



Juvenile Court Outreach Services

*A Model of Effective Community
Collaboration and Coordination*

Gregory Perkins, MSW, P-LCSW
Clinically Certified Forensic Counselor
Clinical Social Worker

Juvenile Court Outreach Services
Cumberland County Mental Health Center

Juvenile Court Outreach Services (Team JCO)



Clinical Services Division
Cumberland County Mental Health Center

Juvenile Court Outreach Services (Team JCO)

Team JCO is a multi-disciplinary staff of mental health professionals that provides a community-based continuum of comprehensive mental health intervention and preventive services for juvenile court referred youth of Cumberland County.

Evidence-Based Best Practices

Team JCO operates within the context of the systems of care principles for child and family services. We utilize solution focused-cognitive behavior, reality, and functional family focused methodologies to assist with problem solving, crisis intervention, management and prevention skills.

We focus on teaching more appropriate parenting and management techniques, communication skills, assertiveness skills, impulse control and appropriate ways to express feelings.

Services

TRIAGE

Screening, Assessment & Referral

EVALUATIONS

Psychological, Sex Offender Specific, Forensic/Competency

TREATMENT

Individual and Family Therapy

JCO Targeted Groups:

Sex Offender Specific, Responsible Behavioral Management & Active Parenting
of Teens

COMMUNITY SUPPORT SERVICES

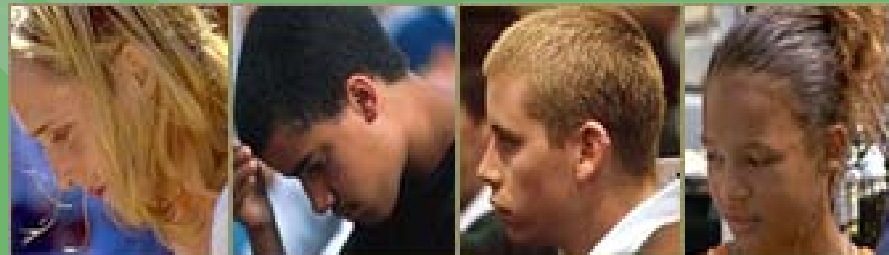
Residential Clinical Care Coordination

Linkage to other community services

Provides services 24 hours a day, 7 days a week

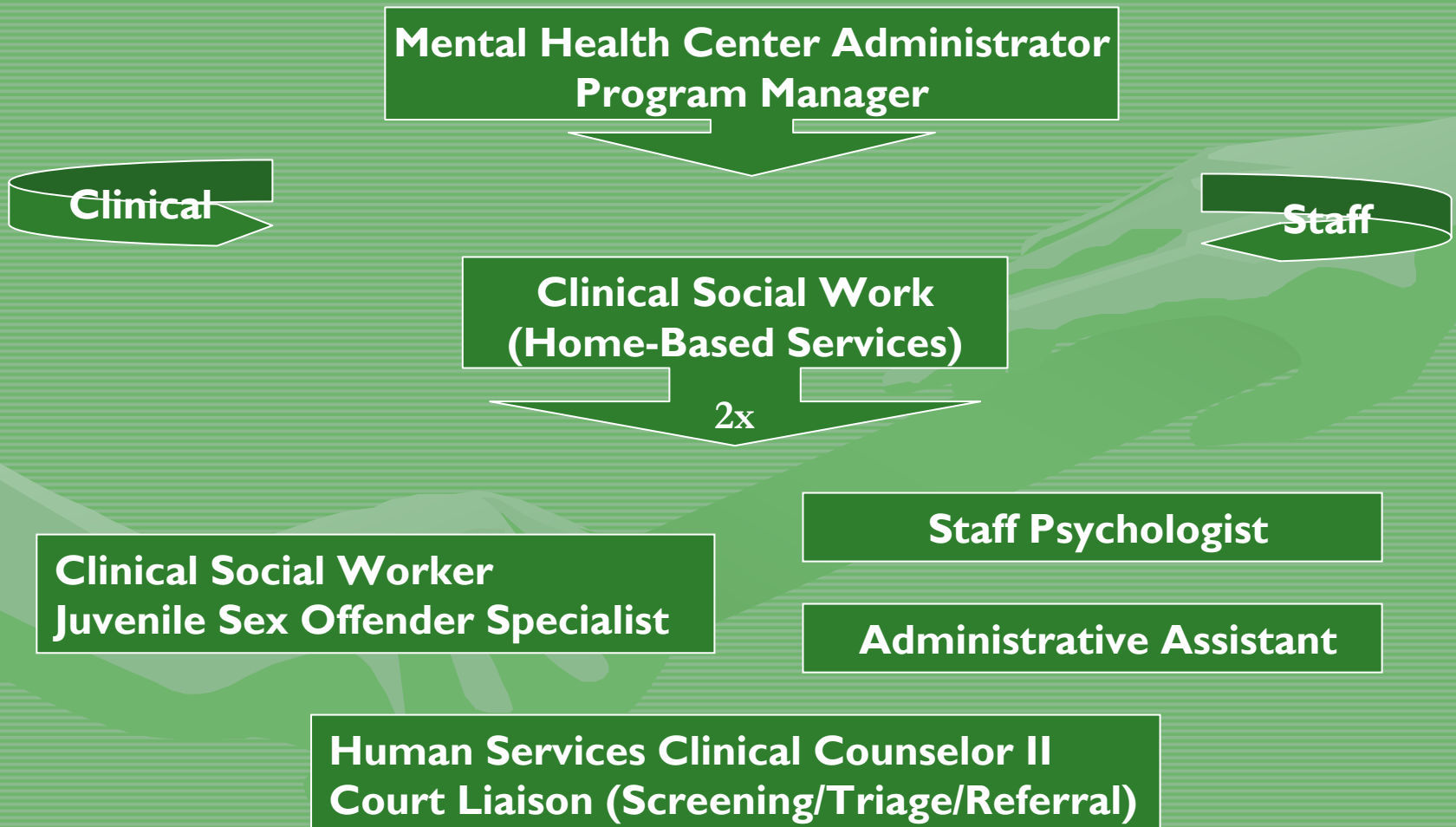
Community Education

Case Consultation & Collaboration

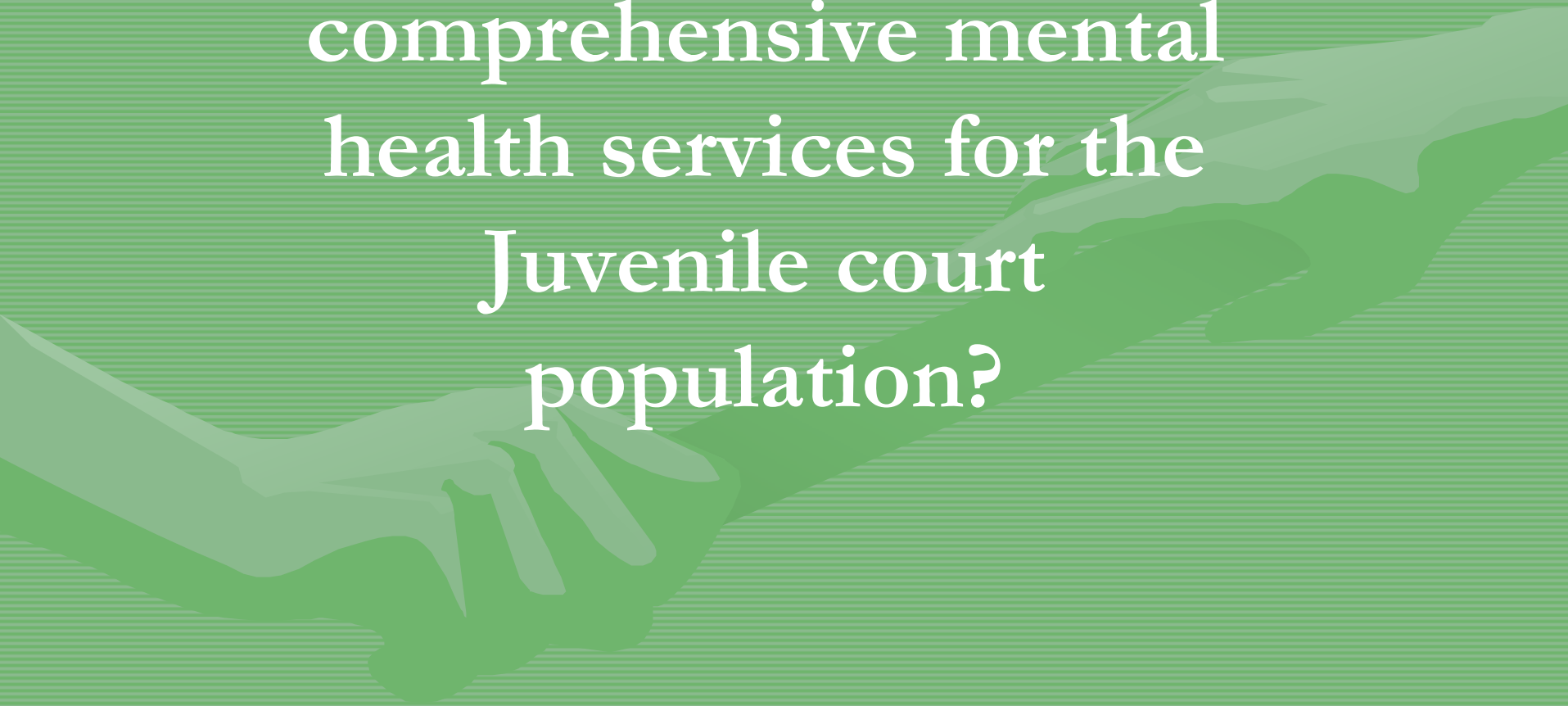


Team JCO

Organization/Staffing Structure



Is there a need for
comprehensive mental
health services for the
Juvenile court
population?



Prevalence of Mental Disorders Among Children in the Juvenile Justice System

- Among children incarcerated in juvenile facilities, there are high rates of mental disorder including:
 - substance abuse disorders
 - multiple co-occurring diagnoses

Prevalence Continued

- Based on data obtained from a sample of 95 public and private juvenile facilities across the country, researchers found that:
 - 73% of the children in these facilities reported mental health problems during screening (Abt Associates, 1994)
 - 57% of youth reported that they have previously received treatment for mental health problems

Prevalence Continued

- From one quarter to one third of the youth had Anxiety Disorder or Mood Disorder diagnoses
- Some researchers found that nearly half of incarcerated girls meet criteria for PTSD and up to 19% of youth may be suicidal

Prevalence Continued

- Children involved with the juvenile justice system frequently:
 - have substantially higher rates of mental disorders than children in the general population
 - may have rates of disorder comparable to (or even exceeding) those among youth being treated in the mental health system

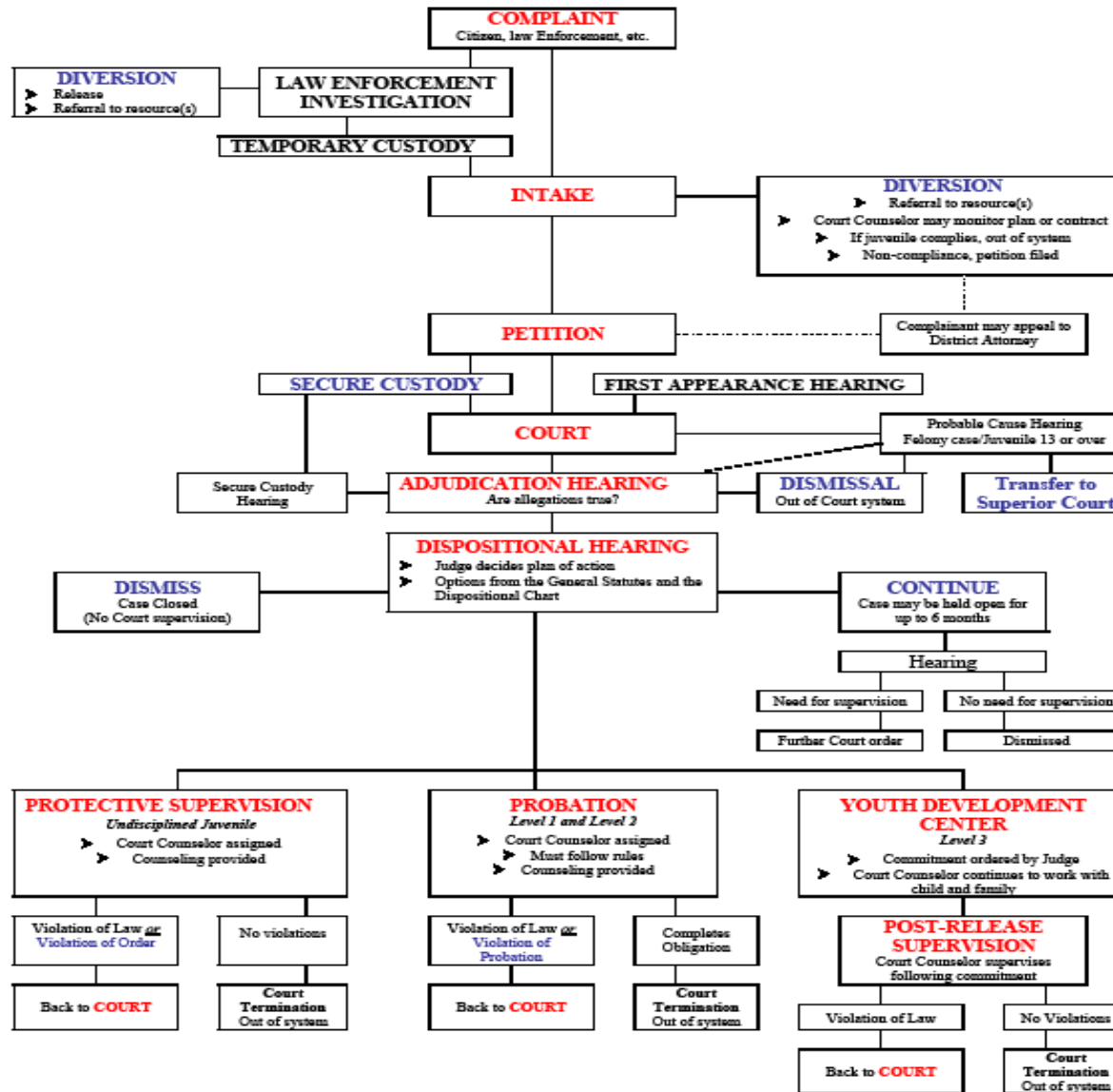
Mental Health Diagnoses

- Along with substance abuse, the most common disorders among youth in the justice system are:
 - Conduct Disorder
 - Depression
 - Attention Deficit/Hyperactivity Disorder
 - Learning disabilities
 - Posttraumatic Stress Disorder
 - Developmental Disabilities

Pooling Community Resources



NORTH CAROLINA JUVENILE JUSTICE PROCESS



Consumer Flow Chart for New Medicaid and New State Funded Consumers



= Client Choice



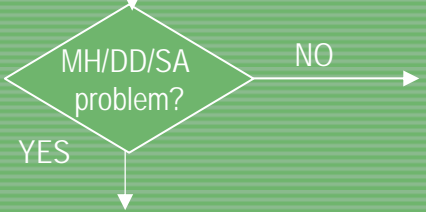
= Utilization Review & Authorization by Value Options (Medicaid) & LME (State)

Emergent = Response initiated within 1 hr.; Face to face service within 2 hrs. of contact.

Urgent = Appt. within 48 hrs.

Routine = Appt. within 7 calendar days

24 / 7 Initial Contact with the LME/Provider
Telephonic or Face to Face (uniform portal)



Referral: To another type of non MH/DD/SA community services provider

LME STR Screening
Basic demographics Brief clinical history
Severity of need Financial eligibility

Non-Target:
Encourage LME to start natural community supports and/or county funded community-based programs

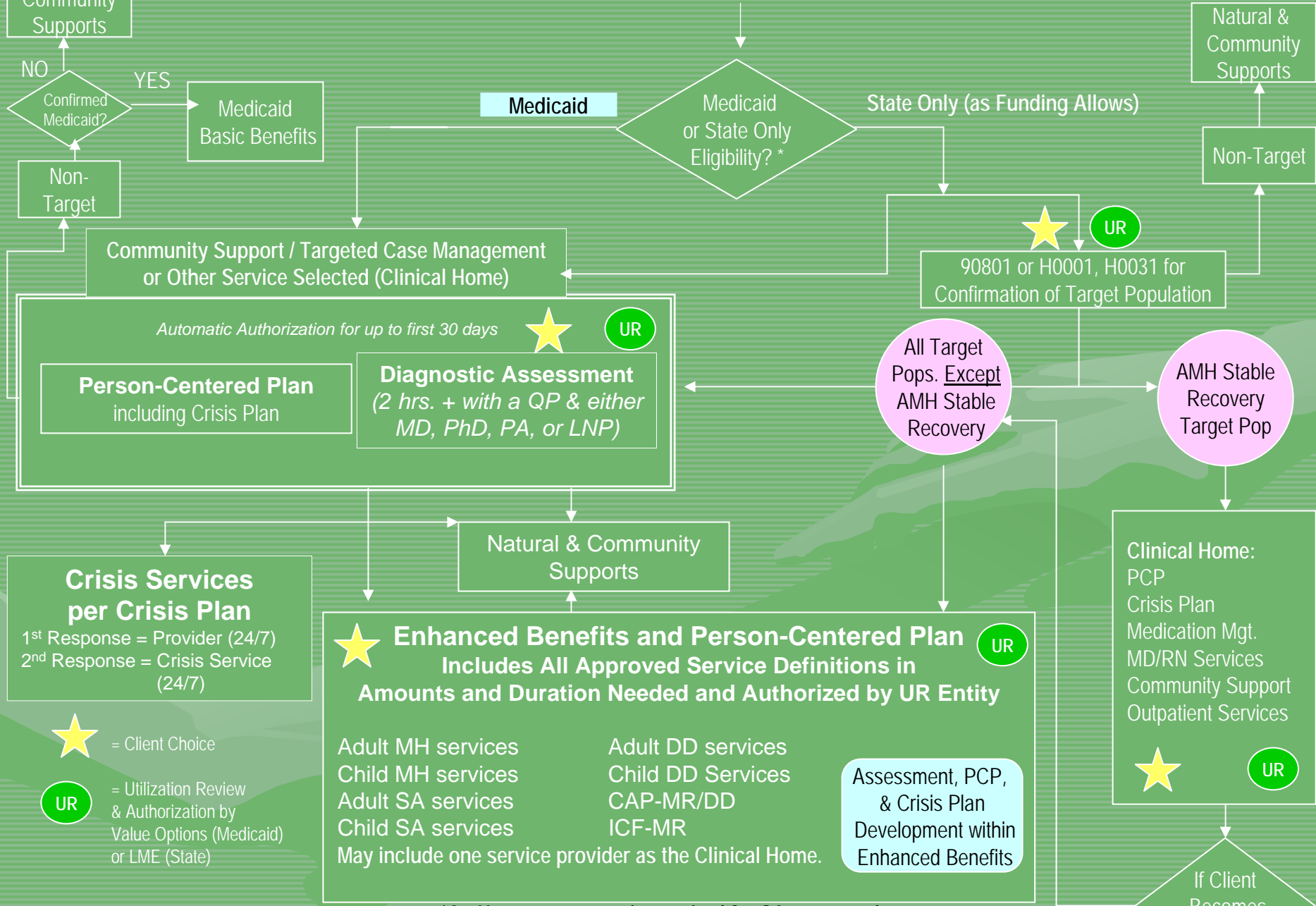
Crisis Services ★
Clinical evaluation
Facility Based Crisis Program
Detox (4 levels)
Inpatient hospitalization
Brief Intervention
Community Hospital ER
State Operated Facilities
Mobile Crisis Services

UR



Directly enrolled provider for **BASIC BENEFITS** (8/26 units of service paid by Medicaid) ★
UR

Consumer Flow Chart for New Medicaid and New State Funded Consumers



Crisis Services per Crisis Plan
 1st Response = Provider (24/7)
 2nd Response = Crisis Service (24/7)

★ = Client Choice

UR = Utilization Review & Authorization by Value Options (Medicaid) or LME (State)

★ **Enhanced Benefits and Person-Centered Plan** UR
 Includes All Approved Service Definitions in Amounts and Duration Needed and Authorized by UR Entity

- Adult MH services
- Child MH services
- Adult SA services
- Child SA services
- Adult DD services
- Child DD Services
- CAP-MR/DD
- ICF-MR
- May include one service provider as the Clinical Home.

Assessment, PCP, & Crisis Plan
 Development within Enhanced Benefits

Clinical Home:
 PCP
 Crisis Plan
 Medication Mgt.
 MD/RN Services
 Community Support
 Outpatient Services

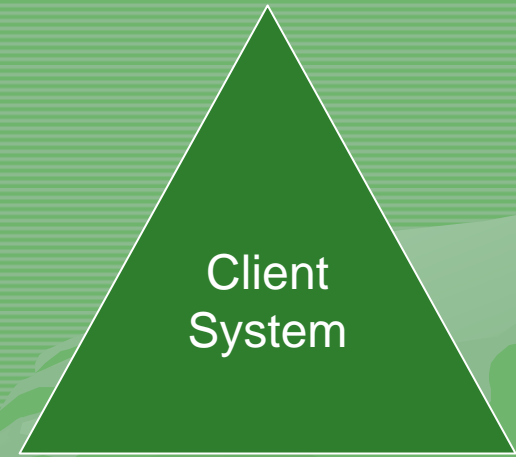
**An Urgent response is required for SA presumed target population consumers who may be referred directly to CST, SAIOP, or SACOT.*



System of Care Values and Principles

Core Values system of care are:

- child-centered, family focused and family driven
- community-based; and
- culturally competent and responsive



Principles systems of care provide for:

- service coordination/case management
- smooth transitions among agencies, providers and to the adult services system;
- human rights protection and advocacy
- nondiscrimination in access to services
- a comprehensive array of services
- individualized service planning
- services in the least restrictive environment
- family participation in ALL aspects of planning, service delivery & evaluation and
- integrated services with coordinated planning across the child-serving systems.

JCO Model

Court Counselors

JCO Services

JCPC

CCCommunicare

SOC

DJJDP

Community

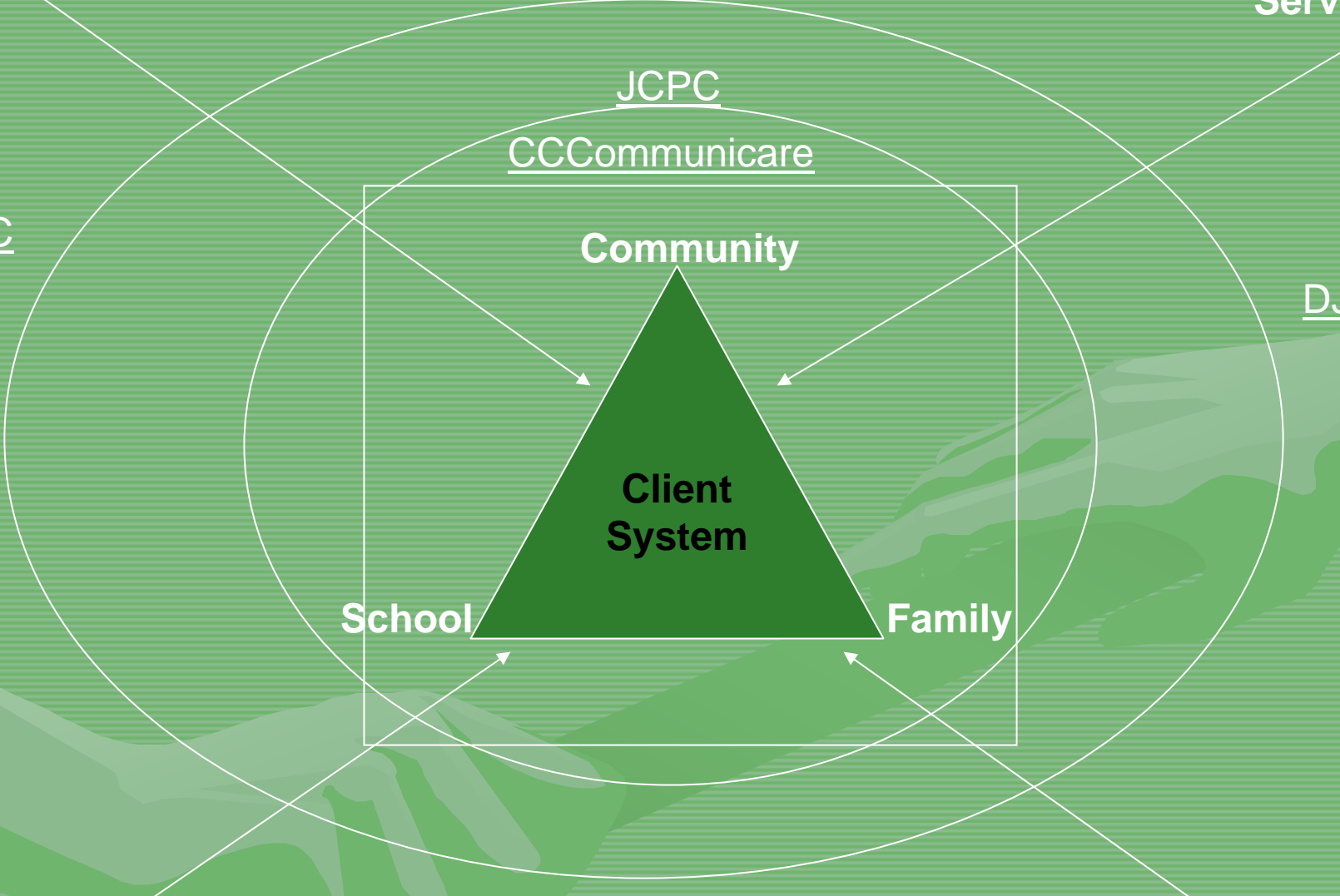
Client System

School

Family

Social Services

Juvenile Court



Conclusions

- Children with emotional and behavioral disorders present a unique set of challenges to the juvenile justice system. Unfortunately, many communities and states are failing to meet these challenges in effective ways.
- By learning more about the needs of emotionally disturbed children and the treatments that work, communities can bring about better outcomes for these youth and their families.

Collaborative Organization

North Carolina Administrative Offices of the Court
12th Judicial District Court

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services

North Carolina Department of Juvenile Justice and
Delinquency Prevention

Cumberland County Board of Education

Cumberland County Department of Social Services

Cumberland County Juvenile Crime Prevention Council

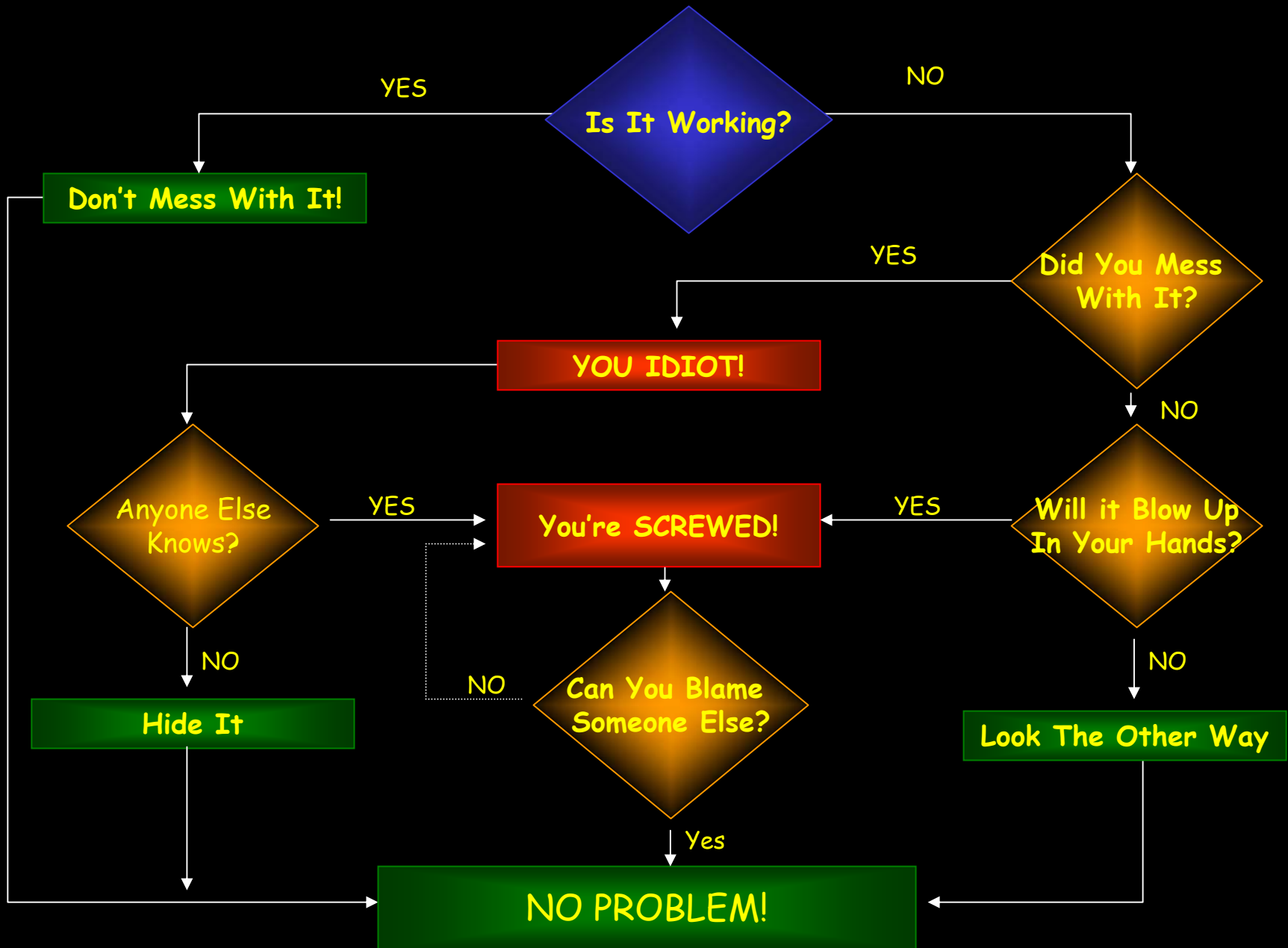
Cumberland County Mental Health Center

Cumberland County CommuniCare, Inc

Questions and Comments



Flowchart For Problem Resolution



Collaborative Partners in Prevention & Intervention



Cumberland County
Mental Health Center

ACCREDITED



COUNCIL ON ACCREDITATION
OF FAMILIES
AND CHILDREN INC.

Providing Help and Hope for more than 35 years !



Cumberland County
CommuniCare Inc.

Strengthening Families & Youth at Risk.