

ANNUAL REPORT OF THE

JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS (JJSAMHP)

2012-2013



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



DEPARTMENT OF PUBLIC SAFETY



**THE UNIVERSITY of NORTH CAROLINA
GREENSBORO**

**Center for Youth, Family
and Community Partnerships**

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

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

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

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



- A Local Management Entity/Managed Care Organization
- Local Court District 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 DJJ office, in homes, 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

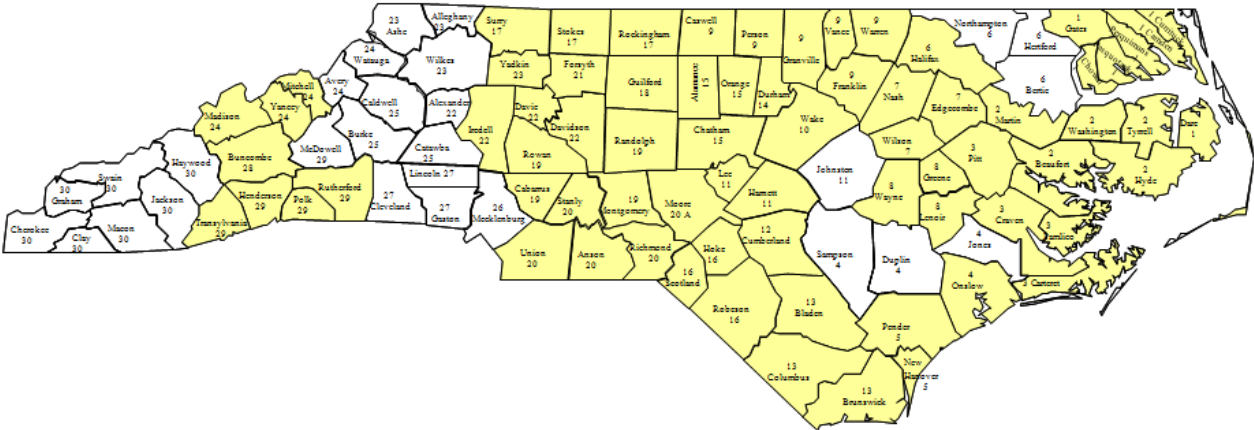
This Annual Report provides information about the JJSAMHP 2012-2013 fiscal year. Although no report can capture every detail of a statewide initiative, the purpose of this document is to provide the main highlights and overall information about JJSAMHP. It is divided up in the following sections:

- ◆ **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 2012-2013.

Section B: Local Management Entity/Managed Care Organization Involvement

As noted, JJSAMHP teams must involve the Local Management Entity/Managed Care Organization. The role of the LME/MCO is to help to ensure that the principles of the JJSAMHP are facilitated through the local teams. The LME/MCO is also provided with funds to help support local team activities. There are 9 LME/MCOs associated with JJSAMHP serving 72 counties. Within the LME/MCO's, there are 18 locally driven teams that work to address juvenile justice involved youth and family needs. For a listing of how each county is distributed by Chief Court Counselor and LME/MCO designation, please see **Appendix A**. Also, although there are 18 locally driven teams, there may be Court Districts within each team that have different processes. For example, one Court District may complete a GAIN Short Screener on each youth and another Court District (within the same team) may utilize another screening tool. Therefore, when describing team processes, there may be fluctuations in the numbers based on these processes within teams. The local partnership counties and associated court districts involved in JJSAMHP are graphically represented below with JJSAMHP counties in yellow.

JJSAMH Partnerships Across North Carolina



The major teams associated with JJSAMHP are as follows (with their 2012-2013 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)	Western Highlands Network

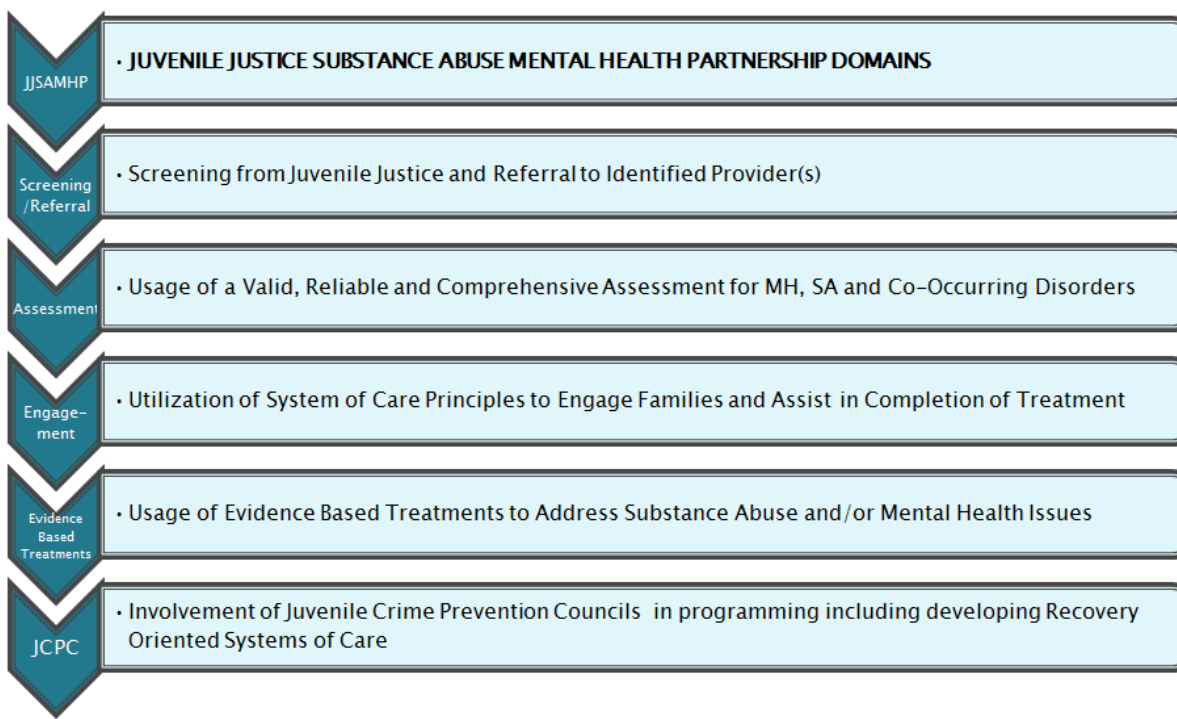
Non JJSAMHP LME/MCOs include: MeckLINK Behavioral Healthcare, and Smoky Mountain Center

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/blog/>)

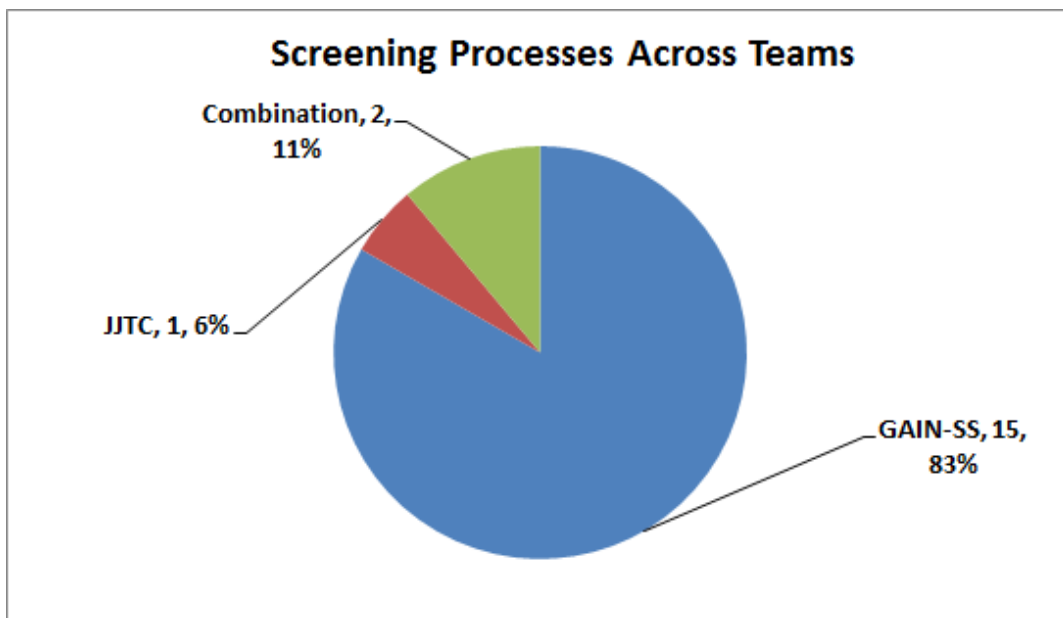
The RF six steps include a Coordinated Individualized Response of: 1) Initial Screening; 2) Initial Assessment and 3) Service Coordination and Community Directed Engagement plan for: 4) Initiation; 5) Engagement; and 6) Transition. Although all of the JJSAMHP teams do not have to follow this model (there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

JJSAMHP Service Domains

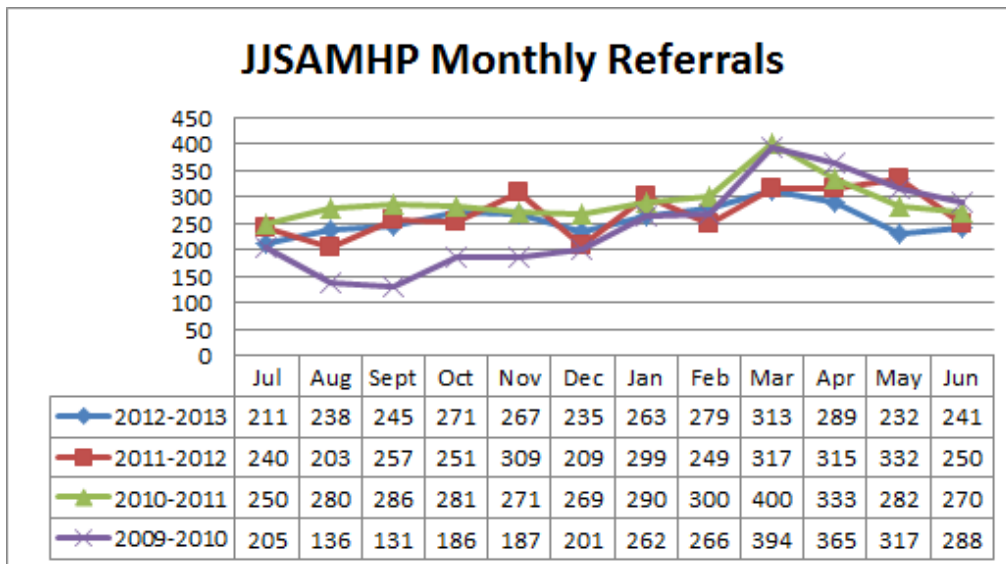
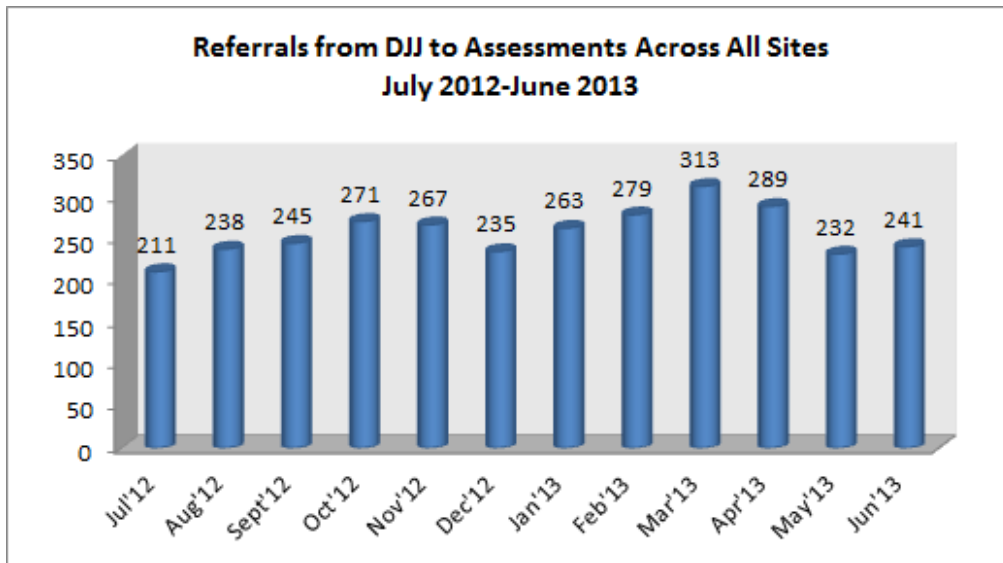


JJSAMHP Domain I: Screening and Referral

The first domain is Screening and Referral. According to Reclaiming Futures, screening involves usage of a reputable tool to identify youth who potentially have a substance abuse problem. In the case of JJSAMHP, the tool should also be able to detect possible mental health challenges. 100% of the JJSAMHP teams identify a uniform screening process from DJJ to a local provider. The different tools include the following: Global Appraisal of Individual Needs Short Screener (GAIN-SS); a Combination of the GAIN-SS and the Risk and Needs Assessment from DJJ; and the Juvenile Justice Treatment Continuum (JJTC) Screener which is a locally defined screener used by teams involved with JJTC. The following chart outlines the most frequently cited screening tools used by JJSAMHP teams:

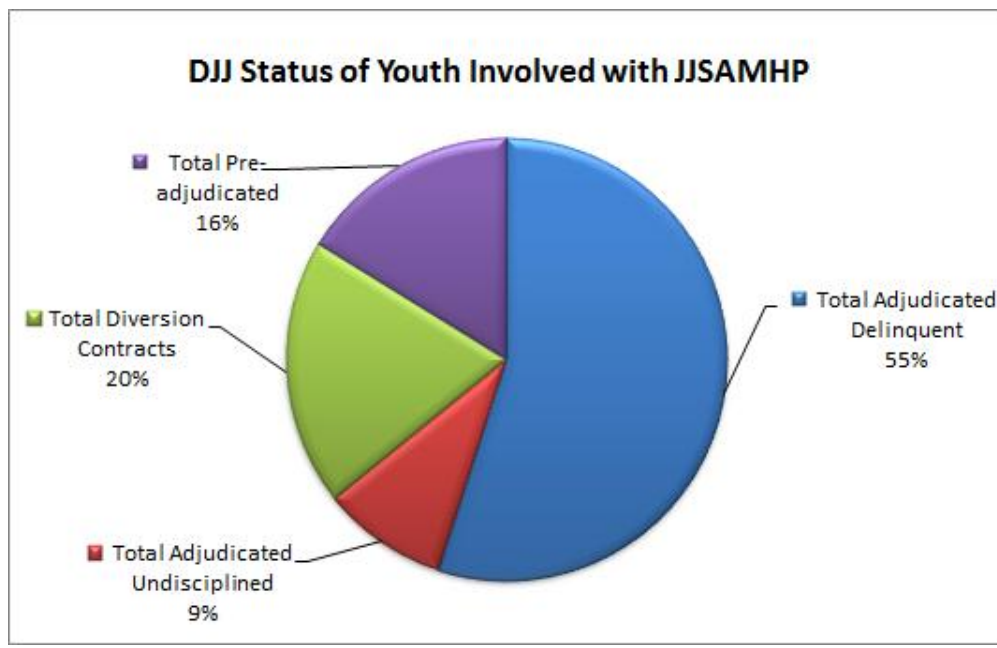


Based on data submitted by the local teams, there were 3,084 total referrals from DJJ screening to local provider(s) for assessments from July, 2012 through June, 2013. This averages to 257 referrals per month. For the first half of the fiscal year (July through December), there were 1,467 referrals and for the second half of the fiscal year (January through June), there were 1,617 referrals. To determine the number of referrals for each LME/MCO across this time period, please see the section entitled "Local Team Processes." The following graphs represent the total referrals completed across all JJSAMHPs for 2012-2013 and then a comparison of this fiscal year with the three previous fiscal years.



DJJ Categories for Youth Involved with JJSAMHP

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

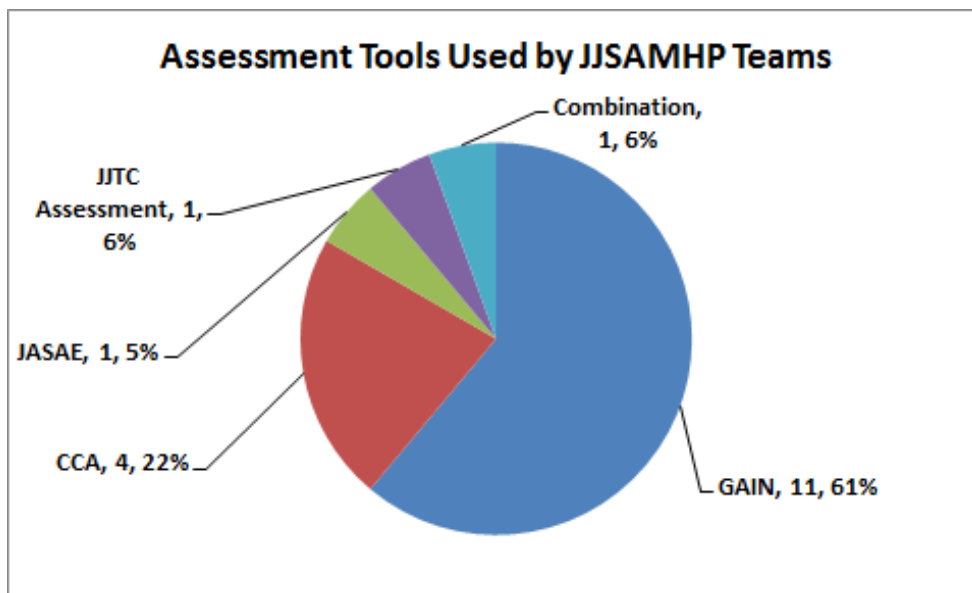


JJSAMHP Domain II: Assessment

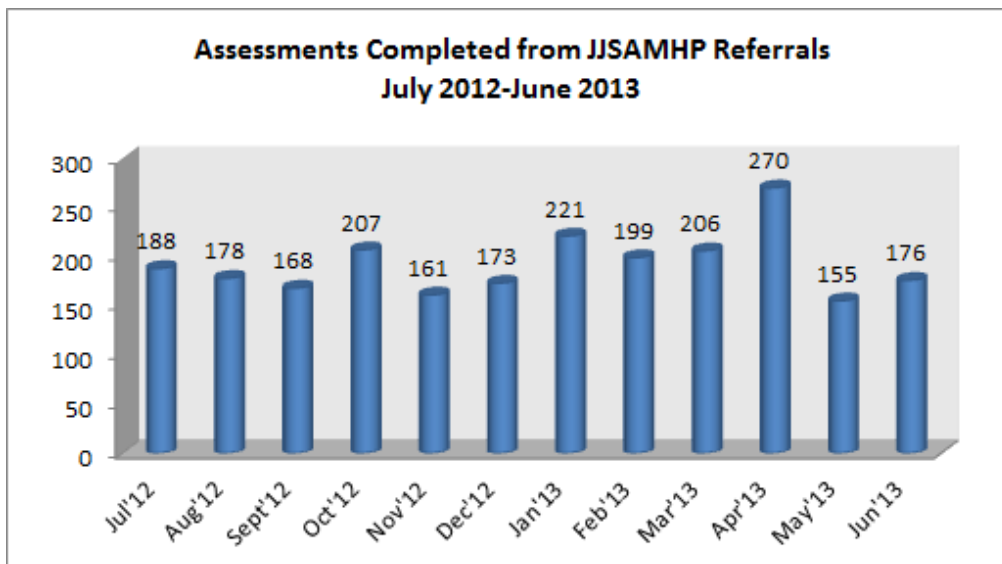
The second JJSAMHP domain is Assessment. The Assessment tool used by JJSAMHP teams must gather information on substance abuse and mental health challenges. According to Reclaiming Futures, a comprehensive assessment involves usage of a tool to ascertain a wide range of individual and family risk factors,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

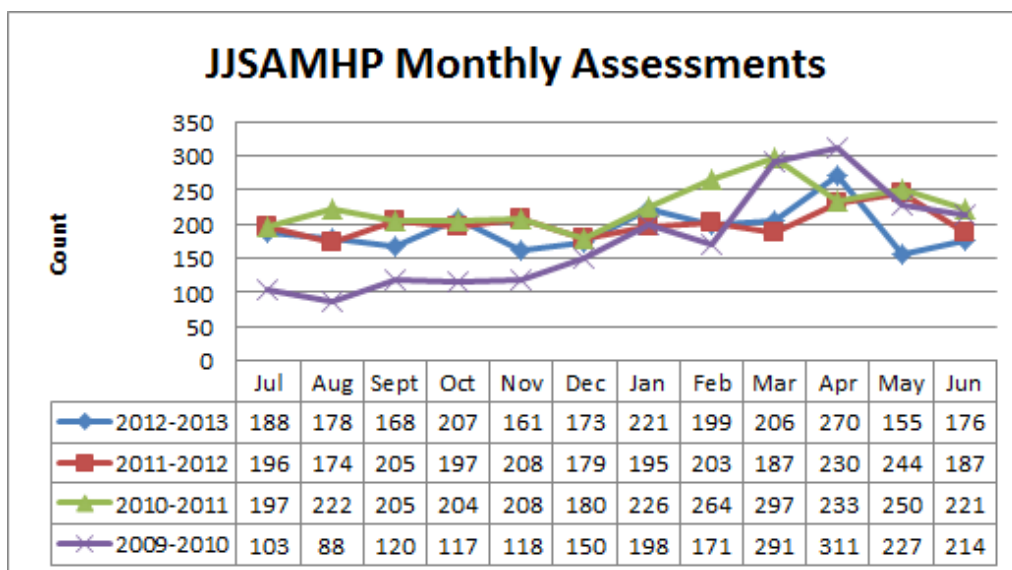
100% of the JJSAMHP teams identify an assessment process that involves using either a Provider based assessment tool (Comprehensive Clinical Assessment or Juvenile Justice Treatment Continuum Assessment) or an Evidence Based Assessment Tool such as the Global Appraisal of Individual Needs (GAIN) or the Juvenile Automated Substance Abuse Evaluation (JASAE) or a combination of assessment tools.

Two of the sites utilize a dedicated assessment clinician or a clinician that is mainly housed at DJJ. The following chart outlines the most frequently cited assessment tools used by teams:



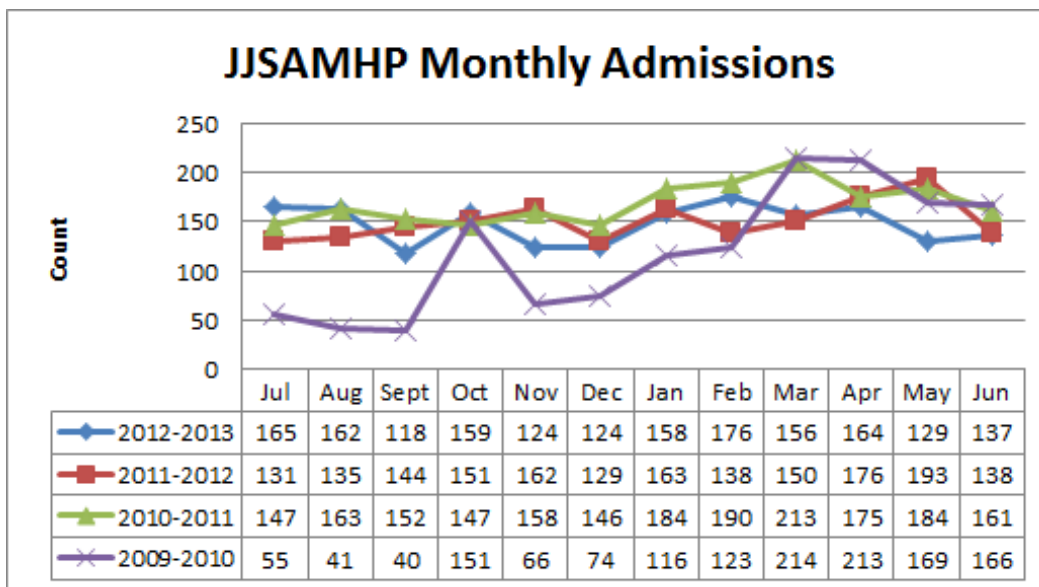
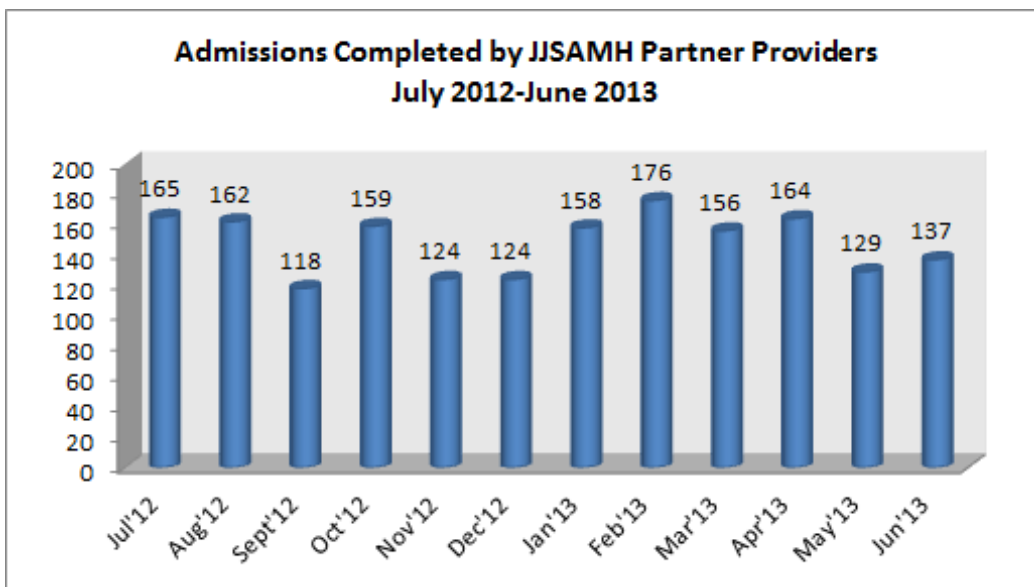
Based on data submitted by the local teams, there were 2,302 assessments completed by partnering providers for the JJSAMHP during 2012-2013. This averages to 192 assessments per month. For the first half of the fiscal year (July through December) there were 1,075 assessments and for the second half of the fiscal year (January through June), there were 1,227 assessments. The assessments completed represent 73% of the referrals for the first half of the year and 76% 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 for 2012-2013 and then a comparison of this fiscal year with the previous fiscal years.





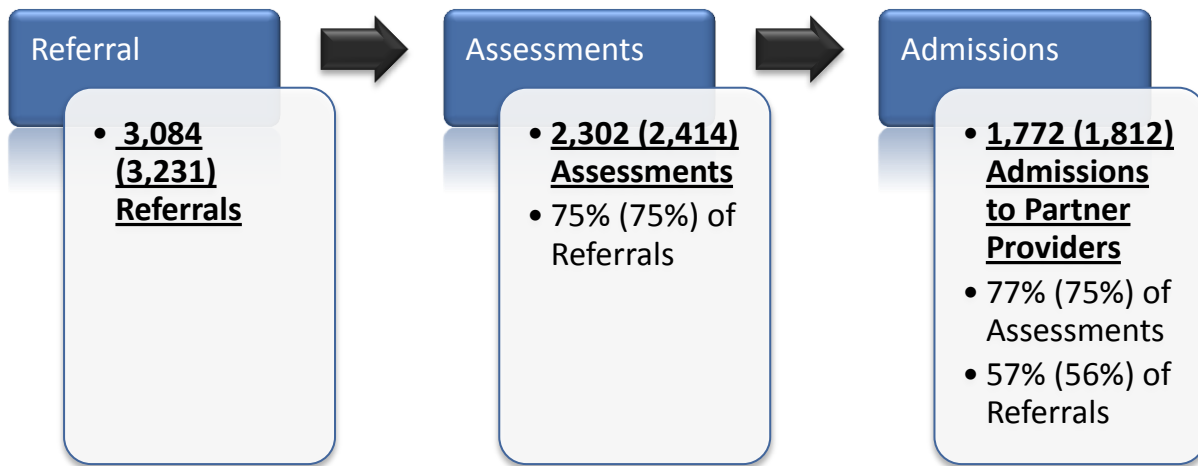
JJSAMHP Domain III: Engagement

The third JJSAMHP domain is Engagement –particularly utilizing System of Care Principles. Although engagement can entail various areas, including partnering with families, etc., the focus was ensuring admission to a partnering provider who agreed to include Child and Family Teams as part of the continuum of care. 100% of the teams cite regular usage of Child and Family Teams. There were 1,772 admissions to JJSAMHP providers during 2012-2013. 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 852 admissions to local JJSAMHP providers and for the second half of the fiscal year (January through June), there were 920 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 2012-2013 and then a comparison of this fiscal year with the previous fiscal years.

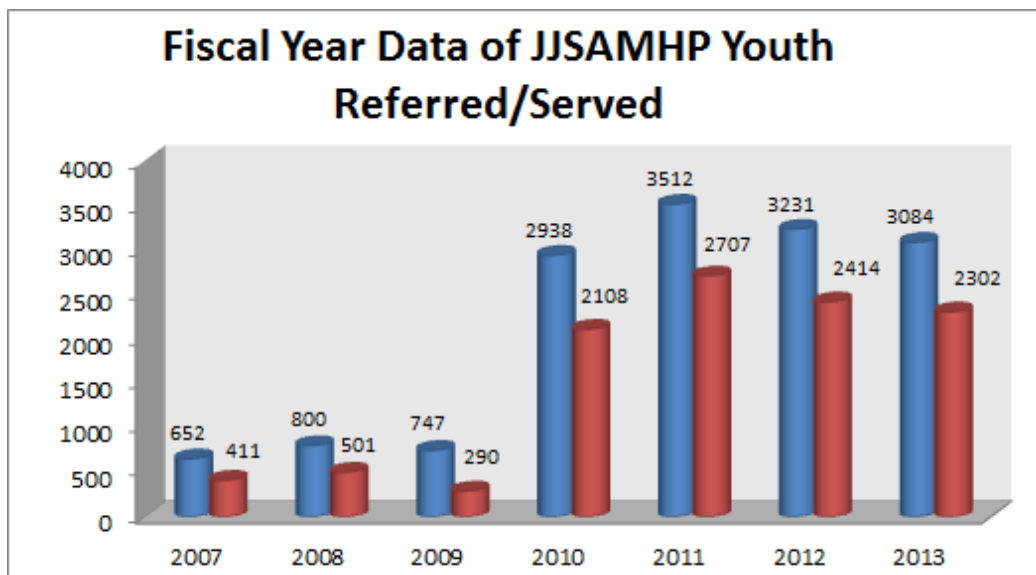


Overall Process Numbers for JJSAMHP for 2012-2013

The next graphic outlines how many youth overall were referred by DJJ 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). The overall numbers are about the same as last year. As has been in the previous year, there were significant activities, including LME mergers, in implementing the 1915 b/c Medicaid Waiver. One of the consequences was significant LME staffing changes across the state and changes in roles/responsibilities. Given this shift, the teams appeared to maintain progress in getting youth and their families into services. **The numbers in parentheses represent the figures for 2011-2012 fiscal year.**



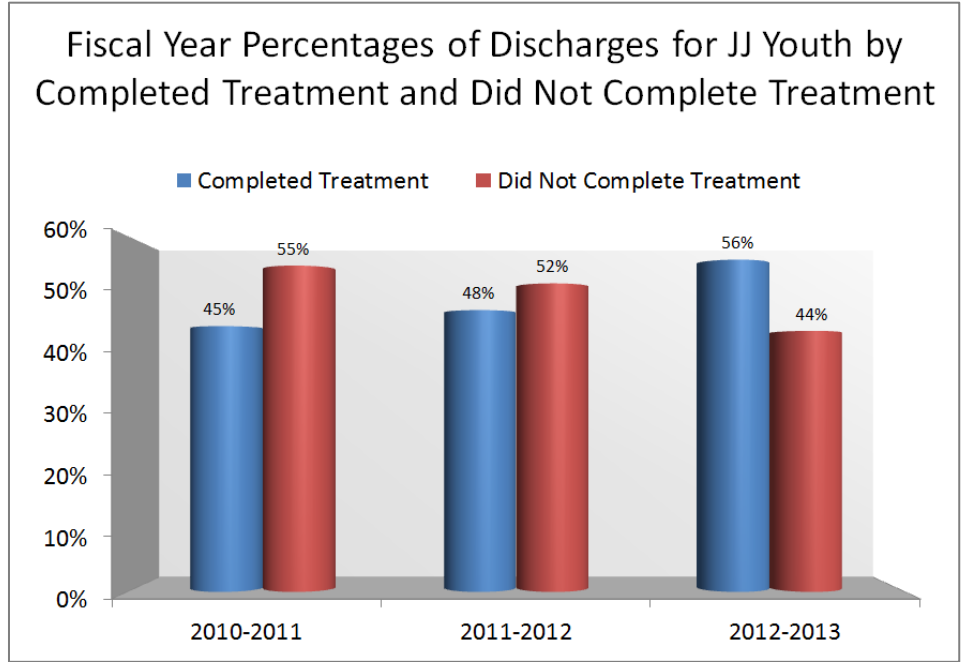
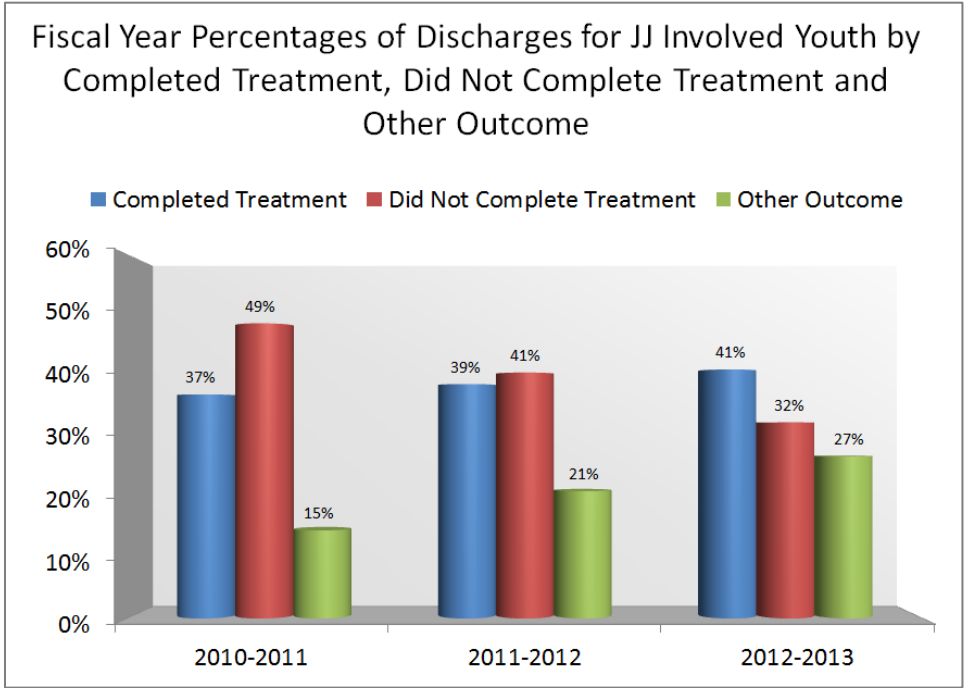
Additionally, there is data on the number of youth referred by DJJ to a JJSAMHP provider (formerly MAJORS), and the number of youth who were assessed by a JJSAMHP provider for services. The next graphic outlines this information over the last five fiscal years. Notably, during Years 2007, 2008, 2009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



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

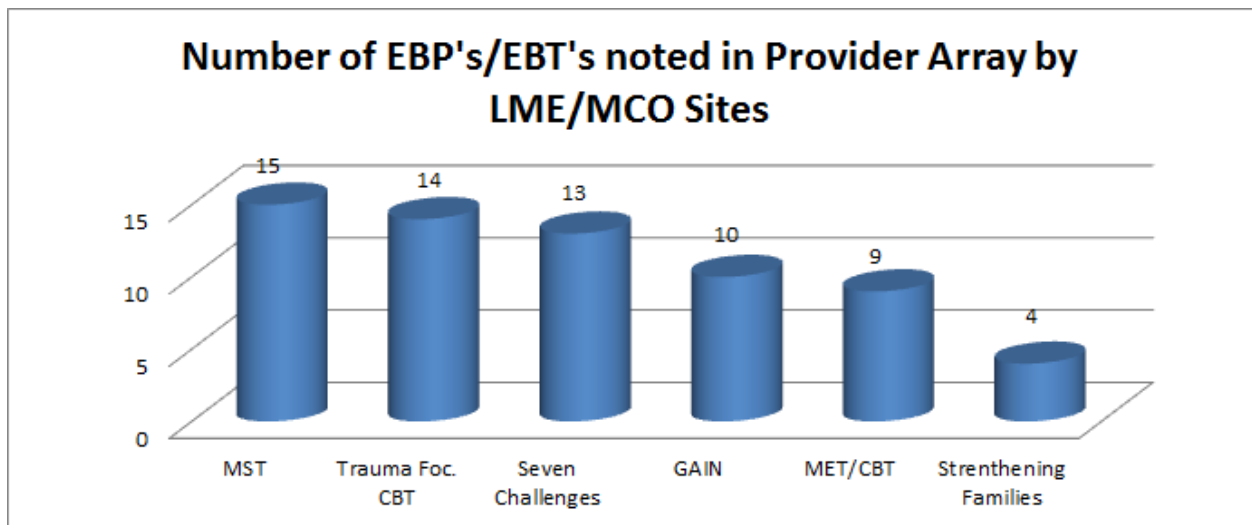
Another area that has been outlined is percentage of youth who have successfully completed treatment across the fiscal years. NC-TOPPS (see Section D) data is completed by treatment providers for youth who initiate and complete treatment. The Completed Treatment group includes those youth who successfully completed treatment services. The Did Not Complete Treatment group includes those youth

who never received any treatment/services, were discharged at the program initiative, refused treatment, incarcerated, and did not return as scheduled within 60 days. The Other Outcome group includes youth who were institutionalized, moved out of area, changed to a service not required by NC-TOPPS and youth who died (unfortunately about two youth per year) during the fiscal year. The first chart outlines all juvenile justice discharges and the second chart only the Completed Treatment and Did Not Complete treatment groups.



IISAMHP Domain IV: Evidence Based Practices/Evidence Based Treatments

The fourth domain is usage of Evidence Based Practices/Treatments. All teams cite having providers that use evidence based treatments within their service array. The most commonly used EBT's/EBP's are in the chart below (only those with 3 or more sites are listed). This information is provided by the teams but this is not a check into the actual fidelity of the treatment/practice. The Evidence Based Practices/Treatments include: Multisystemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy, Seven Challenges, Global Appraisal of Individual Needs (GAIN), Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), and Strengthening Families. GAIN is an Evidence Based Assessment; MST, Trauma Focused CBT, and Seven Challenges are Evidence Based Treatments; and Strengthening Families is an Evidence Based Prevention program. For more information on these EBP's/EBT's, please refer to: <http://turninglivesaround.org/publications.html>.



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

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

ROSC is defined as the following:

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

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

Section D: Activities and Accomplishments of JJSAMHP for Fiscal Year 2012-2013

This section outlines the overall Activities and Accomplishments of the JJSAMHP for the 2012-2013 Fiscal Year. This will be detailed in four (4) areas that helped shape the review of activities: 1) Strengthen Partnerships, Communication, and Information Sharing; 2) Improve Data Reporting; 3) Provide Support for Training and Technical Assistance; 4) Provide Support for Usage of Evidence Based Practices/Evidence Based Treatments/Best Practices. Each of these areas is outlined below, followed by a listing of major accomplishments of JJSAMHP:

1. Strengthen Partnerships, Communication and Information Sharing

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

- A. One of the main activities was to continue to educate teams on funding opportunities for services for JJSAMHP youth and the different types of funding available to ensure service delivery. This was accomplished through Regional Meetings, communications from DMHDDSAS, emails, phone calls, etc. The goal was to communicate that if any youth needed services, there shouldn't be a barrier for them to receive those services. Additionally, teams were encouraged to use funding to provide support for gaps in service delivery such as necessary training and support.
- B. Another main activity for JJSAMHP during this fiscal year was provision of Regional Meetings based on the needs of the teams and to increase collaboration amongst the teams at the meetings. The Fall Regional Meeting Report is included in Appendix B, and the Spring Regional Meeting Report is included in Appendix C.
 1. The Fall Regional Meetings were planned in collaboration with state partners, Young Adult Advocates, and Family Partners during the first quarter of the fiscal year. One main activity was involvement of a Family Partner in telling her story of how being involved in the system impacted her and her family. Additionally, teams were made aware of other alternative programming that juvenile justice involved youth and families could be engaged. The three Regional meetings were held on the following dates at the following locations with number of individuals as noted:
 - a. Statesville-Ramada Inn Statesville, October 29th-41 persons
 - b. Durham-Millennium Hotel in Durham, November 5th-62 persons

- c. Greenville-Hilton Greenville, November 15th-48 persons
- 2. The Spring Regional Meetings were planned in collaboration with state and regional partners, Young Adult Advocates and Family Partners during the third quarter. The meetings were held in the fourth quarter. One of the main highlights was presentation on Fetal Alcohol Spectrum Disorders and how common these disorders are in justice systems. Additionally, the teams received training on Team Fitness and involving young adults in planning and programming. The three Regional meetings were held on the following dates at following locations with number of individuals as noted:
 - a. Hickory-Crowne Plaza Hickory, April 29th-42 persons
 - b. Greenville-City Hotel and Bistro, April 30th-35 persons
 - c. Fayetteville-Holiday Inn I-95-May 1st 47 persons
- B. The Compendium of Services is maintained as a resource document through work with local teams (specifically LME/MCO liaisons). This year, it was helpful to involve a Family Partner in maintaining information from LME/MCO liaisons. This allows for individuals to see various roles that Family Partners can play in working with JJSAMHP teams. It outlines the key team partners, juvenile justice youth served, services provided, referral, assessment, and treatment processes. The link to the Compendium is located at http://www.turninglivesaround.org/JJSAMHP_Compndium_of_Services.pdf
- C. Continued updating of JJSAMHP website, including weekly updates of the Substance Abuse Residential beds. The website is www.turninglivesaround.org.
- D. Provision of monthly updated Technical Assistance (TA) document that is provided to state and regional level partners to ensure better understanding of type of work being completed by sites. Each TA on-site visit and each substantial contact (such as teleconferences or research requests) is noted in a TA Document.

2. Improve Data Reporting

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

- A. The teams continued to use the data system, Qualtrics, through UNCG to submit their monthly data reports. This allowed local teams to generate a report of their data at the time of submission. The main data points continue to be referrals, assessments, and admissions. UNCG worked with teams on the data system and compliance/accuracy of data submissions. This includes training new liaisons since there were many staff changes through the year. Reports were generated and provided to state level partners and local teams when requested. The survey questions are located in Appendix D.
- B. The second domain was collection/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 continued to provide information to state and local team partners regarding the de-identified database in which access was granted in 2013. Teams can access analyses per request and the questions are outlined in Appendix F. An example of a data report generated for 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 98 site visits to teams from July, 2012 through June, 2013. 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. Coastal Care-Wilmington (with DMH rep.)-7/2/12 2. Guilford Team meeting-7/17/12 3. Guilford-Juvenile Drug Court team-7/18/12 4. Coastal Care-Jacksonville and Wilmington-7/23/12 5. ECBH Northeast Team-7/26/12 6. Cardinal Innovations-Five County-7/31/12 7. CenterPoint-8/7/12 8. Partners/Crossroads-8/7/12 9. Alliance Behavioral-Durham-8/12/12 10. Cardinal Innovations-Piedmont Team-8/13/12 11. Sandhills-8/14/12 12. Guilford Juvenile Drug Court team-8/15/12 13. Eastpointe-Lumberton-8/16/12 14. Alliance Behavioral-	1. Alliance-Durham/Wake Liaisons-10/2/12 2. Partners/Crossroads-10/2/12 3. CenterPoint-10/5/12 4. ECBH-10/8/12 5. Western Highlands Network-10/8/12 6. Alliance-Durham-10/11/12 7. Alliance-Wake-10/16/12 8. Sandhills-Guilford-10/16/12 9. Cardinal Innovations-AC Team-10/19/12 10. Cardinal Innovations-Five County team-10/19/12 11. Eastpointe-Lumberton-10/23/12 12. CoastalCare-11/1/12 13. Cardinal Innovation-Piedmont Team-11/2/12 14. ECBH Northeast-11/7/12 15. Eastpointe-Rocky Mount-11/8/12	1. Cardinal-Piedmont-1/4/13 2. ECBH-Southern-1/4/13 3. Cardinal-OPC-1/10/13 4. Eastpointe-Goldsboro-1/11/13 5. Sandhills-Guilford-1/15/13 6. Cardinal-Five County-1/15/13 7. Cardinal-OPC-1/18/13 8. Cardinal-AC MCO liaisons-1/18/13 9. ECBH Northeast-1/24/13 10. Sandhills-Guilford MCO liaison-1/29/13 11. Eastpointe-Lumberton-1/30/13 12. Partners-Crossroads MCO liaisons-1/31/13 13. Cardinal-Piedmont-2/1/13 14. CenterPoint-2/1/13 15. Partners-Crossroads-2/5/13	1. Partners-Crossroads-4/2/13 2. Eastpointe-Rocky Mount-4/4/13 3. CenterPoint-4/5/13 4. ECBH DJJ staff-4/8/13-overview of JJSAMHP 5. Sandhills-4/9/13 6. Sandhills-Guilford-4/11/13 7. Alliance Durham-4/11/13 8. CoastalCare-4/12/13 9. Alliance-Wake-4/16/13 10. Eastpointe-Lumberton-4/18/13 11. Cardinal-AC team-4/19/13 12. Cardinal-OPC team-4/19/13 13. Western Highlands-4/22/13 14. Cardinal-Piedmont-5/3/13 15. ECBH-6/3/13 16. Eastpointe-Lumberton-6/4/13 17. Alliance-Durham-

Type of Contact	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
	Wake-8/17/12 15. Guilford-8/21/12 16. Cardinal Innovations-Five County-8/21/12 17. Eastpointe-Rocky Mount-9/6/12 18. Cardinal Innovations-Piedmont Team-9/7/12 19. ECBH Lower Team-9/10/12 20. Cardinal Innovations-OPC Team-9/13/12 21. Cardinal Innovations-Five County-9/18/12 22. Guilford-9/18/12	16. Cardinal Innovations-OPC team-11/16/12 17. Sandhills-Guilford-11/20/12 18. Cardinal Innovations-Five County team-11/20/12 19. ECBH-12/3/12 20. Sandhills-12/12/12 21. CenterPoint-12/14/12 22. Sandhills-Guilford-12/18/12	16. Eastpointe-Goldsboro-2/12/13 17. Alliance-Wake-2/12/13 18. Alliance-Cumberland-2/12/13-briefly updated team 19. CoastalCare-2/13/13 20. Sandhills-Guilford-2/19/13 21. Cardinal-Five County-2/19/13 22. Cardinal-AC-2/22/13 23. Alliance-Durham-3/1/13 24. ECBH-New Bern-3/4/13 25. Eastpointe-Rocky Mount-3/7/13 26. Eastpointe-Goldsboro-3/12/13 27. Sandhills-Guilford-3/14/13 28. Cardinal-AC-3/15/13 29. Cardinal-OPC-3/15/13 30. Eastpointe-Lumberton-3/21/13 31. ECBH Northeast-3/28/13	6/4/13 18. Sandhills-6/4/13 19. Eastpointe-Goldsboro-6/4/13 20. ECBH Northeast-6/11/13 21. Cardinal-Five County-6/18/13 22. Cardinal-AC team-6/21/13 23. CoastalCare-6/24/13
Scheduled or planned phone technical assistance phone conferences or other Substantial Contact	1. 7/10-12-Consultation with Alliance data liaison on method for data submission for monthly report 2. July, 2012-face to face meeting with AC liaison on problem solving issues with local team 3. 12/12/12-Talked to Anthony Ward, 2 nd in command, to identify a liaison for Guilford (Sandhills team) and type of liaison that would be beneficial to the team 4. Assisted Guilford team in doing RFA for their local GAIN training and their GAIN contracting process (December, 2012) 5. Problem solved on numerous higher level issues including PRTF denials, SA placements for residential, major incident involving juveniles etc. through phone calls/ emails 6. 1/10/2013-Met with Lisa Salo of Guilford Center (Sandhills) about JJSAMHP 7. 1/29/13-Meeting with Lisa Salo at Sandhills Center 8. January, 2013-to liaisons for CoastalCare to get meeting set up and need for meetings/JCPC consultant involved 9. 3/7/13-Meeting with Chief in CenterPoint area to discuss referral and screening process and usage of GAIN SS 10. 3/11/13-Conference call with MCO reps and 3 Chiefs to discuss RF/JJSAMHP 11. 6/14/13-Provided information to ECBH Northeast on alternative assessment being used by their Community Funded partner			

B. Additionally, there was focus again on increasing capacity for Evidence Based Assessments and Treatments. This included training detention, residential, and community providers on the Global Appraisal of Individual Needs and Seven Challenges. This also included training detention staff on using the Brief Challenges-which is designed for settings such as detention. There was also training on Trauma to communities that requested (including working together with a

Family Partner). Lastly, training was also provided to Juvenile Court Counselors on the GAIN Short Screener.

Training	Brief Description of Trainings	Number of Participants Attending Trainings
7/17/12	Chatham YDC Trauma Informed Care training Part 1 and Part 2	7 staff
8/17/12	Children's State of the Art Conference Training-Trauma Informed Screening Assessment and Treatment Planning for Behavioral Health Providers	25 persons
10/29/12	Western/Piedmont Regional Meeting-Statesville-Ramada Inn in Statesville	41 persons
11/5/12	Central Regional Meeting-Durham-Millennium Hotel	62 persons
11/15/12	Eastern Regional Meeting=Greenville, Hilton Greenville	48 persons
11/28/12	Training of Guilford Juvenile Court Counselors on the GAIN Short Screener	17 persons
12/19/12	Training of Guilford Office staff and new JCC on GAIN Short Screener	3 persons
1/9/2013	GAIN Short Screener Training for Court Counseling Staff in District 30, Waynesville, NC	10 persons
1/9/2013	GAIN Short Screener Training for Court Counseling Staff , Gastonia, NC	25 persons
1/28/2013	GAIN Short Screener Training for Court Counseling Staff, Lincolnton	10 persons
1/30-1/30/13	GAIN Initial Training for Behavioral Health Clinicians	12 persons
2/20/13	GAIN Short Screener Training for Court Counseling Staff, Raleigh	12 persons
3/6/13-3/8/13	Seven Challenges Initial Training-New Bern Convention Center, New Bern, NC	26 persons
4/15/13	Family Partner Training for Five County Collaborative team members	25 persons
4/26/13	GAIN Short Screener Training for Court Counseling Staff in District 8	11 persons
4/29/13	Regional Meeting in Crowne Plaza-Hickory	42 persons
4/30/13	Regional Meeting Greenville Hilton	35 persons
5/1/13	Regional Meeting Holiday Inn Fayetteville	47 persons
5/13/15-5/15/13	Seven Challenges Leader Training for Behavioral Health Clinician Supervisors	22 persons
6/12/13	Trauma Training for Five County Collaborative with Family Perspective, Henderson, NC	60 persons
6/13/13	GAIN Short Screener Training for Gaston Youth Treatment Court Staff	2 persons
6/13-6/14/13	GAIN Initial Training for Behavioral Health Clinicians	4 Clinicians funded by this grant (out of 11 individuals trained)
6/26/13	GAIN Short Screener Training for Court Counseling Staff, Pittsboro	26 persons

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

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

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

Major Accomplishments from 2012-2013 Activities

A listing of Major Accomplishments from the Activities of JJSAMHP for fiscal year 2012-2013 is noted below:

- ✦ 98 Technical Assistance visits completed with local JJSAMHP teams during this year and eleven (11) substantial contacts for research and follow up (does not include routine email questions, phone calls, etc.)
- ✦ Provided monthly Technical Assistance Updates to Regional and State Partners
- ✦ Participation in 32 state/regional level team meetings
- ✦ Completion of Annual Report Document for JJSAMHP for 2011-2012
- ✦ Updated Residential CASP report weekly on website
- ✦ Obtained NC-TOPPS dataset for 2011-2012, extracted youth cases, created codebook, restructured and matched data, completed preliminary analyses
- ✦ Assessment team presented data to joint DMHDDSAS/DJJ subcommittee and helped in identifying questions for linked data base
- ✦ Sent out link for JJSAMHP teams to obtain NC-TOPPS data analyses
- ✦ Distribution of NC-TOPPS data to teams on behalf of DMHDDSAS
- ✦ Responded to local team data requests on NC-TOPPS, generated reports on services initiated, generated reports on treatment completion, generated reports on habitation and co-occurring disorders, generated demographic and selected variable reports (such as emotional well-being)
- ✦ Contracted for 6 JJSAMHP Regional meetings, 3 in the Fall and 3 in the Spring and assisted state/regional level partners in developing a plan for the meetings and also helped develop agenda, contract with speakers for each meeting
- ✦ Coordinated Fall Regional Meetings that had 126 local participants across the state and 13 State/Regional/Contractor participants
- ✦ Coordinated Spring Regional Meetings that had 95 local participants across the state and 15 State/Regional/Contractor participants
- ✦ Provided GAIN Short Screener training to 114 DJJ Court Counseling staff across 8 trainings and also trained 2 Youth Treatment Court Staff
- ✦ Sent out RFA and helped DMHDDSAS liaison select individuals for GAIN trainings
- ✦ Provided GAIN Initial Assessment Training for 16 Behavioral Health Clinicians across 2 trainings
- ✦ Sent out RFA and helped DMHDDSAS liaison select Seven Challenges participants for Initial Training, Leader training and 2 licenses
- ✦ Provided Seven Challenges Initial Training for 26 Behavioral Health Clinicians
- ✦ Completed Seven Challenges Leader Training for 22 Behavioral Health Clinician Supervisors
- ✦ Set up and coordinated Evidence Based training for new detention clinician staff
- ✦ Provided Trauma Informed Care Training part 1 and 2 for 7 YDC staff
- ✦ Provided Trauma Informed Screening, Assessment, and Treatment Planning for Behavioral Health Providers for at least 25 clinicians
- ✦ Provided Trauma training from family perspective to 60 community members in Five County area
- ✦ Family Partner worked with LME/MCO liaisons to update information shared across state and website
- ✦ Family Partner participated in County Collaborative to educate on roles of Family Partners to 25 community members
- ✦ Coordinated application for Center for Juvenile Justice Reform Information Sharing Certificate Program- assisted in completing and submitting Information Sharing Certificate Program

Application to Georgetown University Center for Juvenile Justice Reform-accepted into program and assisted in submitting deliverables to the program; helped coordinate meeting between DMHDDSAS, DJJ, UNCG, and UNC School of Government to submit final project plan

- ✚ Completion of document on Resources for Sexually Aggressive youth
- ✚ Young Adults completed and edited video on Engagement for view by Division and JCC staff which was previewed at Regional Meetings
- ✚ Participated with DJJ leadership in Center for Mental Health and Juvenile Justice Training of Trainers
- ✚ Participated in Reclaiming Futures Initiative in multiple meetings including National Meeting on behalf of DMHDDSAS
- ✚ Sent out emailers per request

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

<i>LME/MCO</i>	<i>Screening Measure</i>	<i>Assessment Measure</i>	<i>Adjudicated</i>	<i>Diversion with Contract</i>	<i>All Intakes</i>	<i>Pre-Adjudication</i>	<i>Dedicated Assessor</i>
Alliance Behavioral-Cumberland Team	GAIN-SS	GAIN	X	X		X	
Alliance Behavioral-Durham Team	GAIN-SS	CCA	X	X			X
Alliance Behavioral-Wake Team	GAIN-SS	CCA	X	X		X	
Cardinal Innovations-AC Location	GAIN-SS	GAIN	X	X			
Cardinal Innovations -Five County Location	GAIN-SS-4 County JJ TC Screener-Halifax	GAIN-4 County JJTC CCA-Halifax	X-District 6	X District 6	All intakes through DJJ-District 9		
Cardinal Innovations - Orange Person Chatham Location	GAIN-SS	Juvenile Automated Substance Abuse Evaluation/GAIN	X	X		X	
Cardinal Innovations-Piedmont Location	GAIN-SS	GAIN	X	X		X	
CenterPoint Human Services	GAIN-SS	GAIN	X	X	X	X	
CoastalCare	GAIN-SS and MAYSI	CCA-Psychologist Assessment through JCPC	X	X		X	X
East Carolina Behavioral Health	GAIN-SS	CCA (Northeast-GAIN)	X	X			
Eastpointe-Goldsboro Team	GAIN-SS	GAIN	X	X	X	X	
Eastpointe-Lumberton Team	Risk & Needs Assessment	GAIN			All intakes through DJJ		
Eastpointe-Rocky Mount Team	GAIN-SS	GAIN	X	X	X	X	
Partners Behavioral-Crossroads Area	GAIN-SS	CCA	X	X	X		
Sandhills-8 Counties	GAIN-SS	GAIN	Varies by District by all adjudicated				
Sandhills-Guilford	GAIN-SS	CCA			All intakes through DJJ	X	
Western Highlands	GAIN-SS	GAIN	X	X		X	

ALLIANCE BEHAVIORAL-CUMBERLAND TEAM
Key Team Members

Debbie Jenkins
Local MH Administrator

Sharon Glover
System of Care Coordinator

Claretta Johnson
Substance Abuse Liaison

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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	15	8	8	14	10	6	13	19	15	15	16	11	150	---
Assessments	15	11	13	12	16	12	12	15	13	16	10	13	158	105%
Admissions¹	15	10	14	9	15	12	12	13	11	10	10	11	142	95%

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

ALLIANCE BEHAVIORAL DURHAM TEAM

Key Team Members

Kimberly Hayes
Provider Network Development Specialist

Zakilya Taylor Thompson
Court Liaison

Lena Klumper
Director of Quality Management

Tasha Jones
Chief-District 14

Heidi Donhert
Carolina Outreach

Jennifer McRant
Criminal Justice Resource Center

Bobbie Hopf
Youth Villages

Keith Green
Vision Quest Residential – Durham

James Robinson
Easter Seals MST

- Affiliated Counties:*** Durham
- Screening Process:*** DJJ 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 DJJ 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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	17	14	11	18	12	9	22	15	13	17	13	18	179	---
Assessments	16	16	4	19	9	18	17	20	13	12	17	16	177	99%
Admissions²	15	15	4	18	7	16	17	19	12	10	16	13	162	91%

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
Care Coordinator

Lisa Stacy
Family Legacy

Diane Zambrano
Southlight

Donald Pinchback
Chief-District 10

Patricia Corderoso
Haven House

Glenn Harsch
Triumph

Bobbie Hopf
Youth Villages

James Robinson
Easterseals

Sara Leonard
Hope Services

Larry Ellsworth
Wake County Sex Offender Treatment

Affiliated Counties: Wake

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

Assessment Process: JCERT is made up of 1.25 FTE licensed clinicians who complete a single, comprehensive, individualized clinical evaluation process to assess mental health and substance abuse issues, determine eligibility for available funding sources, make recommendations, and link the juvenile court involved youth and their families to appropriate mental health and substance abuse services and supports.

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

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	18	23	13	14	11	12	13	29	22	24	20	22	221	---
Assessments	15	14	15	8	8	6	10	14	10	26	11	13	150	68%
Admissions³	14	12	6	7	5	5	8	6	12	12	23	9	119	54%

³ 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-AC AREA

Key Team Members

Fran Harvey
System of Care Coordinator

Laurie Whitson
Regional System of Care Manager

David Carter
Chief-District 9

Melanie Coble
NC Mentor

Peggy Hamlett
Chief-District 15

Alecia Brower
EasterSeals

Sara Osborne
RHA

Melanie Tudor
Faith in Families

Affiliated Counties: Alamance, Caswell

Screening Process: Court involved youth will receive a GAIN SS. DJJ 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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	2	1	0	1	4	4	5	4	5	1	2	2	31	---
Assessments	3	1	2	1	1	4	3	2	6	1	---	1	25	81%
Admissions⁴	2	1	1	1	1	3	1	2	---	1	---	2	15	48%

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

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS-FIVE COUNTY AREA

Key Team Members

Heart Foxworth
System of Care Coordinator

Marni Cahill (Transitioned June, 2013)
MH/SA Care Coordination Manager

Charles Quint (Transitioned June, 2013)
Network Manager

Stephanie Callahan
Cardinal Innovations

Clarence High
Chief-District 6

David Carter
Chief-District 9

Natasha Holley
Integrated Family Services

Bobbie Hopf
Youth Villages

Heather Brewer
Family Preservation Services

Serafina Dowdy
Easter Seals

Dana Greenway
Triumph

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

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 4 other counties.

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

Five County- Four County 2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	6	0	8	8	4	---	3	3	---	6	5	3	46	---
Assessments	5	2	4	6	2	5	5	1	1	3	2	1	37	80%
Admissions⁵	9	3	2	6	2	5	1	---	1	2	2	0	33	72%

Five County- Halifax 2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	2	3	3	0	1	0	0	5	3	6	2	3	28	---
Assessments	3	2	3	3	1	0	0	5	2	8	1	1	29	104%
Admissions	3	3	3	2	1	0	0	5	3	8	2	3	33	118%

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

Anne Levin
DJJ Liaison until June, 2013

David Carter
Chief-District 9

Peggy Hamlett
Chief-District 15

Beth Barwick
Easter Seals UPC, Inc.

Russel Knop/Tania Peterson
Freedom House

Bobbie Hopf
Youth Villages

Ulaine Washington
Triumph

Diane Norblad
Carolina Outreach

Karen Brooks
Securing Resources for Consumers

Laura Conaty
Center for Behavioral Healthcare

Rick Rawitz
Institute for Family Centered Services

Affiliated Counties: Chatham, Orange, Person

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.

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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	32	25	27	24	30	22	35	21	38	23		24	301	---
Assessments	24	24	25	16	21	21	29	18	28	19		22	247	82%
Admissions⁶	20	18	18	14	17	17	23	16	24	16		19	202	67%

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

Laurie Whitson
System of Care Manager

Deirdre Webb
MHSA Care Coordination Manager

Emily Coltrane
Chief-District 19

Kelly Boling (Interim)
Chief-District 20

Krista Hiatt
Chief-District 22

Mackie Johnson
RHA

Jean Tillman
Daymark Recovery Services

Monarch
Chris Abbey

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

Screening Process: Court involved youth will receive a GAIN SS. Each DJJ 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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	13	43	36	34	55	50	30	35	34	21	42	29	422	---
Assessments	4	20	5	17	18	14	11	8	15	11	9	12	144	34%
Admissions⁷	10	30	13	18	21	14	21	23	9	11	11	16	197	47%

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*
Network Development Specialist

Krista Hiatt
Chief-District 22

Rusty Slate
Chief-District 17

Stan Clarkson
Chief-District 21

Robert Scofield
The Children's Home

Sam Gray
Partnership for a Drug Free America

Affiliated Counties: Davie, Forsyth, Rockingham, Stokes

Other JJ Initiatives Reclaiming Futures

Screening Process: All youth who come into the court office are screened using the GAIN-SS. If a youth scores 5 or higher on the GAIN-SS (or indicates high risk such as endorsing suicidal thoughts), they will be sent to the JJSAMHP funded counselor housed in DJJ 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-2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	5	8	6	11	6	6	8	6	10	30	23	24	143	---
Assessments	6	7	2	5	4	2	15	7	8	43	18	20	137	96%
Admissions ⁸	2	4	1	4	3	2	7	3	3	21	8	10	68	48%

CenterPoint-Rockingham-2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals			12	1	5	1	2	3	5	3	6	1	39	---
Assessments			4	0	3	1	2	3	3	3	4	0	23	59%
Admissions			0	0	2	1	2	2	3	3	3	0	16	41%

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

COASTALCARE
Key Team Members

Amy Horgan
System of Care Coordinator

Karen Reaves
System of Care Coordinator

Tracy Arrington and Russell Turner
Chief/Supervisor-District 4

Mary Mallard
Chief-District 3

Robert Speight
Chief-District 5

Lance Britt (Previously Olaf Thorsen)
Chief-District 13

Jimmy Faulkener
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

Lindsey Currin
AMI Kids

Affiliated Counties Brunswick, Carteret, New Hanover, Onslow, Pender
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 2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	15			16				14	23	14	15	16	113	---
Assessments	13			16				10	7	9	5	14	74	65%
Admissions⁹	12			0				10	23	9	5	12	71	63%

Coastal Care-Southern Area 2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	9	21	14	11	12	11	9	24	32	14	18	13	188	---
Assessments	8	15	11	8	9	8	12	17	21	17	14	10	150	80%
Admissions¹⁰	---	4	4	1	0	2	---	1	7	4	6	1	30	16%

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

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

EAST CAROLINA BEHAVIORAL HEALTH-NORTHEAST AREA

Key Team Members

Sarah Massey
System of Care Coordinator

Tracey Webster
System of Care Coordinator

Hope Eley
System of Care Coordinator

Amy Bryant
System of Care Coordinator

Sherri Ellington
Chief-District 1

Mark Leggett
Chief-District 2

Garrett Taylor
Uplift Foundation/Power of U

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

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	5	7	6	8	8	7	11	9	6	7	7	5	86	---
Assessments	4	5	5	8	8	6	8	6	6	5	5	4	70	81%
Admissions¹¹	3	4	4	5	5	4	5	3	2	3	4	2	44	51%

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

Keith Letchworth
System of Care Coordinator

Amy Bryant
System of Care Coordinator

Mark Leggett/Bill Batchelor
Chief/Supervisor*-District 2

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.

2012-2013 Data

ECBH- Beaufort

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	2	2	2	0	0	0	1	2	---	---	2	0	11	---
Assessments	4	1	2	2	0	0	1	1	2	---	2	0	15	136%
Admissions¹²	0	0	0	0	0	0	0	2	---	---	---	0	2	18%

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 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	7	5	3	4	3	3	2	1	2	1	2	4	37	---
Assessments	3	3	0	5	2	1	1	---	2	1	1	3	22	59%
Admissions ¹³	1	1	0	2	2	0	0	---	2	1	1	3	13	35%

ECBH – Pitt

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	3	0	1	2	1	2	3	3	---	3	3	2	23	---
Assessments	3	0	1	1	1	2	2	---	---	1	2	0	13	57%
Admissions	3	0	1	1	1	2	3	---	---	---	2	0	13	57%

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

EASTPOINTE-GOLDSBORO TEAM

Key Team Members

Suzanne Lewis
Community Relations Specialist

Courtney Boyette
Community Relations Specialist

Jennifer Short
Chief-District 8

Amy Watson
Pride in NC

Don Neal
Waynesboro Family Clinic

Family First Support Center
Ronald Cox

Easterseals

Tom Savidge
PORT Human Services

Affiliated Counties: Lenoir, Wayne

Screening Process: Staff utilize the GAIN Short Screener and youth with a Moderate or High Score are referred to one of three assessment Providers: Waynesboro Family Clinic, 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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	5	3	5	6	17	9	11	8	8	6	4	5	87	---
Assessments	9	3	11	7	7	10	12	17	11	12	12	8	119	136%
Admissions¹⁴	10	4	7	5	3	4	10	11	10	11	4	6	85	98%

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

Tammy Oxendine
Community Relations Specialist

TBD (Previously Lance Britt)
Chief-District 16

Primary Health Choice
Alice Hunt

William Sellers
Community Relations Specialist

Greg Worthington
Supervisor-District 13

Allied Behavioral
Larry Crib/Marie Tutwiler

RHA
Ivan Pride/Martha Locklear

Lance Britt (Previously Olaf Thorson)
Chief-District 13

Advantage Behavioral
Barry Graham

Holistic Services
Carolyn Floyd-Robinson

- 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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	4	15	13	14	9	1	11	12	13	11	8	4	115	---
Assessments	3	10	13	10	1	1	8	8	3	4	---	0	61	53%
Admissions¹⁵	3	10	13	10	1	1	3	8	3	5	---	0	57	50%

¹⁵ Note that these admissions are to JJAMHP 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
System of Care Coordinator

Brooke Futrell
System of Care Coordinator

Mike Walston
Chief-District 7

Terri Proctor
District 7 Supervisor

Serafina Dowdy
Easter Seals UCP NC & VA, Inc.

Amy Watson
Pride in NC

Susan Meador
Pathways to Life

Affiliated Counties: Edgecombe, Greene, Nash, Wilson

Screening Process: Juvenile Court Counselors use the GAIN-SS on any court involved youth (complaint filed, diversion, probation, court supervision, PRS). Any youth who scores in Moderate or High range is referred to the Assessment Provider (A New Horizons, Inc.). DJJ also supplies the juvenile data sheet to the Assessment Provider.

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 LME/MCO staff.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	1	3	13	13	13	9	13	12	22	10	10	13	132	---
Assessments	3	2	8	4	3	8	4	2	12	9	14	10	79	60%
Admissions¹⁶	2	2	6	3	3	8	2	3	9	4	10	8	60	45%

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

PARTNERS-CROSSROADS AREA

Key Team Members

Candice Moore
System of Care Coordinator

Tara Conrad
System of Care Manager

Rusty Slate
District 17

Krista Hiatt
District 22

Bill Davis
District 23

Tonya Oakley
Easter Seals/UCP

Ron Baczurik
Daymark Recovery Services

Celeste Reed
Barium Springs Home for Children

George Edmonds
Youth Villages

Affiliated Counties: Iredell, Surry, Yadkin

Other JJ Initiatives Reclaiming Futures
Juvenile Justice Treatment Continuum

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.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	3	7	5	9	11	11	15	11	19	17	11	4	123	---
Assessments	8	3	5	11	8	16	20	6	14	16	10	8	125	102%
Admissions¹⁷	4	3	2	5	5	10	15	12	10	6	7	3	82	67%

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
Youth Focus

Carri Munns
Specialty Courts Manager

Quentin Leak
Alcohol and Drug Services

David Pate
Therapeutic Alternatives

- Affiliated Counties:** Guilford
- 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:** Youth Focus completes a Comprehensive Clinical Assessment on DJJ referred youth.
- Treatment Process:** Youth Focus will lead the initial Child and Family Team meeting. Based on assessment results and Child and Family Team recommendations, youth are referred for services either to Youth Focus or to another partnering agency in the community.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	13	19	8	30	30	8	8		12	12	9	15	164	---
Assessments	6	12	8	24	24	5	9		5	13	9	6	121	74%
Admissions¹⁸	3	11	7	23	23	5	6		2	11	7	6	104	63%

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

SANDHILLS CENTER-8 COUNTIES

Key Team Members

Lucy Dorsey
System of Care Coordinator

Gene McRae
Customer Services Director

Marsha Woodall
Chief-District 11

Lance Britt
Chief-District 16

Calvin Vaughan
Chief-District 20

Emily Coltrane
Chief-District 19

Jamie Allen/Jerry Earnhart
Daymark Recovery Services

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

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	21	21	13	16	17	37	28	29	22	34	7	12	257	---
Assessments	20	17	13	7	7	20	20	25	15	27	2	3	176	68%
Admissions ¹⁹	21	18	1	9	0	0	2	25	2	2	1	3	84	33%

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

WESTERN HIGHLANDS

Key Team Members

Brenda Chapman
Substance Abuse Provider Specialist

Donald Reuss
Director of Provider Relations

Lisa Garland
Chief-District 24

Rodney Wesson
Chief-District 29

Sylvia Clement
Chief-District 28

Bill Westel/Jon McDuffie
Mentor Network/Families Together

Danielle Arias
RHA/ARP

Youth Villages
George Edmonds

Vern Eleazer
Swain Recovery Center

Affiliated Counties: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey

Screening Process: The initial point of entry is through the completion of a face-to-face screening by DJJ court counselor utilizing the GAIN Short Screen. Individuals who score positive on this instrument or who have other factors indicating possible substance abuse/co-occurring disorders are referred for a comprehensive clinical assessment utilizing the full GAIN. Additionally a urine drug screen will be conducted on all youth who are referred for a mental health assessment to determine need for more in-depth substance abuse assessment.

Assessment Process: A comprehensive clinical assessment utilizing the GAIN full screen is completed by Families Together, the and provides the clinical basis for the development of the Person Centered Plan (PCP), establishes medical necessity for services and recommends a Level of Care using ASAM Patient Placement Criteria (ASAM-PPC) . When indicated,, the service provider makes referrals or provides resources for other family members

Treatment Process: Treatment Services are determined through a comprehensive assessment process and must meet medical necessity as determined by the provider and the LME/MCO. Services may include outpatient individual or group therapy, multi- family therapy, intensive in-home, MST, or residential services, as well as referral for prevention services. Some services, such as intensive in-home, may be limited in some areas due to current availability in all counties (we are in the process of developing service continuum capacity in all counties). A System of Care approach is utilized throughout the treatment process.

2012-2013 Data

	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	Total	% of Ref.
Referrals	13	10	38	17	8	27	20	14	9	14	7	11	188	---
Assessments	13	10	14	17	8	13	20	14	9	14	7	11	150	80%
Admissions²⁰	13	9	11	16	7	13	20	12	8	14	7	10	140	74%

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 2013 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
1	Camden	SHARON ELLINGTON	ECBH
1	Chowan	SHARON ELLINGTON	ECBH
1	Currituck	SHARON ELLINGTON	ECBH
1	Dare	SHARON ELLINGTON	ECBH
1	Gates	SHARON ELLINGTON	ECBH
1	Pasquotank	SHARON ELLINGTON	ECBH
1	Perquimans	SHARON ELLINGTON	ECBH
2	Beaufort	MARK LEGGETT/SUPERVISOR BILL BATCHELOR	ECBH
2	Hyde	MARK LEGGETT	ECBH
2	Martin	MARK LEGGETT	ECBH
2	Tyrrell	MARK LEGGETT	ECBH
2	Washington	MARK LEGGETT	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	Not JJSAMHP
4	Jones	TRACY WILLIAMS ARRINGTON	ECBH
4	Onslow	TRACY WILLIAMS ARRINGTON	CoastalCare
4	Sampson	TRACY WILLIAMS ARRINGTON	Not JJSAMHP
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
7	Wilson	MIKE WALSTON	Eastpointe

Appendix A-Chief Distribution by County AS OF JUNE 2013 and LME/MCO Designation

<i>District</i>	<i>County</i>	<i>Chief Court Counselor</i>	<i>LME/MCO</i>
8	Greene	JENNIFER SHORT/SUPERVISOR JERRY BURNS	Eastpointe
8	Lenoir	JENNIFER SHORT	Eastpointe
8	Wayne	JENNIFER SHORT	Eastpointe
9	Franklin	DAVID CARTER	Cardinal
9	Granville	DAVID CARTER	Cardinal
9	Vance	DAVID CARTER	Cardinal
9	Warren	DAVID CARTER	Cardinal
9	Caswell	DAVID CARTER	Cardinal
9	Person	DAVID CARTER	Cardinal
10	Wake	DONALD PINCHBACK	Alliance
11	Harnett	MARSHA WOODALL	Sandhills
11	Johnston	MARSHA WOODALL	Not JJSAMHP
11	Lee	MARSHA WOODALL	Sandhills
12	Cumberland	MIKE STRICKLAND	Alliance
13	Bladen	OLAF THORSEN-UNTIL JUNE 2013/SUPERVISOR GREG WORTHINGTON	Eastpointe
13	Brunswick	OLAF THORSEN	CoastalCare
13	Columbus	OLAF THORSEN	Eastpointe
14	Durham	TASHA JONES	Alliance
15	Alamance	PEGGY HAMLETT/SUPERVISOR STEVE FISHEL	Cardinal
15	Chatham	PEGGY HAMLETT	Cardinal
15	Orange	PEGGY HAMLETT	Cardinal
16	Hoke	LANCE BRITT-UNTIL JUNE 2013	Sandhills
16	Scotland	LANCE BRITT	Eastpointe
16	Robeson	LANCE BRITT	Eastpointe
17	Rockingham	RUSTY SLATE	CenterPoint
17	Stokes	RUSTY SLATE	CenterPoint
17	Surry	RUSTY SLATE	Partners
18	Guilford	CARMEN GRAVES	Sandhills
19	Cabarrus	EMILY COLTRANE/SUPERVISOR RANDY JONES	Cardinal

Appendix A-Chief Distribution by County AS OF JUNE 2013 and LME/MCO Designation

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

Appendix A-Chief Distribution by County AS OF JUNE 2013 and LME/MCO Designation

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

APPENDIX B-FALL REGIONAL REPORT



JJSAMHP Fall 2012 Regional Meetings

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

Summary of Document Contents

Enclosed is the Overall Summary for the Regional Team Meetings in October/November, 2012. The report is outlined in four different areas:

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

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

<i>Area</i>	<i>Counties</i>	<i>Date</i>	<i>City</i>	<i>Location</i>
Western/Piedmont (DJJ 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	Oct. 29 th	Statesville	Ramada Inn Statesville
Central (DJJ Area)	Alamance, Bladen, Brunswick, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Lee, Orange, Person, Robeson, Scotland, Vance, Wake, Warren,	Nov. 5 th	Durham	Millennium Hotel Durham
Eastern (DJJ Area)	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, New Hanover, Northhampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrell, Washington, Wayne, Wilson	Nov. 15 th	Greenville	Greenville Hilton

II. Meeting Participants:

Overall, there were **126 Local** Participants who attended the Regional Meetings across the state (there were 97 in the spring). There were 13 State/Regional/Contractor Participants who attended the Regional Meetings (some attended more than one meeting so they are only counted one time). The breakdown of the types of personnel that attended each meeting is indicated below and a listing of each person who attended each meeting is available upon request:

Participants in Regional Meetings			
	Western/Piedmont	Eastern	Central
LME Representatives	6	10	13
DJJ Local Court Counseling Representatives	14	15	16
Provider Representatives	11	12	26
Other Representatives	2	1	0
Total Local Participants	33	38	55
Total State/Regional	8	10	7
Total Participants	41	48	62

III. Meeting Agenda

The overall agenda for each meeting varied and was changed after the first meeting in the Central Area and all three are located below.

Western/Piedmont Region-October 29th

9:00-9:30	Registration
9:30-9:40	Welcome & Introductions ➤ Tom Kilby and Chuck Mallonee
9:40-10:10	A Mother's Story
10:10-10:40	Team Breakouts
10:40-10:55	Break
10:55-11:30	Program Resources for JJ Youth-Billy Lassiter
11:30-12:15	Data Resources-Using GAIN to full capacity-Anthony Dotson Data Resources-Local Database used with reclaiming Futures-Jessica Jones Data Resources-JJBH Data Committee and NC-TOPPS data local team access
12:15-1:15	Lunch
1:15-1:30	Resources for JJSAMHP Youth <ul style="list-style-type: none">• EPSDT-Frederick Douglas• Sexually Aggressive Youth
1:30-1:45	Western Highlands
1:45-2:00	Guilford
2:00-2:15	CenterPoint
2:15-2:30	Pathways-Crossroads Area
2:30-2:45	Cardinal Innovations-Piedmont COC
2:45-3:30	Local Team Breakouts and Evaluations

Central Area-November 5th

9:00-9:30	Registration
9:30-9:40	Welcome & Introductions-Maxine Evans Armwood
9:40-10:10	A Mother's Story
10:10-10:45	Team Breakouts
10:45-11:00	Break
11:00-11:35	Program Resources for JJ Youth-Billy Lassiter
11:35-12:05	Data Resources-Using GAIN to full capacity-Anthony Dotson Data Resources-Local Database used with reclaiming Futures-Jessica Jones Data Resources-JJBH Data Committee and NC-TOPPS data local team access
12:05-1:05	Lunch
1:05-1:20	Resources for JJSAMHP Youth <ul style="list-style-type: none">• EPSDT-Frederick Douglas• Sexually Aggressive Youth
1:20-1:30	Alliance-Wake
1:20-1:30	Alliance-Durham
1:40-1:50	Cardinal-OPC COC
1:50-2:00	Cardinal -AC COC
2:00-2:10	Sandhills
2:10-2:20	Eastpointe-Lumberton
2:20-2:30	Cardinal-Five County COC
2:30-2:40	Cumberland County
2:40-3:30	Local Team Breakouts and Evaluation

Eastern Area- November 15th

9:00-9:30	Registration
9:30-9:40	Welcome & Introductions

	➤ Joe Testino
9:40-10:10	A Mother's Story
10:10-10:45	Team Breakouts
10:45-11:00	Break
11:00-11:40	Resources for JJ Youth- Alternative Programming-Billy Lassiter
11:40-12:15	Data Resources-Using GAIN to full capacity-Anthony Dotson
	Data Resources-Local Database used with reclaiming Futures-Jessica Jones
	Data Resources-JJBH Data Committee and NC-TOPPS data local team access
12:15-1:15	Lunch
1:15-1:45	Resources for JJSAMHP Youth <ul style="list-style-type: none"> • EPSDT-Frederick Douglas • Sexually Aggressive Youth
1:45-1:55	ECBH Northeast
1:55-2:05	ECBH South
2:05-2:15	CoastalCare-both teams
2:15-2:25	Eastpointe-Goldsboro team
2:25-2:35	Eastpointe-Rocky Mount team
2:35-3:30	Local Team Breakouts and Evaluations

IV. Individual Evaluations of the Meeting

Overall, 85 local participants completed meeting evaluation forms. This is 67% of the total local meeting participants. The participants were asked questions about meeting location, registration, helpfulness of meeting, meeting pace and organization and qualitative questions about what they liked most or would improve about the meeting. The following table includes the overall evaluations across the three sites for the key questions that were asked of meeting participants. The ratings were as follows: **Strongly Agree=4, Agree=3, Disagree= 2 and Strongly Disagree=1**. Overall, the highest rated response was for ease of registration and the lowest rated response was the meeting was helpful. The individual responses from each participant are in a separate document.

<i>Fall Regional Meeting-Individual Responses</i>							
<i>Questions asked of Participants</i>	<i>It was easy to register for this meeting</i>	<i>The location was appropriate for this meeting.</i>	<i>The information shared during the meeting was helpful.</i>	<i>The pace of the meeting was appropriate-not too fast or too slow</i>	<i>The meeting was well organized/</i>	<i>The meeting will be helpful to our local team planning process</i>	<i>Overall Averages</i>
Averages for Western/Piedmont	3.72	3.44	3.22	3.22	3.33	3.20	3.36
Averages for Central	3.90	3.75	3.35	3.35	3.55	3.58	3.62
Averages for Eastern	3.91	3.91	3.45	3.55	3.64	3.50	3.61
Overall Averages for All Meetings	3.85	3.64	3.41	3.42	3.53	3.57	3.56

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

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

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

A. My Favorite part of the meeting was..... (listed in order of most endorsed by 3 or more participants)

- a. A Mother's Story (Sadric Bonner)
- b. Community Programs presentation (DJJ Lassiter)
- c. Variety of information/Entire meeting/Information in general
- d. Hearing from local teams
- e. GAIN information
- f. Sexual offending/Sexual reactive information
- g. Lunch

B. The meeting could be better by doing the following (listed in order of most endorsed by 3 or more participants)

- a. Reducing amount of information/changing pace (A lot of information/Meeting too rushed/Too much information)
- b. More active involvement/need more training (all topics need more direct training such as Global Appraisal of Individual Needs (GAIN), sexual aggression, EPSDT)
- c. Nothing/good meeting

C. We need more support and training (all responses listed in this category)

- a. Data reporting/streamlining data/tracking/monitoring/needs assessments/gaps
- b. Role of LME/MCO liaisons or other key roles within local teams
- c. Resources/lists for level 2's and Level 3's
- d. Some confusion on overall team functioning with MCO changes/funding issues
- e. Global Appraisal of Individual Needs
- f. Sex Offenders/Sexually Reactive youth resources
- g. Resources on EPSDT that is applicable to MCO status
- h. How other teams are doing
- i. Coordination
- j. Basic training for those new to JJSAMHP

APPENDIX C-SPRING REGIONAL REPORT

The page features a decorative graphic consisting of three overlapping circles in shades of blue, arranged in a diagonal line from the top right towards the bottom right. Two thin, light blue lines intersect at the top left and extend diagonally across the page, framing the circles.

JJSAMHP Spring 2013 Regional Meetings

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

Summary of Document Contents

Enclosed is the Overall Summary for the Regional Team Meetings in April/May, 2013. The report is outlined in four different areas:

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

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

<i>Area</i>	<i>Counties</i>	<i>Date</i>	<i>City</i>	<i>Location</i>
Western/Piedmont (DJJ 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	Apr. 29 th	Hickory	Crowne Plaza Hickory
Eastern (DJJ Area)	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, New Hanover, Northhampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrell, Washington, Wayne, Wilson	Apr.30 th	Greenville	Greenville City Hotel and Bistro
Central (DJJ Area)	Alamance, Bladen, Brunswick, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Lee, Orange, Person, Robeson, Scotland, Vance, Wake, Warren,	May .1st	Fayetteville	Holiday Inn I-95

II. Meeting Participants:

Overall, there were **95 Local** Participants who attended the Regional Meetings across the state (there were 104 in the fall). There were 15 State/Regional/Contractor Participants who attended the Regional Meetings (some attended more than one meeting so they are only counted one time). The breakdown of the types of personnel that attended each meeting is indicated below and a listing of each person who attended each meeting is available upon request:

	Participants in Regional Meetings		
	Western/Piedmont	-Eastern	Central
LME Representatives	10	7	12
DJJ Local Court Counseling Representatives	9	15	10
Provider Representatives	14	5	13
Other Representatives	0	0	0
Total Local Participants	33	27	35
Total State/Regional	9	8	12
Total Participants	42	35	47

III. Meeting Agenda

The overall agenda for each meeting varied and was changed after the first meeting in the Western/Piedmont area. All three meeting agendas are located below.

Western/Piedmont Region-April 29th

- 9:00-9:30 Registration
- 9:30-9:40 Welcome & Introductions-Area Administrator Tom Kilby
- 9:40-11:40 An Interactive Workshop on Working with Youth and Families Impacted by Fetal Alcohol Spectrum Disorder
 - Amy Hendricks-Director of the NC Fetal Alcohol Prevention Program
- 11:40-12:15 A Video on Engaging Youth and Families into Treatment
 - Y.E.R.T. (Youth Engagement Response Team)
- 12:15-1:15 Lunch
- 1:15-1:45 State Level Updates-Expectations for JJSAMHP for Upcoming Fiscal Year
- 1:45-2:30 Team Fitness Activity
 - NC Reclaiming Futures Coaches-Mina Cook and/or Dannette McCain
- 2:30-3:15 Local Team Break Outs and Reporting on “What are Two Key Next Steps to Improve Our Local System of Care for JJ Youth and Their Families”
- 3:15-3:30 Evaluation

Eastern Area- April 30th

- 9:00-9:30 Registration
- 9:30-9:40 Welcome & Introductions-Area Administrator Joe Testino
- 9:40-10:40 An Interactive Workshop on Working with Youth and Families Impacted by Fetal Alcohol Spectrum Disorder
- 10:40-10:50 Break
- 10:50-11:50 An Interactive Workshop on Working with Youth and Families Impacted by Fetal Alcohol Spectrum Disorder Part II
- 11:50-12:50 Lunch
- 12:50-1:30 A Video on Engaging Youth and Families into Treatment
 - Y.E.R.T. (Youth Engagement Response Team)
- 1:30-1:50 State Level Updates-Expectations for JJSAMHP for Upcoming Fiscal Year
- 1:50-2:30 Team Fitness Activity
 - NC Reclaiming Futures Coaches-Mina Cook and/or Dannette McCain
- 2:30-3:15 Local Team Discussions on “What are Two Key Steps to Improve Our Local System of Care for JJ Youth and Their Families”
- 3:15-3:30 Evaluation

Central Area-May 1st

- 9:00-9:30 Registration
- 9:30-9:40 Welcome & Introductions-Area Administrator Maxine Evans-Armwood
- 9:40-10:40 An Interactive Workshop on Working with Youth and Families Impacted by Fetal Alcohol Spectrum Disorder
- 10:40-10:50 Break
- 10:50-11:50 An Interactive Workshop on Working with Youth and Families Impacted by Fetal Alcohol Spectrum Disorder Part II
- 11:50-12:50 Lunch
- 12:50-1:30 A Video on Engaging Youth and Families into Treatment
 - Y.E.R.T. (Youth Engagement Response Team)
- 1:30-1:50 State Level Updates-Expectations for JJSAMHP for Upcoming Fiscal Year
- 1:50-2:30 Team Fitness Activity
 - NC Reclaiming Futures Coaches-Mina Cook and/or Dannette McCain
- 2:30-3:15 Local Team Discussions on “What are Two Key Steps to Improve Our Local System of Care for JJ Youth and Their Families”
- 3:15-3:30 Evaluation

IV. Individual Evaluations of the Meeting

Overall, **78** local participants completed meeting evaluation forms. This is **82%** of the total local meeting participants. The participants were asked questions about meeting location, registration, helpfulness of meeting, meeting pace and organization and qualitative questions about what they liked most or would improve about the meeting. The following table includes the overall evaluations across the three sites for the key questions that were asked of meeting participants. The ratings were as follows: **Strongly Agree=4, Agree=3, Disagree= 2 and Strongly Disagree=1**. Overall, the highest rated response was for ease of registration and the lowest rated response was the pace of the meeting was appropriate. The individual responses from each participant are in a separate document.

<i>Fall Regional Meeting-Individual Responses</i>							
<i>Questions asked of Participants</i>	<i>It was easy to register for this meeting</i>	<i>The location was appropriate for this meeting.</i>	<i>The information shared during the meeting was helpful.</i>	<i>The pace of the meeting was appropriate-not too fast or too slow</i>	<i>The meeting was well organized/</i>	<i>The meeting will be helpful to our local team planning process</i>	<i>Overall Averages</i>
Averages for Western/Piedmont	3.92	3.50	3.69	3.42	3.6	3.44	3.57
Averages for Eastern	3.87	3.87	3.59	3.39	3.57	3.52	3.64
Averages for Central	3.79	3.41	3.79	3.66	3.72	3.66	3.67
Overall Averages for All Meetings	3.86	3.58	3.70	3.50	3.59	3.54	3.62

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

1. My favorite part of the meeting was _____
2. The meeting could be better by doing the following _____

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

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

- a. FASD Presentation
- b. Team Activity
- c. Y.E.R.T Presentation
- d. Entire meeting

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

- a. Nothing/ N/A
- b. More time to process with team/collaboration with other teams
- c. Enjoyed/ Great meeting
- d. More time for local breakout/providers/presentation
- e. Timing

APPENDIX D-Monthly Report

JJSAMHP Monthly Data Survey

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

- Alliance Behavioral Healthcare-Cumberland
- Alliance Behavioral Healthcare-Durham
- Alliance Behavioral Healthcare-Wake
- CenterPoint-Forsyth/Stokes/Davie
- CenterPoint-Rockingham
- Eastpointe-Goldsboro Site
- Eastpointe-Rocky Mount Site
- Eastpointe-Lumberton Site
- 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
- Western Highlands Network

2. As data reporter, what is your name?

3. What is your agency name?

4. What is your title?

- ___ July 2012
- ___ August 2012
- ___ September 2012
- ___ October 2012
- ___ November 2012
- ___ December 2012
- ___ January 2013
- ___ February 2013
- ___ March 2013
- ___ April 2013
- ___ May 2013
- ___ June 2013

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 DJJ
- ___ Number of assessments completed during the month
- ___ Number of admissions to JJSAMHP providers during the month

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

- ___ # of Consultation youth referred by DJJ during the month
- ___ # of Diversion with Contract youth referred by DJJ during the month
- ___ # of Diversion without Contract youth referred by DJJ during the month
- ___ # of Pre-Adjudication youth referred by DJJ during the month
- ___ # of Adjudicated Delinquent youth referred by DJJ during the month
- ___ # of Adjudicated Undisciplined youth referred by DJJ during the month
- ___ # of Commitment status youth referred by DJJ during the month

____ # of Post-Release Supervision youth referred by DJJ during the month

____ # of youth with closed cases referred by DJJ during the month

____ # of Intake youth referred by DJJ during the month

____ # of other youth referred by DJJ during the month

DETENTION ONLY

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

_____ Total number of youth admitted to Detention Center

_____ Total number of referrals to DC SAS clinician

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

_____ Total number of GAIN SS screenings (SS or Q)

_____ Total number of GAIN assessments (Core or Full Initial)

_____ Total number of youth participating in Brief Challenges

_____ Total number of youth participating in 7C sessions

_____ Total number of youth with primary SA diagnosis at discharge

_____ Total number of youth with primary MH diagnosis at discharge

_____ Total number of youth with no diagnosis at discharge

_____ Total number of youth at ASAM level III or higher

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

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

Name of Activity _____

Total number of youth involved in activity _____

MULTIPURPOSE GROUP HOME ONLY

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

____ # of referrals for the month

____ # of screenings for the month

____ # of SA assessments for the month

____ # youth in individual SA treatment for the month

____ # of youth with SA contact discharged during the month

____ # of groups conducted for the month

____ # in-service trainings for Multipurpose Group Home Center staff

____ # of case supports (include follow-up referrals, arranging for SA and continuity and follow through after release from Multipurpose Group Home)

2. Other Multipurpose Group Home 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-topp>)

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

- Never
 A few times
 More than a few times

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

(enter zero, if none)

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

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

15. Was this living arrangement in your home community?

- Yes No

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

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

17. Females only: Are you currently pregnant?

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

b. How many weeks have you been pregnant?

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

d. Are you receiving prenatal care? Yes No

18. For Female Adolescent SA individual:

Do you have children?

Yes No → (skip to 19)

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

All → (skip to e) Some None

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

All Some None

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

All Some None

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

All Some None NA (no children in legal custody)

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

All Some None NA

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

Yes No → (skip to 19)

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

Yes No NA

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

Yes No

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

a. extracurricular activities?

Never A few times More than a few times

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

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

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

Did not attend in past month

1-3 times (less than once per week)

4-7 times (about once per week)

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

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

some attendance, but frequency unknown

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Initial Interview

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

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

Yes No

21. For Adolescent MH only individual:

Have you ever used illicit drugs or other substances?

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

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

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

Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

23. For Adolescent SA individual:

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

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

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

- Never
 A few times
 More than a few times
 Deferred

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

- Never
 A few times
 More than a few times
 Deferred

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

- Never
 A few times
 More than a few times

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

- Yes No

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

- Never
 A few times
 More than a few times

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

a. in the past month

b. in the past year

c. in your lifetime

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17)

Initial Interview

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

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

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

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

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

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

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

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

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

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

None

1 or 2

3 or more

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

Not supportive

Somewhat supportive

Very supportive

No family/friends

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

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

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

Yes, I received a list or options

No, I came here on my own

No, nobody gave me a list or options

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

Yes No

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

No difficulties prevented you from entering treatment

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

Active substance abuse symptoms (addiction, relapse)

Physical health problems (severe illness, hospitalization)

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

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

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

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

Stigma/Embarrassment

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

Deaf/Hard of hearing

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

Legal reason (incarceration, arrest)

Transportation/Distance to provider

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

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

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

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

Extremely Severe Mild

Severe Not present

Moderate

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

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

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

End of interview

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

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.

Attachment I: NC-TOPPS Services

Periodic Services (SA consumers)

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

Enhanced Services

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

Day/Basic Benefit Services

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

Opioid Services

- Opioid Treatment - H0020

Residential Services

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

Therapeutic Foster Care Services

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

Other Services

Service Code: _____ Service Description: _____

Attachment II: DSM-IV TR Diagnostic Classifications

Childhood Disorders

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

Substance-Related Disorders

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

Schizophrenia and Other Psychotic Disorders

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

Mood Disorders

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

Anxiety Disorders

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

Adjustment Disorders

- Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

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

Delerium, Dementia, & Other Cognitive Disorders

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

Disorders Due to Medical Condition and Medications

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

Somatoform, Eating, Sleeping & Factitious Disorders

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

Dissociative Disorders

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

Other Disorders

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

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

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

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

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

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

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

12. For K-12 only:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (enter zero, if none)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

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

20. Currently, where do you live?

Homeless → (skip to b)

Temporary housing → (skip to 21)

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

Residential program → (skip to c)

Facility/institution → (skip to 21)

Other → (skip to 21)

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

Sheltered (homeless shelter or domestic violence shelter)

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

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

Therapeutic foster home

Level III group home

Level IV group home

State-operated residential treatment center

Substance abuse residential treatment facility

Halfway house (for Adolescent SA individual)

Other

21. Was this living arrangement in your home community?

Yes No

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

Yes No

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

Yes No

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

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

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

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

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

Increased Decreased Stayed the same

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

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

Yes No

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

Yes No → (skip to 29)

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

Gained legal custody of child(ren)

Lost legal custody of child(ren)

Begun seeking legal custody of child(ren)

Stopped seeking legal custody of child(ren)

Continued seeking legal custody of child(ren)

New baby born - removed from legal custody

None of the above

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

All Some None NA (no children in legal custody)

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

All Some None

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

Yes No → (skip to f)

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

Yes No NA

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

All Some None NA (no children in legal custody)

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

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

Yes - Complete items 30-43

No - Stop here

30. Females only: Are you currently pregnant?

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

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care?

Yes No

d. Are you receiving prenatal care?

Yes No

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Episode Completion Interview

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

Yes No → (skip to 32)

b. For Adolescent SA individual:
How long ago did you give birth?

- Less than 3 months ago
 3 to 6 months ago
 7 to 12 months ago

c. Did you receive prenatal care during pregnancy?

Yes No

d. For Adolescent SA individual:

What was the # of weeks gestation?

--	--

e. For Adolescent SA individual:

What was the birth weight?

pounds		ounces	

f. How would you describe the baby's current health?

- Good
 Fair
 Poor
 Baby is deceased → (skip to 32)
 Baby is not in birth mother's custody → (skip to 32)

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

Yes No

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

Yes No

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

None 1 or 2 3 or more

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

- Not supportive
 Somewhat supportive
 Very supportive
 No family/friends

35. For Adolescent SA individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

Yes No Deferred

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

Never A few times More than a few times Deferred

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

Never A few times More than a few times Deferred

38. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

Never A few times More than a few times

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

Never A few times More than a few times

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

Yes No

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

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

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

a. had **telephone** contacts to an emergency crisis facility?

Yes No

b. had **visits** to a hospital emergency room?

Yes No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)

Yes No

d. spent **nights** homeless? (sheltered or unsheltered)

Yes No

e. spent **nights** in detention, jail, or prison? (adult or juvenile system)

Yes No

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

a. improving the quality of your life?

Not helpful Somewhat helpful Very helpful NA

b. decreasing your symptoms?

Not helpful Somewhat helpful Very helpful NA

c. increasing your hope about the future?

Not helpful Somewhat helpful Very helpful NA

d. increasing your control over your life?

Not helpful Somewhat helpful Very helpful NA

e. improving your educational status?

Not helpful Somewhat helpful Very helpful NA

For Data Entry User (DEU) only:

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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:
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Attachment I: NC-TOPPS Services

Periodic Services (SA consumers)

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- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Enhanced Services

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

Day/Basic Benefit Services

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

Opioid Services

- Opioid Treatment - H0020

Residential Services

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

Therapeutic Foster Care Services

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

Other Services

Service Code: _____ Service Description: _____

Attachment II: DSM-IV TR Diagnostic Classifications

Childhood Disorders

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

Substance-Related Disorders

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

Schizophrenia and Other Psychotic Disorders

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

Mood Disorders

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

Anxiety Disorders

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

Adjustment Disorders

- Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

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

Delerium, Dementia, & Other Cognitive Disorders

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

Disorders Due to Medical Condition and Medications

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

Somatoform, Eating, Sleeping & Factitious Disorders

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

Dissociative Disorders

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

Other Disorders

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

APPENDIX F Data Request Questions Provided to JJSAMHP Teams

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

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

- Alliance-Cumberland
- Alliance Behavioral Healthcare-Durham
- Alliance Behavioral Healthcare-Wake
- CenterPoint-Forsyth/Stokes/Davie
- CenterPoint-Rockingham
- Eastpointe-Goldsboro Site
- Eastpointe-Rocky Mount Site
- Eastpointe-Lumberton Site
- ECBH-Beaufort
- ECBH-Craven-Pamlico
- ECBH-Northampton/Hertford/Bertie
- ECBH-Northeast Area
- ECBH-Pitt
- Partners Behavioral Health-Crossroads Area
- Partners Behavioral Health-Pathways Area
- Cardinal Innovations Healthcare-A/C Area
- Cardinal Innovations Healthcare-Henderson Area
- Cardinal Innovations Healthcare-Halifax Area
- Cardinal Innovations Healthcare-OPC Area
- Cardinal Innovations Healthcare-Cabarrus Area
- 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)
- Most Recent data from July 2012 until last data received by UNCG (3)
- Multiple years or another time period-we will describe below in our question(s) section (4)

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

Summary of Youth Treatment Variables by Substance Abuse, Mental Health, and Both Substance Abuse and Mental Health Classification Status

This data analysis report presents a summary of selected variables on Juvenile Justice youth (12 – 17) from the 2010-2011 and 2011-2012 NC-TOPPS data sets by substance abuse (SA), mental health (MH), or a substance abuse and mental health (SA-MH) diagnosis classification.*

Treatment outcome group dispositions: Completed Treatment and Did Not Complete Treatment (Non-Completers, Removed from Treatment, Did Not Receive Treatment) were similar for MH youth and SA-MH youth. SA youth tended to have lower rates of treatment completions and higher rates of non-treatment completions.

The following is a summary of patterns of responses to selected treatment variables by their substance abuse/mental health diagnosis classification group. For presentation purposes tables and companion charts are included.

**This sample represents only those youth with an initial and completion assessment form.*

Attendance of Scheduled Treatment Services

- A little over half of each the three groups attended treatment services all or most of the time.
- Almost a fourth of the SA and SA-MH youth reported only rarely or never attending treatment services.

Family and Friends Support of Treatment Efforts

- All three groups reported moderate (somewhat supportive) to high (very supportive) levels of family and friends support at their initial and discharge assessments.
- By discharge, over 70% of the SA youth reported very supportive family and friends in their treatment efforts, compared with just a little over 60% of SA-MH and MH youth.

Number of Active Adults Who Serve as Positive Role Models

- All three groups reported an increase in the numbers of positive adult role models (having 3 or more) from their initial assessment at the time they were discharged.
- By discharge, nearly half of the SA youth reported 3 or more role models, compared with only about 40% of the SA-MH youth. The SA-MH groups also reported the highest percentage of youth with no active positive adult role models.

Rating of Relationships with Family and Significant Others in Past 3 Months

- At the initial assessment, over half of the SA youth reported excellent to good relationships with family and friends, compared with just a little over a fourth of the SA-MH and MH youth.

- By discharge, almost two-thirds of the SA youth reported excellent to good relationships with family and friends, compared to a little over a half of the SA-MH and MH youth.

Mental Health Symptoms in Past 3 Months

- At the initial assessment, almost two-thirds of the SA-MH and MH youth reported moderate to severe mental health symptoms; by discharge less than half of the youth in these two groups reported moderate to severe mental health symptoms.
- By discharge, less than 5% of all three groups reported extremely severe mental health symptoms.

Program Services Help Decrease Symptoms

- A larger majority of the youth in all three groups reported that program services were either “very helpful” or “somewhat helpful” in decreasing their symptoms.
- By discharge, less than 10% of all three groups reported that program services were “not helpful” in decreasing their symptoms.

How Often Problems Interfered with Daily Activities in Past 3 Months

- At initial assessment, more than half of the youth in the SA-MH and MH groups reported problems interfering with their daily activities; by discharge, almost two-thirds of the youth in these groups reported that problems only interfered with their daily activities only a few times to never.
- At initial assessment, almost 80% of the SA youth reported that their problems interfered with their daily activities “a few times” to “more than a few times”, compared with only about two-thirds of the sample by discharge.

Rating of Emotional Well-Being in Past 3 Months

- At the initial assessment, less than half of the SA-MH and MH youth reported excellent to good ratings of their emotional well-being, compared with over 60% of the sample groups by discharge.
- By discharge, a little over half of the youth in all three groups reported excellent to good ratings of their emotional well-being.

Program Services Help Improve Quality of Life

- A large majority of the youth in all three groups reported that program services were either “very helpful” or “somewhat helpful” in improving their quality of life.
- At discharge, less than 10% of all three groups reported that program services were “not helpful” in improving their quality of life.

Rating of Physical Health Status in Past 3 Months

- The majority of the youth in all three groups reported excellent to good ratings of their physical health at their initial assessments.

- By discharge, in comparison to their initial assessments, a higher percentage of youth in all three groups reported excellent to good ratings of their physical health.

Based on the youth's diagnosis of Substance Abuse, Mental Health, and Both Substance Abuse and Mental Health, treatment services have an effect on the youth outcomes. The results show there were differences in support factors and youth characteristics by primary treatment need: Substance abuse, Substance abuse/Mental Health, or Mental Health issues.