

Durham Youth Treatment Court Process Evaluation Report

2005



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Table of Contents

EXECUTIVE SUMMARY	5
INTRODUCTION.....	7
PURPOSE OF THE REPORT	7
MISSION.....	7
PROGRAM GOALS	8
HISTORY OF DURHAM YOUTH TREATMENT COURT PROGRAM.....	10
HISTORY OF PROGRAM IMPLEMENTATION AND MODIFICATIONS.....	10
<i>Conclusions and Recommendations</i>	12
METHODS AND PROCEDURES USED IN THE PROCESS EVALUATION.....	12
PLANNING AND ORIENTATION	12
DATA COLLECTION AND ANALYSIS	13
CHARACTERISTICS OF DRUG COURT PARTICIPANTS.....	15
TABLE 1. DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS OF CURRENT DURHAM YTC PARTICIPANTS.....	15
TABLE 2. RACE/ETHNICITY OF ALL PARTICIPANTS.....	16
TABLE 3. DRUG OF CHOICE OF PARTICIPANTS	16
TABLE 4. CRIMINAL HISTORY OF PARTICIPANTS	17
TABLE 5. AVERAGE LENGTH OF TIME IN PROGRAM FOR PARTICIPANTS.....	17
TABLE 6. PROGRAM STATUS OF FORMER DYTC PARTICIPANTS	17
FIGURE 1. PROGRAM STATUS OF FORMER DTYC PARTICIPANTS.....	18
TABLE 7. RATIO OF CURRENT ACTIVE PARTICIPANTS TO PROGRAM CAPACITY	18
<i>Conclusions and Recommendations</i>	18
DESCRIPTION OF DRUG COURT TEAM.....	19
COMPOSITION, ROLES, AND RESPONSIBILITIES OF TEAM MEMBERS.....	19
ORIENTATION, BACKGROUND TRAINING, AND CONTINUING EDUCATION	21
DEDICATION AND STABILITY OF TEAM	23
<i>Conclusions and Recommendations</i>	24
CORE TEAM DECISION-MAKING PROCESSES	24
GLOBAL IMPRESSIONS OF DURHAM YTC CORE TEAM FUNCTIONING AS REPORTED BY DRUG COURT TEAM	26
<i>Conclusions and Recommendations</i>	27
DESCRIPTION OF CURRENT PROGRAM	27
PROGRAM OVERVIEW	27
ELIGIBILITY CRITERIA	27
<i>Conclusions and Recommendations</i>	28
ADMISSION/INTAKE	28

<i>Conclusions and Recommendations</i>	29
PROGRAM CAPACITY AND ENROLLMENT	29
<i>Conclusions and Recommendations</i>	29
DYTC DRUG COURT ACKNOWLEDGEMENT OF PROGRAM CONDITIONS.....	29
<i>Conclusions and Recommendations</i>	30
DRUG COURT PHASE SYSTEM	31
<i>Phase I</i>	31
<i>Phase II</i>	32
<i>Phase III</i>	32
<i>Aftercare I</i>	33
<i>Aftercare II</i>	33
<i>A/B List</i>	33
<i>Program Completion</i>	33
<i>Conclusions and Recommendations</i>	34
SANCTIONS	35
<i>Conclusions and Recommendations</i>	35
<i>Table 7. Durham County Youth Treatment Court Sanctions</i>	36
INCENTIVES.....	37
<i>Table 8: DYTC Incentives</i>	37
<i>Conclusions and Recommendations</i>	37
CASE MANAGEMENT AND JUDICIAL SUPERVISION.....	38
<i>Conclusions and Recommendations</i>	39
TREATMENT	39
<i>Conclusions and Recommendations</i>	42
ANCILLARY SERVICES	43
<i>Conclusions and Recommendations</i>	44
SCHOOL SUPERVISION.....	44
<i>Conclusions and Recommendations</i>	45
TERMINATION	45
<i>Conclusions and Recommendations</i>	45
AFTERCARE	46
<i>Conclusions and Recommendations</i>	46
GLOBAL IMPRESSIONS OF THE DYTC PROGRAM AS REPORTED BY PARTICIPANTS	46
RESULTS OF CONSUMER SATISFACTION RATINGS OF THE DURHAM YTC PROGRAM	47
EVALUATION OF KEY COMPONENTS AND STRATEGIES	47
PROGRAM ANALYSIS: THE 10 COMPONENTS.....	47
PROGRAM ANALYSIS: THE STRATEGIES (JUVENILE DRUG COURTS)	49
OVERALL CONCLUSIONS AND RECOMMENDATIONS.....	50
STRENGTHS OF THE DYTC PROGRAM	50
RECOMMENDATIONS.....	51
CONCLUSIONS.....	51
REFERENCES.....	53
APPENDICES.....	54

APPENDIX A: TABLE 9: CHARACTERISTICS OF CURRENT DURHAM YOUTH TREATMENT COURT PARTICIPANTS WHO COMPLETED CONSUMER SATISFACTION QUESTIONNAIRES (N = 6)	54
APPENDIX B: TABLE 10: CONSUMER SATISFACTION QUESTIONNAIRE RESULTS: CURRENT PARTICIPANTS' SATISFACTION WITH COMPONENTS OF DURHAM YOUTH TREATMENT COURT (5 OUT OF 6 COMPLETED THIS SECTION)*	56
APPENDIX C: TABLE 11: CONSUMER SATISFACTION QUESTIONNAIRE RESULTS: CURRENT PARTICIPANTS' DIFFICULTY WITH REQUIREMENTS OF DURHAM YOUTH TREATMENT COURT (5 OUT OF 6 COMPLETED THIS SECTION)*	57
APPENDIX D: TABLE 12: CHARACTERISTICS OF THE CURRENT DURHAM YOUTH TREATMENT COURT PARTICIPANTS' PARENTS/GUARDIANS WHO COMPLETED CONSUMER SATISFACTION QUESTIONNAIRES.....	58
APPENDIX E: TABLE 13: CONSUMER SATISFACTION QUESTIONNAIRE RESULTS: PARENTS/GUARDIANS OF CURRENT PARTICIPANTS' SATISFACTION WITH COMPONENTS OF DURHAM YOUTH TREATMENT COURT*	60
APPENDIX F: TABLE 14: CONSUMER SATISFACTION QUESTIONNAIRE RESULTS: PARENTS/GUARDIANS OF CURRENT PARTICIPANTS' DIFFICULTY WITH REQUIREMENTS OF DURHAM YOUTH TREATMENT COURT*	61

Durham Youth Treatment Court Process Evaluation Report

Executive Summary

Purpose:

- To describe the operation of the Durham Youth Treatment Court (DYTC).
- To compare the implementation of the court with the methods described in program grants, manuals, handbooks, and mandates.
- To examine the strengths and weaknesses of the current implementation of the DYTC.
- To make recommendations regarding possible improvements to the current structure and operation of the DYTC.

Background:

- The Durham Youth Treatment Court was established as an alternative to incarceration for substance abusing juvenile offenders. It was designed to provide treatment and rehabilitative services, and to save the community the costs of incarcerating these individuals for their crimes.

Method:

- Individual interviews were conducted with DYTC Core Team members and were also conducted with active, graduated, and terminated DYTC participants.
- Data on demographic and background characteristics and program compliance were obtained from the DYTC MIS (Management Information System) and court records.
- Consumer satisfaction questionnaires were administered to active DYTC participants and to the parents/guardians of active participants.
- Pre-court Core Team meetings and court proceedings were observed.
- Historical court documents were collected and reviewed.

Key Findings:

- The majority of Core Team members reported being dedicated and committed to the goals of the program.
- There are some areas in which Core Team members are not in agreement. These include: the specific nature of the roles and responsibilities of Core Team members; whether the client served should be a low-risk or high-risk participant (e.g., clearly identifying the target population); and whether the program emphasis is predominantly prevention or intervention-focused.
- The Core Team has recently established a School Liaison person to participate on the DYTC team.
- There is a detailed Policy and Procedures Handbook for participants.
- Criteria for progression through the program and court responses to participant compliance are clearly defined.
- A range of services and programs for both youth and their families is provided.
- It is not clear whether treatment provided to youth participants and their families is research- or evidence-based.

- The program has increased its numbers, but is still not currently serving at full capacity the number of youth it could be serving.
- There is no formal aftercare or alumni program for participants who successfully complete the program.
- There has been increased community awareness of the program. For example, the Durham Human Relations Commission has selected DYTC to receive the 2005 Human Relations Youth Award in order to recognize their organization “as one that has demonstrated leadership and innovation in meeting the challenges that face our communities’ youth.”

Conclusions:

The results of this process evaluation report suggest that the Durham YTC is implementing the court in a manner that is consistent with the originally proposed grant. The majority of program participants reported that they are receiving effective treatment. The Durham YTC is also functioning with a primary group of highly dedicated Core Team members. There are some areas in which team member interactions could improve, such as developing closer agreement about individual Core Team members’ roles and responsibilities, clarifying decision-making policies concerning sanctions, and clarifying the issue of serving predominantly high-risk or low-risk youth. The findings suggest that additional ways to improve the functioning of the court include: continuing team-building experiences, increasing the number of referrals to and participants accepted into the program, ensuring that treatment is evidence-based, developing a more formal aftercare program, and increasing community awareness of and support for the DYTC.

Durham Youth Treatment Court Process Evaluation Report

Introduction

Purpose of the Report

The primary purpose of this process evaluation report is to provide a description of the structure, organization, and operations of the Durham Youth Treatment Court (DYTC), as well as to identify the strengths and barriers of the court. Process evaluations are required by North Carolina's Administrative Office of the Courts and the Bureau of Justice Assistance, and are supported by the North Carolina Governor's Crime Commission. The North Carolina Drug Treatment Court Advisory Committee is "established to develop and recommend to the Director of the AOC guidelines for the DTC and to monitor local courts wherever they are implemented" (N.C. Gen. Stat. §7A-795). A drug court process evaluation documents and describes the current operation, strengths, and areas in need of improvement in the functioning of a court. Based on observations, interviews, and analyses of quantitative data, recommendations are made for improvements to the organization, structure, and overall operation of the program. A process evaluation differs from an outcome evaluation in that it does not examine and evaluate the overall effectiveness of the drug treatment court in terms of its effectiveness in reducing recidivism and substance abuse and addiction. At various points within this report, excerpts from program materials and from interviews are reported verbatim in order to retain the exact language and nuances intended by the drug court team or by the interviewee. This report describes the results of the process evaluation conducted on the functioning of the DYTC.

Mission

The mission statement of the Durham YTC, can be found in the current *Drug Youth Treatment Court Policy and Procedures Manual*, and has three parts, labeled *purpose*, *vision*, and *mission*. It is as follows:

“Purpose: The Durham Youth Treatment Court (DYTC) exists to provide and supervise multi-phase treatment to youth who are under the supervision of Juvenile Court to include reduction in use, abuse, and addiction to illicit substances, and education of juveniles to select healthy choices that will enhance their lives and eliminate further contact with the criminal justice system.”

“Vision: The DYTC will:

- 1. Provide supervised, coordinated substance abuse treatment services for youthful, nonviolent offenders and their families;*
- 2. Increase positive family interactions;*
- 3. Offer alternative lifestyle choices to juveniles from the Durham County area;*
- 4. Increase knowledge and use of community resources by clients;*
- 5. Decrease rates of illicit substance abuse among clients;*
- 6. Decrease rates of alcohol and drug related crimes among clients;*

7. *Decrease rates of recidivism among clients who have come to the Court's attention due to alcohol and drug related offenses."*

"Mission: The DYTC will accomplish this vision by:

1. *Establishing a system to include treatment providers, school officials, and community work within the juvenile justice system to form a partnership to eliminate substance abuse, and alcohol and drug related offenses committed by clients;*
2. *Assessing each juvenile referred to DYTC and providing individualized treatment plans and case management;*
3. *Offering a supervised comprehensive, interdisciplinary multi-phase treatment program that includes regular appearances before the judge, random drug testing, education, individual-family-group counseling, and graduated sanctions and incentives;*
4. *Monitoring effectiveness and tangible outcomes such as reductions in alcohol and other drug use, in criminal behavior, and improvements in educational levels;*
5. *Tracking the opportunities, challenges and obstacles to providing the Treatment Court alternatives to clients who reside in Durham County."*

Program Goals

North Carolina Drug Treatment Court Goals

North Carolina legislation states that the goals of the North Carolina Drug Treatment Court (DTC) program are as follows:

1. *To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;*
2. *To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;*
3. *To reduce the alcohol-related and other drug-related court workload;*
4. *To increase the personal, familial, and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both; and*
5. *To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.*

North Carolina Youth Treatment Court Goals

Youth Treatment Courts have additional specific goals. According to the annual *Report on the Status of North Carolina's Drug Treatment Courts* (2005), these goals include the following:

1. *To provide youth with the opportunity to become clean and sober;*
2. *To provide youth with constructive support to aid them in resisting further criminal activity;*
3. *To support youth to perform well in school;*
4. *To support youth and to develop positive relationships in the community;*

5. *To provide youth with skills and interventions to support and develop healthy family relationships; and*
6. *To provide youth with skills that will aid them in leading productive, substance-free, and crime-free lives.*

Local Program Goals and Objectives

The goals of the Durham YTC, as stated in the 2002 Grant Pre-Application to the Governor's Crime Commission and the *Drug Youth Treatment Court Policy and Procedures Manual* are:

1. *To reduce/eliminate juvenile substance abuse, thereby reducing delinquency and school truancy;*
2. *To improve school and work performance;*
3. *To ensure availability and timely delivery of comprehensive, family-based assessment and treatment;*
4. *To promptly hold juveniles and their parents/guardians accountable for behaviors;*
5. *To provide incentives and praise to juveniles and their families for sobriety and positive performance;*
6. *To promote/support interagency collaboration and accountability; and*
7. *To protect public safety.*

Although not specified in their grant applications, several DYTC team members, during individual interviews, reported the following additional program goals as important to their overall mission:

1. *To steer juveniles away from negative peer influences and draw them into positive peer groups and peer group activities (1 of 6 team members reported); and*
2. *To increase community-based services for the program's clients (3 of 6 team members reported).*

Conclusions and Recommendations

The mission statement clearly describes the purpose, business, and values of the court. As a whole, the program goals of the Durham YTC reflect its mission statement. The DYTC program goals are also in line with the state's goals for Youth Treatment Courts. The DYTC program goals additionally emphasize the importance of incorporating broader level social systems into program facilitation including: family involvement in the Youth Treatment Court program, addressing the effects of peers, promoting interagency collaboration, and increasing community-based services for youth and their families.

The local program goals are clearly stated and appear to be achievable. However, better specificity of the goals in the form of clearly and realistically defined objectives could improve their ability to be measured. In addition, the local program goals could be better integrated with the state goals in order to both consolidate state and local goals and to better specify goals in measurable terms.

History of Durham Youth Treatment Court Program

The Durham Youth Treatment Court (DYTC) implemented its first pilot program in November 2000. The court was created to address the non-compliant behavior of juveniles and their families in delinquency court in the areas of school attendance and substance use, as well as lack of proper supervision in the home. Hence, the program sought to provide a means for improved supervision and compliance of substance-abusing, nonviolent adjudicated youth.

Original funding for the court came from a grant from the Governor's Crime Commission. In 2004, the Bureau of Justice Assistance (BJA) provided subsequent funding of \$435,341 through a grant. BJA funding has currently been extended from the original fiscal end date of March 2004 to September 30, 2005, at which time the DYTC hopes to receive continued funding under the State Sustainability Plan.

History of Program Implementation and Modifications

The first hearing of the court occurred on November 9, 2000, with seven active clients. At the conclusion of calendar year 2001, there were 16 active youth in the program, according to data from the Administrative Office of the Courts (AOC) in their annual *Report on the Status of North Carolina's Drug Treatment Courts* (2004). Three of the original clients successfully completed the program in 2001.

An important component of DTC programs, and a requirement of the AOC, is self-analysis of program strengths and challenges for the purpose of improving programs. In 2002, the DYTC recognized and recorded several program challenges in the Governor's Crime Commission (GCC) Pre-Grant Application.

A primary program barrier identified was the delay between arrest and treatment provision for participants, despite the availability of local mental health and substance abuse treatment resources. These problems were publicized in several articles appearing in a regional newspaper, *The News and Observer*, in 2000 and 2001. According to the DYTC Administrator, delays in treatment provision are not currently considered a problem for DYTC and have been primarily addressed.

Another barrier identified in the GCC Pre-Grant Application included communication "breakdowns" in the area of case management and treatment allocation and coordination. Hence, the DYTC sought to hire a full-time Licensed Clinical Social Worker (LCSW) to facilitate assessment of adjudicated youth and to recommend placement into treatment programs. However, currently, the DYTC team no longer seems to have the need for a LCSW in this role as the new Coordinator has worked to solve assessment problems.

Several goals were outlined in the application as well, including increasing the number of adjudicated youth receiving substance abuse and mental health assessments; decreasing the length of time between referral, assessment, and treatment; increasing awareness of the needs of delinquent youth within all involved agencies and educational settings; more effectively monitoring of treatment compliance; improving juvenile school performance; providing mentors to the youth; increasing access to health care provision; ensuring that all involved agencies participate in Child

and Family Team meetings; increasing the emphasis on family functioning, increasing the effective utilization of sanctions and incentives, and increasing supervision of youth.

In 2002, a change in overall program administration occurred when Peter Baker was hired as the Drug Court Administrator. He began overseeing the adult, family, and youth drug treatment courts, providing increased oversight and cohesion across all the Durham drug courts.

In 2003, the DYTC had a further opportunity to examine the program's functioning when it undertook a SCOT analysis review whereby the "strengths, challenges, opportunities, and threats" to successful program implementation were identified. Many of the identified strengths were in the areas of Core Team commitment and communication, consistency in referrals, good communication among agencies, suitable support from DJJDP, and multiple training options for team members. Identified challenges included the need for more support from the school system and the community, and needs for a mentoring program, additional meeting and court space, more process efficiency, and improved incentives for youth. Goals included increasing gang activity awareness, developing better coordination of treatment plans and reviews, further developing policies and procedures through a MOU (Memorandum of Understanding), and identifying and providing employment and mentoring opportunities for youth in the community. Some of the goals identified in 2003 have been met, such as recruiting a School Liaison member to the Core Team, while others have yet to be met, such as improving employment and mentoring opportunities for youth.

In 2003, many changes in team make-up occurred that aided in solving some of the above-noted barriers, particularly in the areas of referral and assessment. First, the contract for the position of Clinical Coordinator, the role responsible for the referrals and assessments, ended. At approximately the same time, the DYTC hired a new Court Coordinator, who subsequently initiated and implemented several changes to the referral process. The Coordinator also improved the assessment process by initiating a system of in-depth research on the eligibility, psychological functioning, and criminal history of each referred juvenile before formal admission into the program.

At this same time, the DYTC developed an action plan that summarized some previous problems and identified goals to be met. The *Durham County Youth Treatment Court Action Plan for 2003* outlined goals for the team that included clarifying referral criteria and increasing the number of referrals made; developing Child and Family Team case plans; and developing mentoring, tutoring, and summer programs for DYTC participants. Currently, some of the goals in the 2003 action plan have been met, such as developing effective Child and Family Team case planning; however, other goals identified in the plan, such as developing mentoring and summer programs for youth, appear to be still unmet.

One particular area of challenge for the court has been the systemic changes in community agency treatment policies that have occurred over the past few years. The local mental health agency has evolved from services provider to services contractor. Due to these changes, the DYTC has had some difficulties providing stable, predictable treatment for its clients. However, treatment provision difficulties have prompted the program team members to seek additional ways to address treatment provision. For example, the court has incorporated a *ROPES* course for participants. DYTC program youth have also participated in a documentary studies program through the Center for Documentary Studies at Duke University. A *Parenting of Adolescents* group was also developed, through which

parents of the DYTC participants were taught how to engage in nurturing, yet authoritative, interactions with their adolescents. The parenting group has also provided an opportunity for parents to support one another. Thus, despite roadblocks and continued challenges with community treatment options for youth, the DYTC program has worked toward identifying and pursuing such options in their treatment approaches.

Conclusions and Recommendations

The DYTC program has sought to improve itself by conducting self-evaluations, setting goals, and creating new strategies related to successful program implementation. Due to the resourcefulness of team members, as seen in the additions of *ROPES* courses and *Parenting of Adolescents* groups, positive changes have occurred as the program has evolved. However although many relevant challenges have been identified and addressed as a result of the 2002-2003 SCOT analysis, several of these challenges remain current and several previously set goals have yet to be met.

In order to better fulfill the Office of Justice Program's (OJP) mandate to monitor and evaluate the achievement of program goals and gauge effectiveness (see Component 8 in OJP's *Defining Drug Courts: The Key Components*, 1997), the development of a consistent plan for further evaluating the DYTC program is recommended. In addition, it is recommended that the program continue to implement and monitor the recommended changes that have been suggested based on evaluations. It is further suggested that self-evaluative and other historical documents related to the court might be kept in a central place for easy access. In the future, the court could also consider keeping these documents in an electronic database for easy access and storage.

Methods and Procedures Used In the Process Evaluation

Planning and Orientation

An orientation and planning meeting for participating drug court administrators was held in the month prior to beginning the evaluation, in order to introduce and orient all relevant staff and team members to the process evaluation. A separate orientation meeting was scheduled one month later at the convenience of the Durham YTC administrative staff. Dr. Jacqueline Hansen and Dr. Ann Brewster conducted the meeting. However, it occurred several weeks into the evaluation process.

The agenda for the orientation included a welcome and a discussion of the need for the process evaluation; a description of the respective roles of each entity involved in the process evaluation (e.g., the AOC, iRT, and the drug court team members); the research plan and methods to be used in conducting the evaluation; and the timeline for tasks to be completed in the evaluation. The Durham YTC Administrators were informed of the importance of providing all needed information on time, due to the brief period of time between data collection and report dissemination. Correspondingly, materials that were not received from the courts by the data collection deadline were not included in the final report.

Data Collection and Analysis

Three types of data were collected in conducting this process evaluation: historical documents; quantitative data (e.g., surveys, MIS data, ratings of observations); and qualitative data in the form of interviews. The collection and analysis of each of these forms of data are discussed in detail below.

Historical Documents

Documents pertaining to the history, implementation, modification, and funding of the court were reviewed. These included original grant proposals submitted to implement the court, operation manuals, participant contracts, and SCOT analyses. Process evaluation staff members collected, reviewed, and incorporated information from these documents into the process evaluation report, where appropriate.

Quantitative Data

Quantitative data and methods were used to describe the population that has been served by Durham YTC from its inception to December 31, 2004, and to describe the characteristics of participants who were current, terminated, or who were successful completers of the drug court program from January 1, 2004, to December 31, 2004. The data for these quantitative analyses were first obtained from the current AOC Evaluation Specialist and Research Coordinator based on data in the Management Information System (MIS). The quantitative data collected included demographic characteristics of both ineligible and eligible youth, information regarding the primary drug of choice for each participant, and information regarding the participant's history and involvement in the Youth Treatment Court. The original datasets were stripped of identifying information such as names and identification numbers in order to ensure anonymity.

Upon checking with the Durham YTC Program Coordinator, however, it was determined that the Durham YTC MIS dataset was not up-to-date (e.g., there were data entered on only 6 current participants instead of the actual number of 18). Thus, the MIS data were not used for developing descriptions of the participants. Instead, data were directly obtained from the Durham YTC Program Coordinator, for purposes of acquiring the most complete information on the current population.

In addition, quantitative data methods were used to describe participants' level of satisfaction with their treatment court experience. Current participants and their parents or guardians completed a Consumer Satisfaction Questionnaire at the close of a court session. The Consumer Satisfaction Questionnaire asked participants and their parents or guardians to provide information regarding their demographic and background characteristics such as gender, race, ethnicity, employment status, marital status, and family composition. In addition, the survey asked participants to report on different aspects of their treatment court experience, such as length of time spent in court, primary drug of choice, criminal charges that led to drug court sentencing, and criminal and treatment history. Participants were also asked to rate their level of satisfaction with various aspects of the drug court program, including treatment services, sanctions and incentives, drug testing, community service activities, and court sessions. Finally,

participants were asked to rate the level of difficulty of complying with various program requirements, including making it to scheduled appointments; cooperating with treatment programs and services; cooperating with drug testing; paying court fines and fees; and maintaining a drug-free status. Analyses were conducted to describe item means and frequencies from the Consumer Satisfaction Questionnaires, as there were not enough questionnaires completed to conduct tests of group differences.

Data based on observations of pre-court team meetings and court sessions were also used as an additional method for gathering information about the functioning of the Durham YTC. For the pre-court team meetings, trained iRT staff observed and noted such factors as the types of issues discussed and the amount of time spent on each issue; decision-making processes; the interactions among team members; and the respective roles of each of the team members. For the court sessions, trained iRT staff observed and coded such factors as the overall atmosphere within the court, the interaction among team members, and interactions between the Judge and the participants. These ratings were recorded on forms designed for recording observations of pre-court Core Team meetings and court sessions.

Qualitative Data

Qualitative data were also collected based upon four different types of open-ended interviews. First, one-hour, semi-structured interviews were conducted with individual current drug court participants. The Interview Guide used in conducting the interviews included topics such as participants' opinions about the most and least helpful aspects of the Durham YTC program; their beliefs about barriers to full program participation; their feedback about sanctions and incentives; and the impact of drug court participation on participants' lives. Prior to beginning each interview, the interviewer reviewed the informed consent forms with individuals and answered questions. Then, the interviewer followed the protocol outlined in the Interview Guide to complete the interview.

Second, interviews were conducted with participants who successfully completed the program. Third, interviews were conducted with participants who terminated the program unsuccessfully. Interviews with all participants were conducted either in person at the courthouse or over the telephone and were conducted by trained project staff members from iRT.

Fourth, individual interviews lasting approximately one hour were also conducted with six of the nine current DYTC Core Team members. Trained project staff members from iRT conducted the interviews either in person at the courthouse, at team members' offices (in the case of one treatment provider), or over the telephone. The main topics discussed in each individual team member interview included team members' perspectives about program history; the most and least helpful aspects of the Durham YTC program; the respective roles and responsibilities of team members; barriers to implementing the drug court program; sanctions and incentives; and how the Durham YTC program has impacted participants' lives. Prior to beginning the interview, the interviewer reviewed the informed consent form with each interviewee and answered any questions. Then, the interviewer followed the protocol outlined in the Interview Guide to complete the interview.

All interviews were digitally recorded with the addition of notes taken during the interviews. Interviews were later downloaded to a computer for the purpose of comparing interview data across current and former participants and Core Team members. If there was agreement across all or a majority of respondents on a question, it was reported as such. Where there was disagreement across respondents about an issue or topic, it was also noted and described in this report.

Characteristics of Drug Court Participants

Demographic and background characteristics data were collected on youth who were Durham YTC participants from 01/01/04 – 02/03/05. This includes data from current participants, successful completers of the program, and participants who were terminated unsuccessfully from the program, due to rule infractions or the commitment of criminal activities.

Tables 1 through 6 identify demographic characteristics of participants, criminal history, average length of time in the DYTC program and the ratio of current program enrollment to capacity. Table 1 below shows that the court is predominantly treating males and that slightly more than half live at home.

Table 1. Demographic and Background Characteristics of Current Durham YTC Participants

(this table includes current participants as of 02/03/05: n = 18)

Gender	n	Percent
Number male	16	89%
Number female	2	11%
<i>Total</i>	<i>18</i>	<i>100%</i>
Family Composition		
Number of current participants residing at home:	10	56%
Number of current participants residing at a group home or situation other than	8	44%
<i>Total</i>	<i>18</i>	<i>100%</i>
County of Residence		
Durham	18	100%

Table 2 below shows the majority of DYTC participants are of African American racial background.

Table 2. Race/Ethnicity of All Participants

(this table includes those who participated in the DYTC program from 01/01/04 – 02/03/05)

Race/Ethnicity	n	Percent
Caucasian	3	7.5%
Black/African American	35	87.5%
Hispanic/Latino	2	5.0%
Other (Indian)	0	0.0%
<i>Total</i>	<i>40</i>	<i>100%</i>

Table 3 below indicates that the most common primary drugs of choice reported by program participants are marijuana and alcohol.

Table 3. Drug of Choice of Participants

(this table includes those who participated in the DYTC program from 01/01/04-02/03/05)

Drug of Choice (these add up to more than 100% based on participants having substance issues with more than one drug)	Percent
Crack/Cocaine	2%
Heroin	0%
Alcohol	75%
Marijuana	100%
Ecstasy	0%
Prescription	1%
Other (prescription, methamphetamine, ketamine, coricidin)	1%

Table 4 below shows the criminal history of participants who were in the program from 01/01/04-02/03/05. Table 4 indicates that most participants have a history of having committed previous misdemeanors and that they entered into the drug court program on both a property and drug offense.

Table 4. Criminal History of Participants

Charge upon Entry into Drug Court	Percent
Property offense	30%
Drug offense	10%
Both property and drug offense	60%
<i>Total</i>	<i>100%</i>
Criminal History	
Percent with prior felony conviction:	85%
Percent with prior misdemeanor conviction:	15%
<i>Total</i>	<i>100%</i>

Table 5 below depicts the average length of time in the program for participants who were in the program between 01/01/04-02/03/05 and thus would include those who began the program earlier than 01/01/04. Participants are, on average, involved in the DYTC slightly more than one year.

Table 5. Average Length of Time in Program for Participants

(this table includes those who were participants between 01/01/04-02/03/05)

Time in Program	Average Length of Time in Months
From entry to program <i>completion</i> in months:	14.5 months
From entry to program <i>termination</i> in months:	14 months

Table 6 and Figure 1 below portray the program status of former participants who have been participants in the program from 01/01/04-02/03/05 and indicate that a greater percentage of participants were terminated unsuccessfully than successfully.

Table 6. Program Status of Former DYTC Participants

(this table includes those who were participants between 01/01/04-02/03/05)

Program Status of Former Participants	n	Percent
Successfully completed program	3	27%
Terminated program early	8	73%
Other (e.g., deceased)	0	0%
<i>Total</i>	<i>11</i>	<i>100%</i>

Figure 1. Program Status of Former DTYC Participants

(this figure includes those who were participants between 01/01/04-02/03/05)

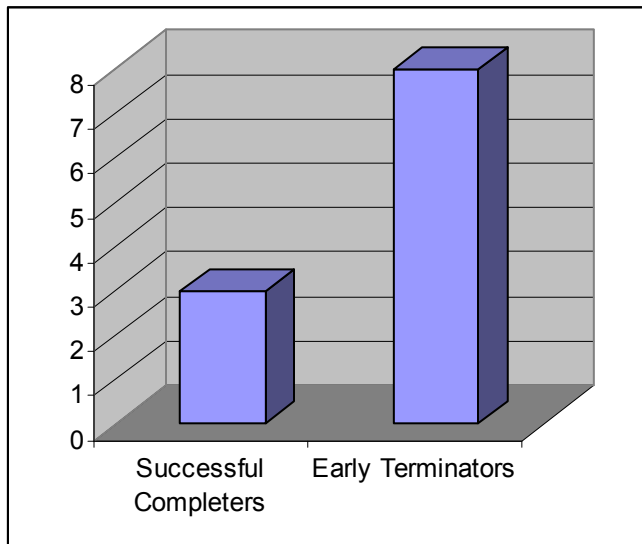


Table 7 below highlights the ratio of the number of current active participants to program capacity. It identifies that the current number of program participants is 72% of capacity, indicating that the court could serve seven more participants.

Table 7. Ratio of Current Active Participants to Program Capacity

(current participants as of 2/03/05)

Active Participants in Relation to Program Capacity	n	Percent
Program capacity (according to DTYC Administrator)	25	
Total active (current) participants as of 2/03/05	18	
Percent total active in relation to capacity		72%

Conclusions and Recommendations

The DTYC is predominantly serving African-American males who are of African-American racial background and using marijuana and/or alcohol. Many participants are reported as using both marijuana and alcohol. Those who have been unsuccessfully terminated from the program have been in the program almost as long on average as those who successfully complete the program. In the past year, a greater proportion of participants were terminated unsuccessfully in comparison with those who completed the program successfully. The current number of program participants at 18 is 72% of program capacity of 25.

These findings suggest that the Core Team examine methods to increase enrollment to reach capacity. In addition, although the number of former participants is still small, these early findings on the large percentage of unsuccessfully terminated participants suggest the program

conduct an outcome evaluation with a particular focus on trying to understand the personal, familial, and treatment factors associated with successful program completion.

Description of Drug Court Team

Composition, Roles, and Responsibilities of Team Members

All DYTC Core Team members were identified and the majority of team members were interviewed regarding their roles and responsibilities. The current team consists of the Judge, Assistant District Attorney, Public Defender, Juvenile Court Counselor, DTC Court Administrator, DYTC Coordinator, and two Treatment Providers. Those interviewed for this process evaluation were: the Judge, the Assistant District Attorney, the DTC Court Administrator, DYTC Coordinator, and the two Treatment Providers (n = 6 Team members). At the conclusion of data collection on this court, a School Liaison had just joined the team. No data were collected on the School Liaison. All Core Court Team members conduct bi-weekly pre-court planning and staffing meetings, and engage in an ongoing collaborative process that includes, where appropriate, treatment providers, and others involved in providing services for the DYTC. This section describes the roles and responsibilities of each current team member.

Most individuals who were interviewed became involved in the DYTC as a result of former life or work-related experiences that drew them into the area of substance abuse rehabilitation and/or treating maladaptive families. Team members learned about open positions based on a variety of means, including public job advertisements, the Internet, personal contacts, and through job positions that led to promotions into current positions. The roles and responsibilities of each team member are described below.

The role of the presiding Judge is to motivate participants toward success while holding them accountable for their actions. The Judge monitors each juvenile's progress throughout the program, primarily through court appearances and by prescribing incentives and sanctions. At the bench he is authoritative, yet also acts as "confessor" and "cheerleader." With regard to style, the DYTC Judge manifests a serious demeanor with clients, while addressing them in a caring way, and sharing apt and moralistic stories from his own experiences. One team member noted that the Judge is "a commanding figure. Eventually everyone needs to answer to him." The presiding Judge also works with the other Core Team members by attending weekly team meetings in which decisions are made about how to motivate and discipline clients. The DYTC Judge expresses dedication to helping the participants improve their lives.

The Durham Treatment Court (DTC) Administrator oversees the day-to-day functions of the all the Durham Drug courts, including the Durham Youth Treatment Court, and supports the DYTC Coordinator in practical and managerial ways. The Administrator functions as a technical adviser to the Coordinator, and makes himself available to solve problems that may arise, yet aims to provide the Coordinator with enough latitude to be an independent and innovative team leader. He also attends team meetings and court sessions. The DTC Administrator is very committed to the success of the program and expresses an investment in expanding and improving the program to better meet the needs of participants and their families.

The DYTC Coordinator leads the DYTC team, and oversees its participants. He coordinates all services, and attends to the compliance level of clients by reviewing weekly reports, gathering information on school performance, visiting the participants' homes, and conducting face-to-face meetings with participants. He then reports back to the Judge and the DYTC team on each participant's compliance and makes recommendations to the team regarding participants. The Judge often refers to the Coordinator for recommendations regarding sanctions and incentives that will come from his bench. Furthermore, the Coordinator oversees Case Managers, and collects from them weekly reports concerning participants. Moreover, he attends and participates in Child and Family Case Planning Team meetings. The DYTC Coordinator is clearly committed to the success of the DYTC participants. He functions as the "heart" of the team, not wanting any juvenile to recidivate, and leads the team towards doing what is best for each participant. Another element of his function is mentor and role model to the participants. For example, many of the youth participants indicated they had not had many positive role models, but view the Coordinator as a positive influence on their lives. Overall, both the DYTC youth and Core Team members highly praise the Coordinator, giving him credit for much of the program's success.

The Assistant District Attorney's (ADA) primary role is to ensure that DYTC participants are held accountable, according to the law, for their actions, and to protect members of society while working to achieve the long-range rehabilitative goals of the program. The ADA works as a constructive part of the team and although she is the juvenile prosecutor, she interacts with the team as an advocate for the juvenile participants, wanting them to succeed and providing input to the team in order to encourage chances of rehabilitation and successful outcomes.

The Public Defender's responsibility is to ensure that participants achieve the long-range rehabilitative goals of the program while assuring that their substantive and procedural rights are fully protected at every stage of the process. The Public Defender attends team meetings, providing input where needed.

The DYTC Court Counselor's role is to monitor and supervise juvenile participants; to be responsible for conducting home, school, and treatment visits; to perform random drug testing; to file all motions and orders related to custody orders, show cause and detention; and to respond appropriately to all allegations of disposition violations that result from new charges outside the jurisdiction of the court in its DYTC sessions. The Court Counselor also performs preliminary risk and needs assessments of juveniles and makes referrals to place juveniles into DYTC. Moreover, she attends and participates in Child and Family Team meetings, Core Team meetings where she provides information and input regarding each case, and also court proceedings.

Several treatment-providing organizations help with monitoring the juveniles' home and school life, drug use, and mental health. The two main treatment agencies that the DYTC uses are Managing Access to Juvenile Offenders Resources and Services (MAJORS) and Orange, Person, Chatham Mental Health (OPCMH). Treatment providers from these organizations also serve as Case Managers, managing much of the treatment element of the program. Treatment Provider Supervisors from MAJORS and OPCMH attend team meetings and give input to the team on clients. They also attend Child and Family Team meetings and court sessions. Both Treatment Provider Supervisors (while one only in the position one month at the time of this report) are clearly dedicated to helping juveniles recover and they provide such input at team meetings.

Orientation, Background Training, and Continuing Education

This section describes the orientation procedures, employment and educational background, and continuing education experiences of each of the DYTC Core Team members. For this section, resumes were requested from all team members; however, they were only received from two team members. Thus, some team member background information is incomplete. The majority of the information below was gathered through interviews with team members.

Orientation Procedures

The Drug Court Coordinator initially meets with a new team member individually before his or her first Core Team meeting, introduces the new member at a pre-court team meeting to all the Core Team members, and allows the new member to observe the meeting. Next, the new member of the team observes a Treatment Team meeting at which time he or she is introduced to Treatment Providers/Case Managers. After these observations and introductions, the orientation period is considered over. Most of the team members talked about learning in a “hands-on” fashion, and one team member discussed having received mentoring from a previous DYTC team member. The DYTC does not have a formal orientation protocol.

There are several areas in which team members’ expressed that changes could be made in training or orientation that would improve their abilities to be effective team members. For example, one team member suggested that more applied training be offered to the team, which would better equip the team to run an effective drug court. This team member reported having to attend trainings that were not related to his or her employment responsibilities and would prefer more applicable educational opportunities.

DYTC Judge

After completing law school, the Judge presiding over the DYTC worked in private practice for 25 years. He has represented the Division of Social Services (DSS) families while practicing law, and has been on the DSS rotation as a Judge. Moreover, he has served as Judge in many court-appointed cases and cases involving juvenile delinquents. The Judge is somewhat new to this position as DYTC Judge (i.e., two months). However, he has been a “back-up” Judge for the court for a substantial period of time and has also participated in drug court training. A resume was not received from the Judge.

Durham Treatment Court Administrator

The DYTC Administrator completed the first three years of his college education at Duke University and later finished his undergraduate work at Shaw University. He also completed some graduate work at Shaw University Divinity School and is currently pursuing a Master’s degree in Christian Education and Divinity from Apex School of Theology. He has worked in the field of substance abuse recovery since 1991. His past and present positions include: Pastor, House Manager for HIV Family Care, Peer Counselor, Health Care Technician, Substance Abuse Counselor, and Halfway House Manager. He came to Durham Treatment Court as an

adult case manager in 2001 and was promoted to DTC Administrator. He now supervises all the Durham treatment courts.

DYTC Coordinator

The Drug Court Coordinator for the DYTC team has a Bachelor's of Science degree in Criminal Justice from North Carolina Central University, Durham, NC. He also completed an A.A.S. in Criminal Justice from Durham Technical Community College, Durham, NC. His previous work experiences include positions in administration and intervention in the arena of high-risk youth and their families. He has worked as an Assistant Unit Administrator for C.A. Dillon Youth Development Center, where he supervised team members in managerial ways, as well as coached and mentored team members and juveniles. He has also held three positions where he functioned as a paraprofessional counselor to juveniles with emotional, behavioral, and substance-abusing problems. Additionally, he has been employed as a job coach with MR/DD clients, and has held several positions that involved budgeting and managing staff. Continuing education and training for the DYTC Coordinator has included classes and workshops in Substance Abuse Counseling and Assessment, Cultural Diversity, Budgeting, MS Word/PowerPoint/Excel, Gang Awareness, Management Training, and Staff Development.

Court Counselor

An interview was scheduled with the court counselor, but was cancelled by her. Two additional attempts were made to schedule an interview; however, neither a resume nor an interview was provided to the evaluation team.

Assistant District Attorney

The Assistant District Attorney (ADA) received her undergraduate degree from NC State University in Public Relations and Modern Journalism. She attended law school at Mercer University in Georgia and graduated in 2002. While in law school, she completed an internship in the District Attorney's Office in the Durham court system. She then became interested in becoming a Juvenile Prosecutor. After completing law school, she practiced family law in Wake County for one and one half years, after which time she moved to her current position as ADA for the DYTC.

Public Defender

After two attempts, neither a resume nor an interview was provided to the evaluation team. Requests for a resume and interview were made through the Court Coordinator.

Treatment Provider 1: Managing Access to Juvenile Offender Resources and Services (MAJORS) Program

Treatment Provider 1 graduated in 1998 from a college in Southern Mississippi with a bachelor's degree in Management. Afterwards, he was employed in a variety of therapeutic environments. He has worked as a youth director in a church, provided adult outpatient services, and worked for

Durham Partnership, in hospitals, and in drug rehabilitation and recovery. He has also worked in prisons with the function of helping former inmates transition into life outside prison. He became interested in case management after working with the prison population. He is new to this current position of supervisor, starting less than one month ago.

Treatment Provider 2: OPC Mental Health

Treatment Provider 2 began as a Case Manager for one of DYTC's primary treatment providers and worked with DYTC juveniles. She was promoted to a supervisory role and now participates on the DYTC Treatment Team. Although requested, a resume was not received from this treatment provider.

Continuing Education of Team Members.

In addition to formal education, many of the team members have attended various Youth Treatment Court-related workshops and seminars. The Administrator and/or Coordinator have attended workshops that include: Coordinator Training, Sanctions and Incentives, Crisis Intervention, Substance Abuse, Innovative Counseling, Family Counseling and Oppositional-Defiant Disorder. Moreover, most of the DYTC team participated in the 10th Anniversary Drug Treatment Court Training Conference held in Milwaukee, WI, in June of 2004. At least one administrative member of the team has attended more than one national level DTC meeting.

Dedication and Stability of Team

The Core Team currently consists of many dedicated professionals who "put their heart into their work." One team member even noted that he does not see his position as a job, but "as a calling." This dedicated attitude was expressed by all of the team members who were interviewed.

In terms of team stability (i.e., turnover rates), while two members are new to the team (e.g., Treatment Provider 1 and the Public Defender), many have been working with the drug court for several years but have switched positions in the court, due to promotions or career changes. For example, three of the team members were working as Case Managers for drug court clients before being promoted to current Core Team member positions, and the School Liaison who has recently joined the team had formerly been on the team in another capacity. Thus, while approximately half of the team members have been in their current positions for less than two years, at least two of those members have had other drug court-related positions prior to their current statuses.

Since Durham YTC's program inception, the position of Judge has turned over one time, treatment providers have changed, and the current Coordinator has been in place for 20 months. One area of difficulty has been maintaining a consistent Public Defender; this position has experienced turnover approximately every 30 to 60 days.

Conclusions and Recommendations

A primary strength of the court team is in its Core Team members' past employment experiences with either drug courts and/or substance abuse treatment. Further, the majority of Core Team members express dedication to their work in the DYTC program.

On the other hand, the program has had a difficult time keeping a consistent Public Defender. It is recommended that the court assign a dedicated Public Defender to be a Core Team member who can receive training in the YTC model and adolescent substance abuse issues.

Periodic continuing education that is specific to individual Core Team members' responsibilities would increase team knowledge about treatment and criminal justice issues, and help them to continue using best or evidenced-based practices as specified for their particular positions.

Although official orientation, mentoring, and training does not seem to occur regularly, all the interviewed DYTC team members came to their positions with some experience related to drug court or substance abuse treatment that helped acclimate them to their positions. For example, the majority of DYTC team members came to their positions with backgrounds in substance abuse recovery and rehabilitation, and one third of the team had previous experience with case management of drug court clients. In addition, one fourth of the team reported being able to "jump right in" and acclimate to their roles quickly and resourcefully, despite the lack of orientation and on-the-job training. Nonetheless, the court may want to improve its orientation process. One team member suggested creating orientation packets for new team members that would contain all procedural handbooks, current newsletters, and other pertinent information. This proposed packet would be helpful in ensuring that new team members are completely and quickly prepared to fulfill the duties required of their positions.

Although not mentioned directly by Core Team members, additional training in using the MIS could result in data on participants that is more-up-to date. Additional team members could get training on inputting data into and accessing the MIS system so that it is of maximum usefulness.

Core Team Decision-Making Processes

The DYTC operates under the direction of a Local Management Committee called the Community Collaborative. This committee meets quarterly and its members include the Durham Treatment Court Administrator and other appointed community members. The committee discusses and oversees issues related to program policies and progress.

According to members of the Core Team, the primary responsibility of the Core Team is to ensure the effective functioning of the in-court process of each court session, in order to attain the long-range rehabilitative goals of the DYTC. The DYTC Core Team at pre-court meetings, which are held twice a month before drug court sessions, makes decisions regarding individual participant cases.

In order to assess the effectiveness of the DYTC Core Team decision-making processes, iRT staff members observed two pre-court team meetings and coded information using the Team

Meeting Observation Checklist. Due to adverse weather, the first pre-court Core Team meeting that was observed had only a small number of the Core Team present: the Judge, the DYTC Coordinator, the DTC Administrator, the MAJORS Treatment Provider, and the Assistant District Attorney. During the second observation, the above team members were present, with the addition of the following team members and visitors: the OPC Treatment Provider, the Court Counselor, the Public Defender, the Community Service Representative, and two visitors from the Durham Public Schools. Also, although a Judge was at the second observed meeting, it was not the current DYTC Judge. Core Team members reported that this Judge was substituting for the current presiding Judge who was out of town.

The pre-court Core Team meetings proceeded as follows: At the beginning of both observed meetings, the Court Coordinator handed out a packet of summary sheets, with each sheet describing the compliance of an active participant. Information on participants came from the assimilation of reports from the Court Counselor and Treatment Providers, and the Court Coordinator's own monitoring of clients. The Court Coordinator prepared the reports. On this particular day of observation, the team only discussed the "B List" participants, those participants who were currently not in compliance. "A List" participants, those who were in compliance, were not discussed at this meeting. During this first observed meeting, ten clients were discussed; during the second meeting, eight clients were discussed. The meetings lasted for approximately an hour and fifteen minutes, and the length of time spent on each case ranged between one and ten minutes, with an average of approximately five minutes. The Court Coordinator reviewed participants' progress in fulfilling court and treatment requirements, as well as school performance and family issues. In almost every case, the discussion of each participant involved school performance (e.g., 6 out of 9). Of secondary importance seemed to be the functionality of family dynamics (e.g., 6 out of 9). Sanctions and incentives were discussed in approximately 50% of the cases presented. The topics of drug screening, substance abuse treatment, and mental health treatment were each discussed in approximately 30% of the cases presented. Other topics addressed were: recent criminal behavior; group home compliance; cigarette smoking; community service; and employment. An additional topic included at both observed pre-court Core Team meetings was a discussion of the eligibility of potential new clients for the DYTC program.

Based on observations of the pre-court Core Team meetings, the evaluators noted that decision-making seemed to follow a democratic process. All team members were invited to voice opinions and team members were respectful of each other in their discussions. Most often, discussion of each client would begin with the Coordinator describing a compliance problem, then offering a potential solution or asking for a solution from the team. The Coordinator would always ask the team for input about the issue at hand. Then, team members provided any additional information they had gathered from their interactions with the juvenile, or they offered input related to their position and areas of expertise. For example, the ADA often asked questions or offered input related to the juvenile's violent history in order to protect the public's interest. The team discussed every pertinent issue related to participants' drug court compliance and efforts were always made to come to consensus. Several times, the current DYTC Judge asked the Court Coordinator for a suggestion regarding what sanctions to give to a client. It appeared that the team often looked to the Coordinator for input on clients. After all relevant information was discussed, the team came to consensus on the issues. Discussion of sanctions,

incentives, program completion, termination, and eligibility of new clients were all handled in a similar fashion.

Although the Core Team followed general guidelines regarding the issuance of sanctions and incentives, team members also worked together to generate sanctions that would be maximally effective for each juvenile. In the case of one participant, for example, the team discussed ideas for ten minutes before they generated a solution that they thought would be effective for that particular youth. As a result of pre-court Core Team meeting observations, it was evident that the team desired all participants to succeed in the program.

Responses of the team members to questions about the decision-making processes were primarily consistent with observations made by the process evaluation staff. DYTC team members reported being predominantly satisfied with the team decision-making processes; however, a few challenges to effective communication were reported. One team member mentioned that there had been a few “turf battles” in the past between treatment provider agencies, but these issues have been settled because the court no longer utilizes the services of those particular agencies. Also, a few team members reported disrespectful interactions occurring at times between certain team members. This disrespect was reported as being difficult to experience at times; however, the general attitude of the team is summed up in one team member’s comment, “We agree to disagree.”

It should be noted that when the evaluators returned to DYTC to facilitate a process evaluation feedback meeting after a pre-court meeting, a newly recruited School Liaison was in attendance and gave input on clients during the Core Team meeting.

Global Impressions of Durham YTC Core Team Functioning as Reported By Drug Court Team

In general, team members who were interviewed reported both positive and negative drug court Core Team experiences. In some areas, the DYTC team members reported that the court is functioning well. Three team members (one-third of the team) conveyed that everyone is dedicated to the success of the juveniles. However, approximately one-third of the team also reported some problems with various elements of team interaction. Two team members (one-fourth) described some minor areas of misunderstanding where certain team members have wanted to be more lenient than other team members with the youth. One of these team members reported resentment over this issue, and the other conveyed the attitude of “agreeing to disagree.” Moreover, at times, role confusion was reported as occurring. One-fourth of the team reported that another team member did not fulfill his or her role completely. One-fourth of the team members reported that this role confusion caused impediments in referrals and finding effective solutions to help certain DYTC juveniles succeed. Another issue mentioned by some of the team members was that there is a discrepancy about who the target population, or client, should be, for example, whether the client served should be a low-risk or high-risk participant; and whether the program emphasis is predominantly prevention or intervention-focused.

Conclusions and Recommendations

The court's decision-making processes with regard to clients is effective, but not without difficulty. Clarifying roles and responsibilities formally and informally as well as clarifying who the DYTC client is (the target population) with regard to level of dysfunction should improve noted difficulties in communication and functioning of the team.

Also, creating additional team-building activities and providing additional communication workshops may be helpful in bringing cohesion to the team and orienting new members to the group. Moreover, the BJA's publication, *Juvenile Drug Courts: Strategies in Practice* recommends that Juvenile Drug Courts, "schedule regular meetings of the operational team, separate from the pre-court staffings, to discuss general program issues without the pressure of the day's upcoming events and evaluate the team's group process." Such meetings may be helpful in further improving the team's functioning.

In terms of content discussed related to participant status at Core Team meetings, the Core Team may want to assess the frequency with which team members discuss participants' substance abuse treatment, mental health treatment, and drug screening. These topics were discussed, on average, less often than school issues.

Description of Current Program

Program Overview

Substance-abusing, nonviolent, adjudicated youth who are having difficulty complying with court mandates are referred to the DYTC. Youth are then placed into treatment and are supervised with regard to substance usage, treatment, curfew, family interaction, and school performance. This process occurs as part of probation for adjudicated youth. DYTC works in conjunction with community treatment providers, the public schools, the Department of Juvenile Justice and Delinquency Prevention (DJJDP), the Department of Social Services (DSS), the Department of Health and Human Services (DHHS), and the Durham Public Schools (DPS) system. DYTC youth are placed in a 3-phase system, and have to pass all three phases to successfully complete the program. Sanctions and incentives are built into the program to motivate DYTC juveniles to comply with court mandates. Repeated non-compliance results in termination from the program. The goal of the program is to return a drug-free and productive citizen back to society.

Eligibility Criteria

Juveniles who are referred to the DYTC program are typically having current trouble complying with their probationary requirements. According to the *Durham Drug Youth Treatment Court Policy and Procedures Manual* and information gathered in team member interviews, the following requirements must be met for a juvenile to be eligible to participate in the DYTC program: He or she must:

- Be between the ages of 13 and 16 years old (some documents report a 13-17 age range);

- Must be under the jurisdiction of the Department of Juvenile Justice and Delinquency Prevention (DJJDP);
- Have a significant substance abuse problem that is negatively impacting several life domains, e.g., home, school, and/or community;
- Have a substance abuse diagnosis;
- Be adjudicated with a nonviolent crime; and
- Have an IQ score of 70 or above.

Conclusions and Recommendations

The DYTC program eligibility criteria include requirements that are more stringent than the DYTC mission statement and North Carolina Drug Treatment Goals and Youth Drug Treatment Goals stipulate. For example, requiring youth to have an IQ score above 70 may exclude youth who could otherwise benefit from the program. The DYTC program may want to examine this particular requirement and determine the extent of the need and if and how they are able to serve those with IQ scores below 70.

Admission/Intake

In order to be considered for admission to the DYTC program, an adjudicated youth must have no prior felony, no pending violent felony, have a significant substance abuse problem, and need multiple agency involvement. A Judge can make an initial, pre-assessment referral to the DYTC program, or a Court Counselor may begin the assessment process. The assessment process begins with the Court Counselor within two weeks of adjudication. Each considered juvenile is evaluated according to DYTC eligibility specifications through a 2-week assessment and intake process. According to the *Drug Youth Treatment Court Policy and Procedures Manual*, any youth referred to the DYTC undergoes an initial screening by the Juvenile Court Counselor after the youth and family agree to participate in Youth Treatment Court (YTC). The team utilizes the North Carolina Risk and Needs Assessment and the substance abuse and mental health modules in the MAJORS Assessment System. In addition, parent/guardian and child interviews are conducted, and delinquency history and school reports are reviewed. These tools are used to write an initial disposition report for the court. If the initial report indicates a substance abuse diagnosis or substance abuse handicap, the Court Counselor refers the case to the DYTC Coordinator, who then assesses the juvenile using the SASSI[®] (Substance Abuse Subtle Screening Inventory[®]). The Court Counselor will also check on the juvenile's school and family-related difficulties. If needed, following this screening, the youth is referred to the dedicated Juvenile Court Assessment Specialist/Clinical Coordinator who will administer a more comprehensive substance abuse and mental health assessment, assign a diagnosis, if relevant, and recommend treatment.

All assessment measures are to be completed within two weeks of referral. Information gathered through client assessment is brought before the Treatment Team and acceptance of the youth is discussed with the team. At this point, the team members discuss any disqualifying characteristics regarding the youth, such as past violent acts and violent criminal charges. After reviewing the information, the team decides whether or not to accept the client into the program, based on both the needs of the youth and the DYTC eligibility requirements. If the team agrees

to accept the client, he or she officially enters the program the next court date and appears before the DYTC Judge. The Treatment Team is responsible for selecting a lead treatment agency and for ensuring that all necessary team members are aware of the dates for the Child and Family Team meeting. Child and Family Team meetings are meetings in which the juvenile, the juvenile's parents, the Court Coordinator, and the juvenile's primary Treatment Provider work on case planning, decide on services needed for the child and his or her family, and convey information regarding changes in the drug court program.

Conclusions and Recommendations

The DYTC appears to have a fairly rapid and comprehensive referral and assessment process. The DYTC program may want to examine eligibility criteria, especially regarding the participant IQ requirement as it assesses the referral and assessment process to determine if the program could successfully serve additional youth.

Program Capacity and Enrollment

Program capacity is 25, and current enrollment is presently 18 adjudicated youth. At the beginning of the program, enrollment tended to be low, at approximately 10 to 12 participants. Subsequent efforts have been made to push the program up to capacity in order to serve and benefit more youth. The current Coordinator has, at one point, allowed the program to go beyond capacity to 29 clients in order to test the limits of program capacity. After this experiment, a Core Team member reported that the program functions best and with equilibrium at a capacity of 25. Currently, the DYTC serves 30 juveniles a year, which, according to a team member, is approximately 25% of the adjudicated youth population in Durham. Although enrollment numbers have improved significantly and are considered by the team to be satisfactory, team members noted that some youth who are potentially eligible for the program are not referred into the program. Further, the program is operating at only 72% of enrollment capacity. Several Core Team members stated that otherwise eligible juveniles who have IQ scores under 70 could benefit from the program.

Conclusions and Recommendations

It is recommended that the team develop a plan for increasing enrollment in the DYTC, so that the program consistently operates closer to its target capacity size. Some suggestions are to examine and possibly, modify the screening and the enrollment procedures as well as the eligibility criteria. For example, the team may be able to accommodate those with less than a 70 IQ in order to offer rehabilitative services for this large subgroup of the juvenile justice population.

DYTC Drug Court Acknowledgement of Program Conditions

Once clients are referred to the DYTC, they participate in an orientation with the DYTC Coordinator. At that point, the parent(s) and juvenile will decide whether or not the juvenile will enter into the program. If the family declines participation in Youth Treatment Court, then another disciplinary solution is found for the juvenile, such as commitment to a Youth

Development Center. If the family decides to enter the program, both the youth and the parents will then sign an *Acknowledgement of Program Conditions* that states the following stipulations:

- *I will appear in court on my scheduled court dates.*
- *I will attend all treatment sessions as scheduled.*
- *I will see my juvenile court counselor weekly. My court counselor will make home and school visits at any time.*
- *I will comply with all terms and conditions of my probation. (If you have any questions about what they are, ask your court counselor.)*
- *I will be randomly drug tested. The Judge may decide that detention is necessary to help stop my drug use.*
- *I will participate in a skills building and/or recovery education program.*
- *I will have no unexcused absences or excessive absences from school.*
- *A consistent failure to meet goals during any treatment court phase can result in the following:*
 - *Repeating a phase,*
 - *Electronic monitoring,*
 - *Detention,*
 - *Increased treatment,*
 - *Residential treatment,*
 - *Increased drug testing,*
 - *Exclusion from youth treatment court and sentence imposed.*

Upon reading and reviewing the conditions, parents and youth must each initial beside each stipulation listed above and sign the bottom of the form, under a statement that says they agree to comply with the requirements of the program. The form also specifies that “failure to comply with the above-mentioned conditions is in violation of a court order and may result in a fine and/or confinement.” A confidentiality form also must be signed which releases all medical records, social history, court history, probation history, behavioral reports, school records, substance abuse treatment records, and results of drug testing to the DYTC.

Conclusions and Recommendations

The *Acknowledgement of Program Conditions* is clear and understandable, and is consistent with program requirements universally expected of all DYTC clients. Parents and youth must initial by each program stipulation, which helps to ensure that each condition is read and understood by both the juvenile and his or her parents or guardians. However, the agreement is not comprehensive, as it lacks an area for specific treatment and probationary requirements mandated for each juvenile and his or her family. Specific treatment requirements are developed and delivered by the Child and Family Team and could be added to the contract. Furthermore, given that some Core Team members report that some youth have trouble meeting their probationary requirements, it may be helpful to have such requirements included on the *Acknowledgement of Program Conditions* form.

Drug Court Phase System

The DYTC program is expected to last from between 12 to 18 months and consists of three phases. The overall program and each phase have approximate time lengths to give sufficient time for each client to establish genuine sobriety and recovery. The phase system aims to progress the juvenile through a process of treatment and stabilization, education, and finally, connecting to the community. Afterwards, the juveniles participate in an aftercare phase where they continue to increasingly connect to the community while staying drug-free. During each successive phase, participants receive progressively less intensive services and supervision. Each phase is designed to administer individual treatment, hold the juvenile to an appropriate level of accountability, educate the youth and family regarding substance abuse and drug-free living, and incrementally reintroduce the youth back into society as a functioning member of his or her home, school, and local community. Case management, monitoring, and treatment are integrated into each phase, and family involvement in the program is required.

In order to move from one phase to a subsequent phase, a participant must complete all the requirements of a phase, and the DYTC Core Team must agree to promote the juvenile to the next phase. The Treatment Team also considers clients' compliance at home and school, program participation, number of days clean, behavioral compliance, treatment progress, and attitude in determining whether or not the participant may be promoted to the next phase. The Coordinator is privy to information in every area for each youth and is responsible for tracking progress in all arenas. The participant handbook describes the requirements of each stage thoroughly and completely. The Phase process described below is derived from the *Durham County Youth Treatment Participant Handbook* and interviews with DYTC team members and juveniles who have participated or are currently participating in the program.

Phase I

Phase I is called the "Treatment and Stabilization" phase, and is the most intensive part of the program. It is expected to last a minimum of 70 days. The primary goals of Phase I are:

- *For participants to achieve a "clean" drug test date within 30 days and maintain abstinence from drug use for a minimum of 70 days;*
- *For youth and family to demonstrate that they can consistently attend and actively engage in treatment (minimum 75% attendance rate each month);*
- *For youth and family participants to attend all court sessions;*
- *For participants to attend and be on time for meetings with the court counselor according to standard rules of probation;*
- *For participants to either attend school, work, or perform community services as directed by the DYTC coordinator; and*
- *For the Court Team to work with the individual treatment providers, and set and achieve family-specific treatment goals.*

During this stage, participants attend court every two weeks. Participants receive at least two drug tests per month, and if there is a suspicion that the youth is using illegal substances, drug testing will occur more frequently. The DYTC Coordinator, Substance Abuse Counselors, and

DJJDP staff administer drug testing. Juveniles in this stage are required to attend treatment or therapy at least three days a week, participate in a *ROPES* course, attend all scheduled group activities, meet with the Coordinator weekly, attend group sessions, and meet with the Court Counselor. In addition, the family may be ordered to attend a parenting group.

In order to be promoted to Phase II, a client must accomplish all of the above requirements, although achieving individual and family goals and maintaining abstinence are considered the most important requirements. If a client is out of compliance regarding only a few goals, the core DYTC team will identify what is lacking and work on those goals with the client.

Phase II

Phase II is defined as the “Education and Skills Development” phase. At this point, participants have refrained from drug use for at least 30 days, and are thus considered “clear-minded” to receive education and training regarding a new way to live. The requirements and drug screenings for this stage are similar to those of Phase I. However, there are a few modifications in requirements and incentives. Participants can receive one “bye” in this phase whereby he or she is excused from court for one time as a reward for compliance. “Byes” are pre-arranged and are announced in court by the Court Coordinator one court session prior to the session from which the client will be excused. Treatment and therapy are attended two times a week in this phase as opposed to three times a week in Phase I. The team decides whether or not to promote the youth to the next phase in the same fashion as in the previous Phase. The main goals of Phase II are:

- *For youth participants to achieve a “clean” drug test date and maintain abstinence for a minimum of 70 days from the date the treatment plan is revised;*
- *For youth and family to demonstrate that they can consistently attend and actively engage in treatment;*
- *For youth and family participants to attend all court sessions;*
- *For youth participants to attend and be on time for meetings with the court counselor and case manager;*
- *For youth participants to either attend school, work, or perform community services as directed by the DYTC coordinator; and*
- *For the Court Team to work with the individual treatment providers, and set and achieve family-specific treatment goals.*

Phase III

This phase is labeled as the “Connecting to the Community” phase. The goals of this phase are to reconnect the youth with mainstream society as a clean, healthy, productive member. Court attendance continues at the same frequency as in the previous stages, but juveniles are allowed to leave court early after a satisfactory report is given to the Judge. Drug screens occur at least twice a month, with one being a random drug screen. Individual and family treatment continue, although youth are only required to participate in group therapy twice a week. Ongoing requirements include attending a *ROPES* course, participating in weekly meetings with the Coordinator and Court Counselor, and attending group sessions.

Aftercare I

As in Phase III, Aftercare I is intended to re-knit juveniles into society as drug-free and functional members. The requirements are the same as those of Phase III, but additional emphasis is placed on re-entering the youth into society as healthy individuals.

Aftercare II

Aftercare II focuses on “Healthy Maintenance within the Community.” In Aftercare II, youth still attend court every two weeks but are able to leave early as in Phase III and Aftercare I. Drug screens occur once a month and therapy is required once a week. Weekly meetings with the Coordinator and Court Counselor, attending a *ROPES* course, and attending group sessions continue. Upon successful completion of Aftercare I and II, probationary requirements stipulated by the DJJDP can be terminated.

In interviews, participants and team members reported a lack of formal aftercare for participants once released from the program. One team member asked, “Where will they go [after completing the program]?” One successful completer reported that he learned a lot of valuable information while in the program and stated that he was currently still clean and on the A/B Honor Roll at school. However, he did comment that he felt “cut off” and missed the support of the DYTC team, after completing the program.

A/B List

Throughout the first three phases, the DYTC has an additional system of categorizing and rewarding participants, called the “A/B List.” It is a system by which juveniles in *any* phase may attain an “A-List” standing through current compliance with probation and DYTC stipulations. “A-List” participants appear in drug court, but do not have to speak before the Judge at certain times, and often are excused from court. Beyond the tangible rewards related to excuse from court participation, being on the “A-List” provides clients with a reward of status that is superior to “B-List” status.

Program Completion

Program completion may only occur if the juvenile has been in treatment court for at least 12 months and has completed all the phases of the program. Program completion is an accomplishment that signifies the participant’s success in meeting goals in the domains of treatment, school performance, and family life; in overcoming his or her addiction to drugs or alcohol; and in regularly attending court, meetings with the Court Counselor and Court Coordinator, Child and Family Team meetings, and individual and group therapy. Team members report that early in the program, participants were graduated in under a year’s time frame and relapse levels for those graduates were high. The current policy of keeping youth in the program at least 12 months has been reported by team members as being more effective in producing long-term positive changes. In addition, juveniles must have attained 120 consecutive clean days prior to program completion, and the youth must have achieved family-specific goals as set by the Child and Family Team. At program completion, the Core Team often gives a party

in honor of the program completer, where the youth's success is celebrated. A gift is also given to the completer during a court session. When a youth successfully completes the program, probation time is often reduced and commitments to the DJJDP can often be avoided. Treatment providers and the DYTC team try to ensure that success continues for the youth after program completion by offering continued treatment through treatment agencies, and the Coordinator tries to stay in touch with the youth. However, for those who have successfully completed the program, a standardized set of aftercare policies and procedures does not yet exist. The team reported that family involvement and support is a key factor in successful program completion for participants.

Conclusions and Recommendations

The Phase system seems to be effective in helping a youth successfully complete the DYTC program, especially if family support is also adequate in the juvenile's life. Both participants and team members reported the importance of positive family attitude and family support for successful completion of the program. Other strengths of the program are the well-developed *Durham Drug Youth Treatment Court Policy and Procedures Manual* that provides detailed guidelines about the functioning of the court, the A/B List component, and the rewarding, consistently-applied program completion protocol.

Despite the successes of the program, input from participants and team members lead to several recommendations for improving the program. One area of identified need is a lack of standardized aftercare policies and procedures once clients are released from the program. It is suggested that a graduate program be developed whereby graduates can invest back into the program and still receive mentoring from DYTC team members, if possible. Another suggestion is to augment parental involvement where possible, as it seems to be crucial to youths' program success. DYTC is already offering classes for parents of adolescents. It is recommended that the court continue to offer these classes and to seek novel ways of involving parents in the recovery process. Perhaps sponsoring a retreat for parents and youth might be an option, or expanding treatment services for families. Several team members noted that the length of one year should be a minimum in the program in order to ensure adequate chances for success. According to team members, and highlighted earlier, early in DYTC's history, youth were graduated too early and did not have good long-term outcomes. One recommendation is to keep the minimum participation length at 12 months, as the program intends to do. Another recommendation is to add the A/B List protocol to all procedural handbooks. "A-List" youth are often excused from court, a policy that does is not reflected in the program phase protocol.

In addition, the last three phases of the program are intended to transition juveniles into the community in healthy ways. However, there is no protocol and no standardized programs or activities in place that will involve the youth in prosocial, e.g., non-gang-related activities. It is recommended that the DYTC develop an effective plan for this transition that includes helping participants engage in prosocial activities once they transition out of the program.

Sanctions

Participants' noncompliant behavior in the Drug Court program is most often regulated through the use of sanctions. Many court-utilized sanctions are clearly described in the *Durham County Youth Treatment Court Participant Handbook*, while others are reported as being created and applied at the discretion of the Drug Court Team members. Observation of Core Team meetings, drug court proceedings, and interviews with team members reveal that the team tailors sanctions to each case, where possible, to deliver sanctions that will be most effective in deterring clients. For example, a juvenile with a smoking problem was charged a fine for every cigarette he brought into his residential group home. The team knew that loss of money would be an effective sanction for this juvenile and thus, used it to attempt to break him of his smoking addiction. Sanctions are issued in court in the presence of the other participants to model a reminder of consequences for noncompliant behavior.

Team members use a variety of sanctions in the DYTC program. These range from detention to community service to writing essays. Other typical sanctions include: taking away privileges, charging fines, lowering curfews, or simply using the threat of a sanction. For any non-compliant act, youth are required to verbally accept responsibility before the Judge, Core Team, and drug court peers during court sessions. Sanctions are delivered in court in front of all other drug court participants, thereby, it is theorized, reinforcing the importance of compliance to participants.

Many participants and team members indicated that sanctions were fair and delivered consistently. However, most of the juveniles who were interviewed felt that detention was too extreme and administered too often. One past participant said, "I just want to go home [from detention], so I will do right to get there." On the other hand, the strong dislike participants expressed about detention may provide support for its effectiveness as a sanction. One team member who approves of the use of detention said, "Lockdown facilities give [the youth] a taste of what could be." One team member felt that the final sanction, termination, happens too quickly for some noncompliant participants and that more time in the program would help certain clients learn and develop more prosocial ways to live.

The DYTC team realizes that drug use relapses will occur and handles relapse on a case-by-case basis in Child and Family and Core Team meetings. Protocol regarding sanctions is used for positive drug screens. However, the team will not automatically terminate a client for a positive drug test. Rather, sanctions will be imposed and the treatment plan will be reassessed. Table 7 below describes the offense and sanctions guidelines and is reproduced from the *Durham County Youth Treatment Court Participant Handbook*.

Conclusions and Recommendations

A strength of the DYTC Team is the ability to tailor sanctions to each participant while delivering sanctions in a consistent and fair manner. Many team members and participants commented on the consistency of sanction delivery. However, one team member did comment that community service as it is applied is not very effective. The team member suggested making community service more recovery-oriented. For example, cleaning up a halfway house yard

might expose youth to the recovery life style more so than would painting a building downtown. Apparently, the court has had some problems implementing recovery-based community service activities in the past, due to both insurance barriers and opportunities that have been revoked due to DYTC juveniles misbehaving at such activities. One possibility is to continue to seek recovery-based community service opportunities that can be adequately supervised to prevent inappropriate DYTC participant misbehavior.

It is recommended that the team conduct a “cost/benefit analysis” to determine if keeping noncompliant youth in the program longer may result in greater levels of positive outcomes. Perhaps a literature review or outcome evaluation would help with evaluating how to handle chronic noncompliance.

Table 7. Durham County Youth Treatment Court Sanctions

Offense	First Noncompliance	Second Noncompliance	Third Noncompliance	Fourth Noncompliance
Positive urine refusal	Written explanation Bench warning	Increase meeting Demotion in phase Increase CS	Detention 24 hours Residential treatment	File MFR for possible termination
Adulterated urine	Written explanation Bench warning Restrictions	Detention 24 hours	Detention 48 hours	File MFR for possible termination
Curfew violation	Bench warning Stricter curfew	Stricter curfew (6:00 PM) CS 16 hours	Weekend detention	File MFR for possible termination
Missed meeting w/ JCC or YTC	Written explanation Bench warning CS 8 hours	CS Curfew restriction	Detention 24 hours	File MFR for possible termination
Missed meeting with treatment of POA	Written explanation Bench warning CS 16 hours	Make up missed meeting CS 16 hours 2 nights' detention	Detention 24 hours	File MFR for possible termination
Refusal to comply with CS	Written explanation Bench warning	Increase Curfew	Demotion in Phase 2 weeks' detention	File MFR for possible termination
Unexcused absence from school	Written explanation Bench warning	Tutor Restrictions	New Day Reporting Center CS Saturday	File MFR for possible termination

*CS = Community Service

*Restrictions could include house arrest.

Incentives

Incentives are used by the DYTC to encourage and reinforce the positive behavior of participants. Incentives are given out in the presence of the other participants during court. Hence, similar to sanctions, it is theorized that incentives vicariously reinforce the other participants to comply with their program requirements. Table 3 below delineates incentives used and derives from the *Durham County Youth Treatment Court Handbook*.

Table 8: DYTC Incentives

Milestone	Incentive
30 Days Clean	Certificate
60 Days Clean + Phase I Complete	\$5 Coupon
60-120 Days Clean + Phase II Complete	\$10 Coupon, BYE
60-120 Days Clean + Phase III Complete	\$15 Coupon, BYE
Program Completion + Aftercare Maintenance	\$25 Coupon, Gift from Core Team
Aftercare Maintenance is designed to last 6 months or until probation termination	BYE

* A “BYE” is a planned one-time release from court.

*Choice Coupons include: movie admissions, video rental coupon, mall gift certificate, restaurant certificates, and/or Durham Bulls admissions tickets.

In addition to the above-listed incentives, the court provides non-prescribed social reinforcements, which can be effective in motivating participants toward compliant behavior. For example, in court, the team claps after reports of each juvenile’s large and small successes. During court observation, the evaluators noticed that even non-DYTC team court personnel were supportive, as the court recorder came over after one court session to praise one of the youth for his compliance. Many of the youth interviewed reported feeling respected by the team and many referred to the members of the DYTC team as “positive people.” One former participant said it helped “to be around people that aren’t just looking down on you.” This same participant said of his participation in the program, “[I] learned how to carry myself and be respectful.” Hence, although it is not prescribed, positive social reinforcement is an incentive that the program offers. Moreover, at least one of the participants said the certificates and rewards given in drug court made him feel special. Another innovative way that the court builds incentives into its program is through its A/B List system. See discussion about the A/B List above.

Finally, a gift is given to program completers as an incentive. However, according to participants, these gifts may not be given out in a fair manner: One participant commented that one program completer received a 10-speed bicycle while subsequent completers received less desirable gifts, such as “beat up VCR’s.”

Conclusions and Recommendations

Although the tangible and social incentives the program offers appear to be effective, both team members and participants commented on the possibility of having “better” incentives. One

suggestion is that the court provide some training and/or discussion about how to get the community involved in donating various rewards, such as gift certificates. It is further recommended that the court be careful to give out program completion gifts and incentives in a fair manner.

Another client suggested that the court offer more “fun” activities as incentives, such as a trip to an amusement park. It is recommended that the court look into offering activity-based incentives, as these might not only motivate program compliance, but may teach the youth how to entertain themselves in a drug and crime-free manner. Another suggestion is to consult with a behaviorally-oriented psychologist to help the team set up individual contracts for each participant that provide rewards for incremental behavioral improvements as well as relevant sanctions for noncompliant behavior.

Case Management and Judicial Supervision

Three main factions of the drug court system monitor participants: the Department of Juvenile Justice and Delinquency Prevention, Case Managers, and the DYTC Coordinator. Monitoring occurs through these three avenues via face-to-face meetings, home visits and phone calls, through contacts with schools, and drug screenings. Monitoring also occurs through interactions with the youth and family during Child and Family Team meetings.

Case Managers are expected to link juveniles to services as well as monitor juveniles’ compliance and progress at home and school. Every juvenile in DYTC has a Case Manager, who is usually provided through a treatment facility, but can also be court appointed. Moreover, Case Managers provide weekly reports to the DYTC Coordinator for each client and include the following topics: compliance at home, school performance, substance abuse, treatment compliance, and family treatment compliance. The Coordinator is privy to the monitoring reports on each juvenile and shares pertinent information with the Treatment Team. The Coordinator also collects reports on participants’ academic behavior from the schools where participants attend. One team member conveyed that both the monitoring reports from Case Managers and reports from schools were not always presented punctually. The Treatment Team makes decisions about clients based on information that is gathered through monitoring means. One Court Counselor oversees all DYTC youth, helping to monitor every case and ensuring that each juvenile is following his or her probationary requirements. Treatment providers also monitor all elements of the juvenile’s compliance, but primarily focus on treatment progress. According to the *Durham Drug Youth Treatment Court Policies and Procedures Manual*, monitoring includes:

- *Phase I: Meeting with the Coordinator weekly, meeting with the Court Counselor weekly, appearing in court with a parent or guardian every two weeks, and at least two drug screens per month, with one being random.*
- *Phase II: Meeting with the Coordinator weekly, meeting with the Court Counselor weekly, appearing in court with a parent or guardian every two weeks, and at least two drug screens per month, with one being random.*
- *Phase III: Meeting with the Coordinator weekly, meeting with the Court Counselor weekly, appearing in court with a parent or guardian every two weeks, and at least two drug screens per month, with one being random.*

- *Aftercare I: Meeting with the Coordinator weekly, meeting with the Court Counselor weekly, appearing in court with a parent or guardian every two weeks, and at least two drug screens per month, with one being random.*
- *Aftercare II: Meeting with the Coordinator weekly, meeting with the Court Counselor weekly, appearing in court with a parent or guardian every two weeks, and at least one random drug screen per month.*

After a youth successfully completes or is terminated from the program, some degree of unofficial monitoring does continue. The DYTC Coordinator attempts to stay in contact with all youth previously in the program in order to continue supporting the youth and his or her family.

Conclusions and Recommendations

Monitoring occurs within the DYTC program through a variety of means and appears to be effective. Several of the participants noted that if they made a “mistake,” they were sanctioned. Hence, they attested to the team’s diligent monitoring. Also, several team members commented on the effectiveness that monitoring practices have on the youth. However, some changes might improve the monitoring process. One team member commented that it is sometimes difficult to match juveniles with the right Case Managers with regard to culture, gender sensitivity, and personality. A recommendation is to match youth with appropriate case managers in a manner that is cultural and gender sensitive--it is understood, however, that this is not always possible. An additional suggestion that was made for improving the efficiency of monitoring is for the DYTC to have access to electronic house arrest technology.

Treatment

Each participant has a case plan that is developed by a Child and Family Team that outlines the treatment approaches that are most appropriate for treating that child. Child and Family Teams include the juvenile and his or her family, the DYTC Coordinator, the Court Counselor, the Case Manager assigned to the youth, and any relevant therapist or treatment providers involved with the DYTC participant. The case plans include treatment and mentoring strategies as well as “strengths-based” interventions. Youth involved in the DYTC work with multiple treatment providers who offer a variety of treatment services. The DYTC has used a range of different local treatment providers since its inception. Currently, the Durham MAJORS program and OPC Mental Health services are the current primary treatment providers for the DYTC. In addition to substance abuse treatment, these treatment agencies typically provide case management for DYTC juveniles as well.

Case managers and the Child and Family Teams endeavor to create the optimal treatment plan, based on the needs of each juvenile. They link youth and families to any services that are considered necessary, such as substance abuse services, group and individual counseling, mentoring services, medical treatment, and any other needed treatment. Case managers work with mentors and therapists, oversee progress, and monitor compliance to court-mandated probationary stipulations. Moreover, intensive group therapy is often provided through treatment agencies, and intervention also typically involves treatment of the whole family. In most cases, treatment through agencies can continue when the youth is terminated from or

successfully completes the DYTC program, provided that parents desire continued treatment and the client is under 18 years old. Medicaid or other insurance typically pays for services.

Treatment at DYTC is primarily client-centered; however, the program offers family-centered treatment as well, and parents must come to the Child and Family Team meetings, must attend court, and many are also required to attend parenting classes. The DYTC Core Team reported that the youth is considered the primary client of DYTC, but that the family is considered a secondary client, also in need of treatment. Moreover, many team members and clients emphasized that parental support is crucial to youth completing the program successfully. Interviews with team members revealed that efforts are regularly taken to improve each client's life in a holistic way such as improving school performance, employment situations, family functioning, social skills, and other aspects of the juvenile's life. Below are descriptions of services provided through the DYTC's primary case management and treatment provider agencies.

Orange, Person, Chatham Mental Health (OPCMH) is one of the two main treatment-providing agencies for the DYTC clients. According to team members, OPCMH functions as a referral agency for the assessment and treatment of participants, and coordinates treatment and mentoring services for DYTC participants. In addition, each child's treatment provider serves as his or her case manager. OPCMH refers DYTC participants to one of two agencies, either Family and Youth, Inc. or Carolina Outreach, for an in-home initial assessment. Preliminary DSM-IV diagnoses are determined based on the results of the in-home interviews and this information is used for the purpose of making a referral to treatment provider agencies. A more comprehensive diagnostic assessment is requested, on occasion, at which time the DYTC participant is referred to a child psychiatrist for a more complete psychiatric evaluation.

Based upon the results of the in-home initial assessment, OPCMH refers clients to several types of treatment services offered by local treatment providers. Cultural and gender sensitivity are reported as being addressed by OPCMH, as participants are asked if they have cultural or gender preferences regarding treatment providers and mentors. Treatment services provided include: outpatient treatment, individual treatment, family treatment, and in-home treatment; referrals are made for residential treatment.

According to interviews with Core Team members, individual counselors treat clients based on their own treatment philosophies. It is unknown whether the treatment services provided are research- or evidence-based (i.e., found through scientific studies to be effective for the specific target population). The use of evidence-based treatment programs is advocated in the annual *Report on the Status of North Carolina's Drug Treatment Courts* (2005), in the discussion of the drug court sustainability plan.

Family therapy, when required, is reported as occurring most often in the home environment, and usually occurs once a week. Group therapy is not reported as being provided through OPCMH referral agencies, although it was reported that group therapy sessions are conducted with participants and are led by the DYTC Coordinator. The amount of therapy received by each participant varies across individuals and is reported as being based on the needs of the participants rather than the guidelines reported in the phase system. The OPCMH requires their

treatment providers to fulfill the state requirements for treatment providers and the Core Team member reported that all treatment providers used through the OPCMH referrals have a minimum of a Master's degree in a treatment-related field. Treatment coordinated through the OPCMH may continue after a juvenile is released from the DYTC, if the family is willing to support their child continuing to receive treatment.

The OPCMH refers DYTC juveniles to various service providers for specific life-skills education. Mentoring is provided by two agencies including Community-Based Services (CBS) Para-Professional Services and CBS Professional Services. Mentors from CBS Para-Professional Services are required to have a High School Diploma and 20 hours of training, and provide the following services: education of alternative behaviors to ingestion of drugs, vocational training, academic aid, and provide opportunities for prosocial activities and peer interactions, such as through sports. CBS Professional Services have a higher level of training and provide in-home mentoring services for parents and youth, which can include providing budgeting education, training in communication, and parenting skills development. Mentoring services are designed to provide youth with positive peer interactions, vocational direction and training, academic tutoring, aid in refraining from maladaptive behaviors that would preclude students from school attendance, and guidance toward prosocial activities, such as sports clubs. The OPCMH also helps to identify informal and formal supports in the community for each juvenile and family. They are encouraged to rely upon these supports while developing healthier behaviors. Informal supports are the unpaid community supports that are already available to the client and family in their natural environment, such as friends, neighbors, or a pastor. Formal supports are paid professionals to whom clients have access.

Substance abuse education is offered by individual treatment providers and by counselors in the Durham MAJORS program. It is prescribed for both the youth and their families; however, no further specifics regarding the substance abuse education were provided in interviews of team members.

Team members reported that they do not require attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meeting as part of the individual treatment plans, but it was reported that Case Managers occasionally mention these types of groups to clients as treatment options. There are no youth AA or NA groups in or nearby Durham County, according to a team member, so AA and NA are not considered viable treatment options for DYTC participants. Moreover, parents are reported as periodically objecting to their child's participation in 12-step groups, although reasons for some parents feeling this way were not reported.

Barriers to treatment were also reported. One challenge noted was difficulty finding adequate financial resources for juveniles who are on Medicaid. This person reported that these youth do not receive needed services due to inadequate funding. Another barrier named was lack of adequate transportation for clients who need transportation to attend treatment or services. A third barrier mentioned was that some adults had unrealistic expectations for the participants to quickly show positive changes and these expectations led some adults to "give up too quickly" on youth. It was reported that this process reinforced attitudes of defeat in youth participants and may have hindered their successful recovery. Finally, a Core Team member reported a high rate of staff turnover for mentors and case managers as being a barrier to successful treatment.

One particular area in which a team member reported a need for improvement is in developing more “strengths-based” plans for participants that include prosocial activities based on participants’ interests and talents. For example, a mentor could aid a participant who has a talent or interest in tennis by helping him or her sign up for tennis lessons or join a local team. A team member reported that this type of intervention has rarely happened in the past, but that OPCMH is planning to incorporate this type of treatment into their array of services.

The MAJORS program is used to provide treatment services for adolescents who are adjudicated delinquent and have a DSM-IV substance abuse diagnosis. The Durham Center currently contracts with the Durham Partnership for Behavioral Health to provide substance abuse treatment through the MAJORS program to DYTC clients. Substance abuse treatment services provided by the Durham MAJORS program at the Durham Center include case management, substance abuse therapy, mental health services, and education on the topics of drug education, the course of addiction, and relapse prevention. Unfortunately, three of Durham’s MAJORS counselors have recently terminated their positions, leaving a void in substance abuse treatment availability. Funding is currently being reallocated by the Durham Center to a currently unidentified new provider of treatment. A Core Team member reported, “The problem is that there is no one else in town to do MAJORS.” Thus, there is concern that it will be hard for the Durham Center to find a qualified provider for substance abuse treatment services for adolescents.

Mentoring services are provided through the DYTC Coordinator. The Coordinator meets regularly with clients and provides mentoring and paraprofessional counseling, basically in the form of checking in with participants and providing suggestions for promoting their positive behavior. Clients spoke very highly of the DYTC Coordinator as a mentor and motivator. One team member said the Coordinator “is very invested in the kids” and another team member noted that he “makes the team work well.”

Individual treatment was discussed by several clients as being helpful in effecting positive changes in their lives. More often, however, participants and team members identified other components of the Durham YTC program (e.g., sanctions, incentives, and the accountability of being in court every two weeks) as being more effective in contributing to positive changes in participants’ lives.

Conclusions and Recommendations

The process evaluation results suggest that assessment and treatment practices could be improved in several areas. First, conducting a more complete diagnostic assessment might be helpful in developing a more complete and wholistic treatment plan for each child participant to support them in developing a crime- and drug-free lifestyle. Second, as reported above, treatment agencies are making referrals for treatment, but no one was able to describe the specific treatment programs that treatment providers are using, nor do they report knowledge of whether or not the treatment programs used are evidence-based. It is recommended that treatment-providing agencies inquire about and ensure that treatment providers are using research- or evidence-based programs.

Further, the provision of consistent treatment has been a problem in the past, due to frequent staff turnover of counselors in local substance abuse provider agencies. Since the new provider for MAJORS has not yet been identified, DYTC participants may not currently be receiving adequate substance abuse treatment. It is recommended that the DYTC seek to find new service options that are ancillary and provide additional resources to those they currently use. One possibility is to find new venues of community-based treatment. Furthermore, since a team member reported that OPCMH cannot provide treatment after a youth becomes an adult (i.e., 18 years old), then teaching youth to find support or services in the community might help them to not feel “cut off” from a support system when they “age out” of youth services.

Another suggestion for improving treatment is to expand the arena of treatment to enhance as many components of participants’ lives as possible. For example, building into treatment and case planning more “strengths-based,” prosocial activities, such as drama or art lessons for youth who may be so inclined, is suggested. Further, more health, dental, vision, or vocational services providers or training might be sought and these services would supplement substance abuse treatment. In addition, since the majority of the Core Team and the youth participants reported that parental involvement is crucial to drug court success, it is recommended that the court continue to find ways to incorporate the family of participants into the treatment program.

Other barriers to treatment that were reported in team, participant, or parent interviews and in surveys included transportation needs of clients and the high rate of turnover of mentors and Case Managers. The team might examine these potential barriers and try to develop plans for eliminating them in the future.

Ancillary Services

Several ancillary services exist as part of the DYTC. Parents are either offered or ordered to take a *Parents of Adolescents* class or a *Nurturing Parents* class offered through the DYTC whereby they gain parenting skills and give one another support. In the past, the youth participants have also attended these meetings. The classes have offered guidance in teaching parents and adolescents how to better communicate with one another. The classes also involve role-playing in order to teach and practice new ways for parents and youth to more positively interact with each other. It has been often difficult to get all the youth and parents to attend the meetings, so a team member mentioned that the court might only have parents attend the classes in the future.

Another class that many of the participants have attended is an *Anger Management* class. Many of the interviewed participants noted that this class “changed their lives” by teaching them to respect others and to control their tempers.

Another program DYTC offers is a *ROPES* course, which is an outdoors challenge class that encourages the youth to work together as a team, identify and set goals, and support one another.

Durham YTC participants were additionally involved in a *Documentary Studies Program* that both Core Team members and participants reported was very rewarding for the participants. Participants were able to share information about their lives and interview court personnel about

their job roles and responsibilities. Participants reported the experience as being educational and fun.

One graduated participant reported having received a scholarship through DYTC to the YMCA. This participant stated that this experience was positive. It increased interaction with positive peers.

Conclusions and Recommendations

The team members reported that they have had to be “innovative” in securing services for youth participants and their families, due to lack of local treatment and ancillary services. Many of the programs, such as the *Nurturing Parents* and *ROPES* classes that are offered in an ancillary fashion were located and included in the program in order to fill gaps in treatment that were identified by the team. Based on interviews with team members, some other services needed are: after-school programs, tutoring, vocational placements, and employment mentoring. Moreover, since the YMCA scholarships appear to have had a positive influence on at least one client, this type of program and scholarship might be offered to other participants. These ancillary activities will better help clients engage in healthier social situations, helping them to fulfill the mission of the DYTC program.

It is apparent that the court is trying to develop itself to provide these services. One idea is to obtain training or technical assistance on how to further engage the community in supporting the court with services and scholarships for the youth. Many of the participants interviewed discussed the importance of “getting off the streets” and additionally expressed feelings of “boredom at night.” Perhaps ancillary after-school and evening programs can be located or developed to prevent clients from engaging in negative behaviors while bored or unsupervised. Another idea is to provide activities that involve leadership, through role models who are actually in recovery, in order to expose the youth to the recovery lifestyle. Finally, many of these needs and ideas were highlighted in 2002-2003 SCOT analysis completed by the DYTC Core Team. It is recommended that the Core Team continue to develop an action plan to fulfill the creation of additional desired ancillary services.

School Supervision

School attendance and performance is a high priority for the DYTC team. At Core Team meetings, school attendance is almost always the first item reviewed for each participant. Moreover, school issues are regularly addressed in court. Currently, the Court Counselor, Court Coordinator, and Case Managers maintain regular reports on juveniles’ school performance and attendance. However, several team members agreed that the court has needed a School Liaison to get these reports on the youth in an expeditious manner and to help advocate for needed school-related services within the schools, such as tutoring and working to provide the best learning environment for each juvenile. At the writing of this report, a School Liaison person has recently been recruited to be included as a Core Team member.

Conclusions and Recommendations

The court effectively concerns itself with juvenile school performance. The court is also improving in this area by acquiring a School Liaison who is both knowledgeable regarding youth treatment court and who is employed within the educational system. It is recommended that the court continue with its current efforts in monitoring juvenile educational performance and to incorporate the full participation of the School Liaison person on its team.

Termination

Termination is decided upon according to a case-by-case basis. Hence, although policies and procedures are generally followed, each youth's circumstances and his or her attitude toward participating in the program are examined before a decision to terminate the participant from the program is delivered. According to the *Durham Drug Youth Treatment Court Policies and Procedures Manual* as well as information gathered in team member interviews, youth can be terminated from the program for several reasons:

- *Committing a violent felony;*
- *Receiving a drug selling charge;*
- *Receiving too many sanctions (usually 3 or 4);*
- *Participating in the program for a long period of time without consistent efforts to improve;*
- *Reaching the age of 18 while still in the program; and/or*
- *Timing out of probation.*

Any violations of criminal law or DYTC program requirements are reviewed by the Treatment Team for the purpose of returning the juvenile for a probation hearing.

There is some disagreement among team members as to when to terminate clients. Some team members want to give noncompliant clients more time, believing that lengthening their exposure to the program will help them recognize their need to change. Other team members want to use a more disciplinarian, "tough love" approach and terminate noncompliant clients earlier.

After termination, the Court Coordinator attempts to keep in contact with former clients and offer them support. In addition, treatment services may continue after graduation through case management services that are provided by outside agencies.

Conclusions and Recommendations

The team is well-balanced between advocates of "tough love" and those who advocate for less severe consequences for noncompliant youth. In some cases, team members reported that reaching consensus as a team, around such issues as when to terminate a participant, for example, is sometimes a challenge. Hence, it is recommended that the team develop agreement regarding termination policies, in general. Because group consensus is difficult for any group, it is also suggested that the team have regular trainings on how to work effectively as a group in making critical decisions, such as terminating a client. It is recommended that the court continue

to find ways to keep in contact with participants after their departure from the DYTC program, and that the court provide information to them about how to access various recovery-oriented services and support in the community, if they desire to partake of such services.

Aftercare

Once participants complete the program, the court does not provide a structured aftercare program. Clients may continue with treatment via treatment agencies, optional for each family, if they are not over 18 years old. Several of the team members mentioned that they continue to be in communication with participants after they are finished with the program (both successful completers and those terminated early). The team suggested that aftercare is an underdeveloped part of the program, as a majority of them expressed concerns about youth staying clean and the lack of pre-formulated services offered upon their release from drug court. This issue was reiterated by one former participant (a successful completer) when he mentioned that he felt “cut off” from the program once he was released.

One team member suggested that he would like to start an aftercare program with those who have completed the program, (i.e., a “graduate” or “alumni” program), but he reported that the “program does not yet have enough graduates or good quality graduates.”

Conclusions and Recommendations

It is clear that the majority of Core Team members and participants believe that the Durham YTC program could be strengthened with a more structured aftercare program. They suggested that this part of the program would provide support to program completers to continue in their drug-and crime-free lifestyles. As suggested by a Core Team member, the court could institute a way to bring successful completers back to be mentored as well as to mentor other participants. Utilizing completers to mentor current participants may give them a way to stay in the recovery lifestyle, be mentored, and give back altruistically, as well as to recall “where they came from,” as a deterrent to returning to their previous lifestyle.

Global Impressions of the DYTC Program as Reported By Participants

Many participants reported that the *Anger Management* classes were especially helpful. One terminated participant reported that the *Anger Management* classes helped him a great deal, reporting that, “I don’t fuss anyone out anymore.” Many had positive impressions, especially of the Judge and Coordinator and felt respected by them and had a desire to please them. Most participants felt the program was effective for those who wanted to get clean. Almost all said that a positive attitude and a desire to get clean, was most important to their success in the program.

Most participants did feel that the program “asked too much” of them. Many detested detention. One former participant said, “[Drug Court] took all my time,” and another said, it “takes too long to finish.” Still another said that attending all the required meetings is “too stressful.” However, this was not true of one participant who successfully completed the program and was still currently clean. This graduate said that it was not too difficult to adhere to the rules.

Results of Consumer Satisfaction Ratings of the Durham YTC Program

Consumer satisfaction questionnaires were administered to current participants and their parents as a way of assessing participants' experience of the DYTC. Six participants and six parents/guardians completed consumer satisfaction questionnaires. Tables 9 through 14 in Appendices A through F summarize participant and parent/guardian characteristics and also show the frequencies associated with participants' and parents'/guardians' responses. The total sample was not large enough to conduct inferential statistical analyses; however, descriptive statistical analyses were conducted and the results are described below.

In general, analyses of means for both satisfaction and difficulties with the drug court process indicated that both youth and parents/guardians are satisfied with the ways in which the DYTC program functions. These findings may not be representative of all the participants and their parents/guardians, as surveys were received from only approximately one-third of the total number of participants and their parents.

Participants indicated highest ratings of satisfaction with the DYTC drug testing process, interactions with the drug court team, and interactions with the Judge. They were least satisfied with paying court-associated fees and fines. Parents/guardians were most satisfied with interactions with the drug court team and their child's mental health services; they were having the most difficulty having their children keep curfew.

In general, parent/guardians reported more difficulties related to program requirements than the youth reported. However, parents/guardians reported not much difficulty in key areas such as "having your child stay clean and sober," and "having your child stay crime-free." Thus, although there were small numbers of completed surveys, overall results of the consumer satisfaction surveys suggest that both participants and their parents/guardians are generally satisfied with the multiple components of the Durham YTC program.

Evaluation of Key Components and Strategies

The DYTC court was also evaluated against the ten key components of drug courts, as defined in the federal document, *Defining Drug Courts: the Key Components* and the BJA's *Strategies for Juvenile Drug Courts*. The DYTC court is compared with the key components and the strategies below:

Program Analysis: The 10 Components

Key Component # 1

Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Component # 1 is the foundation of the DYTC program. The court provides an integrated network of service providers by which nonviolent substance-abusing juveniles in the judicial system can receive substance abuse treatment. The court provides a clear protocol for treatment

through its procedural manuals, effective monitoring of the compliance of clients, and successful use of the role of Judge in implementing the treatment process.

Key Component # 2

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

The Assistant District Attorney participates in pre-court staffing, and is vigilant in ensuring that violent offenders are excluded from the program. She is also an advocate for the juveniles, expressing her commitment to their program success. The DYTC program, however, has had a difficult time maintaining a consistent Public Defender. It was recommended that the court assign a dedicated Public Defender to be a Core Team member who can receive training in the YTC model and adolescent substance abuse issues.

Key Component # 3

Eligible participants are identified early and promptly placed in the drug court.

The DYTC is complying with component # 3. Participant assessment and entry into the program are happening efficiently. One area that can use improvement is the area of referral. It is possible that conflicts about who the court is targeting for the program, high risk versus low risk juveniles, may be adversely affecting referral rates.

Key Component # 4

Drug Courts provide access to a continuum of alcohol and other drug and related treatment and rehabilitation services.

DYTC provides access to a continuum of treatment services for its clients. Substance abuse services, mental health services, group counseling, individual counseling, medical services, and family intervention are some of the program's provided services. The program is also attentive to transportation needs of clients. Two areas in which the court seeks to improve are the provision of educational services and pre-vocational services.

Key Component # 5

Abstinence is monitored by frequent alcohol and other drug testing.

According to Core Team members, drug screenings are reported as being conducted regularly (e.g., for phases I-III, at least twice a month) and consistently at the DYTC. However, it is recommended that MIS data be kept up-to-date regarding results of the drug screenings. Information regarding drug tests is shared among team members and youth are required to be abstinent for a substantial period of time before program completion.

Key Component # 6

A coordinated strategy governs drug court responses to participants' compliance.

DYTC has a well-designed and documented system of sanctions, incentives, and promotion. The participants understand what is required of them. Moreover, sanctions and incentives are considered to be provided in a consistent manner across participants.

Key Component # 7

Ongoing judicial interaction with each drug court participant is essential.

Each participant talks with the Judge every two weeks in open court for an average of ten minutes. The Judge directly addresses the adolescent participant and the participant is given the opportunity to directly communicate with the Judge.

Key Component # 8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

The DYTC has accomplished some monitoring and evaluation of their program. Some data on participants have been entered into the MIS, and periodic self-evaluation has occurred. The current process evaluation is the first formal evaluation of the court. However, data entry and self-evaluation could be more consistently kept up-to-date. Furthermore, the organization of historical documents in a central location could help with reviewing self-evaluation efforts.

Key Component # 9

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Members of the DYTC reported having attended many training workshops and meetings. Past evaluations have shown this area to be strength for the team, and the DYTC Administrator is planning future retreats and training opportunities for the team.

Key Component # 10

Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

DYTC has established community partnerships and links to other agencies. The team has been innovative in finding resources in the community, and the community organizations have sought to develop relationships with DYTC as well. This is apparent based on a documentary that was made of the court as well as the community award that the court recently was given. In addition, the court has an advisory board to which it is accountable.

Program Analysis: The Strategies (Juvenile Drug Courts)

According to the BJA, the following sixteen strategies have been identified as important components for the successful functioning of Juvenile Drug Courts:

1. Collaborative Planning
2. Teamwork
3. Clearly Defined Target Population and Eligibility Criteria
4. Judicial Involvement and Supervision
5. Monitoring and Evaluation
6. Community Partnerships
7. Comprehensive Treatment Planning
8. Developmentally Appropriate Services
9. Gender-Appropriate Services
10. Cultural Competence
11. Focus on Strengths
12. Family Engagement
13. Educational Linkages
14. Drug Testing
15. Goal-Oriented Incentives and Sanctions
16. Confidentiality

Overall, the DYTC is considered effective in implementing the BJA's *Strategies for Juvenile Drug Courts*. Collaborative planning teamwork among the Durham YTC program and community partnerships are particular strengths of the program. Treatment and accountability are also effective components of the program. Furthermore, the importance of the family is incorporated as a component of the youth treatment court process. The court continues to strengthen its program with the recent addition of a School Liaison team member. Specific areas related to these strategies that could improve include evaluation and more clearly defining a target population.

Overall Conclusions and Recommendations

Strengths of the DYTC Program

According to perspectives of the Core Team members, as well as former and active participants and parents/guardians of participants, primary strengths of the DYTC program include:

- The overall perspective that the DYTC program is effective in helping youth "get clean."
- Particular program services such as *Anger Management* classes and the *Documentary Studies* program that were considered by participants as especially helpful to them.
- The dedication of the majority of the Core Team to youth and family success;
- The Court Administrator and Court Coordinator as key to the success of the program through their management skills and visions for program improvement;
- The important role of the Judge: many participants said they "learned respect from the Judge;"
- The positive attitude of the team as "seeing this program as an opportunity." One team member reflected the attitude of most of the team when he said, "[we are] trying to help these kids get better...It's not a matter of guilt or innocence, but rehabilitation;"
- A resourceful team, who has identified and incorporated services for participants when services appeared to be lacking;

- A flexible team that regularly reviews and revises its policies and procedures. The team has solved many of its own problems;
- Care and respect of most of the Core Team for one another;
- Care and respect of Core Team members towards youth participants and their families;
- Consistent delivery of sanctions and incentives;
- Community awareness of the Durham YTC program, via the recent 2005 Human Relations Youth Award. This was given by the Durham Human Relations Commission to the DYTC in recognition of the organization as “one that has demonstrated leadership and innovation in meeting the challenges that face our communities’ youth.”
- In general, many Core Team members felt that the youth either knew they were cared for by the DYTC team, or that they would look back one day and see that someone in the community cared about and reached out to them.

Recommendations

As a result of this process evaluation, several recommendations are made, that may increase DYTC program efficiency and effectiveness. These include:

- Addressing any conflicts among team members, such as disagreements about referrals, caseload size, referral criteria, client identification, and eligibility criteria;
- Continuing to plan team building retreats to clarify decision-making policies;
- To develop an orientation manual and training for new team members;
- Securing a public defender who provides continuity as a team member;
- Developing methods for parents to participate more regularly and intensively in the program;
- Expecting that treatment-providing agencies inquire about and ensure that treatment providers are using “best practices” or evidence-based treatment programs;
- Providing training about how to get community support of new and improved programs and incentives. Even though there is a lot of community buy-in, the court could expand its services, offering more mentoring and aftercare, more employment mentoring, and additional incentives. The community can play an important role with regard to DYTC program expansion;
- Developing a jobs/employment program for participants;
- Developing an afterschool program for participants;
- Developing a structured aftercare program for program completers and terminated participants;
- Increasing organization and maintenance of historical documents and Management Information System (MIS) data; and
- Implementing a Court Team retreat to discuss the program strengths and suggestions for improvement: (the Durham YTC Administrator is already planning a Core Team retreat).

Conclusions

This process evaluation of the Durham Youth Treatment Court (DYTC) finds that, in many areas, the court is functioning efficiently and consistently. The majority of Core Team members appeared to be dedicated and committed to the goals of the program. The DYTC program has a detailed Policy

and Procedures Handbook for participants and progression through the program and responses to participant compliance are clearly defined. In addition, across the history of the program, the team has readily adapted to the needs of participants through the incorporation of creative programming for youth and the recent establishment of a School Liaison position to participate on the DYTC team. Core Team members, participants, and their parents or guardians expressed satisfaction with the DYTC program, on average.

There are some areas for improvement that were identified through the data collection procedures. Core Team members could provide increased attention to areas in which they are currently not in agreement, such as individual team member roles and responsibilities, whether the client served should be a low-risk or high-risk participant (thus, more clearly identifying the program's target population), and whether the program emphasis is predominantly prevention or intervention-focused. Additionally, findings suggest that additional ways to improve the functioning of the court include: increasing the number of referrals to and participants accepted into the program, expecting that treatment-providing agencies inquire about and ensure that treatment providers are using current "best practices" or evidence-based programs, developing a more formal aftercare program, and increasing community awareness of and support for the DYTC. An important issue for the DYTC program to address is how to improve program completion numbers to be greater than program termination numbers. Finally, the DYTC program should address how to increase the number of participants that the program is serving to reach its full capacity.

In conclusion, there are several areas outlined above in which the DYTC program can improve in order to reach a maximum number of participants and to ensure higher quality outcomes for participants. Taking these recommendations for program improvement into consideration, the importance of the Durham YTC as an option for adjudicated youth with substance abuse problems youth cannot be underestimated. As one testimonial states, "if it weren't for Youth Treatment Court, my child would be six feet under"--quoted from one team member, who quoted a family member of a youth who had actually been terminated from the Durham Youth Treatment Court program.

References

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SUBCHAPTER XIV. DRUG TREATMENT COURTS. Article 62. North Carolina Drug Treatment Court Act. §7A-790.

Appendices

Appendix A: Table 9: Characteristics of Current Durham Youth Treatment Court Participants Who Completed Consumer Satisfaction Questionnaires (n = 6)

Characteristics of Participants	Frequency (%)
Gender	
Number male	6 (100%)
Race	
Caucasian	2 (33.33%)
Black/African American	4 (66.67%)
Asian	0 (0.00%)
Native American	0 (0.00%)
Other	0 (0.00%)
Ethnicity	
Hispanic or Latino(a)	Blank
Not Hispanic or Latino(a)	3 (50.00%)
Missing information	3 (50.00%)
Age of Participant	
15 years old	1 (16.67%)
16 years old	5 (83.33%)
Participant's Highest Grade Completed (Mean Grade = 8.6)	
7 th grade	1 (16.67%)
8 th grade	1 (16.67%)
9 th grade	2 (33.33%)
10 th grade	1 (16.67%)
Missing information	1 (16.67%)
Current Living Arrangement	
Incarcerated	0 (0.00%)
Community housing	1 (16.67%)
Independent (with parents, spouse, or living on own)	4 (66.67%)
Missing information	1 (16.67%)
Who Participant Currently Resides With	
Biological mother and father	1 (16.67%)
Biological mother, grandmother, and grandfather	1 (16.67%)
Father's girlfriend	1 (16.67%)
Grandmother	1 (16.67%)
Cousin	1 (16.67%)
Guardian	1 (16.67%)
Missing information	1 (16.67%)

Appendix A: Table 9: Characteristics of Current Durham Youth Treatment Court Participants Who Completed Consumer Satisfaction Questionnaires (n =6), continued

Parent/Caretaker's Work Schedule	
Works full-time day	4 (66.67%)
Works part-time day	1 (16.67%)
Missing information	1 (16.67%)
Length of Time in Youth Treatment Court (Mean Length = 10.5 months)	
9 months	1 (16.67%)
10 months	2 (33.33%)
13 months	1 (16.67%)
Missing information	2 (33.33%)
Charge Upon Entry into Drug Court	
Drug offense (possession)	3 (50.00%)
Driving without a license	1 (16.67%)
Missing information	2 (33.33%)
Drug Child Has Used Most Often	
Marijuana	6 (100.00)
Criminal History (Ever been to court for another crime?)	
No	3 (50.00%)
Yes	3 (50.00%)
Treatment History (Ever participated in substance abuse treatment before enrolling in YTC?)	
No	4 (66.67%)
Missing information	2 (33.33%)

Appendix B: Table 10: Consumer Satisfaction Questionnaire Results: Current Participants' Satisfaction with Components of Durham Youth Treatment Court (5 out of 6 completed this section)*

COMPONENT	n	Mean	RESPONSE FREQUENCY: n (%)			
			Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	5	3.20	0.00	1 (20%)	2 (40%)	2 (40%)
2. Interactions with the Judge	5	3.20	0.00	1 (20%)	2 (40%)	2 (40%)
3. Interactions with the drug court team	5	3.20	0.00	1 (20%)	2 (40%)	2 (40%)
4. Your SA treatment services	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
5. Your MH treatment services	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
6. Other services you received	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
7. Cooperation of agencies providing services to you	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
8. Drug testing	5	3.20	0.00	1 (20%)	2 (40%)	2 (40%)
9. Sanctions you've received from the YTC	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
10. Incentives you've received from the YTC	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
11. Your community service activities	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
12. Positive social activities organized by the court	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
13. Child and Family Team meetings	4	3.00	0.00	1 (25%)	2 (50%)	1 (25%)
14. The Youth Treatment Court program overall	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)
15. Protection of your rights**	5	3.00	0.00	1 (20%)	3 (60%)	1 (20%)

- *Notes:
1. Scores range from a low of 1 (Very Unsatisfied) to a high of 4 (Very Satisfied).
 2. Frequency percentages for each question reflect the percentage out of the total of those who responded to that question.
 3. **Protection of your rights is rated according to the following scale: 1 = not at all protected, 2=somewhat protected, 3 = very protected, 4 = completely protected

Appendix C: Table 11: Consumer Satisfaction Questionnaire Results: Current Participants' Difficulty with Requirements of Durham Youth Treatment Court (5 out of 6 completed this section)*

REQUIREMENT	n	Mean	RESPONSE FREQUENCY: n (%)					
			Not Applicable	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	5	4.40	0.00	0.00	0.00	1 (20%)	1 (20%)	3 (60%)
2. Attending mental health treatment services	5	4.20	0.00	0.00	0.00	0.00	4 (80%)	1 (20%)
3. Cooperating with your MH treatment program	5	4.20	0.00	0.00	0.00	1 (20%)	2 (40%)	2 (40%)
4. Taking psychiatric medication regularly	5	4.25	1 (20%)	0.00	0.00	1 (25%)	1 (25%)	2 (50%)
5. Attending SA treatment services	5	4.20	0.00	0.00	0.00	1 (20%)	2 (40%)	2 (40%)
6. Cooperating with SA treatment services	5	4.20	0.00	0.00	0.00	1 (20%)	2 (40%)	2 (40%)
7. Attending other services	5	4.00	0.00	0.00	0.00	1 (20%)	3 (60%)	1 (20%)
8. Going to drug testing	5	4.40	0.00	0.00	0.00	0.00	3 (60%)	2 (40%)
9. Cooperating with drug testing	5	4.60	0.00	0.00	0.00	0.00	2 (40%)	3 (60%)
10. Attending meetings with probation officer	5	4.40	0.00	0.00	0.00	0.00	3 (60%)	2 (40%)
11. Attending meetings with case manager	5	4.50	1 (20%)	0.00	0.00	0.00	2 (50%)	2 (50%)
12. Attending AA/NA meetings	4	4.50	2 (50%)	0.00	0.00	0.00	1 (50%)	1 (50%)
13. Participating in AA/NA meetings	5	4.00	2 (40%)	0.00	0.00	1 (33.3%)	1 (33.3%)	1 (33.3%)
14. Paying court fees	5	4.00	1 (20%)	0.00	0.00	1 (25%)	2 (50%)	1 (25%)
15. Paying court fines	5	4.00	1 (20%)	0.00	0.00	1 (25%)	2 (50%)	1 (25%)
16. Staying away from other kids with drug problems or criminal histories	5	4.20	0.00	0.00	0.00	0.00	4 (80%)	1 (20%)
17. Staying clean and sober	5	4.20	0.00	0.00	0.00	0.00	4 (80%)	1 (20%)
18. Staying crime free	5	4.20	0.00	0.00	0.00	0.00	4 (80%)	1 (20%)

*Notes:

1. Scores range from a low of 1 (Very Difficult) to a high of 5 (Very Easy).
2. Frequency percentages for each question reflect the percentage out of the total of those who responded to that question (does not include those who responded N/A).

Appendix D: Table 12: Characteristics of the Current Durham Youth Treatment Court Participants' Parents/Guardians Who Completed Consumer Satisfaction Questionnaires

Characteristics of Participants	Frequency (%)
Gender	
• Number male	3 (50.00%)
• Number female	2 (33.33%)
• Missing information	1 (16.67%)
Race	
• Caucasian	2 (33.33%)
• Black/African American	4 (66.67%)
• Asian	0 (0.00%)
• Native American	0 (0.00%)
• Other	0 (0.00%)
Ethnicity	
• Hispanic or Latino(a)	0 (0.00%)
• Not Hispanic or Latino(a)	3 (50.00%)
• Missing information	3 (50.00%)
Age of Participant	
• 15 years old	2 (33.33%)
• 16 years old	3 (50.00%)
• Missing information	1 (50.00%)
Participant's Highest Grade Completed (Mean Grade = 8.6)	
• 7 th grade	1 (16.67%)
• 8 th grade	1 (16.67%)
• 9 th grade	2 (33.33%)
• 10 th grade	1 (16.67%)
• Missing information	1 (16.67%)
Participant's Current Living Arrangement	
• Incarcerated	0 (0.00%)
• Community housing	0 (0.00%)
• Independent (with parents, spouse, or living on own)	5 (83.33%)
• Missing information	1 (16.67%)
Relationship to Child in Treatment Court	
• Father	1 (16.67%)
• Mother	1 (16.67%)
• Grandmother	1 (16.67%)
• Guardian	1 (16.67%)
• Missing information	2 (33.33%)

Appendix D: Table 12: Characteristics of the Current Durham Youth Treatment Court Participants' Parents/Guardians Who Completed Consumer Satisfaction Questionnaires, continued

Parent/Caretaker's Work Schedule	
• Works full-time day	4 (66.67%)
• Works full-time night	1 (16.67%)
• Works part-time day	1 (16.67%)
Length of Time in Youth Treatment Court (Mean Length = 10.5 months)	
• 1 month	1 (16.67%)
• 8 months	2 (33.33%)
• 10 months	1 (16.67%)
• Missing information	3 (50.00%)
Charge Upon Entry into Drug Court	
• Drug offense (possession)	3 (50.00%)
• Driving without a license	1 (16.67%)
• Missing information	2 (33.33%)
Drug Child Has Used Most Often	
• Marijuana	6 (100.00)
Criminal History (Ever been to court for another crime?)	
• No	5 (83.33%)
• Yes	1 (16.67%)
Treatment History (Ever participated in substance abuse treatment before enrolling in YTC?)	
• No	4 (66.67%)
• Yes	1 (16.67%)
• Missing information	1 (16.67%)

Appendix E: Table 13: Consumer Satisfaction Questionnaire Results: Parents/Guardians of Current Participants' Satisfaction with Components of Durham Youth Treatment Court*

COMPONENT	n	Mean	RESPONSE FREQUENCY: n (%)				
			Not Applicable	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	6	3.33	0.00	0.00	0.00	4 (66.67%)	2 (33.33%)
2. Your child's interactions with the Judge	6	3.16	0.00	0.00	0.00	5 (83.33%)	1 (16.66%)
3. Your interactions with the Judge	6	3.00	0.00	0.00	0.00	6 (100.00%)	0.00
4. Your child's interactions with the drug court team	6	3.67	0.00	0.00	0.00	2 (33.33%)	4 (66.67%)
5. Your interactions with the drug court team	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)
6. Your child's SA treatment services	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)
7. Your child's MH treatment services	6	3.60	1	0.00	0.00	2 (40.00%)	3 (60.00%)
8. Cooperation of agencies with each in providing services for your child	6	3.33	0.00	0.00	0.00	4 (66.67%)	2 (33.33%)
9. Other services you received	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)
10. Your child's drug testing	5	3.60	0.00	0.00	0.00	2 (40.00%)	3 (60.00%)
11. Your drug testing	6	3.40	1	0.00	0.00	3 (60.00%)	2 (40.00%)
12. Sanctions your child received from the YTC	6	3.40	1	0.00	0.00	3 (60.00%)	2 (40.00%)
13. Incentives your child received from the YTC	5	3.20	0.00	0.00	0.00	4 (80.00%)	1 (20.00%)
14. Your child's community service activities	6	3.00	1	0.00	1 (20.00%)	2 (40.00%)	2 (40.00%)
15. Positive social activities organized by the court	6	3.00	1	0.00	1 (20.00%)	3 (60.00%)	1 (20.00%)
16. The Youth Treatment Court program overall	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)
17. Child and Family Team meetings	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)
18. Protection of your rights	5	3.00	0.00	0.00	1 (20.00%)	3 (60.00%)	1 (20.00%)

*Notes are same as for Appendix B: Table 5

Appendix F: Table 14: Consumer Satisfaction Questionnaire Results: Parents/Guardians of Current Participants' Difficulty with Requirements of Durham Youth Treatment Court*

REQUIREMENT	n	Mean	RESPONSE FREQUENCY: n (%)					
			Not Applicable	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	6	3.50	0.00	0.00	1 (16.67%)	2 (33.33%)	2 (33.33%)	1 (16.67%)
2. Attending mental health treatment services	6	3.25	2	0.00	1 (25.00%)	1 (25.00%)	2 (50.00%)	0.00
3. Attending substance abuse treatment services	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)	0.00
4. Going to drug testing location	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)	0.00
5. Attending other services	6	3.50	0.00	0.00	0.00	3 (50.00%)	3 (50.00%)	0.00
6. Attending meetings with court counselor	5	3.50	1	0.00	0.00	2 (50.00%)	2 (50.00%)	0.00
7. Attending meetings with case manager	5	3.50	1	0.00	0.00	2 (50.00%)	2 (50.00%)	0.00
8. Attending AA/NA meetings	5	4.00	4	0.00	0.00	0.00	1 (100.00)	0.00
9. Participating in AA/NA meetings	5	4.00	4	0.00	0.00	0.00	1 (100.00)	0.00
10. Paying court fines	4	3.50	2	0.00	0.00	1 (50.00%)	1 (50.00%)	0.00
11. Having your child keep curfew	5	2.50	0.00	1(20.00%)	2 (40.00%)	0.00	2 (40.00%)	0.00
12. Having your child complete his or her homework	5	3.40	0.00	1(20.00%)	0.00	0.00	4 (80.00%)	0.00
13. Having your child stay away from other kids with drug problems or criminal histories	5	3.00	0.00	1(20.00%)	1 (20.00%)	0.00	3 (60.00%)	0.00
14. Having your child stay clean and sober	5	3.60	0.00	0.00	0.00	2 (40.00%)	3 (60.00%)	0.00
15. Having your child stay crime free	5	3.60	0.00	0.00	0.00	2 (40.00%)	3 (60.00%)	0.00

*Notes:

1. Scores range from a low of 1 (Very Difficult) to a high of 5 (Very Easy).
2. Frequency percentages for each question reflect the percentage out of the total of those who responded to that question (does not include those who responded N/A).