SUMMARY REPORT OF THE RISK AND NEEDS ASSESSMENT COMMITTEE

I. Youth Assessment and Screening Instrument (YASI) Summary
II. Summary of Community Resources
III. Summary of Gaps and Barriers in the Community Continuum
IV. Proposed Priority Services for Funding

Introduction:

Juvenile Court Services implemented the Youth Assessment and Screening Instrument (YASI) beginning January 1, 2021; the following data summary represents data gleaned from the YASI administered FY 22-23.

In reviewing and prioritizing the elevated risk and needs extracted from this data set, one must consider the utilization of YASI:

1. As a predictor of future risk of offending; and
2. As a Case Management instrument for determining level of service and types of services necessary to reduce recidivism.

Part I. Youth Assessment and Screening Instrument (Full YASI)

The Risk and Needs Assessment Committee reviewed aggregate data gleaned from YASI assessments administered in the county during the previous fiscal year. The full assessment consists of over 100 separate items useful for both predictive risk and case management, so data reported from this review will consist of county-level risk factors that may be prioritized by the JCPC for RFP development, as well as for highlighting prevalent issues among court involved juveniles that individual programs and community-based service organizations will want to consider when working with court-involved juveniles in the county.

All juveniles at intake receive the YASI Pre-Screen (33 questions) which is also embedded in each full assessment. The aggregate outputs from full YASI assessments are just one of the data sources used by the Committee and, are the focus of summaries that follow in this document.

YASI questions are framed in either a historic context (Legal History, for example), or in some cases, “current” or “prior three-months” timeframes for other, more dynamic, questions.

General Observations and Points of Interest

Risk Level: 13 or 52% of the 25 assessed youth exhibited low risks. This is higher than the state's rate of 40% and has increased from last year's 48% of assessed Polk County youth.

Needs Level: 20 or 80% of the 25 assessed youth exhibited low or very low needs. This is significantly higher than the state's 53%.

Strengths Level: 17 or 68% of the 25 assessed youth exhibited high or very high strength levels. This is much higher than the state's 53%.

The youth of Polk County are low risk, have very low needs and have very high strengths levels.

Legal History

Q2 Age at first referral – 16% of the assessed youth were under 12 when they were first referred. This is higher than the state level of 10% and might be a statistic to pay attention to.
For most of the other legal history data (previous weapon offense, referrals for person crimes, juveniles with felony referrals, etc.), Polk County is below the state average and is improving from past years' data.

Family Domain

Q1 & 2 Kicked Out & Runaway – 4 or 16% of assessed youth were kicked out of their home and 8 or 31% have run away from home and/or placement before. This is significantly higher than the state's averages of 6% and 21%, respectively.

Q4 Family Alcohol/Substance Abuse & Mental Health – 6 or 24% of the assessed youth had family members with alcohol and/or substance abuse issues compared to the State's rate of 15%. 5 or 20% of the 25 assessed youth had family members with mental health issues compared to the State's rate of 14%. While both are significantly higher than the State rates, these numbers are still estimated to be under-reported.

Q6 Living Arrangements – Only 2 of the assessed youth are in foster care. While this is approximately the same as the average 9% of state youth assessed, it is still a large issue for Polk County. There are many times when DSS social workers stay overnight with juveniles in the offices so that the juveniles will have a safe place to sleep until placement can be found.

School Domain ***Only applied to 20 of assessed youth***

Q3 School Conflict – a quarter of assessed youth reported infractions in the past 3 months. This is higher than the State average of 16%. However, there is a much lower rate of police reports filed by the schools compared to the State: 15% in Polk vs. 27% for the State. This implies that, while the rate of infractions are higher, the schools prefer to handle issues in-house or that the infractions are of a lower-level and do not constitute a crime.

Community & Peers

Q1 Peers/Associates – Lower levels of assessed youth reported having no friends, negative influences than the state levels (8% and 24% to the state's 16% and 47%). No Polk youth reported any involvement or influences from gang members.

Q2 Negative Peer Associations – In line with previous questioning, only 4 of the youth reported sometimes going along with negative peers, compared to the state rate of 32%. No one reported usually going along with or leading those groups, which is also lower than the state level.

Alcohol and Drugs ***Only 9 youth answered "Yes" to questions about drug or alcohol usage. This council recognizes that this number may be underreported, although it is similar to the state level of 40% answering "Yes"

Q2 Age at 1st use – One youth reported first using drugs or alcohol before age 12, 5 reported first use between ages 12-15, and 3 reported not using until 15 or older. This range is skewed older than the state average, which was 78% using for the first time between the ages of 12-15.

The rates of Alcohol/drug use disrupting function are much lower than the state average as well as rates of previous alcohol/drug treatment. This implies that these youth are not in serious states of addiction and that less-intensive intervention might be effective.

Mental Health Domain ***The mental health domain applied to all 25 assessed youth. The council would like to recognize that mental health problems are a pervasive illness that is deeply affecting children's education, safety, aggression, and futures. Untreated mental and behavioral health issues can have profound consequences on the trajectory of a child's life. Over half (14) of the assessed youth answered yes to not only having mental health problems but to being diagnosed with a mental health disorder. This is higher than the state average of 41%.

Q6 Victimization History – 7 or 28% of the 25 assessed youth were considered to have some type of sexual vulnerability. This is significantly higher than the state's rate of 7%. Also, 3 or 12% were victims of bullying, slightly higher than the state rate of 10%.

Part II. Summary of Community Resources

The following is a list of existing resources. It is not a measure of resource effectiveness and/or sustainability:

JCPC Funded Programs 2023 - 2024

- kids at work! Polk - Interpersonal Skill Building Program
- Project Challenge - Community Service and Restitution Program
- Vocational Directions Polk- Community Service and Restitution Program

Department of Public Safety - Community Programs Funded Programs

- Treatment Alternatives for Sexualized Kids (TASK) (Iredell) - Intensive intervention
- Methodist Home for Children, Inc. Multi-Purpose Group Home – Macon
- Western Area Multi-Purpose Juvenile Crisis and Assessment Center
- AMI Kids North Carolina Family Services, Inc. Functional Family Therapy (FFT)
- Eckerd Connects - Short-Term Residential

Structured Activities

- Mentoring:
  - Big Brother and Big Sister (impossible for court youth to access)
  - The Gather Community Collaborative - Steven Martinez
- Interpersonal Skill Building
  - Polk County's School Clubs and Athletics
  - Boy Scouts/Girl Scouts, Parks and Recreation, Faith Groups, 4-H, and private classes (financial barrier)
  - Steps to Hope Empower Martial Arts (adolescent skill-building karate)
- Tutoring/Academic Program:
  - After School Enrichment/PEAK program
  - After School Program - Middle School and High School
  - Higher Academia - 501 C 3 providing academic assistance. Will take community referrals
- Vocational Service
  - Career Tech (School Based/Restricted)
  - Job Corp (Restricted)
  - Vocational Rehab (17 & 18 only, but unlikely)

Restorative Services

- Project Challenge - Restitution/Community Service (JCPC Funded)
- Vocational Directions (VD) - Restitution/Community Service (JCPC Funded)

Community Day Programming

- ARC
- Clinical Treatment
- Crisis Counseling: Mobile Crisis (Individual)

- Family Preservation – Medicaid/Indigent Services: substance abuse (limited)
- Counseling: Private sector providers
- Intensive In-Home Counseling: MST - Youth Villages, Family Preservation Services
- Children's Hope Alliance - TASK (Sexually Aggressive Youth)
- Vaya LME: Private Sector Providers
- Medication Management
- Equine Therapy - Guiding Reigns and Promise Ponies Ministry
- Family Functional Therapy

Residential Services

- Tarheel Challenge Academic Program (Limited and Restricted)
- Job Corp (Restricted)
- Therapeutic Foster Care (limited)
- Eckerd Connects
- Respite (Limited)
- Enhanced Services - Children's Hope Alliance (Sexual aggressive youth residential treatment)
- Foster Homes/Group Residential Program (Restricted Based on Funding)
- Domestic Violence Shelter - Steps to Hope (Restricted to victims of Domestic Violence)

Part III. Summary of Gaps and Barriers in the Continuum of Services

Structured Activities

- Mentoring (Limited Access for Court involved youth)
- Tutoring/Academic Enhancement (Restricted and Limited)
- Parent Training/Family Skill Building (Limited)
- Experiential Skill Building (Limited)
- Vocational Skill Building (Restricted)
- Interpersonal Skills (JCPC funded program would not be available without JCPC Funds)
- Mediation/Conflict Resolution (Not available in the community, but highly needed)

Restorative Services

- Restitution/Community Services (JCPC funded programs would not be available without JCPC Funds)
- Teen Court (Not available in the community, but highly needed and wanted)
- Lack of referrals for JCPC-funded programs from SROs

Clinical Treatment

- Psychological Assessment (Time Barrier, not JCPC-Funded)
- Home Based Counseling (Limited)
- Outpatient Substance Abuse Treatment for Youth (Hard to Access and Limited)
- Sex Offender Treatment (Limited)

- Sex Offender Assessment (Limited)
- Psychological Educational Counseling

Residential Services

- High need for residential services.
- Group Home for Delinquent - Level III Youth and Post-Release Youth (Limited and Hard to Access)
- Foster Care for Pre-Adjudicated youth through Post Released Youth (Hard to Access)
- Runaway Shelter in Buncombe County is closed.
- Temporary Shelter Care - No good option for youth with high needs or in a crisis situation.

Gaps and Barriers to JCPC Programs and other Community Programs

- Lack of therapeutic foster care placements
- Families not having insurance or having the ability to pay copays or deductibles for health or behavioral health care
- Youth and families feeling isolated from peers, family and community
- Lack of availability of residential placements for PRTF or Level **I** Transportation
- Food insecurity
- Continuation of stressors/trauma on youth and families caused by COVID-19 pandemic
- Traumatic experiences that impact youth and parents
- Difficulty in scheduling health or behavior health appointments or psychiatric appointments

Part IV. Proposed Priority Services for Funding

The Committee proposes that the following services in ranked order be approved as the funding priorities for FY 24-25:
The committee compared the services needed to address the elevated Juvenile Risk Factors and Juvenile Needs with services currently available in the community. Services that are currently available in the community and are sufficient to meet the needs of court involved youth or those youth most at risk for court involvement are not considered as a priority for JCPC funding.

PRIORITIES FOR FY 2024-2025:
~ Substance Abuse Assessment/Treatment
~ Interpersonal Skills Building
~ Restitution/Community Service
~ Temporary Shelter
~ Parenting/Family Skill Building
~ Crisis Counseling
~ Psychological Assessment
~ Mediation
~ Structured Day
~ Home-Based Family Counseling
~ Tutoring/Academic Enhancement
~ Teen Court