

# Juvenile Justice & Mental Health Systems Coordination

## North Carolina Providers Council Conference

September 18, 2023

## Presenters

**Gary Skinner**, NC Division of Juvenile Justice and Delinquency Prevention

- Director of Social Work Services

**Judy Lawrence**, NC Division of Juvenile Justice and Delinquency Prevention

- NC Integrated Care for Kids (InCK) Integration Consultant

**Carson Ojamaa**, Children's Hope Alliance

- Chief Strategy and Growth Officer

**Christian Immel**, Children's Hope Alliance

- Director of Outpatient Services

# NC Juvenile Justice: An Overview

Gary Skinner, DJJDP Director of Social Work Services





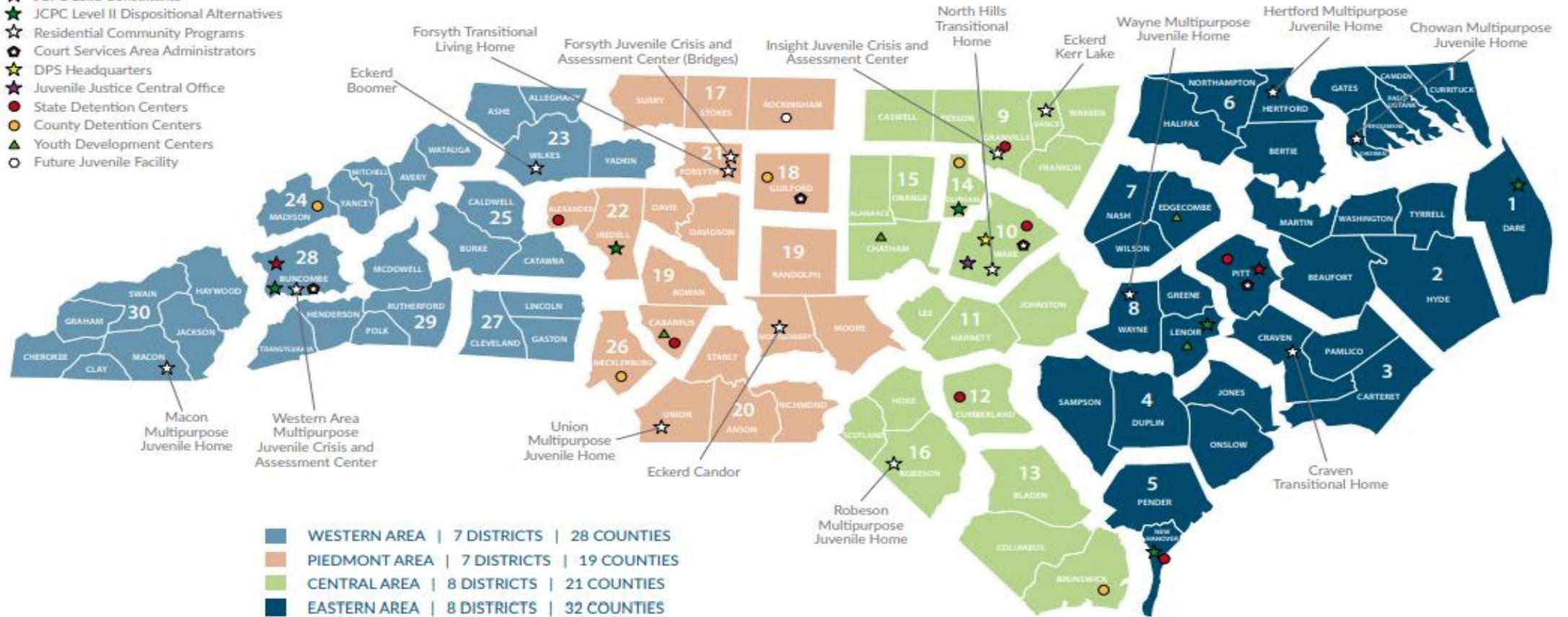
# Mission Statement

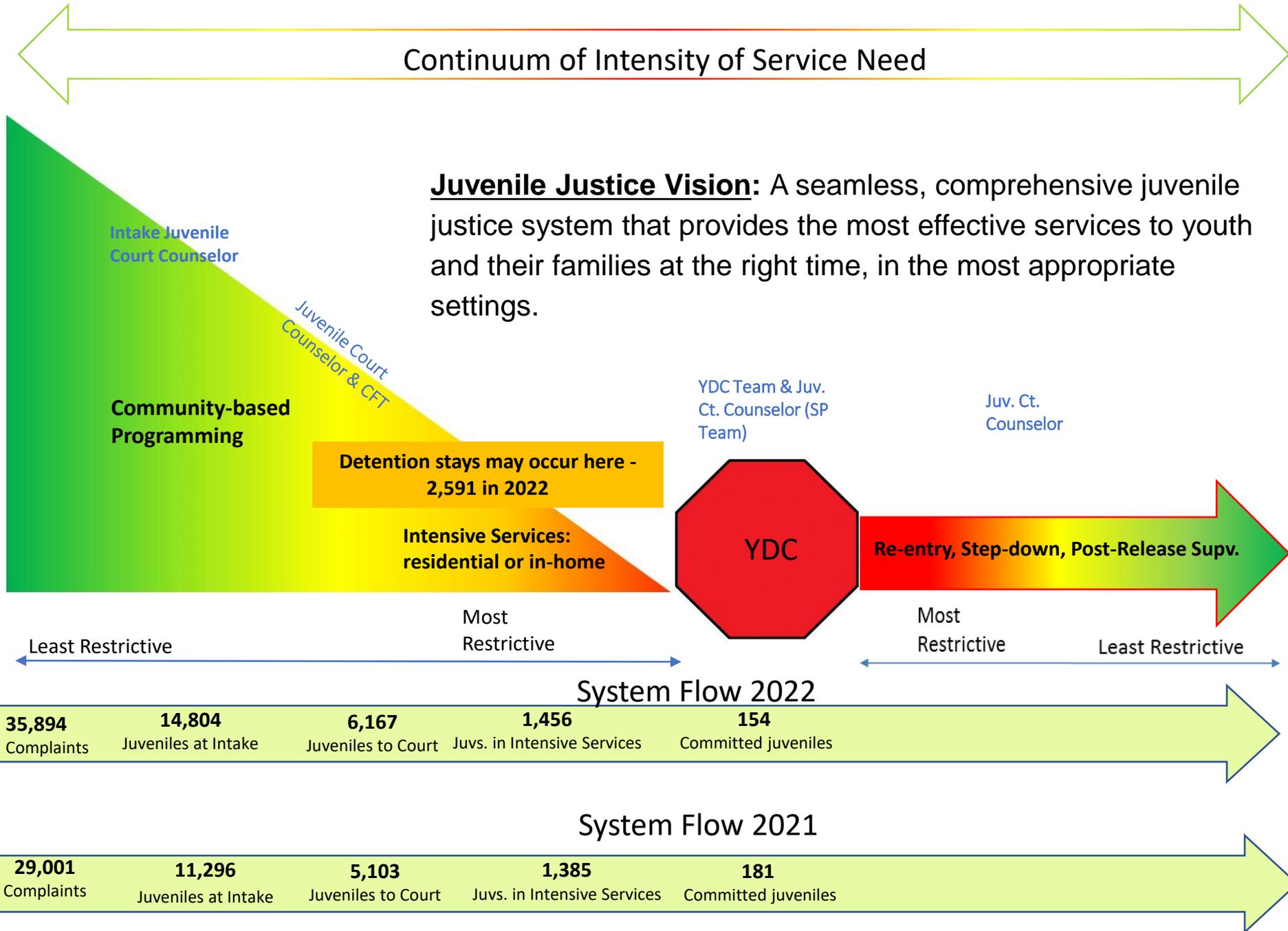
**Juvenile Justice and Delinquency Prevention (DJJDP) is committed to the reduction and prevention of juvenile delinquency by effectively intervening, educating and treating youth in order to strengthen families and increase public safety.**

# COMPREHENSIVE MAP

Juvenile Justice facilities in North Carolina

- ★ 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
- Future Juvenile Facility





# Diagnoses of juveniles in Youth Development Centers

Point-In-Time Survey of youth confined in a YDC on Dec. 31, 2022 (160 youth) revealed that:

- 99% had more than one MH/SA diagnosis (average of 4 distinct diagnoses and in some cases as many 11)
- 48% had co-occurring mental health and substance use diagnoses
- Most frequent category of diagnosis was Disruptive, Impulse-Control, and Conduct Disorders (84% of the YDC population)
- 39% were taking prescribed psychotropic medication
  - 44.4% of girls, 34.4% of boys
- 2<sup>nd</sup> most frequent category of diagnosis was trauma and stressor-related disorders (56% of the YDC population)
  - 90% of girls and 54% of boys were diagnosed with trauma-related disorder
- Average reported Adverse Childhood Experience score was 3.2
  - 5.2 for girls and 3.0 for boys



## **Juvenile Justice & Mental Health Systems Coordination**

NC Providers Council Annual Conference: The Way Forward

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Chief Strategy & Growth Officer

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Director of Outpatient Services

# JJ Collaboration

## JCPC = Juvenile Crime Prevention Council

- County-specific monthly meetings open to the public
- Responsible for making sure services are in place to address JJ youth needs
- Typically attended by JJ, MH/SU, DSS, judges, lawyers, etc.
- Manage the county's allocation of JJDP funds

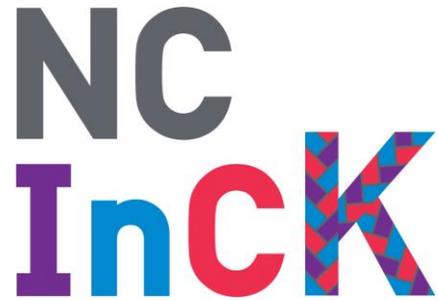
## JJBH = Juvenile Justice Behavioral Health Partnership

- Quarterly region-specific meetings (e.g., catchment area of an LME/MCO)
- Responsible for availability of evidenced-based assessment & treatment
- Adheres to System of Care Child & Family Team principals
- Attended by Chiefs, Schools, MH/SU. Hosted by LME/MCOs. Supported by UNCG.

## JJTC = Juvenile Justice Treatment Continuum

- Weekly meetings for to review needs and progress of specific JJ youth and their families
- MH/SU therapists and/or supervisors, JJ court counselors and/or supervisors, other supports

Other Community Collaboratives such as System of Care (SOC), Crisis, etc.



NC INTEGRATED  
CARE FOR KIDS

# NC Integrated Care for Kids (InCK)

9/18/2023

Judy Lawrence, InCK Integration Consultant/DJJDP





Physical and Behavioral Health



Early care & education



Housing



Food



Schools



Title V- Maternal and Child Health



Child welfare



Mobile Crisis Response Services



Juvenile Justice



Legal Services

# NC InCK: A General Overview

- North Carolina Integrated Care for Kids (NC InCK) is a pilot model funded through CMS
  - One of seven awardees nationwide
- Serves youth in five pilot counties
  - Under age 21, Medicaid Standard Plan
- Provide holistic care management that integrates services across 10 core child service areas, for at least one year
  - Reduce out-of-home placements and recidivism
- Implement model 2022 through 2026
  - Scale and spread beginning 2027



# Three Key Strategies to Integrate Care for Children in NC InCK

## 1 UNDERSTAND NEEDS

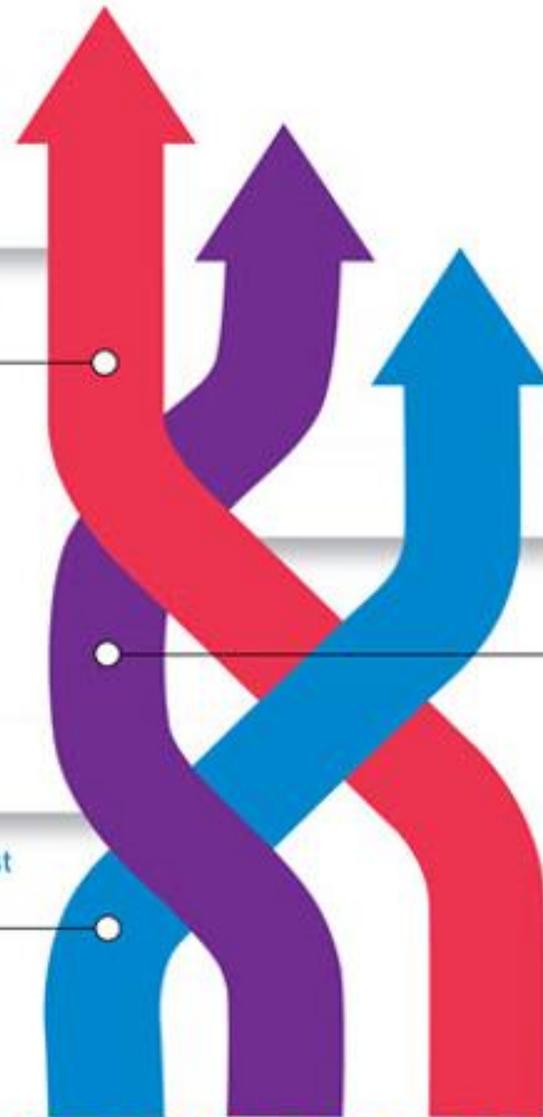
More holistically understand the needs of children and youth

## 3 FOCUS HEALTH CARE INVESTMENTS

Find ways to invest resources into what matters most for children, youth, and families

## 2 SUPPORT AND BRIDGE SERVICES

Integrate services across sectors for children and youth who could benefit from additional support



# InCK and JJBH Partnership Opportunities

- InCK Family Navigators can:
  - Provide care management support to families that JJBH treatment providers may not have the capacity to provide, or families that do not meet criteria for treatment services but need SDOH support
  - Help address immediate SDOH needs while family is awaiting connection to treatment services
  - Assist with engagement in the recommended treatment services from JJBH Single Assessor
  - Collaborate to address systemic barriers to treatment for the Juvenile Justice population
- JJBH Partners can:
  - Coordinate with JCC to make referral for InCK care management



Received 1<sup>st</sup> InCK referral from a JJBH partner last week!!

# InCK Model Impact on JJ-involved Youth

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17-year-old and mother had court hearing, had met short-term, court-ordered goals but did not have long-term support in place. Since youth had Medicaid insurance through a Standard Plan, judge suspended the hearing for youth and parent meet with InCK IC observing court.

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IC met with youth, mother, JCC, and youth's mentor and provided contact information for PHP Family Navigator. Mother shared that she had received a call about InCK previously but didn't understand what it was so declined engagement.

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Judge reconvened hearing and based on commitment to engage with InCK, youth's juvenile case was closed. Mother contacted InCK immediately and remained engaged until youth turned 18 in 2/2023.

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At first quarterly check-in after turning 18, Family Navigator was unable to reach member. However, at second outreach in 7/2023, youth responded and engaged as adult. New SAP was completed, and member is making positive progress on all goals.



# Children's Hope Alliance



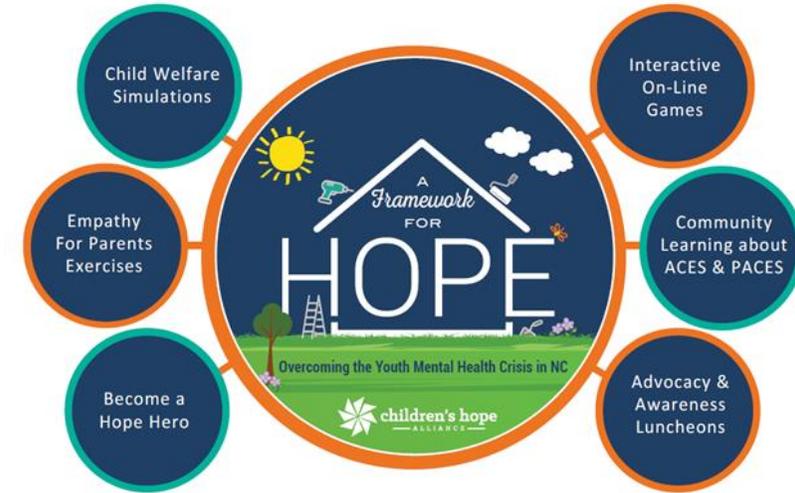
Mission *Hope, Health, and Healing for Generations*

## History

- Est.1891, origins in child orphanages
- 1950s: shifts from orphanages to group homes
- 1970s: shift to social services; begin to add clinical services
- 2014: merger of Barium Springs & Grandfather Home
- 2019: departure from residential

## Services & Geography

- Outpatient, School-Based, Day Treatment, Intensive In-Home, Treatment Alternatives for Sexualized Kids, Child Assertive Community Treatment Team, Heartstrings, Foster Care, Catawba Valley Healthy Families, Adoption & Post Adoption Services
- 62 counties in NC



<https://www.youthmentalhealthnc.com>

# TASK<sup>®</sup> Program



- Treatment Alternatives for Sexualized Kids (TASK<sup>®</sup>) is a treatment model designed to meet the complex needs of youth who have caused sexual harm.
- Includes individual, family, and group therapy as well as case management, skill building, and community support.
- A unique component of TASK is the commitment to family involvement – “Family” can mean pretty much anything: biological, adoptive, kinship, foster, and even residential staff.

#BETHEHOPE

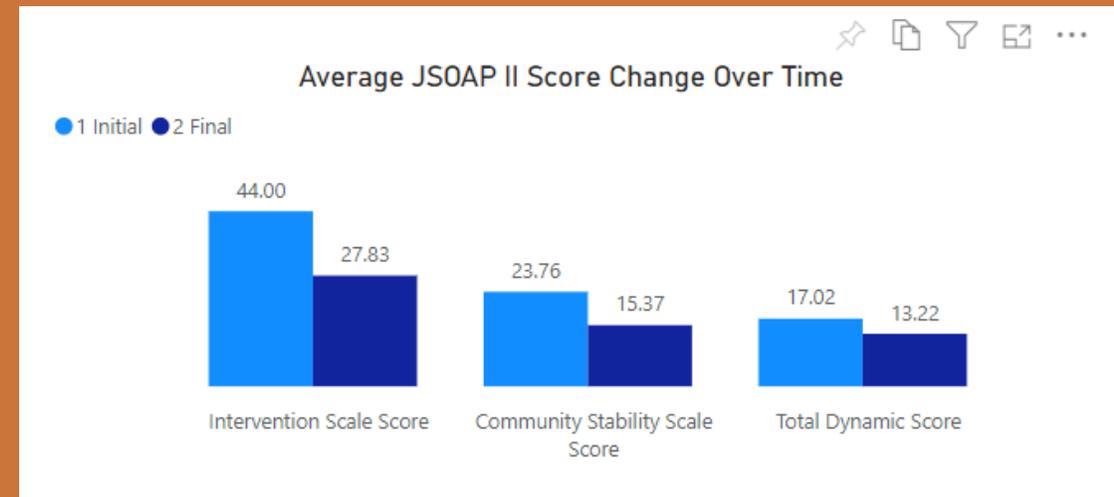
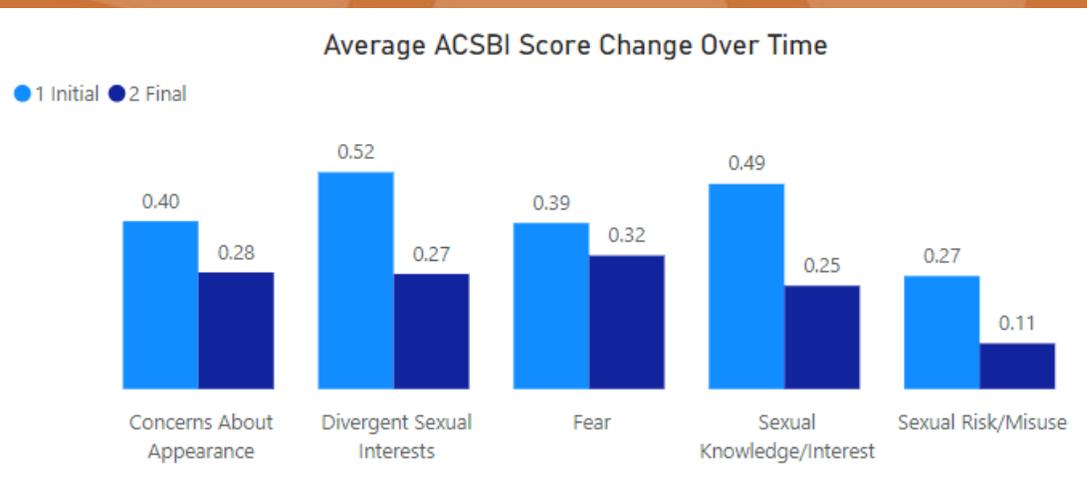
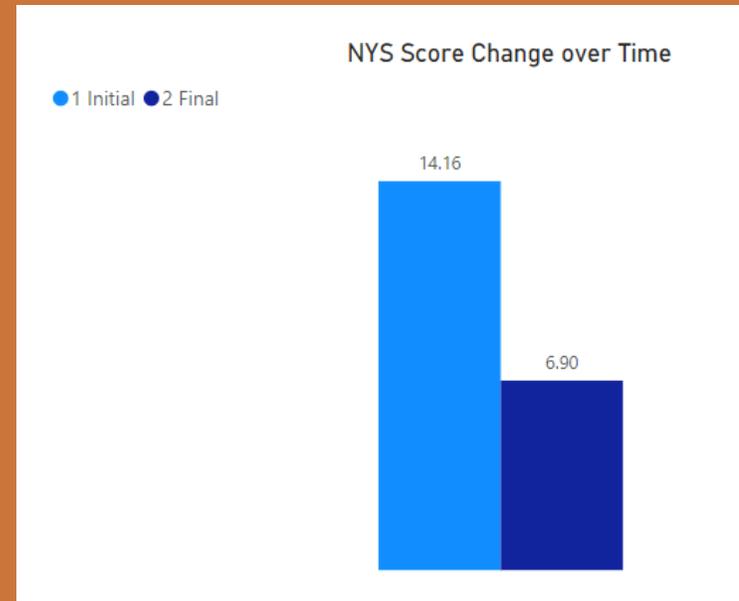
# Community Partnerships: DPS

- TASK<sup>®</sup> interfaces with community supports on a weekly basis in various settings.
  - Weekly JJTC (Juvenile Justice Treatment Continuum) Meetings to address client concerns and progress
    - Example of effective collaboration: Agencies that participate in JJTC in District 22 have significantly lower recidivism rates compared to those who don't have a collaborative partnership with the JJTC housed there
- Sole Source Funding Agreement

#BETHEHOPE

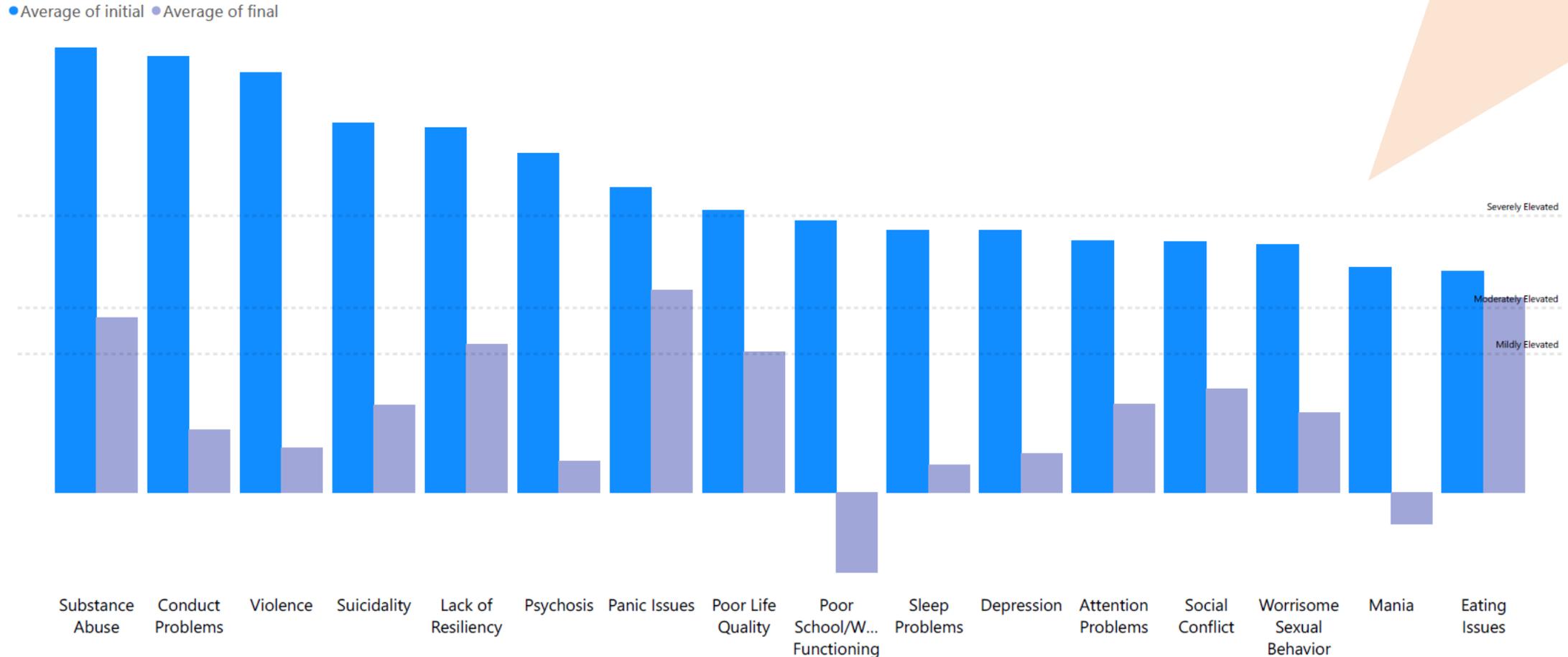
# Outcomes: Assessment Scores

- National Youth Survey: Over 50% decrease in delinquent activities
- Adolescent Clinical Sexual Behavior Inventory: 41% decrease in potentially problematic sexual behaviors
- Juvenile Sex Offender Protocol II (JSOAP-II) Dynamic Scores: 37% decrease



# TOP Measurement & Outcomes

Elevated TOP Domain Change Over Time

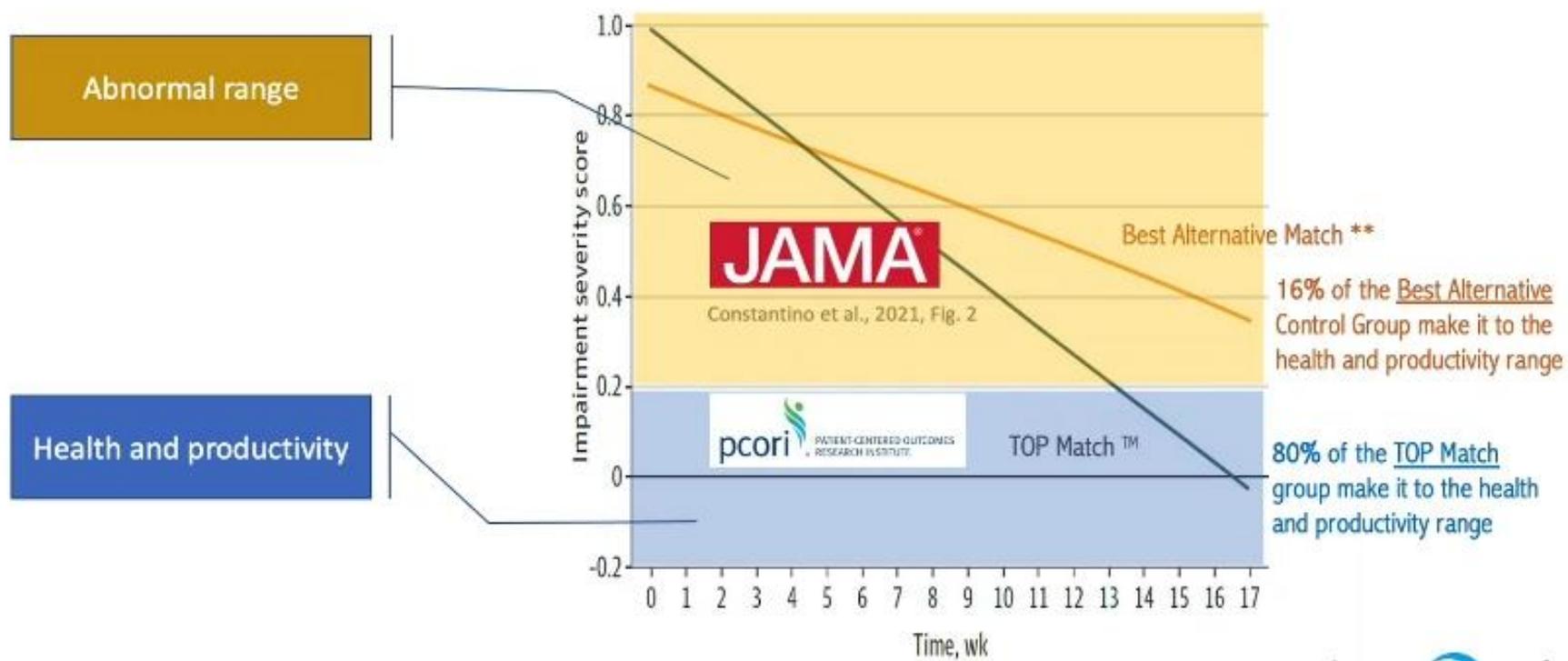


292 clients who were under DJJ supervision at the time of admission were discharged from Children's Hope Alliance from 10/1/2021 to 9/11/2023. Of those clients, 82 clients had an initial domain score that was at least 2 standard deviations above the normal population.

# Research Study

## TOP Match™ returns more to health and productivity

without changing anything that the clinician *does*, just *who* they treat



# COST

- Outside of successful treatment outcomes, TASK is much more cost-effective than alternative programs for a high-risk population.
- In addition to being more cost-effective, TASK involves the family and community support from the beginning to the end of treatment, which is something inherently difficult or impossible for higher levels of service.

TASK Cost Comparison					
Service	Daily	Month	6 Month	Annual	
PRTF	\$ 600.00	\$ 18,250.00	\$ 109,500.00	\$ 219,000.00	
YDC	\$ 291.27	\$ 8,859.46	\$ 53,156.78	\$ 106,313.55	
Detention	\$ 244.00	\$ 7,421.67	\$ 44,530.00	\$ 89,060.00	
Level III Group	\$ 189.75	\$ 5,771.56	\$ 34,629.38	\$ 69,258.75	
Level II Group	\$ 126.31	\$ 3,841.93	\$ 23,051.58	\$ 46,103.15	
Intensive In-Home	\$ 101.87	\$ 3,098.40	\$ 18,590.40	\$ 37,180.80	
MST-PSB	\$ 96.18	\$ 2,925.60	\$ 17,553.60	\$ 35,107.20	
TASK	\$ 59.18	\$ 1,800.00	\$ 10,800.00	\$ 21,600.00	

# Contact Us

## To Make a Referral:

<https://referral.childrenshopealliance.org>

## To Contact Someone about Referrals:

Jeana Fisher, 844-226-885

## Questions about CHA Programs?

Kirsten Smith, Chief Clinical Program Officer

[KSSmith@childrenshopealliance.org](mailto:KSSmith@childrenshopealliance.org)

## To sign up for the TASK Newsletter:

[SCWilliams@childrenshopealliance.org](mailto:SCWilliams@childrenshopealliance.org)

## Interested in having our campaign come to your community?

[sgray@childrenshopealliance.org](mailto:sgray@childrenshopealliance.org)

## Interested in contributing to the research study?

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#BETTHEHOPE

# Presenter Contact Information

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