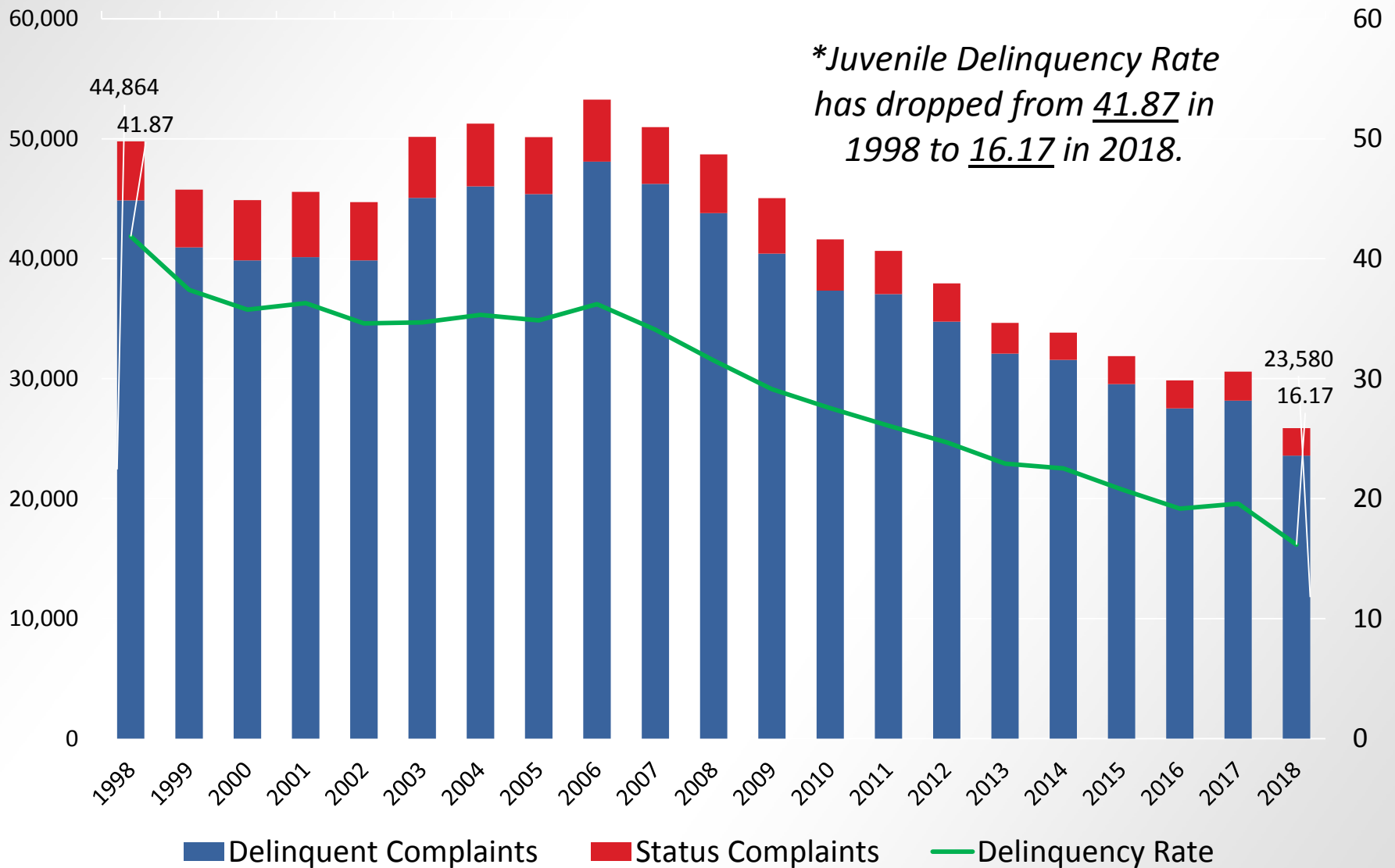


Planning for

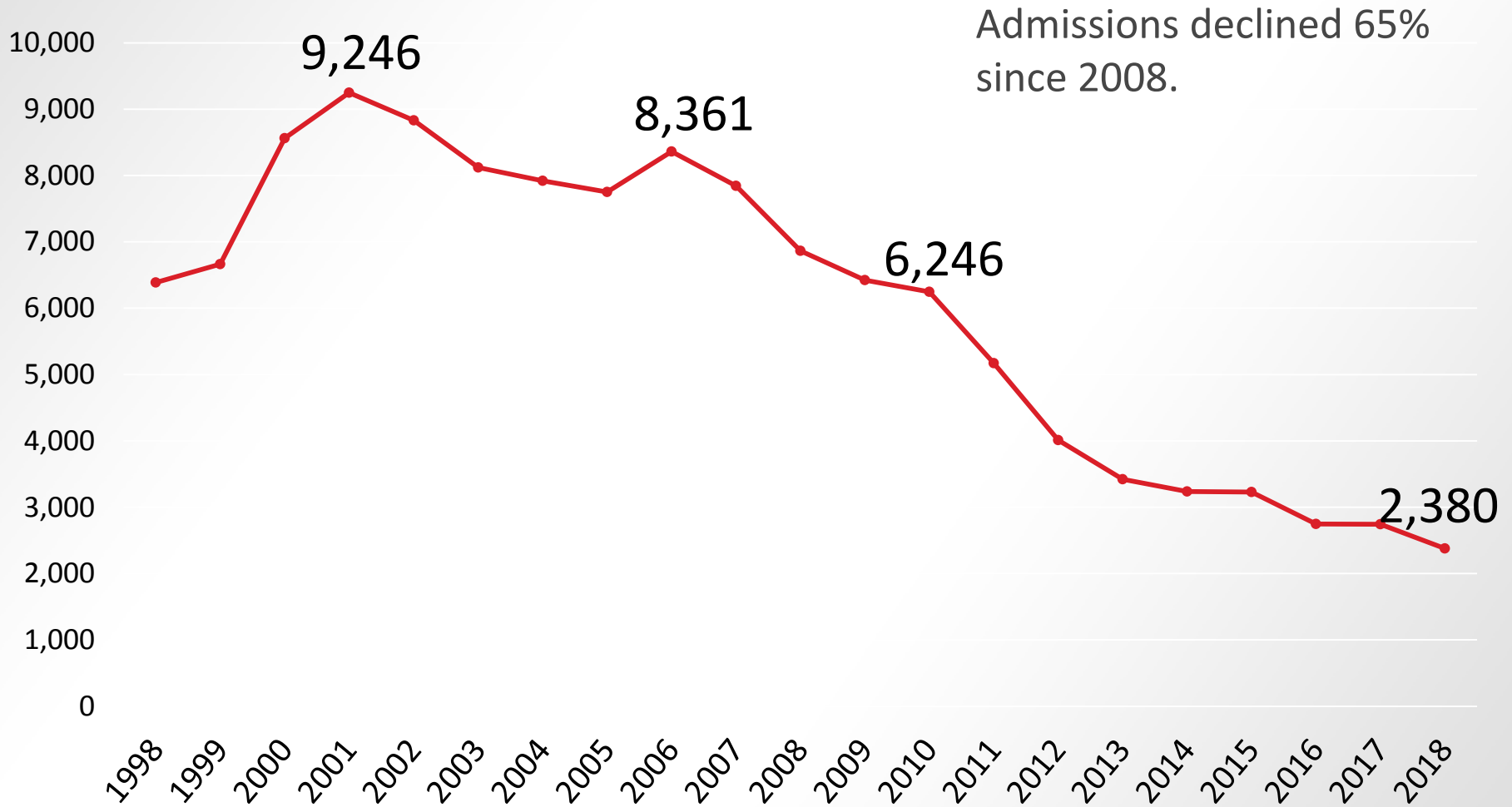


Gary Skinner, MSW, LCSW
Director of Social Work
NC Dept. of Public Safety
Division of Adult Corrections & Juvenile Justice
- Juvenile Justice Section

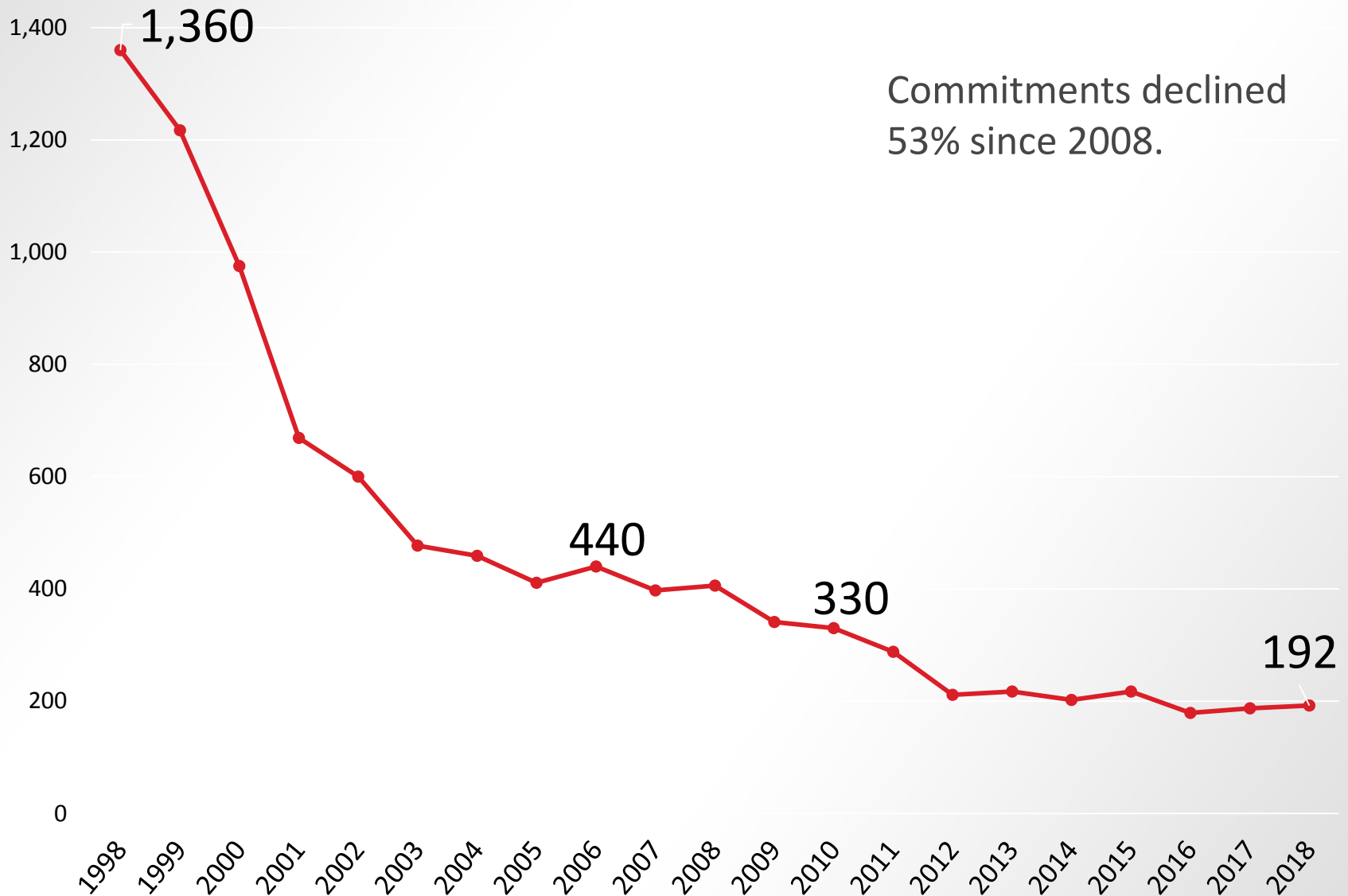
History of Juvenile Complaints in NC (1998-2018)



Trends in Juvenile Detention Center Admissions (1998-2018)



Trends in Youth Development Center Commitments (1998-2018)



Raising the Age of Juvenile Jurisdiction

➤ Why now?

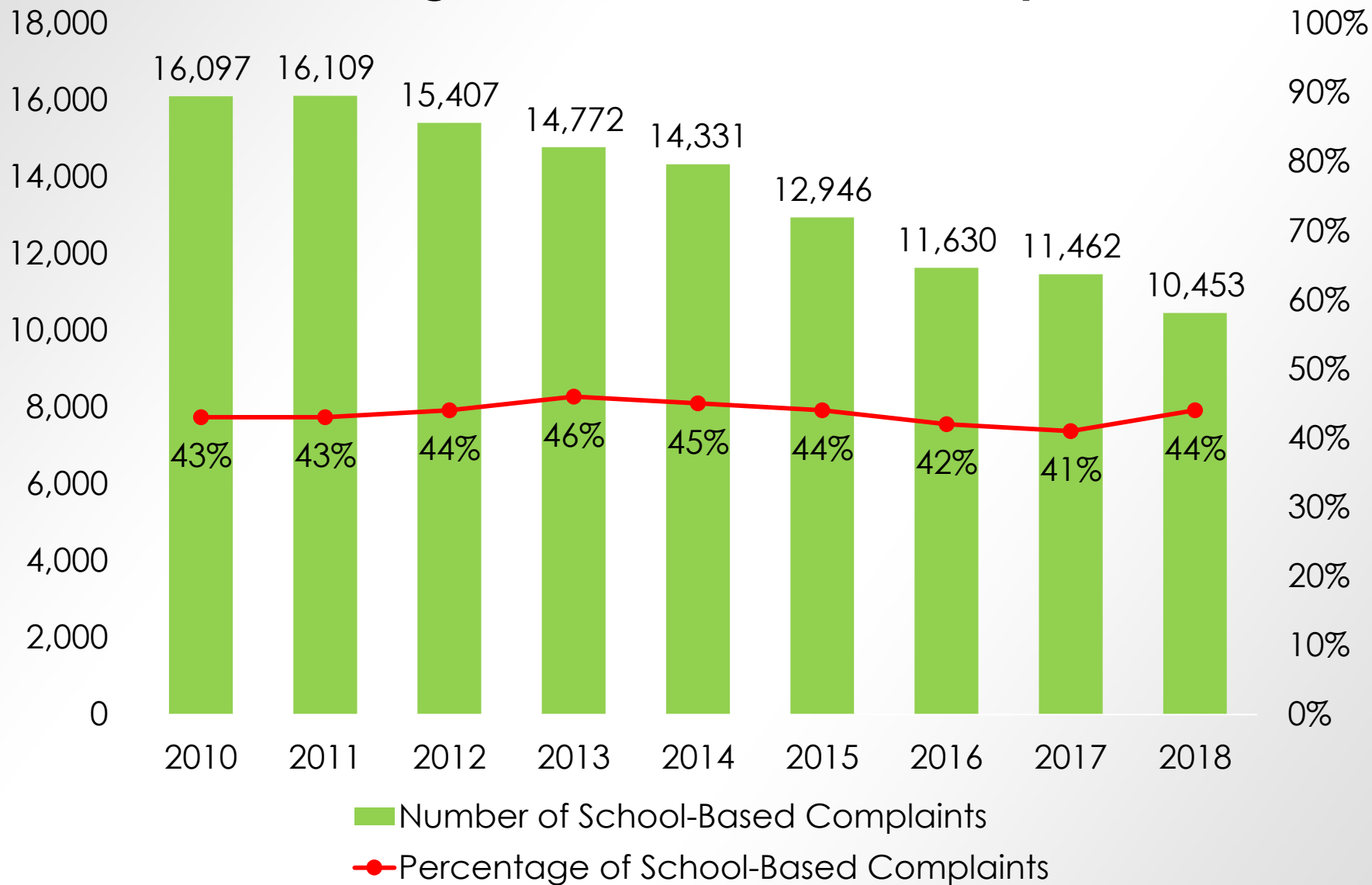
- ▶ Make NC safer
- ▶ Supported by science
- ▶ Juvenile employability
- ▶ Professionals in juvenile treatment & intervention
 - Reduce recidivism
 - Parental inclusion in process, strengthening families
- ▶ Other states' positive experiences
- ▶ Economic savings
- ▶ Consistent with recent legal decisions

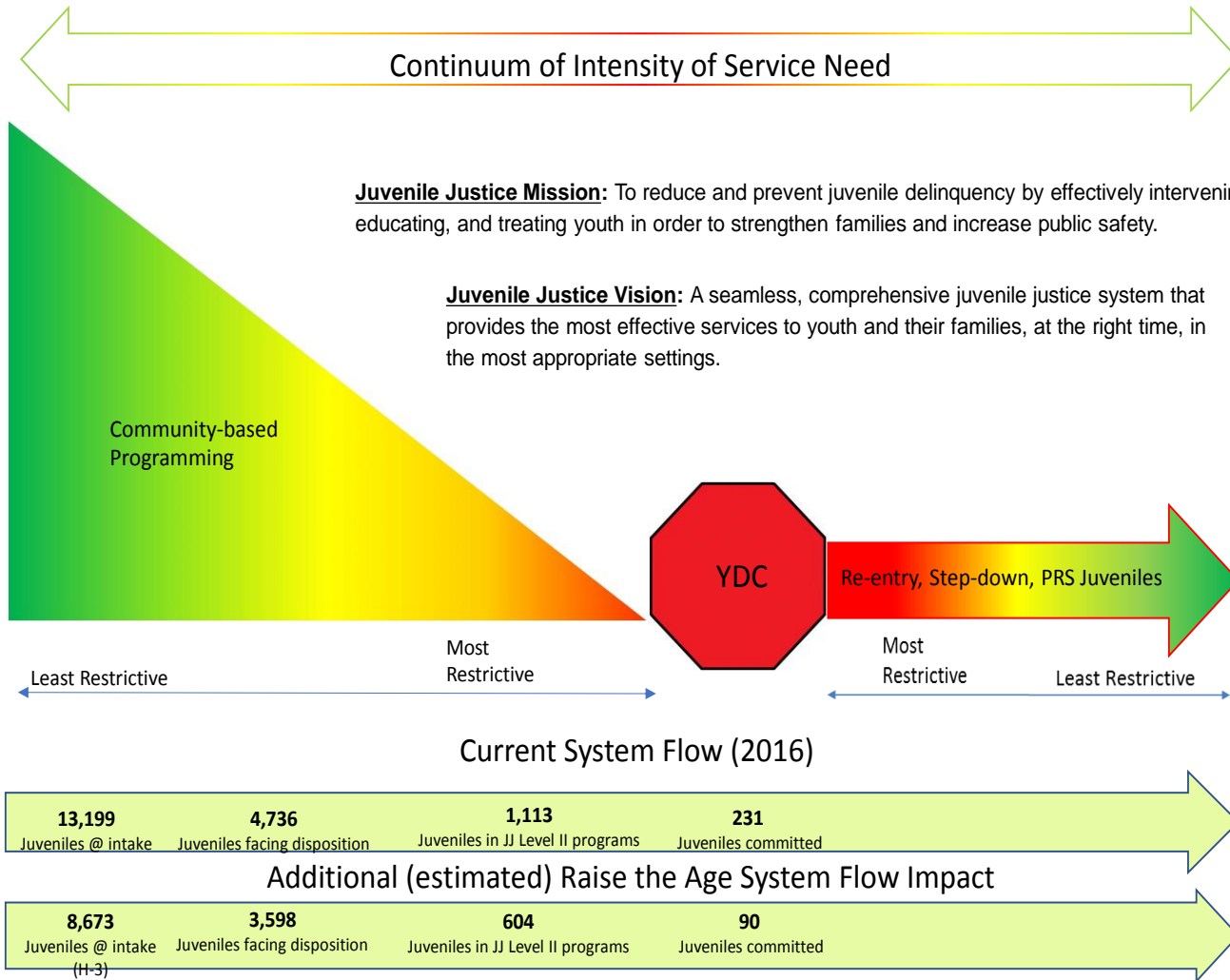
Juvenile Age Increase

Effective Dec. 1, 2019

- New definition of “delinquent juvenile” includes 16 and 17-year-olds who commit crimes, infractions, or indirect contempt by a juvenile, but ***excludes motor vehicle offenses***
- Applies to those who commit misdemeanor and H- and I-felony level offenses; A through G felony-level offenses committed by 16- and 17-year-olds will still be addressed through the adult criminal justice system
- Also excludes juveniles who:
 1. are 18 and older;
 2. have been transferred to and convicted in superior court; and
 3. have been **convicted of a felony or misdemeanor, including motor vehicle offenses, in district or superior court**

Percentage of School-Based Complaints

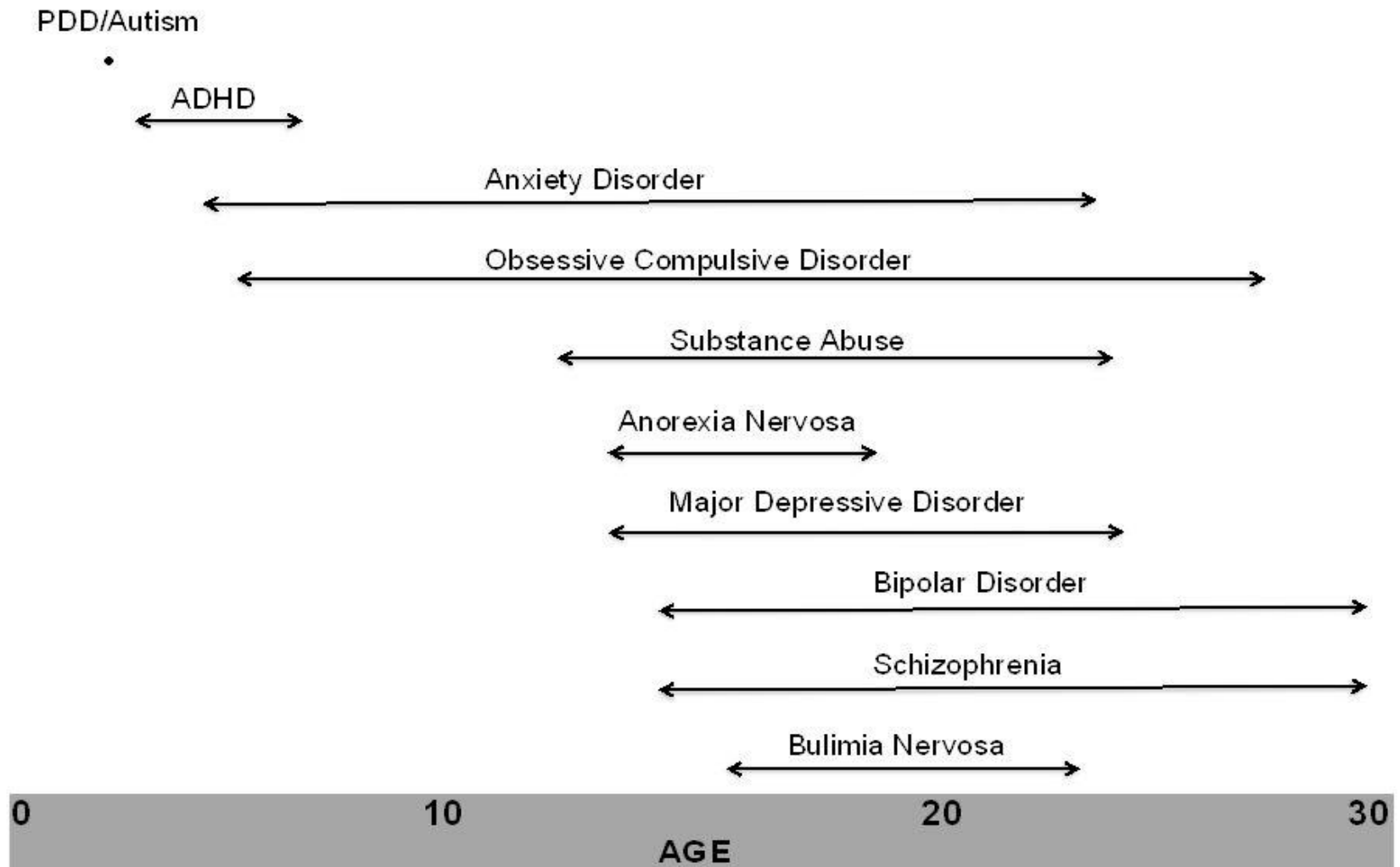




Mental Health Issues among Transition Age Youth

- ▶ 50 to 70% of all youth coming into contact with the juvenile justice system have at least one diagnosable mental health problem.
- ▶ Transition age youth (emerging adults) are especially vulnerable; SAMHSA reports that this group has the *highest* rates of mental health diagnoses.
- ▶ Utilization of MH services declines sharply during this developmental period.

Age of Onset of Mental Disorders



Projected Increase in MH/SUD Referrals in 2020

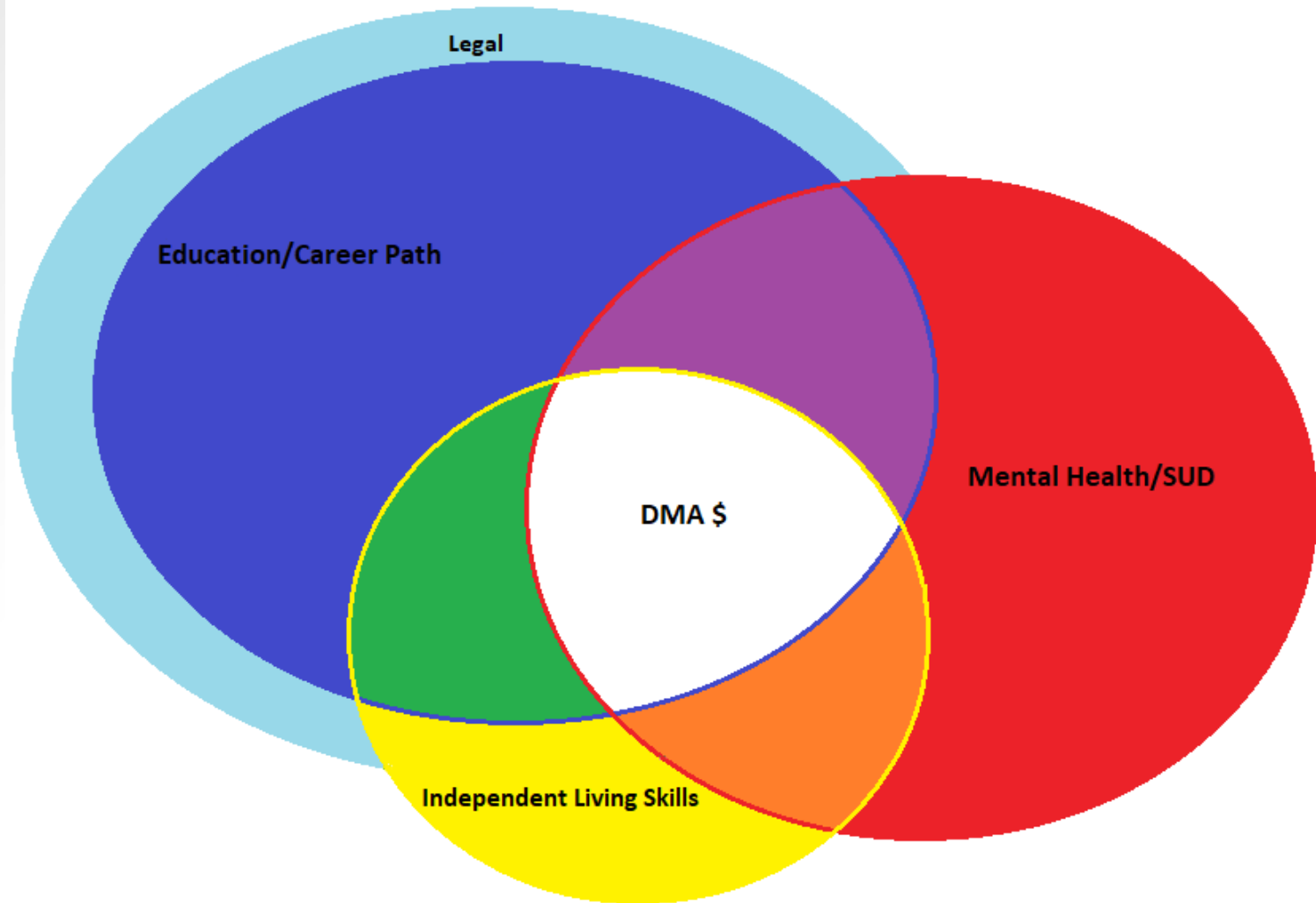
Mental Health Referrals:

- ▶ 8,673 16- and 17-year-olds are projected to enter the juvenile justice system in 2020.
 - Nearly half (3,963) of this number are projected to be using/ in need of mental health services
 - About 2,000 are projected to be in services at the time of their referral to juvenile justice
 - The other 2,000 are projected to be referred for services at time of intake to juvenile justice

Substance Use Disorder Referrals:

- ▶ 31.7% of the 16- and 17-year-olds entering the JJ system in 2020 (2,749 youth) are projected to have substance use assessment and /or treatment needs.

3 Interconnected RtA programming workgroups



Psychosocial development is related to criminal offending patterns and desistance from crime.

Psychosocial maturity includes:

- Responsibility – independence and self-care
- Temperance – self-regulation (self-control; impulse control)
- Perspective – thinking about oneself, others, and consequences of one's actions

<https://www.pathwaysstudy.pitt.edu/>

To Date/In Process:

- ▶ 6 presentations to program and service providers with the NC Association of Community Alternatives for Youth discussing gaps in services and program needs for this population.
- ▶ Transitional Living service definition (ages 17 – 21) has been submitted to the federal Center for Medicare and Medicaid Services as part of state-wide Medicaid B plan proposal
- ▶ MST-EA RCT – Youth Villages and Alliance – November 2019
- ▶ **MH and SUD RtA Workgroup**
- ▶ **Independent Living Skills RtA Workgroup**
- ▶ **Education & Career Path RtA Workgroup**

MH and SUD Raise the Age Workgroup

- ▶ Representatives from MCO-LMEs, Benchmarks, and various sections with Juvenile Justice
- ▶ Two Areas of Focus:
 - Array of Services
 - identifying service gaps
 - ensuring that service definitions are aligned
 - seeking opportunities to expand capacity of the state's MH providers to deliver such services
 - Barriers to Access
 - knowledge about services by referral sources
 - ensuring that a seamless shift to adult Medicaid occurs at age 18

Independent Living Skills Raise the Age Workgroup

- ▶ Goal -to develop partnerships with EBTs or “Best-Practice” models to promulgate for access in all areas of NC
- ▶ Assessing programs and curricula from across the state and other states
- ▶ Some funds available through Medicaid, for specific needs
- ▶ Need to access additional \$ for expansion

Education and Career Path Raise the Age Workgroup

- ▶ Goal – to develop comprehensive matrix of options for youth and emerging adults involved with the Juvenile Justice System
- ▶ Continuum of educational and vocational services in YDC/ residential treatment, and during re-entry phase
- ▶ Leveraging partners' successes, learning from 49 previous experiences

Contact Information

Gary Skinner

Director of Social Work

NC Department of Public Safety

DACJJ – Juvenile Justice Section

gary.skinner@ncdps.gov

919) 810-4258 (mobile) 919) 324-6388 (office)



The Juvenile Reentry System Reform Program

Enhancing Needs to Service Matching
Across the Continuum

Jean Steinberg, Ph.D.
Director of Clinical Services and Programs
NC Department of Public Safety - DACJJ
Juvenile Justice Section

SCA Juvenile Reentry Awards

- ▶ Focused on SYSTEM reform as opposed to reentry processes exclusively
- ▶ Key mandates of the award:
 - Follow the Risk-Needs-Responsivity model
 - Ensure that risk assessments included 4th generation or higher features:
 - Provided a measure of dynamic risk that could assess change in risk over time
 - Produced an attached case plan that targeted each individual's pattern of criminogenic needs
 - Focus on needs-to-service matching

What Works in Reducing Recidivism

▶ **RISK PRINCIPLE:** Who you target, and how intensely

▶ **NEED PRINCIPLE:** Make sure you're addressing the right things.

▶ **RESPONSIVITY PRINCIPLE:** Don't forget that everybody is different; don't forget to address things first that might prevent someone from benefiting from services or programs.



Reentry

Top Four Risk Factors	Other Risk Factors	Non-Criminogenic
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
		5.

<p>Family circumstances (lack of healthy support or accountability)</p> <p>Self-esteem (low)</p> <p>Substance abuse</p> <p>Personal distress (anxiety, etc.)</p> <p>Personality/behavior (e.g., poor impulse control, poor problem solving)</p>	<p>Leisure/recreation (lack of appropriate recreational outlets)</p> <p>Learning disability</p> <p>Employment (lack of success at work; little desire to work)</p> <p>Education (lack of success at school; little desire for education)</p>	<p>Health issues (poor physical health)</p> <p>Mental health (poor mental health and/or mental illness)</p> <p>Peer relations (hanging around peers who are negative influence)</p> <p>Thinking/beliefs (cognitions that support irresponsibility)</p>
--	--	--

Top Four Risk Factors	Other Risk Factors	Non-Criminogenic
1. Thinking/beliefs	1.	1.
2. Personality/behavior	2.	2.
3. Peer relations	3.	3.
4. Family circumstances	4.	4.
		5.

<p>Family circumstances (lack of healthy support or accountability)</p> <p>Self-esteem (low)</p> <p>Substance abuse</p> <p>Personal distress (anxiety, etc.)</p> <p>Personality/behavior (e.g., poor impulse control, poor problem solving)</p>	<p>Leisure/recreation (lack of appropriate recreational outlets)</p> <p>Learning disability</p> <p>Employment (lack of success at work; little desire to work)</p> <p>Education (lack of success at school; little desire for education)</p>	<p>Health issues (poor physical health)</p> <p>Mental health (poor mental health and/or mental illness)</p> <p>Peer relations (hanging around peers who are negative influence)</p> <p>Thinking/beliefs (cognitions that support irresponsibility)</p>
---	--	--

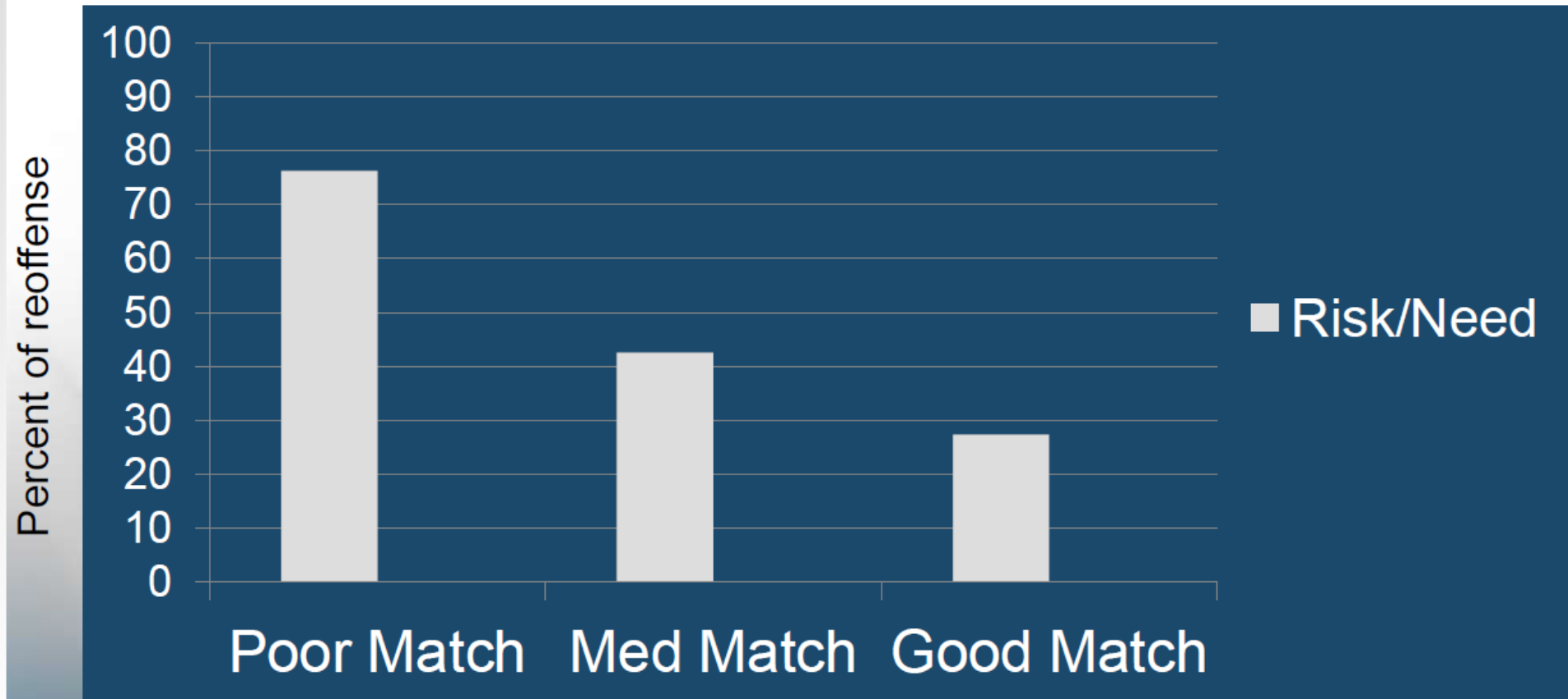
Top Four Risk Factors	Other Risk Factors	Non-Criminogenic
1. Thinking/beliefs	1. Substance abuse	1.
2. Personality/behavior	2. Education	2.
3. Peer relations	3. Employment	3.
4. Family circumstances	4. Leisure/recreation	4.
		5.

<p>Family circumstances (lack of healthy support or accountability)</p> <p>Self esteem (low)</p> <p>Substance abuse</p> <p>Personal distress (anxiety, etc.)</p> <p>Personality/behavior (e.g., poor impulse control, poor problem solving)</p>	<p>Leisure/recreation (lack of appropriate recreational outlets)</p> <p>Learning disability</p> <p>Employment (lack of success at work; little desire to work)</p> <p>Education (lack of success at school; little desire for education)</p>	<p>Health issues (poor physical health)</p> <p>Mental health (poor mental health and/or mental illness)</p> <p>Peer relations (hanging around peers who are negative influence)</p> <p>Thinking/beliefs (cognitions that support irresponsibility)</p>
--	---	--

Top Four Risk Factors	Other Risk Factors	Non-Criminogenic
1. Thinking/beliefs	1. Substance abuse	1. Self-esteem
2. Personality/behavior	2. Education	2. Personal distress
3. Peer relations	3. Employment	3. Learning disability
4. Family circumstances	4. Leisure/recreation	4. Health issues
		5. Mental health

<p>Family circumstances (lack of healthy support or accountability)</p> <p>Self-esteem (low)</p> <p>Substance abuse</p> <p>Personal distress (anxiety, etc.)</p> <p>Personality/behavior (e.g., poor impulse control, poor problem solving)</p>	<p>Leisure/recreation (lack of appropriate recreational outlets)</p> <p>Learning disability</p> <p>Employment (lack of success at work; little desire to work)</p> <p>Education (lack of success at school; little desire for education)</p>	<p>Health issues (poor physical health)</p> <p>Mental health (poor mental health and/or mental illness)</p> <p>Peer relations (hanging around peers who are negative influence)</p> <p>Thinking/beliefs (cognitions that support irresponsibility)</p>
--	--	--

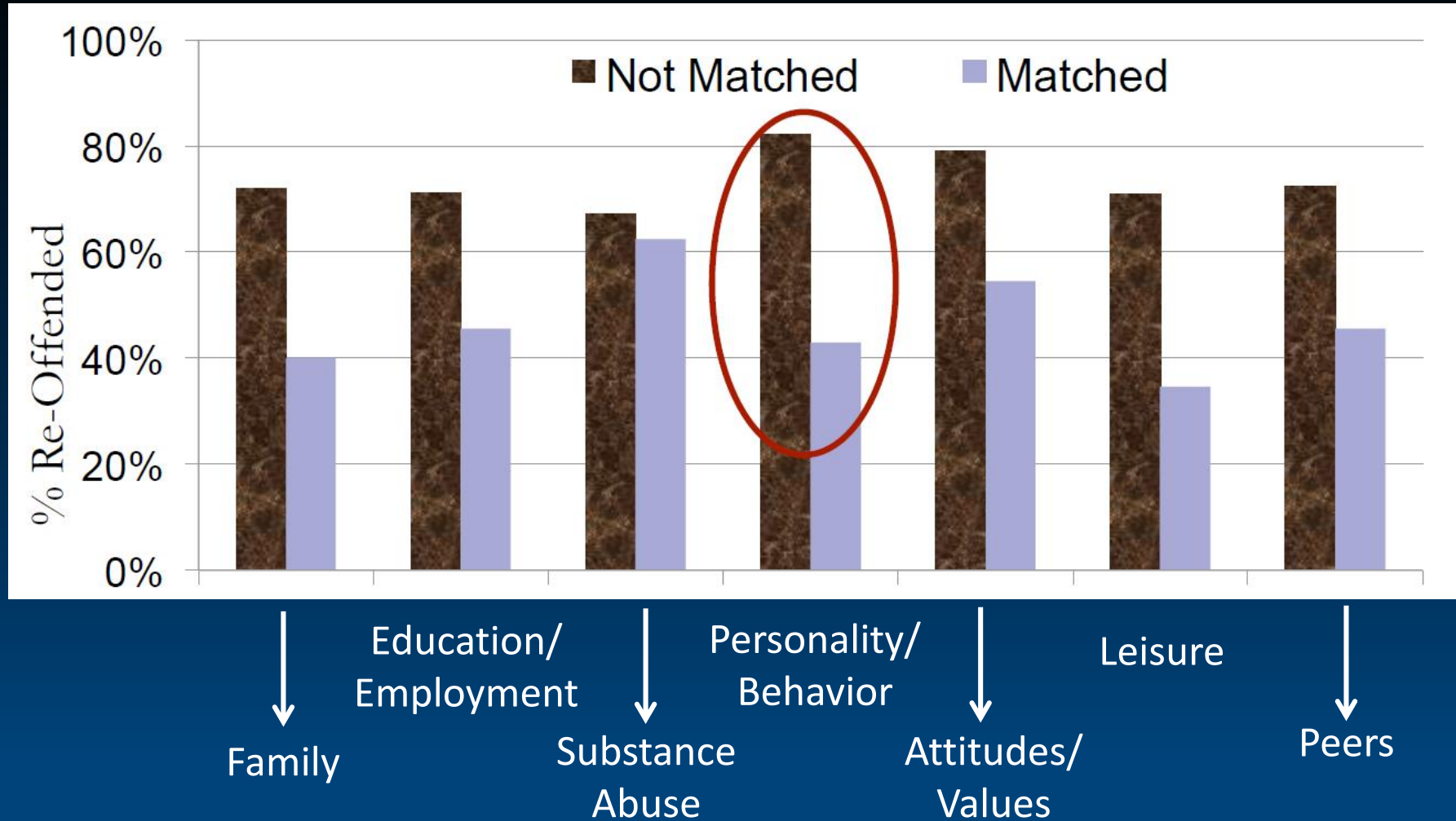
Matching Services to Criminogenic Needs



Vieira, T. A., Skilling, T. A., & Peterson-Badali, M. (2009). Matching court-ordered services with treatment needs: Predicting treatment success with young Offenders. *Criminal Justice and Behavior*, 36, 385-401.

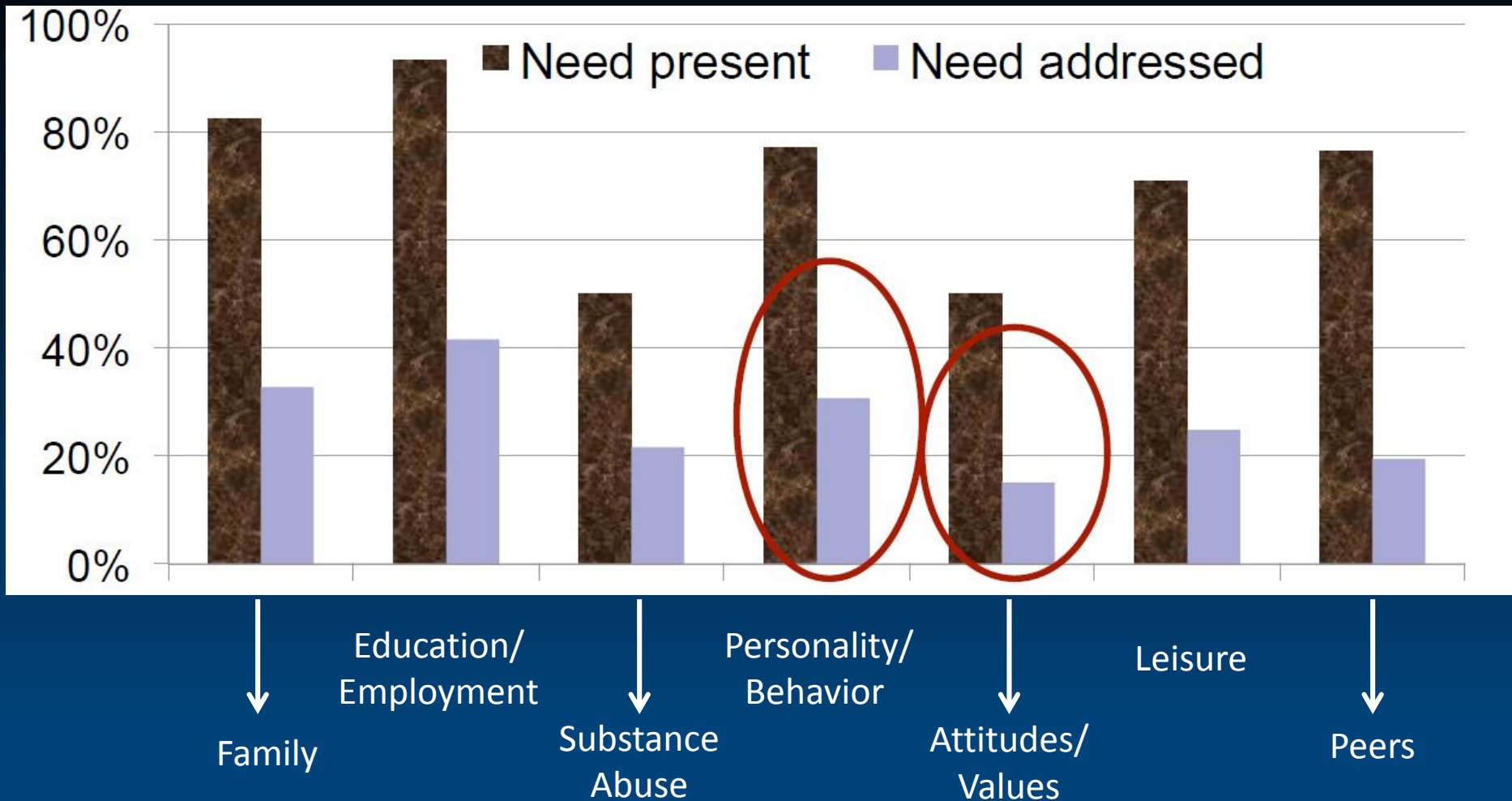
Service-to-Need Matching and Recidivism

(Peterson-Badali, Skilling, & Haqanee, 2014)



Service to Need Matching:

Percent of Youth with Need Receiving Matched Service
(Peterson-Badali, Skilling, & Haqanee, 2014)



Youth Assessment and Screening Inventory (YASI)

Ten Domains – Risk **and** Protective Factors/Strengths

1. Legal History
2. Family
3. School
4. Community/Peers
5. Alcohol & Drugs
6. Mental Health
7. Aggression
8. Attitudes (pro-social & anti-social)
9. Social/Cognitive Skills
10. Free Time/Employment

Full Assessment Risk

Overall

High



Static Risk

Dynamic Risk

High

Moderate High



Full Assessment Protective

Overall

High

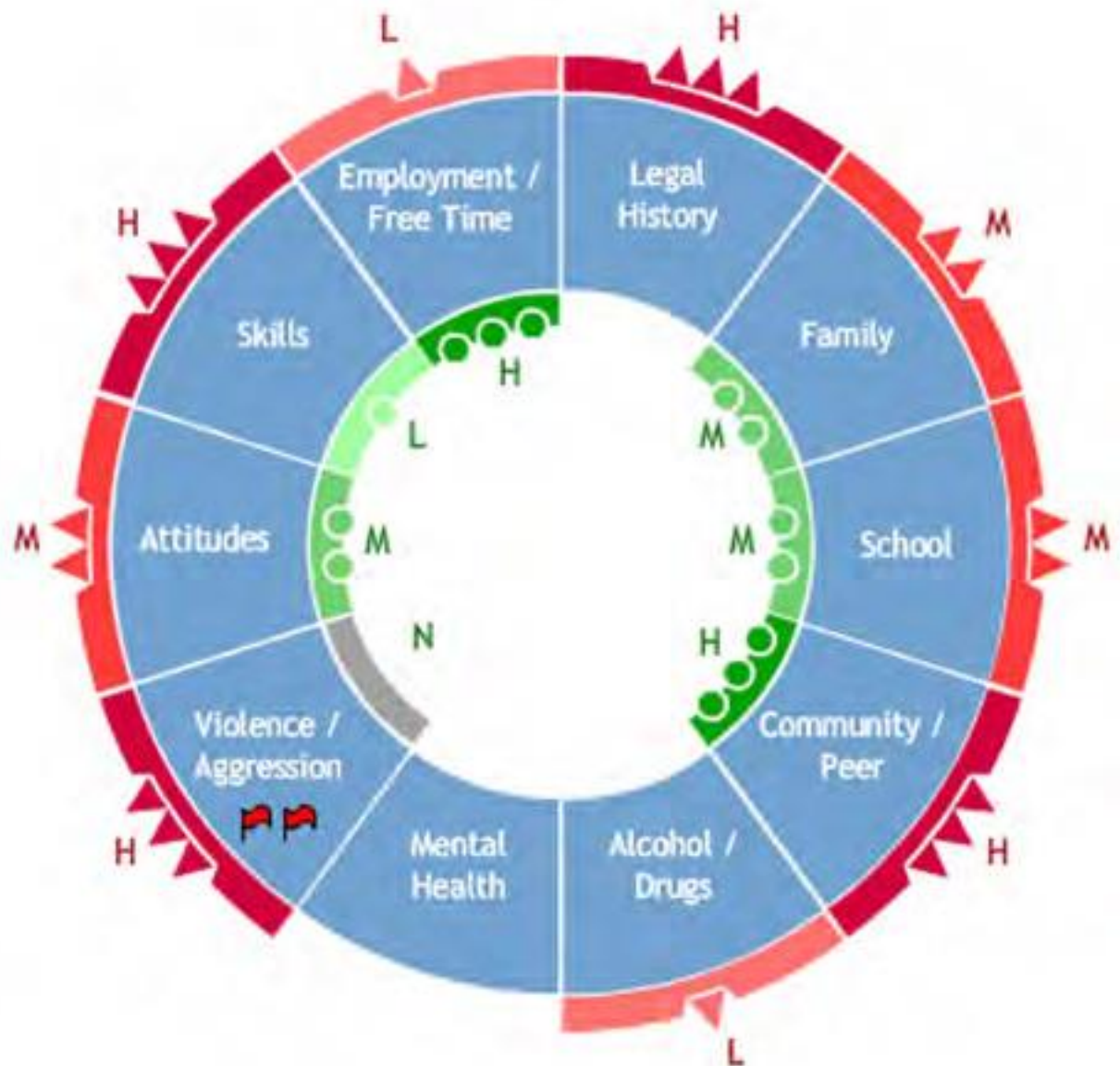


Static Protective

Dynamic Protective

None

High



Service Directory Classification System

(7 domains, 197 subdomains, & 30 tertiary levels)

Seven Major Classes of Services and Resources:

1. Personal Accountability and Delinquency Prevention
2. Basic Needs
3. Education
4. Employment
5. Health Care
6. Individual and Family Life
7. Mental Health and Substance Use

Three Levels of Increasingly Narrowed Classification

BASIC NEEDS

- **FOOD**
 - EMERGENCY FOOD
 - MEALS
- **HOUSING/SHELTER**
 - AT RISK/HOMELESS HOUSING RELATED ASSISTANCE PROGRAMS
 - DOMESTIC VIOLENCE SHELTERS
 - FAMILY CRISIS SHELTERS
 - HOMELESS SHELTER
 - HOUSING EXPENSE ASSISTANCE
 - HOUSING SEARCH AND INFORMATION
 - HUMAN TRAFFICKING SHELTERS
 - IMMIGRANT/REFUGEE SHELTERS
 - LOW INCOME/SUBSIDIZED RENTAL HOUSING
 - MOVING ASSISTANCE
 - RUNAWAY/YOUTH SHELTERS
- **MATERIAL GOODS**
 - AUTOMOBILES
 - CLOTHING
 - HOUSEHOLD GOODS
 - MOBILE DEVICES
 - OFFICE EQUIPMENT AND SUPPLIES
 - PERSONAL/GROOMING NEEDS
- **TRANSPORTATION**
 - AIR TRANSPORTATION
 - AUTOMOBILE TRANSPORTATION
 - BICYCLE TRANSPORTATION
 - BUS TRANSPORTATION
 - DRIVER'S LICENSES
 - RAIL TRANSPORTATION
 - TRANSPORTATION EXPENSE ASSISTANCE
- **UTILITY ASSISTANCE**

Planned Features of the Directory

- ▶ Searchable by problems addressed, payment accepted, classification, zip code, county, name. etc.
- ▶ Will trigger a series of emails every 6 months to program providers to allow for entry updates, and to “soft delete” (hide from view) programs that appear closed.
- ▶ Will send reports to Chief Court Counselors monthly announcing new additions to the directory in their district.
- ▶ At case planning, service recommendations matched to youth’s home counties and greatest assessed needs will populate the plan automatically with links to program entries for review by the person constructing the case plan.

Launch Dates

- ▶ May 2019: Searchable directory tied to NCJOIN Program Assignment Fields for agency use
- ▶ Summer 2019: Public interface constructed
- ▶ Fall 2019: YASI (fingers crossed)
- ▶ 2020: Analytics-driven directory that matches needs to program targets in a youth's home county. It will also identify "types" and make service recommendations based on how youth with similar profiles have responded to programs in the past.

In Progress: Typologies

- ▶ RTI is mining data from all youth involved with the juvenile justice system from 2011 – 2016.
- ▶ They hope to examine whether there are typologies (clusters of demographics variables, offense characteristics, and risk and need factors) of juveniles at intake.
- ▶ They are also examining whether there are typologies associated with different rates of reoffending; are there some whom we should definitely divert, and others we should retain?
- ▶ The goal is to compare the intake typologies to the typologies over time to examine whether intake information can be used to reliably predict trajectory typology.

Questions ?

Jean Steinberg, Ph.D.

Director of Clinical Services and Programs

Department of Public Safety

Division of Adult Correction & Juvenile Justice

Juvenile Justice Section

Jean.Steinberg@ncdps.gov

919-324-6386 (office)

704-785-1281 (cell)