

CUMBERLAND JUVENILE ASSESSMENT CENTER EVALUATION REPORT

Fiscal Year 2001

1. Background

The Juvenile Assessment Center (hereafter, "JAC") in Cumberland County began as a blended funding initiative in 1997-98. A combination of local, private and state funds were procured to set the project into motion.

A coordinator was hired in April 1998 and the Board moved from planning to implementation. A site was located soon thereafter and the program moved to its present location, 121 Lamon Street, in August of 1998. The facility is owned by the City of Fayetteville and is almost 5,000 square feet in size. The facility contains a reception area, private staff offices, private testing rooms and a large conference room for Board meetings and training sessions. The building is staff secure. Youth are not physically restrained while on the premises, nor will they be prevented from leaving if they insist. The facility meets all codes for public access including handicapped accessibility.

Staff members were hired, trained, and the first child was admitted on September 14, 1998. The original staff proposal was to employ two intake counselors and two case managers. Now four Youth Intervention Managers perform the service of Intake and Case Management.

The Advisory Board continues to meet monthly since the legislation's passage.

Purpose

The Cumberland County Juvenile Assessment Center (JAC) was established to serve as the focal point within the community in assessing the underlying problems of at-risk youth for parents, schools, law enforcement and the courts. The JAC provides timely diagnostic information to support informed referral and case management services designed to prevent further problem behavior and to promote positive conditions and attitudes within the youth and families they serve. Another primary purpose of the Center is to establish electronic linkages and promote coordination of efforts between all of the relevant service providers and promote the sharing of information on the youth and families they all serve.

The JAC intended to serve juveniles and the families of juveniles who are under court supervision for either delinquent or undisciplined offenses, juveniles referred because of delinquent or undisciplined behavior even though they have not been taken into custody or petitioned as delinquent or undisciplined, or juveniles who because of conditions to which they are regularly exposed are considered to be at-risk of becoming delinquent or undisciplined including those juveniles who are found to be regularly truant from school.

Procedures and client management processes, as noted below, were expected at the JAC from the outset:

The following youth will be served: juveniles under court supervision for either delinquent or undisciplined offenses, juveniles referred alleged to be delinquent or undisciplined; juveniles referred who

are at risk of becoming delinquent or undisciplined because they have behavioral problems and may have committed delinquent acts even though they have not been taken into custody or petitioned as delinquent or undisciplined; status offenders who have committed a status offence, which is a non-criminal misbehavior that is illegal only for minors; and children of school age determined to be truant.

Upon arrival at the JAC, the beginning task is to evaluate the educational, emotional, and physical needs of the juvenile and determine whether the juvenile has problems related to substance abuse, depression, or other emotional problems.

The Intake worker will explain to the child and parents the services offered at JAC. The Intake worker will check the youth's juvenile history. If there are outstanding detention orders or other conditions that make the youth detainable, a law enforcement officer will be summoned to transport the youth to the detention center. If needed, access to immediate intervention counseling will be provided to the child and family. The assessment tools will be administered to the child and parents. The Intake worker reviews the intake information and screening tools to determine the appropriate intervention.

If a youth appears suicidal or shows other signs of mental health crisis at any point while he is at the JAC, the Cumberland County Mental Health Center's Crisis Team or the Cumberland Hospital's Crisis Team will be consulted. If necessary, a crisis team will respond to the JAC and interview the youth. The Cumberland Hospital's Crisis Team and services will be available to the JAC for after-hours emergencies.

Based on the assessment, the JAC Case Manager and the parent will contact the appropriate youth service agency to request services. Appointments will be shared and a follow up plan will be developed. The JAC Case Manager will work with the family and contact agencies regularly to follow up on treatment and outcomes. The "Family Service Plan" will be updated as needed.

JAC Goals

- a) Provide a **single point of entry** to services for troubled youth, 7 up to 17, who are juvenile justice, community youth services involved or who are otherwise at risk.

The program is meeting this goal during daylight hours only. Once the program develops into a 24-hour facility, this goal can be totally met. At the present time, the Center operates from 7:00 a.m. until 5:00 p.m., with appointments being made during evening hours, as needed. Also Saturday appointments are made for those whose schedules do not allow a visit any other time. The attached "Juvenile Assessment Center Interagency Agreement" speaks to the services offered by the "Partner Agencies".

- Provide **timely and comprehensive assessments** and/or referrals in a community based setting.

This goal is being met. All assessments are scheduled in a timely fashion, with immediate appointments available for those in a crisis situation.

The assessments are comprehensive in nature. When a child enters the program, at intake, various screening tools are administered to assess for various “risk factors”. These tools are individualized based on the client’s age, estimated reading skill, ability to self-report, and other developmental considerations. The process begins with an interview with the child and parent or parents, and a social history is completed if one from another source did not accompany the child. (In the event that a social history was forwarded, it is used as source material for more extensive interviewing and comparison).

One of the main empirical indices used is the “BASC” (Behavior Assessment System for Children” The BASC is a multimethod, multidimensional approach to evaluating the behavior and self-perceptions of children aged 2 ½ to 18 years. The BASC is multimethod in that it has five components, which may be used individually or in any combination:

- A self-report scale on which the child can describe his or her emotions and self-perceptions
- Two rating scales, one for teachers and one for parents, which gather descriptions of the child’s observable behavior
- A structured developmental history
- A form for recording and classifying directly observed classroom behavior

The BASC was designed to facilitate the differential diagnosis and educational classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. When used individually, the BASC components are reliable and psychometrically sophisticated instruments that provide an array of beneficial data. When used as a total system, the BASC provides information about a child from a variety of sources, enabling the user to have a more complete understanding of that child. These risk factors have been repeatedly linked to conditions contributing to delinquency onset.

As a parallel measure, and one that allows for comparable validity assessment of the above-noted risk factors, the “MAYSI” is also administered (the Massachusetts Youth Screening Instrument, Grisso and Barnum, 1998). Juvenile justice programs throughout the United States employ the MAYSI to identify signs of mental/emotional disturbance or distress through the use of this screening tool. Early literature suggests that the MAYSI has a successful identification rate of +75% (i.e., identifying early conduct disturbance, alcohol/drug use, and need for further clinical intervention). The MAYSI helps the Center to identify risk factors in the following areas: Alcohol/Drug Use; Angry-Irritable; Anxiety; Depressed Mood; Fighting; Somatic Complaints; Suicide Ideation; Thought Disturbance and Traumatic Experience.

The above-mentioned assessment tools allow the Center, the child and family to determine what happens next. Any crisis information obtained via assessment, or other data supporting an emergent clinical need, may mean an immediate referral to Cumberland County Mental Health or Behavioral HealthCare Services at Melrose Road (of Cape Fear Valley Health System), (a.k.a.,”Cumberland Hospital”) for further assessment, review and treatment, if needed. Cases that need further service coordination are referred to the JAC’s Case Management component for review and assistance based on assessment findings, family support for this decision, and a consideration of the client’s “level” of need.

Once the JAC Case Management receives a referral from intake, a “Biopsychosocial Assessment Worksheet” is completed which supplements data gleaned at intake. This instrument is a 12-page

document that is very thorough and comprehensive. It ferrets out in-depth details on issues such as current delinquency charges or reason(s) precipitating the referral; family relationships and community influence; biological information on the parents; home environment; community involvement and cultural influences; self concept; social and peer relationships; sexual history; educational and vocational history; physical, psychological, psychiatric, substance abuse, mental health, client/family history of abuse or other life area impairments, treatment acceptance or resistance, cooperation, physical appearance, speech, insight, cognitive and orientation. JAC Case Managers have received, and continue to receive ongoing in-service training from a Ph.D. level psychologist in ecological (e.g., individual, family, school/peer, and community) dimensions of functioning. The Biopsychosocial Assessment Worksheet encompasses this ecological theoretical approach, emphasizing the interactions between and across levels of risk and protection experienced by clients and their families.

Once the “Biopsychosocial Assessment Worksheet” is completed, a “Family Service Plan” is developed with the JAC Case Manager, parents and child. Specific roles, responsibilities, obligations, and timelines for accomplishment of goals are outlined in this plan. Participants sign off on the plan, acknowledging their participation and acceptance of goals for their child while involved with the JAC.

If a referral to an existing agency is needed, the JAC Case Manager and the parent make the referral. The JAC Case Manager monitors and documents the progress and attendance of the child and family. The Case Manager facilitates any and all referrals to needed community resources, working in collaboration with family members. If a referral to an existing agency is not needed, the JAC Case Manager monitors the “Family Service Plan” to see recommendations and agreements are being followed.

JAC Case managers also document successes and/or barriers involved during the intervention period. Services are completed based on mutual agreement that intervention goals have been achieved and/or reasonable timelines have been utilized to garner reasonable results.

- b) Develop a **management information system** (“MIS”) that can be used to monitor a youth’s progress and documents previous intervention attempts.

From the outset, parents are requested to sign relevant consents to release and/or exchange information with referral sources and potential collaborators if an intervention plan is developed. Furthermore, the JAC has established working Memoranda of Agreement with various agencies (e.g., Cumberland County Schools, Cumberland County Mental Health, 12th District Court District, Department of Social Services, etc.) which provides the foundation for a computerized MIS affording real time case information input and case tracking.

Once a referral is logged in, a management information system is used to track each child served. It includes both admission and termination data. The admission data includes the county name, admission date, program ID, client ID, referral date, referral source, legal status, age, race, sex, social security number, previous referrals to the program, living arrangements at time of placement, problems, year prior to placement in court referrals, runaway, school suspensions or expulsions, and secure custody, and reasons for referral to the JAC.

The termination data includes the termination date, termination reason, termination placement, the client’s progress with juvenile court, the client’s progress with school and the client’s progress with the home

situation. Referrals to 12 agencies are tracked, along with school status, problems during the program in court referrals, runaway, school suspensions or expulsions and secure custody and the total days of service.

Daily contact notes with the child, parents, and outside agencies are kept in the MIS system so one can review all activity transpiring with the case.

The MIS is also conceptualized to code and store all rating tools for comparison and research purposes. Furthermore, the system is fashioned to employ a computerized case management system allowing for: real time case analysis (intranet), case reporting, limited (protected by firewalls and encryption technology) outside access via Internet for real time case follow-up by referral agencies, and data warehousing for future research and reporting.

An additional process goal of the Center includes the development of a program which tracks youth and neighborhoods, referrals vs. crime statistics and other social indicators, to be able to develop GIS maps that pinpoint client status characteristics and other potential risk data. Subsequently, other CommuniCare, Inc. services (our administrative "home") may be used to augment JAC programs (e.g., Communities That Care programs, Youth Leadership services, etc.). JAC came under the umbrella of Cumberland County CommuniCare, Inc. on 10/01/1998. This was done to allow an administrative arm to both support the short and long-term goals of the program, as well as afford an independent identity for JAC. CommuniCare, Inc. is a 501 (c)(3) non-profit agency developed to reduce juvenile delinquency, foster protective relationships among youth within their natural communities, and coordinate an array of services for troubling children. This arrangement offers access to additional funding sources, while maintaining ties to both City of Fayetteville and County of Cumberland partnerships. CommuniCare actively supports JAC by overseeing its payroll and other benefits, facilitating administrative policies and procedures, provides professional development and training on site, and assists with program evaluation through data analysis and reporting.

The Center has purchased the hardware and software to make this happen. We have contracted with an outstanding consultant who is also administering a partner agency's internet-based data project. By leveraging his knowledge and work with that other agency, combined with our interagency Memorandum of Agreement/Memorandum of Understanding allowing for data sharing and tracking, we expect to more rapidly deploy our MIS solutions to these issues (rather than have to design and implement a solution from the ground up). Thus, through collaboration with partner agencies, JAC plans to use various databases to track clients, survey outcomes, and analyze other risk and related data so that the Center can have a better documentation of the problem areas in Cumberland County. This planning tool will allow the Center and CommuniCare to share extensive planning data with the Cumberland County Juvenile Crime Prevention Council to look at short term and long-term community needs in a reliable manner.

The JAC has taken the lead in Cumberland County to develop C-Net, which is a plan to electronically link up with all funded DJJDP programs in Cumberland County, the Juvenile Crime Prevention Council Coordinator, the City of Fayetteville Juvenile Law Enforcement Section, Cumberland County Sheriff's Office Juvenile Law Enforcement Section, the 12th Judicial District Department of Juvenile Justice and Delinquency Prevention and the Department of Juvenile Justice and Delinquency Prevention in Raleigh. By developing this link, we will begin electronically sharing data and information that will improve the planning, coordination and quality of services being offered to the youth in Cumberland County.

Secondarily we plan to link up with local non-DJJDP funded service providers to improve services, planning and coordination.

We have also developed a web site for the Cumberland County JCPC, which allows local programs and programs throughout North Carolina to access DJJDP required forms and information. That is found at <http://cumberlandjcpc.org>. Although this program is still under construction, many useful items available on the web site. The Juvenile Assessment Centers web site is found at <http://juvenileassessment.org>. At this point, the JAC web site is a power point presentation but additions are planned. CommuniCare can be found at <http://cccommunicare.org>.

Develop and implement an **integrated case management system** or referral system for all clients (referred to JAC Case Management components) that outlines intervention needs and plans, refers and monitors the service delivery, along with reassessment, if needed.

This goal has been met. As mentioned above, the JAC Case Management component use various assessment tools to create the “Family Service Plan” which outlines intervention needs. Referrals are made to existing agencies, when appropriate, and the JAC Case Manager monitors the progress being made by the child and family. If reassessment is needed, the JAC Case Manager ensures that this process is completed. Cases which continue to be served by Intake (because their needs are estimated to be resolvable very quickly) also document a briefer form of this plan.

Serves as a source of information to the juvenile justice **policy makers**.

This goal is being met and will continue as an ongoing objective. The information given is not specific enough to identify any child or parent receiving services and keeps within the spirit, requirements, and responsibility of confidentiality issues. As mentioned above, the MIS information is shared with the Juvenile Crime Prevention Council, the Chief Court Counselor, the 12th District Court Judge’s office, law enforcement agencies, schools, and other social services and mental health providers/agencies. The Director of the Juvenile Assessment Center serves on the Juvenile Crime Prevention Council. He also participates in the Communities That Care planning team, and advises the Cumberland County Schools At-Risk Interagency Committee. The Director of the Juvenile Assessment Center has appeared before the Cumberland County Board of Commissioners and the Fayetteville City Council to update them on the progress of the Juvenile Assessment Center. He has also appeared on a 30-minute television program with the Chief District Judge and a Judge sitting on the North Carolina Court of Appeals, to inform the community about the services offered at the Juvenile Assessment Center. He has also taped a 30-minute television program with the Chief Court Counselor and the Fayetteville Police Department Lieutenant responsible for juvenile services with the police department, to inform the community about the Juvenile Assessment Center and how collaboration is working with the listed three parties. The JAC will serve an integral role involving immediate and intermediate sanctions as a part of Cumberland County’s comprehensive juvenile justice plan. The JAC can be an effective tool for diversion contracts as specified in the new Juvenile Code, and will also be called upon by the District Court Judge to aid in post-adjudication but pre-dispositional planning for youth before the Juvenile Court.

Systems issues and Conclusions

The JAC has helped reconfigure juvenile services in Cumberland County. As an example, when families call the Sheriff's Department or City of Fayetteville Police and complain about a disobedient child, these law enforcement agencies refer such calls directly to JAC – effectively diverting them from the Juvenile Court. Now that the new Code is being implemented, JAC is called upon even more often to work with early offenders, undisciplined and ungovernable youth. JAC is conceptualized to serve as a key centralized digital resource via an internet-based information management system. This system will tie into CommuniCare's data warehouse, and will ultimately be a component integrated into the "state of the child" system of data collection (which is a multi-agency collaboration in Cumberland County).

Fiscal year 1999-2000 was the first full year of program activity for the JAC. From January 1, 2001 to December 31, 2001, 197 youth have been admitted into Intake. 177 youth have been admitted to Case Management. This reports reflects the flow of youth and families and provides statistical documentation for the programs efforts in meeting the intended purposes of this unique program. The must current statistical information is for calendar year 2001, which is being used in this report.

In terms of cases that are actually processed, the Intake worker schedules appointments as referrals are received. Because of the volume of cases being referred and the limited staff members, most referrals are seen within 2 weeks of being received, except any child or family in a crisis situation will be seen the same day of referral or the next day, if possible with the family. Once an Intake worker has seen a child, 89%, or 177 youth, were referred to Case Management.

The attached reports reflect programmatic information on the youth being served. Table 1 is for Intake. It reflects a total of 197 youth admitted to Intake during 2001. The report reflects the racial status, gender, age, referral source, legal status, living arrangement and referral reasons for youth involved.

Table 2 is for Case Management. It reflects a total of 177 youth admitted to Case Management during 2001. It also shows the racial status, gender, age, referral source, legal status, living arrangement and referral reasons for cases transferred to Case Management.

The program continues to try to develop follow-up on cases served and terminated. The difficulty has been the volume of cases being handled by the existing staff and the lack of a staff person to assign to this very important duty. When a child and family enter the JAC, each signs a release agreeing to the JAC contacting them within one year of being terminated from the program. They will be re-assessed to see what progress has been made since termination. This data will allow the JAC to evaluate its service delivery and make adjustments where needed. We can share that all cases terminated between January 2001 and July 2001 were checked to see if further court involvement transpired after leaving the JAC. Of the 65 cases terminated during that time period, 2 have pending court hearings, 2 had cases that were diverted, and 4 have been placed on probation. That is a recidivism rate of just 12% after leaving the program.

A final systems issue concerns collaboration. JAC evolved from the result of collaboration at both state and local levels. The Department of Juvenile Justice and Delinquency Prevention has worked extremely well with the local Advisory Board to implement JAC. DJJDP has provided budgeting, evaluation and technical assistance whenever requested. Juvenile Services Division staff have attended Board meetings

and provided telephonic assistance. These staff members have also kept JAC abreast of other state initiatives that may compliment JAC's goals and objectives. The Department of Juvenile Justice and Delinquency Prevention has provided computer programming support as well as other forms of telephonic technical assistance. At the local level, JAC is the result of Chamber of Commerce, City of Fayetteville, County of Cumberland, United Way, Cumberland Community Foundation, and other grassroots juvenile justice collaboration. JAC still enjoys broad-based support from its founding agencies and partners. It is seen as a vital, and necessary component of the full continuum of juvenile crime prevention services in Cumberland County. JAC collaborates with other mental health and social services agencies on a daily basis. Agencies are willing, per the MOA noted earlier, to send caseworkers or clinical staff when needed.

In closing, the Juvenile Assessment Center is meeting its required goals and objectives as stated in the legislation. Even though our Juvenile Code, state policy and state organizational setup does not lend itself to replicate the program in Florida, the program design truly targets the needs of youth in North Carolina. Services are being offered at a reasonable cost. Resources are being shared in the manner of good stewardship of public funds. Given the above noted findings and observations, the Center's continuation request will impact hundreds of children on the front end of the juvenile justice system, with a hope of reducing or eliminating more expensive services on the back end of the juvenile justice system. For comparison purposes, the total cost of operating the Juvenile Assessment Center during FY 2001-2002 is less than what it would cost the State of North Carolina to send 7 youth to a state training school for 1 year. Another issue the Legislature has focused on is the problem of overrepresentation of minorities in the juvenile justice system. Upon review of the Center's statistics to date, the Center is sensitive to that issue and is offering front-end services to minority youth in Cumberland County, again, hoping to impact the back end of the system.

ATTACHMENT I

Outcomes Logic Model

Juvenile Assessment Center Outcomes Logic Model

Inputs (Resources such as staff, \$\$, time, etc.)	Activities (what your program does)	Outputs (#'s, how much, being provided)	Short-Term Outcomes (Impact short-term)	Long-Term Outcomes (Impact long-term)
20% of each staff members time spent in Intake	<ol style="list-style-type: none"> 1. Intake of cases accepted and program explained to attending parties 2. Immediate evaluation by Intake Worker to see no pressing medical or emotional needs need to be addressed up-front. 3. Social history completed 4. Various releases are explained and signed by parents and youth. 5. BASC & MAYSI administered to youth individually. 6. BASC administered to adults individually. 7. Bring parties back together 	<p>240 cases per year.</p> <p>Intake cases typically last 2, or so hours and is completed within 1 day.</p>	<p>Crisis intervention services offered and immediate referrals given, where needed so family & youth more stable.</p> <p>If medical or emotional crisis exists, immediate attention is given to defuse the issues.</p> <p>Family & youth have better understanding of issues after being allowed to reflect what each sees as the concerns and feelings each has of why they are here.</p> <p>Family, youth & YIM review the information gained to agree on the next step in the process.</p>	<p>Family & youth linked to services based on the seriousness of issues. Families & youth referred to Case Management if appropriate.</p> <p>Family & youth have better understanding of issues after being allowed to reflect what each sees as the concerns and feelings each has of why they are here.</p> <p>Family & youth have better understanding of issues after being allowed to reflect what each sees as the concerns and feelings each has of why they are here.</p> <p>Family, youth & YIM review the information gained to agree on the next step in the process.</p>

<p>70% of each staff members time spent in Case Management</p> <p>10% of each staff members time spent in staff meeting, quality assurance, or training.</p>	<p>and explain what next step will be, ie. Case Management referral, referral to existing agency for services, referral to Mental Health for all over 12 for drug/alcohol screening.</p> <ol style="list-style-type: none"> 1. Appointment made with family and child for intake follow-up to begin Case Management. This is usually done in the JAC Office. 2. The Biopsychosocial is usually completed at this meeting. 3. The Eco-map is usually completed at this meeting. 4. The family & youth participate with the YIM to develop a "Family Service Plan". This sometimes needs more than one meeting. 5. The YIM, or Case Manager develops his/her 	<p>200 per year.</p> <p>Case management is designed to be completed within 90 days, but cases requiring more time are reviewed each Friday for progress.</p>	<p>Case management assignment allows the family & youth to know help is available and being offered.</p> <p>Information gained that complements the social history and information gained during intake, to allow YIM to better plan for services needed by family & youth.</p> <p>The Eco-map gives the YIM a visual picture of family involvement and structure as to how they relate to each other and other system involvement.</p> <p>The YIM begins to develop the family service plan to identify goals and objectives that we will be working on during their involvement with the JAC.</p> <p>By offering referrals to existing agencies, the family & youth are</p>	<p>The family & youth should develop a better relationship and learn how to deal with issues that face their family and individuals within the family.</p> <p>The "Family Service Plan" gives each participant a roadmap to where we are trying to go with the case. It will allow resolution of the issues involved.</p> <p>The family & youth should benefit from therapy, or services offered by linked agencies.</p>
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	<p>schedule or plan on referrals to existing agencies, based on all information received.</p> <ol style="list-style-type: none"> 6. The YIM contacts the youth and/or family weekly, when possible. 7. The YIM reviews the ‘Family Service Plan’ every 30 days for the duration of the case. 8. Parenting classes are held at the JAC and YIM’s involve parents willing to participate in such classes every Thursday night for 8 weeks. 9. Anger Management classes have been offered to families and youth interested for an 8 week period, meeting every Wednesday night. 10. Tours are arranged by the YIM’s to such places as prison, Ft. Bragg museum, Flight 		<p>linked with professionals to offer solutions for their problems.</p> <p>Parenting classes and anger management classes should give the family & youth hope that they will learn new skills.</p> <p>The tours are used as rewards for youth doing well in the program. The prison tour makes them aware of what they could face if they continue their present course in life.</p> <p>The YES program offers youth an opportunity to hear from someone from the health department about sexually transmitted diseases, to hear from educators, employment</p>	<p>Parenting classes and anger management classes will teach families & youth new skills and methods of dealing with conflict and family issues.</p> <p>To expose youth to cultural events and opportunities in the community. The prison tour hopefully will expose the youth to a path in life they need to avoid.</p> <p>To expose youth to issue that face them in life, make them aware of dangers in certain behavior, and make them aware of ways to succeed in life.</p>
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	<p>simulator, beach, Raleigh, etc.</p> <p>11. Youth Enrichment Seminars are held to expose the youth to life skills issues.</p>		<p>opportunities, hear from successful individuals that have made it in life.</p>	
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ATTACHMENT II

Profiling the Youth Served

TABLE I
JUVENILE ASSESSMENT CENTER
Client Tracking Data Summary for 1-1-2001 thru 12-31-2001

Program Component 626501: Intake & Assessment

Admissions: 197

Race			Gender			Age		
White	69	35.03%	Female	67	34.01%	Under 10	11	5.59%
Black	112	56.85%	Male	130	65.99%	Ten	6	3.05%
Other	16	8.12%				Eleven	17	8.63%
						Twelve	29	14.72%
						Thirteen	32	16.24%
						Fourteen	40	20.30%
						Fifteen	43	21.83%
						Sixteen	16	8.12%
						Over 16	3	1.52%

Referral Source			Legal Status		
Juvenile Court	36	18.27%	Youth-at-Risk	142	72.08%
DSS	26	13.20%	Intake/Diverted	39	19.80%
Schools	42	21.32%	Petition Filed	13	6.60%
Mental Health	4	2.03%	Adjudicated	1	0.51%
Law Enforcement	41	20.81%	Probation	2	1.02%
Parent/Guardian	34	17.26%			
Other	14	7.11%			

Living Arrangements

Both Parents	37	18.78%
Mother & Stepfather	32	16.24%
Father & Stepmother	8	4.06%
Mother Only	86	43.65%
Father Only	4	2.03%
Other Relatives	25	12.69%
Foster Care	1	0.51%
Other	4	2.03%

TABLE I (Continued)

1st Referral Reason			2nd Referral Reason		
Delinquency (Property Crime)	27	13.71%	11	3.88%	
Delinquency (Person Crime)	10	5.08%	5	5.58%	
Delinquency (Victimless Crime)	2	1.02%	4	1.94%	
Runaway	6	3.05%	8	4.06%	
Truancy	7	3.55%	5	2.54%	
Ungovernable	142	72.08%	33	16.75%	
Neglected	3	1.52%	1	0.51%	
Abused	0		1	0.51%	
Other	0		17	8.63%	
No Second Choice			111	56.35%	

TABLE II
JUVENILE ASSESSMENT CENTER
Client Tracking Data Summary 1-1-01 thru 12-31-01

Program Component 626502: Integrated Case Management

Admissions: 177

Race			Gender			Age		
White	62	35.03%	Female	59	33.33%	Under 10	11	6.20%
Black	101	56.91%	Male	118	66.67%	Ten	4	2.26%
Other	14	7.91%				Eleven	16	9.04%
						Twelve	29	16.38%
						Thirteen	26	14.69%
						Fourteen	38	21.47%
						Fifteen	40	22.60%
						Sixteen	11	6.21%
						Seventeen	2	1.13%

TABLE II (Continued)

Referral Source			Legal Status		
Juvenile Court	29	16.38%	Youth-at-Risk	129	72.88%
DSS	26	14.69%	Intake/Diverted	35	19.77%
School	39	22.03%	Petition Filed	11	6.21%
Mental Health	4	2.26%	Adjudicated	1	0.56%
Law Enforcement	36	20.34%	Probation	1	0.56%
Parent/Guardian	34	19.21%			
Other	8	4.52%			
Detention	1	0.56%			

Living Arrangements

Both Parents	34	19.21%
Mother & Stepfather	32	18.08%
Father & Stepmother	7	3.95%
Mother Only	72	40.68%
Father Only	3	1.69%
Other Relatives	24	13.56%
Foster Care	1	0.56%
Other	4	2.26%

1st Referral Reason			2nd Referral Reason	
Delinquency (Property Crime)	22	12.43%	11	6.21%
Delinquency (Person Crime)	8	4.52%	5	2.82%
Delinquency (Victimless Crime)	2	1.13%	3	1.69%
Runaway	6	3.39%	8	4.52%
Truancy	5	2.82%	4	2.26%
Ungovernable	132	74.58%	26	14.69%
Abused	0		0	
Neglected	2	1.13%	1	0.56%
No Second Choice			102	57.63%

TABLE II (Continued)

Terminations: 146

Termination Reason			Termination Placement		
Successful Completion	90	61.64%	Home	120	82.19%
Did Not Adjust	14	9.59%	Placed Relatives	14	9.59%
Runaway	2	1.37%	Foster Care	1	0.68%
Removed, Court Action	6	4.11%	Group Home	2	1.37%
Removed by Parents	8	5.48%	Child Care Inst.	1	0.68%
Family Relocated	15	10.27%	Other	3	2.05%
Other	11	7.53%	Unknown	5	3.42%

Impact on Problems at Home

No Problems at Referral or Since	15	10.27%
Problems Eliminated	31	21.23%
Problems Reduced	59	40.41%
Problems Unchanged	31	21.23%
Problems Intensified	10	6.85%

Impact on Problems at School

No Problems at Referral or Since	19	13.01%
Problems Eliminated	34	23.29%
Problems Reduced	41	28.08%
Problems Unchanged	28	19.18%
Problems Intensified	24	16.44%

Impact on Problems with Court

No Problems at Referral or Since	85	58.22%
No New Problems	37	25.34%
Minor Violations Only	3	2.05%
New Status Offense Petitions	15	10.27%
New Delinquency Petitions	6	4.11%

School Status

Enrolled	132	90.41%
Dropped Out	4	2.74%
Expelled	10	6.85%

Average Days of Service 23.29

Average Length of Stay 154.01

Each youth served seen an average of once every 6.61 days.

ATTACHMENT III

Line Item Budget

Item #	Justification	Expense	In-Kind?
120	7 staff members & fringes	\$236,702	
180	Fringes @15%	\$35,505	
190	Audit, etc.	\$2,000	
220	Snacks for youth events = 8@\$75 each	\$600	
260	\$300 per month @ 12 months	\$3,600	
290	Software updates, etc	\$2,000	
310	20,000 miles @ .365 each	\$7,300	
320	Postage @ \$50 per month = \$600; internet@ \$10 per month=\$120; phone@ \$124 per month=\$1,480, etc.	\$2,200	
330	\$600 X 12 months	\$7,200	
340	\$75 per quarter X 4 quarters	\$300	
350	\$200 per quarter X 4 quarters	\$800	
370	2 ads @ \$100 each	\$200	
390	Training events @ \$2,500 & Ft. Bragg Camp @ \$12,000	\$14,500	
410	\$4 per square foot X 4000 square feet of space	\$16,000	yes
430	\$350 per month X 12 months	\$4,200	
450	Employee & agency insurance coverage	\$5,500	
490	CommuniCare @ \$25,000 & alarm system	\$25,500	
510	Office furniture	\$1,000	
TOTAL		\$365,107	

ATTACHMENT IV

Organizational Chart

Juvenile Assessment Center Organizational Chart

