

JUVENILE JUSTICE SECTION

2015











ANNUAL REPORT



NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ADULT CORRECTION AND JUVENILE JUSTICE

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FROM THE SECRETARY



"Public safety is a fundamental function of government and is the bedrock upon which the N.C. Department of Public Safety is built. The Juvenile Justice section, which is housed in the department's Division of Adult Correction and Juvenile Justice, forms the foundation upon which this department builds its strategic efforts to prevent crime and to improve public well-being. The section achieves this goal by preventing youth from entering the criminal justice system and intervening early with those who do enter the system. Juvenile Justice staff stand ready with an array of therapeutic, family-based services and accountability measures to turn a juvenile's life around. I cannot be more proud of the efforts our staff and other colleagues have made over the last year to keep our communities safe and prevent juvenile delinquency."

- Frank L. Perry, Secretary
N.C. Department of Public Safety

FROM THE COMMISSIONER



"As Commissioner of the Division of Adult Correction and Juvenile Justice, I proudly present you with this 2015 Annual Report on the efforts of the Juvenile Justice Section. As we have consolidated the efforts of juvenile justice and adult correction into one division, I believe both groups have been greatly enhanced by the efforts of the other. I have seen how the collaborative work of the inmate construction program have made possible the needed improvements to the juvenile justice infrastructure; and I have also seen how the expertise of the Juvenile Justice Section has advanced the work we are doing with our youthful offenders in adult correctional facilities. I am extremely proud of the work the Juvenile Justice Section has achieved through the juvenile justice strategic plan, the juvenile justice re-entry reform grant initiative, and through the enhancement of community-based alternatives, which you will read about in greater detail within this report. Thanks to the hard work of our juvenile justice professionals and the collaborative work of our community partners, we have accomplished much this year; but as you will see, there is plenty still to do."

- W. David Guice, Commissioner
Division of Adult Correction and Juvenile Justice

FROM THE DEPUTY COMMISSIONER

I am proud to present the citizens of North Carolina the Juvenile Justice Section's 2015 Annual Report. This report highlights the many accomplishments achieved by the Juvenile Justice Section over the past year and presents a road map for future progress.

As the leader of the Juvenile Justice Section, I am privileged to oversee a dedicated workforce of juvenile justice professionals who strive each day to make our state a safer place for all our citizens. From our Court Services staff who are the first to interact with youth entering the juvenile justice system; to our community programs staff who help to ensure effective community-based alternatives are available across the state; to our facility-based personnel who house and care for those youth who are confined to our care: all have an unrivaled passion for working with the youth and families who enter our system. Of course, the juvenile justice system relies on many other professionals to accomplish our goals, including community-based programs, law enforcement, judges, schools, mental health clinicians, social workers and community mentors and volunteers. In collaboration with our stakeholders we are achieving better results for youth and families and making our communities safer.

When learning about incidents of juvenile crime on your television screen or in your newspaper, it is often hard to put the full picture of juvenile justice into view. The full story – as described in this report – is that much progress has been made on improving the juvenile justice system in our state, including: a decline for nine straight years in the juvenile delinquency rate; a 48 percent reduction in the use of juvenile detention; limiting the use of the youth development centers to only 1 percent of juveniles entering the system, and to those juveniles who commit the worst crimes and who present the greatest risk to their communities; and saving the state and local counties millions through the implementation of the juvenile justice strategic plan, which closes outdated and unsafe facilities and invests in more community-based alternatives. This is the full picture of a juvenile justice system that is improving and will continue to evolve in our state.

As I look to the future, where we will rely more upon evidence-based practices, moving beyond community-based supervision to comprehensive case management where a juvenile and his/her families' needs are addressed, and to establishing a full continuum of services that does not stop once a child leaves a facility, I know our system can do even more to prevent juvenile delinquency and to intervene with juveniles before they are lost to a life of crime. I would ask you to join me in this vision where every juvenile who enters the system will receive the right service, at the right time, producing positive outcomes for the youths, their families and our state.

- William Lassiter, Deputy Commissioner
Division of Adult Correction and Juvenile Justice



JUVENILE JUSTICE OVERVIEW

OUR VISION

A seamless, comprehensive juvenile justice system that provides the most effective services to youth and their families **at the right time, in the most appropriate settings.**

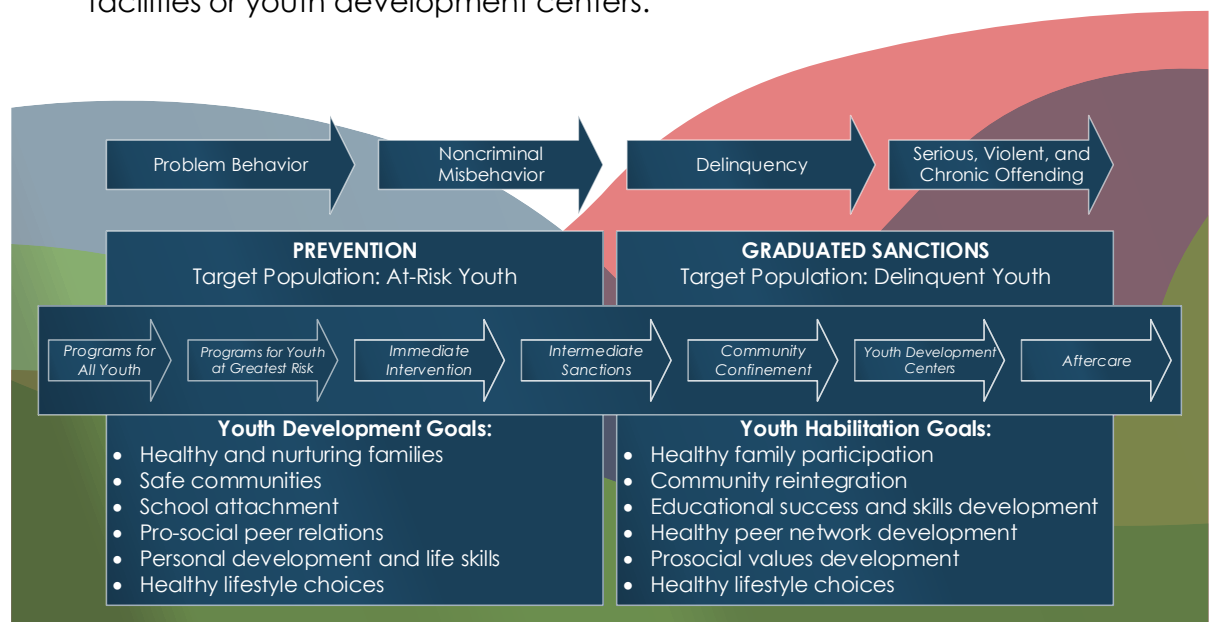
OUR MISSION

To reduce and prevent juvenile delinquency by effectively intervening, educating, and treating youth in order to strengthen families and increase public safety.

OUR COMPREHENSIVE STRATEGY

The Juvenile Justice Section works diligently to provide North Carolinians with a comprehensive strategy to help prevent and reduce juvenile crime and delinquency. This strategy, modeled after the federal OJJDP Comprehensive Strategy, provides the framework for promoting these core principles: strengthening families, promoting delinquency prevention, supporting core social institutions, intervening immediately and effectively when delinquent behavior occurs, and identifying and controlling the small group of serious, violent and chronic juvenile offenders.

North Carolina's Comprehensive Strategy offers a layered approach to responding to juvenile delinquency. First and foremost, the Juvenile Justice Section addresses prevention and early intervention programming to prevent and reduce youth at-risk from ever touching the juvenile justice system. Should these efforts fail, the system is poised to respond by employing structured decision-making tools, best-practice interventions and graduated sanctions to match juvenile offenders' risks and treatment needs to the most appropriate services and supervision. The section responds by moving from least to most restrictive intervention programming and sanctions for youth in an effort to disrupt the progression of serious, violent and chronic offender pathways. Furthermore, Juvenile Justice promotes public safety by identifying and controlling a small population of serious, violent, and chronic juvenile offenders within secure facilities or youth development centers.



STRATEGIC PLAN IN ACTION

The Juvenile Justice strategic plan closes older, less secure facilities and reinvests the savings from closing these facilities into state-of-the-art, safer and more secure facilities, and into community-based programs. Components of the strategic plan consist of:

- Phase out outdated/unsafe/underutilized facilities
- Renovate/expand facilities that are safer, more secure, and more cost-efficient
- Plan and be prepared for potential future changes to the juvenile justice system
- Continue to provide treatment and education rooted in a cognitive-behavioral approach, targeting criminogenic needs,
- Reinvest cost savings into community-based programming
- Enhance support operations, such as transportation



Governor McCrory speaks at the opening of Edgecombe YDC in Rocky Mount

During 2015, Juvenile Justice made great efforts to bring this strategic plan to fruition by shifting available resources from confinement to community programming. The Gaston Juvenile Detention Center moved to the Stonewall Jackson Youth Development Center campus, renovated Kirk building in August 2015, adding six beds to current capacity and receiving a new name: Cabarrus Juvenile Detention Center. C.A. Dillon began transition planning in 2015 to move to the newer, safer Edgecombe Youth Development Center in 2016. C.A. Dillon Youth Development Center, Housing Unit D was opened to provide crisis beds to Central and Eastern areas.

Community Programs expanded AMKids Functional Family Therapy (FFT) availability from 48 to 89 counties via Community- Based Service Contract in the fall of 2015. Other short-term residential expansions are on schedule for completion in 2016. The Dillon Crisis and Assessment Center was opened under contract with Methodist Home for Children in November 2015, and has served over 23 youth to-date. The Crisis and Assessment Center model was expanded to Forsyth in the location of the former Forsyth Detention Center via a contract amendment in November 2015, and began accepting youth in early 2016.

Community-Based Contractual Services Expansion, Crisis and Assessment Centers Establishment, and Transitional Residential Bed Expansion were all Community Programs projects completed in 2015.

Juvenile Justice is also investing in re-entry programming to ease the transition from confinement to returning to the community. Educational and vocational services, service planning and service matching, re-entry planning, accompanied by the creation and updating of structured decision making tools are all initiatives that will further the strategic plan and help Juvenile Justice attain its vision.

Here are some other future highlights of the strategic plan:

- The Stonewall Jackson Youth Development Center campus will undergo a 30 bed renovation in the McWhorter building.
- Dobbs Youth Development Center will move to the newer, safer Lenoir Youth Development Center.
- By the end of 2016, all youth development centers will operate with a consistent OJJDP Promising Practice program model.
- Future Prevention Programming Expansion Requests
- Western Area Multi-Purpose Juvenile Crisis and Assessment Center
- Gang Initiatives/Prevention

NORTH CAROLINA'S REENTRY SYSTEM REFORM INITIATIVE

Signed into law on April 9, 2008, the Second Chance Act (P.L. 110-199) was designed to improve outcomes for people returning to communities after confinement in juvenile and adult correctional facilities. This legislation authorizes federal grants to government agencies and nonprofit organizations to provide support strategies and services designed to reduce recidivism by improving outcomes for people returning from prisons, jails, and juvenile facilities. The Second Chance Act's grant programs are funded and administered by the Office of Justice Programs in the U.S. Department of Justice. Within the Office of Justice Programs, the Bureau of Justice Assistance (BJA) awards Second Chance Act grants serving adults, and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) awards grants serving youth returning from the juvenile correction facilities.

In October 2014, North Carolina was one of six states and jurisdictions awarded a Second Chance Act Comprehensive Statewide Juvenile Reentry Systems Reform Planning Program grant by OJJDP. The award led to the development of a Juvenile Justice Reentry Systems Reform Task Force comprised of representatives from the General Assembly, the judiciary, the state's child-serving agencies, consumers, and other stakeholders to guide the development of a strategic plan designed to improve outcomes for court-involved youth and also to oversee its implementation. At its initial meeting in March 2015, the task force formed four subcommittees to address the key areas identified as fundamental to improving outcomes for confined juveniles. The first subcommittee addressed a task seen as key to all other objectives: the implementation of an individualized, continuous and comprehensive service plan that is initiated for a youth at intake, follows each youth through all points of contact with the system, and which matches each youth to the services that most effectively target identified needs. The second subcommittee addressed the delivery of effective transition programming emphasizing workforce readiness and education. The third worked to enhance efforts to engage and strengthen families, and the fourth addressed our ability to track the impact of our efforts on recidivism (reoffending), education, employment and behavioral health outcomes for youth involved in the "deep-end" of the juvenile justice system. The subcommittees worked together to produce a reentry reform strategic plan and subsequently developed a blueprint for its implementation.

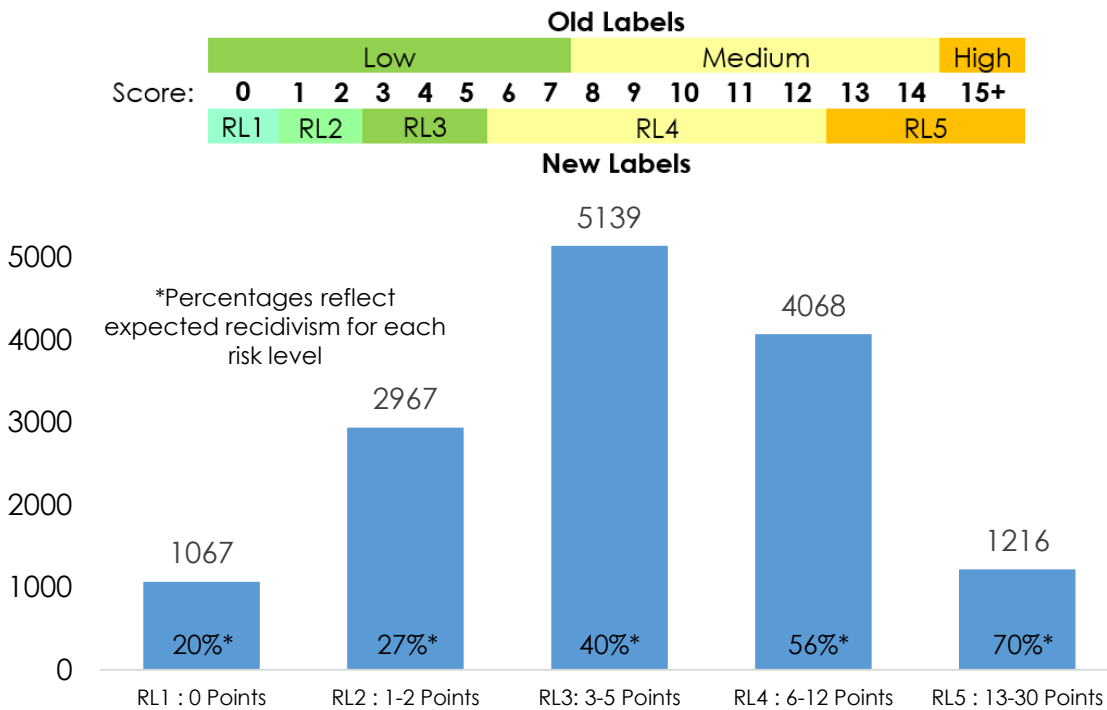
The six planning grant recipients were invited by OJJDP to apply for a grant to support the implementation of their juvenile reentry reform strategies in October 2015, with three of the six applicants to be funded. North Carolina applied for this opportunity and learned in fall 2015 that our reentry system reform implementation proposal was selected for funding, with a total project budget of \$1,470,000. To advance this effort, we have initiated a partnership with North Carolina's Government Data Analytics Center (GDAC), a data integration hub and business intelligence program developed as a public-private partnership between North Carolina State Government and its corporate partner, SAS. The GDAC compiles a wide range of government agency data, including criminal justice, employment, and education data. The GDAC will use its data analysis, programming, and software expertise to assist us with our service plan and service matching effort by making functional improvements to the service plan application, such as developing an intuitive and user-friendly interface. We will also make use of powerful data analytics in partnership with SAS (through the GDAC) applied to our risk and needs assessment, offense history, demographic information, and other databases to help identify the types of programs that most effectively and efficiently meet each youth's unique constellation of treatment needs. Finally, the GDAC will assist us in analyzing the impact of our work with youth by analyzing data from multiple sources, with an eventual aim to include employment, education, and behavioral health service utilization databases in such analyses.

We are very excited about this system reform effort, anticipated to continue at least through 2017. It affords an opportunity to improve the way we do business and to improve outcomes for youth and families in a targeted way, while significantly enhancing public safety.

RE-NORMING THE RISK OF FUTURE RE-OFFENDING ASSESSMENT

Following the N.C. Sentencing and Policy Advisory Commission's (SPAC) May 2015 recommendation to revisit and adjust risk levels, and a Department of Public Safety's internal tool validation study, the department decided to adjust the risk level to more accurately reflect the risk of the juvenile recidivating.

DACJJ research staff analyzed the SPAC dataset and identified five risk levels that coincided with court-related outcomes and recidivism. Using the risk score as the only predictor of recidivism, that score correctly predicted whether the juvenile would be re-arrested or receive a new complaint, or neither (i.e., did not recidivate), for 68 percent of the youth in the sample. As a result, in April 2016, Juvenile Justice will change the risk level score labels from low-medium-high to RL1 (lowest), RL2, RL3, RL4 and RL5 (highest). The old labels are compared with the new labels below.



The graph above reflects the number of juveniles statewide that are projected to fall into each category and the projected recidivism rate for that category for three years following completion of the risk assessment.

Matching the intensity of services and supervision to the level of risk and need produces better outcomes. Research has demonstrated that lower risk juveniles have better outcomes with low levels of supervision, whereas higher levels of supervision and services for high risk/high need juveniles lead to better outcomes. The one-third of the youth we serve who receive the highest risk scores have a better than 50 percent predicted rate of reoffending within three years. The middle third of the youth on the risk scale have approximately a 40 percent predicted rate of reoffending. Lower risk youth can often be served without court involvement through the utilization of diversion plans and community resources. While fewer youth are being referred to court, those that are referred represent a higher level of needs and risk. As a best practice in responding to the higher risks and needs of juveniles, Juvenile Court Counselors have increased the number of juveniles served with intensive services by 33 percent in the last year. To continue to address the higher risk levels and needs of juveniles, the number of juveniles designated for intensive services have increased and will continue to increase. Intensive case management is essential to producing desired mental health outcomes.

TREATMENT PROGRAMMING

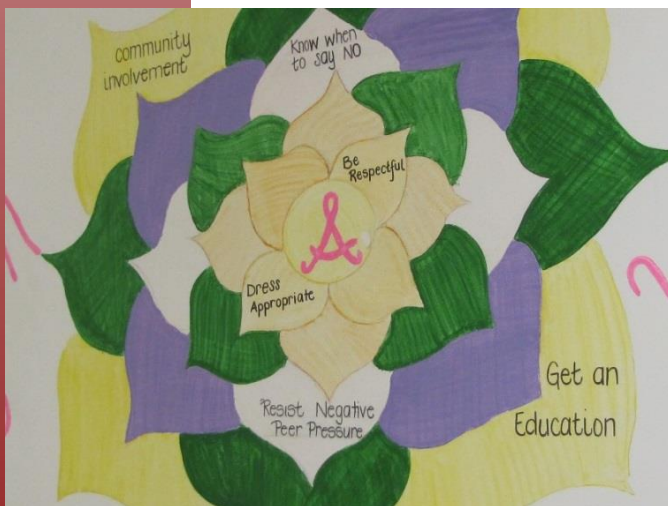
Model of Care (MOC): Juvenile Justice is committed to ensuring that youth development centers are safe, secure and therapeutic in their design. Treatment programming within the centers is based upon evidenced-based principles for reducing rates of criminal re-offending and producing safer communities. Youth development center staff are trained to implement



programming rooted in the teaching family model, wherein all staff members use a cognitive-behavioral approach to teach youth pro-social skills across shifts and settings, in an effort to promote behavior change. Under the model of care, youth rehearse and role play the pro-social skills known to build competency and reduce recidivism. Incentives are carefully managed to motivate youth to increase appropriate behaviors and to decrease negative behaviors. Core components of the model of care are well supervised and monitored on a regular basis to ensure that treatment is being delivered in the intended manner. This is accomplished through local implementation teams, with

ongoing oversight, training, technical assistance and support provided by a Juvenile Justice clinical program fidelity manager.

Effective Behavior Management/ YC 4.1: The combined use of effective behavior management techniques and a cognitive-behavioral treatment approach such as the model of care improves safety within the youth development centers and equips staff with the necessary tools to apply meaningful rewards and consequences while being consistent, supportive

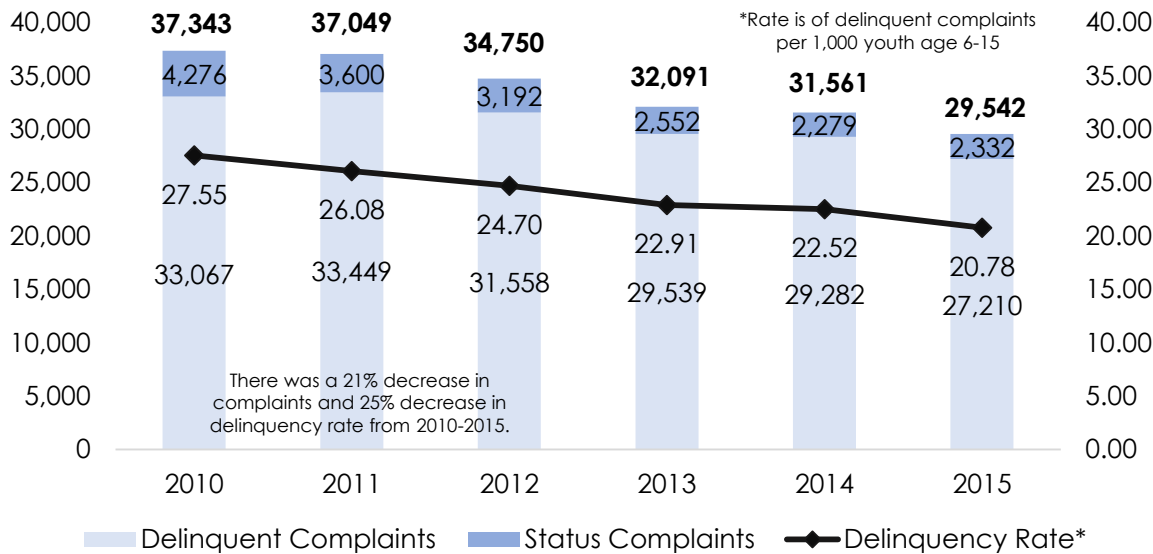


and firm, but not overly rigid. Accordingly, in 2015, Juvenile Justice continued its efforts to transition from excessive reliance on punishment as a means of controlling behavior to a more effective behavior management system designed to influence positive change and growth for youth in our care. In conjunction with those efforts, a new policy, YC 4.1 Behavior Expectations, was developed to establish rules and behavior expectations for implementation at all youth development centers. Prior to the August 2015 effective date of the 4.1 Behavior Expectations policy, all youth development center staff participated in an Effective

Behavior Management training course as well as four hours of training specifically focused on the 4.1 Behavior Expectations policy and associated procedures. As a result, all youth development center staff are now trained to recognize and immediately reinforce (reward) positive behaviors and to use response cost (loss of privileges) to discourage undesirable behavior. By the end of June 2016, all direct care staff will be trained in Youth Mental Health First Aid to enable the staff to address mental health problems or deal with mental health crises in the youth we serve.

JUVENILE OFFENSES IN NORTH CAROLINA

Complaints Received & Delinquency Rate (CY 2010-2015)

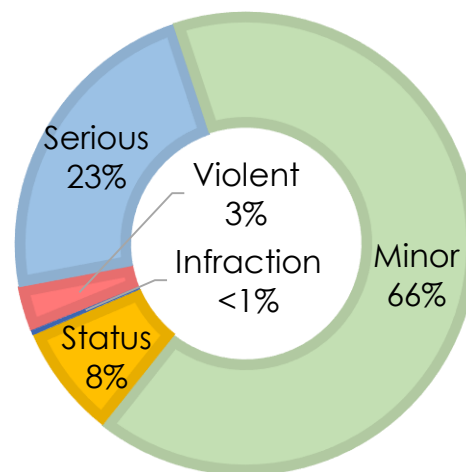


Top 10 Juvenile Offenses of 2015

Rank	Offense	Complaints
1	Simple Assault	3,238
2	Larceny (M)	2,187
3	Disorderly Conduct at School	1,617
4	Simple Affray	1,245
5	Breaking and/or Entering (F)	1,197
6	Communicating Threats	1,040
7	Injury to Real Property	1,016
8	Resisting Public Officer	839
9	Truant<16	800
10	Breaking or Entering Motor Vehicle	788

2015 Complaints by Charged Class

Charged Class	Complaints
Violent (Class A-E Felonies)	927
Serious (Class F, G, H, & I Felonies/Class A1 Misdemeanors)	6,760
Minor (Class 1, 2, & 3 Misdemeanors)	19,418
Status	2,332
Infraction	105



The majority of complaints received in 2015 were minor offenses (66%).

JUVENILE COURT SERVICES

Juvenile Court Services is the first point of contact with the juvenile justice system for a young person alleged to have committed a delinquent offense or to be undisciplined (truancy, runaway, ungovernable, etc.). In 2015, law enforcement officers or N.C. citizens filed **29,542 complaints** on **13,600 juveniles** for delinquent or undisciplined behavior. These complaints were received and evaluated by juvenile court counselors as a part of the intake process. Court counselors gather information from law enforcement, victims and community agencies. The juvenile and parents are then interviewed during an intake process where the risks and needs of the juvenile are assessed using validated instruments. Taking into account the results of the intake process, the juvenile court counselor will either:



Court Services staff at the 2015 Juvenile Justice State of the Section

- **Close** the case because further court intervention is deemed unnecessary.
- **Divert** the case from court because the juvenile does not pose a threat to society and is seen capable of proving themselves accountable for their actions. Diversion plans are created to meet their individual needs and are supported by the juvenile court counselor. Approximately three-fourths of juveniles successfully meet the terms of their diversion plan. Unsuccessful completion of plans may lead to previously diverted cases being approved for court.

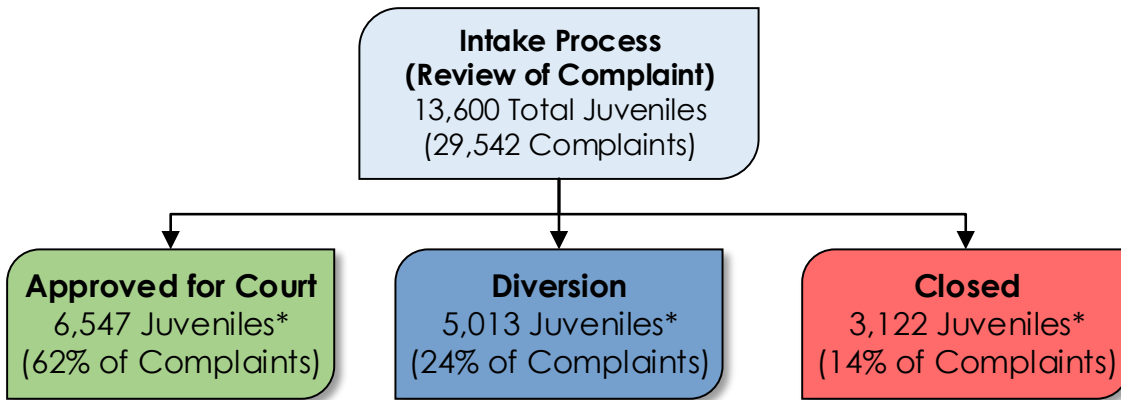
- **Approve** the case for a court hearing. If the juvenile presents a significant risk to the community, the juvenile court counselor may recommend that the judge issue a secure custody order to place the juvenile in detention until a court hearing can be scheduled.

For cases approved for court, recommendations are prepared by court counselors and presented for consideration by the judge following an adjudication of delinquency. In cases where the juvenile is adjudicated delinquent, the judge relies on the recommendations from the court counselor to create the court order specifying terms of probation. Court counselors then provide case management services to the juveniles and their families, connecting them to and advocating for services identified as necessary by a variety of assessments. Court counselors also supervise the juveniles and their families to hold them accountable for complying with the terms of their probation to ensure community safety.

All Juvenile Court Services staff will receive training and assistance in implementing **Motivational Interviewing** in 2016. Motivational Interviewing (MI) is a research supported approach to counseling individuals shown to be effective in improving rapport, program completion and outcomes for young people and families involved with juvenile justice. This tool will better prepare court counselors to serve the juveniles who enter our system with a more effective way of interviewing and engaging the youth and their parents both during the intake process and throughout their time supervising the youth.

JUVENILES IN OUR SYSTEM IN 2015

During calendar year 2015, 29,542 complaints were received involving 13,600 juveniles (some juveniles received multiple complaints). Of the 13,600 juveniles who participated in the intake process; 6,547 had one or more complaints approved for court; 5,013 were diverted from court with or without diversion plans/contracts; and 3,122 had complaints that were closed. Juveniles can enter, exit or be in multiple parts of the system at any given time.

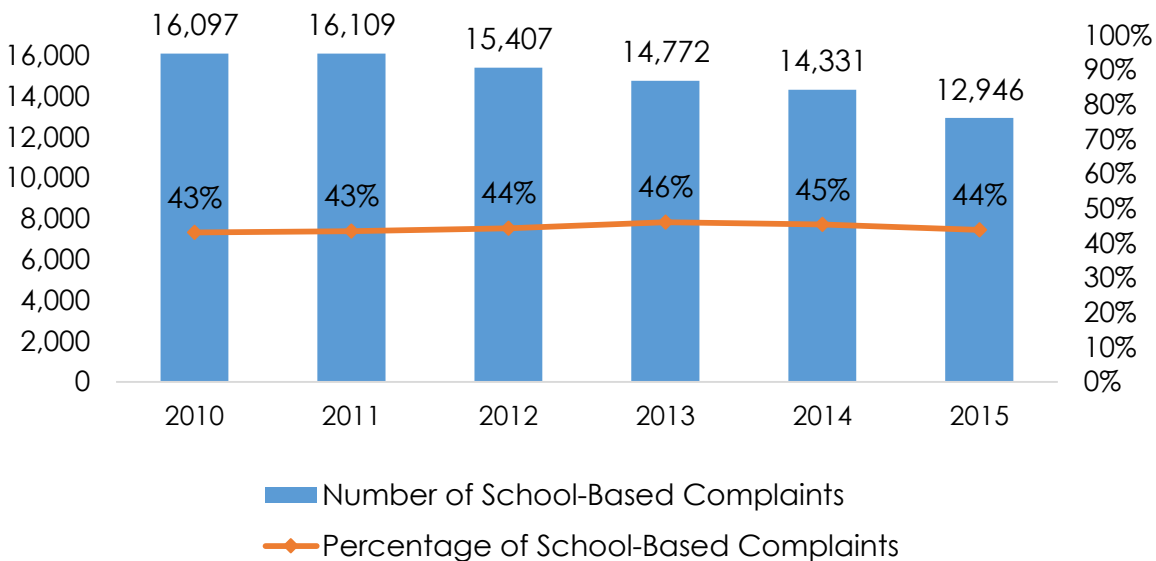


*A juvenile can receive multiple outcomes (e.g., a complaint that was originally diverted could later result in being approved for court). These scenarios cause the juvenile count for approved for court, diversion, and closed to total more than 13,600.

SCHOOL-BASED COMPLAINTS

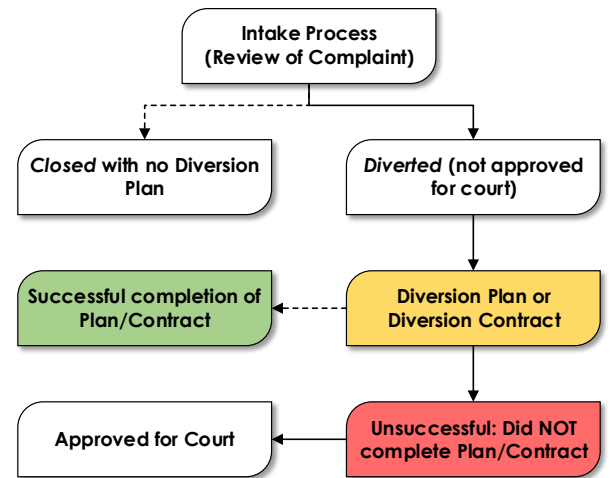
Since 2010, the number of school-based complaints have dropped from 16,097 to 12,946 in 2015 (a nearly 20 percent decrease). While the number of school-based complaints have dropped, their percentage of the total amount of complaints received has remained steady around the mid 40 percentages. The chart below shows the number of school-based complaints for each calendar year along with the percentage of total complaints received that year.

Percentage of School-Based Complaints



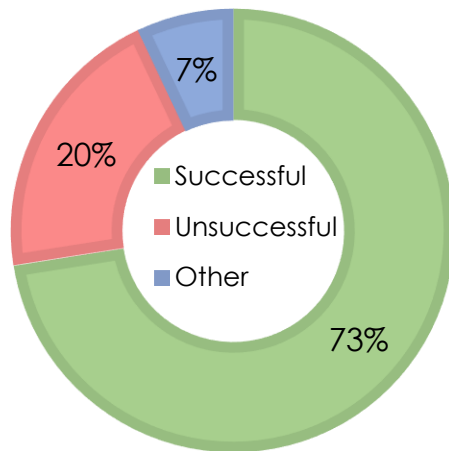
DIVERSION IN NORTH CAROLINA

North Carolina's juvenile justice system has made great gains in reducing the number of juveniles who go to court, detention and/or are committed to the Department of Public Safety, Juvenile Justice. A significant portion of these reductions are due, directly or indirectly, to diversion practices. A juvenile court counselor diverts a juvenile from a formal court hearing when the risk level is low, public safety can be assured, the needs of the juvenile can be addressed, and the young person and their family agree to



abide by the terms of the diversion. Research has demonstrated that when appropriately implemented, diversion reduces recidivism, reduces costs to the state/communities, avoids the unintended negative consequences of being labeled a delinquent, allows for the provision of needed services, and prevents unnecessary confinement. By intervening early, most young people who are diverted have no further contact with the justice system.

The idea of diversion is to intervene early and give the juvenile who has allegedly committed an illegal act an appropriate consequence and allow the juvenile to prove that he or she possesses the ability – given the opportunity and the resources – to develop into a stable and productive member of society. The flowchart above demonstrates where diversion plans/contracts are implemented within the juvenile justice process.



The North Carolina Juvenile Online Information Network (NC-JOIN) is a statewide client-based data tracking system. A juvenile court counselor can enter one of three options into NC-JOIN for outcome measures of juveniles who are diverted: Successful, Unsuccessful, and Other. The "Other" category applies to juveniles who do not successfully complete their diversion program but their non-completion may not be due to any fault of their own (i.e., family moved and closure is appropriate, complainant does not want to pursue program completion, medical/mental health issues prevent completion, etc.).

The success rate of diversion, illustrated by the graph on the left, is based on a study conducted that analyzed the outcomes of diversion on youth. That study tracked juveniles for three years who had been diverted during 2008-2011. Seventy-three percent of juveniles successfully completed the terms of their diversion, and 76 percent of the juveniles did not acquire new juvenile complaints within two years following their diversion. A second diversion study will be conducted in 2016.

COLLABORATING FOR BETTER OUTCOMES

The use of evidenced-based assessment instruments has resulted in better service planning and matching of services to the needs of juveniles. Juvenile court counselors utilize the Global Appraisal of Needs (GAIN) screening instrument to identify those young people who need comprehensive mental health and/or substance abuse assessments. Seventy-six percent of young people administered the GAIN meet the criteria for a comprehensive clinical assessment. When comprehensive assessments indicate the need for mental health and/or substance abuse services, court counselors work with community agencies to arrange for provision of those services.

The percentage of juvenile justice-involved youth who completed their mental health treatment program has steadily risen from 45 percent for FY2010-11 to 68 percent for FY14-15. This remarkable increase is the direct result of ongoing collaboration at the local and state level; juvenile justice staff members work closely with mental health professionals at the state and community level to maintain effective communication, facilitate cross system planning and assure access to appropriate treatment.

Juvenile Justice and the N.C. Department of Health and Human Services' Division of Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA), assisted by the UNC School of Government, have developed an information-sharing protocol to significantly improve and streamline the process of sharing confidential information to support better decision making in treatment planning and interagency collaboration in service delivery. Training in this information-sharing protocol and local agreements to implement the protocol will be completed in 2016.

At the state level, this collaboration has produced standardized procedures for securing treatment for young people with specialized treatment needs and highly complex cases. When all options have been exhausted at the community level, the procedures call for the swift

engagement of upper management in Juvenile Justice and MH/DD/SA in the individual cases to assure that appropriate services are available.

At the community level, one or more of the following initiatives are in place:

- Juvenile Justice Substance Abuse and Mental Health Partnership (JJSAMHP)
- Reclaiming Futures (RF)
- Juvenile Justice Treatment Continuum (JJTC)

These initiatives support effective interagency collaboration to identify mental health and substance abuse service needs of young people in the community, provide needed training opportunities for staff and strengthen case management of complex cases.

With the support of MH/DD/SA, all juvenile court counselors were trained in Youth Mental Health First Aid (YMHFA) in 2015. This evidence-based program increased knowledge of signs, symptoms and risk factors of mental illnesses and addictions. The training also improved staff members' ability to identify multiple types of professional and self-help resources for individuals with mental and substance abuse issues. Some Juvenile Court Service staff members were certified as trainers in YMHFA and have been training other juvenile justice staff and partnering agency staff in their communities. This report will later expand on the mental health and substance abuse diagnoses of the youth in our care.



DISPROPORTIONATE MINORITY CONTACT (DMC)

Decision Point	State RRI
Complaints Received at Intake	2.63
Complaints Not Approved	0.94
Cases using Secure Detention	1.42
Complaints Approved for Court	1.03
Complaints Adjudicated	0.85
Complaints Disposed	0.98
YDC Commitment	3.02

Disproportionate Minority Contact (DMC) refers to the disproportionate number of minority youth who have contact with the juvenile justice system. DMC examines the rate in which minority youth of color have contact at various points of the juvenile justice system.

North Carolina's participation in the Juvenile Justice and Delinquency Prevention (JJDP) Act (2002) links North Carolina with federal regulations addressing DMC, which includes calculations of the Relative Rate Index.

The Relative Rate Index (RRI) is the method that the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) uses to calculate the disproportionality of minority youth in the juvenile justice system, when compared to white youth.

The Relative Rate Index for North Carolina for FY 14-15 would indicate the following for minority youth (Asian, Black or African American, Hispanic/Latino, Native American, Pacific Islander, Multi-racial): Native American, Pacific Islander, Multi-racial):

(1) Minority youth were over two and half times more likely to have had complaints filed against them at Intake from law enforcement and citizens than white youth; *however, minority youth were diverted from court at a slightly higher rate than white youth* ; **(2)** Minority youth were processed through court at a relatively equal rate as white youth; **(3)** Minority youth were placed in secure detention at almost one and half times the rate of white youth; and **(4)** Minority youth were committed by rulings of the court to youth development centers at a rate three times that of white youth.

Note that despite elevated RRI scores for secure detention and YDC commitments, the absolute number of minority youth declined significantly for both secure detention and YDC commitment from FY 07-08 to FY 14-15. Since 2010, the number of non-white youth committed to a youth development center decreased by 36 percent and the number of non-white youth admitted to detention centers decreased by 42 percent.

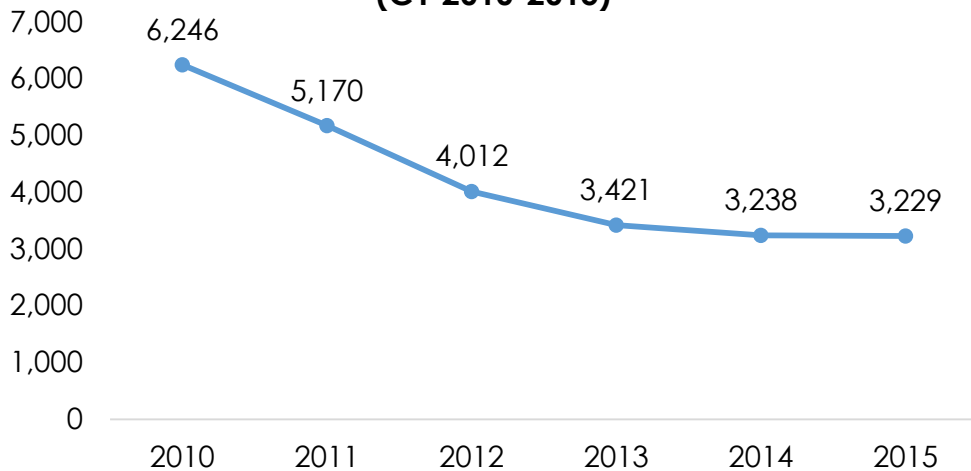
The N.C. Division of Adult Correction and Juvenile Justice (DACJJ) has implemented several policies, strategies and best practices toward reducing DMC. The DMC coordinator works closely with Juvenile Justice professionals and Juvenile Crime Prevention Councils across the state to provide training and create education and awareness of DMC. Collaborative efforts involve reviewing current data and trends, and effectively addressing DMC by implementing multi-pronged intervention strategies and initiatives. Establishing cultural competency training and increasing alternatives to detention have contributed to decreasing the number of youth unnecessarily or inappropriately detained and reducing disproportionate minority confinement and contact with the juvenile justice system. DACJJ supports efforts of grant recipients and DMC initiatives throughout North Carolina that provide opportunities for reducing DMC.

BEST PRACTICES AND TRENDS (2010-2015)

The number of juveniles placed in detention centers has decreased 48 percent

Court counselors are using a structured assessment instrument and using community resources to prevent unnecessary secure detention. Research has established that unnecessary detention of lower risk juveniles leads to poorer outcomes for those juveniles. The decline of youth in secure custody has brought about the closure of multiple detention centers. Studies indicate that lower-risk juveniles can be better served through programs and resources in their local communities.

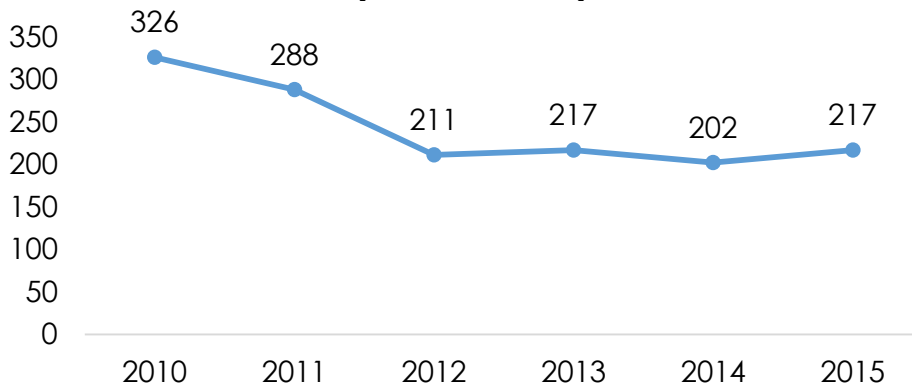
**Detention Center Admissions
(CY 2010-2015)**



The number of juveniles committed to youth development centers has decreased 33 percent

Juvenile court counselors are securing evidence-based services through Juvenile Justice Community Programs, partnerships with mental health and other community-based agencies. Judges and juvenile court staff have found these community-based services to be more effective options for some juveniles who previously would have been committed to a youth development center. Youth development center commitments should be reserved for the most serious, violent and chronic offenders.

**Youth Development Center Commitments
(CY 2010-2015)**

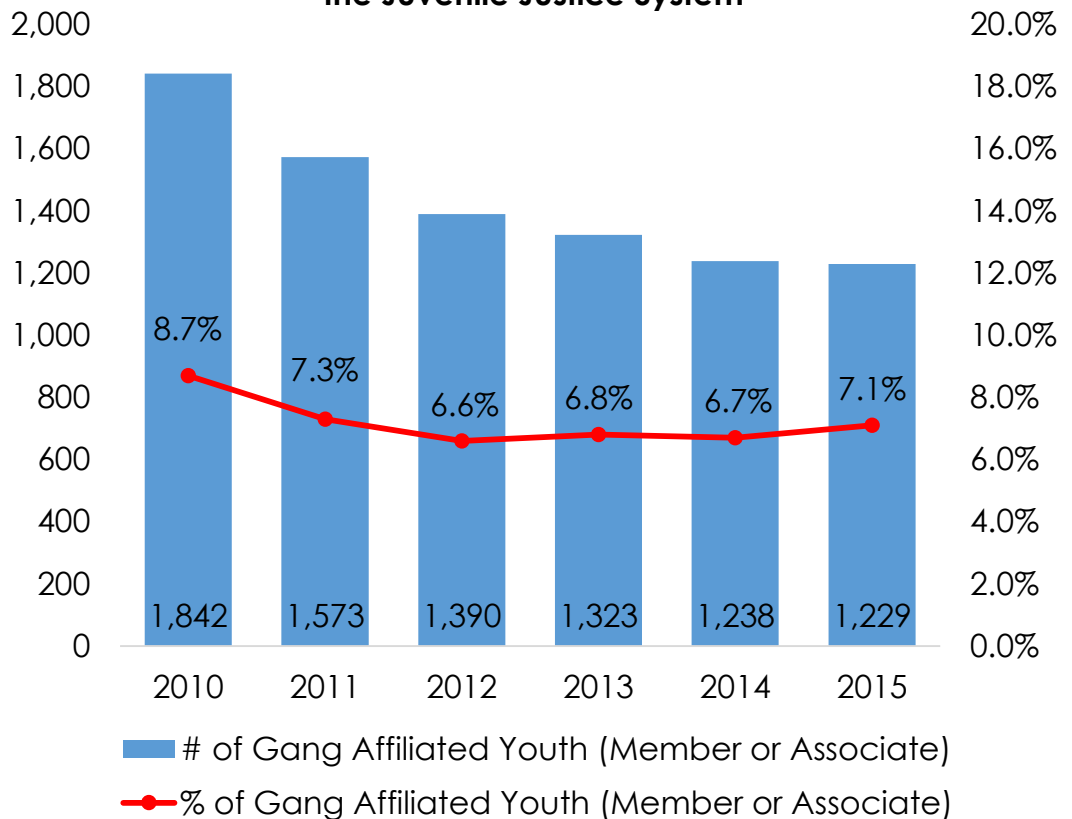


JUVENILE GANG INVOLVEMENT

The level of gang involvement among the juveniles we serve has remained constant at approximately 7 percent. Gang-involved youth are among the highest risk juveniles. Those who are gang-involved are most likely to become deeply entrenched in the juvenile justice system, including secure detention and commitment to a youth development center.

While representing a small segment of the population we serve, gang-affiliated youth require higher levels of supervision from juvenile court counselors, and their supervision presents elevated risks to those staff members. Across North Carolina, juvenile court staff work in close collaboration with law enforcement to share information about local gang activity, and to develop and implement strategies and programs to reduce gang activity. Law enforcement also provides extra security for court counselors in instances where local conditions dictate special precautions.

Juvenile Gang Members/Associates (CY 2010-2015) in the Juvenile Justice System



COMMUNITY PROGRAMS

The Juvenile Community Programs section oversees the administration of multiple program types that are funded through various revenue sources

identified by North Carolina general statute: Juvenile Crime Prevention Council (JCPC) funds that support programs within all 100 counties via the collaborative work of JCPCs and local county partners; Level II Dispositional Alternative funds that support state-level Community-Based and Residential Contracts in addition to JCPC-Endorsed Level II programs at the local level; and Alternatives to Commitment funds that support programming for the juvenile justice system's highest risk youth. These primary sources of funding support more than 500 programs that serve at-risk, diverted, court-involved, committed and post-release supervised (PRS) youth across the state. Each program type provides a linchpin into a relative portion of the workings of the Juvenile Justice Facilities Strategic Plan. Most notable are the connections to the components of 1) promoting public safety by avoiding the costs of youth development center commitment; and 2) planning and preparation for the future of juvenile justice.



Juvenile Crime Prevention Council (JCPC) Programs:

JCPC Programs are funded through a state and local partnership in all 100 counties. These partnerships between the state, local county stakeholders and nonprofit agencies produce more than 500 programs that establish a local continuum of needed sanctions and services to address the issues of delinquent juveniles and those youth most likely to become delinquent, along with their families. JCPCs are legislatively mandated bodies that annually release Requests for Proposals to inform funding decisions based on community demographics, risks, needs and gaps in services.

Assessment Centers:

The Section opened a new 12-bed crisis and assessment programming model in late November 2015 with residential contractual dollars by repurposing the use of D Cottage Unit at the C.A. Dillon Youth Development Center. The Juvenile Crisis and Assessment Center (Insight Program) is the first of several crisis and assessment centers to be established across the state, with a focus on providing 24/7 care while conducting a battery of education, environmental/social, intelligence and personality assessments. In November and December 2015, 12 youth were served. In 2016, the Section will open two more assessment centers – one in Forsyth County (by way of repurposing the Forsyth Detention Center) and one in Buncombe County (by repurposing the newly remodeled former Buncombe Detention Center). The purpose of the assessment centers is to evaluate Level I high risk/high need youth and Level II youth and make recommendations for community level and/or residential intervention/ treatment services as needed.

<u>Funding Source</u>	<u>Juveniles Served</u>
JCPC Funds	23,726
Community Based Contractual Services	605
JCPC Alternatives to Commitment Programs	111
Residential Contractual Services	410
JCPC Level II Dispositional Alternatives	296



Separating a troubled past
from a bright future.

Community-Based Contractual:

Functional Family Therapy Contract Expansion

AMIKids North Carolina Family Services (NCFS) was awarded the department's statewide competitive bid for Functional Family Therapy (FFT) on Sept. 2, 2015. The organization is a subsidiary of AMIKids Inc. based in Tampa, Fla., and has provided FFT services in North Carolina since 2011.

The award marks a milestone in addressing gaps in the continuum of care with an increased presence of short-term, family-based intervention programming statewide. FFT services guide juvenile offenders and their family members through five treatment phases. Therapists are certified to provide FFT services and participate in weekly clinical supervision with a certified FFT supervisor to ensure model fidelity. Bilingual services are also available.

Over the next two years, FFT services are anticipated to impact the lives of more than 700 juvenile offenders consisting of Level II, post release Level III juveniles returning to their communities, as well as some high risk/needs Level I juveniles. AMIKids Inc. is contracted to deliver Functional Family Therapy within an expanded 89 county catchment area. We are excited about these FFT services and the positive impact these services will make on the juveniles and their families served throughout North Carolina.

Residential Contractual Programs:

The Community Programs Section also currently contracts with three providers to offer 10 residential programs. The WestCare Girls Program is a 16-bed short-term residential facility for female juveniles who have received Level II dispositions in juvenile court. The program provides a gender-responsive therapeutic environment that focuses on trauma-informed care with an average length of stay of four to five months.



Methodist Home for Children operates five multipurpose group homes (each is co-gender) primarily for juveniles who have received a Level II disposition. The length of stay is approximately six months and the homes address antisocial behaviors through implementing a social and life skills curriculum that is individualized for each youth. Methodist also operates two transitional living homes (one for females and one for males) for youth exiting youth development centers who cannot return to their home

communities due to gang violence or family disorder. In all of the Methodist's residential programs, the Value Based Therapeutic Environment is the therapeutic program that has been recognized by OJJDP as a promising practice.

In addition, Eckerd Kids operates two short-term residential programs for male juveniles who have received a Level II disposition – Candor, which has 36 beds; and Boomer, which has 24 beds. The programs offer a social skills building curriculum and focus on redirecting criminal thinking patterns with an average length of stay of four to five months.



Level II Dispositional Alternatives and Alternatives to Commitment:

Annually, two Requests for Proposals (RFPs) are issued to seek programs to serve Level II and/or Level III youth while retaining them in the community as alternative to commitment to a YDC. In 2015, 10 Level II JCPC- Endorsed Dispositional Alternative programs and eight Alternatives to Commitment programs supported an identified service need within many judicial districts across the state.

The Level II programs seek to provide the following program types: home-based family counseling (Multi-systemic Therapy and other), counseling, experiential skill-building, Cognitive Behavioral Therapy, juvenile structured day reporting center services, sex offender assessment and treatment services, specialized foster care, and restitution & community service. The programs are selected based on needs and gaps in services in the local judicial district.

The Alternatives to Commitment funding source provides residential and/or community-based intensive services for Level III youth who are committed to the DACJJ for placement in a youth development center (YDC); Level III youth who are re-entering the community after receiving commitment programming in a YDC; and Level II youth who are most at-risk of a Level III disposition and commitment to a YDC and/or youth who are re-entering the community from a residential or other out-of-home placement. The programs, like Level II programs, are selected based on needs and gaps in services in the local judicial district.

Expansion of Residential Contractual Programs

In October 2015, the General Assembly appropriated \$2 million to increase the number of residential beds. These dollars are timely given the high demand for residential services by judges, court counselors and other service providers. The Section has already begun to work on expanding programming to sites with existing infrastructure (buildings and land at the respective locations) to meet the legislative mandate. Juvenile Community Programs is slated to meet the mandates of the strategic plan by exceeding the 16 crisis bed capacity with the opening of the Forsyth Crisis and Assessment Center in 2016, an eight bed facility. The combined service capacity at the Forsyth and Dillon Crisis and Assessment Center sites offer a total capacity of 20 residential crisis beds.

Also, the Section is poised to expand residential service beds at the two Eckerd short-residential program sites: Boomer, located in Wilkes County and Candor, located in Montgomery County. Additionally, bed capacity expansion is planned for the WestCare Girls Program, located in Vance County. A Transitional Living Home program model is also slated for development on the Forsyth Crisis and Assessment Center (former Forsyth Detention Center) property in Winston-Salem. This model promotes the spirit of the Juvenile Justice Strategic Plan to 1) support community-based programming as the need for youth development centers diminish and 2) fund and expand transitional living homes to support reentry services. Other Juvenile Community Programs projects include further development of transitional living homes in the Eastern and Western areas of the state.



Ten (10) programs were approved to receive Alternatives to Commitment funds totaling \$750,000.



Nine (9) programs were approved to receive JCPC- Endorsed Level II Dispositional Alternative funds totaling \$806,885.

SPEP Phase I Completion: Moving Towards Full Implementation of SPEP for All Juvenile Community Programs

North Carolina is one of 10 states that have embraced the Standardized Program Evaluation Protocol, or SPEP, as an evaluation tool to identify the most effective services that have the highest potential to reduce juvenile recidivism. As a matter of fact, North Carolina was the first state to pilot the SPEP instrument.

North Carolina General Statutes require that JCPCs fund only effective programs, and SPEP is the department's response to complying with this mandate. The tool allows for an examination of how a specific program is performing compared to the effective practice for that service type in the research. This research-based process is being instituted to push programs to model best practices for their program type to have the greatest impact on the reduction of recidivism.

To prepare for full implementation of the SPEP process, Community Programs completed a number of activities:

- **SPEP Training:** Provided to all Juvenile Community Programs staff, JCPCs and JCPC-funded program staff
- **Quarterly NCALLIES Data Quality Reviews:** JCPC-funded program data reviews to isolate problem data errors and inform of corrective action needed
- **Primary and Supplemental Services Verification:** Identification of service classifications and matching to SPEP service types for all JCPC programs
- **Risk Assessment Tool Training:** Training provided to teach program providers how to administer the NC Assessment of Juvenile Risk of Future Offending (NCAR) tool
- **Quality of Services Scoring:** Quality implementation and service fidelity reviews by area consultants with validation and rating for each JCPC funded program.

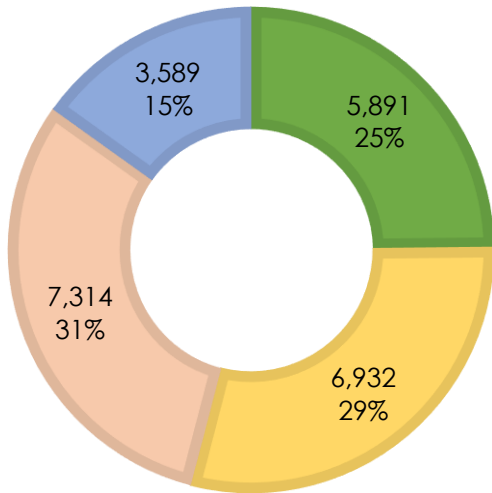
Phase I of SPEP in North Carolina was completed in 2015 whereby SPEP scores were produced for all JCPC Programs. SPEP scores will be used to promote quality improvement, strengthening programs funded by the JCPC. Next steps include working with JCPC programs and local JCPCs in the development of Program Enhancement Plans (PEPs) to help guide programs toward best practices. SPEP will become an element integrated within the JCPC annual monitoring and consultant monitoring processes. The SPEP serves as a valuable program evaluation and improvement process that will support the development of best practices while impacting recidivism reduction of those juveniles served.

Community Programs will initiate Phase II of the SPEP rollout in 2016 and will include all *other* community programs supported various funding sources: JCPC-Endorsed Level II Dispositional Alternatives, JCPC Alternatives to Commitment programs; community-based contractual (FFT), and residential services (multipurpose group homes, short-term residential facilities, and transitional living homes). The Juvenile Community Programs section is excited to engage with our partners in the SPEP process to ensure effective service delivery and greater impact on recidivism reduction for our higher risk youth being served.

JCPC PROGRAMS STATISTICS (FY 14-15)

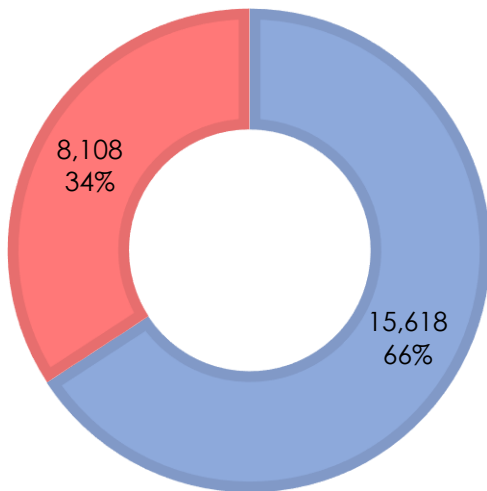
Juveniles Served by Region

■ Eastern ■ Central ■ Piedmont ■ Western



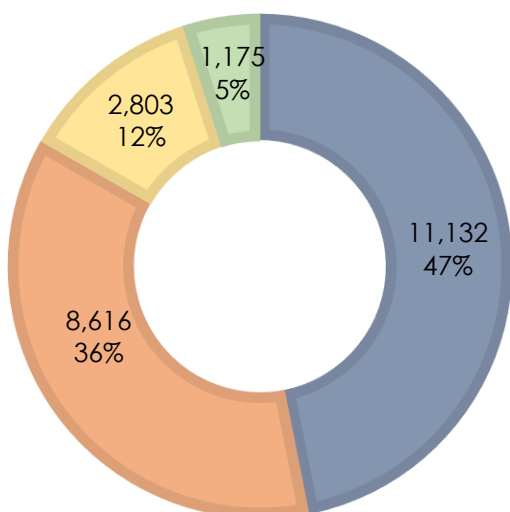
Juveniles Served by Sex

■ Male ■ Female



Juveniles Served by Race/Ethnicity

■ African American ■ White
■ Hispanic/Latino ■ Other

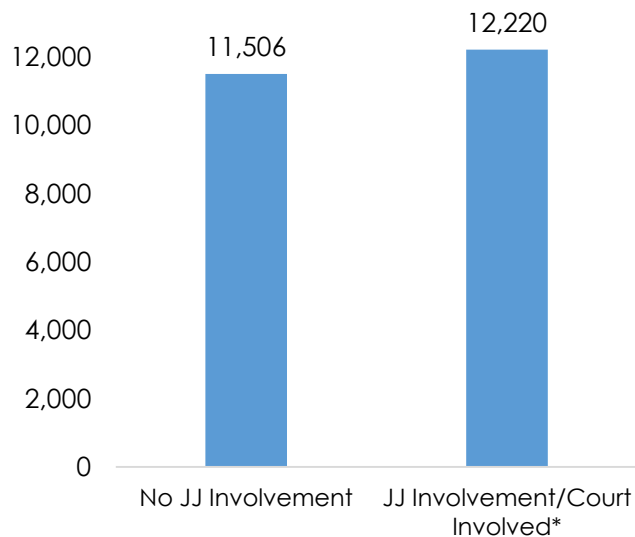


Funding Source

Juveniles Served

Assessments	973
Experiential Skill Building	510
Family Counseling	302
Group Counseling	24
Group Home Care	73
Home Based Family Counseling	271
Individual Counseling	1608
Interpersonal Skill Building	4643
Juvenile Structured Day	1468
Mediation/Conflict Resolution	723
Mentoring	380
Parent/Family Skill Building	847
Restitution/Community Service	5968
Runaway Shelter Care	325
Sexual Offender Treatment	109
Specialized Foster Care	19
Substance Abuse Counseling	214
Teen Court	3685
Temporary Foster Care	13
Temporary Shelter Care	326
Tutoring/Academic Enhancement	992
Vocational Skills	253

Number of Juveniles Served



*18% of all youth served; and 36% of court involved youth were on diversion plans/contracts

FACILITY OPERATIONS

Juvenile Facility Operations operates two types of secure confinement centers for youths in North Carolina: **juvenile detention centers (JDC)** and **youth development centers (YDC)**. The purpose of a juvenile detention

center is to provide a safe, secure, controlled and humane environment to the juveniles served and the staff providing those juveniles with supervision. While a juvenile's length of stay in a detention center is short-term, with the average length of stay in 2015 being **15.4 days**, the juvenile is provided with the opportunity to make behavioral changes and offered programming to meet their specific needs.

Within an hour of admission to **a juvenile detention center**, juveniles are administered two tests that assess their level of suicide risk and help identify mental health issues. If screening indicates a need, the juvenile receives a mental health evaluation from contracted mental health providers within 24 to 48 hours. Juveniles also receive a physical

evaluation within 72 hours of admission. More extensive medical or dental needs are met through relationships with community providers. The juvenile may also participate in individual counseling and group counseling while in detention. The contracted substance abuse provider utilizes Brief Challenges and the Seven Challenges programs to address the needs of those juveniles with substance abuse problems and/or co-occurring disorders.

Detention Center staff use motivational interviewing and other strength-based practices, such as an incentive-based behavior management system, to promote positive behavior and ensure behavior expectations are clearly defined. Between May and August 2015, all detention center staff were trained in Effective Behavior Management to provide them with additional tools to reinforce positive behavior and to facilitate behavior changes within the youth we serve.

Youth development centers are secure facilities that provide education and treatment services to prepare committed youth to successfully transition to a

community setting. This type of commitment is the most restrictive, intensive dispositional option available to the juvenile courts in North Carolina. The structure of the juvenile code limits this disposition to those juveniles who have been adjudicated for violent or serious offenses or who have a lengthy delinquency history.



Chatham Youth Development Center in Siler City, North Carolina.



Edgecombe Youth Development Center in Rocky Mount, North Carolina. (reopening 2016)

FACILITY CAPACITIES AND POPULATIONS

Below is a list of North Carolina's youth development centers, juvenile detention centers and county-operated juvenile detention centers with the facility's name, bed capacity and daily average population for calendar year 2015:

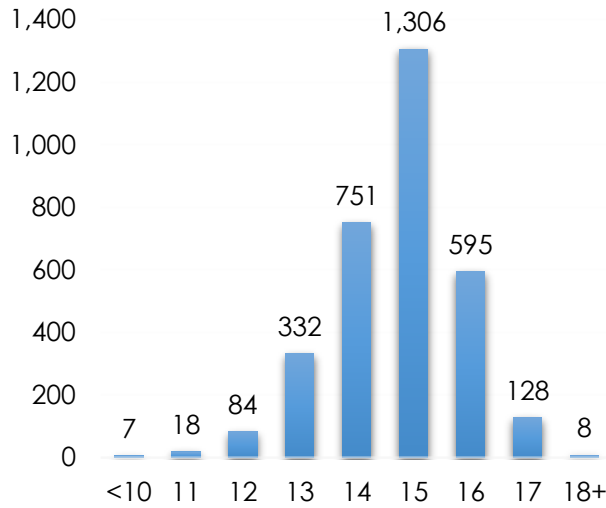


Stonewall Jackson Youth Development Center in Concord, North Carolina

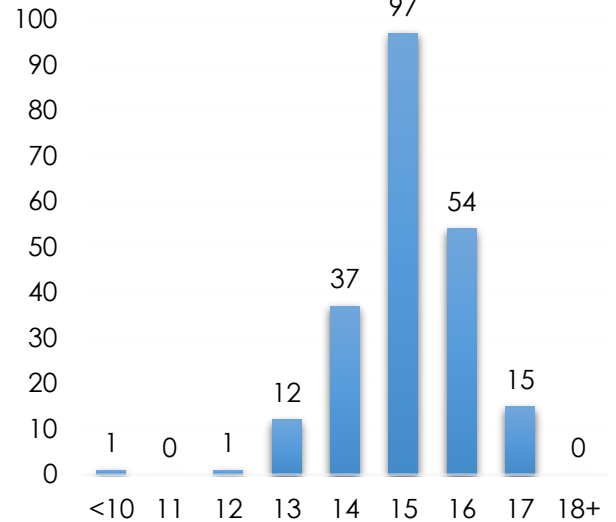
Facility Type	Facility	Capacity	Avg. Population
Youth Development Centers	Chatham	32	30.4
	Dobbs	43	34.8
	C.A. Dillon	90	55.1
	Stonewall Jackson	96	93.8
Juvenile Detention Centers	Alexander	24	21.7
	Cumberland	18	13.4
	Cabarrus <i>(opened 8/2015)</i>	30	26.5
	Gaston <i>(closed 8/2015)</i>	24	21.2
	New Hanover	18	12.2
	Pitt	18	14.3
	Wake	24	18.7
County-operated Juvenile Detention Centers	Durham	14	10.1
	Forsyth <i>(closed 9/2015)</i>	16	11.2
	Guilford	48	35.3

FACILITY OPERATIONS STATISTICS

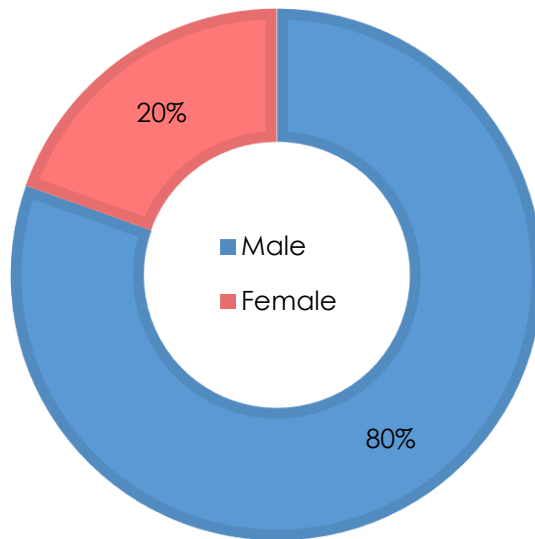
Detention Center Admissions by Age (CY 2015)



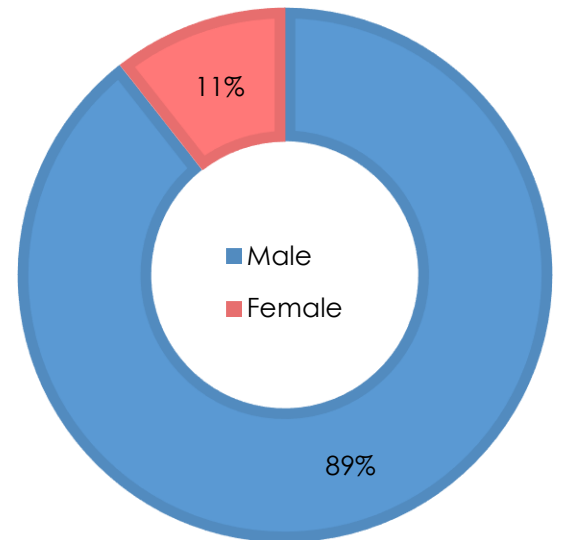
Youth Development Center Commitments by Age (CY 2015)



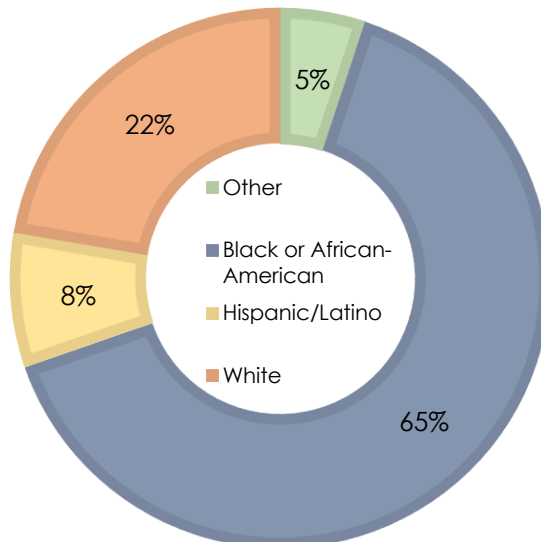
Detention Center Admissions by Sex (CY 2015)



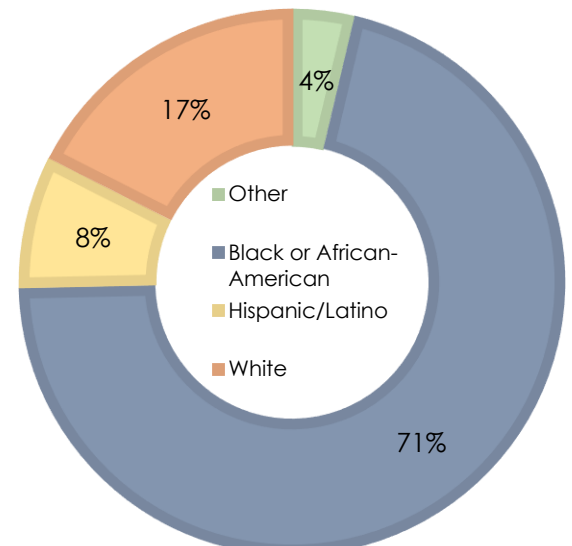
Youth Development Center Commitments by Sex (CY 2015)



Detention Center Admissions by Race/Ethnicity (CY 2015)



Youth Development Center Commitments by Race/Ethnicity (CY 2015)

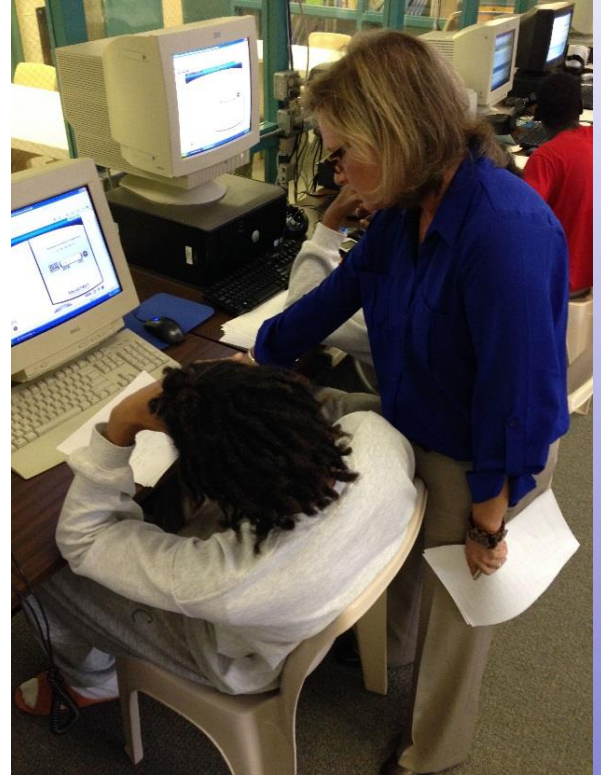


EDUCATION SERVICES

Education Services is charged with fulfilling all state and federal mandates of a traditional school system. The school system staff includes a superintendent, central office staff, principals, assistant principal, teachers and other support staff.

Students enrolled in academic programs in youth development centers are provided instruction consistent with the North Carolina Essential Standards in four 90-minute blocks daily. Students' academic abilities are assessed upon entering and leaving youth development centers, with each youth receiving a personal education plan. Students who are identified as exceptional (i.e., having a disability) receive an Individual Education Plan (IEP) developed according to the federal Individuals with Disabilities Education Act (IDEA) guidelines.

While enrolled in the education services system, students may earn either a high school diploma or high school equivalency certificate.



Class is in session at one of our Juvenile detention centers

Highlights from the 2015-16 school year :

- A student sample study was completed for the 2015 – 2016 school year, with students participating from Stonewall Jackson YDC. The study compared achievement scores over a three year period, and all students were shown to progress in their reading skills. Students achieving at the “well below average” range in reading at the beginning of the three years were shown to score in the “average” range by the end of the three years. Similar results were shown in the area of math.
- Future Ready Occupation Course of Study (OCS) students at three youth development centers were involved in numerous community activities including volunteer work, job preparation skills training, and listening to guest speakers from various occupations.
- The DPI Annual Report found that the Juvenile Justice Exceptional Children's Department had timely evaluations, as 100% of the referrals for evaluations were completed within the mandatory time frame.
- Five teachers in Juvenile Justice were trained by DPI to enable them to work with ESL students. Additional teachers will be trained during the 2016-2017 school year to better serve this student population.

CAREER AND TECHNICAL EDUCATION

Career and Technical Education (CTE) services were provided for YDC students primarily through local partnerships with community colleges. These programs included the following:



Rows of collard greens and kale by the cafeteria at Stonewall Jackson Youth Development Center

1. **Computer Engineering Technology I** at Stonewall Jackson YDC, in partnership with Rowan-Cabarrus Community College. This course focuses on the hardware skills required for installing and maintaining computers, and includes objectives in five domains:

- PC Hardware
- Networking
- Laptops
- Printers
- Operational Procedures

2. **Aquaponics Gardening** at Stonewall Jackson YDC, via collaboration with a local private business, 100 Gardens LLC, and Rowan-Cabarrus Community College.

3. **Culinary Arts** at Dobbs YDC, in collaboration with Lenoir Community College. These classes complemented existing course offerings in Horticulture and Automotive Service Technology.



Aquaponics Lab at Stonewall Jackson Youth Development Center



Culinary students learn the basics of catering along with other food preparation skills (Photo Courtesy: Lenoir Community College)

During 2015, 16 students participated in CTE courses. These courses include Principles of Human Services, Introduction to Animal Care, and Horticulture at Stonewall Jackson YDC; Business Management at C. A. Dillon YDC; and Principles of Business and Personal Finance and Microsoft Word at Dobbs YDC.

Students in juvenile detention centers are taught core academics according to North Carolina Common Core State Standards.

Detention centers use a variety of educational resources and instructional strategies, including web-based curriculum software, team teaching, experiential learning, differentiated instruction, audio/visual presentations, group projects, and hands-on activities.

CLINICAL SERVICES

As in previous years, juveniles committed to North Carolina's juvenile justice system continue to present with multiple and complex behavioral health needs. A point-in-time survey of youth confined in youth development centers in 2015 indicates that 99.5 percent (all but one) carried at least one mental health diagnosis, with 74 percent holding at least one substance use diagnosis. In addition, 74 percent had co-occurring mental health and substance use disorders, 71 percent had more than one mental health diagnosis, and 16 percent had substance use disorders involving more than one substance. Thirty-one percent were taking prescribed psychotropic medication. Each youth committed to YDCs had four distinct behavioral health diagnoses on average.

The most frequent diagnoses among YDC youth, found after completion of a comprehensive psychological assessment by a psychologist, were within the category of Disruptive, Impulse-Control and Conduct Disorders. These diagnoses describe problems of self-control manifested in behaviors that violate the rights of others and/or bring an individual into conflict with rules, laws or authority figures, so it is not surprising that 97 percent of delinquent youth confined in YDCs carry at least one diagnosis within this class. Other common diagnoses found among youth in YDCs are summarized in the table on page 27. As depicted, these patterns were quite similar for boys and girls.

As noted above, problems related to trauma exposure are prevalent in this group. Full or partial criteria for Post-traumatic Stress Disorder or for other trauma and stressor-related disorders was met by 100 percent of committed girls and 50 percent of committed boys, with exposure to six traumatic events on average. Typical difficulties resulting from these struggles include the inability to recognize, tolerate and recover from extreme distress, poor self-awareness of sensations and bodily states, interpersonal problems marked by a tendency to perceive erroneously innocuous social interactions as being hostile in intent, an inability to self-soothe, and a tendency to use self-harm as a means of managing overwhelming distress.

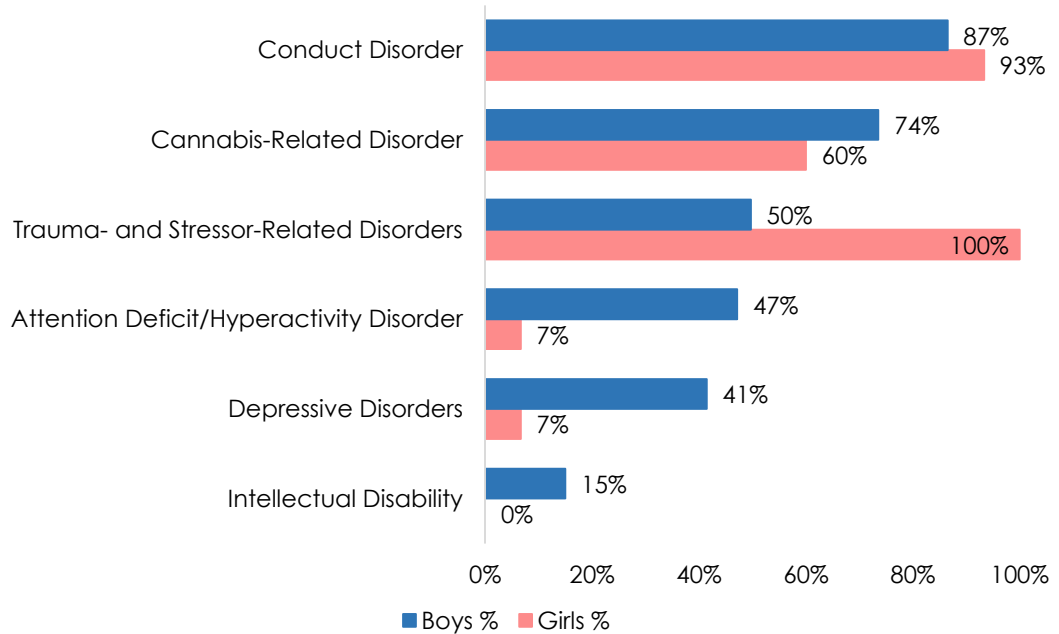
Licensed mental health clinicians at all YDCs offer an evidence-based individual intervention for trauma disorders, TF-CBT (Trauma-Focused Cognitive Behavior Therapy). In 2015, a second cohort of YDC-based licensed mental health clinicians completed the NC Child Treatment Program's training program for Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), making that intervention available at all YDCs as well. SPARCS is an evidence-based group intervention designed for adolescences who have been exposed to chronic stress and/or trauma. During group sessions, members examine and address problems with regulating emotions, attention, self-perception, relationships, physical health and life purpose. Licensed mental health clinicians participate in monthly SPARCS and/or TF-CBT peer supervision groups in order to maintain a high degree of skill and fidelity in delivering these interventions.

Youth admitted to youth development centers in 2015 received a suicide and mental health screening within an hour of arrival to inform placement and supervision decisions after admission. In addition, youth received a mental status exam and a full psychological evaluation, including psychological and intelligence testing, substance abuse screening, and assessment of trauma-related disorders within the first 30 days after admission. The results of the screenings and the standardized battery of psychological assessments were used to formulate individualized service plans that included individualized plans for education, mental health treatment, pro-social skills acquisition, and a framework for post-release services.

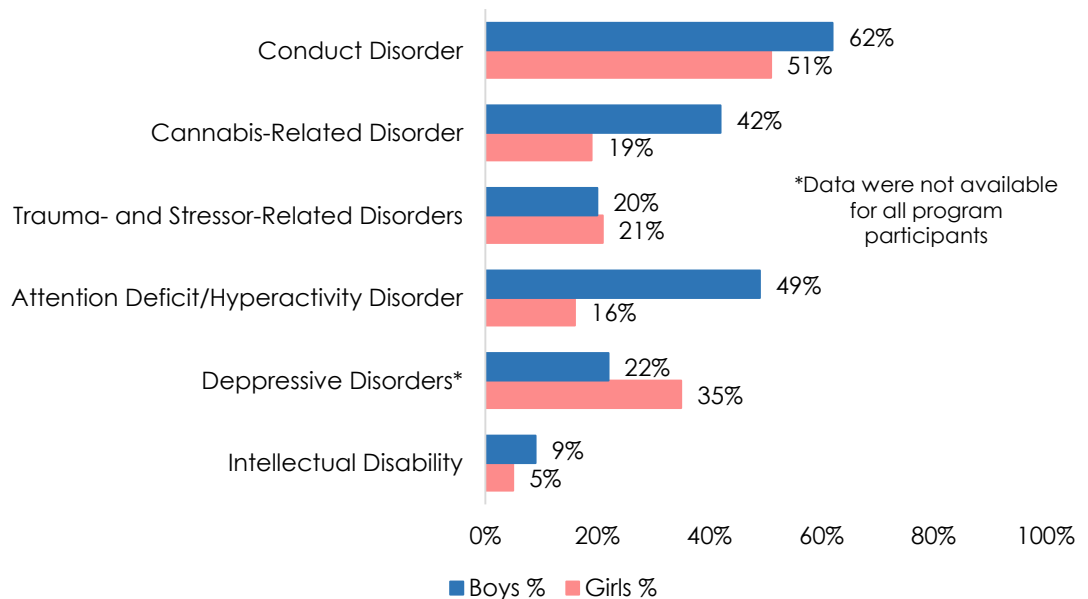
While always far higher than usual relative to their non-justice-involved peers, rates of behavioral health disorders among committed youth have steadily increased over the past five years. While we have seen a decline in alcohol use disorders, substance use disorders have increased by 20 percent over this period, chiefly due to a rise in cannabis-related disorders. We will be monitoring these patterns closely to ensure that we meet the treatment needs of committed youth.

Below are Mental Health and Substance Abuse Diagnoses for populations of juveniles in our YDCs and those who are in Community-Based Residential Programs:

Mental Health and Substance Abuse Diagnoses by Percent of YDC Population



Mental Health and Substance Abuse Diagnoses by Percent of Population in Community-Based Residential Programs



HEALTH SERVICES

Juvenile Justice Health Services continued to provide health assessments upon a juvenile's entry to a residential setting, daily access to acute health care complaints, management of required prescribed medications and emergency health care. In striving to meet the needs of youth presenting to Juvenile Justice Facilities, all these services and more were provided.

Using data available from the North Carolina Annual School Health Services Report 2012-2013 (N.C. Department of Public Instruction & N.C. Division of Public Health), 19 percent of school-aged children in North Carolina Public Schools required care for chronic health conditions including diabetes, asthma, seizures and severe allergies. Juvenile Justice's population is a subset of the N.C. Public School population and has seen a concurrent increase in the number of youth entering detention centers and youth development centers with complex chronic illness needs requiring immediate attention and case management. The unplanned circumstances surrounding many admissions means that medication, health histories, providers medical orders may not arrive with youth and care must be quickly coordinated to ensure safety.

Oral health is another major challenge for youth entering state juvenile justice facilities. Low levels of preventive oral health in the population results in needed restorations, extractions and endodontic care for many youth while in the residential setting. Increasing numbers of juveniles enter our facilities with oral abscesses, wisdom tooth pain and damaged, broken teeth requiring immediate attention. Juvenile Justice centers contract with community oral health providers to meet these needs. Given the rate of services required, a plan to establish a small dental treatment area at Stonewall Jackson YDC in partnership with the County Public Health Authority is moving forward. Jackson YDC houses the largest committed youth population and sees the high numbers of youth with oral health needs. Other community-based options are used for smaller Youth Development Centers. Programs include community provider/Juvenile Justice partnerships and collaborations with county public health entities.

Information in the preceding section of this report outlines the significant and complex mental health needs of the juvenile population served. The data and information provided must be viewed in an integrated context -- juveniles have mental health conditions that impact the overall health status and related management including assessment for interactions and side effects, poor self-care due to the mental health condition, and greater displays of aggression and risk-taking behaviors. Factors such as these tend to increase the level of involvement required of Health Services staff in the residential setting.

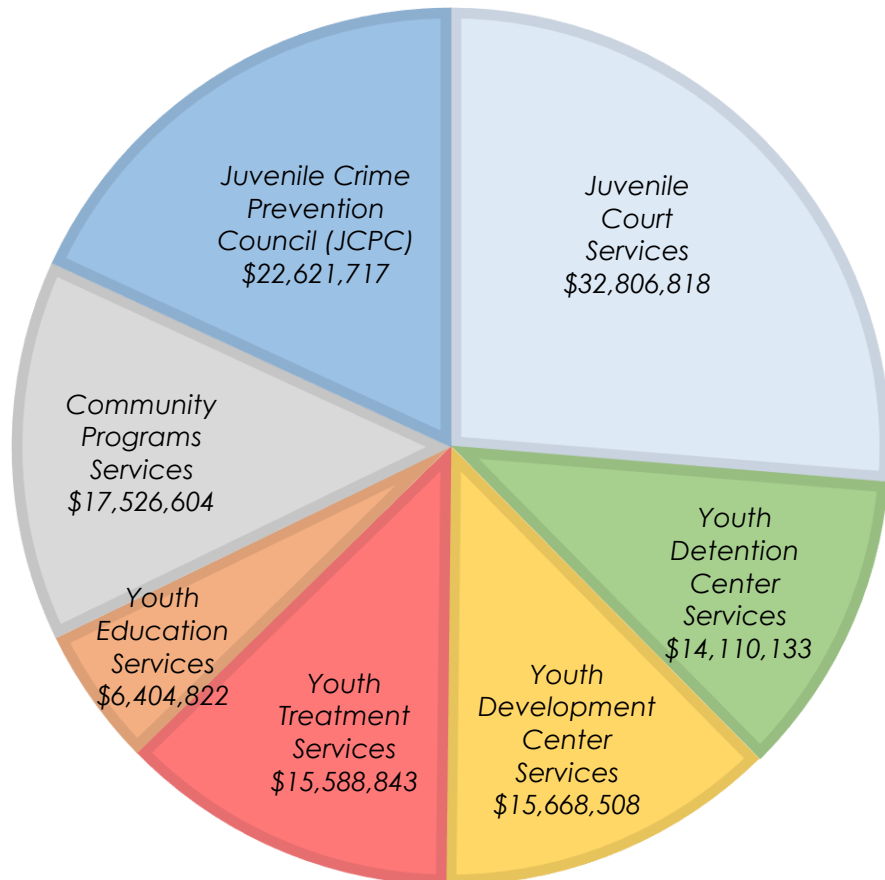
Staffing for health services in North Carolina Juvenile Justice has historically been limited, as the primary purpose of the organization is not specifically health care. However, the health care needs of youth involved with Juvenile Justice and trends of health care needs across the state and nation pose increasing challenges. We will be monitoring these trends closely to ensure that we provide necessary resources to meet the healthcare needs of youth in residential Juvenile Justice settings.

JUVENILE JUSTICE APPROPRIATIONS AND STAFFING

Juvenile Justice offers services in every county within North Carolina through a combination of contracts, grants and direct service. The 1,371 Juvenile Justice Staff members and numerous stakeholders integrate their combined expertise and efforts to provide an effective, seamless continuum of responses and services to the youth and families of North Carolina.

Section	Juvenile Justice Employees	
	Total Number of Staff	Number of Criminal Justice Certified Staff*
Community Programs	22	
Court Services	538	451
Facility Services (Includes Education / Health / Clinical)	753	597
Transportation Services	45	16
Administration	13	

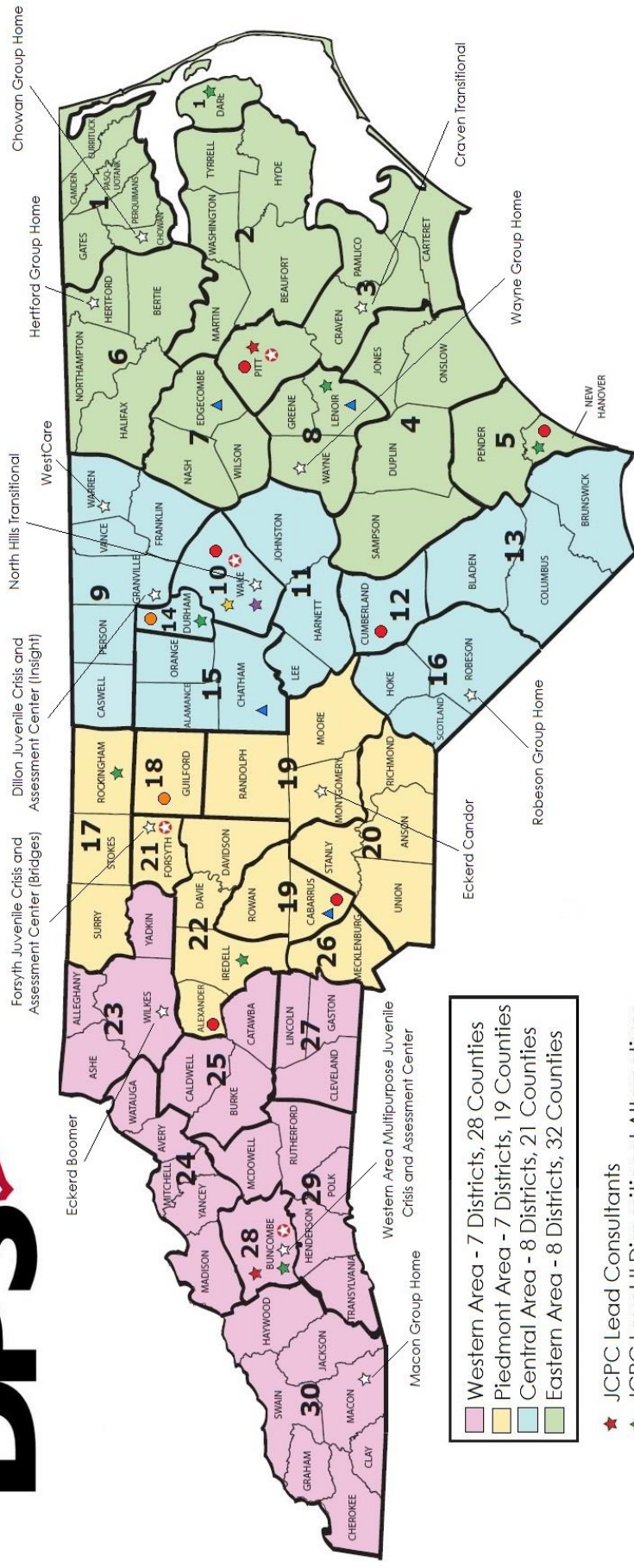
*Job classifications involved in supervision or counseling of juveniles, as defined in Title 12, Chapter 9 of the NC Administrative Code, by the statutory authority of G.S. 17C, are subject to and must meet the hiring and training standards established by the North Carolina Criminal Justice Education and Training Standards Commission.



Like all state agencies, Juvenile Justice's budget comes from appropriations established by the North Carolina General Assembly. During FY 14-15, Juvenile Justice was appropriated \$124,727,445 with \$8,428,742 in grants and federal funding.



Juvenile Justice Comprehensive Map



- Western Area - 7 Districts, 28 Counties
- Piedmont Area - 7 Districts, 19 Counties
- Central Area - 8 Districts, 21 Counties
- Eastern Area - 8 Districts, 32 Counties

- ★ JCPC Lead Consultants
- ★ JCPC Level II Dispositional Alternatives
- ☆ Residential Community Programs
- ☆ Court Services Area Administrators
- ★ DPS Headquarters
- ★ Juvenile Justice Central Office
- State Detention Centers
- County Detention Centers
- ▲ Youth Development Centers

- Edgecombe Youth Development Center will replace C.A. Dillon in 2016
 - Functional Family Therapy (FTT) is available in 89 counties
 - JCPC Programs are located in all 100 counties

CONTACT US

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Mailing Address:

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Raleigh, NC 27699-4212

Main Phone:

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Deputy Commissioner for Juvenile Justice: William L. Lassiter

Juvenile Community Programs: Cindy Porterfield, Director

Juvenile Court Services: Michael Rieder, Director

Juvenile Facility Operations: Jim Speight, Director

Juvenile Treatment and Intervention Services: Dr. Martin Pharr, Director

Media/Public Records: Diana Kees

**For additional information, please visit our website
at: <https://www.ncdps.gov/juvenile-justice>**