

# **NC Institute of Medicine Task Force on Substance Abuse Services**

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Department of Juvenile Justice and Delinquency Prevention

**Department of Health and  
Human Services**

**Division of Youth Services**

- **Juvenile Detention Centers**
- **Training Schools**
- **Community Based Alternatives**
- **Support our Students**
- **Governor's One-on-One**

**Administrative Office of the Courts**

**Juvenile Service Division**

- **Juvenile Court Offices**

**Department of Juvenile  
Justice and Delinquency  
Prevention**

**UNC System**

- **Center for the  
Prevention of School  
Violence**



# Overview of Comprehensive Strategy

**Problem Behavior → Non-criminal Misbehavior → Delinquency →  
Serious, Violent & Chronic Offending**

Prevention Target Population: <i>Youth at Risk</i>		Graduated Sanctions Target Population: <i>Delinquent Youth</i>			
<b>Programs for all Youth</b>	<b>→ Programs for youth at Greatest Risk</b>	<b>→ Immediate Intervention</b>	<b>→ Community Confinement</b>	<b>→ Youth Development Center</b>	<b>→ Post Release</b>
<b>Youth Development Goals</b> <ul style="list-style-type: none"> <li>• Healthy and nurturing families</li> <li>• Safe Communities</li> <li>• School attachment</li> <li>• Prosocial peer relations</li> <li>• Personal development and life skills</li> <li>• Healthy lifestyle choices</li> </ul>		<b>Youth Habilitation Goals</b> <ul style="list-style-type: none"> <li>• Healthy family participation</li> <li>• Community reintegration</li> <li>• Educational success and skills development</li> <li>• Healthy peer network development</li> <li>• Prosocial values development</li> <li>• Healthy lifestyle choices</li> </ul>			

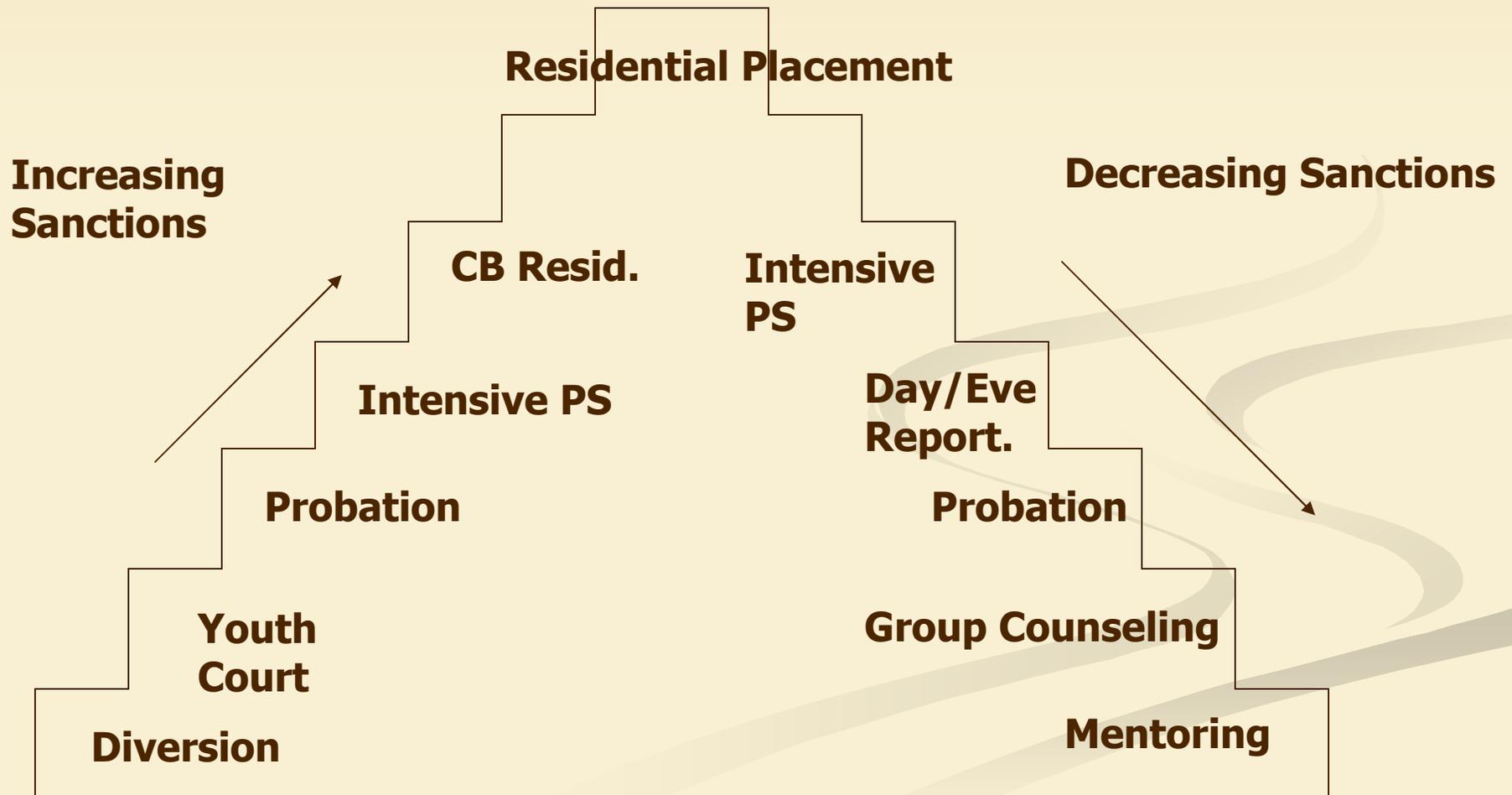
# Comprehensive Strategy Principles

- Strengthen families
- Support core social institutions
- Promote delinquency prevention
- Intervene immediately and effectively when delinquent behavior occurs
- Identify and control the small group of serious, violent and chronic juvenile offenders

# Elements of the Comprehensive Strategy

- Graduated Sanctions
  - Structured decision-making
- 

# A Model of Graduated Sanctions



# Elements of Comp Strategy in NC Reform

## Graduated Sanctions

- Diversion plans and contracts at intake
- Three levels of dispositions:

Community

Intermediate

Commitment

# Elements of Comp Strategy in NC Reform

## Structured Decision Making

- Disposition chart for delinquent dispositions
- Individual risk assessment
- Individual needs assessment
- Community risk and resource assessment

# Juvenile Crime Prevention Councils

The background of the slide is a solid light beige color. In the bottom right corner, there are several overlapping, wavy, light grey lines that create a sense of movement or a stylized landscape feature.

# Juvenile Crime Prevention Councils (JCPC) - Intent

- Develop community-based alternatives to youth development centers
- Provide community-based delinquency and substance abuse strategies and programs
- Provide non-institutional dispositional alternatives that will protect the community and juveniles
- Planning by local representatives

# JCPC Membership

School Superintendent  
Chief District Court Judge  
Area Mental Health Director  
County Commissioner  
County Manager  
Chief Court Counselor  
Recreation Professional  
Juvenile Defense Attorney  
Non-Profit Representative  
Substance Abuse Professional

Chief of Police  
Sheriff  
DA  
Business Person  
Director of DSS  
Health Director  
Faith Community  
Persons Under  
age 18 (two)  
Up to 7 others

# Annual Planning Process

- Collaborative assessment of community risks
- Collaborative assessment of community resources
- Recommendation to County Commissioners for approval of funding for needed sanctions and services
- Monitoring and evaluation of programs

# Establishing a Continuum

- Each JCPC assesses programming available for all youth and identifies the service gaps
- Each county establishes delinquency intervention and prevention programming, working to fill gaps
- DJJDP provides a continuum of service along with community programs

# Types of Programs Funded by JCPC's

- **Structured Activities Programs**
  - **Restorative Programs**
  - **Community Day Programs**
  - **Assessment Programs**
- **Clinical Treatment Programs**
  - **Residential Programs.**

***Note: JCPC Funds must be used for direct services to youth and families***

# History of Substance Abuse Services in the Department of Juvenile Justice and Delinquency Prevention

## Juvenile Detention Centers

**Substance Abuse Treatment Counselors (Division of MH/DD/SAS)**

## Youth Development Centers

**Substance Abuse Treatment Counselors (Division of MH/DD/SAS)**

- **Building Respect, Integrity, Discipline, Goals and Empowerment (BRIDGE)**
- **Federal Residential Substance Abuse Treatment (RSAT) Programs:**
  - **State Alliance for Recovery and General Education (SARGE)**
  - **Holistic Enrichment of At Risk Teens (HEART)**
  - **Blended Enrichment, Services and Treatment (BEST)**
- **YDCSAS Enhancement Initiative (DMH/DJJDP)**

## Community Based Services

**Juvenile Crime Prevention Council (JCPC) Programs**

**Managing Access to Offender Resources and Services (MAJORS)**

# Juvenile Detention Centers

**Alexander**  
**Buncombe**  
**Cumberland**  
**Gaston**  
**New Hanover**  
**Perquimans**  
**Pitt**  
**Richmond**  
**Wake**

**Contracted services for up to 25 hours per week with certified SA professionals that provide:**

**Assessments**  
**Individual Counseling**  
**Group Counseling**

# Youth Development Centers

**Dillon  
Dobbs  
Jackson  
Samarkand  
Swannanoa**

**SA professionals employed by local mental health centers provided services to youth assigned to YDCs. Services included:**

**Screenings**

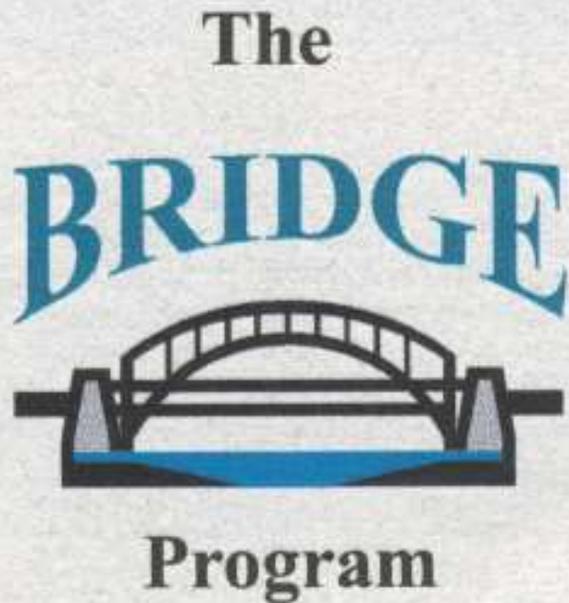
**Assessments**

**Individual Counseling**

**Group Counseling**

**Psychoeducation Groups**

**Aftercare referral and linkage to community-based SA and MH treatment programs**



The BRIDGE Program was an intensive adolescent substance abuse treatment program serving male youth committed to one of the five Training Schools in North Carolina.

Services were cooperatively provided by substance abuse treatment and case management staff from the Blue Ridge Center, and treatment, education and cottage life staff from the Juvenile Evaluation Center.  
(Swannanoa Valley YDC)

# NC DOC SARGE Program

- Federal RSAT Grant through the Governor's Crime Commission
- Purpose: to provide long-term residential substance abuse treatment to Juvenile and Youthful Offenders in the NC DOC and NC DYS (NC OJJ)
- Location: C.A. Dillon Training School (Serious Offender Facility)
- Juvenile Code revisions of the Federal RSAT resulted in allocations in programming
- NC OJJ participation terminated the fiscal year ending June 30, 2000
- Dillon Assessment and Treatment Planning Center

# The HEART Program

HEART stands for “Holistic Enrichment for At Risk Teens.”

- This exploratory pilot study examined the impact of a gender specific substance abuse intervention on the psychosocial functioning of adolescent females (ages 12-17) sentenced to a secure facility in a North Carolina Youth Development Center (YDC).



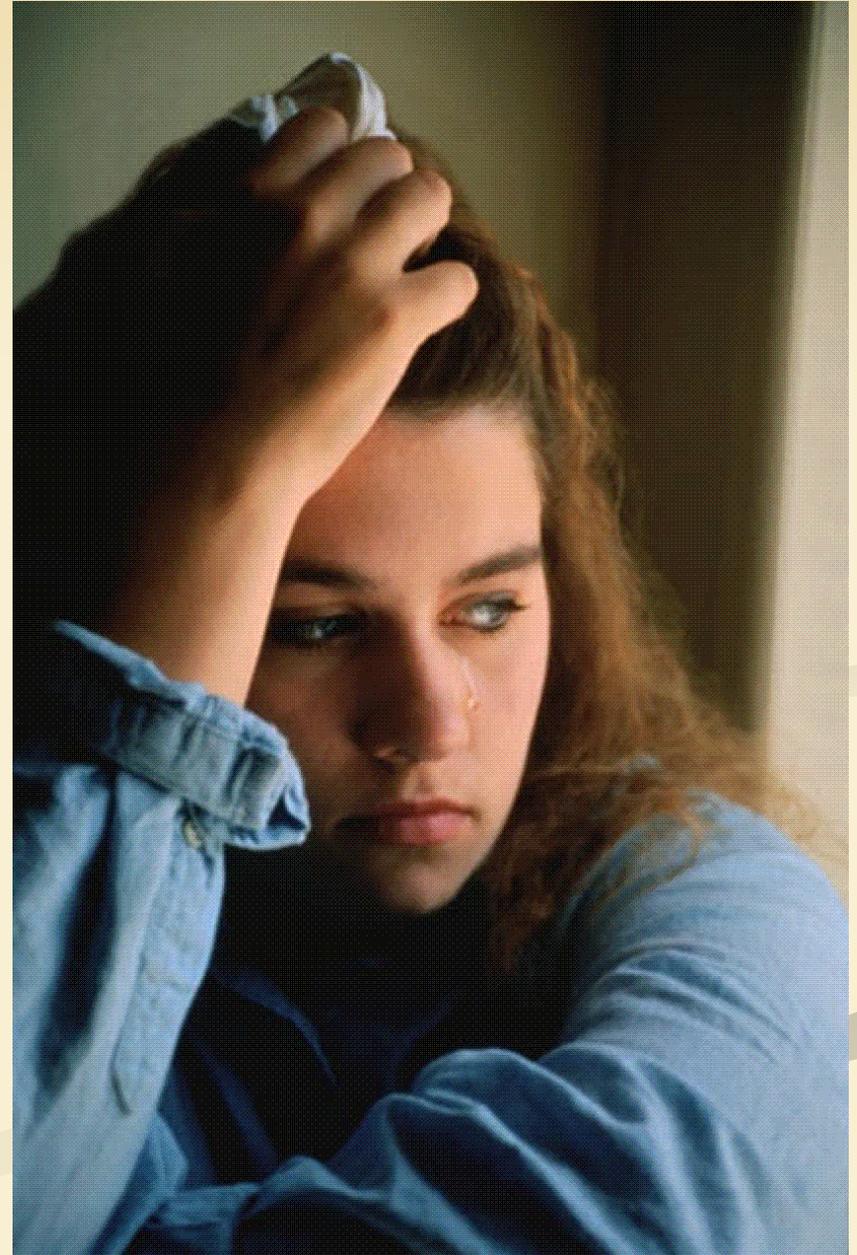
# What is HEART ?

- Comprehensive treatment to substance abusing, incarcerated adolescent females with a high probability of co-morbid mental health issues.
- HEART is provided in a therapeutic community (TC) employing cognitive-behavioral therapy, relational theory, and a TC that embraces a holistic approach to treatment.
- HEART operates as a self-contained program with the treatment duration estimated to last six to twelve months.
- HEART is a program that changes the focus from a "correctional model" to a "treatment model".
- HEART was formally implemented with the first cohort of girls in November, 2002..

# What is HEART ?

“Basically everything that goes on in a training school should be focused on benefiting the student/juvenile. Discipline policies should be focused on helping us, not condemning us. Yes, we messed up. That doesn't mean we are nobodies.”

--(anonymous resident in a juvenile facility)



# Why Gender Specific?

Boys and girls have different:

- educational needs
- biological-physical needs
- psychological needs
- abuse histories
- ATOD issues
- spiritual processes
- perceived stigma





# Theoretical Models

- Cognitive Behavioral Therapy
- Relational Model
- Feminist theory – giving girls a voice, promoting personal power;
- Bio-Psychosocial-Spiritual Model of Addiction



# Best Practices

- Modified Therapeutic Community
- Blended Education & Treatment
- Level Stages with Team Member Responses
- Valuing Your Team Members
- Diversity & Empowerment
  - Creating a Vision & Giving a Voice
  - Appreciating diversity and difference;
- Re-Integration Plan begins at Entry



# Blended Treatment & Education

*“Education is part of ‘treatment’”*



- Focus on special learning needs
- Individualized academic plans with specific educational goals
- Strengthen competencies in mathematics, literacy, & technology
- Psycho-educational group interventions;
- Creative and motivational activities to increase interest & learning
- Culturally relevant material





# Blended Treatment & Education

- **Licensed Clinician**
  - psychotherapy (co-morbidity & abuse issues)
- **Psychiatric Consultation**
  - examination & assessment
  - psychotropic meds
- **Individual Education Assessment Plan**
  - Focus on re-engaging the teen
  - Gender specific teaching interventions;
  - What are the barriers to their learning?
- **Substance abuse technicians provide individual and group counseling**

# Community Re-Entry

## Re-Entry Planning:

- Should “conform the child’s future away from conditions of risk...”
  - peer group
  - family
  - school/employment
  - community
- Multiple community partners
- Plans in place for
  - community & personal safety
  - sobriety/relapse prevention
  - education & employment
  - wrap-around services



# Methodology

In this exploratory study, a variety of Assessments are administered by the YDC on the total population of girls at entry and discharge. HEART girls are followed at 3, 6, 12 months post-discharge.

- In addition to a wide battery of assessments given by the YDC, 3 additional assessments are administered by UNC/HEART Team at YDC "Assessment Center"
  - ✓ MAAS: Multidimensional Adolescent Assessment Scale
  - ✓ POSIT: Problem Oriented Screening Instrument for Teenagers
  - ✓ ACLSA: Ansell-Casey Life Skills Assessment



# Methodology

## **Sample: Total Population of girls at the YDC**

- Since study began, N=115 girls at entry (pre-test) and N=59 girls leaving the facility (post-test).
- **HEART Girls** are selected for the HEART program based on a DSM-IV abuse or dependency diagnosis (N=25);
- **HEART comparison group:** girls with abuse, dependency diagnosis for girls who for a variety of reasons did not enter the HEART program (N=60);
- **BEST comparison group:** girls on the mainstream campus (N=30);

# YDCSAS Enhancement Initiative

- The Enhancement initiative was created as a way to standardize and improve the quality of substance abuse services provided in Youth Development Centers (YDCs) across the state of North Carolina to substance abusing, incarcerated adolescents.
- The Another Choice, Another Chance Treatment Manual was created as part of the Enhancement Initiative.
- The Treatment Manual was created by Innovation Research & Training (IRT) staff members in conjunction with representatives from DMHDDSAS and DJJDP as well as substance abuse supervisors from the North Carolina YDCs.

# *Another Choice, Another Chance* **Treatment Manual**

- The goal of the intervention program is to enhance the quality of substance abuse services by providing evidence-based treatment to incarcerated youth.
- The Treatment Manual provides step-by-step instructions on how to lead group therapy sessions with substance abusing, incarcerated youth.

# *Another Choice, Another Chance*

- **The Another Choice, Another Chance Treatment Manual covers 16 group sessions and is based on the SAMHSA-funded Cannabis Youth Treatment (CYT) Series 12-session manual.**
- **In addition to the CYT content, the following topics are covered:**

- Wheel of Change and Stages of Change
- Drug education
- Identifying risky situations
- Practicing drug refusal skills
- Identifying risk and protective factors

- Managing peer, family, school, and community relationships
- Practicing conflict resolution skills
- Identifying personal motivators
- Engaging in goal-centered action planning

# JCPC Programs

- Currently, there are only four (4) JCPC funded programs that provide SA prevention services.
- There are ten (10) programs providing SA treatment services.
- An additional two (2) programs provide SA assessments only.

# *NC MAJORS Program*

The NC MAJORS program is a joint initiative between:

- **The Community Policy Management Section (*formerly the Substance Abuse Services Section*) of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) and**
- **The Department of Juvenile Justice and Delinquency Prevention (DJJDP).**



# *MAJORS*

- The purpose of this program is to develop and implement proactive, innovative transitional and continuing care services for adjudicated juvenile offenders.
- The goal is to blend the control measures of court requirements, court supervision, sanctions, and community service with adolescent substance abuse intervention strategies.

# *MAJORS*

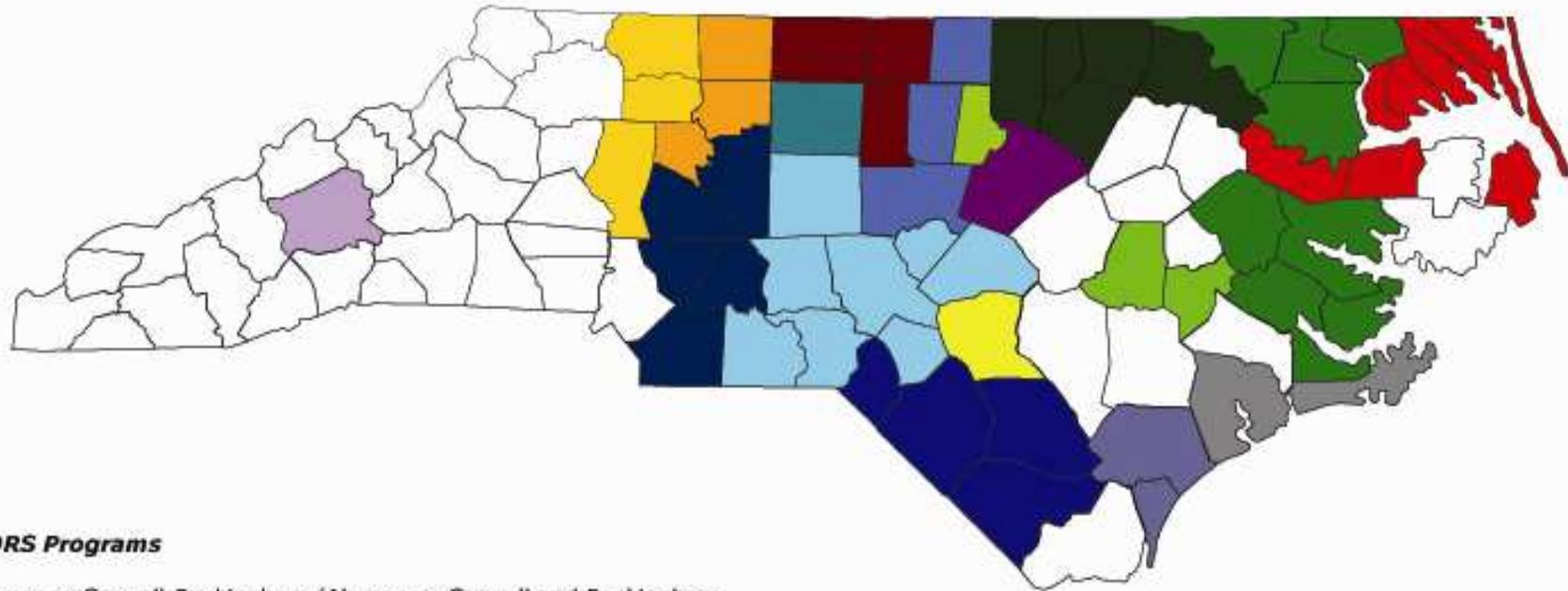
- **Addresses a critical gap in substance abuse treatment services for adjudicated juveniles.**
- **In 2005, DJJDP reported that 8,351 juveniles had cases that were disposed in court. 40% of these juveniles had evidence of substance abuse requiring further assessment or treatment.**

# *MAJORS Program: Target Populations*

- **The three target populations for this initiative are:**
  - **Adjudicated Delinquent: Any juvenile who commits a crime or infraction under State law or under an ordinance of local government and such allegations are proved through the court process.**
  - **Adjudicated Undisciplined: A juvenile who is unlawfully absent from school or who is regularly disobedient to and beyond the disciplinary control of the juvenile's parent, guardian or custodian; or is regularly found in places where it is unlawful for a juvenile to be; or has run away from home for a period of more than 24 hours AND a petition/motion have been filed with the court and the allegations proved.**
  - **Diversion Contracts: Written agreements between a court counselor, juvenile and his/her family, which specifies terms to which the juvenile and family agree. The agreements are signed by all parties and are monitored by the court counselor.**
  - **Juveniles must have a substance abuse or dependency DSM-IV diagnosis to be eligible to participate in the MAJORS program.**

# The MAJORS Program Substance Abuse/Juvenile Justice Initiative

## MAJORS Programs by LME

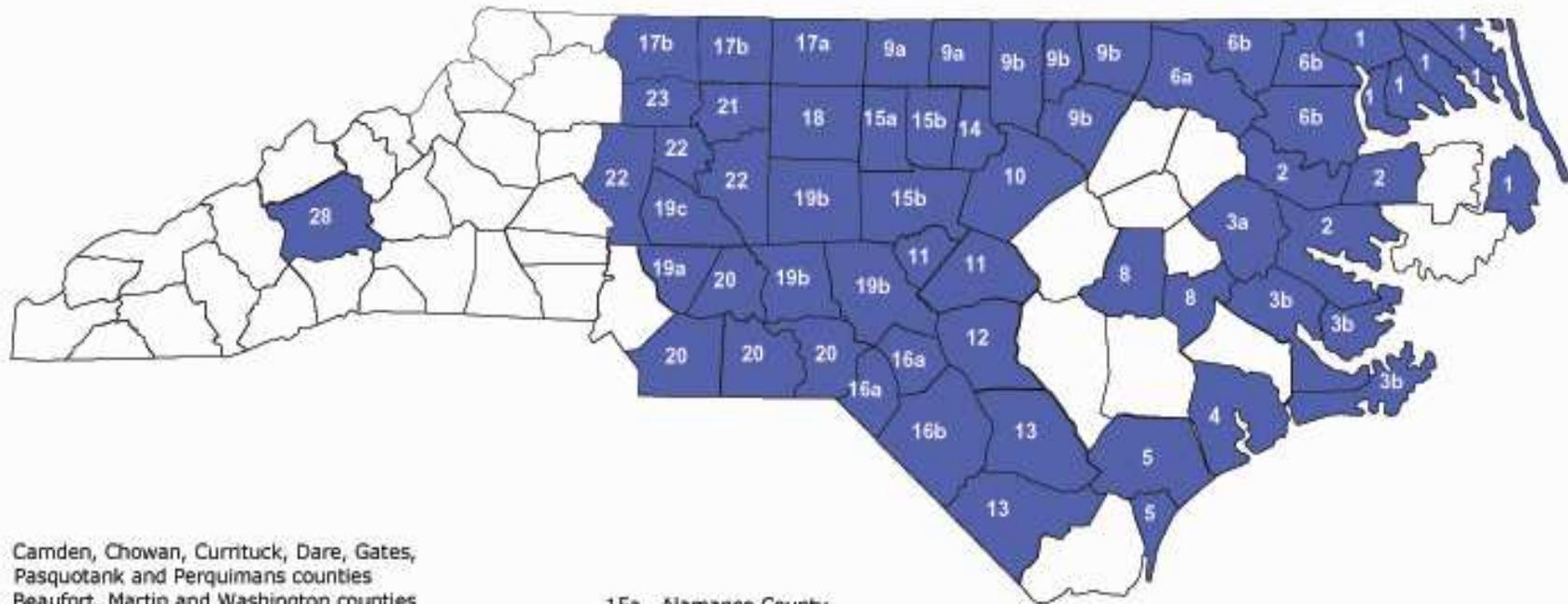


### MAJORS Programs

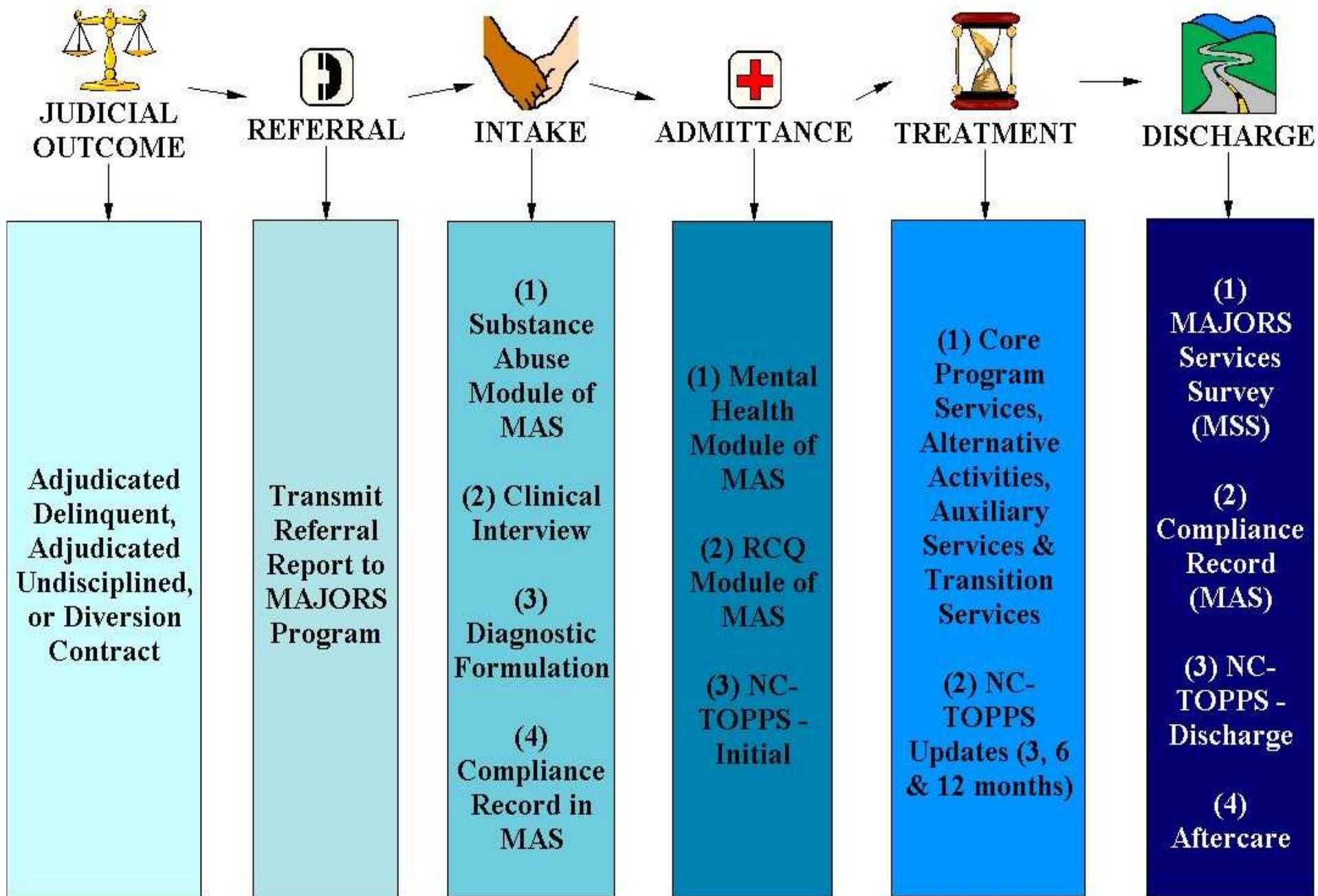
- Alamance-Caswell-Rockingham (Alamance, Caswell and Rockingham counties)
- Albemarle (Camden, Chowan, Currituck, Dare, Martin, Pasquotank, Perquimans and Washington counties)
- Centerpoint (Davie, Forsyth and Stokes counties)
- Crossroads (Iredell, Surry, and Yadkin counties)
- Cumberland (Cumberland County)
- Durham (Durham County)
- East Carolina Behavioral Health (Beaufort, Bertie, Craven, Gates, Hertford, Northampton, Pamlico and Pitt Counties)
- Eastpointe (Lenoir and Wayne counties)
- Five County (Franklin, Granville, Halifax, Vance and Warren counties)
- Guilford (Guilford County)
- Onslow-Carteret (Onslow and Carteret counties)
- OPC (Orange, Person and Chatham counties)
- Piedmont (Cabarrus, Davidson, Rowan, Stanly and Union counties)
- Sandhills (Anson, Harnett, Hoke, Lee, Montgomery, Moore, Richmond and Randolph counties)
- Southeastern Center (New Hanover and Pender counties)
- Southeastern Regional (Bladen, Columbus, Robeson, and Scotland counties)
- Wake (Wake County)
- Western Highlands (Buncombe County)

# The MAJORS Program Substance Abuse/Juvenile Justice Initiative

## MAJORS Judicial Districts



- |    |  |     |  |
|----|--|-----|--|
| 1  | Camden, Chowan, Currituck, Dare, Gates, Pasquotank and Perquimans counties | 15a | Alamance County                            |
| 2  | Beaufort, Martin and Washington counties                                   | 15b | Orange and Chatham counties                |
| 3a | Pitt County  | 16a | Hoke and Scotland counties                 |
| 3b | Carteret, Craven and Pamlico counties                                      | 16b | Robeson County                             |
| 4  | Onslow County  | 17a | Rockingham County                          |
| 5  | New Hanover and Pender counties  | 17b | Stokes and Surry counties                  |
| 6a | Halifax County   | 18  | Guilford County                            |
| 6b | Bertie, Hertford and Northampton counties                                  | 19a | Cabarrus County                            |
| 8  | Lenoir and Wayne counties  | 19b | Montgomery, Moore and Randolph counties    |
| 9a | Caswell and Person counties  | 19c | Rowan County                               |
| 9b | Franklin, Granville, Vance and Warren counties                             | 20  | Anson, Richmond, Stanly and Union counties |
| 10 | Wake County  | 21  | Forsyth County                             |
| 11 | Harnett and Lee counties   | 22  | Davidson, Davie and Iredell counties       |
| 12 | Cumberland County  | 23  | Yadkin County                              |
| 13 | Bladen and Columbus counties   | 28  | Buncombe County                            |
| 14 | Durham County  |     |  |





*The North Carolina Department of Juvenile Justice  
and Delinquency Prevention*

For more information see our web site:

[www.ncdjdp.org](http://www.ncdjdp.org)

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