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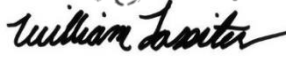
NC Department of Public Safety

JUVENILE JUSTICE AND DELINQUENCY PREVENTION

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, 2025

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 (c), 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(l)(lllll); 2020-83, s. 5; 2021-123, s. 6(e); 2021-180, s. 19C.9(y), (z).)

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**Annual Evaluation of Intensive Intervention Services
Submitted March 1, 2025**

**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 Statutes § 143B-811 and 143B-853 (c) 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 DJJ 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.

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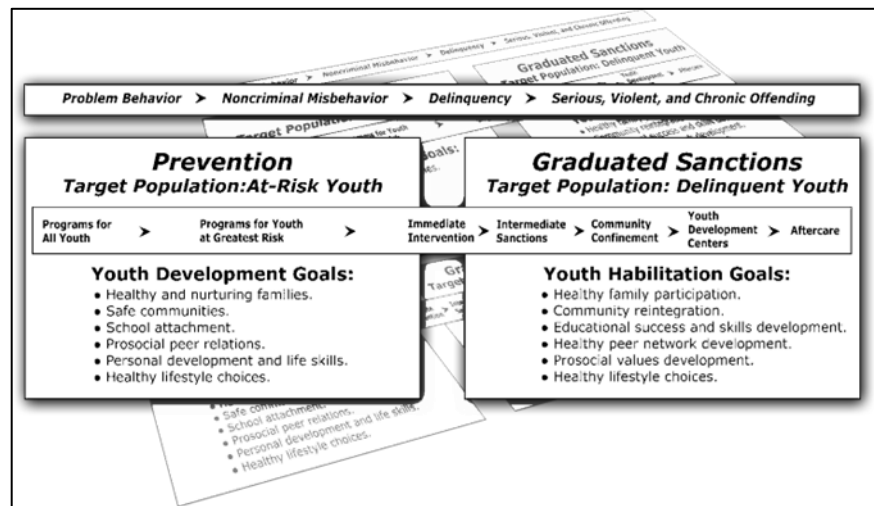
This legislative report is an evaluation of state contracted residential services, which include short-term residential male and female sites; multipurpose groups homes; transitional living homes; juvenile crisis and assessment centers; state contracted non-residential community-based services, which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

Under previous legislation, the North Carolina Department of Public Safety, Division of Juvenile Justice and Delinquency Prevention, 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-853 (c) to identify these programs as intensive intervention services. Under 143B-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.

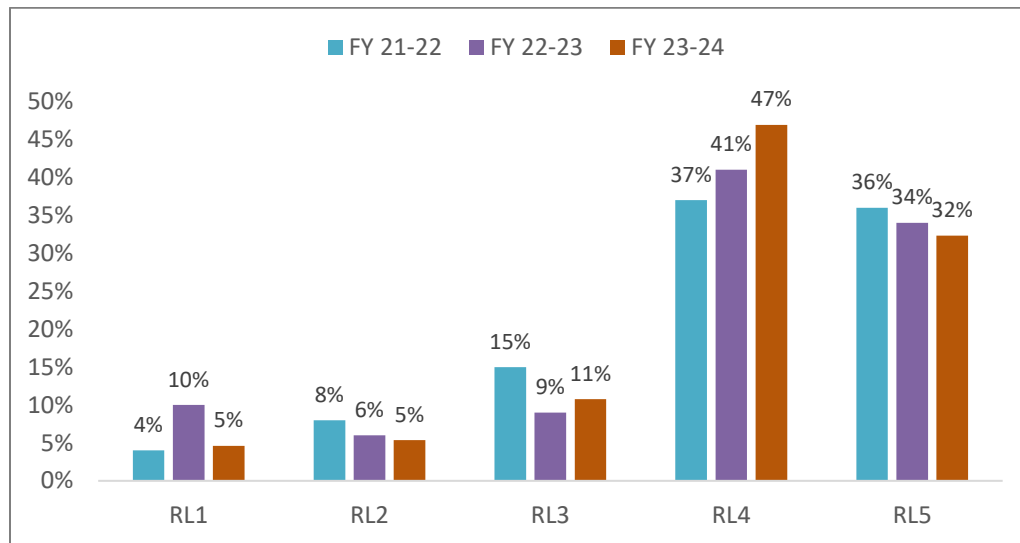
Beginning January 1, 2021, in the Juvenile Court Services section, the Youth Assessment and Screening Instrument (YASI) was implemented to capture risk, needs, and strengths details across a myriad of domains. Community Programs, for purposes of target population evaluation, decided to continue using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

The Department of Public Safety, Division of Juvenile Justice and Delinquency Prevention (DJJ) 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 21-22, FY 22-23, and FY 23-24 clearly indicating higher risk youth are served by the intensive intervention services evaluated in this report.

The DJJ 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 (10%), that presented with low-risk scores coupled with very high need indicators. The DJJ 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 (S.L. 2020-83), which allows access to contractual and intensive intervention services based on a juvenile's criminogenic needs, not solely upon a juvenile's disposition level.

Graph 1.1 Risk Level for Community Programs Youth by Year



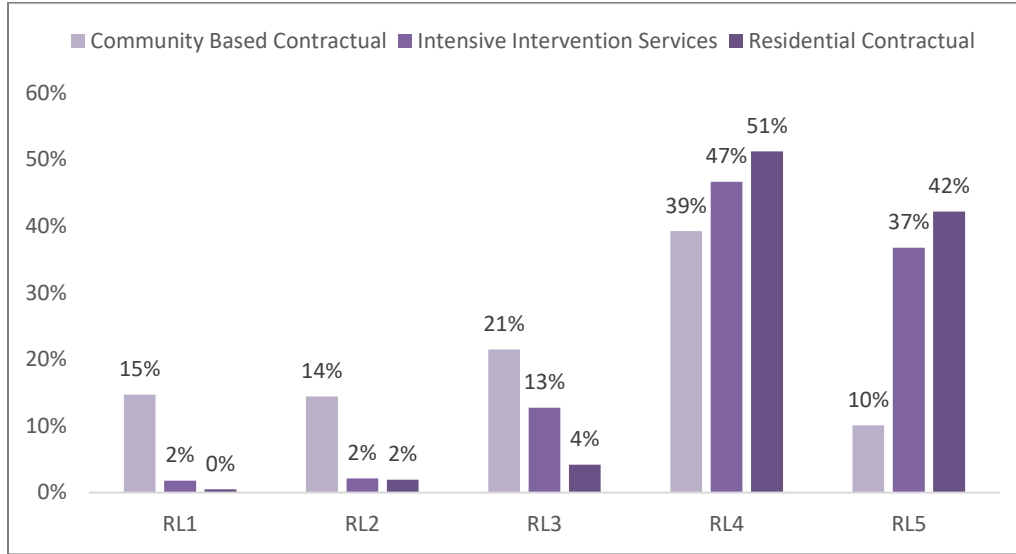
Further examination of all contractual and intensive intervention services funded, including residential and community-based contractual services and localized or regionally based JCPC-endorsed intensive intervention services, indicate that 1,525 youth were served by contractual and intensive intervention services (Table 1.1).

Table 1.1 FY 23-24 Youth Served by Funding Source

Funding Source	Youth Served
Community Based Contractual Services	411
JCPC-Endorsed Intensive Intervention Services (IIS)	362
Residential Contractual Services	752
Total	1,525

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

Graph 1.2 Risk Level per Funding Source: FY 23-24



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

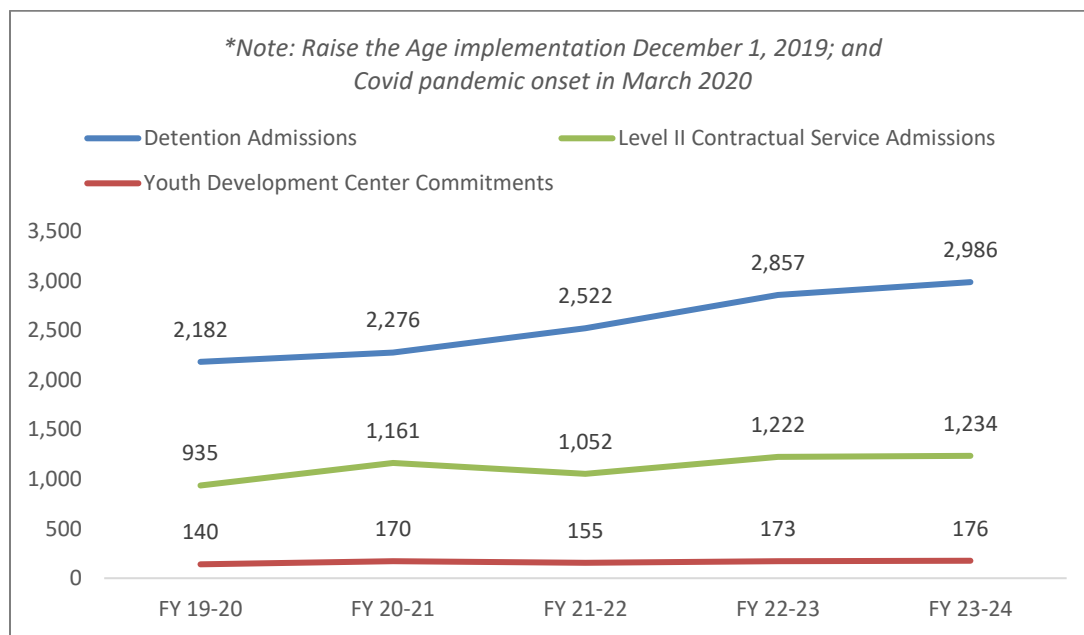
Through the implementation of these contractual services, the DJJ has been able to achieve significant cost savings as compared to youth development centers. Table 1.2 below compares the average cost of serving youth in a contracted service, either residential or community-based, versus serving a youth in a youth development center for FY 23-24.

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

Intensive Intervention Services Program Cost vs Youth Development Center Cost	FY 23-24 Cost per Child
Community-Based Programs: JCPC-Endorsed Intensive Intervention Services; AMIkids Community-Based Contractual; and Treatment Alternatives for Sexualized Kids (TASK) Community-Based Contractual	\$7,328
Residential Programs: Bridges Crisis and Assessment Center, Eastern Area Crisis and Assessment Center, Insight Crisis and Assessment Center, Western Area Multipurpose Crisis and Assessment Center, Eckerd Short-Term Residential Programs, Kerr Lake Girls Academy, Multipurpose Group Homes, Craven Transitional, Goldsboro Transitional and North Hills Transitional	\$27,556
Youth Development Center	\$137,541

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 DJJ's efforts to promote cost-saving community-based programming options to serve youth. While detention experienced an 18% increase in secure custody admissions from FY 22-23 to FY 23-24, contractual and intensive intervention services experienced a 17% increase in program admissions. Examining this trend further for the same time, community-based admissions increased 15% from 671 to 773, and residential contractual program admissions increased 6% from 708 to 752. These program trends demonstrate the greater use of intervention services in lieu of the use of detention and youth development centers. However, in detention, juveniles ages 16 and 17 (including bound overs) have limited access to community-based services. It should be noted that the Juvenile Crisis and Assessment Centers served one hundred and two (102) juveniles aged 13 or younger, a total of 30% of the overall population served by the Centers for FY 23-24. Additionally, the Juvenile Crisis and Assessment Centers provided secure custody for twenty-five (25) youth, 76% of which were youth aged 13 or younger. Focus for the DJJ 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 Admissions and Youth Development Center (YDC) Commitments



Recidivism Summary

Table 1.3 below reflects youth terminated by all contractual and intensive intervention services in FY 22-23 and 23-24 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. Seeing more juveniles recidivating while under juvenile justice jurisdiction indicates an interruption in the trajectory of future offending in the adult criminal justice system.

Table 1.3: All Juvenile Community Programs 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	1,451	1,092
Distinct Juveniles with Complaints Adjudicated	169	193
Distinct Juveniles Adjudication Recidivism	12%	18%
Adult Convictions (Distinct Juveniles)	51	68
Adult Recidivism (% of Distinct Juveniles Convicted)	4%	6%
Distinct Juveniles with Adjudications or Convictions	219	256
Recidivism - Juvenile Adjudications + Adult Convictions	15%	23%
<i>Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 5 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

Section II

Intensive Intervention Services

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

JCPC-Endorsed Intensive Intervention Services

Overview

Thirteen years ago, the DJJ focused on providing a mechanism by which local communities could address gaps in services for Level II disposition adjudicated youth. To this end, the DJJ 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 youths served by JCPC-supported, regional-based Intensive Intervention Services (IIS). JCPC-endorsed Intensive Intervention Services served 362 youth during FY 23-24. Graph 2.1 represents the percentage of youth served by Intensive Intervention Services by race/ethnicity.

Table 2.1 FY 23-24 Intensive Intervention Services (IIS): Youth served by Program Type

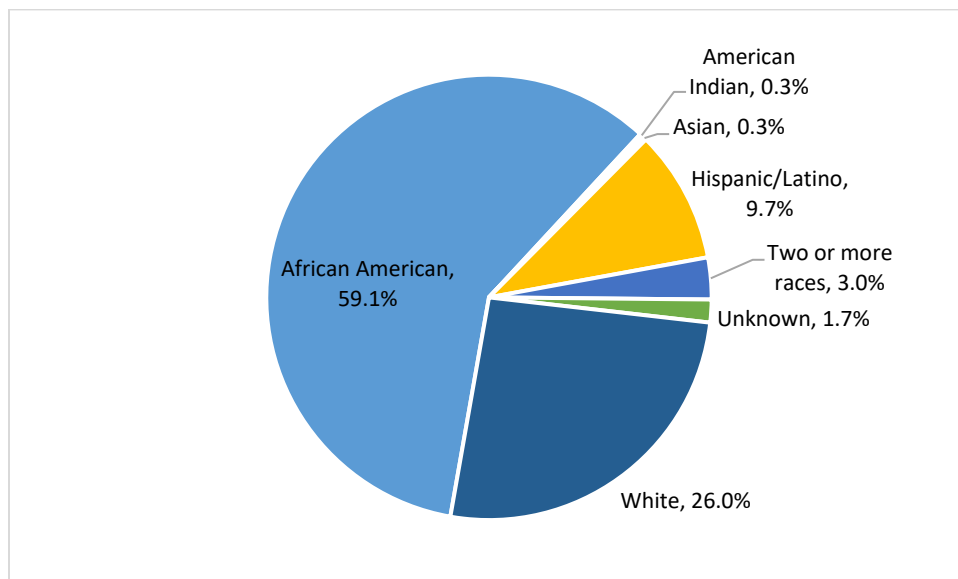
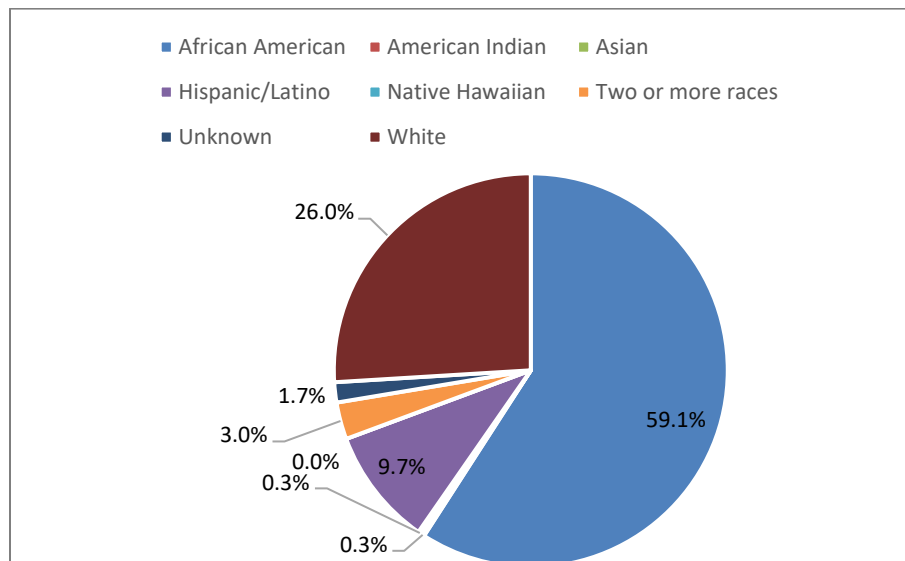
Program Type	Youth Served
Assessments	36
Experiential Skill Building	31
Family Counseling	77
Home Based Family Counseling	63
Individual Counseling	25
Interpersonal Skill Building	54
Mentoring	14
Parent/Family Skill Building	11
Restitution/Community Service	29
Specialized Foster Care	1

Program Type	Youth Served
Vocational Skills	21
Total	362

Demographic Information about Youth Served by Intensive Intervention Services during FY 23-24

- 18% of youth served were female.
- 82% of youth served were male.
- Average length of stay in programming was 112 days or 3.7 months.

Graph 2.1 Race/Ethnicity of Youth Served by Intensive Intervention Programs



Cost Comparison

Table 2.2 JCPC-Endorsed Intensive Intervention Services (IIS) Programs Cost vs Youth Development Center

IIS Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
JCPC-Endorsed IIS Programs	\$5,396
Youth Development Center	\$137,541

Recidivism

This study measured the recidivism rates for youth completing JCPC-Endorsed Intensive Intervention Services programs in FY 22-23 and FY 23-24. Of the 441 youth who could be measured at six (6) months post-discharge, fifty (50), or 11%, received a new adjudication, and eleven (11), or 2%, received a new adult conviction. Total recidivism, youth that received either a juvenile adjudication or and adult conviction at six (6) months post-discharge was 14%.

There were 308 youth who were served by these programs that could be measured at twelve (12) months. Sixty (60) or 19% received a new adjudication and seventeen (17) or 6% received a new adult conviction. Total recidivism at twelve (12) months post-discharge was 25%. See Table 2.3.

Table 2.3: JCPC-Endorsed Intensive Intervention Services (IIS) 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	441	308
Distinct Juveniles with Complaints Adjudicated	50	60
Distinct Juveniles Adjudication Recidivism	11%	19%
Adult Convictions (Distinct Juveniles)	11	17
Adult Recidivism (% of Distinct Juveniles Convicted)	2%	6%
Distinct Juveniles with Adjudications or Convictions	61	76
Recidivism - Juvenile Adjudications + Adult Convictions	14%	25%
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

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 (FFT) to all youth/families referred by DJJ. 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

272 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>
88%	91%	98%	92%	95%

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>
88%	63%	89%	84%	82%

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>
94%	78%	87%	86%	90%

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>
88%	66%	91%	84%	85%

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>
88%	72%	91%	82%	82%

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>
75%	78%	85%	88%	92%

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>
81%	81%	87%	86%	92%

Program Effectiveness Based on FFT's Youth Outcome Measure Questionnaires

136 youth responses reported.

- 96% 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.
- 96% of youth reported their behavior has changed for the better.

- 93% of youth reported their parents improved their parenting skills.
- 88% of youth reported their parents changed their ability to supervise them for the better.
- 91% of youth reported a change in family conflict level for the better.
- 95% of youth reported a reduction in their illegal behavior.

Program Effectiveness Based on FFT’s Caregiver Outcome Measure Questionnaires

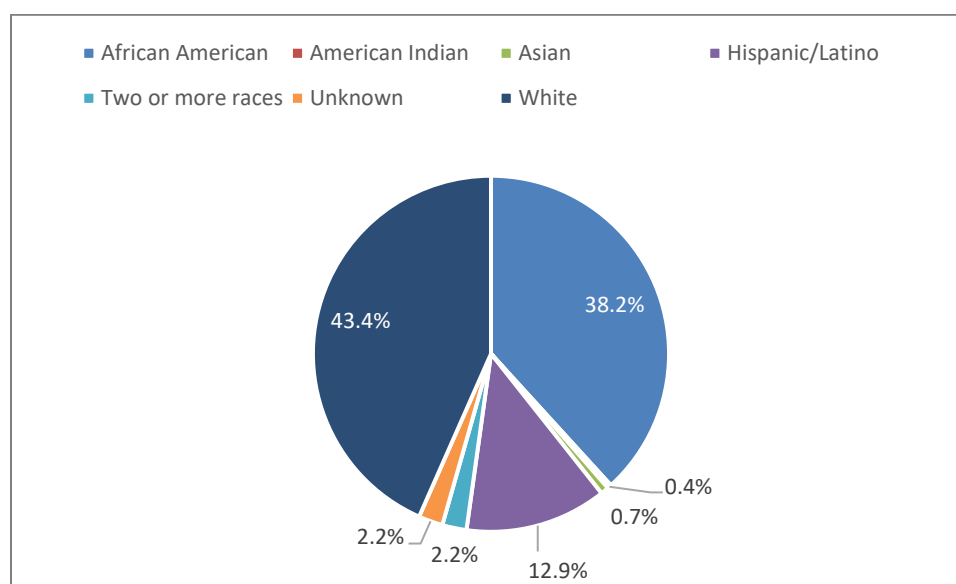
151 responses reported, some including multiple parent figures per youth.

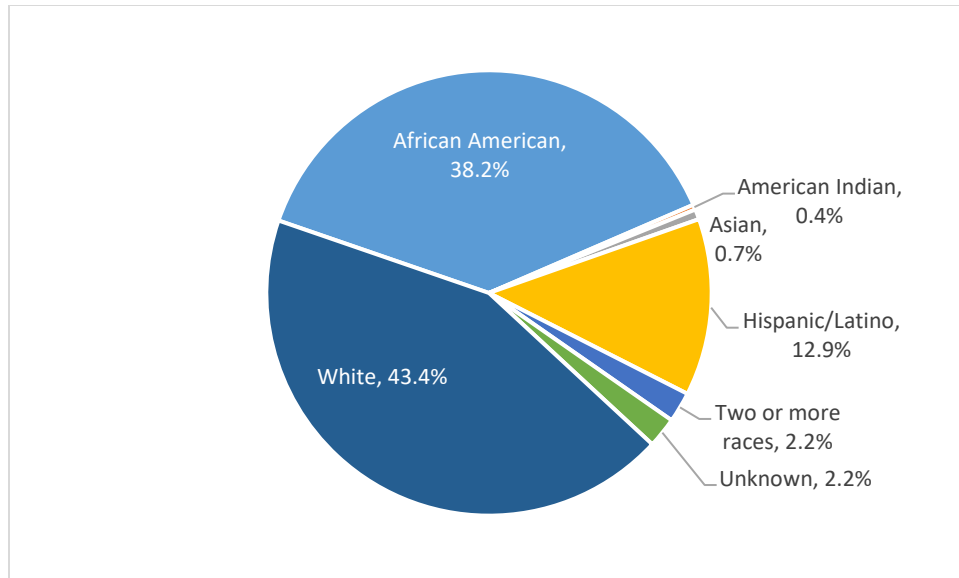
- 97% of parents reported in general, their family has changed for the better since they began counseling.
- 97% of parents reported family has changed its communication for the better.
- 96% of parents reported their adolescent’s behavior has changed for the better.
- 99% of parents reported improvement in their parenting skills.
- 91% of parents reported a change in their ability to supervise their adolescent for the better.
- 96% 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 23-24

- The total number of youth served was 272.
- The average age of the youth served in the program was 15.1 years.
- 24% of youth served were female, and 76% were male.
- The average length of stay in the service was 122 days or 4.0 months.

Graph 3.1 Race/Ethnicity of Youth Served by AMikids North Carolina Family Services





Cost Comparison

Table 3.1 AMikids North Carolina Family Services FFT Cost vs Youth Development Center

AMikids FFT Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
AMikids North Carolina Family Services FFT Program	\$10,579
Youth Development Center	\$137,541

Recidivism

FY 22-23 and FY 23-24 recidivism data compiled by the DJJ shows that of the 396 youth who had been in post-discharged status from AMikids for six (6) months, thirty-two (32) youth, or 8%, received a new adjudication and eleven (11) youth, or 3%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 11%.

At twelve (12) months post-discharge, there were 290 youth who could be analyzed for this report. Thirty-five (35) youth, or 12%, received a new adjudication and sixteen (16) youth, or 6%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 18%. See Table 3.2.

Table 3.2 AMikids North Carolina Family Services FFT 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	396	290
Distinct Juveniles with Complaints Adjudicated	32	35
Distinct Juveniles Adjudication Recidivism	8%	12%

Adult Convictions (Distinct Juveniles)	11	16
Adult Recidivism (% of Distinct Juveniles Convicted)	3%	6%
Distinct Juveniles with Adjudications or Convictions	43	51
Recidivism - Juvenile Adjudications + Adult Convictions	11%	18%
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

Conclusion

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 82% 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/or group therapies in addition to skill-building and 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 active treatment 90 youth and their families. The program has the capacity provide Comprehensive Evaluations for Sexual Harm (CESH) for 20 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)

- Eighty-one (81) CESH evaluations were completed as either a request of the court or as part of a youth's diversion plan.
- Forty-seven percent (47%) or 34 of those 81 assessments were completed within 30 days of the referral. (This contributes to a timely processing for court-ordered evaluations)

Treatment

Of the 81 evaluated, 58 youth referred by DJJ 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 42 youth who fully completed treatment in the TASK® program and were discharged or terminated from the program during FY 23-24.

- 93.55% of youth improved with their use of healthy pro-social behaviors identified in their treatment plans.
- 90.32% of families reported a reduction in problem sexualized behavior and in appropriate behaviors through treatment.
- 90.32% of youth completed treatment successfully according to program expectations.
- 96.77% of youth successfully completed treatment without any additional legal complaints after the original offense date.
- 100% of youth had family members actively participate in treatment with their child.
- 96.77% of youth reduced how often they engaged in problem behaviors specific to their treatment focus.

Effectiveness of Care Survey

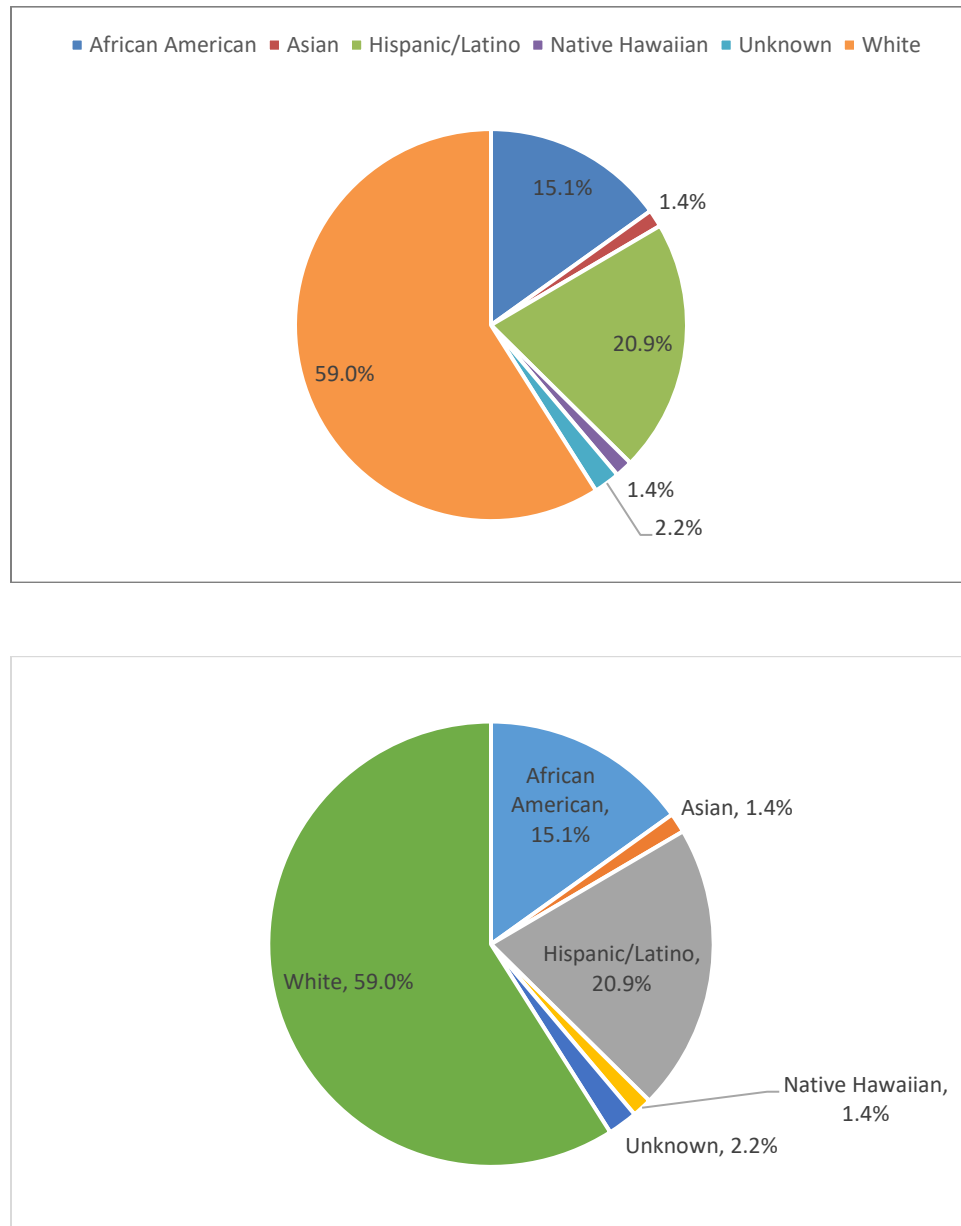
In addition to these outcomes, Children's Hope Alliance encourages families to complete an effectiveness of care survey when treatment is completed. These surveys are completed by both the youth and their guardian.

- 95% of youth reported feeling included in their treatment planning and treated with respect.
- 97% of youth reported that TASK® was helpful, and they are better prepared to cope with challenges and stress.
- 97% of guardians reported they felt they were a partner in their child's treatment.
- 97% of guardians reported feeling helped by the services provided.
- 88% of guardians were able to report a noted improvement in social situations such as at school or work.

Demographic Information about Youth Served during FY 23-24

- The total number of youths served by the program was 139.
- The average age of the youth served in the program was 15.0.
- 7% of youth served were female, and 93% were male.
- The average length of stay in the service was 38 days or 1.2 months for assessment services (CESH) and 147 days or 4.9 months for TASK treatment services.

Graph 3.2 Race/Ethnicity of Youth Served by TASK



Cost Comparison

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

TASK® Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
TASK Program	\$5,995
Youth Development Center	\$137,541

Recidivism

Table 3.4 below reflects youth terminated by the treatment program. In FY 22-23 and FY 23-24 of the sixty-one (61) youth who had been in post-discharge status for more than six (6) months, one (1) youth, or 2%, 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 2%.

At twelve (12) months post discharge, there were fifty (50) 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 Treatment Alternatives for Sexualized Kids (TASK®) Program, Treatment Population 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	61	50
Distinct Juveniles with Complaints Adjudicated	1	0
Distinct Juveniles Adjudication Recidivism	2%	0%
Adult Convictions (Distinct Juveniles)	0	0
Adult Recidivism (% of Distinct Juveniles Convicted)	0%	0%
Distinct Juveniles with Adjudications or Convictions	1	0
Recidivism - Juvenile Adjudications + Adult Convictions	2%	0%
<i>Note: Most of these youth were Adjudicated Delinquent Pending Juvenile Disposition at the time of program involvement.</i>		
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

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 four centers: Insight Juvenile Crisis and Assessment Center (located in Butner), which serves the Central area; Bridges Juvenile Crisis and Assessment Center (located in Winston-Salem), which serves the Piedmont area; Western Area Multipurpose Juvenile Crisis and Assessment Center (located in Asheville), which serves the Western area; and in January 2024, the Division opened the Eastern Area Juvenile Crisis and Assessment Center (located in Kinston), which serves the Eastern area. 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 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/respite stays for youth in need of a short-term residential intervention. Crisis care/respite 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) and the Eastern has three (3) secure custody beds for short-term secure custody stays. The center poses a viable placement option for juveniles twelve (12) and younger who need an alternative to detention secure placement.

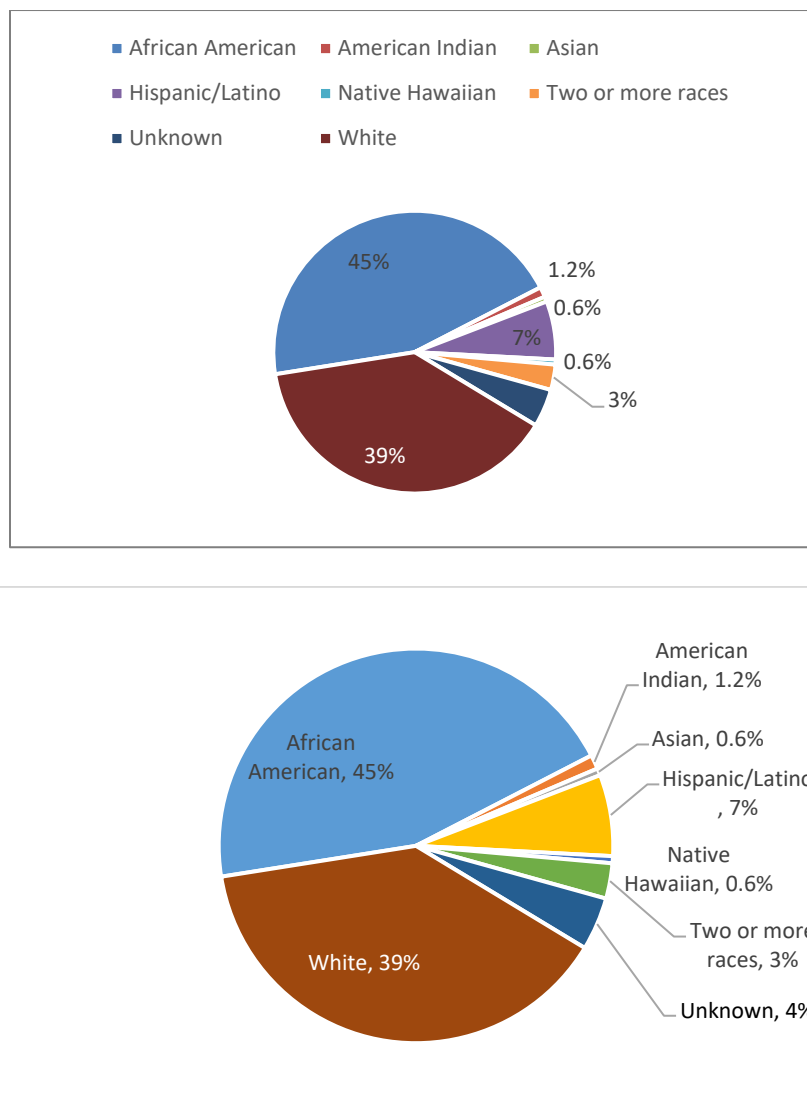
Each center utilizes the Model of Care in addition to crisis and assessment services and provides a structured environment which includes recreation, personal hygiene, self-care, school, meals, individual rooms, group interaction, socialization skill-building activities, independent living skills, and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

Demographics for youth served in FY 23-24

- The total number of youths served by the program was 345.
- Twenty-five (25) youth were placed in the center's secure custody beds by court order.
 - 12.8 was the average age of youth in secure custody.
 - 76% or 19 secure custody youth were 13 years of age or younger.
 - 40% of the secure custody youth were female, 60% were male.
 - The average secure custody length of stay was 27 days.

- Three hundred twenty (320) youth were placed in the center’s crisis and assessment services.
 - 14.6 was the average age of youth receiving assessment or crisis services.
 - 36% of crisis and assessment youth were female, 64% were male.
 - The average crisis or assessment length of stay was 21 days.

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



Outcomes

The Youth Outcome Questionnaire-Self Report (YOQ-SR) is a 64-item self-report tool used to measure changes in social and emotional functioning in adolescents aged 12–18 who are receiving mental health treatment. Rather than focusing on diagnoses, the YOQ-SR tracks changes in functioning from the youth’s perspective throughout their care. The intake score also helps identify immediate clinical concerns and guides the assessment plan.

The assessment evaluates six key domains: intrapersonal distress, somatic distress, interpersonal relations, critical items, social problems, and behavioral dysfunction, producing a comprehensive total score. Total scores equal to or greater than 47 are considered clinically significant and indicate that the youth is experiencing a higher level of stress. Clinically significant scores are categorized as follows:

- Moderately high distress: Greater than 67
- Moderate distress: Between 67 and 48
- Low distress: Less than 48

Data analysis shows that 62% of youth entering care at assessment centers have a total score above 47, indicating clinically significant levels of distress at admission. By discharge, the average score drops to 28, reflecting substantial improvement. Furthermore, 93% of youth leave care with scores indicating low distress levels.

A score reduction of 18 points or more is considered clinically significant, and 78% of youth achieved this level of improvement during their stay at the center. These findings demonstrate the positive impact of the centers' environment and interventions on the social and emotional well-being of 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 Hyperactivity Disorder (49%), Oppositional Defiant Disorder (42%), and Conduct Disorder (20%). The top three recommendations were Family Therapy services, Individual Therapy and In-Home services.

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 23-24 who completed the assessment process are noted in Table 4.1 below.

Table 4.1: Crisis and Assessment Center Primary Recommendations

Service Type	Primary Recommendation Percentage 2023-24
Family Therapy Services Intensive In-Home (15%) Multi Systemic Therapy (MST) (10%)	25%
Individual Therapy (CBT, DBT)	18%
In-Home Services Intensive In-Home 9% Intensive Alternative Family Treatment 3% High Fidelity wrap around 2% Applied Behavior Analysis (ABA) 1%	15%

Psychiatric Residential Treatment Facility	12%
Residential Program (level 2-JJ-short term residential)	9%
Therapeutic Foster Care	6%
Level 3 Mental Health Group Home	5%
Level 3 Residential Program	3%
Outpatient Substance Abuse Treatment	3%
Intellectual Development Disorder / Autism Spectrum Testing / Programming	3%
Local Community Based Programming	2%

Cost Comparison

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

Juvenile Crisis and Assessment Centers Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
Juvenile Crisis and Assessment Centers Program	\$13,412
Youth Development Center	\$137,541

Conclusion

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 23-24 marked the thirteenth 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 DJJ. These services are delivered on three (3) campuses: Candor, located in Montgomery County; Boomer, located in Wilkes County; and in August 2024 the Division opened the third location Yanceyville, located in Caswell 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 Boomer, Candor and Yanceyville are contracted to serve one hundred twenty (120) youth at a time and approximately 283 youth annually. The 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. Eckerd Yanceyville is a more specialized program option that serves males statewide. However, the sites are not restricted to only accepting referrals from their primary catchment.

Cost Comparison

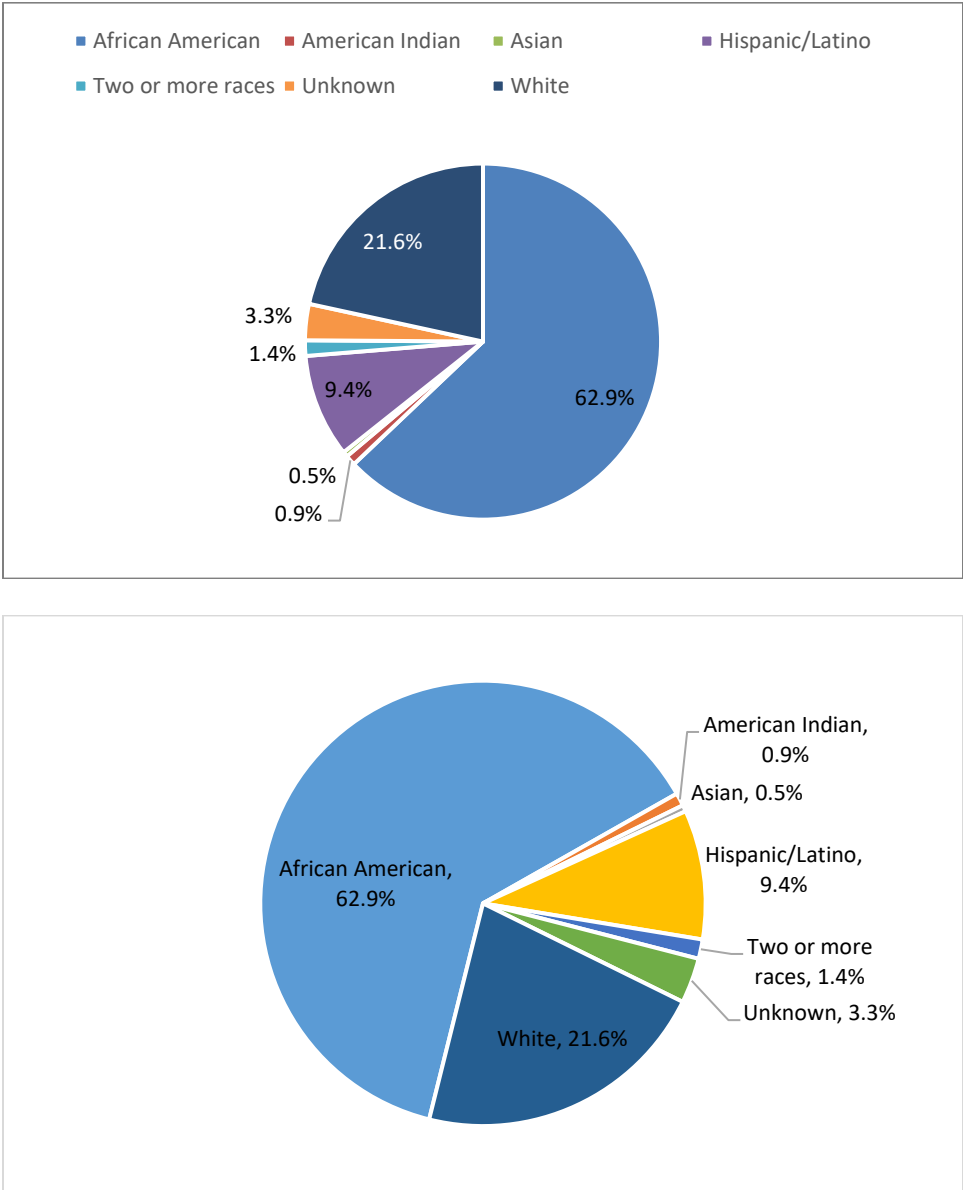
Table 4.3: Eckerd Short-Term Residential Services Cost vs Youth Development Center

Eckerd Short-Term Residential Services Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
Eckerd Short-Term Residential Program	\$38,804
Youth Development Center	\$137,541

Demographics for youth served in FY 23-24

- 213 youth were served.
- 100% of the youth served were males.
- The average length of stay in the program was 128 days or 4.2 months.
- Average age at admission was 15.3.

Graph 4.2 Race/Ethnicity of Youth Served by Eckerd



Outcome Data for Youth

Academic Growth

Most of the youth served by Eckerd in FY 23-24 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 23-24, results show an average increase in reading scores of 1.4 grade levels and an average increase in math scores 1.4 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	6.1	1.4
Mathematics	5.3	6.7	1.4

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 23-24, 94% showed mental health gains. These are youth who presented in the clinical range at intake and successfully completed the program.

Skills Gains

Skills gains are measured by Pre/Post Skills Inventory. Inventory categories assessed are as follows: Boys Council Engagement Certificate, C-Tech Certification, Community Service Completion Certificate (25 hours), CPR/First Aid Certification, Drivers Ed Certification, Father/Parenting Curriculum, Health Education/Sex Education Course Completion, Interactive Journalling Pre/Post Gains, NCWorks Employability Course, OSHA 10 Certification, ServSafe. Of those youth who successfully completed the Eckerd Short-Term Residential programs, 100% achieved skills gains.

Recidivism

FY 22-23 and FY 23-24 recidivism data shows that of the 312 youth who had been in post-discharge status from Eckerd Short-Term Residential for more than six (6) months, sixty-two (62) youth, or 20%, received a new adjudication and eighteen (18) youth, or 6%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 25%.

At twelve (12) months post discharge, there were 231 youth who could be analyzed for this report. Seventy (70) youth, or 30%, received a new adjudication and twenty-one (21) youth, or 9%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 38%. It is worth noting that youth served in their environment have very low adult conviction rates per the recidivism study analysis.

Table 4.5: Eckerd Male 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	312	231
Distinct Juveniles with Complaints Adjudicated	62	70
Distinct Juveniles Adjudication Recidivism	20%	30%
Adult Convictions (Distinct Juveniles)	18	21
Adult Recidivism (% of Distinct Juveniles Convicted)	6%	9%
Distinct Juveniles with Adjudications or Convictions	79	87
Recidivism - Juvenile Adjudications + Adult Convictions	25%	38%
<i>Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 4 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

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 62% of those participating in the program not recidivating at twelve (12) months post completion, most of which is seen in the juvenile justice system, not the adult criminal justice system.

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 DJJ 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 DJJ 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.

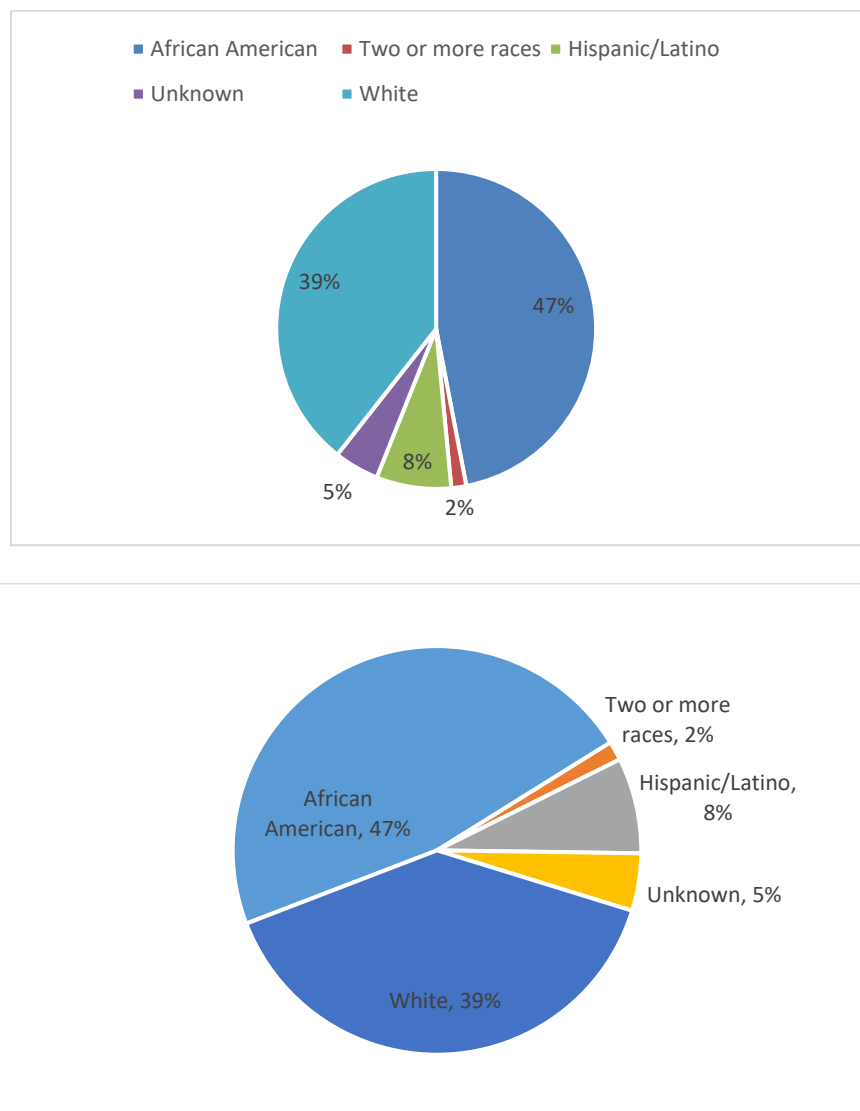
Table 4.6: Eckerd Kerr Lake Girls Academy Cost vs Youth Development Centers

Eckerd Kerr Lake Girls Academy Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
Eckerd Kerr Lake Girls Academy Program	\$40,222
Youth Development Center	\$137,541

Demographics for youth served in FY 23-24

- A total of 66 clients were provided services.
- 100% of the youth served were female.
- The average length of stay in the program was 141 days or 4.7 months.
- The average age of this female population was 15.0 years old.

Graph 4.3 Race/Ethnicity of Youth Served by the Kerr Lake Girls Academy Program



Outcome Data for Youth

Academic Growth

Most of the youth served by Eckerd in FY 23-24 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 23-24, results show an average increase in reading scores of 1.0 grade levels and an average increase in math scores of 0.8 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	5.2	6.2	1.0
Mathematics	5.2	6.0	0.8

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 23-24, 100% showed mental health gains. These are youth who presented in the clinical range at intake and successfully completed the program.

Skills Gains

Skills gains are measured by Pre/Post Skills Inventory. Inventory categories assessed are as follows: Community Service Completion Certificate (25 hours), Health Education/Sex Education Course Completion, Botvin Life Skills Course Completion, Before Baby Arrives Course Completion, Seeking Safety Course Proficiency, and Vance Granville Employability Course. Of those youth who successfully completed the Eckerd Short-Term Residential programs, 100% achieved skills gains.

Recidivism

FY 22-23 and FY 23-24 recidivism data (Table 4.8) shows that of the seventy-six (76) youth who had been in post-discharge status from Kerr Lake for six (6) months, eight (8) youth, or 11%, 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 11%.

At twelve (12) months post-discharge, there were fifty-five (55) youth who could be analyzed for this report. Five (5) youth, or 9%, received a new adjudication and zero (0) youth, or 0%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 9%.

Table 4.8: Eckerd Girls Academy at Kerr Lake- 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	76	55
Distinct Juveniles with Complaints Adjudicated	8	5
Distinct Juveniles Adjudication Recidivism	11%	9%

Post-Discharge Time Frame	0 to 6 Months	0 to 12 Months
Adult Convictions (Distinct Juveniles)	0	0
Adult Recidivism (% of Distinct Juveniles Convicted)	0%	0%
Distinct Juveniles with Adjudications or Convictions	8	5
Recidivism - Juvenile Adjudications + Adult Convictions	11%	9%
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

Conclusion

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 DJJ 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, Macon, Robeson and Wayne. 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.

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 can serve forty (40) youth at a time and approximately ninety-six (96) youth annually. The homes are located in rural judicial districts and serve as an alternative to detention and youth development centers.

Cost Comparison

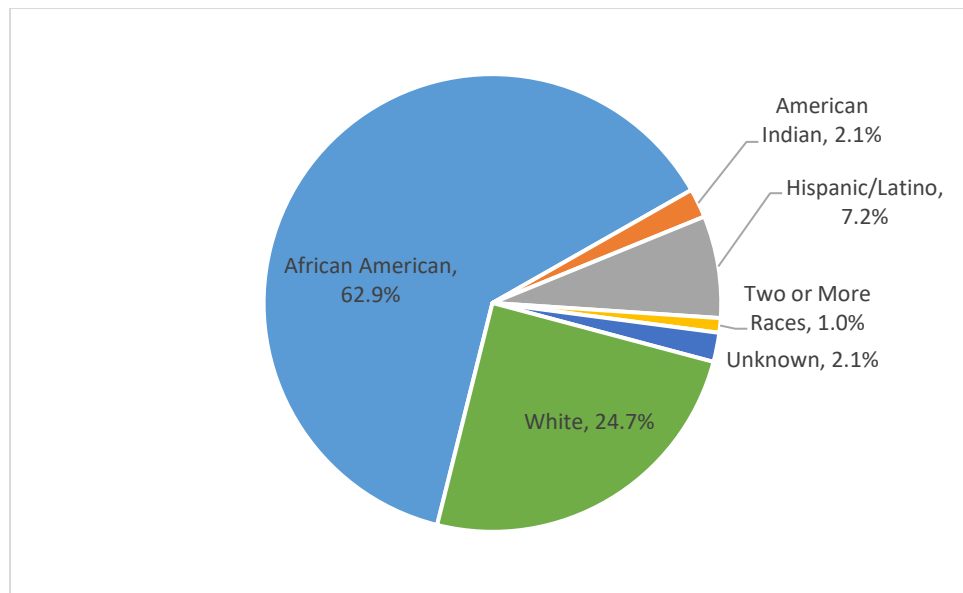
Table 4.9: Multi-Purpose Group Home Services Costs vs Youth Development Centers

Multi-Purpose Group Home Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
Multi-Purpose Group Home Program	\$42,839
Youth Development Center	\$137,541

Demographics for youth served in FY 23-24

- 97 youth were served
- 21% of youth served were female, 79% were male.
- The average length of stay in the program was 166 days or 5.5 months.
- 15.0 was the average age of youth being served in the multi-purpose group homes.

Graph 4.4 Race/Ethnicity of Youth Served by Multi-Purpose Group Homes



Outcome Data for Youth

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. In reading, youth enter our care with an average reading ability equivalent to the second month of fifth grade. The change scores show that, on average, they leave care with a reading ability equivalent to the fourth month of sixth grade. This shows an average improvement of one year and two months. In math, youth begin with an average ability equivalent to the sixth month of fourth grade. By the time they leave care, their mathematical abilities improve to an average equivalent to the sixth month of fifth grade. This shows an average gain of one year in math skills during their time in care.

Table 4.9: Academic Growth – Academic Achievement Battery (AAB)

	Reading Comprehension Grade Equivalent	Math Computation Grade Equivalent
Average grade level of youth at admission	5.2	4.6
Average grade level at discharge	6.35	5.6
Overall grade level improvement	1.2	1

Skill Development

Youth work with staff to determine their service plan goals while in care. Staff help the youth to understand what has led them to this point in their lives and identify key skills that will help them in the future. In our Multipurpose Programs, the skills our youth use are applied in the program setting as well as in the community during outings and home visits.

Table 4.10 Multipurpose Skills Acquisition

Top 5 Acquired Skills in Multipurpose Programs	Percentage who Successfully Acquired the New Skill
Accepts Feedback	100%
Asks Permission	100%
Accepts No for An Answer	100%
Conversation Skills	90%
Follows Rules	78%

Outcome Measure

The Youth Outcome Questionnaire-Self Report (YOQ-SR) is a 64-item self-report tool used to measure changes in social and emotional functioning in adolescents aged 12–18 who are receiving mental health treatment. Rather than focusing on diagnoses, the YOQ-SR tracks changes in functioning from the youth’s perspective throughout their care. The intake score also helps identify immediate clinical concerns and guides the service plan.

The tool evaluates six key domains: intrapersonal distress, somatic distress, interpersonal relations, critical items, social problems, and behavioral dysfunction, producing a comprehensive total score.

Data analysis shows that youth come into care with a higher-than-average score of forty-five (45), which shows that the youth are experiencing clinically high levels of distress at a time of admission. This score drops to an average of thirty-one (31) by the time of discharge, which is a normal stress level for an adolescent. The reduction in score demonstrates the positive impact of the program environment on the youth served.

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 23-24. 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 4.11 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 4.11 Change in Risk & Protective Factors

Category	Admission	Discharge
Involvement with mentor or caregiver	23%	58%
Regular contact with parent, relative, or caregiver	92%	100%
Acceptance of authority	50%	73%
School performance (at grade level)	35%	77%
Reading ability	65%	69%
Age-Appropriate social behavior	46%	77%
Positive self-image	62%	88%
Empathetic towards others	19%	46%
Positive goal oriented	50%	81%
School/community activity involvement	1%	31%
Religious community involvement	4%	15%
Good personal health habits	73%	88%
Decision making	23%	54%
Honesty behavior	23%	50%
Substance-free behavior	4%	54%
Personal development activities	46%	69%

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 4.12 below are data from the surveys that were completed during FY 23-24.

Table 4.12 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	94%
Maintaining a positive on-going relationship with a caring, responsible adult	94%
Attending School/Work regularly	92%
Engaged in Positive Development Activities	79%
Attended Routine Health Appointments	92%
Attending Mental Health Appointment or Participating in Treatment	85%
Following substance abuse recovery plan	68%
Regularly participating in pro-social community activities	44%

Recidivism

FY 22-23 and FY 23-24 recidivism data in Table 4.13 shows that of the one hundred and seventy-four (174) youth who had been in post-discharged status from multi-purpose group homes for six (6) months, twenty-four (24) youth, or 14%, received a new adjudication and five (5) youth, or 3%, received a new adult conviction. The total recidivism rate at six (6) months post-discharge was 17%.

At twelve (12) months post-discharge, there were one hundred and forty-three (143) youth who could be analyzed for this report. Thirty-five (35) youth, or 24%, received a new adjudication and ten (10) youth, or 7%, received a new adult conviction. The total recidivism rate at twelve (12) months post-discharge was 31%.

Table 4.13 Multi-Purpose Group Home 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	174	143
Distinct Juveniles with Complaints Adjudicated	24	35
Distinct Juveniles Adjudication Recidivism	14%	24%
Adult Convictions (Distinct Juveniles)	5	10
Adult Recidivism (% of Distinct Juveniles Convicted)	3%	7%
Distinct Juveniles with Adjudications or Convictions	29	45

Recidivism - Juvenile Adjudications + Adult Convictions	17%	31%
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 0 juveniles had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

Conclusion

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 23-24, there were three (3) transitional living programs: The initial and longest standing of the transitional programs is Craven transitional living program in New Bern; the North Hills transitional living program for females located in Raleigh; and the Goldsboro transitional living program, known as the Farm in Goldsboro. 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 transitional living programs has the capacity to serve eight (8) male youth, and the North Hills site has the capacity to serve five (5) female youth, and The Farm 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 Cost vs Youth Development Centers

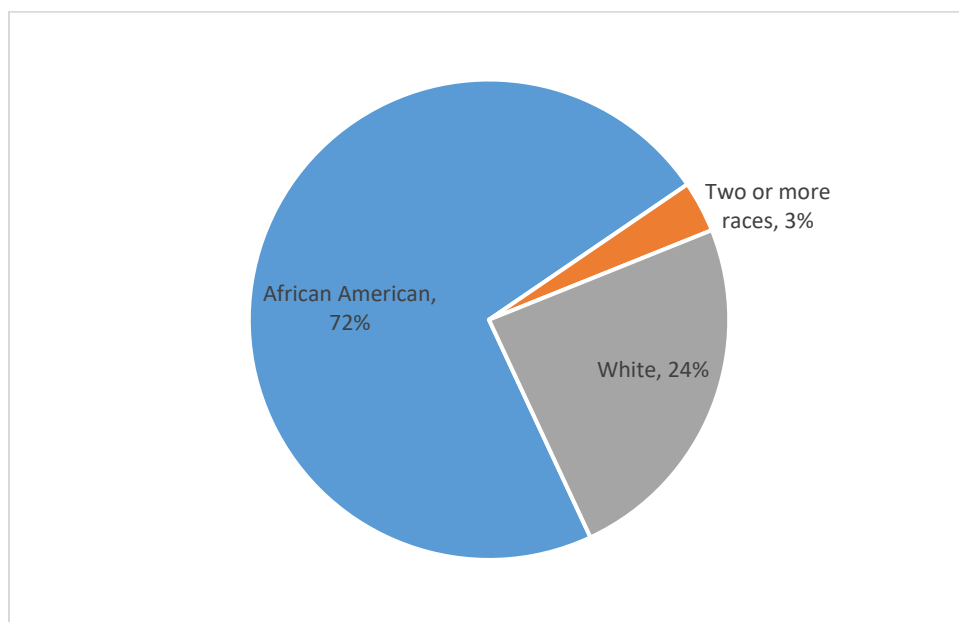
Transitional Living Home Program Cost vs. Youth Development Center Cost	FY 23-24 Cost per Child
Transitional Living Home Program	\$30,645
Youth Development Center	\$137,541

Demographics of youth served during FY 23-24

Craven

- In FY 23-24, a total of 29 male youth was served.
- The average age of youth served was 17.3 years of age.
- The average length of stay was 103 days or 3.4 months.

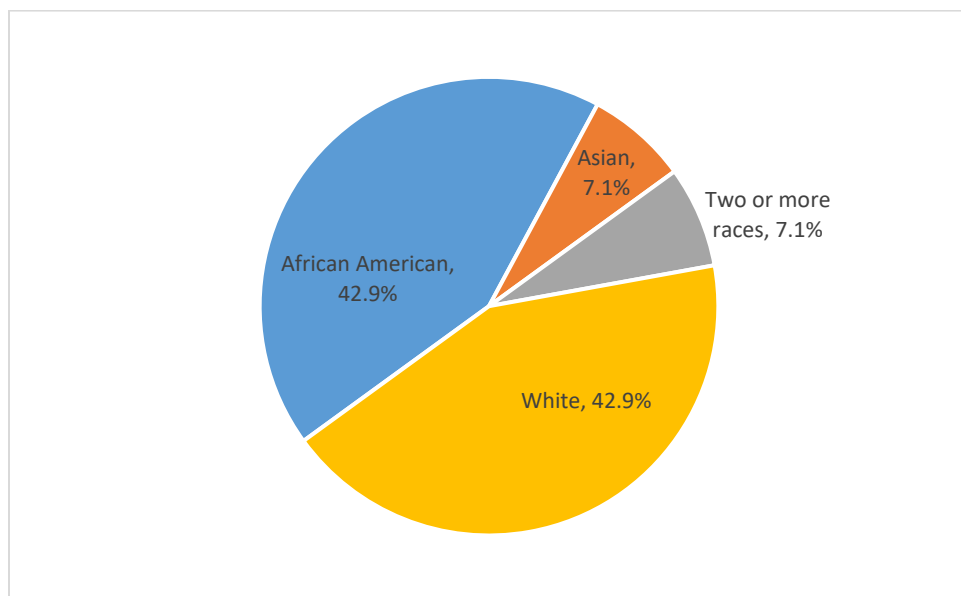
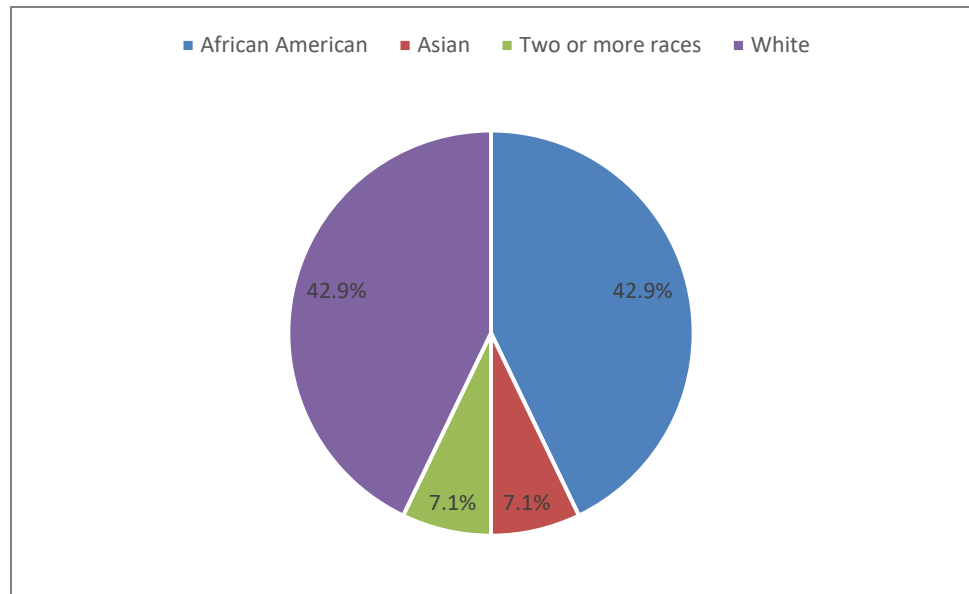
Graph 5.1 Race/Ethnicity of Youth Served by Craven Transitional Living Program



North Hills

- In FY 23-24, a total of 14 female youth was served.
- The average age of youth served was 17.2 years of age.
- The average length of stay was 118 days or 3.9 months.

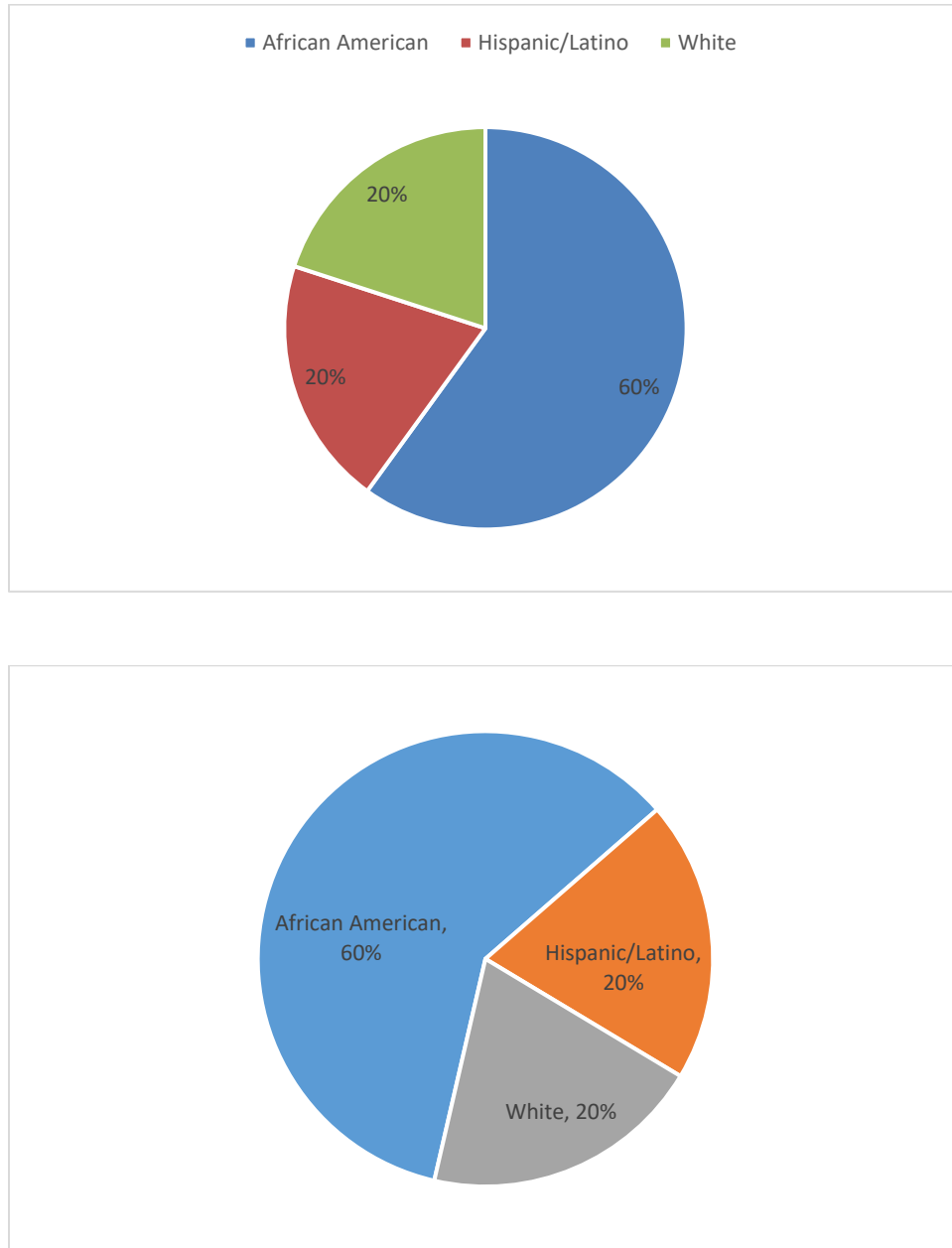
Graph 5.2 Race/Ethnicity of Youth Served by North Hills Transitional Living Program



Goldsboro (The Farm)

- In FY 23-24, a total of 10 male youth was served.
- The average age of youth served was 16.8 years of age.
- There were no juveniles who exited the new program in this period so the average length of stay cannot be reported at this time.

Graph 5.3 Race/Ethnicity of Youth Served by Goldsboro Transitional Living



Outcome Data for Youth Exiting in FY 23-24

Academic Achievement

During their stay at the Craven, North Hills and the Farm (newly opened program) 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 at the VOLT center while obtaining their GED or high school diploma. For North Hills, effective partnerships have been established with local high schools as well as Wake Technical College. The Farm has formed relationships with Wayne Community College as well as the local Cooperative Extension offices for agriculturally based learning. All programs have access to Edgenuity, Britain Academy and Penn Foster online programs.

Education Participation

Craven

100% of eligible youth participated in educational programming. Seven (7) youth had already completed their primary education before entering the program.

Youth completed the following educational tracks with some youth completing more than one.

- 6 youth were enrolled in HiSET Equivalent program
- 6 youth enrolled in Britain Academy or Shaw Academy program
- 1 youth completed and graduated from Penn Foster
- 4 youth enrolled and continuing Education program following discharge
- 7 youth graduated high school/completed HiSet prior to admission
- 2 youth are still enrolled in Penn Foster

Craven has a partnership with Craven Community College's VOLT (workforce development center).

- 28 youth participated in the Core Curriculum Class
- 5 youth graduated the Core Curriculum Class
- 5 youth took trade courses (some youth taking more than one course)
 - 1 youth completed the Forklift Class and earned a certificate
 - 1 youth completed the Culinary events course
 - 1 youth completed ServSafe certificate
 - 3 youth completed the Baking course
 - 1 youth completed the Welding Level 1 and 2 Course
 - 1 youth completed the HVAC course

North Hills

100% of eligible youth participated in educational programming. Two (2) youth graduated prior to admission to the program.

Youth participated in the following educational tracks with some participating in more than one:

- 9 youth were enrolled in Penn Foster
- 4 youth obtained their high school diploma while in the program through Penn Foster

- 1 youth participated in public alternative school
- 2 youth enrolled in community college at Wake Tech

Youth were able to take certificate courses and earn the following:

- 2 youth completed the ServSafe certification training

Farm

100% of eligible youth participated in educational programming.

Youth participated in the following educational tracks with some participating in more than one:

- 8 youth were enrolled in education program (list programs)
- 1 youth obtained their high school diploma while in the program

Employment

Craven, North Hills Transitional Homes and The Farm strive to have every youth gain employment skills, learn about jobs, careers and become 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. As part of the youths' stay at the Farm, youth participate in tasks centered around agricultural training and tasks as that is part of the experience of living at the Farm. Youth work in the greenhouse and learn about the aspects that go in to planning and cultivating crops. Additionally, they are working toward learning about animals as baby goats will be arriving soon.

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 positive contributors to the community and workforce.

Employment Results

Craven

Fifty-two (52%) of eligible youth were able to obtain and maintain employment

- 10 youth worked in the food service industry
- 3 youth worked retail

North Hills

One hundred (100) percent of eligible youth were able to obtain and maintain employment

- 6 youth were employed in the food service industry

The Farm

One hundred (100) percent of eligible youth were able to obtain and maintain employment.
One hundred (100) percent of youth participated in agricultural activities at the Farm.

- 5 youth worked in the food service industry
- 1 youth worked in retail

Program Goal Progress and Achievement

Skill Development

Youth participate in goal planning to determine goals and plans for service for themselves while in care. Staff work with the youth to understand what led them to this point in their lives and identify key skills that will help them in the future. The skills are also applied in the program and in the community through volunteering, educational pursuits on campus, work, and use of free time. The most used skills in these programs reflect a more independent skill set. The top two selected skills for Transitional Living are Conversation Skills and Emotional Impulse Control.

Table 5.2 Transitional Living Skill Acquisition

Top 5 Acquired Skills in Transitional Programs	Percentage of Successful skill acquisition
Conversation Skills	100%
Emotional Impulse Control	89%
Follows Rules	86%
Takes Responsibility	75%
Problem Solving	64%

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 23-24. 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 5.3 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 5.3 Change in Risk and Protective Factors from Admission to Discharge

Category	Admission	Discharge
Involvement with mentor or caregiver	28%	39%
Regular contact with parent, relative, or caregiver	83%	94%
Acceptance of authority	61%	67%

Category	Admission	Discharge
School performance (at grade level)	56%	67%
Reading ability	72%	94%
Age-Appropriate social behavior	72%	83%
Positive self-image	50%	56%
Empathetic towards others	44%	72%
Positive goal oriented	78%	78%
School/community activity involvement	28%	56%
Religious community involvement	0%	44%
Good personal health habits	83%	90%
Decision making	56%	67%
Honesty behavior	44%	67%
Substance-free behavior	28%	44%
Personal development activities	89%	100%

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 5.4 below shows the data from the surveys completed during FY 23-24.

Table 5.4 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	95%
Maintaining a positive on-going relationship with a caring, responsible adult	95%
Attending School/Work regularly	92%
Engaged in Positive Development Activities	95%
Attended Routine Health Appointments	95%
Attending MH apt or Participating in Treatment	89%
Following substance abuse recovery plan	92%
Regularly participating in pro-social community activities	66%

Recidivism

The data provided in Table 5.5 below represents promising results. Of the seventy-seven (77) youth, 6-month post discharge recidivism data show that six (6) youth or 8% recidivated with juvenile adjudications

and six (6) youth, or 8%, obtained an adult conviction. The overall recidivism rate at 6-month post discharge was 16%.

Overall, recidivism at twelve (12) months post-discharge showed that out of the sixty-three (63) youth, nine (9) juveniles or 14% had a juvenile adjudication and eight (8) youth, or 13%, had an adult conviction. The recidivism rate at post discharge 12-months was 25%.

Table 5.5 Transitional Living Home Program 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	77	63
Distinct Juveniles with Complaints Adjudicated	6	9
Distinct Juveniles Adjudication Recidivism	8%	14%
Adult Convictions (Distinct Juveniles)	6	8
Adult Recidivism (% of Distinct Juveniles Convicted)	8%	13%
Distinct Juveniles with Adjudications or Convictions	12	16
Recidivism - Juvenile Adjudications + Adult Convictions	16%	25%
<i>Note: 0 juvenile had both a juvenile adjudication and an adult conviction in the 6-month period</i>		
<i>Note: 1 juvenile had both a juvenile adjudication and an adult conviction in the 12-month period</i>		

Conclusion

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 to 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.

Appendix A
North Carolina Assessment of Risk
(NCAR)

NORTH CAROLINA ASSESSMENT OF RISK (NCAR)

Juvenile Name:	DOB:
County of Residence:	
Juvenile Race: ☐ White ☐ Black ☐ Native American ☐ Latino ☐ Asian ☐ Multi-racial ☐ Other	
Juvenile Gender: ☐ Male ☐ Female	
Date Assessment Completed:	Completed by:

Instructions: Complete each assessment item R1 to R9 using the best available information. Circle the numeric score associated with each item response and enter it on the line to the right of the item. Total the item scores to determine the level of risk and check the appropriate risk level in R10. Assessment items R1-R5 are historical in nature and should be answered based on the juvenile's lifetime. Items R6 and R7 should be evaluated over the 12 months prior to the assessment. R8-R9 should be evaluated as of the time of the assessment. Use the Comment section at the end as needed for additional information or clarification.

R1.	Age when first delinquent offense alleged in a complaint: Circle appropriate score and enter the actual age.		Score
	a. Age 12 or over or no delinquent complaint	0	
	b. Under age 12	2	
	Actual age:		
R2.	Number of undisciplined or delinquent referrals to Intake (Referrals are instances of complaints coming through the Intake process. A referral may include multiple complaints; for example, breaking or entering and larceny, or multiple larcenies or other offenses that occur at one time.)		
	a. Current referral only	0	
	b. 1 Prior referral	1	
	c. 2-3 Prior referrals	2	
	d. 4+ Prior referrals	3	
R3.	Most serious prior adjudication(s). Enter the actual number of prior adjudications for each class of offense shown in b through e then circle the score for only the most serious offense for which there has been a prior adjudication. The maximum possible score for this item is 4.		
	a. No Prior Adjudications	0	
	b. Prior Undisciplined	# of adjudications: 1	
	c. Prior Class 1-3 misdemeanors	# of adjudications: 2	
	d. Prior Class F-I felonies or A1 misdemeanors	# of adjudications: 3	
	e. Prior Class A-E felonies	# of adjudications: 4	
R4.	Prior Assaults: "Assault" is defined as any assaultive behavior, whether physical or sexual, with or without a weapon as evidenced by a prior delinquent complaint. Record the number of complaints for each assault category shown. Then circle the score for the assault category with the highest numerical score. The maximum possible score for this item is 5.		
	a. No assaults	0	
	b. Involvement in an affray	# of complaints: 1	
	c. Yes, without a weapon	# of complaints: 2	
	d. Yes, without a weapon, inflicting serious injury	# of complaints: 3	
	e. Yes, with a weapon	# of complaints: 4	
	f. Yes, with a weapon inflicting serious injury	# of complaints: 5	
R5.	Runaways (from home or placement): "Runaway" is defined as absconding from home or any placement and not voluntarily returning within twenty-four (24) hours as evidenced by a complaint, motion for review, or from reliable information. Circle appropriate score.		
	a. No	0	
	b. Yes	2	
	Actual number of runaway incidents:		
R6.	Known use of alcohol or illegal drugs during past 12 months: Do not include tobacco in scoring this item. Circle appropriate score.		
	a. No known substance use	0	
	b. Some substance use, need for further assessment	1	
	c. Substance abuse, assessment and/or treatment needed	3	

R7. **School behavior problems during the prior 12 months:** Circle appropriate score.

a. No problems (Enrolled, attending regularly)	0	☐
b. Minor problems (attending with problems handled by teacher/school personnel, or 1-3 unexcused absences/truancy)	1	☐
c. Moderate problems (4 to 10 unexcused absences /truancy, or 1 or more in-school suspensions or 1 short-term suspension – up to 10 days)	2	☐
d. Serious problems (more than 1 short-term suspension, or 1 or more long-term suspension, or more than 10 unexcused absences or expelled/dropped out)	3	☐

R8. **Peer relationships:** Circle appropriate score. Put check in the line following appropriate information.

a. Peers usually provide good support and influence	0	☐
b. Youth is rejected by pro-social peers _____, or youth sometimes associates with others who have been involved in delinquent/criminal activity but is not primary peer group	1	☐
c. Youth regularly associates with others who are involved in delinquent/criminal activity	3	☐
d. Youth is a gang member _____ or associates with a gang _____	5	☐

R9. **Parental supervision:** (Score the current responsible parental authority) Circle appropriate score.

a. Parent, guardian or custodian willing and able to supervise	0	☐
b. Parent, guardian or custodian willing but unable to supervise	2	☐
c. Parent, guardian or custodian unwilling to supervise	3	☐

R10.

TOTAL RISK SCORE/LEVEL	☐	☐	☐
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Check Risk Level: ☐ Low risk (0 - 2)

☐ Medium risk (3 – 12)

☐ High risk 13- 30

COMMENT: ☐
