#### Service Provider Interview Questions

#### Background

Mecklenburg County wants to enhance the experiences of youth and families within the juvenile justice system, particularly in accessing quality behavioral health services and interventions. To achieve this, the county has partnered with Empower Community Care and Alliance Health to conduct a system assessment to understand current practices better. We are interviewing individuals impacted by the system and those responsible for providing services. Additionally, we will review data and visit programs to gain insights into operations and perspectives.

This interview will last approximately 60 minutes. The information gathered will be used to identify common themes, but individual comments will remain anonymous. Any transcript or notes captured during the interview will only be shared internally to prepare our report. You are encouraged to discuss topics outside of the questions if you believe it will help us better understand the system's needs.

1. (For background) Tell me a bit about yourself, your organization, and how your work intersects with youth in the juvenile justice system and youth on probation.

TYM- Transforming Youth Movement: We are in 4 counties; Heather Jones is program manager, Reggie McNeil, exec director; 9 yrs in MC, work in Drug Tx Court in MC, community chair system of care; community service program under JCPC-prosocial approach, hands on skill building, experiential learning, community service hours; assessment and ISP for each youth and then a “My Next Move” assessment for career goals; use comm svc to connect to career goals

This year, modified program agreement to “Transforming Futures” lens- will take kids from comm svc through career exploration and wellness skill training with trauma informed lens; mentoring, educ enhancement, cultural and social awareness, civic engagement, vocational training, and financial literacy

1. What part(s) of the juvenile justice process works well for youth and families to access needed services and/or supports?
   1. Allegation/Complaint process
   2. Intake Evaluation
   3. Diversion
   4. Juvenile Detention Placement
   5. Court -Adjudication Hearing
   6. Court -Dispositional Hearing
   7. Response to violation of court orders
   8. Commitment/ Youth Development Center placement
   9. Post-Release Supervision
   10. All of the above are working well
   11. None of the above are working well
   12. Unsure
   13. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What part(s) of the juvenile justice process is not working well (e.g., causing barriers or challenges for you or families) when youth need services?
   1. Allegation/Complaint process
   2. Intake Evaluation
   3. Diversion
   4. Juvenile Detention Placement
   5. Court -Adjudication Hearing
   6. Court -Dispositional Hearing
   7. Response to violation of court orders
   8. Commitment/ Youth Development Center placement
   9. Post-Release Supervision
   10. None of the above are causing barriers or challenges
   11. Unsure
   12. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe the services you currently offer for youth and families in Mecklenburg County.
4. Describe your target population(s) and any inclusionary and exclusionary criteria you have.
5. How are families made aware of the services you offer? Who do you receive referrals from?

Court ordered thru adjudication or diversion process or thru juv justice office based on their assessment; some through local law enforcement thru diversion (trying to get additional referral pathways, like DSS)- we do track where referrals come from; system called “Collaborate” to track data at referral to intake to initiation to close/graduation (we use this state wide); allows thru an app for referral source to log in and see the youth’s progress

1. How do you determine whether your services match the needs of youth and families? What assessments do you conduct?
2. What information (e.g., assessments, case notes) do you receive from referring sources about the youth’s needs?

Universal DPS referral form-allegations, risk level, insurance, will connect to other providers for services we don’t offer (e.g., assessment needs); we have accepted 100% of referrals in MC; we have 100 partners in MC for connecting youth to

-challenges: approach to families can be overwhelming to them- lack of collaboration among resources (the who, what , when, where, and why) what are the overarching social determinants of health; we can improve the timing and prioritization of services/connections, what comes first!?! Then how do we approach the continuum of care; effectively communicating with each other to reach a singular outcome (diversified in approach)

Our target in MC is 153 youth for the year; currently 30-40youth in MC? Transforming Futures will bring more into the model.

1. How would you describe the appropriateness of the referrals you receive given the type of service you offer?
2. Do you receive referrals for services that are mandatory (e.g., from court services) that are not appropriate for the youth/family?
   1. Majority of mandatory referrals are inappropriate
   2. High volume of inappropriate mandatory referrals
   3. Significant number of inappropriate mandatory referrals
   4. Some inappropriate mandatory referrals
   5. Rarely, if ever, receive inappropriate mandatory referrals
3. Please describe for each of the programs/services you provide to youth in Mecklenburg County:
   1. What treatment modality(ies) or evidence-based practice or approach do you use?
   2. Are your services open-ended (duration is based on need) or close-ended (set duration or number of sessions for all)?
   3. What are your criteria for completion?
4. Describe how you rate success in your program. What metrics are used?
5. What challenges do you face in providing services to youth on probation?
6. Do you see barriers or challenges getting in the way of families accessing the care they need in Mecklenburg County? If yes, how do you think the county should address these challenges?
7. How are services funded (e.g., self-pay, sliding scale fee, insurance, county funding, grants, etc.)?
8. How would you rate the level of communication and cooperation between juvenile justice authorities, stakeholders, and service partners in Mecklenburg County?
   1. Very good: High level and quality and consistency in communication and cooperation between juvenile justice entities, stakeholders, and service partners
   2. Good: Strong and consistent communication and cooperation between some (but not all) entities
   3. Fair: Communication and cooperation exist but needs some improvement
   4. Poor: Communication and cooperation exist but need considerable improvement
   5. Very poor: Communication and cooperation rarely occur- entities tend to operate in silos
9. If communication and cooperation is inadequate, what steps need to be taken to improve functioning in this area?
10. What would you select if you could pick two things for the county to focus on in the next 2 to 5 years to serve youth and families better and reduce unlawful behavior and gun violence?

-build on collaborative effort, 1. Defining the good programs in the county and devise a plan on how to work together (where they fit in continuum of care) to reduce recidivisim and increase scalability; 2. Streamline a targeted service plan to address prevention, treatment, and beyond treatment/after care (continuum of care approach)

1. What barriers may hinder the juvenile justice system from making the changes and improvements you suggest?
2. Is there anything else you would like to add to our discussion that would help inform the recommendations to Alliance Health and to the county?

WE do after school activities, we are about to implement extended reality training (career simulations) for this upcoming fiscal year; we use Positive Action and Skills to Pay the Bills (EBPs), partner with Truist

-86% of youth do not get additional charges or adjudications while in the program, may be misleadingly high because we don’t always get information from DJJ

-overall, good communication with DJJ, but still alot of moving parts, it is not always part of their process to keep us informed particularly for youth who completed our program

-would say 100% of youth coming to our program need MH assessment and have trauma; have a partnership with NC Health Partners for MH needs;

Look at our families thru opportunity lens rather than risk.