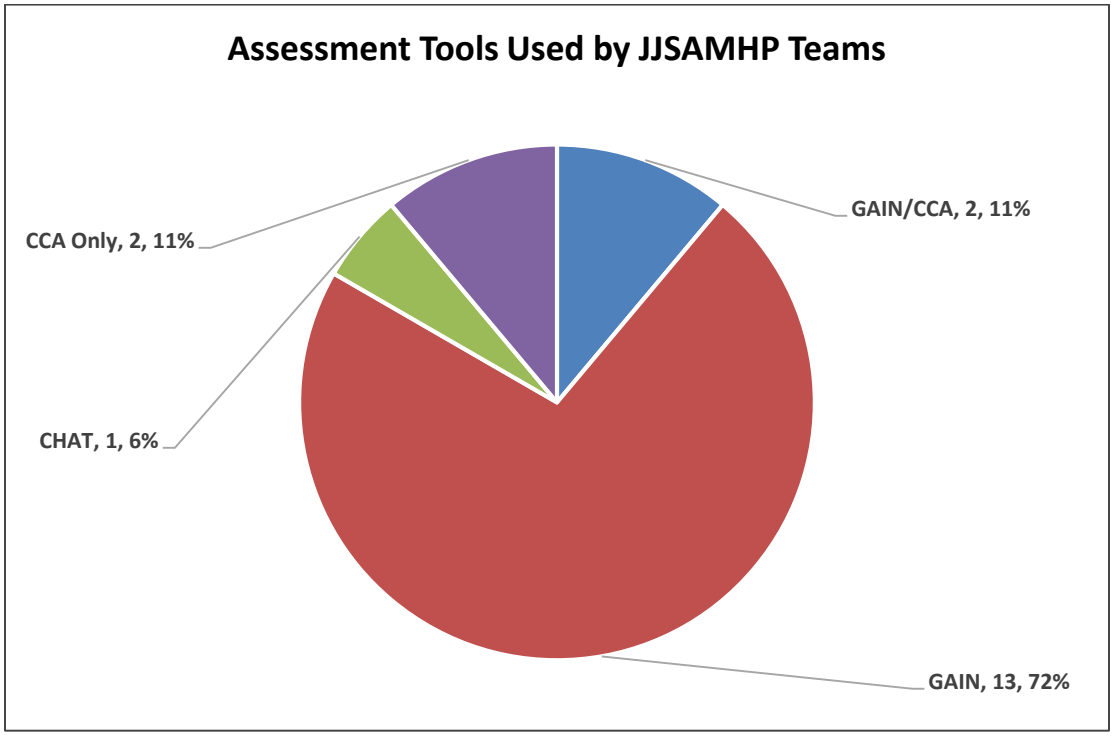


JJSAMHP Domain II: Assessment

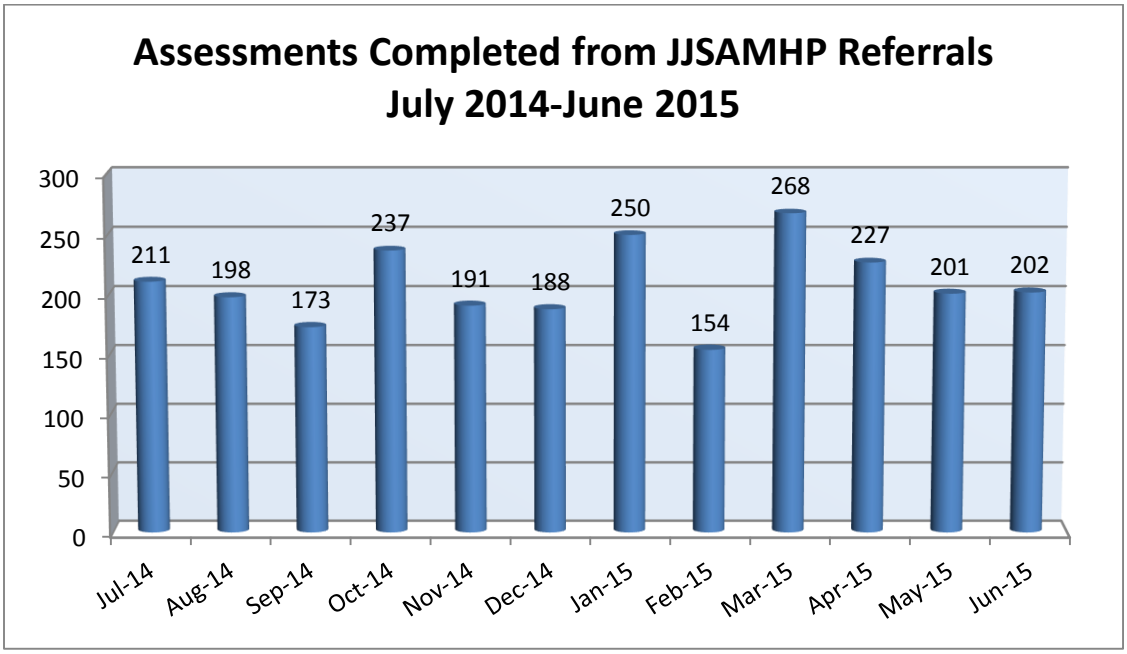
The second JJSAMHP domain is Assessment. The Assessment tool used by JJSAMHP teams must gather information on substance abuse and mental health challenges. According to Reclaiming Futures, a comprehensive assessment involves usage of a tool to ascertain a wide range of individual and family risk factors,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

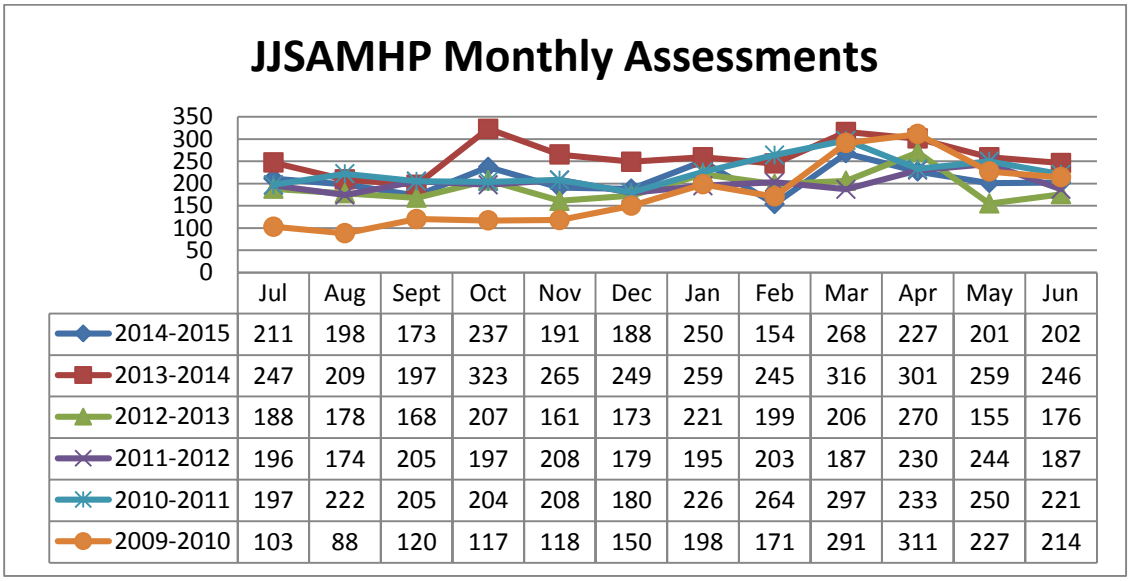
100% of the JJJSAMHP teams identify an assessment process that involves using either a Provider based assessment tool (Comprehensive Clinical Assessment) or an Evidence Based Assessment Tool such as the Global Appraisal of Individual Needs (GAIN), the Child Behavioral Checklist (CBCL), the Behavioral Assessment System for Children (BASC), and the Comprehensive Health Assessment for Teens (CHAT).

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 2,500 assessments completed by partnering providers for the JJSAMHP during 2014-2015. This averages to 208 assessments per month. For the first half of the fiscal year (July through December) there were 1,198 assessments and for the second half of the fiscal year (January through June), there were 1,302 assessments. The assessments completed represent 77% of the referrals for the first half of the year and 67% 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 2014-2015 and then a comparison of this fiscal year with the previous fiscal years.



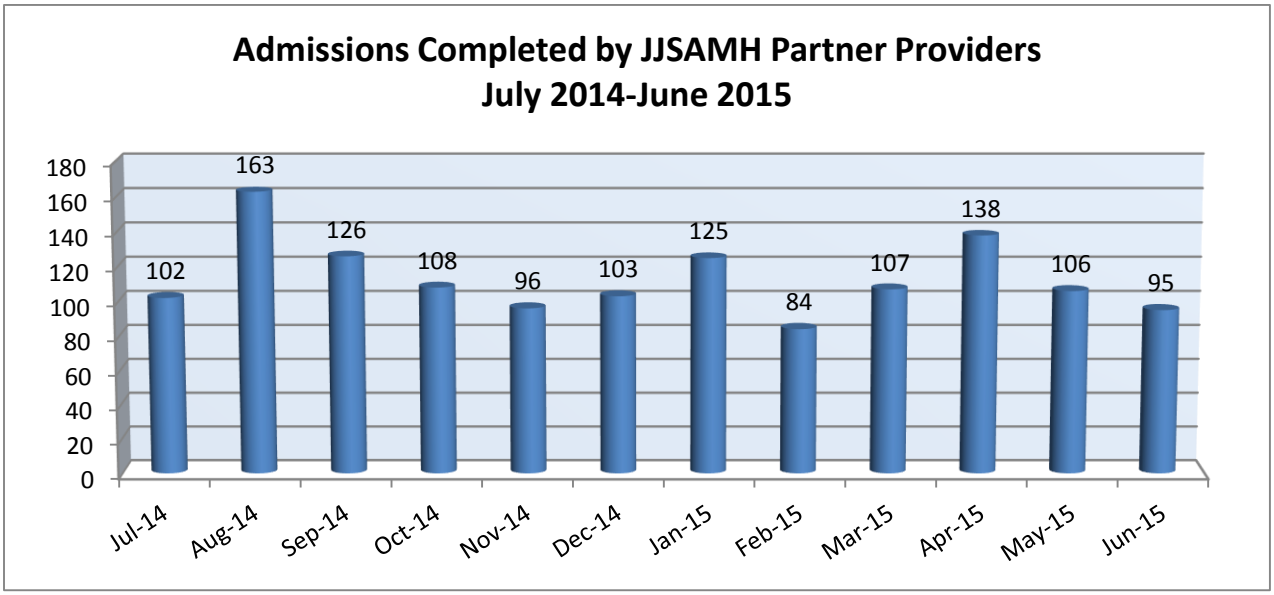


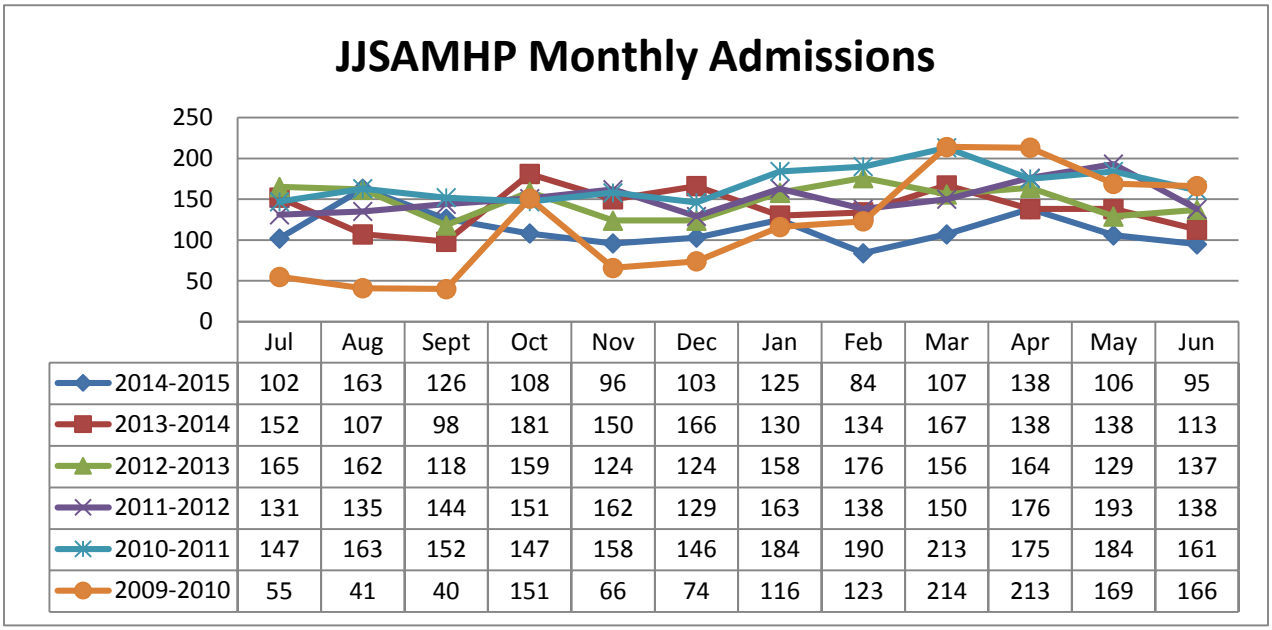
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2014-2015	211	198	173	237	191	188	250	154	268	227	201	202
2013-2014	247	209	197	323	265	249	259	245	316	301	259	246
2012-2013	188	178	168	207	161	173	221	199	206	270	155	176
2011-2012	196	174	205	197	208	179	195	203	187	230	244	187
2010-2011	197	222	205	204	208	180	226	264	297	233	250	221
2009-2010	103	88	120	117	118	150	198	171	291	311	227	214

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 1,353 admissions to JJSAMHP providers during 2014-2015. 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 698 admissions to local JJSAMHP providers and for the second half of the fiscal year (January

through June), there were 655 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 2014-2015 and then a comparison of this fiscal year with the previous fiscal years.



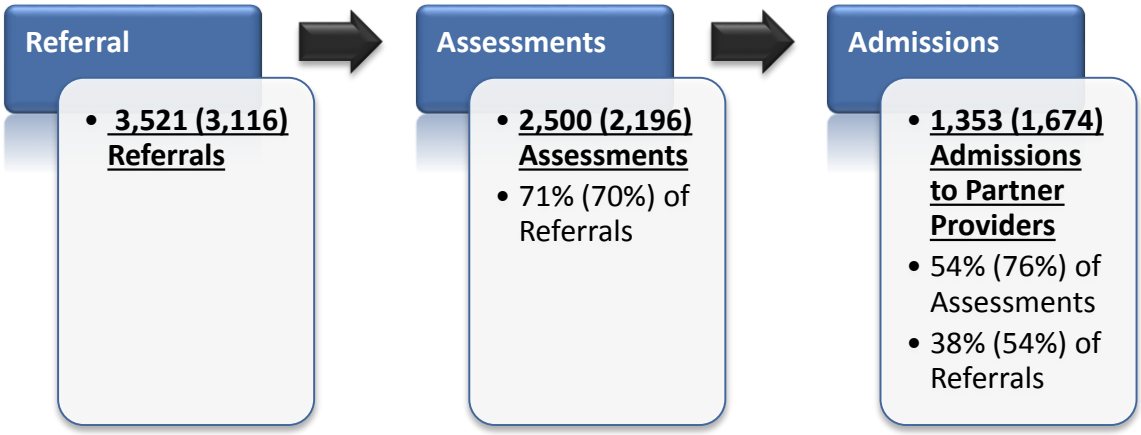


	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2014-2015	102	163	126	108	96	103	125	84	107	138	106	95
2013-2014	152	107	98	181	150	166	130	134	167	138	138	113
2012-2013	165	162	118	159	124	124	158	176	156	164	129	137
2011-2012	131	135	144	151	162	129	163	138	150	176	193	138
2010-2011	147	163	152	147	158	146	184	190	213	175	184	161
2009-2010	55	41	40	151	66	74	116	123	214	213	169	166

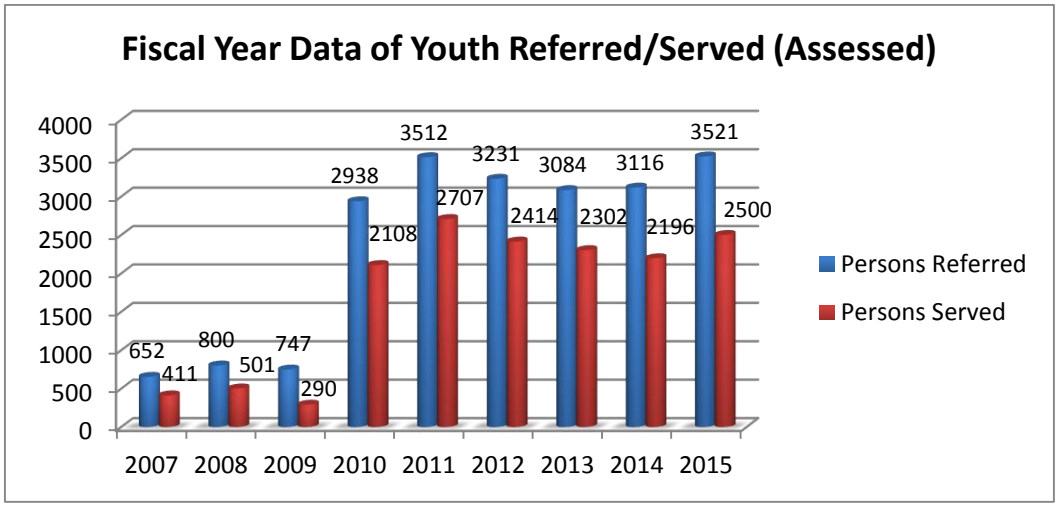
Overall Process Numbers for JJSAMHP for 2014-2015

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). In general, there were more youth referred this fiscal year from the previous fiscal years. 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 2013-2014 fiscal year.**



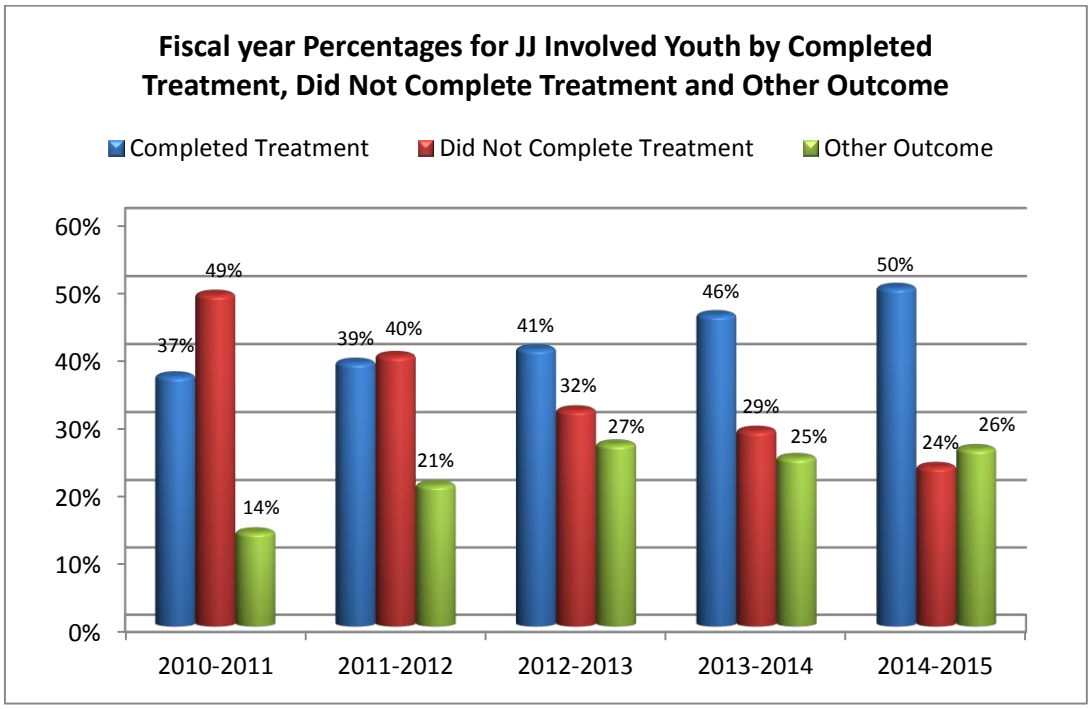
Additionally, there is data on the number of youth referred by JJ to a JJSAMHP provider (formerly MAJORS), and the number of youth who were assessed by a JJSAMHP provider for services. The next graph outlines this information over the last fiscal years. Notably, during Years 2007, 2008, 2009 (MAJORS),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

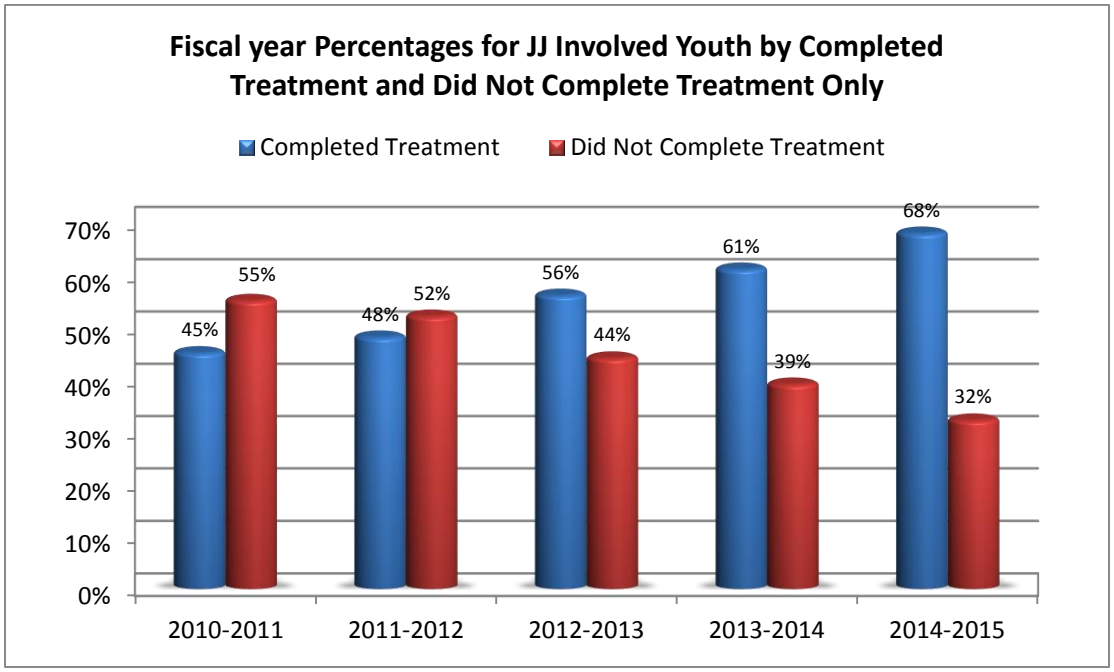


Discharge Completion Rates for JJSAMHP across Fiscal Years 2011, 2012, 2013, 2014, 2015

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

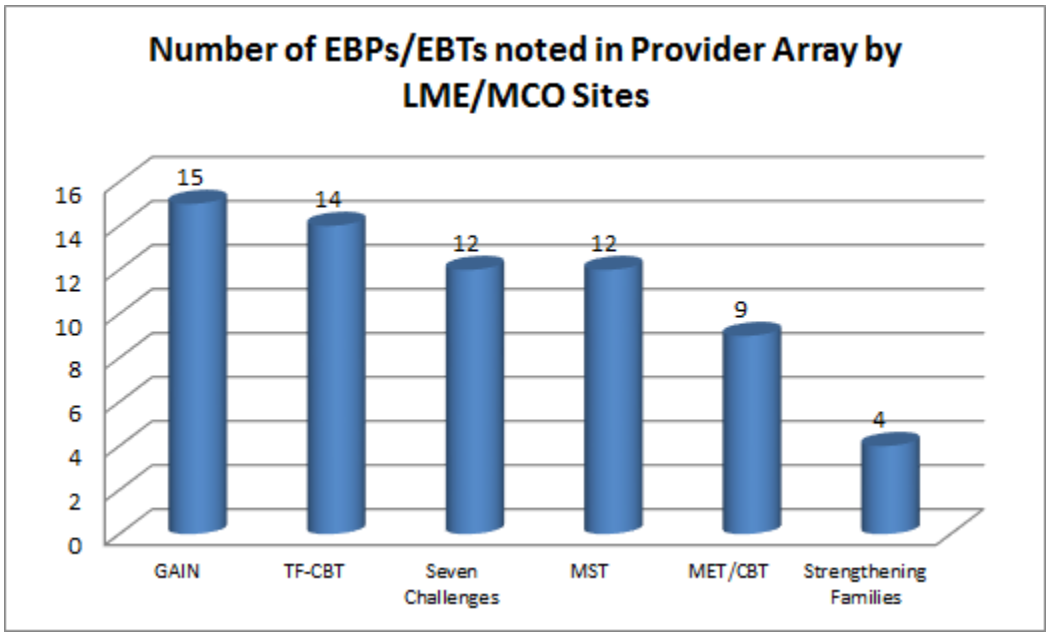
youth who never received any treatment/services, were discharged at the program initiative, refused treatment, incarcerated, and did not return as scheduled within 60 days. The **Other Outcome** group includes youth who were institutionalized, moved out of area, changed to a service not required by NC-TOPPS and youth who died (fortunately, unlike previous years, there were no youth in this category) 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.





JJSAMHP 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://www.jjsamhp.org/publications/.



Additionally, a map was completed at the beginning of the fiscal year that outlined evidence based practices across all 100 counties. This is documented in Appendix B.

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

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

ROSC is defined as the following:

> *Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan. Participants at the Summit declared, "There will be no wrong door to recovery" and also recognized that recovery-oriented systems of care need to provide "genuine, free and independent*

choice" (SAMHSA, 2004) among an array of treatment and recovery support options. Services should optimally be provided in flexible, unbundled packages that evolve over time to meet the changing needs of recovering individuals. (USDHHS, 2009)

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

Section D: Activities and Accomplishments of JJSAMHP for Fiscal Year 2014-2015

This section outlines the overall Activities and Accomplishments of the JJSAMHP for the 2014-2015 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 Cross-System Partnerships, Communication and Information Sharing

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

A. One activity that was finalized from the previous fiscal year was the Change Leader academy that was facilitated by University of Wisconsin Madison (NIAtx). Teams who attended the Change Leader Academy in Fiscal Year 2013-2014 completed their Change Projects and presented them in December, 2014. A major product from this training was the development of North Carolina Process Improvement Training that could be implemented by UNCG in consultation with NIAtx. The focus of this was to build capacity to implement Process Improvement in NC across the state for Juvenile Justice Behavioral Health Partnership teams. The pilot of this training was completed in Spring, 2015 with two of the eastern teams with summary feedback on the training in the Table below.

Pilot Process Improvement Evaluation Area (n=all 10 participants) 4.0 is highest agreement	*Overall Average*
Covered useful material	4.0
Practical to my needs and interests	3.7
Well organized	4.0
Well-paced	4.0
Presented at the right level	3.9
Effective activities	4.0
Useful visual aids and hand-outs	4.0

B. An additional activity for this fiscal year was the provision of a Regional Meeting that addressed Information Sharing across Juvenile Justice and Behavioral Health. This was also a blended funding initiative associated with JJSAMHP and the Kate B. Reynolds Charitable Trust. Provision of Regional Meetings based on the needs of the teams and to increase collaboration amongst the teams at the meetings. The Regional Meeting report is located in Appendix C.
    a. The topic for the Spring 2015 Regional Meetings was: *Cross System Information Sharing Training for Juvenile Justice Behavioral Health Planning Teams*. This training covered Information Sharing Practices for the JJBH Planning Teams (JJSAMHP/ RF/JJTC) including:
        i. Introduction of the Cross-System Consent Form that is consistent with privacy and confidentiality laws and juvenile justice statutes
        ii. Information Sharing Guide outlining laws and best practices
        iii. Planning processes to implement Information Sharing within local communities.
    b. The dates, locations of the Regional meetings, and number of participants were:
        i. 4/13/15-Western/Piedmont Regional Meeting-Hickory-70 participants
        ii. 4/15/15-Central Regional Meeting-57 participants-Raleigh-McKimmon Center
        iii. 4/16/15-Eastern Regional Meeting-51 participants-Greenville-Hilton Hotel

C. An additional activity was the provision of Cross-System training for judicial leadership and other JJBH partners. The training was entitled the "The Intersection of Courts and Treatment" and was held on March 3rd at the McKimmon Center at NC State University in Raleigh. The focus of the training was on Best Practices in Judicial Decision making and the Intersection of Courts and Treatment with speakers LaToya Blackmon Powell and Robert Schwebel. 117 individuals in attendance including judges, juvenile prosecutors, juvenile defense attorneys, juvenile justice staff, providers, and LME/MCO liaisons-March 3, 2015.

D. One additional effort within this domain was the facilitation of a Family Partner and Young Adult training that focused on providing Family Partners and Young Adults across the state with the information and tools they need to be confident and effective advocates for the youth and

families they support to address issues that juvenile justice youth have regarding educational struggles for these youth. This was held on May 20th and there were 14 participant advocates and 8 systems participants in attendance.

E. An additional tool to increase information sharing capability was the introduction of a new website-which was launched this year. This website enables key staff at UNCG to make changes immediately upon request. This allows for more engagement of teams on the information that they are providing to those who interact with the website. The modified website is at http://www.jjsamhp.org/

F. UNCG participated in 25 state level team meetings across various initiatives to provide one link from JJBH initiatives to broader state efforts such as Fetal Alcohol Spectrum Disorders collaborative and the System of Care State Collaborative.

G. The Compendium of Services was maintained as a resource document through work with local teams (specifically LME/MCO liaisons). Again this year, it was helpful to involve a Family Partner and an undergraduate student in attaining information from LME/MCO liaisons. This allows for individuals to see various roles that Family Partners can play in working with JJSAMHP teams. The Compendium of Services outlines key team partners, juvenile justice youth served, services provided, referral, assessment, and treatment processes. The link to the Compendium is located at http://www.jjsamhp.org/publications/.

H. It was important to continue to update the JJSAMHP website, including weekly updates of the Substance Abuse Residential beds for those in state seeking this resource for juvenile justice involved youth. The Residential census that is updated by UNCG students is at the following link: http://www.jjsamhp.org/residential-census/

I. A monthly updated Technical Assistance (TA) document was provided to state and regional level partners to ensure better understanding of type of work being completed by sites. Each TA on-site visit and each substantial contact (such as teleconferences or research requests) is noted in the TA Document, which is described in more detail in Section 4.

2. Improve Data Reporting

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

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

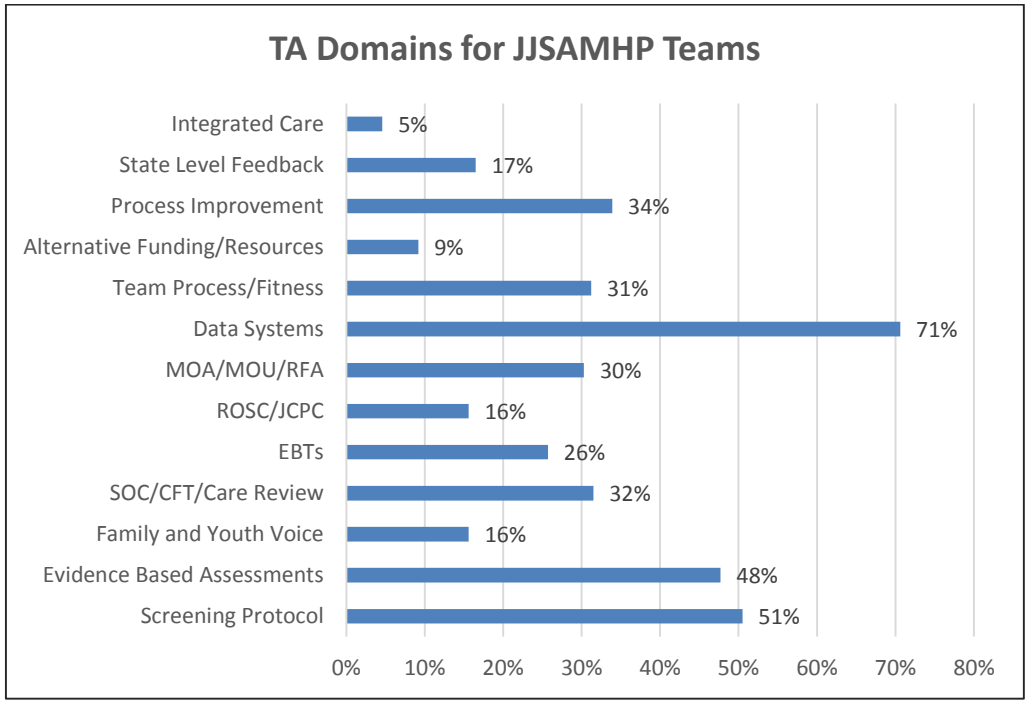
A. Technical Assistance. Another activity of the JJSAMHP was to provide technical assistance directly to local teams. The state level partners requested that teams be visited at least two times during the year. There were a total of 107 site visits to teams from July, 2014 through June, 2015. These visits 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. Eastpointe-Lumberton-7/9/14 2. Partners/Crossroads-7/10/14 3. Eastpointe-Rocky Mount-7/10/14 4. CenterPoint-7/11/14 5. Alliance-Wake-7/15/14 6. Cardinal-Piedmont-7/18/14 7. CenterPoint-7/21/14 8. ECBH Northeast-7/24/14 9. Sandhills Guilford-7/25/14 10. Alliance-Durham-7/31/14 11. CenterPoint-8/1/14 12. Eastpointe-Goldsboro-8/6/14 13. Eastpointe-Lumberton-8/13/14 14. Cardinal-ACOC-8/15/14 15. Smoky-WHN area-8/18/14 16. Alliance-Wake-8/19/14 17. Cardinal-Five County-8/19/14 18. CoastalCare Change Team mtg.-8/21/14 19. Sandhills Guilford-8/22/14 20. Cardinal ACOC-8/22/14 21. Partners/Crossroads-8/28/14 22. Sandhills Southern-9/2/14 23. Eastpointe-Rocky Mount-9/4/14 24. CenterPoint-9/5/14 25. Cardinal-Piedmont-9/5/14 26. Alliance-Wake-9/16/14 27. Cardinal-Five County-9/16/14 28. Eastpointe-Goldsboro-9/19/14	1. CenterPoint-10/3/14 2. ECBH Southern-10/6/14 3. Sandhills-Guilford-10/7/14 4. Cardinal-ACOPC-10/9/14 5. Sandhills-8 County (LME/MCO)-10/22/14 6. Sandhills-Guilford-10/24/14 7. Eastpointe-Goldsboro-10/27/14 8. Sandhills-8 County-10/27/14 9. CenterPoint-11/7/14 10. Cardinal-ACOPC-11/13/14 11. Alliance-Wake-11/14/14 12. Smoky (WHN)-11/17/14 13. Cardinal-Five County-11/18/14 14. Eastpointe-Goldsboro-11/20/14 15. Alliance-Durham-11/20/14 16. ECBH Northeast-11/20/14 17. Sandhills-Guilford-11/21/14 18. ECBH Southern-12/1/14 19. Smoky (WHN)-12/2/14 20. Sandhills-8 county-12/2/14 21. CoastalCare-12/4/14 22. Eastpointe-Rocky Mount-12/4/14 23. Cardinal-Piedmont-12/5/14 24. Eastpointe-Lumberton-12/10/14 25. Sandhills-Guilford-12/12/14 26. Alliance-Wake-12/16/14	1. Cardinal ACOC-1/8/15 2. Cardinal-Piedmont-1/9/15 3. CenterPoint-1/9/15 4. Alliance-Durham-1/12/15 5. Smoky-WHN-1/12/15 6. Cardinal-Five County-1/20/15 7. ECBH Northeast-1/22/15 8. Sandhills-Guilford-1/26/15 9. Partners-Crossroads-1/27/15 10. Sandhills-Southern-1/30/15 11. ECBH Southern-2/2/15 12. Cardinal-Piedmont-2/6/2015 13. CenterPoint-2/6/15 14. Eastpointe-Lumberton-2/11/15 15. Eastpointe-Rocky Mount-3/5/15 16. Cardinal-Piedmont-3/6/15 17. CenterPoint-3/6/15 18. Cardinal-ACOC-3/10/15 19. Eastpointe-Lumberton-3/11/15 20. Alliance-Durham-3/12/15 21. Cardinal-Person-3/12/15 22. Eastpointe-Goldsboro-3/12/15 23. Sandhills-Guilford-3/13/15 24. Cardinal-Five County-3/17/15 25. ECBH Northeast-3/26/15	1. Sandhills-Southern-4/2/15 2. Cardinal-Piedmont-4/13/15 3. Alliance-Wake-4/17/15 4. ECBH-Northeast and Southern-4/20/15-Training 5. Cardinal-Five County-4/21/15 6. Partners-Crossroads-4/21/15 7. Eastpointe-Goldsboro- 4/23/15 8. Sandhills-Guilford-4/24/15 9. Sandhills-Southern-4/24/15 10. Cardinal-Piedmont-4/27/15 11. Centerpoint – 5/1/15 12. Cardinal-Piedmont - 5/1/15 13. Eastpointe-Rocky Mount-5/7/15 14. Sandhills-Southern-5/11/15 15. Partners-Crossroads-5/13/15 16. Alliance-Durham-5/14/15 17. Sandhills-Guilford-5/22/15 18. Alliance-Cumberland-5/22/15 19. Cardinal-ACOPC-5/22/15 20. Sandhills-Southern-6/8/15 21. Eastpointe-Lumberton-6/10/15 22. Cardinal-Five County-6/16/15 23. Alliance Wake-6/16/15

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	29. Alliance-Durham-9/23/14 30. Cardinal-ACOC-9/26/14 31. Sandhills Guilford-9/26/14 32. Smoky-WHN area-9/30/14	27. Cardinal-Five County-12/16/14		
Scheduled or planned phone technical assistance phone conferences or other Substantial Contact	1. Eastpointe overview for LME/MCO liaisons on JJSAMHP-July 8, 2014 2. Conference Call with Durham Team-July 18, 2014 3. Phone Conference with LME/MCO liaison from Smoky Mountain and DMHDDSAS liaison-August 6, 2014 4. Provided information to Eastpointe Rocky Mount team on IIH best practices research and linked to response from DMHDDSAS (August, 2014) 5. Had numerous calls and emails with Coastal Care Change team about their project (August, 2014) 6. Phone Conference with ECBH Northeast team on 9/25/14 7. Attended ECBH Visions Conference and passed along information to state team members-10/7/14 8. Sandhills Guilford planning call with LME/MCO- 10/7/14 9. CoastalCare Change Leader phone conference-10/9/14 10. Alliance-Wake-Planning Phone and emails with MCO- 10/16/14 11. Cardinal-Piedmont-Planning Phone Call-LME/MCO-10/17/14 12. Cardinal-Piedmont-Planning Phone Call-LME/MCO-11/7/14 13. Alliance-Wake -Planning Email and phone call with MCO and Chief- -11/14/14 14. Alliance Cumberland-Meeting with Chief-12/2/2014 15. Cardinal-Piedmont-Planning Phone Call-12/3/14 16. Alliance Wake-3/16-Teleconference and Process Improvement 17. ECBH-3/12-Planning for both teams around Process Improvement training Data Spreadsheet analysis and tracking during 4th quarter for the following JJSAMHP teams: 18. Alliance-Wake 19. Alliance-Durham 20. Sandhills 8 County 21. Sandhills-Guilford 22. Cardinal ACOC			

B. 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 graph below): 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:



C. Additionally, there was focus again on increasing capacity for Evidence Based Assessments and Treatments and best practices in service delivery.

   a. UNCG provided an updated training catalog for JJBH teams to strengthen their processes and enhanced their training matrices and capacity by staff and Family Partner/Young Adult participating in Training of Trainers series. The training domains that are offered to teams are at the following link: http://www.jjsamhp.org/training-options-for-jjbh-teams/. One new training this year was pilot testing elements of the Family Behavior Therapy Support Training (modules from Family Behavior Therapy by Dr. Bradley Donohue). This training was well received by the 12 behavioral health clinicians who attended the training in Greensboro on May 11th and May 12th. The clinicians all requested to be considered for follow up training if the entire Family Behavior Therapy program was implemented. Feedback from the training is included in Appendix H.

   b. Additional training that was funded through JJSAMHP was focused on application for detention, residential, and community providers on the Global Appraisal of Individual Needs Assessment tools 0and Clinical Leaders in The 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 activities for this fiscal year including a brief description, dates, and number of participants are included in the table below.

Training Dates	Brief Description of Trainings	Number of Participants Attending the Trainings
8/1/2014	Global Appraisal of Individual Needs Short Screener training	GAIN Short Screener training JCCs and Providers (observation only)-10 persons
8/27/14	Global Appraisal of Individual Needs Assessment Webinar	Over 60 participants across systems
9/29/14	Global Appraisal of Individual Needs Short Screener training	GAIN Short Screener training for expansion into non JJSAMHP counties (2 JCCs; 1 PD-3 persons-District 25)
11/4/2014	Surry County Collaborative Trauma Training	25 cross system team members.
10/17/14	Global Appraisal of Individual Needs Short Screener training	GAIN Short Screener training for community (3 JCC staff, 9 community staff, 1 Project Director)-Cumberland County
1/29/2015	GAIN SS Training for Court Counselors Trainers- District 9, 10, 11, 12, 13, 14, 15, 16,	16 juvenile justice staff
1/30/15	GAIN I Clinical Utility Webinar	25 behavioral health clinicians
10/28/14	Webinar Training on Trafficking	31 participants across systems
2/2-2/3	GAIN Assessment training and Leveraging of funds with another entity	6 behavioral health clinicians with this funding
2/6/2015	GAIN SS Training for Court Counselors-District 28	13 juvenile justice staff
2/9/2015	GAIN SS Training for Court Counselors-District 29	14 juvenile justice staff
2/10/15	GAIN Assessment Clinical Utility GRRS	12 behavioral health clinicians
2/13/15	Surry county Trauma Training	16 participants
2/23/2015	GAIN SS Training for Court Counselors-District 24	8 juvenile justice staff
3/2/2015	GAIN SS Training for Court Counselors-District 1	At least 9 juvenile justice staff
3/3/2015	JJBH Collaboration Training Statewide Invite	117 participants including judges, prosecutors, defense attorneys, treatment providers, juvenile justice, and lme/mco liaisons
3/ 4-3/6	Seven Challenges Leader Training	16 behavioral health clinicians
3/10/2015	GAIN SS Training for Court Counselors-District 30	10 juvenile justice staff
3/19/2015	GAIN SS Training for Court Counselors-District 19	At least 14 juvenile justice staff

Training Dates	Brief Description of Trainings	Number of Participants Attending the Trainings
4/6/15	GAIN Short Screen Training for District 20	12 juvenile justice staff
4/9/15	GAIN Short Screen Training for District 24	11 juvenile justice staff
4/13/15	Western/Piedmont Area Regional Meetings-Hickory NC	70 participants
4/14/15	District 25 GAIN SS Training	19 juvenile justice staff
4/15/15	Central Area Regional Meeting-Raleigh, NC	57 participants
4/16/15	Eastern Area Regional Meeting-Greenville, NC	51 participants
4/20/15	ECBH Process Improvement Training	10 participants
4/24/15	District 4 and District 8 GAIN SS training	At least 16 juvenile justice staff
4/29/15	District 18 GAIN SS training	22 juvenile justice staff
4/30/15	District 2 GAIN SS Training	7 juvenile justice staff
5/8/15	District 26 GAIN SS Training	27 juvenile justice staff
5/11-5/12	Family Support Training	12 clinical staff
5/15/15	District 17 GAIN SS Training	13 juvenile justice staff
5/20/15	JJBH Family Partner and Young Adult Training	14 participants
5/20/15	District 27 GAIN SS Training	25 juvenile justice staff
6/11/15	District 2 GAIN SS Training	16 juvenile justice staff

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 or other Evidence Based Assessments 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

E. The previously mentioned Evidence Based practice map was generated and distributed to state and local partners (see Appendix B).

Major Accomplishments from 2014-2015 Activities

A listing of Major Accomplishments from the Activities of JJSAMHP for fiscal year 2014-2015 is noted below:

- 107 Technical Assistance visits or substantial teleconference contacts across the state for Juvenile Justice Substance Abuse Mental Health Partnerships (this does not include routine phone calls, emails, etc.) and 22 other substantial contacts
- Provided monthly Technical Assistance updates this year for JJSAMHP, noting key domains and documented actual meetings focused on the following areas: 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; 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
- Assisted in cross-system improvement efforts across the state including: follow up with team members from Change Leader Academy and assisted with teams completing this NIAtx Change Leader process, developing JJBH training matrices for state team, provided information on Eastpointe Trafficking collaborative to local teams across the state, facilitating Change Leader Academy phone calls, working with UNC School of Government and Seven Challenges on Intersection of Courts and Treatment Training on March 3 in which 117 individuals attended including judges, juvenile prosecutors, juvenile defense attorneys and JJBH team members, holding regional meetings on information sharing in which 70 individuals participated in the Western/Piedmont area, 57 individuals participated in the Central area and 51 participants attended in the Eastern area
- Worked with Family Partners and Young Adult Consultants in planning processes including: working with Youth Engagement Response team and Family Partners on developing training on best practices in engagement, further development of training modules on engagement issues and facilitated family voice at state level; trained consultants on Train the Trainer model for dissemination of information and development of training, met with NCFU state director to plan better coordination, developed and implemented a training for Young Adults and Family Partners that was held on May 20th that worked to further equip for working with JJBH teams in which 14 JJ Family Partners and Young Adult advocates participated
- Completed updates on Compendium of Services for JJSAMHP and the website for team information
- Participation in 25 state level/Regional team meetings or collaborative efforts (multiple phone calls not withstanding)
- Provided updated documentation of 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 this year
- Trained 243 JCCs and/or supervisors on GAIN Short Screener or Training of Trainers on GAIN Short Screener representing 26 Districts
- Facilitated and Coordinated Seven Challenges Leader Training March 4-6 with 16 behavioral health clinicians who would become Seven Challenges Leaders

- Support three GAIN webinars including: GAIN I Assessment Challenges (39 participants); GAIN I Clinical Utility of ICP (25 participants); and Clinical utility of the GRRS (12 participants) and posted webinars on website and notified teams: http://www.jjsamhp.org/links/
- Held Family Support Training that included elements of Family Behavior Therapy developed by Dr. Bradley Donohue on May 11th and 12th with 12 behavioral clinicians feedback incorporated into a report
- Evaluation team cleaned, received and restructured the dataset for analyses, including linking of initial and completion interviews; responded to data request for PRTF treatment services and prepared and shared a report on Top 5 received treatment services; Evaluation team restructured and re-linked data across 4 years, completed analyses on 2010-2014 data on JJ and non JJ youth; provided data to state team meeting and provided feedback on ways to improve team's mission; provided feedback on Discriminant Function analyses of data to predict treatment outcome; provided overall state data on multiple variables by treatment outcome and provided data to each LME/MCO on multiple variables/treatment outcomes, participated in JJBH state team meetings and provided reports to the state team, responded to individual team requests such as analyses on barriers to treatment and youth self-report of adult role models, updated the NC TOPPS codebook, prepared summary reports on all training, developed a tracking tool for monitoring of team functioning and TA documentation and prepared data for the NCIOM task force meeting
- Advocated, where appropriate, for usage of additional funding resources with local teams and this noted in TA notes
- Monthly data reports sent including data reporter information, detention center data report, and local team reports individually and in aggregate form for JJBH state team members
- Updated residential census weekly online
- Developed JJBH Training Matrix through contacts with trainers and facilitated discussion with state team members around training needs, audiences, and topics
- Worked on emailer that was sent on psychosis in adolescents and JJ population
- Worked with DPS staff on answering question on GAIN Short screener and differential outcomes
- New website launched this year (jjsamhp.org) with team information on the website

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 **based on 2014-2015 nomenclature. Some names for teams changed in July, 2015**. After this table, each LME/MCO main processes are outlined.

More information can be obtained from the Compendium of Services at http://www.jjsamhp.org/publications/.

LME/MCO	*Screening Measure*	*Assessment Measure*	*Adjudicated*	*Diversion with Contract*	*All Intakes*	*Pre-Adjudication*	*Dedicated Assessor*
Alliance Behavioral-Cumberland Team	GAIN-SS	GAIN	X	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	GAIN-4 County JJTC CCA-Halifax	X-District 6	X District 6	All intakes through JJ-District 9	X	
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		X	
CoastalCare	GAIN-SS and MAYSI-(District 5)	CCA-Psychologist Assessment through JCPC	X	X		X	X (District 5)
East Carolina Behavioral Health-Southern Team	GAIN-SS	CHAT	X	X		X	
East Carolina Behavioral Health Northeast Team	GAIN-SS	GAIN	X & PRS-District 2	X		X	
Eastpointe-Goldsboro Team	GAIN-SS	GAIN	X	X	All intakes through JJ	X	
Eastpointe-Lumberton Team	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	GAIN	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	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 Pilgrim
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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	11	12	11	15	8	9	11	7	10	7	10	8	119	---
Assessments	14	14	11	8	11	11	8	8	9	6	7	5	112	94%
Admissions[1]	12	12	10	8	9	9	8	8	6	7	4	4	97	82%

[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-Johnson
Provider Network Development Specialist

Zakilya Taylor Thompson
Court Liaison

Geyer Longenecker
Director of Quality Management

Tasha Butts
Chief-District 14

Cherry Hitt
Carolina Outreach

Rose Hylton
Easter Seals UCP

Bobbie Hopf
Youth Villages

Rosanna De La Rosa
Easter Seals MST

Affiliated Counties: Durham

Screening Process: 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	19	18	13	19	18	26	16	10	12	14	12	12	189	---
Assessments	20	24	12	13	11	14	12	9	15	11	11	7	159	84%
Admissions[2]	2	4	7	5	4	0	8	2	3	3	6	3	47	25%

[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.

Wendy Wenzel
Turning Point

Lisa Stacy
Family Legacy

Donald Pinchback
Chief-District 10

Patricia Cardoso
Haven House

Abby Carlquist
Triangle Family Services

Allison Smith
Youth Villages

Philip Searcy
Carolina Outreach

Damali Alston
Quality Review Coordinator

Sara Leonard
Hope Services

Angela Bowers
Healthcore Resources

Mala Ross
Fellowship Health Resources

Affiliated Counties: Wake

Screening Process: Court Counselors will refer all youth scoring a 3 or higher on the GAIN Short Screen, or those who may have unmet mental health/substance abuse needs as determined by the Court Counselor and supervisor to the Juvenile Court Assessment Team (Haven House).

Assessment Process: The Juvenile Court Assessment Team is comprised of licensed clinician and a qualified professional. The licensed clinician utilizes the GAIN-I assessment tool to identify mental health and substance issues, determine eligibility for available funding sources, make recommendations, and link the court involved youth and his/her families to appropriate mental health and substance abuse services and supports. The qualified professional also completes Brief Challenges (a component of 7 Challenges) with youth in Wake Detention.

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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	27	26	5	22	19	25	31	22	36	26	25	2	266	---
Assessments	27	13	4	17	23	13	25	14	31	18	16	1	202	76%
Admissions[3]	19	11	6	9	9	13	13	16	1	10	7	4	118	44%

[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 Pfister** Regional System of Care Manager	**David Carter** Chief-District 9
Peggy Hamlett/Steven Sadler Chief-District 15/Supervisor	**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. Each DJJDP 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals			2	---	---	---	---	---	3	5	---	---	10	---
Assessments			---	1	1	---	---	---	3	---	---	1	6	40%
Admissions[4]			---	1	1	---	---	---	2	---	---	1	5	50%

[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

Clarette Hill
System of Care Coordinator

Clarence High
Chief-District 6

David Carter
Chief-District 9

Dana Greenway
DAYMARK Recovery Services, Inc.

Lindsey Glover
RHA

Sharon Garrett
Vision Behavioral Health Services

Bobbie Hopf
Youth Villages

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

Other JJ Initiatives: Juvenile Justice Treatment Continuum (Reclaiming Futures) – 6A– 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 6A uses a Comprehensive Clinical Assessment modeled after the JJTC Assessment and Global Appraisal of Individual Needs is used in the four 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 four counties, Child and Family teams are held as needed.

Five County- Four County 2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	2	5	4	7	4	3	6	4	7	3	4	5	54	---
Assessments	3	2	1	1	3	---	---	---	1	2	---	1	14	26%
Admissions[5]	1	1	1	1	3	---	---	---	1	1	---	1	10	19%

Five County- Halifax 2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals														---
Assessments														%
Admissions														%

[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 Pfister
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 and 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/DJJ Liaison.

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Assessment Process: DJJ Providers use the JASAE and the UCLA PTSD RI assessment tools for all youth referred by DJJ. 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	7	3	3	2	4	5	10	8	6	7	2	5	62	---
Assessments	1	2	2	3	---	0	---	---	5	6	2	3	24	39%
Admissions[6]	---	2	2	3	---	0	---	---	6	1	2	2	18	29%

[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

Noel Thomas-Lester
System of Care Manager

Beth Pfister
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 DJJDP 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	21	17	21	---	15	12	34	34	32	30	36	57	309	---
Assessments	24	26	17	---	22	13	6	8	14	15	13	25	183	59%
Admissions[7]	12	29	14	1	4	11	15	0	9	14	7	18	134	43%

[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

Bob Scofield
System of Care Coordinator

Rusty Slate
Chief-District 17

Stan Clarkson
Chief-District 21

Krista Hiatt
Chief-District 22

Sam Gray
Insight Human Services

Mary Beth Robinson
The Children's Home

Affiliated Counties: Davie, Forsyth, Rockingham, Stokes

Other JJ Initiatives Reclaiming Futures

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 DJJDP 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-2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	38	35	38	36	38	26	37	25	33	26	34	30	396	---
Assessments	44	35	52	49	39	28	54	37	43	32	37	31	481	121%
Admissions[8]	19	18	31	16	14	5	5	12	11	23	22	12	188	47%

CenterPoint-Rockingham-2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	2	4	1	1	2	3	1	---	1	1	2	3	21	---

[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

Assessments	1	6	1	7	2	5	3	---	1	1	4	3	34	162%
Admissions	0	4	1	4	2	2	3	---	1	1	2	2	22	105%

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 New Hanover, Pender, Brunswick, Onslow, Carteret

Screening Process: The local DJJ 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 2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals											---	---		---
Assessments											---	---		%
Admissions[9]											---	---		%

Coastal Care-Southern Area 2014-2015 Data

[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

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	13	13	7	11	7	12	9	12	12	10	11	11	128	---
Assessments	12	7	8	8	7	11	10	10	9	6	9	13	110	86%
Admissions[10]	---	---	---	1	---	1	2	2	2	1	2	3	14	11%

[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, Gates

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 Providers at Uplift Foundation.

Assessment Process: The GAIN-I is being used by the Uplift Foundation who are certified in administration of the GAIN. After the assessment is completed, a Child and Family Team is held.

Treatment Process: The Assessment providers will refer families to services based on the CFT meeting to either their agency or to another agency in the community.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	10	5	3	12	7	6	13	18	12	6	9	18	119	---
Assessments	8	6	5	8	5	5	18	7	16	4	3	10	95	80%
Admissions[11]	3	1	1	2	3	2	4	1	5	0	2	1	25	21%

[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.

2014-2015 Data

ECBH- Beaufort

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	---	---	---	---	---	---	---	2	5	1	---	1	9	---
Assessments	---	2	---	---	---	---	---	---	---	---	---	1	3	33%
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 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	---	---	1	1	1	2	7	3	3	1	---	3	22	---
Assessments	---	---	1	1	1	1	3	1	0	---	1	---	9	41%
Admissions[13]	---	---	1	1	---	1	3	1	1	---	---	---	8	36%

ECBH – Pitt

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	1		1	2	1	1	---	---	1	---	---		7	---
Assessments	1		---	1	1	1	---	---	1	---	---		5	71%
Admissions	1		---	1	1	1	---	---	1	---	---		5	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/Jerry Burns
Chief/Supervisor-District 8

Tracy Arrington
Chief-District 4

Don Neal
Waynesboro Family Clinic

Ronald Cox
Family First Support Center

Amy Watson
Pride in NC

NC Mentor
Evaluz Negron

Martie Rye
EasterSeals UCP

Shelly Moorfield
New Dimensions Group

Affiliated Counties: Duplin, Greene, Lenoir, Sampson, 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, PORT Human Services, 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	4	3	4	7	13	9	12	8	8	8	7	12	95	---
Assessments	4	2	2	9	7	4	10	6	4	15	3	6	72	76%
Admissions[14]	---	---	---	5	6	4	9	5	4	11	2	5	51	54%

[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-until Spring 2015
Community Relations Specialist

William Sellers
Community Relations Specialist

Lance Britt
Chief-District 13

Furman Ivey
Chief-District 16

Barry Graham
Advantage Behavioral

Carolyn Floyd-Robinson
Holistic Services

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. DJJ 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	4	3	5	5	3	2	7	2	4	1	1	2	39	---
Assessments	4	2	5	3	3	2	5	2	1	3	1	1	32	82%
Admissions[15]	2	2	4	3	2	2	5	2	1	1	1	1	26	67%

[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.

Candance Sutton-Sauls
Pride in NC

Michelle Swigunski
NC Mentor

Affiliated Counties: Edgecombe, 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 families have chosen from list above. DJJ also supplies 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 DJJ staff and the Provider Agencies will be tracking the data and reporting it back to the MCO staff.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	15	6	11	22	2	5	9	3	10	12	8	10	113	---
Assessments	12	2	8	16	3	4	8	6	3	6	3	2	73	65%
Admissions[16]	6	1	5	12	2	2	4	4	2	6	2	2	48	42%

[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

Stephanie Funderburk
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

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 DJJ 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.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	5	3	4	14	5	7	10	8	8	1	9	8	82	---
Assessments	8	7	3	18	8	2	12	7	13	1	8	3	90	110%
Admissions[17]	7	3	6	14	2	7	6	4	12	2	5	2	70	85%

[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/Van Catterall
Youth Focus

Kelly Graves/Chris Townsend
NC A & T

Quentin Leak
Alcohol and Drug Services

Tara Ward
Youth Villages

Shawnta McMillian
Amethyst

Ron Carter/Megan Johnson
Carter's Circle of Care

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 Youth focus for an assessment. Consent for referral is obtained on each youth.

Assessment Process: All Provider Agencies complete a Comprehensive Clinical Assessment or GAIN on DJJDP referred youth.

Treatment Process: All Provider Agencies lead the initial Child and Family Team Meeting. Based on assessment results and Child and Family Team recommendations, youth and families are referred for services to any of our six partnering agencies in this Initiative or another agency in the community, based on consumer choice.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	12	23	13	22	32	34	19	34	22	58	33	33	335	---
Assessments	4	14	8	7	14	11	17	8	17	17	16	15	148	44%
Admissions[18]	3	6	7	3	10	5	6	4	11	18	9	12	94	28%

[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

Shirlyn Smith
NAMI Family Advocate

Marsha Woodall
Chief-District 11

Furman Ivey
Chief-District 16

Calvin Vaughan
Chief-District 20

Emily Coltrane
Chief-District 19

Andy Smitley
NC Mentor

Jamie Allen/Jerry Earnhart
Daymark Recovery Services

Crystal Morrison
Trinity Services

Megan Johnson
Carter's Circle of Care

Judy Fradenburg
Youth Unlimited

Ahmed Al-Qaid
Sandhills Behavioral Center

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 DJJDP already in services with a treatment provider, the DJJ 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 one of the JJSAMHP providers. A referral form and consent form are sent to the JJSAMHP single portal contact.

Assessment Process: If a youth does not have a clinical home then he/she is referred to one of the JJSAMHP providers where they will be administered the GAIN, the CBCL, or the BASC-2. 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 a JJSAMHP provider, 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 DJJ 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. Family Advocates are available if needed by the family.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	13	10	13	16	20	13	22	8	24	27	20	32	218	---
Assessments	11	4	7	10	6	6	6	4	11	12	12	13	102	47%
Admissions[19]	9	2	6	8	5	4	3	2	4	12	7	3	65	30%

[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

George Edmonds
Youth Villages

Vern Eleazer
Swain Recovery Center

Jimmy Tambini/Jim Capbianco/Courtney Owens/Melissa Tambini
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: Any court involved youth or youth referred to Juvenile Justice for services are screened by the court counselor staff with the GAIN Short Screen. Those scoring any item under substance abuse, or a three or more overall on the GAIN SS are referred for a substance abuse/co-occurring mental health disorder comprehensive clinical assessment.

Assessment Process: Each youth referred receives a comprehensive clinical assessment by Youth Villages utilizing the GAIN Lite along with a drug screening test. If youth have a DSM diagnosis for substance use or mental health, they are then admitted into services provided by Youth Villages or referred to RHA, Inc.; or Family Preservation Services, Inc. for admission for substance abuse/co-occurring mental health treatment services. Youth can also be referred for Prevention Services or to other providers as indicated for residential or other specialized services or resources.

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. An array of service levels is available including ASAM Level I, II and III. Services are provided within culturally sensitive, motivational and recovery-oriented frameworks. Available treatment modalities include Multi-Systemic Therapy (MST), Adolescent Community Reinforcement Approach (beginning May 2015), Cognitive-Behavioral Therapy, Trauma-Focused Cognitive-Behavioral Therapy, and sex offender treatment services.

2014-2015 Data

	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	Total	% of Ref.
Referrals	5	20	18	37	47	35	34	30	65	40	45	45	421	---
Assessments	6	21	12	33	18	38	37	27	48	50	40	40	370	88%
Admissions[20]	6	28	24	10	19	34	31	21	24	27	26	19	269	64%

[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 2015 and LME/MCO Designation

District	*County*	*Chief Court Counselor*	*LME/MCO*
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 2015 and LME/MCO Designation

District	*County*	*Chief Court Counselor*	*LME/MCO*
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 Behavioral Healthcare
11	Harnett	MARSHA WOODALL	Sandhills
11	Johnston	MARSHA WOODALL	Not JJSAMHP
11	Lee	MARSHA WOODALL	Sandhills
12	Cumberland	MIGUEL PITTS	Alliance Behavioral Healthcare
13	Bladen	LANCE BRITT	Eastpointe
13	Brunswick	LANCE BRITT	CoastalCare
13	Columbus	LANCE BRITT	Eastpointe
14	Durham	TASHA JONES	Alliance Behavioral Healthcare
15	Alamance	PEGGY HAMLETT/SUPERVISOR STEVEN SADLER	Cardinal Innovations
15	Chatham	PEGGY HAMLETT	Cardinal Innovations
15	Orange	PEGGY HAMLETT	Cardinal Innovations
16	Hoke	FURMAN IVEY	Sandhills
16	Scotland	FURMAN IVEY	Eastpointe
16	Robeson	FURMAN IVEY	Eastpointe
17	Rockingham	RUSTY SLATE	CenterPoint Human Services
17	Stokes	RUSTY SLATE	CenterPoint Human Services
17	Surry	RUSTY SLATE	Partners Behavioral Health
18	Guilford	CARMEN GRAVES	Sandhills

APPENDIX A - Chief Distribution by County AS OF JUNE 2015 and LME/MCO Designation

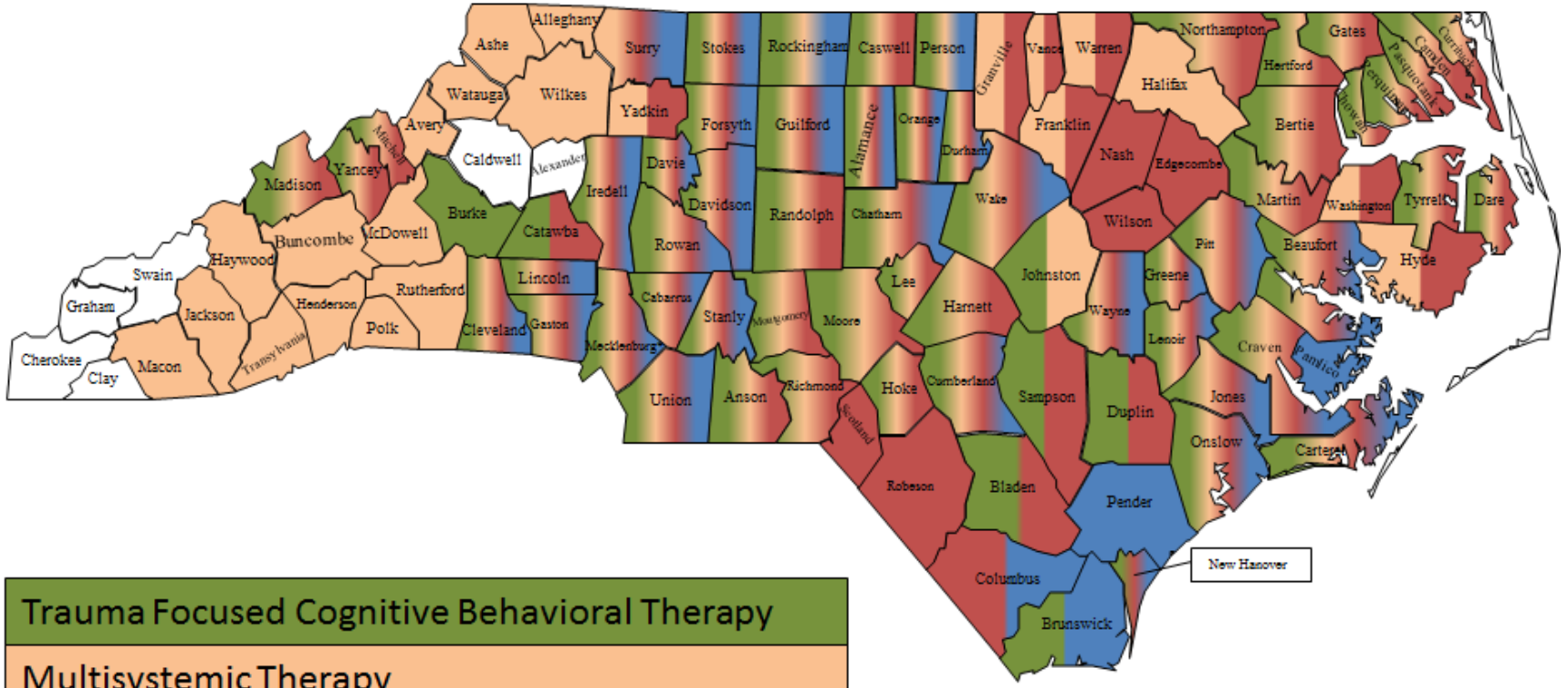
District	*County*	*Chief Court Counselor*	*LME/MCO*
19	Cabarrus	EMILY COLTRANE	Cardinal Innovations
19	Montgomery	EMILY COLTRANE	Sandhills
19	Moore	EMILY COLTRANE	Sandhills
19	Randolph	EMILY COLTRANE	Sandhills
19	Rowan	EMILY COLTRANE	Cardinal Innovations
20	Anson	CALVIN VAUGHAN	Sandhills
20	Richmond	CALVIN VAUGHAN	Sandhills
20	Stanly	CALVIN VAUGHAN	Cardinal Innovations
20	Union	CALVIN VAUGHAN	Cardinal Innovations
21	Forsyth	STAN CLARKSON	CenterPoint Human Services
22	Alexander	KRISTA HIATT	Not JJSAMHP
22	Davidson	KRISTA HIATT	Cardinal Innovations
22	Davie	KRISTA HIATT	CenterPoint Human Services
22	Iredell	KRISTA HIATT	Partners Behavioral Health
23	Alleghany	BILL DAVIS	Not JJSAMHP
23	Ashe	BILL DAVIS	Not JJSAMHP
23	Wilkes	BILL DAVIS	Not JJSAMHP
23	Yadkin	BILL DAVIS	Partners Behavioral Health
24	Avery	LISA GARLAND	Not JJSAMHP
24	Madison	LISA GARLAND	Smoky Mountain Center
24	Mitchell	LISA GARLAND	Smoky Mountain Center
24	Watauga	LISA GARLAND	Not JJSAMHP
24	Yancey	LISA GARLAND	Smoky Mountain Center
25	Burke	RONN ABERNATHY	Not JJSAMHP
25	Caldwell	RONN ABERNATHY	Not JJSAMHP
25	Catawba	RONN ABERNATHY	Not JJSAMHP
26	Mecklenburg	RUSSELL PRICE	Not JJSAMHP DURING FISCAL YEAR
27	Gaston	CAROL McMANUS	Not JJSAMHP
27	Cleveland	CAROL McMANUS	Not JJSAMHP

APPENDIX A - Chief Distribution by County AS OF JUNE 2015 and LME/MCO Designation

District	*County*	*Chief Court Counselor*	*LME/MCO*
27	Lincoln	CAROL McMANUS	Not JJSAMHP
28	Buncombe	SYLVIA CLEMENT	Smoky Mountain Center
29	Henderson	RODNEY WESSON	Smoky Mountain Center
29	McDowell	RODNEY WESSON	Smoky Mountain Center
29	Polk	RODNEY WESSON	Smoky Mountain Center
29	Rutherford	RODNEY WESSON	Smoky Mountain Center
29	Transylvania	RODNEY WESSON	Smoky Mountain Center
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 – Map of Evidence Based Practices for JJBH Teams as of August, 2014

Appendix B-Map of Key Evidence Based Practices for JJBH Teams in NC



Trauma Focused Cognitive Behavioral Therapy
Multisystemic Therapy
Global Appraisal of Individual Needs
Seven Challenges/ACRA
No Access/Access Not Within Local Timeframes

Evidence Based Practice Access for Juvenile Justice Involved Youth and Families within Local Timeframes or within maximum of 14 Days by LME/MCO Liaison Report-August, 2014

APPENDIX C – Spring Regional Report

JJBH Spring 2015 Regional Meetings Summary Report

Topic: Cross System Information Sharing Training for Juvenile Justice Behavioral Health Planning Teams

This document includes a summary of the JJBH Spring 2015 Regional Meetings, which were held in the following locations: April 13th (JJ Western/Piedmont Areas) in Hickory, NC; April 15th (JJ Central Area) in Raleigh, NC; April 16th (JJ Eastern Area) in Greenville, NC. This report also includes and evaluation report representing individual impressions of the Regional Meetings, compiled and tabulated by the UNCG Center for Youth, Family and Community Partnerships.

Summary of Report Contents

Enclosed is an Overall Summary of the JJBH Spring Regional Meetings held in the Spring of 2015. These meetings were planned collaboratively with a team that included representation from both the Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP) and Reclaiming Futures.

The topic for the Spring 2015 Regional Meetings was: *Cross System Information Sharing Training for Juvenile Justice Behavioral Health Planning Teams*. This training covered Information Sharing Practices for the JJBH Planning Teams (JJSAMHP/ RF/JJTC) including:

- Introduction of the Cross-System Consent Form that is consistent with privacy and confidentiality laws and juvenile justice statutes
- Information Sharing Guide outlining laws and best practices
- Planning processes to implement Information Sharing within local communities.

This report is outlined in the following four different areas:

I. Meeting Locations
II. Meeting Participants
III. Meeting Agenda
IV. Evaluations of the Meetings

I. Meeting Locations

The Spring 2015 Regional Meetings were held in the following locations, listed below in Table 1, based on Juvenile Justice Areas.

Table 1
Locations for Spring 2015 Regional Meetings

Area	*Counties*	*Date*	*City*	*Location*
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	April 13th	Hickory	Crowne Plaza Hickory
Central Area	Alamance, Bladen, Brunswick, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Lee, Orange, Person, Robeson, Scotland, Vance, Wake, Warren	April 15th	Raleigh	McKimmon Center
Eastern Areas	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	April 16th	Greenville	Greenville Hilton

II. Seminar Participants

Overall, there were **145** Local Participants who attended the Regional Meetings across the state. There were **18** 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 in Table 2. A listing of each person who attended each meeting is available upon request.

Table 2
Type of Participants in Attendance

	Western/Piedmont	Central	Eastern
Type of Personnel	**N**	**N**	**N**
Local Management Entity/Managed Care Organization (LME/MCO) Representatives	9	7	11
JJ Local Court Counseling Representatives	22	23	16
Provider Representatives	18	9	9
Family Representatives	1	1	0
Reclaiming Futures Project Directors	6	0	1
Court Representatives	1	3	0
Other Representatives	2	2	3
Total Local Participants	59	45	40
Total State/Regional	11	12	11
Total Participants	**70**	**57**	**51**

III. Seminar Agenda

The following section presents the overall agenda for the Regional Meetings. The agenda for each meeting was the same across each of the 3 Regional meetings.

9:30am – 9:40am	Welcome
9:40am – 10:05am	Purpose of Information Sharing • Activity • Overview and Objectives
10:05am – 10:15am	History and Definition of Information Sharing
10:15am – 10:30am	Benefits of Information Sharing
10:30am – 10:50am	What is Confidentiality?
10:50am – 11:00am	*BREAK*
11:00am – 11:30am	Exceptions to Confidentiality
11:30am – 12:20pm	What is Consent?
12:20pm – 1:20pm	*LUNCH*
1:20pm – 2:30pm	Partnering with Families/Consent Process
2:30pm – 3:20pm	Developing Local Plans (Part 1)
3:20pm – 3:30pm	*CLOSING*

IV. Evaluation Report of Survey

Overall, **116** local participants completed the Spring 2015 Regional Meetings evaluation forms. This represents **80**% of the total local meeting participants.

The participants were asked questions about meeting location, registration, helpfulness of the meeting, meeting pace and organization, as well as qualitative questions about what they liked most or would improve about the meeting. Table 3 below includes the overall evaluations across the three meeting sites for the key questions that were asked of meeting participants. The ratings for the questions on the evaluation forms were as follows:

Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1.

Overall, the highest rated response was for ease of registration. Participants agreed that registering for the meeting was an easy process. Although, overall, the lowest rated response was for the pace of the meeting. Participants stated:

"Morning was slow, too much lecture"
"Further time to explore all of the scenarios and discuss the appropriate steps to be taken."

The individual responses from each participant are in a separate document.

Table 3
Evaluation Form responses: Individual Area and Overall Averages

Fall Regional Meeting-Individual Responses							
Questions asked of Participants	*It was easy to register for this meeting*	*The location was appropriate for this meeting.*	*The information shared during the meeting was helpful.*	*The pace of the meeting was appropriate- not too fast or too slow*	*The meeting was well organized*	*The meeting will be helpful to our local team planning process*	*Overall Averages*
Averages for Western/Piedmont (N = 42)	3.86	3.83	3.50	3.17	3.48	3.40	3.54
Averages for Central (N = 38)	3.92	3.87	3.53	3.21	3.63	3.42	3.60
Averages for Eastern (N = 36)	3.83	3.67	3.44	3.17	3.53	3.39	3.50
Overall Averages for All Meetings (N = 116)	3.87	3.79	3.49	3.18	3.55	3.40	3.55

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

- My favorite part of the meeting was…
- The meeting could be better by doing the following…
- The team needs more support or training on...

The following section presents a listing of the responses to the three questions based on categorizing the responses, and then ranking the responses based on most endorsed.

- **My favorite part of the meeting was…**

a. Information provided and handouts related to information sharing and consent forms (Mark Botts and Latoya Powell presentations)
b. The role-play scenarios and group activities
c. Discussing the specifics of the scenarios and how they affected consent to share
d. Understanding and discussing the laws of confidentiality
e. Opportunity to network and collaborate with other providers at the meeting
f. Overall the entire meeting (ex: lunch, breaks, seating, handouts)

Participants stated:

"The beautiful balance of a strong legal/conceptual basis for decisions and pragmatic exercises in applying rules to real-life scenarios"
"Group activities/scenarios relating to our specific judicial districts"
"Discussion with examples, handouts, and booklet"

- **The meeting could be better by doing the following…**

a. Nothing/Overall great meeting
b. Time management/More time for question and answer/More time for teams to work together
c. More specific examples scenarios that might encounter and how to work through them
d. More treatment providers and MCOs in attendance at the tables
e. Receiving handouts and information before the meeting

Participants stated:

"Further time to explore all of the scenarios and discuss the appropriate steps to be taken"
"Allowing time for questions especially when the topic is of a legal nature"
"Maybe send out information prior to help conceptually and think about questions"

- **The team needs more support or training on...**

a. Using the new consent forms in their respective area
b. Specific training and guidance on implementing the new consent form process
c. Support in getting the team to support this new process and forms
d. Additional training on consent and confidentiality laws

Participants stated:

"Understanding the differing laws re; confidentiality, training the provider community on use of the form"
"Clarification regarding implementation of new consent process"
"Developing and implementing this process in our respective districts - having someone come and train staff on the local level; the ones "actually" using this new process"

Participants were also given the opportunity to provide additional comments about the meeting. Overall, participants stated that the meeting was very professional and well organized, the training and information was helpful, and the scenarios and question and answer were beneficial to the teams.

Participants mentioned:

"Very good training overall - handouts are great to take back and help us"
"The info was delivered well and good open discussion"
"Very informative, beneficial both professionally and personally"

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?

____ July 2014

____ August 2014

____ September 2014

____ October 2014

____ November 2014

____ December 2014

____ January 2015

____ February 2015

____ March 2015

____ April 2015

____ May 2015

____ June 2015

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 assessments (Quick, Core or Full Initial)

_____Total number of youth participating in Brief Challenges

_____Total number of youth participating in 7C sessions

_____Total number of youth with primary SA diagnosis at discharge

_____Total number of youth with primary MH diagnosis at discharge

_____Total number of youth with no diagnosis at discharge

_____Total number of youth at ASAM level III or higher

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

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

APPENDIX 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.ncdhs. gov/mhddsas/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

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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

Admission Date (date of first paid service for this episode of care): / /

Begin Interview

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

2. Please indicate the DSM-5 diagnostic classification(s) for this individual. *(See Attachment II)*

3. <u>For Female Adolescent SA individual:</u>
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
☐ White/Anglo/Caucasian
☐ Multiracial
☐ American Indian/Native American
☐ Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other

6. What kind of benefits and/or insurance do you have? *(mark all that apply)*

☐ None
☐ SSI
☐ SSDI
☐ Private insurance/health plan
☐ TRICARE/Military Coverage
☐ Health Choice
☐ Medicaid
☐ Medicare
☐ Other
☐ 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. <u>For K-12 only:</u>

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. <u>For K-12 only</u>: In the past 3 months, have you been...

a. suspended from school?

☐ Yes ☐ No

b. expelled from school?

☐ Yes ☐ No

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)

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) –> *(answer b-1, b-2 and b-3)*
- ☐ Part-time work (working 11-34 hours a week) –> *(answer b-1, b-2 and b-3)*
- ☐ Part-time work (working less than 10 hours a week) –> *(answer b-1, b-2 and b-3)*
- ☐ Unemployed (seeking work or on layoff from a job) –> *(skip to 12)*
- ☐ Not in labor force (not seeking work) –> *(skip to 12)*

b-1. If *employed,* what best describes your job classification?

- ☐ Professional, technical, or managerial
- ☐ Clerical or sales
- ☐ Service occupation
- ☐ Agricultural or related occupation
- ☐ Processing occupation
- ☐ Machine trades
- ☐ Bench work
- ☐ Structural work
- ☐ Miscellaneous occupation (other)

b-2. If *employed,* what employee benefits do you receive? *(mark all that apply)*

- ☐ Insurance
- ☐ Paid time off
- ☐ Meal/Retail discounts
- ☐ Other
- ☐ None

b-3. If *employed,* what currently describes your rate of pay?

- ☐ Above minimum wage (more than $7.25 an hour)
- ☐ Minimum wage ($7.25 an hour)
- ☐ Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

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?

- ☐ In a family setting (private or foster home) –> *(skip to 15)*
- ☐ Residential program (supportive housing, group home, PRTF) –> *(answer c)*
- ☐ Institutional setting (hospital or detention center/jail) –> *(skip to 15)*
- ☐ Homeless –> *(answer b)*
- ☐ Temporary housing –> *(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. How long has it been since you last visited a dentist 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

18. <u>Females only</u>: Are you currently pregnant?

☐ Yes ☐ No *(skip to 19)* ☐ Unsure *(skip to 19)*

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

19. <u>For Female Adolescent SA individual:</u>
Do you have children?

☐ Yes ☐ No –> *(skip to 20)*

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

☐ All –> *(answer 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 (no children in legal custody)

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

☐ Yes ☐ No –> *(skip to 20)*

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

20. 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 21)* ☐ 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)

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

☐ Yes ☐ No

22. For Adolescent MH only individual:
Have you ever used illicit drugs or other substances?

☐ Yes ☐ No –> *(skip to 24 if 'No' is answered on both questions 21 and 22)*

23. 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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use (>=5(4) drinks per sitting)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates/opioids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other Drug Codes

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

24. 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

25. 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

26. 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

27. 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

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

☐ Yes ☐ No

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

☐ Never
☐ A few times
☐ More than a few times

30. 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

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

32. 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)*

33. In the past 3 months, have you...
a. had **contacts** with an emergency crisis provider?
☐ 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** in a psychiatric inpatient hospital?
☐ Yes ☐ No
e. spent **nights** homeless? (sheltered or unsheltered)
☐ Yes ☐ No
f. spent **nights** in detention, jail, or prison? (adult or juvenile system)
☐ Yes ☐ No

34. 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

35. 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

37. 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	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

36. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?
☐ Not ready for action (Pre-contemplation)
☐ Considering action sometime in the next few months (Contemplation)
☐ Seriously considering action this week (Preparation)
☐ Already taking action (Action)
☐ Maintaining new behaviors (Maintenance)

38. 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

39. Was your first service in a time frame that met your needs?
☐ Yes ☐ No

40. 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/Discrimination (race, gender, sexual orientation)
☐ 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 reasons (incarceration, arrest)
☐ Transportation/Distance to provider
☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)
☐ Lack of stable housing
☐ Personal safety (domestic violence, intimidation or punishment)

41. What help in any of the following areas is important to you? *(mark all that apply)*
☐ Educational improvement
☐ Finding or keeping a job
☐ Housing (basic shelter or rent subsidy)
☐ Transportation
☐ Child care
☐ Medical care
☐ Dental care
☐ Legal issues
☐ Volunteer opportunities
☐ None of the above

42. In the past month, how would you describe your mental health symptoms?
☐ Extremely Severe
☐ Severe
☐ Moderate
☐ Mild
☐ Not present

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.ncdhhs.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

Community Based Services

- ☐ Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- ☐ Intensive In-Home Services (IIH) - H2022
- ☐ Multisystemic Therapy Services (MST) - H2033
- ☐ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- ☐ Supported Employment - Individual - YP630
- ☐ Long-term Vocational Support - Individual - YM645
- ☐ Supported Employment - H2023 U4
- ☐ Ongoing Supported Employment - H2026 U4

Facility Based Day 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-5 Diagnostic Classifications

Neurodevelopmental Disorders

- ☐ Learning Disorders (315.00, 315.1, 315.2)
- ☐ Communication Disorders (307.9, 315.35, 315.39)
- ☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- ☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- ☐ Autism Spectrum Disorder (299.00)
- ☐ Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- ☐ Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (303.90, 305.00)
- ☐ (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- ☐ Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- ☐ Bipolar II Disorder (296.89)
- ☐ Cyclothymic Disorder (301.13)

Depressive Disorders

- ☐ Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- ☐ Persistent Depressive Disorder (Dysthymia) (300.4)
- ☐ Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- ☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)
- ☐ Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- ☐ Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (312.81, 312.82, 312.89)
- ☐ Oppositional Defiant Disorder (313.81)
- ☐ Impulse Control Disorders (312.32, 312.33, 312.34)
- ☐ Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- ☐ Delirium Disorders (292.81, 293.0, 780.09)
- ☐ Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- ☐ Cluster A Personality Disorders (301.0, 301.20, 301.22)
- ☐ Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- ☐ Cluster C Personality Disorders (301.4, 301.6, 301.82)
- ☐ Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- ☐ Anorexia Nervosa (307.1)
- ☐ Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- ☐ Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- ☐ Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- ☐ Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- ☐ Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- ☐ Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- ☐ Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- ☐ Other Mental Disorders and Conditions (any codes not listed above)

Version 08/01/2014

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)

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

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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

Discharge Date (date of last paid service for this episode of care): / /

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-MCO
- ☐ Incarcerated
- ☐ Institutionalized
- ☐ Died –> *(skip to end of interview)*
- ☐ Other

3. Please indicate the DSM-5 diagnostic classification(s) for this individual. *(See Attachment II)*

4. <u>For Female Adolescent SA individual:</u>
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. <u>For Adolescent SA individual:</u>
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
- ☐ Dental care
- ☐ Screening/Treatment referral for HIV/TB/HEP
- ☐ Legal issues
- ☐ Volunteer opportunities
- ☐ 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

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

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Section II: Complete items 9-29 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

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/Discrimination (race, gender, sexual orientation)
- ☐ 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 reasons (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)
- ☐ Lack of stable housing
- ☐ Personal safety (domestic violence, intimidation or punishment)

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)
- ☐ Yes ☐ No –> *(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. <u>For K-12 only</u>:

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. <u>For K-12 only</u>: 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) –> *(answer b-1, b-2 and b-3)*
- ☐ Part-time work (working 11-34 hours a week) –> *(answer b-1, b-2 and b-3)*
- ☐ Part-time work (working less than 10 hours a week) –> *(answer b-1, b-2 and b-3)*
- ☐ Unemployed (seeking work or on layoff from a job) –> *(skip to 15)*
- ☐ Not in labor force (not seeking work) –> *(skip to 15)*

b-1. If *employed,* what best describes your job classification?
- ☐ Professional, technical, or managerial
- ☐ Clerical or sales
- ☐ Service occupation
- ☐ Agricultural or related occupation
- ☐ Processing occupation
- ☐ Machine trades
- ☐ Bench work
- ☐ Structural work
- ☐ Miscellaneous occupation (other)

b-2. If *employed,* what employee benefits do you receive? *(mark all that apply)*
- ☐ Insurance
- ☐ Paid time off
- ☐ Meal/Retail discounts
- ☐ Other
- ☐ None

b-3. If *employed,* what currently describes your rate of pay?
- ☐ Above minimum wage (more than $7.25 an hour)
- ☐ Minimum wage ($7.25 an hour)
- ☐ Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

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 ☐ Mild
- ☐ Severe ☐ Not present
- ☐ Moderate

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 ☐ Sometimes
- ☐ All or most of the time ☐ 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?

- ☐ In a family setting (private or foster home) *–> (skip to 21)*
- ☐ Residential program (supportive housing, group home, PRTF) *–> (answer c)*
- ☐ Institutional setting (hospital or detention center/jail) *–> (skip to 20)*
- ☐ Homeless *–> (answer b)*
- ☐ Temporary housing *–> (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)	☐	☐	☐	☐	☐
Heavy alcohol use (>=5(4) drinks per sitting)	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐
Other opiates/opioids	☐	☐	☐	☐	☐
Other Drug Use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐

Other Drug Codes

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

26. For Adolescent MH individual:
In general, since entering treatment your involvement in the criminal/juvenile justice system has...

☐ Increased ☐ Decreased ☐ Stayed the same

27. 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)* ☐☐

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

☐ Yes ☐ No

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

☐ Yes ☐ No *–> (skip to 30)*

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 *–> (answer 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.

30. 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 30-45

☐ No - Stop here

31. Females only: Are you currently pregnant?

☐ Yes ☐ No *(skip to 32)* ☐ Unsure *(skip to 32)*

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)

32. Females only: Have you given birth in the past year?

☐ Yes ☐ No –> *(skip to 33)*

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 33)*
☐ Baby is not in birth mother's custody–> *(skip to 33)*

g. Is the baby receiving regular Well Baby/Health Check services?

☐ Yes ☐ No

33. Since the last interview, have you visited a physical health care provider for a routine check up?

☐ Yes ☐ No

34. Since the last interview, have you visited a dentist for a routine check up?

☐ Yes ☐ No

35. 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

36. How supportive has your family and/or friends been of your treatment and recovery efforts?

☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

37. 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

38. 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

39. 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

40. 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

41. Since the last interview, how often have you had thoughts of suicide?

☐ Never ☐ A few times ☐ More than a few times

42. Since the last interview, have you attempted suicide?

☐ Yes ☐ No

43. 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	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

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

a. had **contacts** with an emergency crisis provider?
☐ 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** in a psychiatric inpatient hospital?
☐ Yes ☐ No

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

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

45. 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.ncdhhs.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

Community Based Services

- ☐ Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- ☐ Intensive In-Home Services (IIH) - H2022
- ☐ Multisystemic Therapy Services (MST) - H2033
- ☐ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- ☐ Supported Employment - Individual - YP630
- ☐ Long-term Vocational Support - Individual - YM645
- ☐ Supported Employment - H2023 U4
- ☐ Ongoing Supported Employment - H2026 U4

Facility Based Day 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-5 Diagnostic Classifications

Neurodevelopmental Disorders

- ☐ Learning Disorders (315.00, 315.1, 315.2)
- ☐ Communication Disorders (307.9, 315.35, 315.39)
- ☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- ☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- ☐ Autism Spectrum Disorder (299.00)
- ☐ Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- ☐ Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (303.90, 305.00)
- ☐ (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- ☐ Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- ☐ Bipolar II Disorder (296.89)
- ☐ Cyclothymic Disorder (301.13)

Depressive Disorders

- ☐ Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- ☐ Persistent Depressive Disorder (Dysthymia) (300.4)
- ☐ Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- ☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)
- ☐ Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- ☐ Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (312.81, 312.82, 312.89)
- ☐ Oppositional Defiant Disorder (313.81)
- ☐ Impulse Control Disorders (312.32, 312.33, 312.34)
- ☐ Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- ☐ Delirium Disorders (292.81, 293.0, 780.09)
- ☐ Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- ☐ Cluster A Personality Disorders (301.0, 301.20, 301.22)
- ☐ Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- ☐ Cluster C Personality Disorders (301.4, 301.6, 301.82)
- ☐ Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- ☐ Anorexia Nervosa (307.1)
- ☐ Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- ☐ Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- ☐ Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- ☐ Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- ☐ Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- ☐ Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- ☐ Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- ☐ Other Mental Disorders and Conditions (any codes not listed above)

Version 08/01/2014

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

How Does the Method of Completion of the NC-TOPPS Case Completion Form Affect Youth Treatment Outcome?

Juvenile Justice systems across the country are filled with youth that have mental health and substance use disorders[1], which affects between 40 and 70% of the juvenile justice population.[2] JJSAMHP programs work together to deliver effective, family-centered services and support for juvenile justice-involved youth by effectively engaging them in decisions that affect their lives.

NC-TOPPS providers gather information on youths' progress in treatment by in-person interviews (preferred method), telephone interview, and clinical record/notes.[3] The chart presented displays the data collection sourcing methods for youth who completed treatment from FY2010-2014. The chart show that the majority of NC-TOPPS case completion forms (66%) were completed either by reference to clinical notes or phone contacts.

A number of youth self-reported questions have over a half of the responses missing from the data. Examples of youth self-reported questions focus on youth's number of adult role models, self- ratings of emotional well-being and relationships with family and friends, and suicide attempts. For example, data which was collected by clinical records for youth who completed treatment and were asked about their emotional well-being, there were over a half (51.8%) missing valid data responses.

What this means for teams:

At the time of the youths' last scheduled treatment session, it is important to ask the youth in-person questions pertaining to their perceptions about their time in treatment.

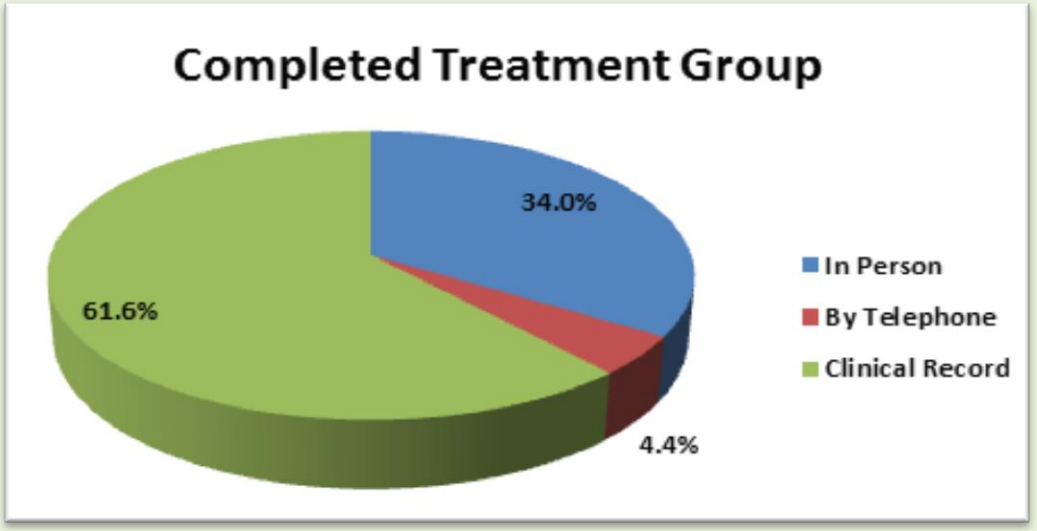
Implications of these findings suggest that the use of NC-TOPPS data may be limited because:

-Clinical records may not fully represent youths' responses;

-The data forms are incomplete, indicating that there is less information for teams to draw from in order to problem solve and make decisions for youth in their area;

-Responses are not directly reported by youth.

This means that potentially useful information on youth self-report indicators of treatment progress is not being collected in-person with the youth.



[1] *Juvenile Justice Information Exchange Reform Trends. (n.d.). Retrieved January 23, 2015, from http://jjie.org/hub/mental-health-and-substance-abuse/reform-trends/*

[2] *Welch-Brewer, C. L., Stoddard-Dare, P., & Mallett, C. A. (2011). Race, substance abuse, and mental health disorders as predictors of Juvenile court outcomes: do they vary by gender?. Child and Adolescent Social Work Journal,28(3), 229-241.*

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

APPENDIX H – Report from Family Support Training for Behavioral Health Clinicians

NC Family Support Training Summary Report

May 11th – May 12th, 2015

This document includes a summary of the NC Family Support Training, which was held on May 11th-May 12th, 2015 in Greensboro, NC. The training was targeted towards providers that work with juvenile justice involved youth with substance abuse and co-occurring disorders and their families. The training was sponsored by the North Carolina Division of Mental Health and Developmental Disabilities and the Kate B. Reynolds Charitable Trust at no cost to the participants. The lead trainer was Dr. Brad Donohue, developer of Family Behavior Therapy. This report includes individual impressions of the training, compiled and tabulated by the UNCG Center for Youth, Family and Community Partnerships.

Summary of Report Contents

Enclosed is an Overall Summary of the NC Family Support Training, which was held on May 11th-May 12th, 2015. The training was held at the Hyatt Place Hotel in Greensboro, NC.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) and the Kate B. Reynolds Charitable Trust, in collaboration with the Center for Youth, Family, and Community Partnerships (CYFCP) at the University of North Carolina at Greensboro and Juvenile Justice, invited applications from Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP), Reclaiming Futures (RF) and Juvenile Justice Treatment Continuum (JJTC) behavioral health providers for this free training, facilitated by Dr. Brad Donohue, developer of Family Behavior Therapy.

This was the first time this training was offered to teams. The training was targeted towards providers that work with juvenile justice involved youth with substance abuse and co-occurring disorders and their families.

This report is outlined in three different areas:

I. Overview of the Training
II. Evaluation of the Training
    - Working with Families of Juvenile Justice Involved Youth
    - Summary of Training by Training Sections
    - Overall Perceptions of the Training and Additional Feedback
III. Recommendations for Possible Next Steps

I. Overview of the Training

Clinicians in North Carolina work to consistently provide services to youth and families involved in the juvenile justice system. Due to this JJ involvement, families and youth at times may struggle to trust the service system, which can impact on engagement. Feedback from clinicians in the past has noted that one of the major barriers to successful treatment has been engagement. This training was completed by Dr. Bradley Donohue, who developed Family Behavior Therapy. In attendance, there were representations from clinicians who work with juvenile justice behavioral health planning teams around the state. The training consisted of a 1.5 day workshop (12 hours) and scheduled 4 booster teleconference training calls (1.5 hrs. each-of which one has been completed) that were focused on a brief presentation of evidence-supported engagement strategies (including pre-treatment and on-going engagement calls) in a power-point presentation and teaching on the relationship enhancement and communication skills training components of Family Behavior Therapy. The workshop and on-going booster training meetings will allow for clinicians to demonstrate the techniques through modeling and

role-playing, and helped teach a method of monitoring their implementation of the skill sets. Clinicians were also provided electronic copies of all relevant protocol checklists and worksheets. The booster teleconference calls will be focused on answering questions clinicians may have that are specific to their attempts to implement the skills. Best practice is to deliver effective clinical care and social support services by maintaining the integrity of family and community life for youth by facilitating family involvement.

II. Evaluation of the Training

Participants were given an evaluation form to complete that allowed them the opportunity to provide their experiences and perceptions of the training. Participants were asked questions about the training in areas pertaining to their current use of evidence based practices, areas of challenges, usefulness of training material, and feedback on the training. The following section describes the responses to the evaluation form questions.

Participants were asked which Evidence Based Practices or Evidence Based Treatments are used in their agency. Table 1 below provides the counts of practices used by the agencies in attendance at the training.

Table 1
Type of Evidence Based Practices or Evidence Based Treatments

Evidence Based Practice/Evidence Based Treatment	Total
Adolescent Community Reinforcement Approach (ACRA)	2
Brief Strategic Family Therapy (BSFT)	1
Child Behavior Checklist	2
Dialectical Behavior Therapy	3
Functional Family Therapy (FFT)	0
Global Appraisal of Individual Needs Assessment Tool (GAIN)	4
Matrix Intensive Outpatient Model (Chestnut)	3
Multidimensional Family Therapy (MDFT)	1
Multisystemic Therapy (MST)	2
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	4
Seeking Safety for Trauma	5
Seven Challenges	3
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	4
Other - ARC	1
Other - TCI	1
Other - CARE	1
Other - Treatment Alternatives for Sexualized Kids (TASK)	1
Other - PCIT	1

- ## Working with Families of Juvenile Justice Involved Youth

The following questions were asked in a qualitative form on the individual survey forms:

- What are some of the main areas that you believe you need assistance in working with families of juvenile justice involved youth?
- What are some of the main challenges you think families of juvenile justice involved youth have to address?
- Notwithstanding managing systems issues, what is the main skill that you think would help you as a clinician work more effectively with juvenile justice involved youth and families?

Listings of the responses to the previous three questions are provided upon request. The following is a summary of the three questions based on common themes that emerged from the responses.

Participants were asked about the main areas that need assistance in working with youth. Several participants mentioned family engagement and keeping the engagement continuing once they leave treatment. Participants also mentioned dealing with parent substance use, educating parents in the JJ process, and more resources available to families as areas that need assistance with in working with youth. Participants stated:

*"They are overwhelmed and it is difficult to keep them involved in family *therapy"*

"Getting families engaged in family therapy and helping in treatment were there simply wanting us to "fix" their child. Helping them to keep treatment going at home"

"Joining with families when they feel we are partnered with DJJ. Helping families and clients during DJJ process w/out that becoming the focus of treatment"

Participants were also asked about challenges within families of juvenile justice involved youth. Challenges mentioned were keeping dialogue in the home, multiple places to travel to for services and meetings, out of home placement, being overwhelmed, stigmatized, and lack of funds and/or resources. Participants stated:

"They are sent too many places, requirements of service can be overwhelming"

"Parents not feeling empowered to set boundaries on knowing healthy boundaries"

"Being overwhelmed with so many obligations, court, community service, doctors visits, and intensive in home which is 3-4 days a week, 2 hours a day"

When asked about what skills would be helpful in working more effectively with juvenile justice involved youth, participants mentioned that skills in areas such as helping families see

the benefit of treatment and providing more positive feedback to the family to help them engage more openly and readily, helping to encourage better and more lasting positive communication skills with the family, engaging the whole family in therapeutic process, being an advocate for the families and educating the court counselors, and culturally specific trainings.

- ## Summary of Training by Training Sections

The following topics were presented during the training: Who Should be Involved in Family Based Interventions with Adolescents, How to Use Protocol Checklists to Guide Family Involvement, Assessing Satisfaction and Compliance in Working with Families, Therapeutic Style and Approach in Working with Families, Engaging Family Participation, Enhancing the Tone of Relationships, Managing Difficult Interactions with Family Members, Practicing Management of Families in Therapy.

For each section of the evaluation forms, participants were asked what would make it easier for them to use the information presented in each section and what would be possible barriers for using this information. This section provides a summary of participant's perspectives of each section that was covered during the training.

Section: Who should be Involved in Family Based Interventions with Adolescents?

All (100%) of the participants agreed that they found this section to be *"very helpful,* and almost all (67%) agreed that they would be "*very likely*" to use the information learned in this section.

Participants noted needing help with more interventions on how to get others involved and engaged in the treatment process, more information to provide to the families, and assistance with understanding the ethical piece in terms of confidentiality and obtaining permission from parents. Barriers they may face were getting family members or others, engagement issues, getting support from all involved, confidentiality issues, and obtaining appropriate consents.

Section: How to Use Protocol Checklists to Guide Family Involvement

Almost all (83%) of the participants agreed that they found this section to be "very *helpful*" and they would be "very *likely*" to use the information learned in this section.

Participants stated they needed assistance with:

"More examples on paper (role plays) on paper may be helpful"

"Probably just knowing the steps better so I wouldn't need to look at the paper so much"

Barriers they may face were:

"Getting family to agree with and abide by the meetings guidelines"

"Careful to keep focus on clients and careful not to leave client feeling they are left out"

Section: Assessing Satisfaction and Compliance in Working with Families

Almost all (83%) of the participants agreed that they found this section to be "very *helpful*" and they would be "very *likely*" to use the information learned in this section.

Participants noted things that would make it easier were being provided with copies and examples of the assessment card and possibly 'role plays' on paper and a template to use for working with families. Barriers they may face were getting families to understand the process of the assessment and understanding the usefulness of the assessment, introducing the information to families that they have been working with for a while, and openness of the client.

Section: Therapeutic Style and Approach in Working with Families

All (100%) of the participants agreed that they found this section to be *"very helpful"* and they all would *"very likely"* to be able to use the information learned in this section.

Participants stated they needed assistance with:

"Some of the "role plays" we practiced on paper so we can share with other therapists and counselors at agency"

"More practice using the skills"

A participant stated that the main barrier would be in getting families to communicate positively and effectively.

Section: Engaging Family Participation

Almost all (83%) of the participants agreed that they found this section to be "very *helpful*" and they would be "very *likely*" to use the information learned in this section.

Participants agreed that this section was presented well and the role plays helped. Although, some barriers in using this information were:

"Getting family to stick to the subject, guidelines, and prompts but I think it would become easier with time and practice"

"Time consuming"

"Having a hard time getting the youth on the phone first, especially in a time crunch"

Section: Enhancing the Tone of Relationships

Almost all (83%) of the participants agreed that they found this section to be "very *helpful*" and they would be "very *likely*" to use the information learned in this section. A participant stated that printed "role plays" or actual script examples presenting a variety of issues or concerns would be helpful in using this information. Families being resistant to the process and maintaining positive communication is a barrier to using this information.

Section: Managing Difficult Interactions with Family Members

All (100%) of the participants agreed that they found this section to be *"very helpful"* and they all would *"very likely"* to be able to use the information learned in this section. Participants felt that the 'HEARD' cards provided at training would be helpful in using this information. Possible barriers in using this information were getting families and/or kids to come up with solutions, getting family member to admit how they may have contributed to the problem, and families that don't trust the team yet or have felt judged for so long.

Section: Practicing Management of Families in Therapy

All (100%) of the participants agreed that they found this section to be *"very helpful"* and they all would *"very likely"* to be able to use the information learned in this section. A participant stated that the information was presented well and the role plays were helpful. A barrier mentioned was families opening themselves up to the treatment process and allowing the therapist to lead the discussion.

- ## Overall Perceptions of the Training and Additional Feedback

Participants were asked about their perceptions of the overall the Family Support Training. All of the participants agreed that the introduction of Family Behavior Therapy for juvenile justice involved youth and their families would be "*very helpful*" and they all would be "*very likely*" to participate in a training on Family Behavior Therapy. Participants were also given the option to provide additional feedback. Some participants stated:

> "*Great training. Very helpful in working with families and youth. The information will be helpful in improving communication with families and youth. Role plays helpful in practicing skills"*
>
> *"Great training. Brad's knowledge base is very broad and helpful with learning the model. I would really like to be trained in doing this model fully and having my agency utilize it in our teams"*
> *"Brad is an excellent trainer and the one-on-one trainings in role-plays is very helpful. The behavioral approach is very applicable to DJJ families and research shows is effective"*

"Awesome trainer and teacher. Books were very helpful and much appreciated. Information was presented well and easy to understand. Loved the training, would love to have more"

"Would like more training on FBT and substance abuse"

III. Recommendations for Possible Next Steps

Information provided in this report can be used for future training planning to continue to reach the needs of participants. The additional feedback provided by participants provided areas that participants would like to receive in the future, as well as the effectiveness of the trainer and training material.

Based on this pilot training, the clinicians noted that Family Behavior Therapy appeared to be "very helpful" to "helpful", and they would like further training on the entire treatment modality. Additionally, it appears that this training is cost effective as the two modules cost less than $5,000 to train the clinicians (not withstanding costs for clinicians for per diem and travel). Additionally, the developer of Family Behavior Therapy noted that clinicians could provide information to agency representatives and that the intervention was not proprietary like many other evidence based family interventions. Therefore, the following recommendations are offered:

1. The JJBH state team should discuss the possibility of this training in the future for JJ affiliated clinicians to provide support to Intensive-In Home teams outpatient therapists who work with families.
2. JJBH should distribute training materials and information to LME/MCO representatives to notify of this evidence based treatment and feedback from clinicians who have piloted this in NC.