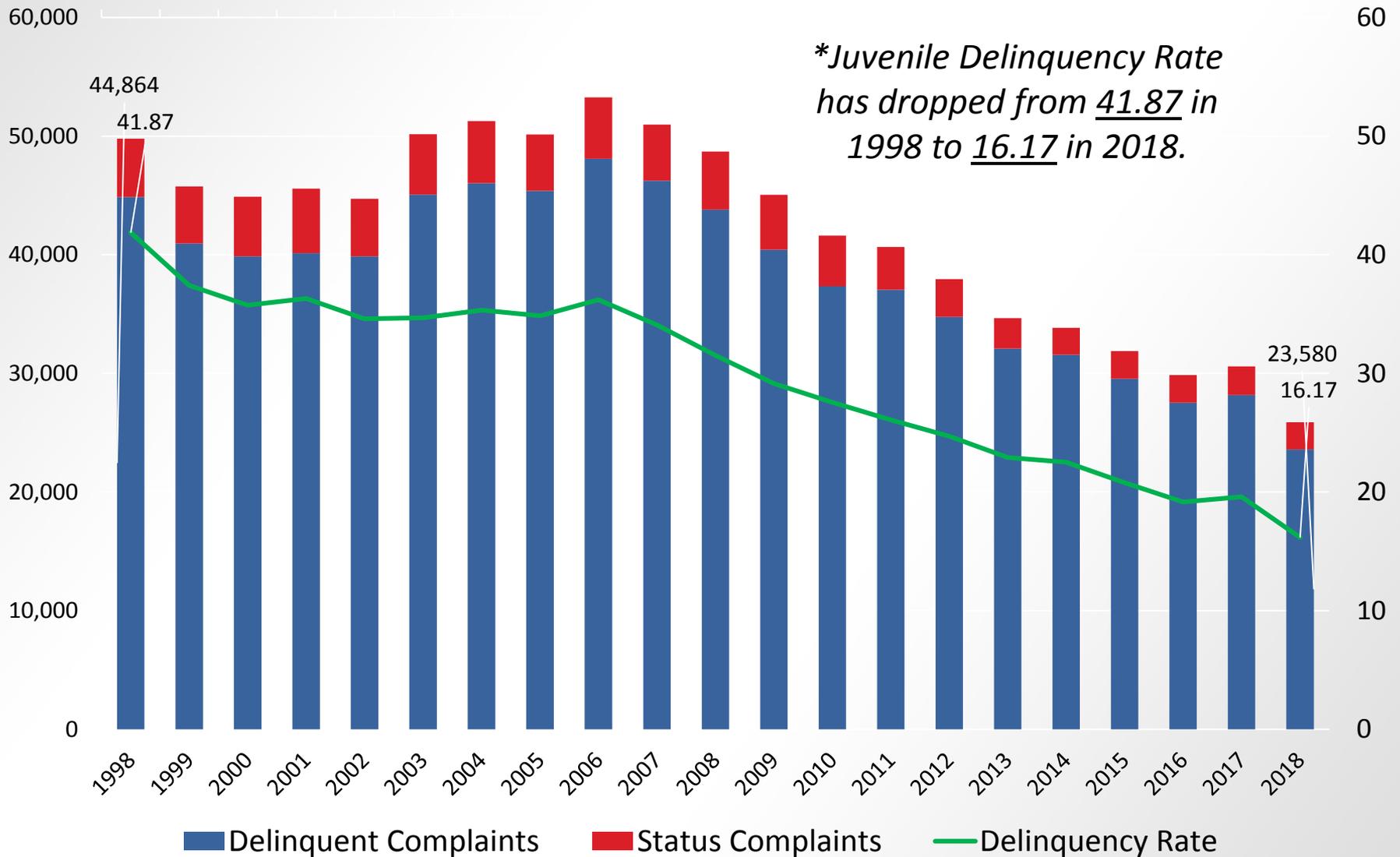




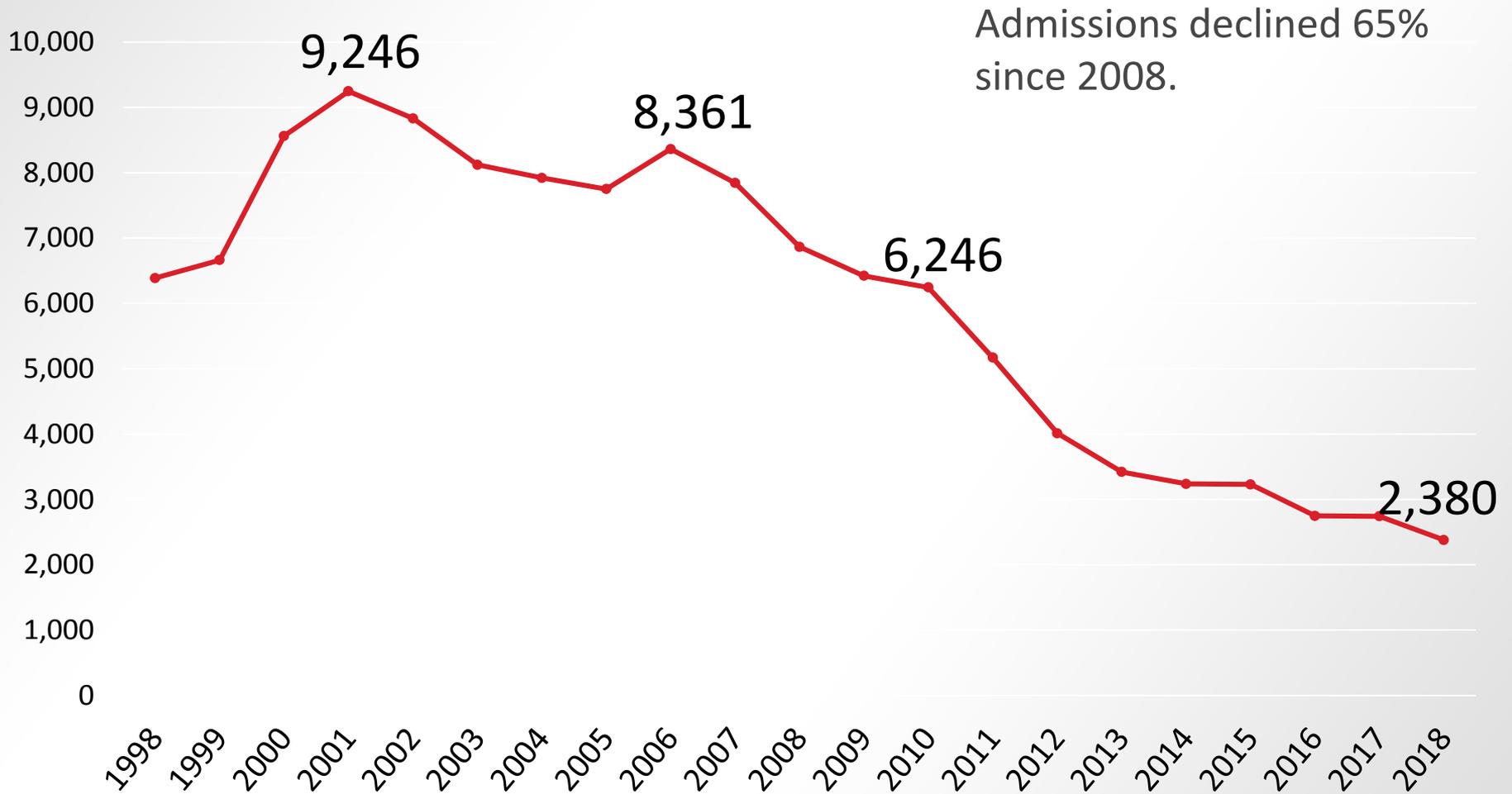
# Transition for Special Populations: Youth Involved in the Juvenile Justice System

**Jean Steinberg, Ph.D.**  
**Director of Clinical Services and Programs**  
**NCDPS-DACJJ- Juvenile Justice Section**

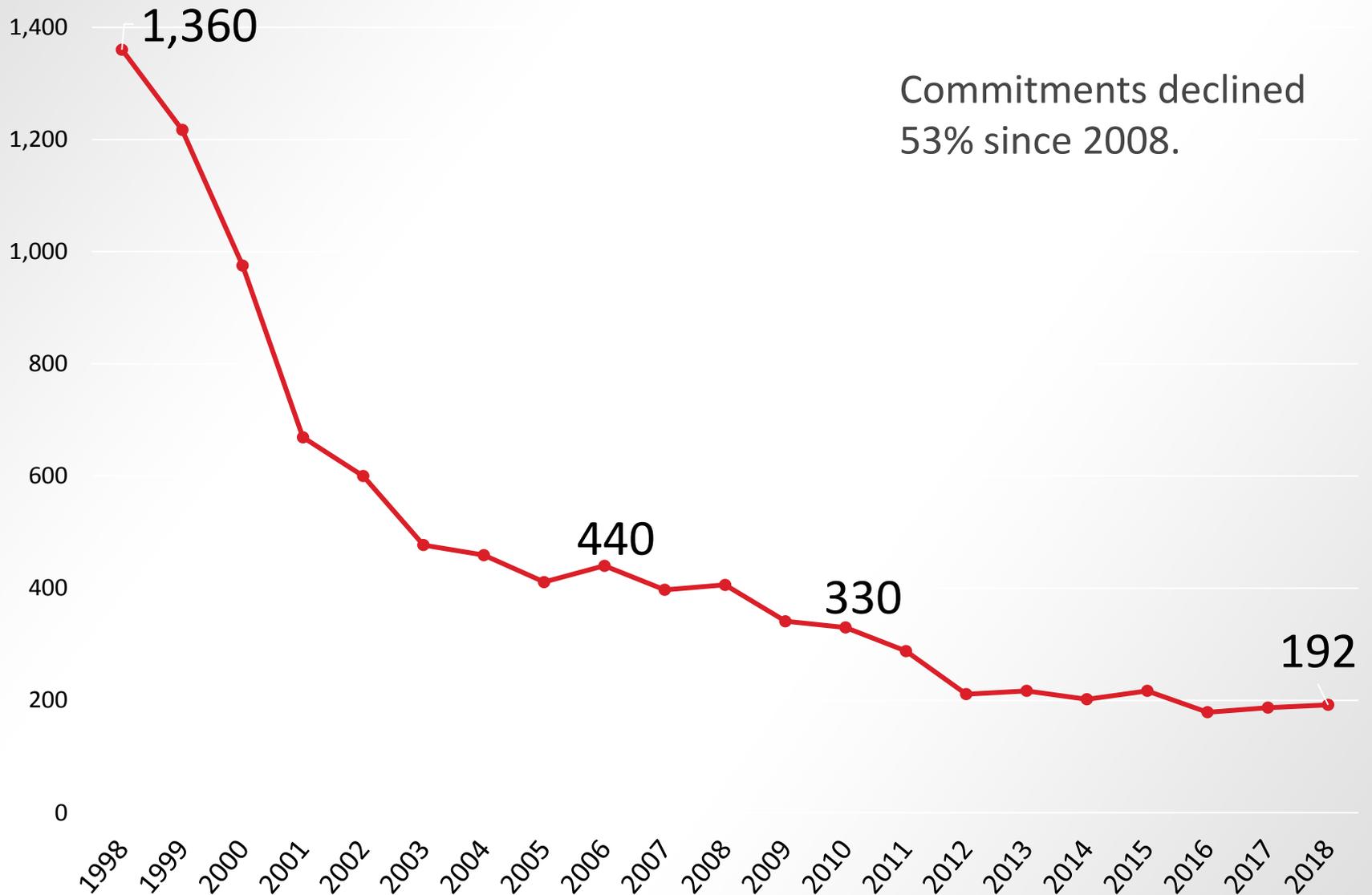
# History of Juvenile Complaints in NC (1998-2018)



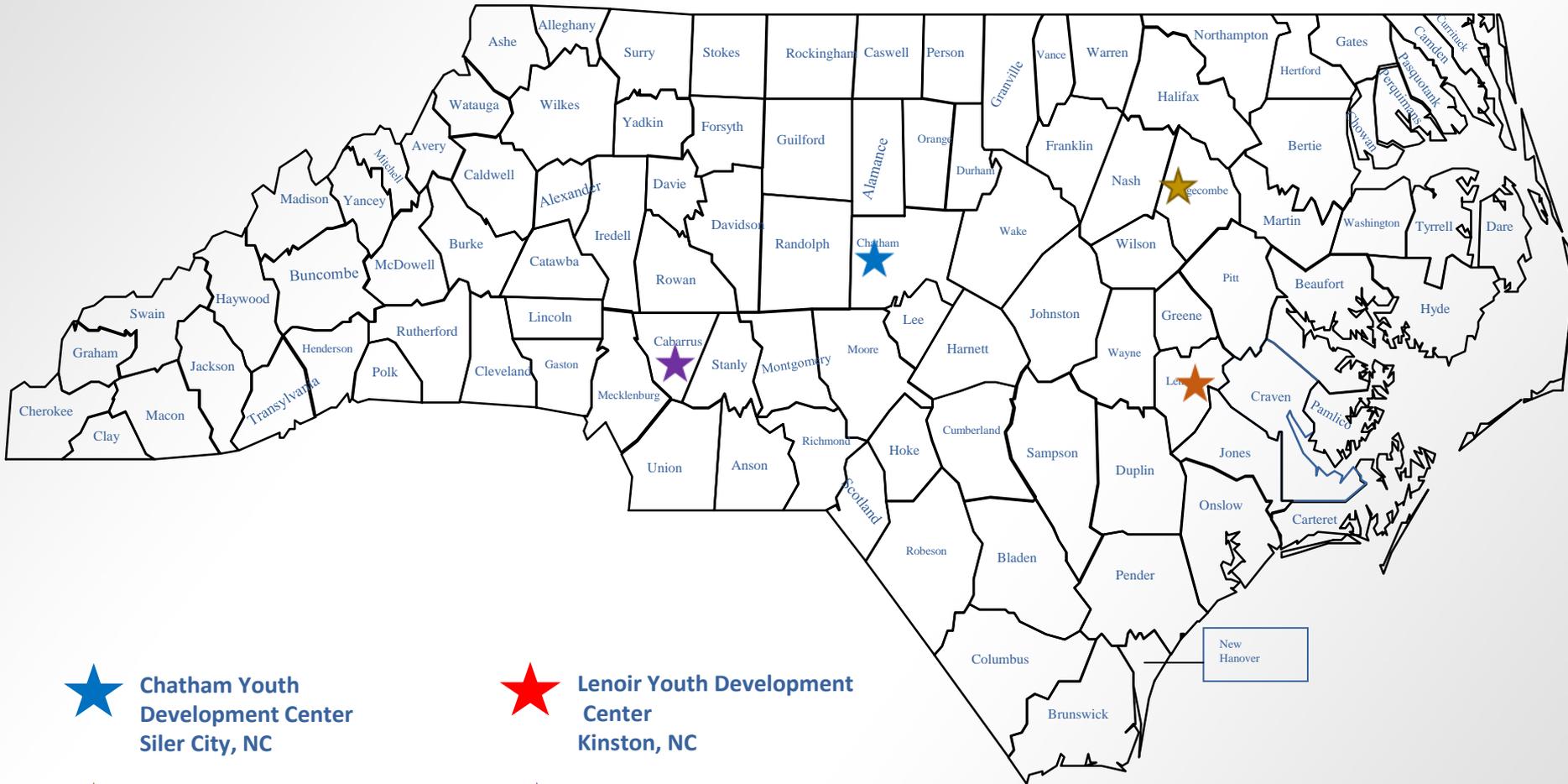
# Trends in Juvenile Detention Center Admissions (1998-2018)



# Trends in Youth Development Center Commitments (1998-2018)



# Youth Development Centers (2019)



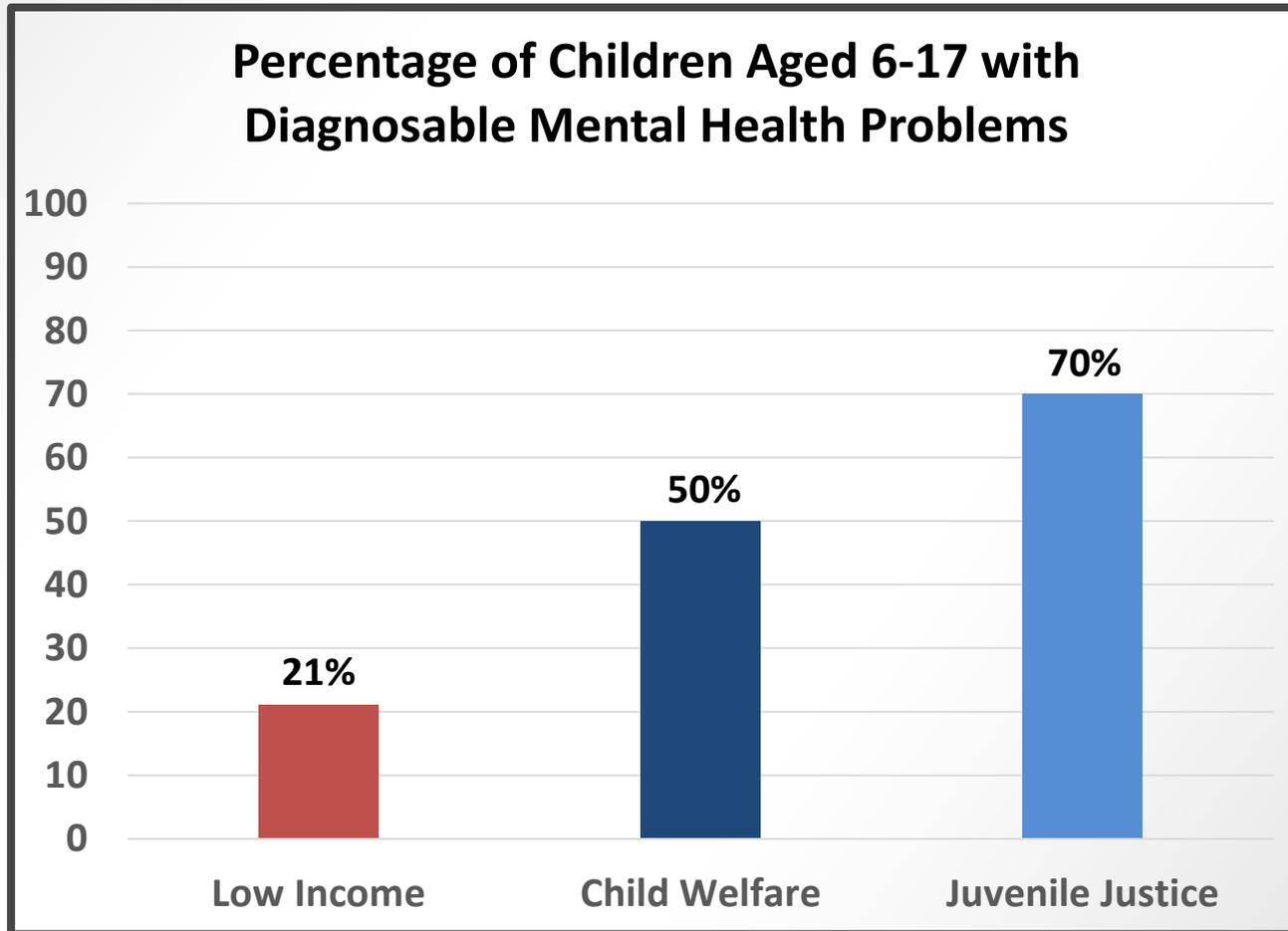
 **Chatham Youth Development Center**  
Siler City, NC

 **Lenoir Youth Development Center**  
Kinston, NC

 **Edgecombe Youth Development Center**  
Rocky Mount, NC

 **Stonewall Jackson Youth Development Center**  
Concord, NC

# Mental health diagnoses are the norm for youth involved with the Juvenile Justice System (national data).



National Center for Children in Poverty <[http://www.nccp.org/publications/pub\\_687.html](http://www.nccp.org/publications/pub_687.html)>

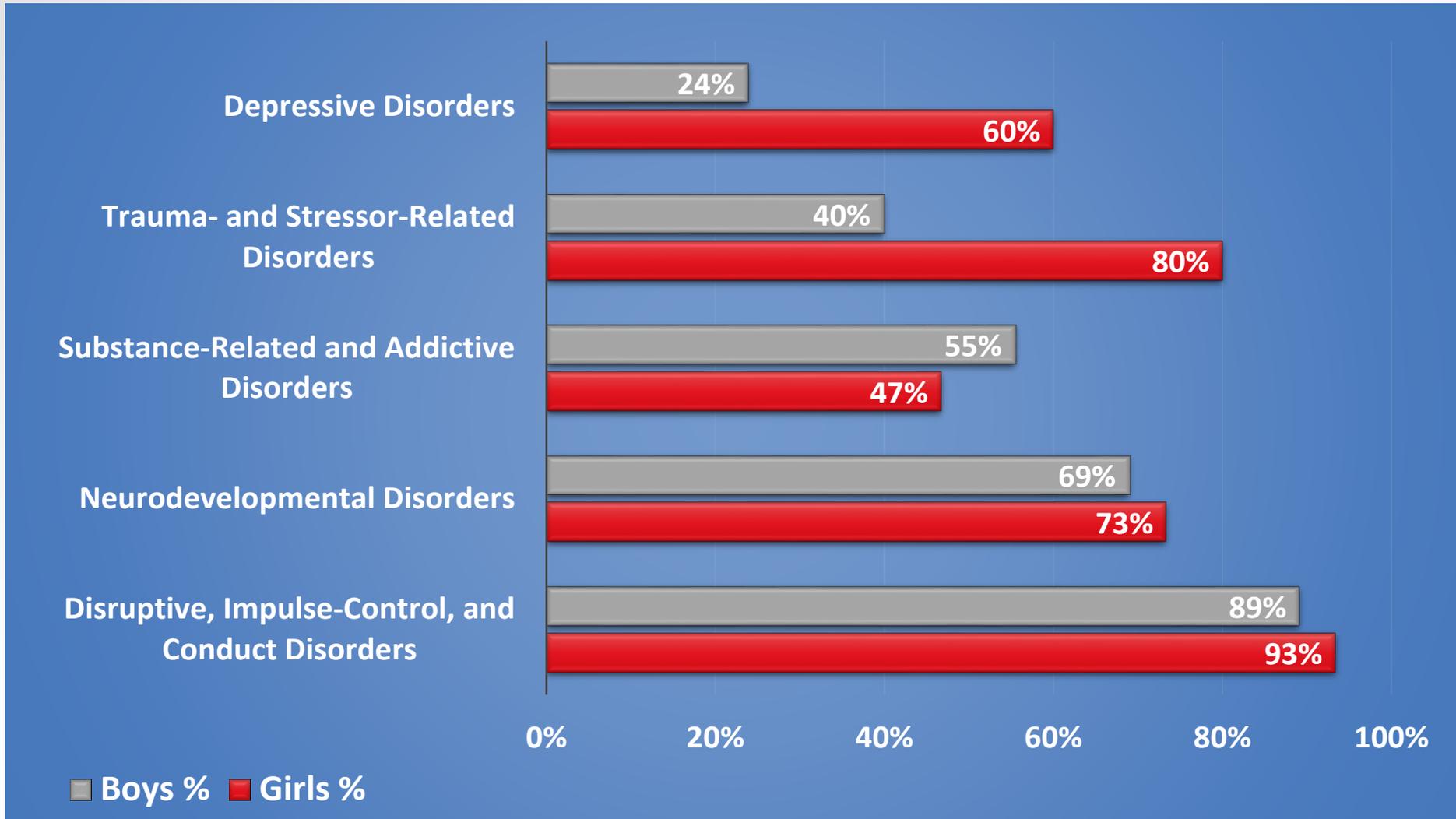
# Mental Health Issues among Transition Age Youth

- ▶ 50 to 70% of all youth coming into contact with the juvenile justice system have at least one diagnosable mental health problem.
- ▶ Transition aged youth are especially vulnerable; SAMHSA reports that this group has the *highest* rates of mental health diagnoses.
- ▶ Further, utilization of MH services declines sharply during this developmental period.

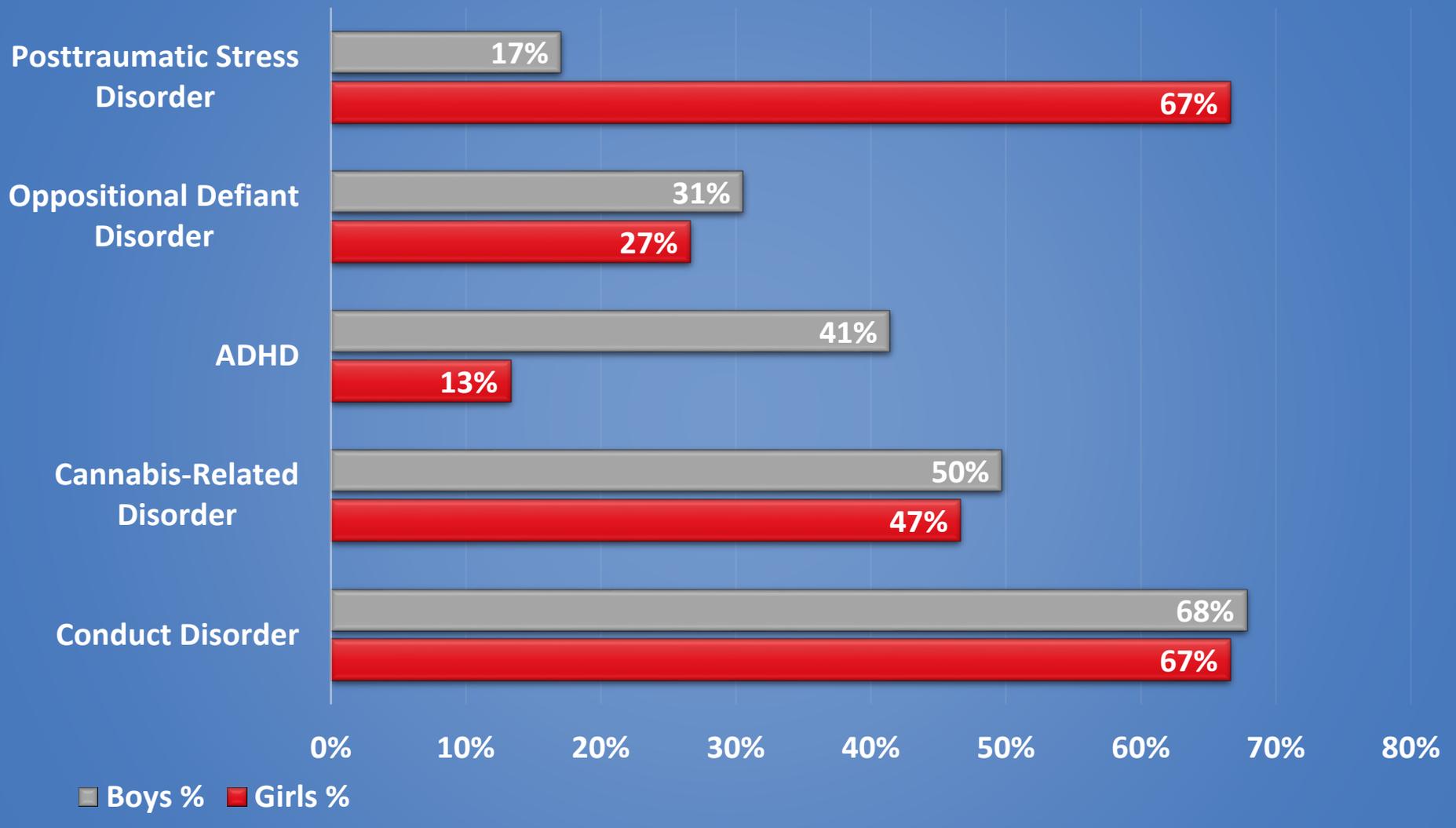
## NC Juvenile Justice-Committed Youth Statistics following Mental Health Assessments (2018)

- ▶ 97% of committed youth had at least one mental health or substance use diagnosis in 2018.
- ▶ 90% had more than one diagnosis.
- ▶ Committed youth had an average of 3 distinct mental health and/or substance use disorder diagnoses.
- ▶ 50% of those with a MH diagnosis also had a substance use disorder.
- ▶ 100% of those with a substance use disorder had a co-occurring mental health diagnosis.
- ▶ Trauma-related disorders were present in 80% of girls and 40% of boys committed to YDCs in 2018.

# Most Prevalent Diagnostic Categories in 2018 YDC Youth



# Most Prevalent Diagnoses in 2018 YDC Youth



# An Imbalance in Developing Brain Systems

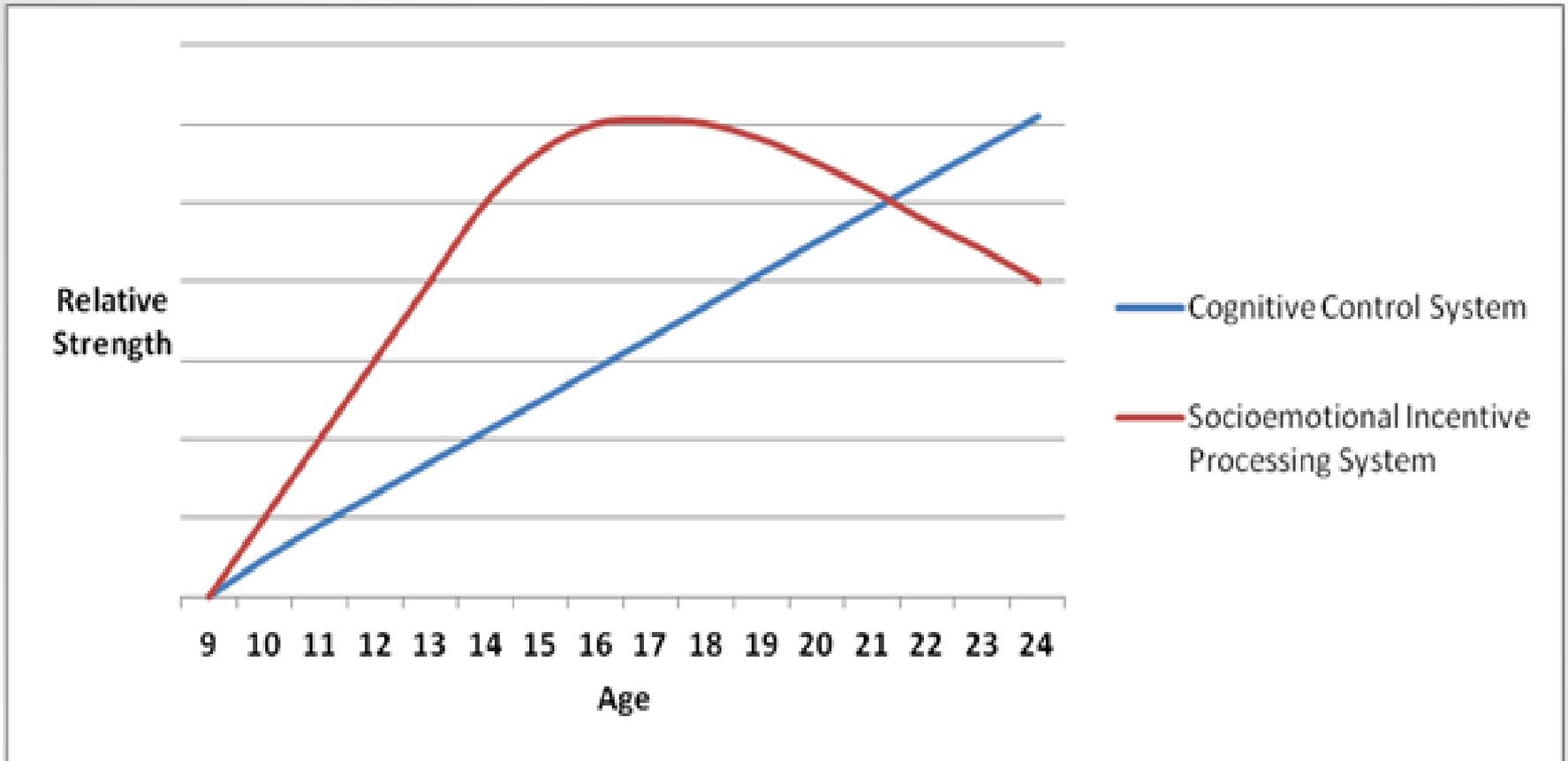
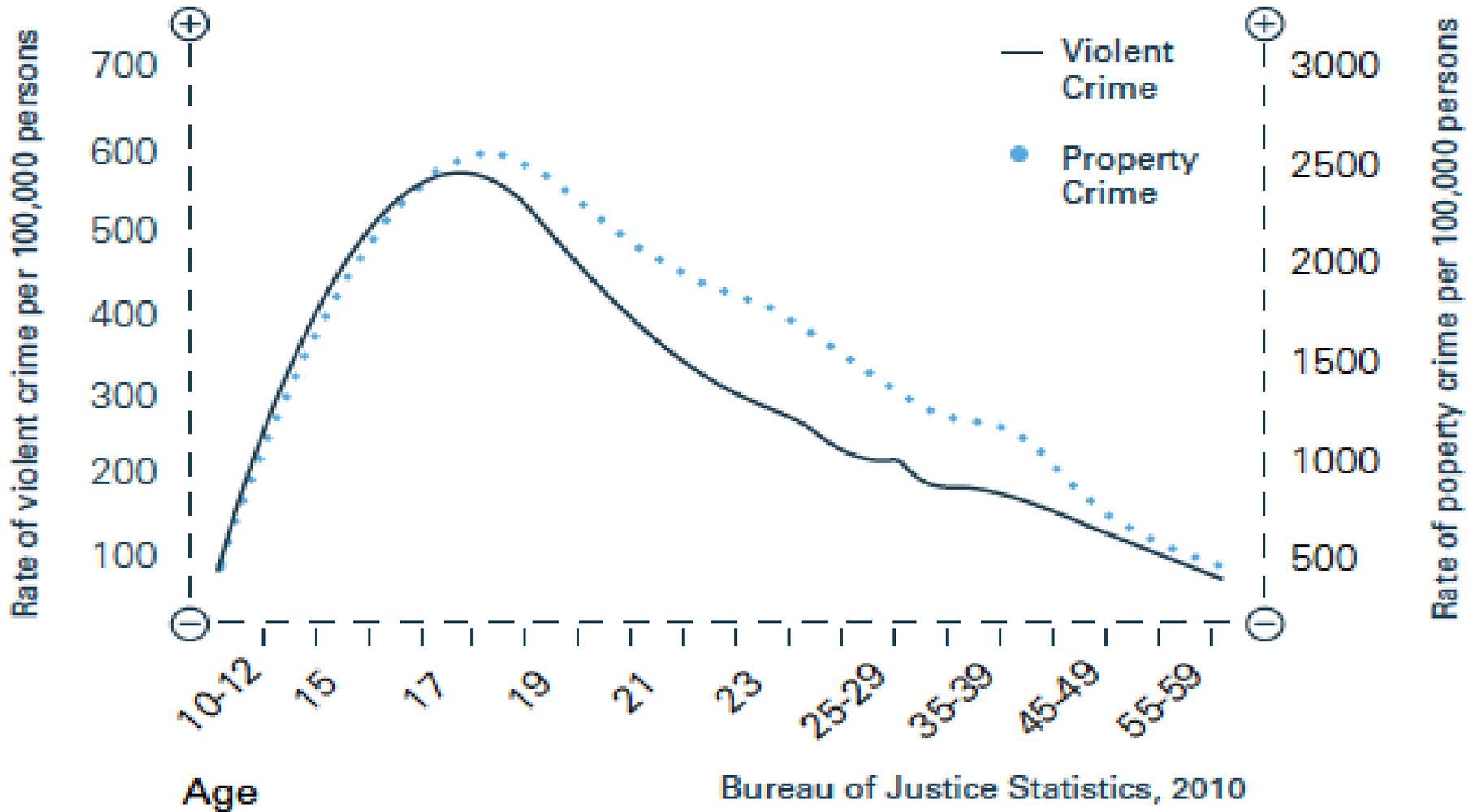
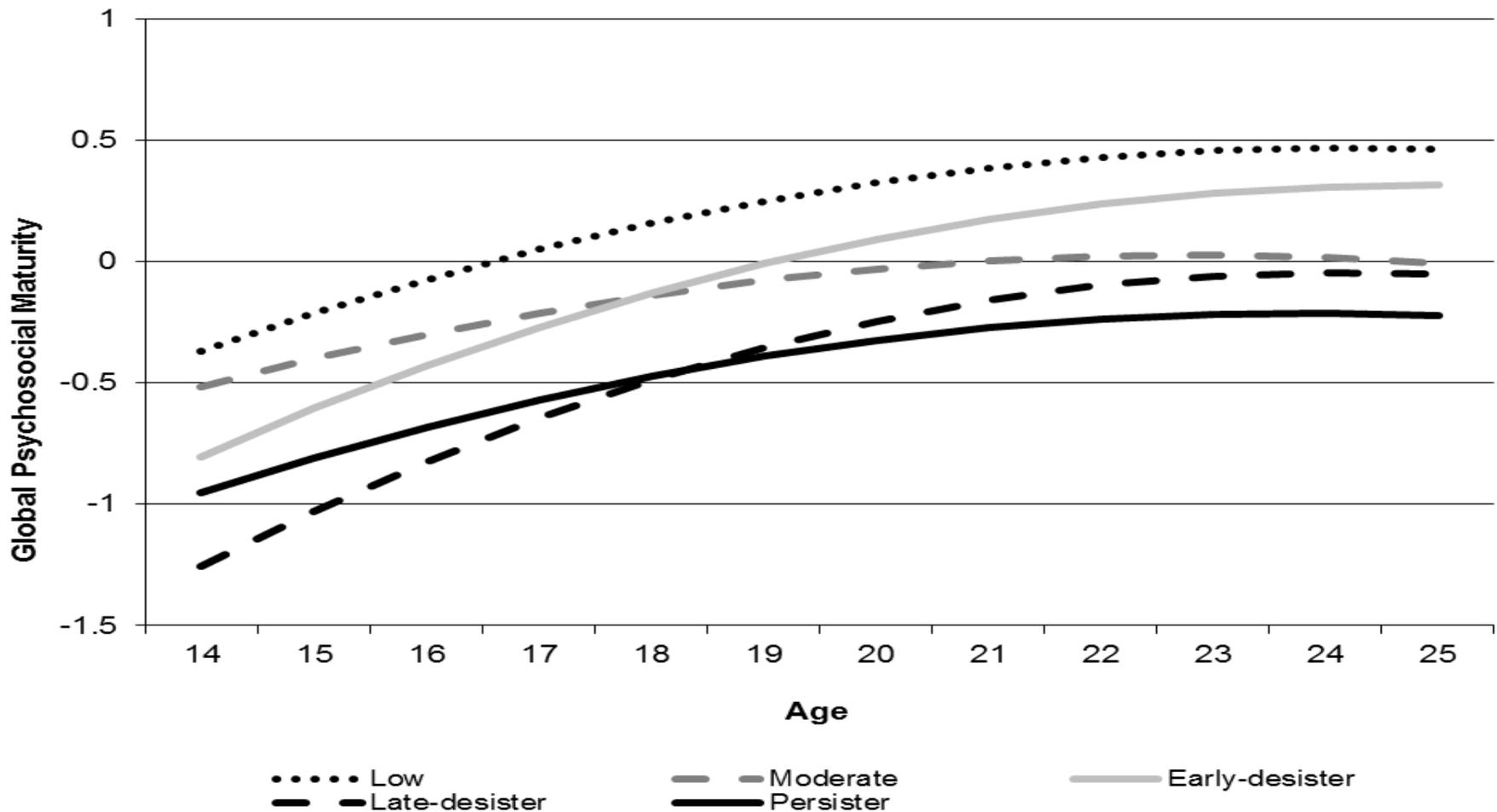


Figure 4 from Steinberg, L. (2013). The influence of neuroscience on U.S. Supreme Court decisions involving adolescents' criminal culpability. *Nature Reviews Neuroscience*, 14, 513-518

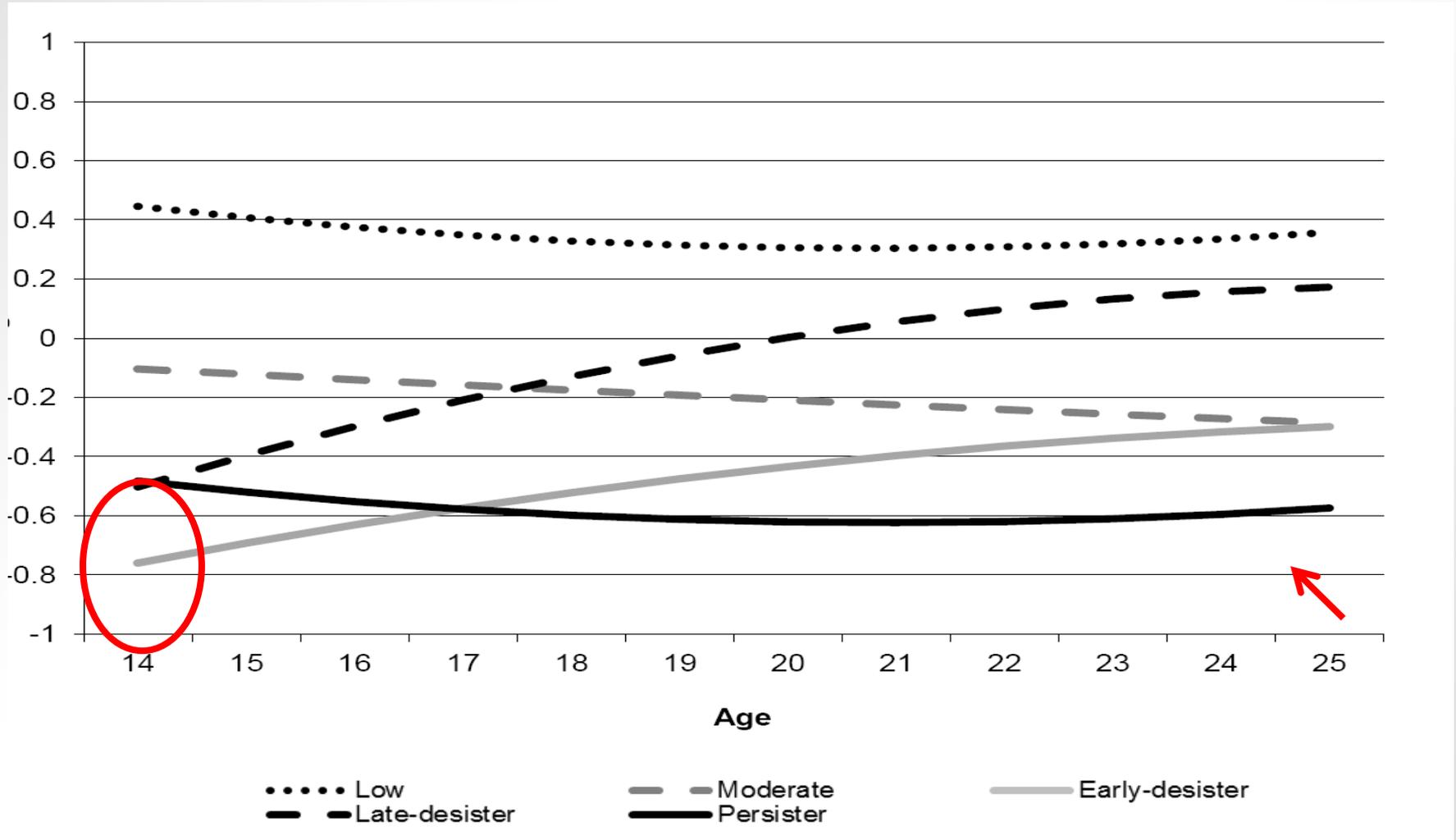
# Age-Crime Curve



# Psychosocial Maturity and Desistance from Crime



# Persistent Offenders Show Especially Stunted Development of Temperance



# Programming Suggestions for this Period of Heightened Brain Plasticity

## To target impulsivity and self-regulation:

- Programs that target problem-solving and decision-making skills, e.g.:
  - SODAS (Situation-Options-Disadvantages-Advantages-Solution; cf. <http://sodasgosukai.blogspot.com/2017/02/sodas-problem-solving.html>)
  - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Programs that target self-regulation (frustration tolerance, impulse control, anger management) such as:
  - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
  - Dialectical Behavior Therapy – Emotion Regulation, Mindfulness, and Distress Tolerance modules
  - Aggression Replacement Training - Social Skills, Anger Management, and Moral Reasoning
  - Stop Now and Plan (SNAP)

# Service Array Needs

- ▶ ENGAGEMENT in services
- ▶ Trauma
  - Cognitive Processing Therapy
  - Seeking Safety
  - Traumatic Grief and Loss
- ▶ Substance Abuse
- ▶ Co-occurring Disorders
- ▶ Independent Living Skills
  - Wrap-around for Young Adults (O-YEAH)
  - Supported Employment
  - Transitional Living
  - MST-EA (pilot underway with Youth Villages in Wake and Durham Counties)
- ▶ Temperance
  - SPARCS
  - Dialectical Behavior Therapy
  - START NOW ([https://health.uconn.edu/correctional/START\\_NOWpdf](https://health.uconn.edu/correctional/START_NOWpdf))
  - Collaborative Problem Solving

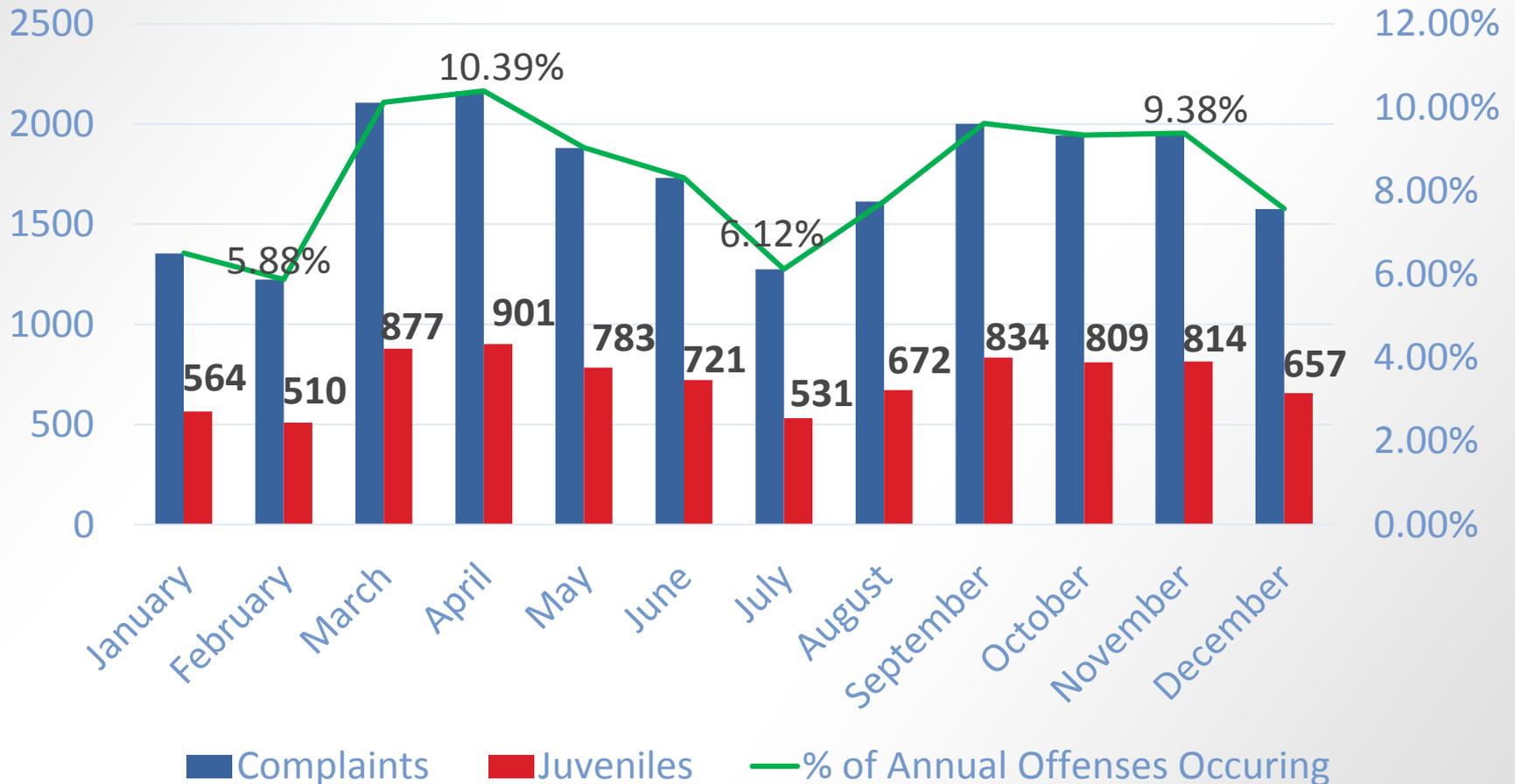
# Juvenile Age Increase

## Effective Dec. 1, 2019

- New definition of “delinquent juvenile” includes 16 and 17-year-olds who commit crimes, infractions, or indirect contempt by a juvenile, but ***excludes motor vehicle offenses***
- Applies to those who commit misdemeanor- and H- and I-felony level offenses; A through G felony-level offenses committed by 16- and 17-year-olds will still be addressed through the adult criminal justice system
- Also excludes juveniles who:
  1. are 18 and older;
  2. have been transferred to and convicted in superior court; and
  3. have been **convicted of a felony or misdemeanor, including motor vehicle offenses, in district or superior court**

# New complaints will enter slowly over time

At least 8,673 new JJ Youth in 2020: Offense trend  
NOTE: Complaints filed an average of 32 days following offense.



# Juvenile Justice Service Directory

- ▶ Searchable by problems addressed, classification, zip code, county, name, etc.
- ▶ Will trigger a series of emails every 6 months to program providers to allow for entry updates, and to “soft delete” (hide from view) programs that appear closed
- ▶ Will send reports to Chief Court Counselors monthly announcing new additions to the directory in their district
- ▶ 2020: At case planning, service recommendations matched to youth’s home counties and greatest assessed needs will populate the plan automatically with links to program entries for use by the person constructing the case plan

# Contact Information

**Want to help?  
Have questions?**

**Jean Steinberg, Ph.D.**

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**NC Department of Public Safety**

**DACJJ – Juvenile Justice Section**

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**919-324-6386**