



# North Carolina Department of Public Safety

## Juvenile Justice and Delinquency Prevention

Roy Cooper, Governor  
Eddie M. Buffaloe, Jr., Secretary

William L. Lassiter, Deputy Secretary

### MEMORANDUM

TO: Chairs of House of Representatives Appropriations Subcommittee on Justice and Public Safety  
Chairs of Senate Appropriations Subcommittees on Justice and Public Safety  
Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety

FROM: Eddie M. Buffaloe, Jr., Secretary   
William L. Lassiter, Deputy Secretary 

RE: Annual Evaluation of Community Programs

DATE: March 1, 2024

*Pursuant to G.S. 143B-811, The Department of Public Safety shall conduct an annual evaluation of intensive intervention services. Intensive intervention services are evidence-based or research-supported community-based or residential services that are necessary for a juvenile, in order to (i) prevent the juvenile's commitment to a youth development center or detention facility or (ii) facilitate the juvenile's successful return to the community following commitment. In conducting the evaluation, the Department shall consider whether participation in intensive intervention services results in a reduction of court involvement among juveniles. The Department shall also determine whether the programs are achieving the goals and objectives of the Juvenile Justice Reform Act, S.L. 1998-202.*

*The Department shall report the results of the evaluation to the Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety and the Chairs of the Senate and House of Representatives Appropriations Subcommittees on Justice and Public Safety by March 1 of each year. (2013-360, s. 16D.1; 2020-83, s. 1; 2021-123, s. 6(c).)*

*Pursuant to G.S. 143B-853, The Division of Juvenile Justice of the Department of Public Safety shall report to the Senate and House of Representatives Appropriations Subcommittees on Justice and Public Safety no later than March 1, 2006, and annually thereafter, on the results of intensive intervention services. Intensive intervention services are evidence-based or research-supported community-based or residential services that are necessary for a juvenile in order to (i) prevent the juvenile's commitment to a youth development center or detention facility, (ii) facilitate the juvenile's successful return to the community following commitment, or (iii) prevent further involvement in the juvenile justice system. Specifically, the report shall provide a detailed description of each intensive intervention service, including the numbers of juveniles served, their adjudication status at the time of service, the services and treatments provided, the length of service, the total cost per juvenile, and the six- and 12-month recidivism rates for the juveniles after the termination of program services. (1998-202, s. 1(b); 2000-137, s. 1(b); 2005-276, s. 16.11(c); 2011-145, s. 19.1(l), (x), (ggg); 2017-186, s. 2(IIIII); 2020-83, s. 5; 2021-123, s. 6(e); 2021-180, s. 19C.9(y), (z).)*



**Annual Evaluation of Intensive Intervention Services  
Submitted March 1, 2024**

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**Submitted by:  
Department of Public Safety  
Division of Juvenile Justice and Delinquency Prevention  
Juvenile Community Programs Section**

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## Section I – Introduction

This report is required by General Statute § 143B-811 and 143B- 853 which state:

*G.S. 143B-811: The Department of Public Safety shall conduct an annual evaluation on intensive intervention services. Intensive intervention services are evidence-based or research-supported community-based or residential services that are necessary for a juvenile, in order to (i) prevent the juvenile’s commitment to a youth development center or detention facility or (ii) facilitate the juvenile’s successful return to the community following commitment. In conducting the evaluation, the Department shall consider whether participation in intensive intervention services results in a reduction of court involvement among juveniles. The Department shall also determine whether the programs are achieving the goals and objectives of the Juvenile Justice Reform Act, S.L. 1998-202.*

*The Department shall report the results of the evaluation to the Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety and the Chairs of the Senate and House of Representatives Appropriations Subcommittees on Justice and Public Safety by March 1 of each year. (2013-360, s. 16D.1; 2020-83, s. 1; 2021-123, s. 6(c).)*

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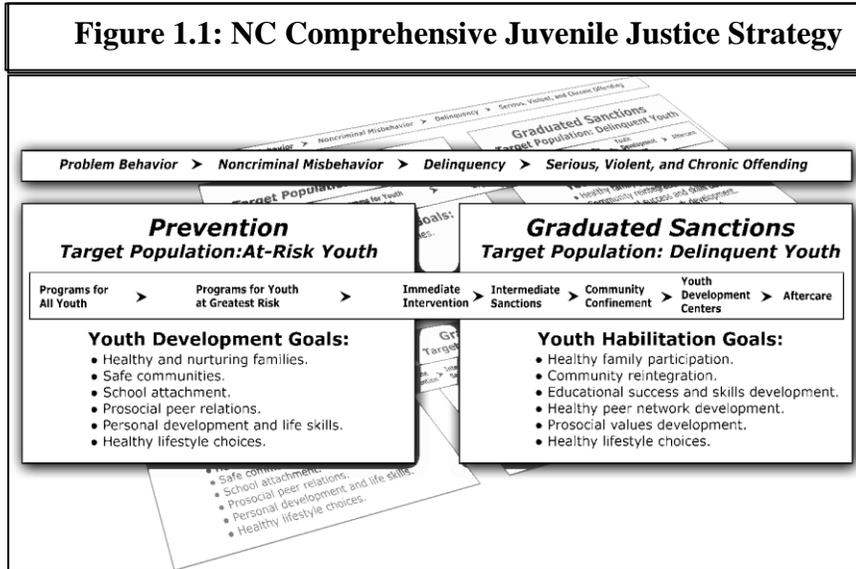
This legislative report is an evaluation of state contracted residential services, which include short-term residential male and female sites; multipurpose groups homes; transitional living homes; juvenile crisis and assessment centers; state contracted non-residential community-based services, which includes functional family therapy and services for youth with problem sexual behavior; and JCPC-endorsed intensive intervention services.

Under previous legislation, the Juvenile Community Programs Section was required to report on programs known as Alternatives to Commitment Demonstration Programs and Level II Disposition Programs in separate reports until G. S.143B-1104 was recodified as G.S. 143B-854 to identify these programs as intensive intervention services. Under S.L. 114B-811, the Juvenile Community Programs Section shall conduct an annual evaluation report on intensive intervention services which shall include all localized intensive intervention funds allocated via JCPC endorsement and intensive intervention residential and community-based state-contracted services.

**Targeted Approach**

Figure 1.1 below illustrates how Juvenile Crime Prevention Council (JCPC) funded programs form the foundation of North Carolina’s comprehensive juvenile justice strategy, which allows judges, court

counselors, district attorneys, and law enforcement to have access to the right dispositional alternatives, for the right child, at the right time. State contractual services and the newly formed intensive intervention services provide broad reaching community based and residential interventions or behavior-specific targeted interventions in communities where JCPC dollars are not abundant enough to serve higher risk juveniles who need intensive services. This strategy is used to augment



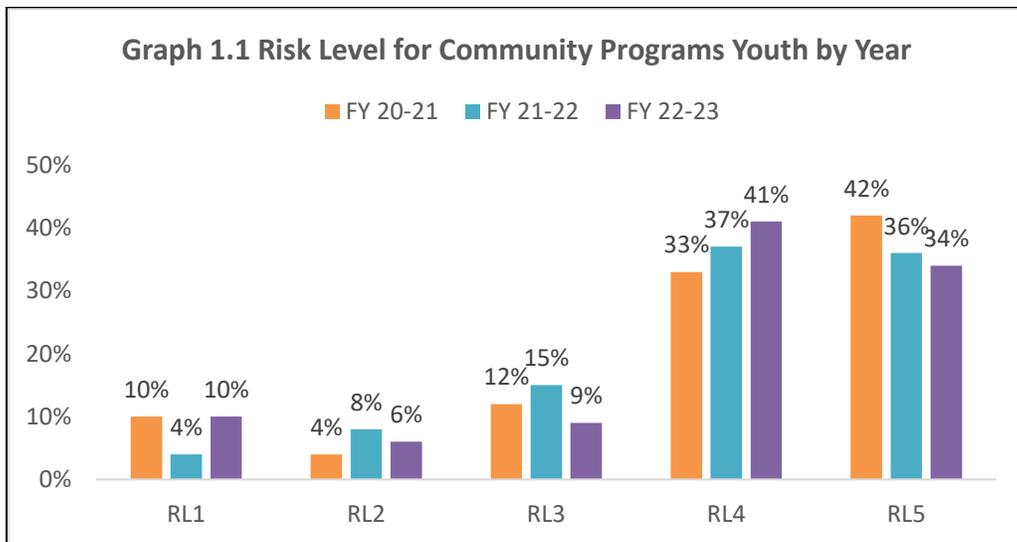
existing services in the local service continuum to protect the public and to habilitate the juvenile. Having these separate funding sources is imperative to ensure youth are not forced deeper into the system which comes at a far greater cost to the state.

The Department of Public Safety’s Juvenile Community Programs Section contracts with a number of providers engaged to provide a variety of programming as allowed through *Session Law 2011-391, Section 41*. These contracts and intensive intervention services are designed to target youth who are at greater risk of further involvement in the juvenile justice system, including commitment to a state-operated youth development center. These programs specifically target youth who have received a Level II disposition or demonstrate heightened risk and needs factors that are targeted for intervention to reduce recidivism.

Beginning January 1, 2021, in the Juvenile Court Services section, the Youth Assessment and Screening Instrument (YASI) was implemented to capture risk, needs, and strengths details across a myriad of domains. Community Programs, for purposes of target population evaluation, decided to continue using risk scores and levels obtained from the **North Carolina Assessment of Juvenile Risk for Juvenile Offending (NCAR, see Appendix A)**.

The Department has been utilizing the NCAR tool since 2001. A juvenile’s risk for re-offending is scored into one of 5 distinct risk levels (RL): RL1 (lowest) to RL5 (highest). Graph 1.1 compares risk score percentage totals for FY 20-21, FY 21-22, and FY 22-23, clearly indicating higher risk youth are served by the intensive intervention services evaluated in this report.

The Department also recognizes that youth receiving an intensive intervention service may have varying levels of risk for reoffending. Although the majority of youth risk scores are considered medium to high risk for reoffending, there remain some youth (16%), that presented with low-risk scores coupled with very high need indicators. The Department chooses to take a comprehensive approach to serving our population by matching services not only to a youth’s disposition level, but also the youth’s level of needs as indicated in the YASI. This practice became fully supported by the legislature with the enactment of HB593, which allows access to contractual and intensive intervention services based on a juvenile’s criminogenic needs, not solely upon a juvenile’s disposition level.

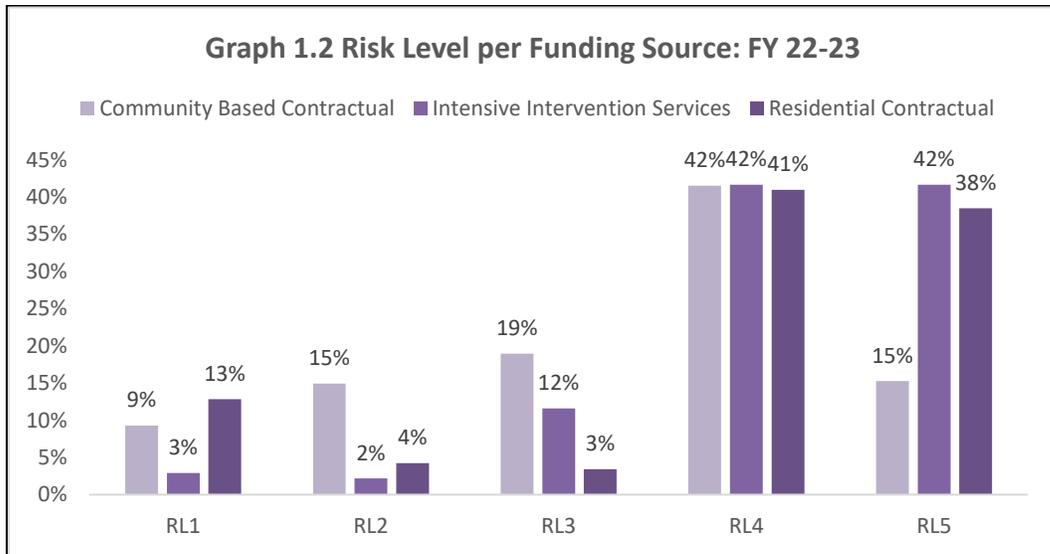


Further examination of all contractual and intensive intervention services funded, including residential and community-based contractual services and localized or regionally based JCPC-endorsed intensive intervention services, indicate that 1,505 youth were served by contractual and intensive intervention services (Table 1.1).

**Table 1.1 FY 22-23 Youth Served by Funding Source**

Funding Source	Youth Served
Community Based Contractual Services	358
JCPC- Endorsed Intensive Intervention Services (IIS)	354
Residential Contractual Services	793
<b>Total</b>	<b>1,505</b>

Graph 1.2 shows similar trends with higher-risk (RL5 and RL4) juveniles being served in all contractual and intensive intervention services programs.



The overall approach remains to serve as many juveniles as possible who fall within the medium to high-risk range by matching their service needs to the most appropriate service, either to cost-effective JCPC-endorsed intensive intervention programs or community-based contractual or short-term residential contractual programming services.

**Cost Efficient Alternative**

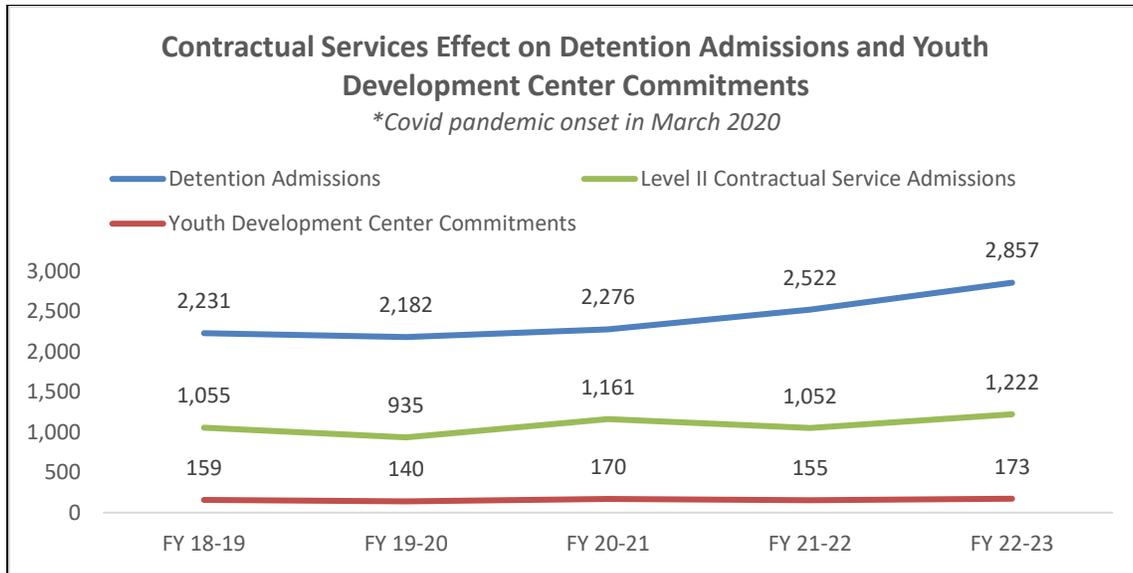
Through the implementation of these contractual services, the Department has been able to achieve significant cost savings as compared to youth development centers. Table 1.2 below compares the average cost of serving youth in a contracted service, either residential or community-based, versus serving a youth in a youth development center for FY 2022-2023.

**Table 1.2 Cost Comparison – Intensive Intervention Services vs Annual Youth Development Center Cost**

<b>Intensive Intervention Services Program Cost vs Youth Development Center Cost</b>	<b>FY 22-23 Cost per Child</b>
<b>Community-Based Programs:</b> JCPC-Endorsed Intensive Intervention Services; AMIkids Community-Based Contractual; and Treatment Alternatives for Sexualized Kids (TASK) Community-Based Contractual	\$8,100
<b>Residential Programs:</b> Bridges Crisis and Assessment Center, Insight Crisis and Assessment Center, Western Area Multipurpose Crisis and Assessment Center, Eckerd Short-Term Residential Programs, Kerr Lake Academy Girls, Multipurpose Group Homes, Craven Transitional, Forsyth Transitional and North Hills Transitional and Union MP/Transitional Home	\$25,597
<b>Youth Development Center</b>	\$136,692

With more emphasis on programming designed to serve the medium to high risk/high needs adjudicated youth, the contractual services continue to play an important role in helping reduce the number of youth development center commitments and detention admissions for the last five (5) years. Graph 1.3 indicates how the number of youth development center commitments and detention admissions are impacted by the Department’s efforts to promote cost-saving community-based programming options to serve youth. While detention admissions experienced a 13% increase from FY21-22 to FY22-23, contractual and intensive intervention services had 1,222 program admissions, or a 16% increase in admissions from FY21-22 to FY 22-23, offering greater opportunity for use of intervention services in lieu of the use of detention and youth development centers. It should be noted that the Juvenile Crisis and Assessment Centers served ninety-one (91) juveniles aged 13 or younger, a total of 29% of the overall population served by the Centers for FY22-23. Additionally, the Crisis and Assessment Centers provided secure custody for nineteen (19) youth, 74% of which were youth aged 13 or younger. Focus for the Division is to immediately intervene for this younger population, routing them away from the potential harms of secure detention environments and toward more therapeutic environments.

### Graph 1.3 Contractual Services Effect on Detention and YDC Admissions



### Recidivism Summary

Table 1.3 below reflects youth terminated by all contractual and intensive intervention services in FY 2022-2023 and how many incurred additional juvenile adjudications and/or adult convictions. This analysis showed 15% of those juveniles served by a Juvenile Community Programs Section contractual service or intensive intervention service who could be followed for a full six (6) months post-discharge received an additional adjudication or an adult conviction, while 23% received an additional adjudication or an adult conviction at twelve (12) months post- discharge.

**Table 1.3: All Juvenile Community Programs Recidivism**

<b>All Community Programs, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	1,416	1,011
Distinct Juveniles with Complaints Adjudicated	185	191
Distinct Juveniles Adjudication Recidivism	13%	19%
Adult Convictions (Distinct Juveniles)	37	47
Adult Recidivism (% of Distinct Juveniles Convicted)	3%	5%
Distinct Juveniles with Adjudications or Convictions	219	232
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>15%</b>	<b>23%</b>
<i>Note: 3 juveniles had both a juvenile adjudication and an adult conviction in the 6- month period</i>		
<i>Note: 6 juveniles had both a juvenile adjudication and an adult conviction in the 12- month period</i>		

## **Conclusions**

Contractual and intensive intervention services have proven they are targeting the appropriate youth, providing cost-efficient services, and helping reduce the number of youth development center commitments and detention admissions.

## **Section II**

### **Intensive Intervention Services**

**(Formerly JCPC-Endorsed Level II Programs  
and Alternatives to Commitment Programs)**

## JCPC Endorsed Intensive Intervention Services

### Overview

Twelve years ago, the Department focused on providing a mechanism by which local communities could address gaps in services for Level II disposition adjudicated youth. To this end, the Department established an annual Request for Proposals (RFP) process that engages the local Juvenile Crime Prevention Council (JCPC) and its stakeholders with seeking those services best matching the needs of youth with a Level II disposition.

Following changes in legislation, the RFP process now allows funded programs to admit youth based on their assessed risk and needs, a shift away from program admission based solely on disposition level. The programs funded are designed as interventions for some of the highest risk and high needs youth in the juvenile justice system. The Section’s annual Request for Proposal process is designed to identify the state’s high-risk and high needs youth, understand their criminogenic needs, and appropriately match them with evidence-based, best-practice models to effectively reduce juvenile delinquency. To effectively scale up intensive intervention services for targeted populations, services are geographically planned to provide services across multiple counties within a judicial district or across multiple judicial districts, a strategy that demonstrates the collaborative efforts of multiple JCPCs to build an effective, local juvenile justice service continuum. The Community Programs Section continues to embrace the local community in its effort to develop effective programming to meet the needs of these targeted youth through Intensive Intervention Services (IIS). Strategic measures are undertaken by the section to seek out state-county partnerships to sustain effective program models through identified “host” counties and JCPC endorsement when regionalized or specialized program services are warranted.

### **Number of Youth Served:**

Table 2.1 indicates the number of youth served by JCPC-supported, regional-based Intensive Intervention Services (IIS). JCPC-endorsed Intensive Intervention Services served 354 youth during FY 2022-2023. Graph 2.1 represents the percentage of youth served by Intensive Intervention Services by race/ethnicity.

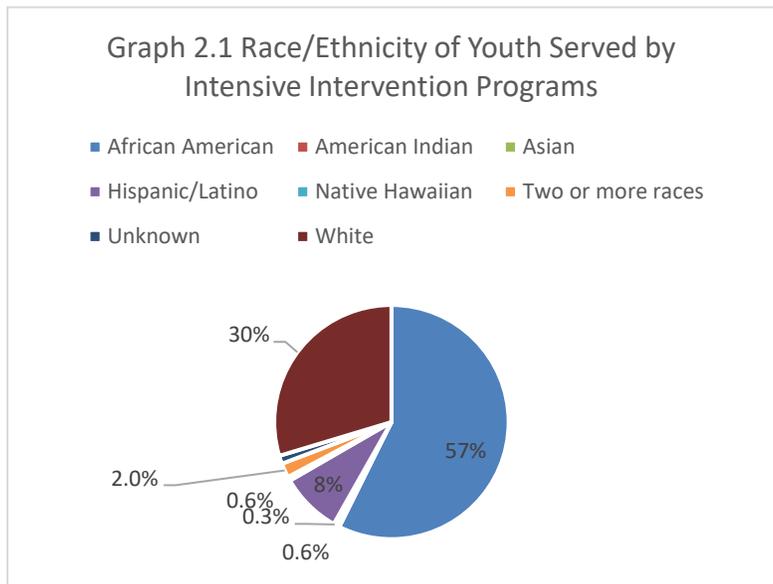
**Table 2.1 FY22-23 Intensive Intervention Services (IIS): Youth served by Program Type**

<b>Program Type</b>	<b>Youth Served</b>
Assessments	24
Experiential Skill Building	40
Family Counseling	78
Home Based Family Counseling	66
Individual Counseling	22
Interpersonal Skill Building	39
Mentoring	19
Parent/Family Skill Building	14

Restitution/Community Service	33
Specialized Foster Care	4
Temporary Foster Care	1
Vocational Skills	14
<b>Total</b>	<b>354</b>

**Demographic Information about Youth Served by Intensive Intervention Services during FY 2022-2023**

- 17% of youth served were female.
- 83% of youth serviced were male.
- Average length of stay in programming was 117 days or 3.8 months.



**Cost Comparison**

**JCPC- Endorsed Intensive Intervention Services Programs Cost vs Youth Development Center**

<b>Table 2.2: Intensive Intervention Services Programs vs Youth Development Center</b>		<b>Cost per youth</b>
FY 22-23 Intensive Intervention Services		\$5,808
FY 22-23 Youth Development Center		\$136,692

**Recidivism**

This study measured the recidivism rates for youth completing JCPC-Endorsed Intensive Intervention programs in FY 2021-2022 and FY 2022-2023. Of the 410 youth who could be measured at six (6) months post-discharge, forty-two (42), or 10%, received a new adjudication, and thirteen (13), or 3%, received a new adult conviction. Total recidivism, youth that received either an adjudication or and adult conviction at six (6) months post-discharge was 13%.

There were 305 youth who were served by these programs that could be measured at twelve (12) months. Forty-seven (47) or 15% received a new adjudication and seventeen (17) or 6% received a new adult conviction. Total recidivism at twelve (12) months post-discharge is 21%. See Table 2.3.

**Table 2.3: JCPC-Endorsed Intensive Intervention Services Recidivism**

<b>Intensive Intervention Programs, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	410	305
Distinct Juveniles with Complaints Adjudicated	42	47
Distinct Juveniles Adjudication Recidivism	10%	15%
Adult Convictions (Distinct Juveniles)	13	17
Adult Recidivism (% of Distinct Juveniles Convicted)	3%	6%
Distinct Juveniles with Adjudications or Convictions	55	64
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>13%</b>	<b>21%</b>

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6- month period*

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12- month period*

### **Conclusion**

The report demonstrates that localized or regional-based JCPC- Endorsed Intensive Intervention Services programs were able to serve a significant number of high risk and high needs youth in their home communities in a cost-efficient manner preventing deeper involvement in the juvenile justice system.

## **Section III**

# **Community-Based Contractual Programs**

## **AMIkids North Carolina Family Services – Community-Based Contract Services**

### **Overview**

AMIkids North Carolina Family Services is contracted with FFT LLC to provide Functional Family Therapy to all youth/families referred by DJJDP. Functional Family Therapy (FFT) is a highly effective short term, strength-based model for working with at-risk youth and their families. The guiding principles of FFT include a respect for differences, maintaining family focused involvement, ensuring non-judgmental professionalism, keeping therapy interventions individualized, and ensuring an overriding relational focus as opposed to problem focused. FFT therapists are relentless in engaging families and maintain a balanced alliance between all family members throughout treatment. FFT focuses on reducing risk factors and increasing protective factors through a phase-based model.

All FFT therapists hold a minimum of a master's degree in a licensable human service field such as Counseling, Psychology, Marriage and Family Therapy, or Social Work. All FFT therapists must complete forty hours of certification training through FFT LLC and participate in weekly clinical supervision with their certified FFT site supervisor to ensure model fidelity. AMIkids North Carolina Family Services serves DJJ referred youth in all 100 counties in the state.

### **Youth Profile**

AMIkids delivers FFT to male and female juveniles who are at medium and high risk of reoffending, while exception is made for some Level I youth with high needs indicators on a case-by-case basis. The inclusion of Level I youth follows risk responsivity practices. The criminogenic needs of juveniles lead to younger juveniles with a higher needs and possible lower disposition level to be admitted to the program, with intervention being offered earlier in the juvenile justice continuum. Typically, youth served were adjudicated for person and/or property offenses and have often been previously served through one or more other types of community-based intervention programs. A majority of youth referred to FFT presented school disciplinary problems that resulted in both short and long-term suspensions and family discord. Other frequently noted characteristics of these youth included substance abuse, gang involvement, and mental health diagnosis.

### **Service Capacity**

AMIkids has the capacity to serve 173 youth and their families at any given time. The Piedmont and South teams have the capacity to serve forty (40) youth at any given time. The East, Central, and West teams have the capacity to serve thirty- one (31) youth per region at any given time.

**Measurable Objectives:**

- 89 youth responses reported.

Clients will have no new adjudications for a complaint with an offense date after the admission date.

*Goal is 80% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
86%	97%	89%	89%	94%

Clients will reduce specific problem behaviors presented at referral and targeted in the individual service plan.

*Goal is 80% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
86%	77%	86%	72%	81%

Clients and families will demonstrate enhanced family functioning as a result of program services.

*Goal is 80% or higher for completed cases.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
86%	82%	89%	76%	81%

Clients will demonstrate improvement in replacement behaviors targeted in the individual service plan.

*Goal is 80% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
85%	77%	89%	74%	78%

Clients will demonstrate improvement in targeted skills identified in the individual service plan.

*Goal is 80% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
91%	79%	86%	76%	81%

Clients will successfully or satisfactorily complete services as intended by the program design/service plan.

*Goal is 70% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
62%	82%	83%	74%	78%

Clients will have no new complaints with an offense date after the admission date.

*Goal is 80% or higher.*

<i>East</i>	<i>Central</i>	<i>South</i>	<i>Piedmont</i>	<i>West</i>
<i>76%</i>	<i>77%</i>	<i>77%</i>	<i>78%</i>	<i>91%</i>

**Program Effectiveness Based on FFT’s Youth Outcome Measure Questionnaires**

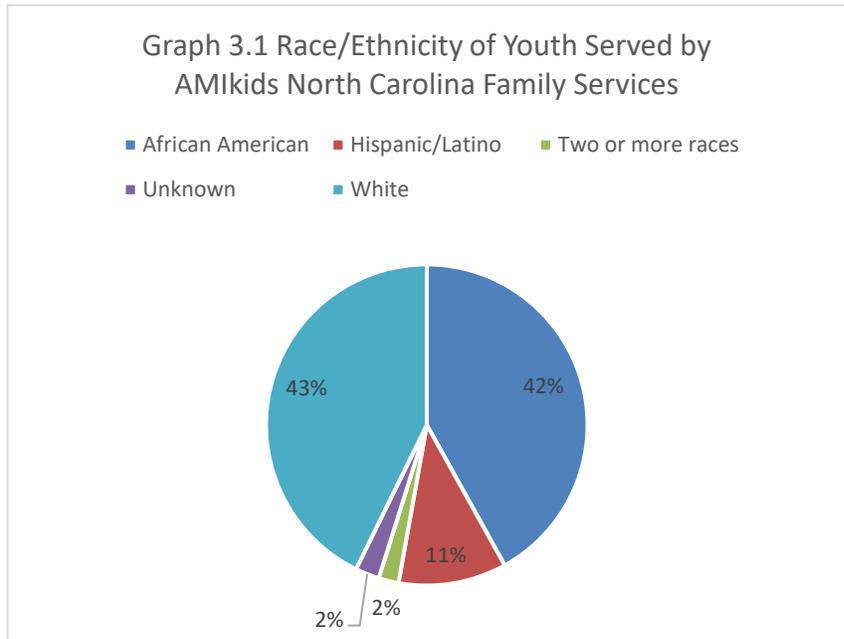
- *186 youth responses reported.*
  - 95% of youth reported in general, their family has changed for the better since they began counseling.
  - 96% of youth reported their family has changed its communication for the better.
  - 98% of youth reported their behavior has changed for the better.
  - 95% of youth reported their parents improved their parenting skills.
  - 89% of youth reported their parents changed their ability to supervise them for the better.
  - 93% of youth reported a change in family conflict level for the better.
  - 96% of youth reported a reduction in their illegal behavior.

**Program Effectiveness Based on FFT’s Caregiver Outcome Measure Questionnaires**

- *216 responses reported, some including multiple parent figures per youth.*
  - 97% of parents reported in general, their family has changed for the better since they began counseling.
  - 96% of parents reported family has changed its communication for the better.
  - 91% of parents reported their adolescent’s behavior has changed for the better.
  - 94% of parents reported improvement in their parenting skills.
  - 92% of parents reported a change in their ability to supervise their adolescent for the better.
  - 93% of parents reported a change in family conflict level for the better.
  - 92% of parents reported a reduction in their youth illegal behavior.

**Demographic Information about Youth Served during FY 2022-2023**

- The total number of youth served was 248.
- The average age of the youth served in the program was 15.4 years.
- 25% of youth served were female, and 75% were male.
- The average length of stay in the service was 128 days or 4.2 months.



**Cost Comparison**

**Table 3.1: AMIkids North Carolina Family Services FFT Cost vs Youth Development Center**

<b>AMI Kids Community-Based Contractual Program vs Youth Development Center</b>	<b>Cost per youth</b>
FY 22-23 AMIkids North Carolina Family Services	\$ 11,603
FY 22-23 Youth Development Center	\$136,692

**Recidivism**

FY 2021-2022 and FY 2022-2023 recidivism data compiled by the Department shows that of the 402 youth who had been in post-discharged status from AMIkids for six (6) months, thirty-five (35) youth, or 9%, received a new adjudication and eight (8) youth, or 2%, received a new adult conviction. The total recidivism rate at six months post-discharge was 11%.

At twelve (12) months post-discharge, there were 292 youth who could be analyzed for this report. Thirty-nine (39) youth, or 13%, received a new adjudication and eleven (11) youth, or 4%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 17%. See Table 3.2.

**Table 3.2: AMIkids North Carolina Family Services Recidivism**

<b>Community-Based AMIkids FFT, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	402	292
Distinct Juveniles with Complaints Adjudicated	35	39
Distinct Juveniles Adjudication Recidivism	9%	13%
Adult Convictions (Distinct Juveniles)	8	11
Adult Recidivism (% of Distinct Juveniles Convicted)	2%	4%
Distinct Juveniles with Adjudications or Convictions	43	50
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>11%</b>	<b>17%</b>

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period*

**Conclusions**

The findings reflected in this report demonstrate that AMIkids North Carolina Family Services, through its delivery of the evidence-based service model of Functional Family Therapy, has a positive impact on youth served. Outcome and recidivism data at six (6)- and twelve (12)-months post discharge reflects very positive results with 89% and 83% of youth, respectively, having no new adjudications or adult convictions.

## **TASK® (Treatment Alternatives for Sexualized Kids)- Community-Based Contract Services**

### **Overview:**

Treatment Alternatives for Sexualized Kids (TASK®) is a treatment model designed to meet the complex needs of youth who have caused sexual harm. TASK® recognizes that youth have unique developmental and contextual concerns that are different from adults who have caused sexual harm. Therefore, the content and process are individualized, developmentally conscious, and comprehensive.

The model hypothesizes that a youth's problematic behavior is a symptom of a bigger contextual problem, and there are one or more areas where dysregulation occurs. The goal is to discover and address the dysregulation underlying the problematic behavior and for youth and their families to develop healthy sexuality, positive interpersonal skills and relationships, self-regulation, abilities to recognize their own risk factors, and grow their awareness of how their actions impact others. Children's Hope Alliance, the provider of the TASK® program model, utilizes a multi-modal approach in that youth and families have access to family, individual, and group therapies in addition to case management services. These services are provided by a clinician and case manager, together forming the TASK® team. The change process is broken down into naturally progressive stages and each stage into developmental domains. Milestones are only confirmed once a client demonstrates the ability to use the skills in their daily life. The interventions for each stage and domain are carried out using the four modalities.

The model is a collaborative one. It requires frequent communication, sharing of ideas and obstacles, and reliance on the TASK® team members who interface with the court system, child welfare agencies, child advocates, mental health providers, guardians, and natural supports. The list of individuals and families with whom the team interfaces are only limited by the number of individuals involved in the youth/family's day-to-day life. In situations when there are limited natural and professional resources identified at the beginning of treatment, the team collaborates with the family to develop a treatment team to support the family.

The Juvenile Community Programs Section supports the efforts of Children's Hope Alliance's TASK® program to provide this much needed programming to serve youth and their families whose offenses are related to problem sexualized behavior. TASK® has a long-standing history of working with youth and families in North Carolina since the 1990s to improve the understanding of healthy sexual development. Objectives are identified for both the evaluation part of TASK®, the Comprehensive Evaluation of Sexual Harm (CESH) and the treatment part of TASK®. TASK® serves DJJ referred youth in 40 counties in the state with the ability to serve a maximum total of 112 juveniles and families annually.

### **Youth Profile**

The youth served consist of adjudicated and pre-adjudicated youth. It is important to understand that youth are not labeled as "sex offenders" during treatment for many reasons. The term "sex offender" is a legal term referring to a person who has been convicted of a sexual offense. This label carries with it a stigma as well as several negative connotations and triggering mental images. It should be noted that in the early years of treating adolescents who had committed sex offenses, many treatment programs adopted the same strategies used to treat adults. One of those strategies was to have the adolescent

admit guilt as a “sex offender.” This created an environment in which the adolescent adopted the label of sex offender for him/herself, thus creating greater likelihood of additional sexualized behavior. Adolescence is a time where many developmental changes are occurring, including the development of an increased sense of self. The goal of the treatment is to create a culture where the youth can learn to self-identify with the prosocial aspects of their life.

Youth served by the TASK® program include youth adjudicated with a sexual offense or an offense of a sexual nature and pre-adjudicated youth with a sexual harm history. Additionally, adjudicated youth with other delinquent offenses but who are found to have a history of sexualized behaviors present are also served by the TASK® program.

### **Service Capacity**

The TASK® program has the capacity to serve in treatment 112 youth and their families. The program has the capacity provide Comprehensive Evaluations for Sexual Harm (CESH) for 28 youth at any given time between their seven sites located in Sylva, Asheville, Wilkesboro, Statesville, Charlotte, Lexington and Burlington. TASK® is contracted to serve 40 counties.

### **Comprehensive Evaluations of Sexual Harm (CESH)**

- Sixty-one (61) youth received CESH evaluations in fiscal year FY 22-23.
- Fifty-one (51) of those assessments were completed as either a request of the court or as part of a youth’s diversion plan.
- Seventy-six percent (76%) or 39 of those 51 assessments were completed within 30 days of the referral. (This contributes to a timely processing for court-ordered evaluations)

### **Treatment**

Of the 61 evaluated, 49 youth referred by DPS participated in TASK® treatment. In all aspects of treatment, the program exceeded expectations of 80% of youth satisfying program objectives. The following measures are based upon 33 youth who fully completed treatment in the TASK® program and were discharged or terminated from the program during FY 22-23:

- 93.94% of youth improved with their use of healthy pro-social behaviors identified in their treatment plans.
- 90.91% of families reported a reduction in problem sexualized behavior and in appropriate behaviors through treatment.
- 90.91% of youth completed treatment successfully according to program expectations.
- 87.88% of youth successfully completed treatment without any additional legal complaints after the original offense date.
- 87.88% of youth had family members actively participate in treatment with their child.
- 87.88% of youth reduced how often they engaged in problem behaviors specific to their treatment focus.

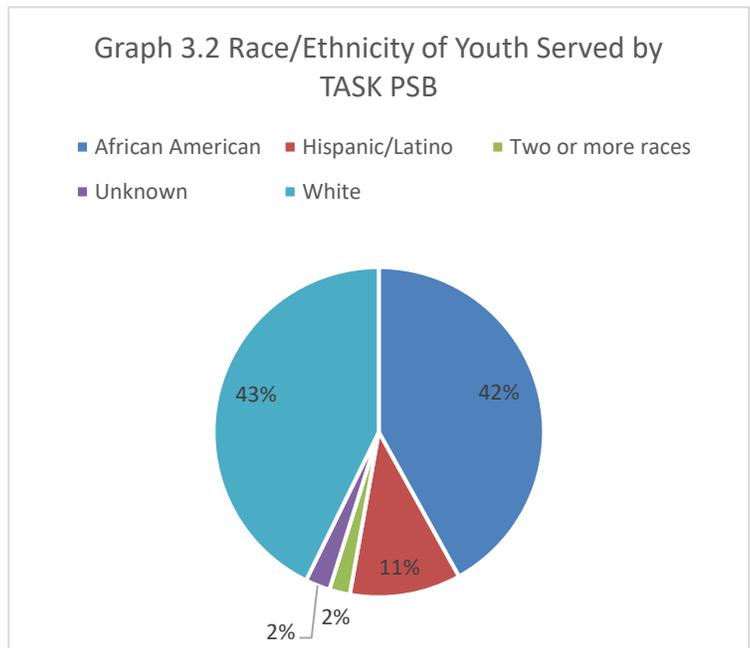
**Effectiveness of Care Survey**

In addition to these outcomes, Children’s Hope Alliance encourages families to complete an effectiveness of care survey when treatment is completed. These surveys are completed by both the youth and their guardian.

- 98% of youth reported feeling included in their treatment planning and treated with respect.
- 96% of youth reported that TASK® was helpful, and they are better prepared to cope with challenges and stress.
- 94% of guardians reported they felt they were a partner in their child’s treatment.
- 93% of guardians reported feeling helped by the services provided.
- 91% of guardians were able to report a noted improvement in social situations such as at school or work.

**Demographics**

- The total number of youths served by the program in FY 22-23 was 110.
- The average age of the youth served in the program was 15.1.
- 5% of youth served were female, and 95% were male.
- The average length of stay in the service was 42 days or 1.4 months for assessment services (CESH) and 172 days or 5.7 months for TASK treatment services.



**Cost Comparison**

**Table 3.3: Treatment Alternatives for Sexualized Kids (TASK®) Cost vs Youth Development Center**

Children’s Hope Alliance TASK® Program vs Youth Development Center	Cost per youth
FY 22-23 Treatment Alternatives for Sexualized Kids (TASK)	\$7,576
FY 22-23 Youth Development Center	\$136,692

**Recidivism Summary**

Table 3.4 below reflects youth terminated by the program. In FY 2022-2023 of the 31 youth who had been in post-discharge status for more than six (6) months, zero youth, or 0%, received a new adjudication and zero (0) youth, or 0%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 0%. At twelve (12) months post discharge, there were 8 youth who could be analyzed for this report. Zero (0) youth, or 0%, received a new adjudication and zero youth, or 0%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 0%.

**Table 3.4 Children’s Hope Alliance TASK® Recidivism**

<b>Community-Based TASK PSB Treatment, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	31	8
District Juveniles with Complaints Adjudicated	0	0
Distinct Juveniles Adjudication Recidivism	0%	n/a
Adult Convictions (Distinct Juveniles)	0	0
Adult Recidivism (% of Distinct Juveniles Convicted)	0%	n/a
Distinct Juveniles with Adjudications or Convictions	0	0
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>0%</b>	<b>n/a</b>

*Note: The majority of these youth were Adjudicated Delinquent Pending Juvenile Disposition at the time of program involvement*

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12- month period*

**Conclusion:**

The TASK® treatment model is designed to meet the complex needs of youth who have caused sexual harm. Youth who cause sexual harm or engage in sexually problematic behavior come from a variety of backgrounds and are often involved with the justice system. Problem sexual behavior can be symptomatic of underlying mental health issues, including trauma and dysregulation. Many times, these youth and their families are unable to find the adequate treatment that serves their individualized needs and circumstances. TASK® clinical outcomes continue to demonstrate positive results, not only for reducing sexually harmful behaviors, but for general delinquency and other mental health symptoms.

# **Section IV**

## **Residential Contractual Programs**

## **Juvenile Crisis and Assessment Centers**

### **Overview**

The Juvenile Crisis and Assessment Centers provide a comprehensive juvenile assessment in a residential setting with the primary goal of matching the youth to the most appropriate services in their community. There are three centers: Insight (located in Butner), which serves the Central and Eastern areas; Bridges (located in Winston-Salem), which serves the Piedmont region; and the Western Area Multipurpose Center (located in Asheville), which serves the Western region of the state. The assessment takes place under the supervision of a licensed psychologist and licensed clinical case managers. The length of stay is between 21-45 days.

The Juvenile Crisis and Assessment Centers serve juvenile offenders between the ages of ten (10) and seventeen (17). The service includes a systematic evaluation that includes testing in the areas of education, behavior, personality, and intelligence. As indicated, additional testing is provided in particular areas such as sexual predation, substance abuse, and trauma. Testing information is combined with information obtained through the daily living aspects of the program. This combination allows for a more complete look at the youth's strengths, areas of concern, and goals. At discharge the youth, family, and court counselor are provided a comprehensive and user-friendly evaluation report accompanied by clear and actionable plan of care including specific recommendations.

The centers also provide crisis care/respice stays for youth in need of a short-term residential intervention. The center poses a viable placement option for juveniles twelve (12) and younger who are in need of an alternative to detention secure placement. Crisis care/respice stays are usually between five (5) and fourteen (14) days.

In addition to assessment and crisis care, the Western Area Multipurpose JCAC has four (4) secure custody beds for short-term secure custody stays.

Each center utilizes the Model of Care in addition to crisis and assessment services and provides a structured environment which includes recreation, personal hygiene, self-care, school, meals, individual rooms, group interaction, socialization skill-building activities, independent living skills, and crisis counseling.

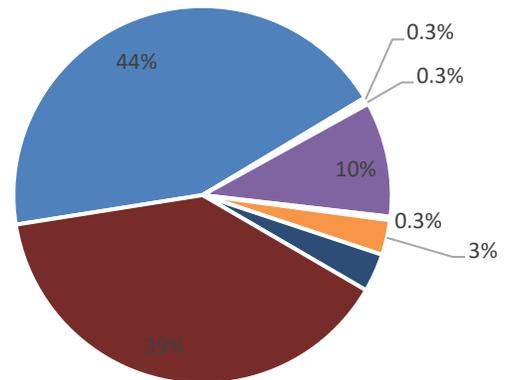
## Demographics for youth served in FY 2022-2023

- 335 youth were served in FY 22-23.
- Nineteen (19) youth were placed in the center's secure custody beds by court order. 74% or 14 secure custody youth were 13 years of age or younger.
- 14.5 was the average age of youth receiving assessment or crisis services in the Juvenile Crisis and Assessment Centers.
- 13.2 was the average age of youth in secure custody at the Juvenile Crisis and Assessment Centers.
- 65% of youth receiving crisis and assessment services were male, 35% were female. Of the youth in secure placement, 37% were female, and 63% were male.
- The average length of stay (ALOS) for the youth was 24 days for assessment and crisis services and 20 days for youth in secure custody.

\*Note: 1 juvenile was recorded as detained in a secure bed for 252 days which if considered would increase the ALOS to 32 days.

Graph 4.1 Race/Ethnicity of Youth Served by Crisis and Assessment Centers

■ African American ■ American Indian ■ Asian  
■ Hispanic/Latino ■ Native Hawaiian ■ Two or more races  
■ Unknown ■ White



## Outcomes

Change in a youth's social and emotional functioning are measured by The Youth Outcome Questionnaire- Self Report (YOQ-SR), a brief 64-item self-report measure of treatment progress for adolescents (ages 12-18) receiving mental health intervention. The YOQ-SR is meant to track actual change in functioning during care or treatment being provided, as opposed to assigning diagnoses. The assessment looks at six areas (intrapersonal distress, somatic distress, interpersonal relations, critical items, social problems, and behavioral dysfunction) and produces a total score. After a close analysis, it is evident that youth come into care with a higher-than-average score of forty-seven (47), which shows that the youth are experiencing clinically high levels of distress at a time of admission. This score drops to an average of twenty (20) by the time of discharge, which is a normal stress level for an adolescent. The reduction in score demonstrates the positive impact of the centers' environment on the youth served.

Youth who complete the assessment process leave with a comprehensive psychological assessment and plan of care, with recommendations and action steps for the youth to follow to ensure that they

receive the most appropriate interventions and avoid further court or legal sanctions. The top three most common diagnoses for youth served at the centers were Attention Deficit Disorder (37%), Oppositional Defiant Disorder (32%), and Anxiety (20%). The top three recommendations were Functional Family Therapy, Psychiatric Residential Treatment Facility, and Level II Juvenile Justice Residential Programs. Thirty-seven (37%) of youth served received a change in diagnosis while in care. This change could include removal of previous diagnoses which may no longer apply or the correction of and change to a different more appropriate diagnosis. This allows for more accurate recommendations to be made as they are based on the most current data.

**Primary Recommendations Based on Assessments**

Juvenile Crisis and Assessment Centers make primary treatment/service recommendations based on individualized assessments. Secure custody and crisis youth do not receive assessments; however, there are situations whereby the centers initially respond as crisis caregivers and then juveniles remain at the center to obtain assessments as more information is gathered about the juvenile’s needs. The primary recommendations for assessment youth served FY 22-23 who completed the assessment process are noted in Table 4.1 below.

**Table 4.1: Crisis and Assessment Center Primary Recommendations**

<b>Program Name or Type</b>	<b>Primary Recommendation Percentage 2022-23</b>
Functional Family Therapy	18%
Psychiatric Residential Treatment Facility (PRTF)	15%
Level II JJ Residential Placement	13%
Multi-Systemic Therapy	11%
Outpatient Therapy	10%
Intensive In-Home	9%
Level 3 Mental Health Group Home	8%
Therapeutic Foster Care	4%
High Fidelity Wrap-Around Services	4%
Transitional Living Program	2%
Mentor Program	2%
Outpatient Substance Abuse Treatment	2%
Level 2 Mental Health Group Home	1%
Foster Care	1%
TASK program	1%

**Cost Comparison**

**Table 4.2: Juvenile Crisis and Assessment Centers Cost vs Youth Development Centers**

<b>Juvenile Crisis and Assessment Center Program vs Youth Development Center</b>	<b>Cost per youth</b>
FY 22-23 Crisis and Assessment Centers	\$12,239
FY 22-23 Youth Development Center	\$136,692

## **Conclusions**

Methodist Home for Children's Value-Base Therapeutic Environment (VBTE), including its Model of Care, is the treatment model utilized within crisis and assessment centers; however, assessment services are not considered a therapeutic treatment intervention intended to effect recidivism. Due to the typical length of stay of less than thirty (30) days and use of assessments in service delivery, recidivism is not tracked for this service.

## **Eckerd Connects Short-Term Residential Programs: Male Short-Term Residential**

### **Overview**

FY 2022-2023 marked the twelfth year of a contractual partnership with Eckerd to provide short-term residential programming as a Level II court ordered disposition. Eckerd’s residential program model offers a complete rehabilitative experience delivered in an average of four (4) to six (6) months to adjudicated male youth ages thirteen (13) to seventeen (17) referred by the Division of Juvenile Justice and Delinquency Prevention. These services are delivered on two campuses: Candor, located in Montgomery County, and Boomer, located in Wilkes County.

Eckerd’s short-term residential treatment concept combines promising and evidence-based practices with a strong family transition component. Intensive, short-term services include individualized treatment and academic plans that combine formal and experiential education, vocational education, community service, behavioral health, and family counseling designed to address the youth’s behavioral challenges through a strength-based approach. Youth also receive accredited education on-site and work together in small group settings with assigned counselors.

### **Youth Profile**

Most referrals made to these short-term residential programs are males possessing a Level II disposition. All males referred are assessed as medium or high risk and typically have high needs. These youth have had multiple adjudications for person and property offenses and have received multiple community-based interventions. These youth also have histories of significant school discipline problems, often resulting in short and long-term suspensions. Other indicators found in these youth include histories of substance abuse, gang involvement, unmet mental health needs, and family discord.

### **Service Capacity**

The Eckerd campuses at Candor and Boomer are contracted to serve eighty (80) youth at a time and approximately 198 youth annually. Both campuses are designed to serve juveniles referred statewide. Eckerd Boomer primarily serves youth referred from the Piedmont and Western region while Eckerd Candor primarily serves youth referred from the Central and Eastern region of the state. However, the sites are not restricted to only accepting referrals from their primary catchment.

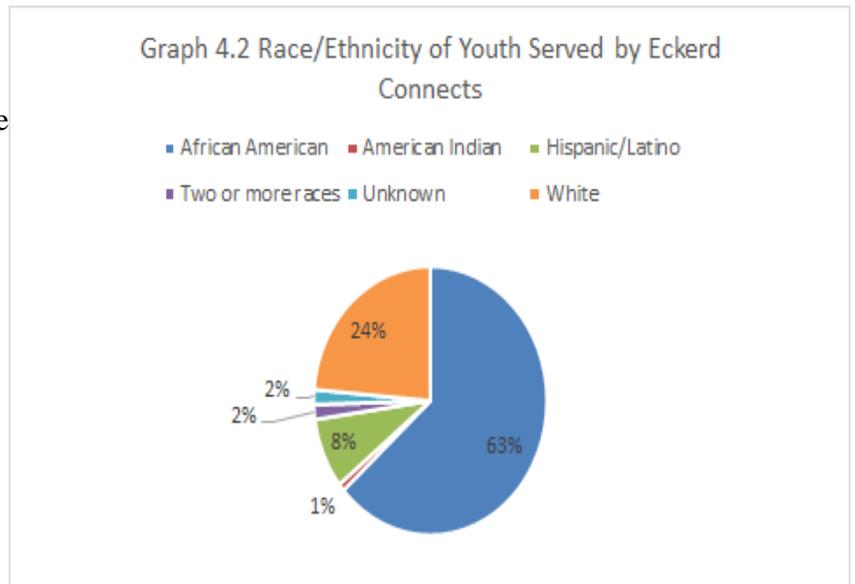
### **Cost Comparison**

**Table 4.3: Eckerd Short-Term Residential Services Cost vs Youth Development Center**

<b>Male Short-Term Residential Program vs Youth Development Center</b>	<b>Cost per youth</b>
FY 22-23 Eckerd Short-Term Residential	\$ 33,144
FY 22-23 Youth Development Center	\$136,692

**Demographics for youth served in FY 2022-2023**

- 224 youth were served in FY 22-23.
- 100% of the youth served were males.
- The average length of stay in the program was 127 days or 4.2 months.
- Average age at admission was 15.3.



**Outcome Data for Youth**

**Academic Growth**

Most of the youth served by Eckerd in FY 2022-2023 achieved academic progress through experiential learning. Eckerd administers the STAR Reading and Math Assessment to measure academic progress in reading and math. Youth are given a pre-test upon their arrival and post-test at their completion. For youth successfully completing the program in FY 2022-2023, results show an average increase in reading scores of 1.6 grade levels and an average increase in math scores 1.7 grade levels. See the Table 4.4 below, which represents the youth that completed the program successfully, and who, at intake, presented below average in scoring.

**Table 4.4: Academic Growth –STAR Reading and Math Assessment Average Test Score**

Subject	Average Grade Level at Intake	Average Grade Level at Exit	Average Grade Level Improvement
Reading	4.8	6.3	1.6
Mathematics	5.4	7.2	1.7

**Mental Health Gains**

Mental health gains are measured by The Youth Outcome Questionnaire-Self Report (YOQ-SR), a brief 64-item self-report measure of treatment progress for adolescents (ages 12-18) receiving mental health intervention. The YOQ-SR is meant to track actual change in functioning as opposed to assigning diagnoses. The YOQ-SR is completed at intake, at discharge, and as needed throughout the course of services. The instrument domains address intrapersonal distress, somatic complaints, interpersonal relations, social problems, behavioral dysfunction, and suicidal ideation. The YOQ has very strong reliability with a .79-.84 test/retest rate (OQ Analyst, 2007). Of youth who successfully completed the program in FY 2022-2023, 98% showed mental health gains. These are youth who presented in the clinical range at intake and successfully completed the program.

**Social Skill Gains**

Social skills gains are measured by the Social Skill Improvement System (SSIS). This instrument, by Pearson Assessments, is a pre/post measure of social skills (interpersonal behaviors that help the individual in society), normed by age and gender. The SSIS assesses both positive and problem social skills behavior. Specific categories assessed are as follows: Social Skills which include cooperation, empathy, assertion, self-control, responsibility, communication, and engagement; and Problem Behaviors including externalizing behavior (aggression), hyperactivity/inattention, bullying, and internalizing behavior (sadness, anxiety). This instrument serves a dual purpose of providing important structured feedback for individual service plan development and providing an outcome assessment instrument to gauge the success of wraparound services rendered. Of those youth who successfully completed the Eckerd Short-Term Residential programs, 97% showed social skills gains. These are youth that presented with below average scoring in Social Skills at the time of intake and successfully completed the program.

**Recidivism**

FY 2021-2022 and FY 2022-2023 recidivism data shows that of the 295 youth who had been in post-discharge status from Eckerd Short-Term Residential for more than six (6) months, sixty-one (61) youth, or 21%, received a new adjudication and six (6) youth, or 2%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 22%.

At twelve (12) months post discharge, there were 202 youth who could be analyzed for this report. Sixty-six (66) youth, or 33%, received a new adjudication and ten (10) youth, or 5%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 36%.

**Table 4.5: Eckerd Male Short-Term Residential Recidivism**

<b>Eckerd Male Short-Term Residential, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	295	202
Distinct Juveniles with Complaints Adjudicated	61	66
Distinct Juveniles Adjudication Recidivism	21%	33%
Adult Convictions (Distinct Juveniles)	6	10
Adult Recidivism (% of Distinct Juveniles Convicted)	2%	5%
Distinct Juveniles with Adjudications or Convictions	65	73
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>22%</b>	<b>36%</b>

*Note: 2 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 3 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period*

## **Conclusion**

Eckerd Short-Term Residential facilities provide intensive, residential services to Level II serious and/or chronic juvenile offenders with elevated risks and needs. Programming offers an experiential learning environment that promotes academic improvement and pro-social skill building through the use of evidence-based, cognitive behavioral interventions. This residential program often serves as the final intervention before a youth is committed to a youth development center. Ultimately, some of the highest risk male youth in the state are served at the Eckerd Short-Term Residential Programs. The results of this analysis show that these short-term residential programs are achieving positive outcomes for youth who are served, with 64% of those participating in the program not reoffending at twelve (12) months post completion.

## **Eckerd Connects Short-Term Residential Programs: Female Short-Term Residential**

### **Overview**

The Eckerd Girls Academy at Kerr Lake, also referred to as Eckerd Kerr Lake, is a gender responsive, short-term, residential treatment option for adolescent females between thirteen (13) and seventeen (17) years of age. Youth accepted into the twenty (20)-bed program are typically adjudicated Level II offenders referred by Juvenile Justice and Delinquency Prevention. The average length of stay ranged between four (4) and six (6) months and the site has the ability to serve approximately sixty (60) youth annually. The program is licensed as a Residential Treatment Facility by the North Carolina Department of Health and Human Services and sits on an expansive lake-front property leased from the Army Corp of Engineers. The Eckerd Kerr Lake program accepts referrals from all 100 counties in the state.

The primary goal of the Eckerd Kerr Lake Program is to assist adolescent females with learning the skills and developing the tools needed to successfully transition back to their families and re-integrate into their communities. Individualized service plans guide the development of the services based on the need to facilitate the social and emotional growth within each adolescent. The program utilizes Girls Circle, a structured support group that addresses the needs of girls, and Seeking Safety, a therapeutic program for females suffering from trauma, substance abuse, and/or post-traumatic stress disorder.

### **Eckerd Crisis Team**

Eckerd, in a joint initiative between DPS Community Programs Section, the Department of Health and Human Services, and VAYA Managed Care Organization, created an on-campus Crisis Team that is available on a 24/7 basis to intervene with girls who experience behavioral health crisis while being served within the program. The goal is to prevent Involuntary Commitments (IVCs) and to enhance treatment at Eckerd in a trauma-informed manner. The Crisis Team consists of four (4) direct service staff, one (1) program manager, and one (1) licensed mental health professional. The Crisis Team staff receive specialized training in Trauma Informed Care, Motivational Interviewing (MI), crisis de-escalation, and other specialty fields as appropriate. Crisis Team staff offer one-on-one supervision, counseling, and coaching during a mental health crisis until the crisis is resolved. The team provides on-going intervention services to effectively engage in safety planning and to intervene immediately to sustain safety while, simultaneously reducing the likelihood of hospitalization. Supportive services may range from a few hours to several days. This new Crisis Team model enables youth to be less traumatized by removal from campus to hospital settings, with an added benefit of creating stabilization in a familiar, and safe environment.

### **Youth Profile**

Most referrals made to this short-term residential program are females possessing a Level II disposition, however, the program also serves female youth released from youth development centers. All females referred are assessed as medium or high risk and typically have high needs and exposure to severe

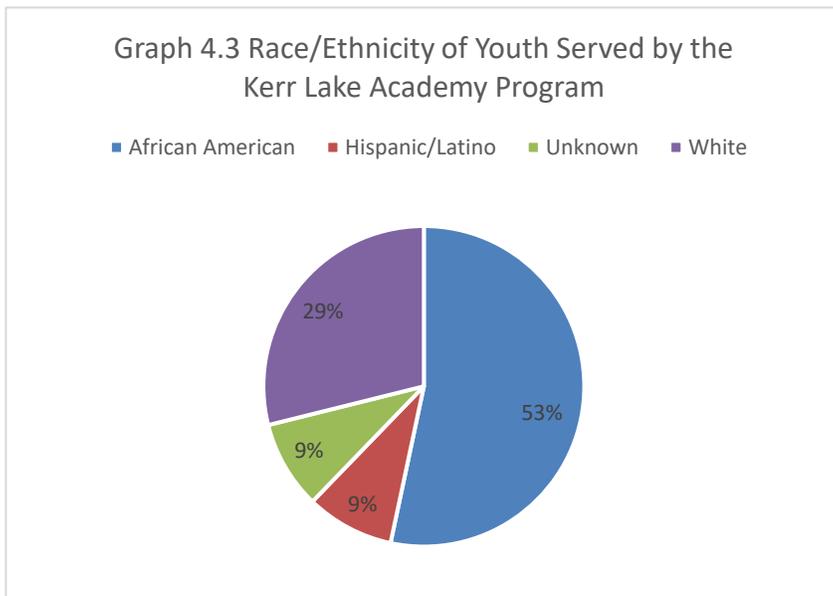
traumatic events. These youth have had multiple adjudications for person and property offenses and have received more than one community-based intervention prior to referral. In some cases, juveniles come with a history of prior unsuccessful residential placements. A significant number of these adolescents have also experienced school discipline problems resulting in both short and long-term suspensions. Other indicators found in the referred population include trauma, substance abuse, gang involvement, mental health diagnosis, and family discord.

**Table 4.6: Eckerd Kerr Lake Girls Academy Cost vs Youth Development Centers**

Female Short-Term Residential Program vs Youth Development Center	Cost per youth
FY 22-23 Eckerd Kerr Lake	\$ 56,484
FY 22-23 Youth Development Center	\$136,692

**Demographics for youth served in FY 2022-2023**

- A total of 45 clients were provided services.
- 100% of the youth served were female.
- The average length of stay in the program was 157 days or 5.2 months.
- The average age of this female population was 15.1 years.



**Outcome Data for Youth:**

**Academic Growth**

Most of the youth served by Eckerd in FY 2022-2023 achieved academic progress through experiential learning. Eckerd administers the STAR Reading and Math Assessment to measure academic progress in reading and math. Youth are given a pre-test upon their arrival and post-test at their completion. For youth successfully completing the program in FY 2022-2023, results show an average increase in reading scores of 1.3 grade levels and an average increase in math scores of 2.4 grade levels. See the table below, which represents the youth that completed the program successfully, and who, at intake, presented below average in scoring.

**Table 4.7: Academic Growth –STAR Reading and Math Assessment Average Test Score**

Subject	Average Grade Level at Intake	Average Grade Level at Exit	Average Grade Level Improvement
Reading	5.7	7.0	1.3
Mathematics	5.6	8.0	2.4

**Recidivism**

FY 2021-2022 and FY 2022-2023 recidivism data (Table 4.8) shows that of the sixty (60) youth who had been in post-discharge status from Kerr Lake for six (6) months, six (6) youth, or 10%, received a new adjudication and one (1) youth, or 2%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 12%.

At twelve (12) months post-discharge, there were forty-five (45) youth who could be analyzed for this report. Six (6) youth, or 13%, received a new adjudication and one (1) youth, or 2%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 16%.

**Table 4.8: Eckerd Girls Academy at Kerr Lake- Female Short-Term Residential Recidivism**

Female Short-Term Residential, Recidivism		
Post-Discharge Time Frame	0 to 6 Months	0 to 12 Months
Distinct Juveniles in the Community for At Least 6 or 12 Months	60	45
Distinct Juveniles with Complaints Adjudicated	6	6
Distinct Juveniles Adjudication Recidivism	10%	13%
Adult Convictions (Distinct Juveniles)	1	1
Adult Recidivism (% of Distinct Juveniles Convicted)	2%	2%
Distinct Juveniles with Adjudications or Convictions	7	7
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>12%</b>	<b>16%</b>

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period*

**Conclusions**

The outcome and recidivism data from the Eckerd Kerr Lake program is positive and reflects noteworthy change in youths’ adjustments, indicative of effective services addressing trauma-related issues, despite the small number of youths who were analyzed.

## **Multi-Purpose Group Homes**

### **Overview**

The Division of Juvenile Justice and Delinquency Prevention currently contracts with Methodist Home for Children to operate five (5) multi-purpose group homes that provide secure non-institutional alternatives to secure detention and youth development centers. The five homes are located in the following counties: Chowan, Hertford, Robeson, Wayne, and Macon. These eight-bed facilities feature the Model of Care program, recognized by the Federal Office of Juvenile Justice and Delinquency Prevention as a Promising Practice, which addresses antisocial behaviors by implementing a social and life skills curriculum that has been individualized for each youth. Implementation involves consistent and continuous behavioral teaching and the practice of selected skills. This focus on practice and skills meets the learning style needs of each youth and leads to an internalization of skills and the values of honesty, respect, responsibility, empowerment, compassion, and spirituality. Each home is staffed with a program manager, residential counselors, a certified teacher, and a family services specialist that works with youth and their families. The homes serve court-ordered adjudicated youth in the judicial districts where the homes are located, but also offer flexibility to address the needs of juveniles from other judicial districts and counties. In FY 2020-2021 a sixth blended model program was opened in Monroe, in Union County. This blended model program had seven (7) multipurpose home program beds and two (2) transitional living beds in addition to one (1) dedicated emergency placement bed for Union County DSS use. Data from the Union County Home has been included in this year's report; however, the site has been relinquished to the county, due to their increasing needs for their DSS population. The Union County MPGH was closed effective December 31, 2023.

### **Youth Profile**

Youth being referred to the multi-purpose group homes have received a Level II court-ordered disposition. Typically, these males and females have had multiple adjudications for person and property offenses and have received multiple community-based interventions. These youth have also experienced significant school discipline problems resulting in short and long-term suspensions. Other indicators found in these youth include substance abuse, gang involvement, mental health needs, and family discord.

### **Service Capacity**

The five (5) multi-purpose group homes combined with the additional beds at the Union County blended program can serve forty-seven (47) youth at a time and approximately one hundred (100) youth annually. The homes are located in rural judicial districts and serve as an alternative to detention and youth development centers.

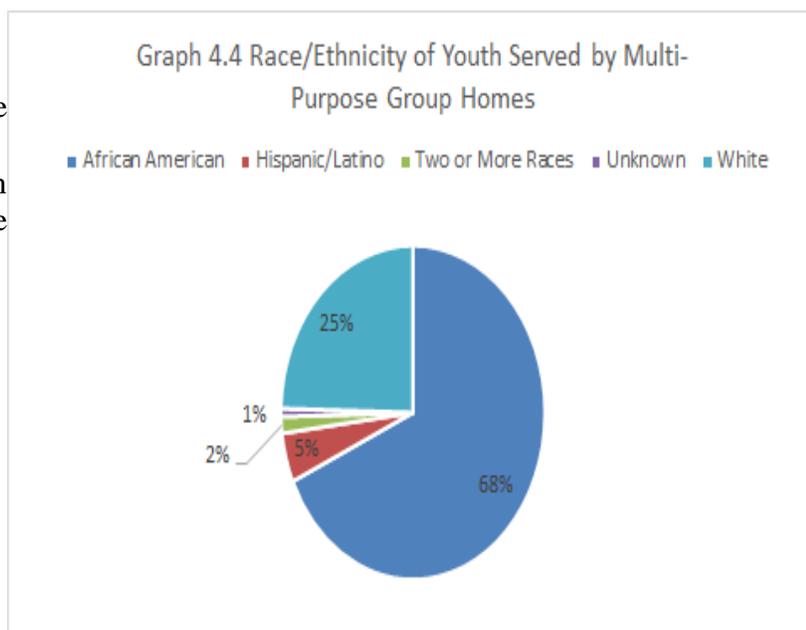
## Cost Comparison

**Table 4.9: Multi-Purpose Group Home Services costs vs Youth Development Centers**

Multi-Purpose Group Home Program vs Youth Development Center	Cost per youth
FY 22-23 MPGH Residential Program	\$ 32,736
FY 22-23 Youth Development Centers	\$136,392

## Demographics for youth served in FY 2022-2023

- 141 youth were served in FY 22-23
- The average length of stay in the program was 121 days or 4 months.
- 15.1 was the average age of youth being served in the multi-purpose group homes.
- 85% of youth served were male.
- 15% of youth served were female.



## Provider's Outcome Data for Youth Exiting in FY 2022-2023

### **Academic Growth**

Methodist Home for Children administers the Academic Achievement Battery (AAB) in all multipurpose group homes. The AAB is user and student-friendly while measuring four academic areas: word reading, spelling, reading comprehension, and math computation. The Pari Connect feature of the AAB process provides clear and easy-to-read reports for each youth and a growth report at discharge.

Table 4.9 is a snapshot of the data gathered from the administered AAB. The first row shows the average grade level of youth entering care in the four subtest areas. The second row provides the average grade level at discharge, showing the academic growth over time. The third row shows the overall grade level improvement.

Overall, this data represents the significant academic growth youth achieved while in care. Youth grew two grade levels in letter word reading, one and a half grade levels in reading comprehension, almost one grade level in math, and almost two grade levels in spelling.

**Table 4.9: Academic Growth - Wide Range Achievement Test**

	<b>Reading Comprehension Grade Equivalent</b>	<b>Math Computation Grade Equivalent</b>
Average grade level of youth at admission	<b>4.8</b>	5.4
Average grade level at discharge	<b>9.1</b>	6.2
Overall Grade level improvement	<b>4.3</b>	0.8

### **Change in Risk & Protective Factors**

The information provided in the table below reflects data from the *Risk and Protective Factors Worksheet* for youth served during FY 2022-2023. Risk factors are evidence-based characteristics that increase the likelihood of a youth being at high risk for committing delinquent acts and therefore needing continuous services to manage functioning. Likewise, protective factors are characteristics that protect the youth and reduce this risk. This assessment is completed for each youth at admission and at discharge. The categories listed in Table 4.10 represent a set of protective factors that have a positive correlation to youth resiliency and success. The data show a significant positive increase in critical protective factors for youth while in care.

**Table 4.10: Change in Risk & Protective Factors**

<b>Category</b>	<b>Admission</b>	<b>Discharge</b>
Involvement with mentor or caregiver	35%	95%
Regular contact with parent, relative, or caregiver	91%	95%
Acceptance of authority	44%	79%
School performance (at grade level)	32%	68%
Reading ability	43%	82%
Age-Appropriate social behavior	49%	84%
Positive self-image	56%	83%
Empathetic towards others	49%	76%
Positive goal oriented	54%	78%
School/community activity involvement	13%	61%
Religious community involvement	16%	54%
Good personal health habits	72%	95%
Decision making	28%	65%
Honesty behavior	15%	67%
Substance-free behavior	27%	68%
Personal development activities	57%	83%

## Youth Outcome Survey

To follow the progress of program-served youth, the contracted provider conducts outcome surveys up to twelve (12) months post discharge from the continuing care program. These surveys help all parties understand the success of post-discharged youth served through a multi-purpose group home. Listed in Table 4.11 below are data from the surveys that were completed during FY 2022-2023.

**Table 4.11: Youth Outcome Survey**

Measure	% Reported
Living in a safe home environment that is either in the child’s permanent home or the next logical, most appropriate setting towards a permanent home	97%
Maintaining a positive on-going relationship with a caring, responsible adult	96%
Attending School/Work regularly	93%
Engaged in Positive Development Activities	81%
Attended Routine Health Appointments	92%
Attending MH apt or Participating in Treatment	88%
Following substance abuse recovery plan	72%
Regularly participating in pro-social community activities	63%

## Recidivism

FY 2021-2022 and FY 2022-2023 recidivism data in Table 4.12 shows that of the one hundred and sixty-three (163) youth who had been in post-discharged status from multi-purpose group homes for six (6) months, thirty-one (31) youth, or 19%, received a new adjudication and eleven (11) youth, or 7%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 26%.

At twelve (12) months post-discharge, there were one hundred and eighteen (118) youth who could be analyzed for this report. Twenty-seven (27) youth, or 23%, received a new adjudication and eleven (11) youth, or 9%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 31%.

**Table 4.12: Multi-Purpose Group Home Recidivism**

Multi-Purpose Group Homes, Recidivism		
Post-Discharge Time Frame	0 to 6 Months	0 to 12 Months
Distinct Juveniles in the Community for At Least 6 or 12 Months	163	118
Distinct Juveniles with Complaints Adjudicated	31	27
Distinct Juveniles Adjudication Recidivism	19%	23%
Adult Convictions (Distinct Juveniles)	11	11
Adult Recidivism (% of Distinct Juveniles Convicted)	7%	9%
Distinct Juveniles with Adjudications or Convictions	42	36
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>26%</b>	<b>31%</b>

*Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 2 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period*

## **Conclusions**

Multi-purpose group homes continue to be an invaluable, cost-effective resource to judicial districts and local communities serving as an alternative to committing youth to a youth development center.

# **Section V**

## **Transitional Services**

## **Transitional Living Homes**

### **Overview**

For almost twelve years, Methodist Home for Children has operated transitional living programs. In fiscal year 2022-2023, there were three transitional living programs: The initial and longest standing of the transitional programs is Craven transitional living program in New Bern, the Forsyth transitional living program located in Winston Salem, and the North Hills transitional living program for females located in Raleigh. An additional two (2) transitional living program beds were embedded in the blended model program in Union County. Transitional living programs are six (6) to twelve (12)-month residential programs that help youth leaving a youth development center or a residential program build the skill sets they need to transition back to the community and live independently. Programs can also serve youth who are designated as in need of intensive intervention services; however, the youth must be at least 16 years of age.

The Craven and Forsyth transitional living programs have the capacity to serve six (6) male youth, and the North Hills site has the capacity to serve five (5) female youth. However, the Forsyth transitional living home closed on December 31, 2022, and had to be relinquished to Forsyth County for similar reasons as the Union County group home—diminishing viable placement resources for DSS youth in foster care. The six-bed capacity at the Forsyth home was not lost, however, in that the section was able to increase capacity by two (2) beds at the Craven home site and open a new transitional living program in Wayne County, known as The Farm, which offers a four (4) bed capacity.

Major program components of the transitional living homes include education, vocational training, employment, group activities, money management, mental health services, substance abuse counseling, community volunteering, and independent living group activities. With the assistance of on-site staff and community partners, the youth learn how to budget, meal plan, develop a resume, interview for a job, negotiate salary, manage a cell phone, earn their driver's license, and open a bank account.

### **Youth Profile**

All referrals made to the transitional living programs are under post-release supervision exiting a youth development center, on probation transitioning from a residential program, or youth at least sixteen years of age who have a demonstrated need to acquire independent living skills. Typically, youth served have significant juvenile court involvement including multiple adjudications for person and property offenses prior to their commitment to a youth development center and multiple residential placements, including mental health residential programs or other residential services. Other characteristics found in these youth include substance abuse, gang involvement, and family discord. Youth selected are invested in their placement and have an expressed desire to make significant life changes. Some youth receiving services cannot return to their home communities due to safety concerns and are learning independent living skills to become self-sustaining.

**Cost Comparison**

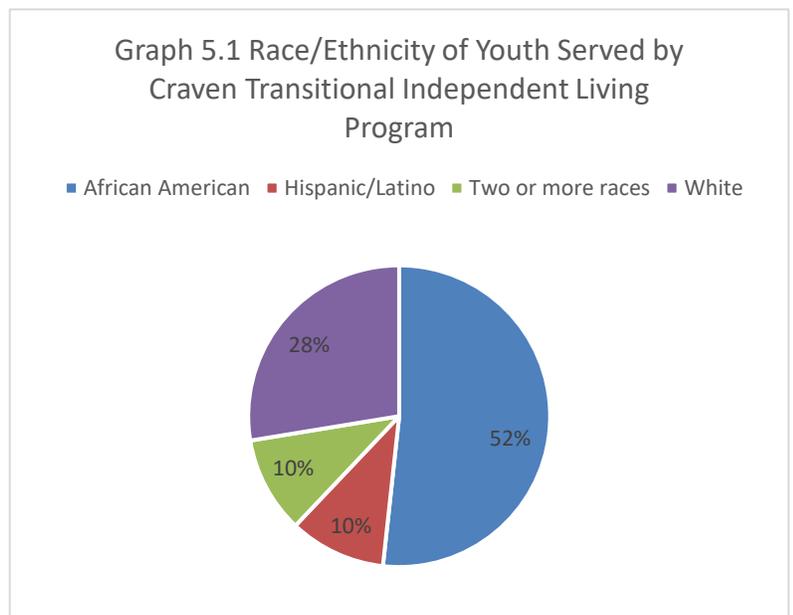
**Table 5.1: Transitional Living Programs Costs vs Youth Development Centers**

Transitional Living Programs vs Youth Development Center	Cost per youth
FY-22-23 Craven, Forsyth, and North Hills Transitional Living	\$33,676
FY 22-23 Youth Development Center	\$136,692

**Demographics of youth served during FY 2022-2023**

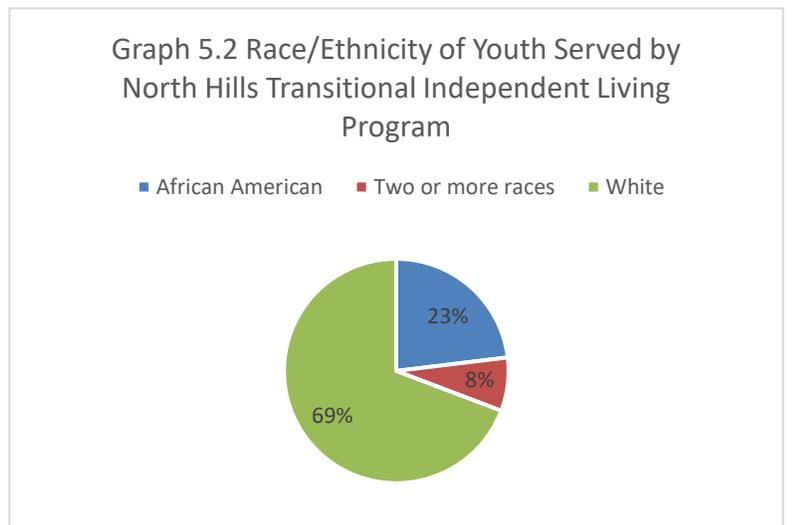
**Craven**

- In FY 22-23, a total of 29 male youth were served.
- The average age of youth served was 17 years of age.
- The average length of stay was 118.3 days or 3.9 months.



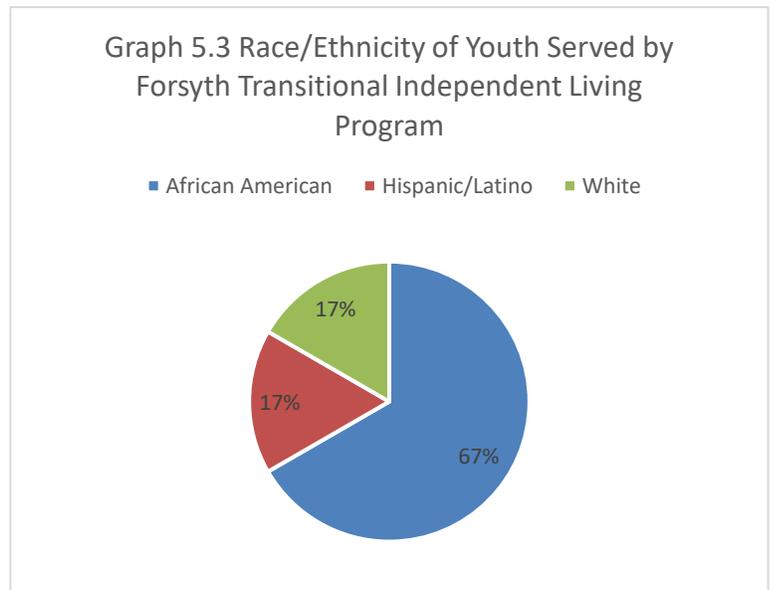
**North Hills**

- In FY 22-23, a total of 13 female youth were served.
- The average age of youth served is 16.8 years of age.
- The average length of stay was 142 days or 4.7 months.



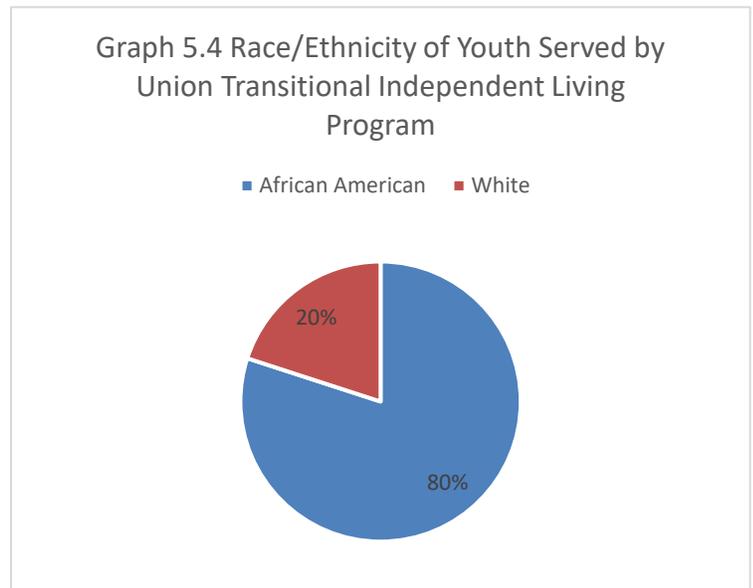
### **Forsyth**

- In FY22-23, a total of 6 male youth were served.
- The average age of youth served was 17 years of age.
- The average length of stay was 139 days or 4.6 months.



### **Union**

- In FY 22-23, a total of 15 male youth were served in the transitional living component at the Union home.
- The average age of youth served was 16.2 years of age.
- The average length of stay was 90 days or 3 months.



## **Outcome Data for Youth Exiting in FY 2022-2023**

### **Academic Achievement**

During their stay at the Craven, North Hills, Forsyth, and Union transitional living programs, youth have a choice of four educational tracks that include community college classes, vocational trade, GED, or high school. Youth who are participating in a vocational trade can also complete their GED/HiSET or high school curriculum at the same time. The education track is determined after interviewing youth to determine their career goals and interests and assessment of the youth's previous academic achievements. The Transitional Living Specialist will monitor the progress the youth are making on their decided tracks to ensure youth are able to make their discharge plans.

Craven transitional living program and Craven Community College (CCC) have developed an effective relationship by allowing the youth partner with CCC in certain trades while obtaining their GED or high school diploma. For North Hills, effective partnerships have been established with Sanderson High School as well as Wake Technical College. Forsyth has formed relationships with the local community colleges and all programs have access to Edgenuity and Penn Foster online programs.

## **Education Participation**

### **Craven**

100% of eligible youth participated in educational programming.

- Youth completed educational tracks with some youth completing more than one.
- 7 youth were enrolled in HiSET Equivalent program.
- 1 youth enrolled in Edgenuity program.
- 3 youth completed and graduated from Penn Foster
- 5 youth enrolled and continuing Penn Foster
- 4 youth graduated high school/completed HiSET prior to admission.
- 2 youth enrolled and continuing Brittan Academy

Craven has a partnership with Craven Community College's VOLT (vocational training center).

- 23 youth participated in the Core Curriculum Class
- 6 youth graduated the Core Curriculum Class
- 2 youth currently taking the Core Curriculum Class when data was captured.
- 11 youth took trade courses.
- 4 youth completed the Forklift Class and earned a certificate.
- 1 youth completed the Diesel Engine and Diesel systems technology.
- 1 youth completed small engine repair.
- 1 youth completed the Carpentry course.
- 1 youth completed the Welding Level 1 and 2 course.

### **North Hills**

92% of eligible youth participated in educational programming.

- 8 youth were enrolled in Penn Foster
- 8 youth obtained their high school diploma while in the program through Penn Foster
- 2 youth participated in public alternative school.
- 2 youth graduated prior to admission.

North Hills youth were able to achieve certificates in the following:

- 1 youth ServSafe Certified
- 1 youth First Aid/CPR certified

## **Union**

100% of youth participated in educational programming.

- 1 youth participated in the Forsyth Tech Adult Diploma Program
- 1 youth graduated from the Forsyth Tech Adult Diploma Program
- 4 youth were enrolled in Brittan Academy
- 4 youth graduated from Brittan Academy
- 10 youth participated in the education program at the Union County Group Home with their certified teacher.

## **Forsyth**

100% of youth participated in educational programming.

- 1 youth participated in HiSET Programming and Penn Foster
- 1 youth graduated.

Forsyth youth were able to achieve certificates in the following:

- 1 youth ServSafe Certified

## **Employment**

The Craven, North Hills, Forsyth, and Union (blended) Transitional Homes strive to have every youth employed during their residency in the program. The programs teach and enhance job seeking skills from the moment a youth enters the home. During the first level of the program, youth learn how to search for appropriate job placements. The Transitional Living Specialist actively engages with each youth to foster skills needed to navigate search engines, build resumes, complete online applications, and understand business etiquette and appropriate attire for local employment opportunities. The Specialist facilitates mock interviews to assist youth enhance interview skills and ask pertinent questions about the work environment and salary negotiations.

After a youth gains employment, staff provide ongoing individual sessions to ensure they are utilizing the skills acquired during their participation in the program. Employment is a core component of the transitional home as it empowers the youth by giving them confidence and improves their self-esteem as well as allowing them to be a positive contributor to the community and workforce.

### **Employment Results:**

#### **Craven**

100% of eligible youth were employed.

- 8 youth worked in the food service industry.
- 4 youth worked retail.

#### **North Hills**

100% of eligible youth were employed.

- 8 youth worked in the food service industry.
- 1 youth worked in at an animal hospital.
- 2 youth worked in retail.

## **Union**

88% of eligible youth were employed.

- 7 youth worked in the food service industry.
- 1 youth worked in a grocery store.

## **Forsyth**

100% of eligible youth were employed.

- 2 youth worked in retail.
- 1 youth worked at a hospital.
- 2 youth worked in the food service industry.

## **Program Goal Progress and Achievement**

- 100% of youth made progress on their goal of Improving Problem Solving and Decision-Making abilities.
- 83% of youth made progress on their goal of Improving their Relationships with Authority Figures
- 92% of youth made progress on their goal of Increasing Impulse Control
- 93% of youth made progress on their goal of Career Development

## **Youth Outcome Survey**

To follow the progress of program-served youth, the contracted provider conducts outcome surveys up to twelve (12) months post-discharge from the aftercare program. These surveys help all parties understand the success of post-discharged youth served through a transitional living program. Table 5.2 below shows the data from the surveys completed during FY 2022-2023.

**Table 5.2: Youth Outcome Survey**

<b>Measure</b>	<b>% Reported</b>
Living in a safe home environment that is either in the child's permanent home or the next logical, most appropriate setting towards a permanent home	94%
Maintaining a positive on-going relationship with a caring, responsible adult	97%
Attending School/Work regularly	97%
Engaged in Positive Development Activities	97%
Attended Routine Health Appointments	97%
Attending MH apt or Participating in Treatment	88%
Following substance abuse recovery plan	88%
Regularly participating in pro-social community activities	67%

## **Recidivism**

The data provided in Table 5.3 below represents promising results. Of the eighty-five (85) youth, 6-month post discharge recidivism studies show that 8% of youth recidivated with juvenile adjudications and nine (9) youth, or 11%, obtained an adult conviction. The overall recidivism rate

at 6-month post discharge was 18%. Overall, recidivism at twelve (12) months post- discharge showed that out of the fifty-nine (59) youth, seven (7) juveniles or 12% had a juvenile adjudication and nine (9) youth, or 15%, had an adult conviction. The recidivism rate at post discharge 12-months was 25%.

**Table 5.3: Transitional Living Homes Recidivism**

<b>Craven, Forsyth, Union, and North Hills Transitional Homes, Recidivism</b>		
<b>Post-Discharge Time Frame</b>	<b>0 to 6 Months</b>	<b>0 to 12 Months</b>
Distinct Juveniles in the Community for At Least 6 or 12 Months	85	59
Distinct Juveniles with Complaints Adjudicated	7	7
Distinct Juveniles Adjudication Recidivism	8%	12%
Adult Convictions (Distinct Juveniles)	9	9
Adult Recidivism (% of Distinct Juveniles Convicted)	11%	15%
Distinct Juveniles with Adjudications or Convictions	15	15
<b>Recidivism - Juvenile Adjudications + Adult Convictions</b>	<b>18%</b>	<b>25%</b>

*Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 6-month period*

*Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 12-month period*

### **Conclusions**

The transitional living homes are a four-level program based on the Teaching-Family Model that is also used in some youth development centers. These residential programs help youth build the skill sets they need to live independently. This residential model allows youth take on new responsibilities and demonstrate positive behavior change. Youth earn their independence and develop the skills necessary to sustain independence. Youth who are internally motivated and goal-orientated demonstrate success in this program model which significantly reduces the likelihood of recidivism. Additionally, the outcome data for academic achievement and employment placement demonstrates that the program model significantly improves independent living skill development, enabling youth to become productive, law-abiding members of society.