

**Process Evaluation**  
**Forsyth County Juvenile Treatment Court**  
**for Calendar Year 2004**

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for

The Forsyth County Drug Treatment Court

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## **Executive Summary**

The Winston-Salem State University Center for Community Safety conducted a process evaluation of the Forsyth County Juvenile Treatment Court for calendar year 2004. In 2004, The Forsyth County JTC was in the second year of operation. This is the second process evaluation completed on the program. The principal purposes of the evaluation were to assess the extent to which the program has met its implementation goals, identify other achievements and recommend strategies for strengthening program operations. The evaluation found that this program, having served twenty-nine- (29) clients who all received some type of treatment during the CY 2004, had, for the most part successfully met its implementation goals. Additionally, the Forsyth County Juvenile Treatment Court has demonstrated a number of other achievements, such as strong leadership, integration within the community, and a strong sense of teamwork. It should be noted that the program has sustained and continued growth through several variations from CY 2003 such as changes in key personnel, the implementation of mental health reform in Forsyth County (which also caused a change in some treatment personnel), and a different program evaluator.

The evaluation, overall, found a solidly viable program, that through strong leadership, teamwork, and attentiveness to holistic treatment for its participants is likely to demonstrate long-term success. Recommendations generally focused on the need for increased data collection and the need for more standardized assessment and screening information.

The process evaluation results for the Forsyth County Juvenile Treatment Court program revealed that:

- The typical participant is male, African-American, and around the age of 15 years 8 months. Moreover, he is typically in some type of school setting and unemployed.
- 100% of participants received some type of substance abuse treatment, although the treatment provider determined frequency and intensity.
- The graduation rate for calendar year 2004 was 54%.
- The JTC program increased the retention of clients. The retention rate for calendar year 2004 was 79% up from 57% in calendar year 2003.
- The termination rate (those clients who exited the program without graduating) in calendar year 2004 was 21%, down from almost 43% in calendar year 2003.
- 36% of participants were placed in licensed out-of-home placements as a participant in JTC program.
- On average, participants who successfully complete the program did so within about 12- months.
- Overall, participants are satisfied with the service as revealed by interviews with participants in all phases of the program.
- The program adhered to the program design regarding the frequency of Treatment and Core Team Meetings as well as Status Review Hearings.
- The program has a dedicated team, which believes in the drug court model.

- The program demonstrated a spirit of teamwork among the JTC team, despite their traditionally differing roles, as evidenced by the adoption of a consensus building model of decision making.
- The program has a well-defined purpose, which is the success of the individual clients and the program as a whole.

## **Introduction**

The Drug Treatment Court model began in the 1980s as an alternative to incarceration for adult non-violent substance abusing offenders. Beginning from a small number of experimental programs, the drug court concept rapidly grew. Nationally, there are more than 1,200 such courts (Hutlock, 2003). Currently, drug courts exist in every state. The U.S. Department of Justice has placed a high priority on drug courts and has made a significant monetary commitment to program development and research since the mid 1990's (Belenki, 1998). In North Carolina, the Drug Treatment Court model began in 1996 as an alternative for adult offenders (AOC, 2004).

While Adult Drug Courts are relatively new, Juvenile Treatment or Drug Courts are an even more recent phenomena both nationally and in the North Carolina judicial system. The first juvenile drug court began in October 1993 in Florida (American University, 2001). Studies clearly show that youth involved with the juvenile justice system have significantly higher rates of mental health and substance use disorders than the youth in the general population (Dembo et al., 1990; APA, 1994; McManus et al., 1984; Milin et al., 1991; Otto et al., 1992). As compared to the general population, youth involved with the juvenile justice system are at least five times more likely to use alcohol and other substances (Deschense & Greenwood, 1994). Up to 33% of youth test positive for illegal drugs at the time they are detained. Additionally, surveys report that 48% of incarcerated youth reported being under the influence of drugs or alcohol at the time they committed their offense. Since substance use lowers inhibitions and

often the motivator for crime is to support a drug habit, the use of drug use tends to increase delinquent behavior (Snyder and Sickmund, 1995).

To begin address the above stated issues, state and local jurisdictions began specialized treatment courts to provide judicial supervision and coordinated substance abuse and mental health treatment for drug involved juveniles. The Juvenile Treatment Court model was imported from innovations from adult courts. As of 2000, there were 131 Juvenile Treatment Courts in 46 states, with an estimated 9,500 participants (American University, 2001). Currently there are only five- (5) such programs in the North Carolina (AOC, 2004). Nationally, juvenile drug courts have begun to gain prominence as a response to the need to provide more appropriate intervention for substance abuse related delinquency (Belenko and Logan, 2003). North Carolina ranks in the top five of all states in youth (ages 12-17) drug use (AOC, 2004). However, Juvenile Treatment Courts tend to be small programs with approximately 34 participants per court (American University, 1999). Due to the small numbers in Juvenile Treatment Courts, evaluation is difficult.

The Forsyth County Juvenile Treatment Court (JTC) is one of the first juvenile drug courts in North Carolina. The program was implemented on January 5, 2003 and contracted with the Center for Community Safety- Winston-Salem State University to provide process evaluations of the courts implementation. The principal purposes of the evaluation were to describe the program and its functioning, assess the extent to which the program had been implemented in ways that were consistent with its design, to offer insights regarding particular strengths and recommend strategies for strengthening program operations.

Additionally, this report aims to answer the following questions:

- *What are the characteristics of juveniles referred to the drug court?*
- *How many juveniles are referred to the court?*
- *What screening tools are used to assess juveniles for eligibility?*
- *How many referrals are accepted and what is length of time between referral and acceptance?*
- *What sanctions or rewards are used in the program?*
- *Are sanctions applied systematically and in accord with a treatment-based protocol?*
- *How do sanctions and rewards affect the effectiveness of treatment?*
- *How often do clients appear before the judge?*
- *How many juveniles are placed in treatment? Is treatment available in a timely matter? Is there a difference between treatment providers?*
- *How many juveniles complete treatment? Is there a difference between treatment providers?*
- *What are the characteristics of juveniles who remain in the program and how do they compare with those who fail to complete the program?*
- *At which phase are participants more likely to terminate unsuccessfully?*
- *What is the average length of time for a participant to successfully complete the program?*

## **Approach**

This is the second process evaluation on the Forsyth County Juvenile Treatment Court. To complete this current evaluation, the evaluator observed treatment team meetings, status review hearings and graduations, in addition to

attending bi-monthly Core Team meetings. The evaluator met regularly with the Program Director and Coordinator; conducted a SCOT Analysis and interviews with JCT team members, stakeholders, youth participants and their families. The evaluation also included an analysis of data extracted from the Management Information System (MIS). The research protocol for this evaluation was approved by the Winston-Salem State University Institutional Review Board for the protection of human subjects.

## **The Drug Court Model**

### **Review of Program Goals and Polices and Procedures**

The National Association of Drug Court Professionals, with the support of the Drug Courts Program Office, Office of Justice Programs, and Department of Justice, developed key components of adult courts and performance benchmarks for sound practices, effective program designs and comprehensive operations of these type of courts (Belenko, 2001). These key components and performance benchmarks have been generalized to juvenile treatment courts. In *Defining Drug Courts: The Key Components* (1997) the ten- (10) key components of a drug court are defined as follows:

- ❑ Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- ❑ Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- ❑ Eligible participants are identified early and promptly placed in the drug court program.
- ❑ Drug courts provide access to a continuum of alcohol, drug, and

related treatment and rehabilitation services.

- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.
- Monitoring and evaluation to measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Fundamental to many performance benchmarks are the manner in which drug court team members interrelate and the existence of procedures that enable the team to communicate and share information (OJP, 1997). These include:

- Court and treatment providers communicate regularly, including frequent exchanges of timely and accurate information, about the participant's overall program performance.
- Prosecutors and defense counsel help design screening, eligibility, and case processing policies and procedures to guarantee that due process rights and public safety needs are served.
- The court is immediately notified when a participant has tested positive, has failed to submit to alcohol or drug testing, has submitted

someone else's sample, or has adulterated a sample.

- Treatment Providers, the Judge, and other program staff communicate frequently and regularly to ensure timely reporting of participant progress and noncompliance and to enable the court to respond immediately.
- Management, monitoring, and evaluation process begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers establish specific and measurable goals that define the parameters of data collection and information management.
- Monitoring and management data are assembled in useful formats for regular review by program leaders and management.
- Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social services agencies, and the faith community meet regularly to provide guidance and direction to the drug court program.

### **Review of Program Goals and Policies and Procedures for the JTC Model**

The Juvenile Treatment Court model was imported from innovations from adult courts. Like adult drug courts, a Youth or Juvenile Drug Treatment Court (JTC) uses a team of court and community professionals to help ensure that youthful non-violent offenders, with addictions to drugs and/or alcohol, receive the intensive treatment needed. The goal for participants is to become healthy, law-abiding, productive

students as well as community members. A Juvenile Drug Treatment Court should utilize a community-based collaborative approach, which forms a comprehensive approach to treat the problem of juveniles whose drug and/or alcohol use is negatively impacting their lives (Forsyth JTC Policy and Procedures Manual, 2003).

The typical youth referred to a juvenile drug court is 15 or 16 years old and has been drinking or smoking marijuana for a few years at most. Juvenile treatment courts give youth an opportunity to change their behavior and stop their drug use before they receive serious legal penalties through re-arrest in the adult system (Belenko and Logan, 2003). To ensure the program participants complete treatment as ordered, juvenile treatment courts assume responsibilities that goes beyond the traditional role. Like the traditional juvenile court, they coordinate client case management and probation supervision for every case. Juvenile Treatment Courts differ in the frequency of team meetings and status reviews to monitor each participant's progress. Additionally, Juvenile Treatment Courts use graduated sanctions and tangible rewards to motivate compliance and check for violations by conducting numerous random drug tests, and home and school visits.

North Carolina's Drug Treatment Courts were implemented in 1996 as a legislative pilot program (North Carolina General Statute §7A-790, *et seq.*). The Drug Treatment Courts were made a

permanent part of the court system. North Carolina has three types of drug treatment courts: adult, family and juvenile. The combined goals of the adult, family and juvenile drug treatment court programs funded under the North Carolina Drug Treatment Court Act included the following:

- ❑ 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;
- ❑ To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;
- ❑ To reduce the alcohol-related and other drug-related court workload;
- ❑ 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
- ❑ To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.

### **Review of Mission of the Forsyth County JTC Program**

The Mission Statement for the Forsyth County Juvenile Treatment Court (JTC) is: *“the Juvenile Treatment Court will promote and enact a strength-based community approach addressing substance abuse among youth to return young adults to their families and the community as productive members while enhancing public safety.”* (Forsyth JTC Policy and Procedures Manual, 2003). Juvenile Treatment Court has four (4) primary goals, which

are:

- To promote public safety through the reduction of recidivist behavior among youthful drug offenders;
- To reduce substance abuse among program participants and their families through intensive treatment;
- The establishment of a strong collaborative effort among treatment providers, schools and community agencies; and
- To improve the school performance of program participants.

The objectives of the Juvenile Treatment Court program include:

- Enhanced Public Safety: Intensive supervision will contribute to ending the cycle of drug abuse, criminal activity and arrest for program participants as well as their caregivers;
- Decreased Drug Use by Program Participants: As measured by on-site drug screens, participants will meet treatment goals by intensive, strength-based treatment and supervision by the court;
- Services Coordination: State and local agencies will create a structure to ensure that youth and families receive comprehensive, community based wrap-around services with culturally competent treatment and programming;
- Improved School Performance by Program Participants: School representatives will report on school performance/behavior to the JTC team to address any obstacles to the participant's academic potential.

## Program Description

The Forsyth County Juvenile Treatment Court Program is a voluntary, post-plea, court supervised program designed for non-violent youthful offenders referred for substance abuse related behavior. The *Guidelines for the North Carolina Drug Treatment Court Program (2002)* specifies the following minimum eligibility criteria for admission to the JTC Program:

- ❑ Be under the jurisdiction of the district court pursuant to Chapter 7B of the General Statutes,
- ❑ Have a significant substance abuse problem that contributes to problems at home, school and the community,
- ❑ Meet all other reasonable eligibility requirements established by the program.

The Drug Treatment Court Local Management Committee authorizes the program. The Senior Resident Superior Court Judge in Forsyth County has designated one superior court judge, one district court judge, the Trial Court Administrator, an Assistant District Attorney, two members of the local defense bar, two educators from the local community, a substance abuse treatment manager, a law enforcement representative, and two probation managers to serve on this committee. The members meet regularly with the Program Director to discuss and resolve client or organizational matters.

The Forsyth JTC program uses an interagency approach with a multidisciplinary team to provide and refer young people to services to address the clients various needs including: alcohol and other drug treatment; mental health issues; education issues; and family issues. Status review hearings and

treatment team meetings are used to facilitate the client's (often their family's) treatment process through intense monitoring with the view that rehabilitation will reduce further offending and improve individual and family well-being. The JTC program attempts to get participants into treatment as quickly as possible and respond quickly to non-compliance and changes in need.

Participants in the program must fulfill multiple requirements including bi-monthly court appearances, regular random urine drug testing, substance abuse treatment, regular case management contacts, in addition to standard probation conditions.

Enrollment in the program requires the juvenile has been adjudicated and placed on probation. The Defense Attorney informs participants of their legal rights. Each case is reviewed two times per month until the juvenile either successfully completes the program or is terminated. Upon successful completion of the program, probation is terminated. Failure to complete the program requires cases to return the traditional juvenile court system for disposition.

### **History and Funding**

The Forsyth County Juvenile Treatment Court (JTC) is a public program located in a county with a youth population (ages 10-17) of 34,717 (U.S. Census Bureau 2000). The program was implemented on January 5, 2003 as a result of a three- (3) year grants award from the Bureau of Justice Assistance. The program just completed its second year of operation. The yearly federal funding is \$109,047, with a local in-kind match in the amount of \$38,100. Current funding is scheduled to end in December 2005.

## **The Juvenile Treatment Court Team**

### **Team Composition**

The Forsyth County Juvenile Treatment Court consists of two different teams: The Core Team and the Treatment Team. The core team is composed of:

- ❑ Presiding Judge or alternate,
- ❑ Director,
- ❑ Assistant District Attorney,
- ❑ Defense Attorney,
- ❑ Case Coordinator,
- ❑ Juvenile Court Counselor,
- ❑ Juvenile Court Psychologist
- ❑ Representative from the Sheriff's Office
- ❑ Treatment Representatives, and
- ❑ Juvenile Clerk

The Treatment Team is composed of:

- ❑ DTC Director,
- ❑ Case Coordinator,
- ❑ Juvenile Court Counselor,
- ❑ Juvenile Court Psychologist
- ❑ Treatment providers from HopeRidge Centers for Behavioral Health (formerly CenterPointe Human Services) and Partnership for a Drug Free North Carolina (formerly Step-One Substance Abuse Services),
- ❑ Community Service Provider,
- ❑ School Social Worker, and
- ❑ One (1) undergraduate intern

Please see appendix A for a complete list of team members.

### **Team Roles**

The JTC team works together to make decisions regarding treatment recommendations, the administration of rewards and sanctions, and other aspects of case management for JTC participants. Each team member has a distinct role in the JTC.

The Judge is ultimately responsible for all aspects of program operation. Although the entire JTC Team makes recommendations, the Judge ultimately has the sole authority in all decisions regarding the participants. The Judge reviews all cases before program entry and makes final decisions regarding the acceptance into or termination from the JTC Program, as well as leads the team. The Judge attends the staffing sessions held twice a month immediately preceding the JTC status reviews, runs each session of court and oversees the operation of the Juvenile Treatment Court. The presiding Judge has an alternate who is familiar with JTC process and participants.

The Program Director is administratively responsible for both the juvenile and adult drug courts for Forsyth County. The Program Director supervises both the JTC and Adult Drug Court case managers, reviews program referrals, facilitates team meetings, reviews and authorizes program expenditures, manages data collections, and acts as a liaison for the program and community services. The Director provides back up for the Case Coordinator as needed.

The Assistant District Attorney's role as a member of the JTC centers on screening the files of juveniles who are referred to the program for eligibility and

giving final approval for admission to the program. In this program, the role of the ADA is very limited. According to the Forsyth County Juvenile Treatment Court Policies and Procedures Manual, the role of the ADA is to "... attend all staffings and, with defense counsel, take an active role in each court session with JTC participants." In addition, "The DA's representative will act as liaison to law enforcement agencies and victims. " An ADA no longer attends Treatment Team meetings, Core Team meetings or court sessions. The team has expressed a desire for increased participation from the DA's office.

The Defense Attorney takes an active role in this court. The Defense Attorney works as an advocate for the youth, ensuring that the appropriate resources and services are provided to the youth. The Defense Attorney makes certain that the youth are advised of their rights and aids in the reward/sanction decision-making process. The Defense Attorney attends pre-court staffings and court hearings. According to the Forsyth County Juvenile Treatment Court Policies and Procedures Manual, "The defense attorney will be legal counsel to the program, assisting in the drafting of releases, memorandums of understanding, and any other legal matters required for program operation." The Defense Attorney has no alternate.

The JTC Case Coordinator handles the supervision of 20-25 program participants, their families, and treatment providers. In conjunction with the family, the case manager develops goals and documents progress, conducts weekly to bi-weekly visits with the family (more often office visits than home visits), makes contact with the participants school, and makes appropriate

referrals. The Case Coordinator also collects random urine screens and is responsible for participant's files and MIS. Since a Management Information System (MIS) has been introduced, the participant file contains signed releases, urine screen results, and other supporting documentation. All other information is store in the Internet based MIS. According to the Policies and Procedures manual, the Case Coordinator will receive "clinical supervision from local Mental Health", "perform clinical assessments" and "run an orientation group". The original concept was that the Case Coordinator's position would be clinical in nature. This part of the Case Coordinator's position (clinical) was never implemented due to the classification of the position. The Case Coordinator has no alternate, although the Director fills in as needed.

In addition to a Case Coordinator, supervision and some case management of JTC participants is provided by a Juvenile Court Counselor assigned to the Juvenile Treatment Court. The Juvenile Court Counselor is also responsible for ensuring compliance with court orders. The Court Counselor makes random unannounced home and school visits, collects random urine screens and enforces contempt violations. The Court Counselor participates in all pre-court staffings and court review hearings. The Juvenile Court Counselor has no alternate.

The JTC Team includes various Treatment Providers from two different agencies, whose obligations include completion of assessments, making recommendations for and providing levels of treatment, and providing additional services to the family as warranted. Treatment Providers also facilitate group

and family counseling sessions in addition with providing individual counseling. The treatment providers also provide relevant information for reward and sanction decisions during the treatment team meetings.

The original program design has one representative from the Winston-Salem-Forsyth County School System, which according to the Forsyth County Juvenile Treatment Court Policies and Procedures Manual, "... has the authority to speak for the Assistant Superintendent in charge of reinstating expelled program participants back into the school system.". However, there are currently two representatives from the Winston-Salem-Forsyth County Schools which serve in different capacities on the team. One representative is from the WSFS administration and the other is a school social worker. The school social worker's role is "informal" on the team and needs to be formalized.

The School Social Worker helps facilitate coordination of educational plans into the youth's comprehensive service plan and assists in school related matters. The school social worker role on the team provides clarity on school related issues. Additionally, the school social worker acts as an advocate for the youth within the Winston-Salem-Forsyth County School System.

Law enforcement is currently represented by a representative from the Forsyth County Sheriff's Office. The role of the law enforcement representative stated to be: "...secure incident reports as well as a comprehensive criminal history on each JTC candidate. They obtain input from the arresting officer, and also provide transportation for youths in secure custody." (Forsyth County Juvenile Treatment Court Policies and Procedures Manual, 2003). In addition to

the aforementioned duties, the law enforcement representative assists with drug testing at status reviews.

The Juvenile Court Psychologist has been added to the JTC since it's original program design. The Juvenile Court Psychologist performs psychological evaluations as needed on JTC participants or potential participant. While an employee of HopeRidge, the Juvenile Court Psychologist is located at the Hall of Justice and therefore more accessible to the JTC program. The Juvenile Court Psychologist attends treatment and core team meetings as well as status review hearings. The role of the Juvenile Court Psychologist has proven invaluable to the JTC. Juvenile Court Psychologist is able to provide a treatment-related approach related to actions to be taken by the court. The role of the Juvenile Court Psychologist provides a good balance for the team and is a positive addition to the JTC Team

### **Forsyth County Juvenile Treatment Court Process**

Entrance into the JTC program begins with a referral of the juvenile to the program. Referrals can be initiated by a number of sources, however, are usually made by the youth's Juvenile Court Counselor. The referring Juvenile Court Counselor presents the case to the Treatment Team and is responsible for the initial screenings, which include the administration of a probation risk/needs assessment, a juvenile and family health and criminal history. The referral packet includes information on the juvenile and their family across a number of domains. It includes information regarding the family composition, educational status, criminal history and degree of substance abuse involved. This

information is used as the social history for the JTC.

Once a referral is received, the Case Coordinator contacts the family to inform of the requirements and assess their level of interest and willingness to participate. Interested families are brought in for an intake assessment. Enrollment in the program requires the youth meet a number of criteria including being between the ages of 13 and 15. Moreover, the youth must have “a significant substance abuse problem that contributes to problems at home, school and the community”, and have a responsible adult willing to support the youth throughout the program. Currently, no standardized assessments are used to assess the youth or the family.

After the referral is presented in the Treatment Team Meeting, the JTC Core team reviews the information makes a recommendation to the Judge. As previously stated, the Judge makes the final decision for admission to the program, based on approval from the DA’s office. All JTC participants are placed on probation for a period of at least one year.

Once accepted into the program, participants and their parent or custodian begin participating in a variety of activities, including Juvenile Treatment Court Status Reviews. Both youth and parent must participate in bi-monthly court review hearings. Court Reviews are held on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month. Court begins at 4 PM, in an effort not to interfere with school hours and to minimize the amount of time lost from work for the parents.

The JTC Treatment Team meets each Tuesday before court to review each participant’s progress and make recommendations regarding rewards, sanctions,

or adjustments to the youth's plan. The Core Team meets on the date of the court review, several hours prior to the scheduled hearing. Written and verbal updates are given on each youth. The Judge listens to all information, and makes the final decision regarding action to be taken during the court review. Following the Core Team, the youth and their families appear before the Judge for review.

Treatment is an essential component of the Juvenile Drug Treatment Court. The Forsyth County JCT has two-treatment providers HopeRidge Centers for Behavioral Health (formerly CenterPoint Human Services) and Partnership for a Drug Free North Carolina (formerly Step-One, Inc.). The treatment provider is selected based on a number of factors, which includes referral source and family choice. The majority of youth participate in either outpatient or intensive outpatient services. Once the referral is made, the treatment provider devises a treatment plan for each participant.

All families are required to be involved in the program throughout the entire process and actively participate in the treatment process. Therefore, both treatment providers have included a family component to their treatment models. There are weekly family group sessions designed to provide a forum to discuss family structure, relationships and interactions, and learn tools to create a healthy living environment for all family members. If substance abuse is found to be a problem for a parent, they may be required to engage in treatment themselves.

Education is a priority for the JTC and all participants are required to attend some form of school. While participants typically attend traditional or alternative

school, there is a managed community program for participants who are suspended or expelled from school. Regular reports on academic achievement, attendance, and behavior are collected by the Case Coordinator or Juvenile Court Counselor and supplemented by the school social worker representative on the team. This information is included in treatment core team staffings and status review hearings.

Throughout all phases of the program, rewards and sanctions are used to support or consequence behavior. Rewards are usually given as praise for positive behavior and include verbal praise from the bench, applause, extended curfew, advancement in phase, certificates of acknowledgement, decreased drug testing, return of a previously removed personal item (for sanction) and fewer court appearances. Special rewards, such as gift certificates and tickets to sporting events are utilized.

While rewards are an integral part of the program, sanctions are also utilized for non-compliance. Examples of sanctions includes verbal warnings from the bench, additional community service hours, earlier curfew, extension of phase, increased urine screens, removal of personal possessions, required attendance at AA/NA meetings, house arrest, electronic monitoring, and time in Juvenile Detention. Finally, for participants who fail to comply with treatment, have repeated positive drug screens, are re-arrested for a new offense, fail to attend school, break curfew, etc., out-of-home placement may be sought and ordered.

## **Treatment Providers and Modalities**

The Forsyth County Juvenile Treatment Court currently utilizes two community treatment providers. These providers are HopeRidge Centers for Behavioral Health (formerly CenterPoint Human Services) and Partnership for a Drug Free North Carolina (formerly Step-One, Inc.). Both treatment agencies employ certified and/or licensed substance abuse professionals, although there is a difference in the level of experience, highest degree held, and tenure at the agency.

### **HopeRidge Centers for Behavioral Health**

HopeRidge Centers for Behavioral Health, which began operation in July 2004, is the non-profit agency created through the LME in Forsyth County. HopeRidge provides an array of services designed to meet the needs of children, adolescents and their families in Forsyth County. The following services are available to participants in the JTC:

- MAJORS Program – Collaborative treatment initiative between the Juvenile Justice System and HopeRidge that provides, intensive treatment services, counseling and alternative support services, care coordination, access to auxiliary/transitional services for adjudicated youth with a substance abuse diagnosis. The length of this program is six (6)- months to one (1) year. The MAJORS Program is the primary treatment for participants.
- Juvenile Day Reporting Center – Provides services to Level II adjudicated juveniles, ages 13-17, and their families, who have been

ordered by the Juvenile Court. The length of service is up to 12 weeks.

- Intensive Dual Diagnosis Program – Provides, group, family and individual therapy for adolescents with dual diagnoses of substance abuse and an another DSM-IV disorder. The length of this program approximately twelve (12) weeks.

### **Partnership for a Drug Free North Carolina**

Partnership for a Drug Free North Carolina (Step-One, Inc.) is a non-profit outpatient mental health and substance abuse program. CenterPoint (the LME) contracts with this program for an array of substance abuse treatment services, mental health services, as well as consultation/education and prevention services. Partnership for a Drug Free North Carolina is accredited by CARF (the Council on Accreditation of Residential Facilities) as an outpatient substance abuse program and is licensed to provide substance abuse services by the State of North Carolina.

The Partnership for a Drug Free North Carolina provides the PACT (Parents-Adolescents Counseling Together) program. This is an intensive nine-week family-centered substance abuse treatment program consisting of three phases, each lasting approximately three weeks. The Partnership for a Drug Free North Carolina now provides case management and mental health services in addition to substance abuse services.

## **Program Phases**

The Juvenile Treatment Court Program consists of four (4) phases. According to the program design, Phase I focuses on stabilization, assessment and orientation to the program. It is designed to orient the youth to the program and to introduce youth to the beginning phases of treatment, case management and the court process. In this phase, treatment is individualized and tailored to the youth's individual needs. In Phase I, the participants are required to attend bi-monthly status review hearings, follow court orders, complete a substance abuse/treatment assessment, and provide random urinalysis at least two times per week. Case Management contacts are at least two times per week. Participants are supposed to make a presentation to court: "My Plans for Treatment". This phase is to last approximately four- (4) to six- (6) weeks.

According to the program design, Phase II focuses on intensive substance abuse treatment. During this phase, each participant receives Intensive Outpatient Substance Abuse treatment (at least 9 hours of group per week). This phase is designed to provide the youth to tools to achieve and maintain abstinence through participation in Substance Abuse treatment. In Phase II, the participants are required to attend bi-monthly status review hearings, follow court orders, attend assigned treatment at least four days/nights per week and provide random urinalysis at least two times per week. Case Management contacts are at least two times per week. Participants are supposed to make a presentation to court: "What's next for Drug-free Me". This phase is to last three- (3) to six-

(6) months.

According to program design, Phase III focuses on the youth integrating new knowledge and skills obtained in substance abuse treatment into their daily life. Efforts are to be made to connect each youth with community resources and activities based on individual interests and strengths. Community Service is an important component of this phase. Phase III, the participants are required to attend bi-monthly status review hearings, follow court orders, attend assigned treatment at least two days/nights per week and provide random urinalysis at least one time a week. Case Management contacts are at least two times per week. Participants are supposed to make a presentation to court: "How I Stay Focused". This phase is to last two- (2) to four- (4) months.

According to program design, Phase IV is designed to provide Aftercare. The focus in this phase is to transfer the responsibility for the youth's sobriety and healthy lifestyle back to the youth and his or her family. Youth participates in a structured Aftercare program as well as activities/programs introduced in earlier phases. A graduation celebration is a large part of Phase IV. In addition, the youth is required to attend bi-monthly status review hearings, follow court orders, and provide random urinalysis. Phase IV lasts approximately two- (2) months.

### **Management Information System (MIS)**

The North Carolina Administrative Office of the Courts has developed a comprehensive Internet based management information system (MIS) to drive the information flow within the Juvenile Treatment Courts. Each JTC in the state, including the Forsyth JTC, is required to utilize this MIS to track each

participant's progress through the use of MIS. The MIS was designed to serve several purposes. First, to facilitate case management and efficient JTC operation, and secondly to provide an information base for the evaluation activities that are crucial to program accountability.

The JTC Management Information System (MIS) became available to local programs in the summer of 2004. The MIS is of fundamental importance to the day-to-day decision making of the JTC program. In Forsyth County, the JTC Case Manager is responsible for all local data entry into the MIS. Currently, the JTC Case Manager is the only team member who is currently using the MIS system; thus the data on each client is incomplete. While the MIS is designed to foster efficient operation and increase team communication, some team members view the MIS as a duplication of efforts. For example, the juvenile court counselor must enter client information in the DJJDP Client Tracking System in addition to the JTC MIS. Treatment providers also noted that the use of MIS would also be a duplication of efforts as they are also reporting in DJJDP Client Tracking System and NC TOPS.

In order to conduct a more thorough evaluation of the Forsyth County Juvenile Treatment Court, more detailed information needs to be collected and the MIS system used to its full capacity. In addition to basic demographic information, comprehensive data should be collected on supervision activity, drug testing, services received, sanctions and rewards, educational information (i.e. Exceptional Children's status, placement, suspensions, grades, etc.), treatment activity, and recidivism data. This will be evident in the following sections.

## **Methods**

### **Sample**

The Forsyth County Juvenile Treatment Court began accepting clients in December 2002 and targets nonviolent juveniles under the jurisdiction of the district court pursuant to Chapter 7B who have a significant substance abuse problem that contributes to problems at home, school and the community. Forty-two participants entered the program between December 2002 and December 2004. Of these participants, sixteen- (16) are currently active, seven- (7) successfully completed the program, and fifteen- (15) were terminated unsuccessfully. Forty-two participants were included in the sample.

### **Data Collection**

Data collection was the responsibility of the Forsyth County Drug Treatment Court personnel. Program implementation began prior to the implementation to the AOC MIS system; therefore complete data was not available for all program participants or program referrals for the entire program history. Thus, WSSU personnel assisted JTC staff in collecting the data from case files. The data collected included basic participant demographic information, treatment placement, out-of-home placements of participants, and termination status of court participants. Data were entered into SPSS for analysis.

## **Data Analysis**

This study attempted to examine the characteristics of JTC participants throughout the program. The evaluator planned to use descriptive statistics to illustrate the characteristics of participants, treatment activities, and termination information. Chi-square tests were employed to attempt to examine the differences between participants who stay in or complete the JTC court and those who drop out. However, due to incomplete data sets, intended data analysis could not be employed or results could not be used.

## **Results**

### **Program Enrollment**

The program has set twenty-five (25) participants as the program capacity, with twenty (20) participants considered optimal. In Calendar Year (CY) 2004, the Forsyth County JTC served a total of twenty-nine (29) participants, with a monthly average of 14.5 participants. The program admitted twenty-one (21) new participants during CY 2004. Seven- (7) clients successfully completed the program or “graduated” in 2004. This represents a graduation rate just over 54% for calendar year 2004. Six- (6) participants were terminated from the program for reasons other than successful completion, which represents a termination rate just under 21%. The termination rate for calendar year 2004 went down considerably from the first year of operation in which the program had a termination rate of almost 43%. While the program served twenty-nine (29) clients during the year (over full capacity), the monthly average was at approximately 60% of full capacity. The retention rate for calendar year 2004

was 79%, which represents an increase from calendar year 2003, in which the retention rate was 57%.

### **Social Demographic Information**

Social demographic data were collected in an effort to describe the drug court participant. This section profiles the participant based on basic demographic characteristics such as race, gender, age, education, employment, current offense characteristics, and criminal history. This section will address the following question:

- *What are the characteristics of juveniles referred to the drug court?*

The majority of the Juvenile Treatment Court Participants were male (93%) and African-American (71%). The majority of the participants were between the ages of 15 and 16 with an average age of 15 years, 8 months. All participants were enrolled in some type of educational program and relatively few were employed.

### **Criminal/Offense History**

Although drug court generally began as diversionary programs, recent studies indicate they tend to serve more serious and repeat offenders (Newcomb, 1995). This data were not available to analyze for the Forsyth County Juvenile Treatment program. No data was available on age at first offense, number of offenses, or type of offenses in the MIS. This information is available from the NC DJJDP Juvenile-Family Data Sheet and/or Risk Assessment. WSSU attempted to collect data for this section from case files. However, in many cases the data were not available or incomplete.

## **Substance Abuse History**

There were no data for participant's substance use, such as drug of choice or age of first use. Likewise, no data were available on family substance use. WSSU attempted to collect data for this section from case files. In many cases the data were not available or incomplete. Participants were asked several questions regarding their substance use. Marijuana was identified the drug of choice for the majority of participants who participated in the survey.

## **Drug Court Process**

A crucial part of any process evaluation is describing the program and its procedures. MIS data, interviews, and JTC records were used to determine the number of referrals, screening and assessment tools treatment services and status hearings. This section will address the following research questions:

- ❑ *How many juveniles are referred to the court?*
- ❑ *What screening tools are used to assess juveniles for eligibility?*
- ❑ *How many referrals are accepted and length of time between referral and acceptance?*
- ❑ *What sanctions or rewards are used in the program?*
- ❑ *Are sanctions applied systematically and in accord with a treatment-based protocol?*
- ❑ *How do sanctions and rewards affect the effectiveness of treatment?*
- ❑ *How often do clients appear before the judge? (i.e. status hearings)*
- ❑ *How many juveniles are placed in treatment? Is treatment available in a timely matter? Is there a difference between treatment providers?*
- ❑ *How many juveniles complete treatment? Is there a difference between treatment providers?*

## **Referrals and Screening**

The Juvenile Treatment Court program accepts twenty-one (21) new participants per year. Approximately forty juveniles are referred to the JTC annually. Of those referred, approximately half are accepted into the JTC program. Reasons for exclusion typically include charges (violent), age, or an unwillingness to participate in the program.

Prospective clients are screened during intake to determine eligibility and are presented to the Core Team. Typically, screening and assessment use one or more standardized questionnaires and additional instruments designed to assess the need and level for treatment. No standardized screening tools, such as the SASSI or Y-LSI, are used. Professional discretion guided by policy is the primary screening tool used by the program. Screening is typically the responsibility of the Core Team. The Judge makes a final decision regarding entry into the program.

No data were available to address the length of time from referral to acceptance or DSM-IV diagnosis of those accepted. Therefore this information can not be included. DSM-IV diagnosis information is available in the participant's treatment records, which were unavailable for review.

## **Sanctions and Rewards**

Sanctions and rewards are an integral part of any drug court programs. The Forsyth County Juvenile Treatment Court utilizes a variety of rewards and sanctions recommended by the JTC Team and determined by the Judge. Complete data on sanctions and rewards were unavailable; however, a perusal

of 12 months of Progress Reports found that the most commonly used sanctions are warning from the bench, increased community service hours, and decreased curfew. Other sanctions included increased AA/NA attendance or removal of a prized personal possession (held by JTC staff). Sanctions tended to be individualized based on the participant as opposed to being standardized for the offense.

Placement in detention was frequently used; however, there was no comprehensive record available on the actual number of days each participant spent in detention. A review of records found that several participants have spent in excess of 17 days in detention. Additionally, the participants are placed in detention in-between status review hearings by the Juvenile Court Counselor for probation violations. The MIS has a field for detention; however, this is for the 5-days of detention statutorily available. Contempt of court and/or violations of court orders are used to determine detention stays.

Rewards most often included praise from the bench, release from house arrest, extended curfew, or return of a previously removed personal item. Additional rewards including gift certificates or tickets to events were used when appropriate and available.

In addition to holding youth accountable for their delinquent behavior, an important goal of the JTC is to help youth learn a new way of thinking about their behavior and develop skills. The purpose of rewards or sanctions is to provide predictable consequences for behaviors so that clients can modify their behavior towards recovery. While consequences may be perceived as “punishment”, the

greater purpose is to provide structure, to teach and to allow for responsibility, goal setting and success in achieving said goals. A youth cannot be “punished” into recovery, but if the youth has poor self-discipline, the court can help provide a series of “small steps” in order to assist instilling the self -discipline. It is important for youth to make a connection between their behavior and the reward or sanction. Research suggests that the sanction and reward structure should be carefully planned to meet the needs of the participating youth as well as the “local political climate” (Belenko and Logan, 2003).

Interviews with participants revealed a level of dissatisfaction with the use of rewards and sanctions. The youth felt that rewards were not used as frequently as their performance warranted. The youth cited a lack of or delay of the award of 30, 60, 90-day chips for being “clean” as an example of rewards not being used adequately or timing. They are very aware of the rewards received by peers, and many (about 50%) felt that program staff had “favorites”. Several youth expressed that they had never received a gift certificate, when a peer had for similar behaviors. In discussions with the youth regarding motivators, it appeared that a small reward, such as praise from the bench, applause from the audience, a certificate and/or chip would offer incentive. Youth also felt that a more frequent use of tickets to sporting events would also be a good incentive.

In terms of sanctions, the group felt that sanctions were often punitive in nature and the team “makes a big deal over little things.” Examples given included homework or laundry (when it was completed, not if it were completed), and smoking or other tobacco use (a status offense). The youth understood the

use of sanctions for “big things” or major infractions such as dirty urine tests, school suspensions, etc. As with rewards, the youth felt that sanctions imposed were often inequitable. The youth expressed that it seemed as if some team members were always trying to “catch them doing something bad” as opposed to catching them doing something good.

Participant reaction to rewards and sanctions is supported by the literature. For the 16 to 22 year old African-American male population, the literature supports focus on positive reinforcers to modify behavior as this tends to be a population that typically does not do well in school and has a lot of other failures (Kirby and Fraser, 1997).

Although the Judge issues rewards and sanctions, the participants *felt* that team members primarily recommended the imposed sanctions. Some participants *felt* certain team members were more punitive and less treatment and family oriented. They *felt* the Judge was fair and flexible, which will be addressed in the next section.

### **Status Review Hearings**

Similarly to the sanctions and rewards, quantitative data were not available regarding reviewing hearings. However, frequent observations of the sessions, interviews with the team members, participants, and families provided information and qualitative data on this issue.

Unlike some other courts, the frequency of status review hearings does not vary with the phase level of the participant. Participants and their parents or caretakers are required to attend the entire court session two times per month,

regardless of phase. Reduction of court appearances has been used as a reward with at least two youth in the program.

Court Reviews are held on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month. Court begins at 4 PM, in an effort minimize interference with school hours and the amount of time lost from work for the parents/caretakers. Participants are required to sit together on the first and second rows. Participants are required to be dressed appropriately. Cell phones and other electronic devices are prohibited and are confiscated by court personnel if used/ring in court. Clients stay for the full session. Cases are called in a prescribed order; with those doing well (no sanctions) called first and often allowed the opportunity to leave court after their review.

The court sessions involve the assigned judge, court reporter, defense attorney, case manager and juvenile court counselor. Other JTC Team members routinely attend every court session. The Defense Attorney, JTC Coordinator, and Juvenile Court Counselor sit at the defense and prosecution tables. The court reporter sits next to the Judge. The Assistant District Attorney does not attend the status reviews. The remainder of the team sits in the jury box. Team members are often called upon to clarify or add information, as appropriate.

The court sessions have a supportive atmosphere. The youth support one another, as do the parents. It is not unusual to see a youth give a peer a gesture of support when he or she has done well or see a parent comfort another parent when their child is having difficulties. The Judge sets the tone for the court, and although decorum is expected, the sessions have a warm, "folksy" feel. The

sessions are never rushed and all aspects of a case are reviewed. There is no set or average time given per case. Each case is given the time needed to address all issues. In open court, depending on the client's version of events each participant and parent(s) and/or caretaker has an opportunity to address the court, supply additional information and question inaccuracies in reports provided to the bench. The judge responds accordingly. The purpose of the response is either to encourage or admonish the client towards recovery. The participants and parent(s) or caretakers feel that they are "heard" by the Judge and that he is "usually" very fair and willing to adjust rewards or sanctions based on additional information. The participants and parent(s) or caretakers also report that the Judge treats them with dignity and respect, even when he is administering sanctions. Parent(s) and caretakers believe that the Judge has their child's best interest at heart, even when he or she disagrees with a ruling.

At graduation there is a ceremony with a certificate and gifts, and time for reflection and comments. The parent(s) or caretakers are also honored. After court is recessed, reception is held in honor of the graduates and their families. As reported by participants and family members, the structure of the graduation ceremonies gives current participants and their families "hope" that they too can achieve this goal.

The youth did report anxiety and/or guilt when the court admonishes their parent or caretaker. Several youth stated "drug court is tearing my family apart." This statement was made in relation to parents being sanctioned for non-compliance. The parents reported feeling disempowered and/or embarrassed

when admonished or sanctioned in front of their child. The JTC program has already addressed this by adding a separate court docket to address parental issues without the youth being present. Overall, participants are highly satisfied with the process of the status review hearings.

An additional dynamic that may require further assessment is the presence of the younger siblings of participants that are present for court sessions due to the lack of childcare. The status review hearings are often lengthy, with small children becoming restless and parents having to attend to their needs. Parents interviewed with young children requested assistance with childcare, if at all possible during status review hearings.

### **Treatment Team and Core Team Meetings**

Both the Treatment and Core Team meetings are important to the Juvenile Treatment Court Progress. Using these meetings to resolve potentially divisive issues outside the courtroom, the JTC presents a cohesive and unified front to the program participant and parent(s) or caretaker. This evaluation revealed that treatment team and core team meets were held as prescribed by the program design.

Treatment Team meetings or “staffings” were held on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of each month at the Hall of Justice, prior to the Wednesday status reviews. The meetings were scheduled from 12:30-2:30, but typically ran over by 30 to 60 minutes. All active team members, with the exception of the Judge routinely attend the treatment team meetings. The goal of these meetings was to bring together the members of the JTC team to review participant status

information and progress and to discuss the imposition of sanctions or rewards and/or requirements effecting program participants, which will be recommended to the Judge at the Core Team Meeting. Additionally, new referrals were presented and staffed.

Treatment team meetings or “staffings” were seen as helpful to obtain a comprehensive picture of a participants progress. Lengthy and often spirited discussions were held, but usually the team was able to reach consensus and agree to disagree on issues. The issue of accountability versus treatment usually produced the most discussion. Due to the length and location of these meetings, only one representative from each treatment provider was able to attend, thus having the treatment information reported from a second hand source, which, on occasion, caused some crucial treatment information to be excluded. The management of the JTC has already addressed this issue and has made changes to this process for CY 2005.

Core Team Meetings were held at 2:30 PM on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month, just prior to the status review hearings. All active members of the JTC were routinely in attendance. The purposes of these meetings were to update the Judge on participant status information and progress and to discuss the treatment team recommendations on the imposition of sanctions or rewards and/or requirements effecting program participants. Written information packets are available for the entire team’s review.

At the Core Team Meetings, the Judge reviews each participant’s progress, asking for clarifying information, when appropriate. The Judge asks for

discussion on recommendations and welcomed alternative opinions and views. The Judge usually accepted the team's recommendations, with only minor tweaking. When rejecting or making a major revision the team's recommendations, the Judge always explained his rationale to the team. Additionally, new referrals were presented for the Judge's approval for admission.

### **Treatment Activity**

The Forsyth County Juvenile Treatment Court works with two (2) treatment providers. Despite provider, the majority of youth receive outpatient services. All of the JTC participants receive some type of treatment, although the frequency, intensity, and requirements for successful completion varied by treatment provider. The majority (81%) of participants received services through HopeRidge Centers for Behavioral Health. During the review period, two participants received long-term residential services out of the community.

JTC team members indicated an effort is made to match clients with treatment providers based on the level of need. The family's insurance status and referral source were also considerations. However, insurance information data is not entered in MIS.

Treatment providers were questioned about services provided for JTC participants. Intensive outpatient services are based on the disease model with some cognitive behavioral and family therapy. Participants meet three to four days a week, with one session conducted as a family. Each treatment provider reported providing aftercare services in the form of outpatient treatment.

Participants meet one to three times weekly for up to three months. The focus of these groups is on relapse prevention with some cognitive therapy and disease model programming.

In addition to substance abuse needs, participants are likely to have a number of other problems. JTC participants may also receive a variety of other services as needed. Anger management, individual and family counseling, mental health treatment, and medication monitoring are available for participants.

Parenting classes just began for program participants. The Forsyth County Coalition is providing parenting classes for Drug Abuse Prevention. Currently, only one parent is receiving parenting classes. The program continues to explore other community partners to provide parenting classes, such as the Parenting Institute of Exchange/SCAN.

In order to determine what the differences are between individuals, who stays in treatment and those who do not, it is important to focus the analysis on those individuals for which data on treatment was completed. Because of incomplete data, comparisons could not be made based on individual characteristic or agency characteristics. Treatment is an issue that will require more attention from the JTC program. The issue is one of implementation- are successful treatment modalities being adopted by the treatment providers? Forsyth County is in the beginning stages of North Carolina's mental health reform. CenterPoint, the former area mental health program has transitioned from a deliverer of services to a Local Management Entity. This has caused a

shift in program deliverables by agencies, staff turnover and a number of other factors, which may affect services to participants.

### **Phase Advancement**

While the program design clearly outlines program phases, both participants and team members expressed confusion over the determination of program phases. Youth stated they were unaware of their current phase. Team members expressed frustration over a lack of input in the determination of participant phases. Some team members felt that participant phase determination was made randomly or arbitrarily. Listed phases for participants are often inaccurate. Additionally, some phase advancement requirements are not being implemented such as presentations to the court required at each phase.

As with any process, it is important to know at what phase participants are likely to be terminated or relapse. Complete data were unavailable in MIS and in client records.

### **Drug Testing**

JTC participants are drug tested by the JTC case manager, juvenile court counselor, as well as the treatment provider. While complete data were not available on drug testing, a perusal of 12 months of Progress Reports found that participants were tested four- (4) to eight- (8) times per month. The majority of program participant's test "clean" and there is no prescribed timing of drug testing. Participant's who have tested "clean" since early into the program are tested as frequently as other participants.

## **Out of Home Placements**

Data from MIS on out-of-home placements were unavailable; however, a perusal of 12 months of Progress Reports found that 36% of participants were placed in out of the home placements after entering in JTC program. The majority or 78% of placements were community group homes, which were not substance abuse specific. This number does not include youth that entered the program living with a biological parent(s) and subsequently were placed with relatives.

Group homes have been a popular intervention for juvenile offenders for some time. The JTC program utilizes group care placement to promote the youth's advancement in treatment. The youth may not have a stable home environment that provides clear behavioral boundaries or chronic truancy, curfew violations, or "dirty" drug screens may lead to placement in a structured environment; one with close supervision and many rules. In these situations, the JTC team often sees placement as the only option.

While, there is incomplete data to analyze the effect of out-of-home placements in the JTC program, a review of the literature found that there is little research to support their overall effectiveness (Daly, 1996). Many researchers believe that small group settings, which encourage fraternization among delinquents, may actually promote disruptive and deviant behavior (Dishion et al., 1996). Studies suggest that adolescents placed in therapeutic group homes do experience positive effects on their behavior while they are in group homes, but there is little, if any, evidence to suggest that treatment outcomes are sustained

over time (Kirigin et al., 1982). In addition, two controlled studies (Rubenstein et al., 1978; Chamberlain and Reid, 1998) comparing the benefits of therapeutic group homes with therapeutic foster homes have demonstrated that foster homes offer several important advantages over group care. Lower costs were cited in the first study and fewer criminal referrals and more frequent reunification with family were noted in the second study. To increase the likelihood of long-term positive effects, it is important for group homes to be seen as only one step in a continuum of care—a continuum that emphasizes sustained treatment after discharge from the home (Lipsey and Howell, 2004).

The youth and their families have complex, co-occurring needs which require innovative, complex, and individualized interventions (Marks and Lawson, 2005). They have a myriad of problems in addition to substance abuse that requires services (Schulenberg et al., 2001). Research has found that effective treatment for youth almost always involves the family. The family unit, as a whole, must be strengthened if the youth is to achieve long-term, sustained change. DJJDP views the lack of family preservation as a mandated service as a concern for the JTC program, which may be linked, to meeting the many complex needs of the youth and their families.

The JTC could consider using Intensive Family Preservation (IFPS) prior to the removal of participants from their homes. JTC clients meet the criteria for “imminent risk of out of home placement” required by state statute for IFPS. In Juvenile Justice referred cases, the youth must have been adjudicated as delinquent or undisciplined and have violated protective supervision or probation,

or have new charge, or the juvenile has been placed on Level 2 disposition by the court. For Mental Health referred cases, the youth is considered at imminent risk when the child's treatment team determines that if IFPS were not offered the child would be referred to a residential or inpatient setting and the child receives total CFAS score of 60 or above or a sub score of 30 on either the parent/caregiver or the moods/self-harm domain. IFPS is provided for six (6) weeks.

### **Termination Information**

Fifty-four percent (54%) of participants successfully completed or "graduated" for the program. Individuals who successfully complete the program do so in roughly 12 months. Fifteen- (15) Individuals have fail to complete the program or were "terminated" over the program history (9 in year 1; 6 in year 2). The data were incomplete for the entire terminated group, but it appears that the majority of the youth who were terminated spend a similar average in the program as the successful participants. Given the lack of data, it is not clear why unsuccessful participants spend approximately equal time in the program. However, it may be that the JTC team is hesitant to terminate individuals and may try several other sanctions and placement options prior to termination from the program. Some team members felt that the team should "revisit" termination policies.

## **Family Role in JTC**

Research has found that effective treatment for youth almost always involves the family. Family-centered practice begins with the assumption that families are always important to children and by supporting families and working with them, one is most likely to achieve positive outcomes for children. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes for youth as well as their families (Berg, 1994).

The JTC team believes it uses a family-based treatment approach. Team members report that parent participation with the JTC is among the highest of the Juvenile Treatment Courts in the North Carolina Youth Treatment Court system. Child and Family meetings are held with the Treatment Team to address individual progress. Additionally, the parents and/or guardians, as well as the client are held accountable by the team and the court. Conversely, the team cites a lack of family involvement as one of the key factors for the unsuccessful completion or termination for participants from the program. The team sees the need for increased family empowerment as well as providing culturally competent services.

While the JTC team believes it uses a family-based treatment approach, it appears that a more child-centered approach is actually used. That is, the youth participant is the focus. In family-centered practice, the family is considered the “center of the field of action” and the “unit of interest”. This does not mean that the youth participant must be subordinated. It does require that the youth

participant must be understood and helped only in the context of the intimate and powerful human systems of which they are a part; the most important such system is usually the family (Briar-Lawson, Lawson, and Jones, 2001).

A number of studies have shown that parents or other adults can play a strong role in the development and socialization of at-risk adolescents (Dishion and Andrews, 1995; Borduin et al., 1995). Specific parental processes, such as providing supervision (Sampson and Laub, 1993), consistent discipline (Capaldi, Chamberlain, and Patterson, 1997), and adult support and mentoring (Werner and Smith, 1982), have been shown to have a positive effect on adolescent adjustment and functioning.

### **Team Roles and Structure**

While team roles and responsibilities are outline in the program design, there does appear that some roles overlap, creating confusion for the participants and duplication of services. The most obvious roles, which overlap, are those of JTC case coordinator and DJJDP court counselor. Participants viewed these two roles as interchangeable, which was usually to the detriment to the DJJDP court counselor. Additionally, the role of the defense attorney and the assistant district attorney overlapped. The defense attorney often finds himself playing dual roles, primarily due to the absence of the assistant district attorney.

As stated previously, the role of the school social worker on the JTC team is “informal” and needs to be defined and formalized given the value of this role for the JTC program. The school social worker roles can assist with measuring the educational outcomes for participants as well continue the state role

previously mentioned (Team Roles, p. 19).

Some team members expressed that the current team structure allows the participants and their caretakers to “split” the team. Participants and caretakers expressed frustration and confusion, often unsure to which team member information was to be given or consent obtained. A frequent example given was receiving reprimands or warnings for not providing information to probation when it had previously been provided to the treatment provider or the case coordinator.

The team, as a whole, has a commitment to the program and the clients. The team reported they have developed a climate in which each member feels relaxed and comfortable. They are able to be direct and open in their communications and have the ability to “agree to disagree”. The team believes they jointly make team decisions, and are able to put aside personal differences for the benefit of the clients.

It should be noted that, with the exception of the JTC case coordinator, all other team member’s duties in the JTC program are in **addition** to their regular duties. Many team members are “volunteering” their time on the JTC team, as they believe in the JTC model and more specifically this program. This speaks to the commitment and dedication of the Forsyth County JTC team.

The administration of the JTC program is currently addressing the issue of team member roles. Currently, attempts to provide role clarity and team structure are being made. However, it should be noted that this is a fluid process due to ongoing external changes.

## **JTC Training Opportunities**

The members of the JTC program have had two major training opportunities in CY 2004. All team members were encouraged to attend both training opportunities. Team members attend the National Association of Drug Court Professionals 10<sup>th</sup> Annual Conference in June 2004. This national conference allowed team members the invaluable opportunity to attend cutting edge training sessions and network with other drug courts from across the country. The second major training opportunity for training was hosted by the North Carolina Administrative Office of the Courts, Sustainability of NC Drug Treatment Courts in November 2004. Team members again receive relevant and cutting edge training, while networking with other North Carolina drug court professionals.

During the SCOT analysis, several themes emerged related to the need for additional training and education for the team. "Mini" in-service training sessions are held during core team or treatment team meetings regarding community services.

## **New Program Initiatives**

The Forsyth County Juvenile Treatment Court has begun or implemented two new initiatives in 2004. The first project, spearheaded by the JTC Judge, is a mentoring program for JTC participants and their parents. The program is partnering with the faith-based community and the Boys and Girls Club to provide one-on-one volunteer mentors for both participant youth and their parents. Once recruited, a background check is completed on prospective volunteers. Once

clearance is obtained, the mentor is matched with a JTC participant.

The second initiative implemented in the fall of 2004 is an Equine (horse) Therapy Program. The goal of this program is to assist youth in problem solving and empowerment through working with horses. A selected set of program participants is currently participating in this program.

### **Team Members Perceptions**

The purpose of the Strengths, Concerns, Opportunities, and Threats (SCOT) analysis and interviews was to obtain descriptions of the program and team members' perceptions of the program and its procedures. Overall, the JTC members had positive perceptions regarding the juvenile treatment court. This section provides an overview of the results.

### **SCOT Analysis**

The Strengths, Concerns, Opportunities, and Threats (SCOT) Analysis was conducted with the Forsyth County JTC Team in March 2004. The Forsyth JTC team used the SCOT analysis to determine the forces that promote and hinder the program's achievement of its mission. The Forsyth County JTC team identified strengths and concerns of the program as well as the opportunities for and threats. The list was achieved through discussion and represents what members of the Team perceived to be the Forsyth County JTC strengths and concerns, as well as what might be its opportunities and what might be threatening to the well-being of the program. The strengths, concerns, opportunities, and threats identified in this report are limited to those observed by the team members who participated in the SCOT analysis process. Please see

Appendix B for the SOCT Charts.

## **Strengths**

The SCOT analysis identified many program strengths of the Forsyth County Drug Treatment Court (JTC). In the brainstorming session, the team identified forty-five (45) strengths. Strengths included an experienced and knowledgeable team, strong relationship with the court, sound leadership, family-centered practice, and community involvement. The themes of the strengths fell into the following categories: the team, administrative leadership and relationship with the court, program practice, and community involvement.

As previously stated, the team saw itself as the most significant strength to the program. The team composition remained constant during the first year of operation, however began experiencing changes in year two. The team sites that the members are knowledgeable and experienced. Each team member feels that he/she is allowed to provide his or her technical knowledge and skills to the benefit of the program and clients. The team, as a whole, has a commitment to the program and the clients. The team has developed a climate in which each member feels relaxed and comfortable. They are able to be direct and open in their communications and have the ability to “agree to disagree”. The team believes they jointly make team decisions, and are able to put aside personal differences for the benefit of the clients. They have a well-defined purpose, which is the success of the individual clients and the program as a whole. The team consists of people who are communicative, cooperative, problem solvers, and respectful individuals. They work well together, have respect for each other,

and help one another when needed. They understand and respect each other's views. However, there were some concerns regarding communication as well as role clarity, which will be addressed in the concern's section.

The team views the "overall vision" of the JTC as strength. They feel there is a well-defined vision for the program as well as clear policies. The team felt that the Local Management Committee allows flexibility within policy guidelines, which allows the program to operate effectively.

The team also viewed the presiding Judge, William Reingold as a major strength to the program. The team felt Judge Reingold is highly motivated for the program to succeed. The team felt he is knowledgeable, effective, and supportive of the team as well as to the clients and their families. They report that he supports the team's case decisions 99% of the time. However, Judge Reingold's role was also seen as a threat, which will be addressed in the threat's section.

The JTC Director, Eugene Williams, was also viewed as a strength to the program. The team felt the Mr. Williams has good "people" skills and is committed to the team approach. The Mr. Williams was described as "fair, supportive, and responsive". The team also believed Mr. Williams was supportive of on-going training and staff development and makes training available to ALL team members, not just JTC employees.

Team members are allowed to work a flexible work schedule, as opposed to a standard 8:00-5:00 schedule, which is viewed as a strength to the program. This allows the team to meet with clients and families around their work/school

schedules, which is a client-centered approach, as well as make evening and weekend checks to insure compliance with client goals.

The team feels they have the support of the court system and have a positive image with most, if not all of the District Court Judges. The court schedule has been set in the late afternoon, after school hours, in an effort to not conflict with the client's school schedule and to allow parents to miss less time from work.

Because of the excellent team cohesion, this team states they are able to work together to make sound case decisions. Each discipline's expertise and knowledge is melded to create the best plan for the client. They feel they are able to identify and subsequently address the underlying issues as opposed to treating the symptoms.

Research has found that effective treatment for youth almost always involves the family and the JTC believes it uses a family-based treatment approach. Parent participation with the JTC is said to be among the highest of the JTC's in the North Carolina Youth Treatment Courts. Child and Family meetings are held with the Treatment Team to address individual progress. Additionally, the parents and/or guardians, as well as the client are held accountable by the team and the court.

Although this is a voluntary program, the team understands that few adolescents come to drug treatment of their own accord and are ambivalent about their drug use. Often the participating youth's are defiant as well as angry. The team has a genuine concern for each client and family and has the ability to not take the client's behavior personally. Additionally, the team, as a whole, is

consistent with the youth's and their families. This eliminates the natural tendency to "shop" for answers and the potential for "splitting" the team.

Core team and treatment team meetings are held prior to each court session. Comprehensive and holistic reports are prepared and provided to the court prior to the court sessions. These practices allow for good case decisions, which allows for tailoring interventions to the needs of the individual clients and allows for a "perfect blend of treatment and judicial accountability".

The current caseload size, although below the projected number, is seen as a strength to all team members as it is "manageable" and client needs are able to be met. However, current caseload size is also viewed as a threat, as the program has not meet their required deliverables as outlined in the grant contract.

A successful JCT program requires the involvement of local community leaders, school system, treatment agencies, community groups, and other constituencies (Nolan, 2001). This program has made a strong effort to gain the "buy-in" and ongoing cooperation of numerous agencies and individuals in the community. This can be demonstrated by the positive relationship the program has with community agencies and services providers. The service providers are dedicated to the program, giving more than their contractual obligation to the program (i.e. "donate time"). There is a volunteer program and a community service component to this program. The program receives donations from the community for incentives and graduation celebrations.

Additionally, the local school system is seen as a strength for the program. The school system pays for substance abuse treatment and provides an alternative school, for which the majority of participants attend. The alternative school understands underlying issues and works well with the program.

### **Concerns**

The team understood the importance of realistically examining concerns of the program so that they could be identified and overcome as quickly as possible for the long-term health and sustainability of the program. The Team identified thirty-one (31) areas of concern for the program. Concerns reflected funding uncertainties, struggles for consensus, need for additional training, and a lack of awareness about the program with the local court counselors. The themes of the concern fell into five (5) following categories: practice, education and training, funding and resources, environmental, and administrative.

The retention rate for the program's implementation year was 57%, which was viewed as a concern. Nine out of twenty-one participants were terminated from the program in the first year of operation. The team cites a lack of family involvement as one of the key factors for the terminations (family involvement was also noted as a strength). Some team members felt that the team should "revisit" termination policies. The team sees the need for increased family empowerment as well as providing culturally competent services.

Juvenile Treatment Court's often require modifications in the way juvenile delinquency cases are handled, which raises two (2) concerns for the team and for DJJDP. These are the use of detention (> 5 days) as a sanction violates the

Juvenile Code and balancing the juvenile participant's rights with treatment issues and sanctions for violations.

Youth who participate in the JTC's and their families typically have a myriad of problems in addition to substance abuse that requires services (Schulenberg et al., 2001). This team has a difficulty matching treatment need to client needs. DJJDP sees the lack of family preservation as a mandated service as a concern, which may be linked, to meeting the many complex needs of the youth and their families. One of the factors of the drug court model is timely identification and referral of defendants in need of substance abuse treatment as soon as possible after the offense (Nurco et al., 1996). Time frames from referral to admission are also seen as a concern by the team.

Several themes emerged related to the need for more training and education for the team. While the team meets prior to court to staff cases, they do not regularly meet to discuss roles, policies, resources, etc. The team sees the need to make time for in-service training to address these issues. By being aware of the duties of others, the potential to improve processes will result. A related issue is the team's lack of understanding and knowledge of DJJDP regulations and policies.

According to the 2003 Annual Report of the North Carolina Department of Juvenile Justice and Delinquency Prevention, at disposition, 39% of juveniles have a history of substance abuse. This figure would suggest that there would be more referrals to the JTC program than could be accommodated. However, this program is not currently at capacity. Lower than desired participant numbers

is a concern for the team. The expected number of participants is 25 per year, which the program did not meet, in the first year of operation. A related concern is the low number of referrals to the program. This may be related to the lack of awareness of the program with the local juvenile court counselors, which was also viewed as a concern.

One of the factors of the drug court model is timely identification and referral of defendants in need of substance abuse treatment as soon as possible after the offense (Nurco et al., 1996). One of the concerns of the program is “How clients are evaluated prior to referral to the JTC”. Although early assessment is a goal, identification of substance abuse issues has not occurred early in the adjudication process.

Substance abuse treatment is a core and required service for the JTC. Currently, the program only has two (2) treatment providers as an option, which is seen as a concern. This concern is related to the practice concern regarding the ability to match treatment needs with client needs.

Finally, uncertain funding is seen as a concern. The current funding for the program will end in December 2005. Currently, there is no identified source of revenue, which will replace this funding.

There were four (4) concerns, which are external in nature. The first external concern raised relates to how the school system/resource officers make decisions about which students will be referred directly for treatment, bypassing the court system and which students will be referred for court involvement. The team sees this as an issue of privilege. It is felt that students from higher

socioeconomic households are more likely to be referred directly to treatment and not become involved with the juvenile justice system. Second is the issue of clients receiving treatment in the most appropriate setting (or by the most appropriate service provider) versus which agency “owns” the case. That is, if a client is already receiving services from one agency, then he/she must also receive substance abuse treatment from said agency, even if the team believes another provider would better meet his/her needs.

The third external concern identified was that Exceptional Children’s laws are not being followed. Since the majority of the JTC participants have educational difficulties and school attendance is a program requirement, this creates challenges for the team. Lastly, the over representation of African-American youth in the juvenile justice system is a concern for the team. This concern is supported by the 2003 Annual Report of the North Carolina Department of Juvenile Justice and Delinquency Prevention.

Four (4) concerns were identified with administrative themes. The lack of Family Preservation on the Core Team is viewed as a concern by DJJDP. The program has changed evaluators, which is also a concern for the team as program evaluation is critical for the long-term sustainability of the program. Without appropriate evaluation, the program is unable demonstrate effectiveness, which would influence funding.

The final two concerns relate to AOC acting as the pass through agency for the federal grant funds and AOC oversight for the program, which can create mandates, and regulations, which are not required for the grant.

Team members identified three (3) additional concerns. Two (2) relate to the team. One concern related to team communication and the other concern, related to team roles. These concerns conflicted with strengths sited. The last concern related to the lack of public awareness of the program.

### **Opportunities**

Many opportunities were suggested, such as more partnerships through mental health reform, expanded outreach to the local court counselors, and new funding. The Team identified twenty-one (21) opportunities the program could capitalize upon. The majority of the themes for opportunities fell into the following categories: administrative, practice and outcomes and funding and resources.

North Carolina's mental health reform is seen as an opportunity for the program, in that it may create new partnerships and expand service provision. The uncertainty it brings is also considered a threat. Since Forsyth County is in the "first wave" of change with regards to the mental health system reform, the team's apprehension is understandable. However, it is a very positive sign that the team is able to view this as an opportunity.

The new MIS is viewed as an opportunity for the program as is the revision of North Carolina's Juvenile Code. This is viewed as an opportunity for the program as the revised code may allow for modifications often require in the way juvenile delinquency cases are handled in JTC.

Forsyth County is fortunate to have both and adult and juvenile drug treatment court. This is an opportunity for both programs, as they can work

together, pool resources to minimize cost for each program, and provide back up and support for one another.

The November 2004 elections were viewed by the team as both an opportunity and as a potential threat to the program. It serves as an opportunity as may create changes in administrations on the state and/or federal level, which could increase support for drug treatment courts. It is seen as a threat, as a change in state and/or federal administrations could lead to a decrease or elimination of the current level of support.

One concern and perceived threat is the way youth are currently being assessed for substance abuse issues in the juvenile court system. As stated in the concerns section, timely identification and referral of youths in need of substance abuse treatment is crucial to the JTC model. The team plans to arrange or provide education and training to the local court counselors on substance abuse issues to minimize or eliminate this concern and potential threat to the program.

Lastly, the JTC leadership will seek the buy-in from agency leaders to develop back-up members for the team. The team realizes that the loss of team members could be a threat to the program, as no back-up members have been identified. The drug court movement has largely been a grassroots phenomenon, driven by highly motivated judges, prosecutors, court leaders, and agency representatives on the team. Without trained and knowledgeable back-up team members, the program could stall.

A system of graduated sanctions and rewards is a key part of any drug court. Research suggests that the sanction and reward structure should be carefully planned to meet the needs of the participating youth as well as the “local political climate” (Belenko and Logan, 2003). The JTC program views their ability to balance sanctions and incentives as an opportunity for the program. Community support is increasing to allow for more in-kind donations, such as movie passes, pizza coupons, and gift cards from other local businesses. Additionally, the concern of using detention as a sanction (C15) is viewed as an opportunity for the program, as it will “force” the team to consider other resources, develop new partnerships, and “think outside the box”.

The team views their ability to increase the numbers of participants as an opportunity. The team plans to use a number of strategies to increase referrals to the program. These strategies include, increasing the program’s exposure with the local DJJDP program by providing training on substance abuse issues and attending more juvenile court sessions. An increase in numbers is also viewed as a potential threat to the program, which will be address in the following section.

The team views the development of the mentoring program as an opportunity for better outcomes for the participants as well as creating more community support for the program. Additionally, the JTC plans to create a program for participating youth to have the opportunity for internships and a community service program for the youth and parents to participate in jointly.

The team believes that one of the programs greatest opportunities is the positive comments of the parents with youth in the program. “Word of mouth” can potentially make or break a program. As parents buy-in to the process, they “spread the word” about the program, encouraging other families to participate.

The end of funding in 2005, although perceived as the greatest threat to the program, also allows for opportunities. The team clearly understands the need for additional funding sources and new partnerships for the long-term sustainability of the program. As drug courts are gaining acceptance as a viable treatment option for defendants with substance abuse issues and as this program increases its exposure in the community, establishes a “proven track record” and demonstrates cost effectiveness, it will be in a good position to seek new grant and funding options.

The use of Master’s level interns is viewed as an opportunity to gain more community exposure as well as increase productivity. The use of Master’s level interns would allow the program to serve additional clients, without increasing the cost of the program, as well as increase exposure of the program with regional universities.

The JTC has many strategies for increased exposure of the program with the local juvenile court counselors as well as in the community. Some strategies have been implemented, while others are in the planning stages. The team understands the importance of increase exposure of the program.

## **Threats**

It is important for any program to identify the factors that may pose potential threats, so that the program can prepare an action plan to offset the possible threats. The greatest external threat was seen as uncertain funding after December 2005. External threats included mandates and regulatory demands of AOC, low participant numbers, and funding which is scheduled to end in 2005. The Team identified a total of thirteen- (13) potential threats to the program.

Uncertain funding is seen as the principal threat to the program. As previously stated, the current grant, which is the sole source of revenue, will cease in December 2005. Another funding stream has yet to be identified. Low numbers of participants is also viewed as a threat. The program did not meet the deliverables of the grant, which if not correct could jeopardize the current funding and make it more difficult to obtain new funding. The team perceives the low number as a result of the manner in which juveniles in the justice system are asses for substance abuse issues.

The weak local and state economy is also viewed as a threat to the program. Because of budget short falls in all levels of government, it is unlikely public funding could be allocated to the program. Local service agencies are also experiencing budget issues. Additionally, job layoffs, plant closings, etc, affects the participant families, placing additional stress on the families and creating a greater challenge for the team to find resources for participants.

North Carolina's mental health reform, viewed as an opportunity, is also

viewed as a threat due to the uncertainty the change will bring. Forsyth County is in the “first wave” of change with regards to the mental health system reform. There is no “frame of reference” for how this new system will work.

Likewise, the November 2004 elections were viewed by the team as both an opportunity as well as a potential threat to the program. It is seen as a threat, as a change in state and/or federal administrations could lead to a decrease or elimination of the current level of support or future

Team composition is critical to any JTC. The team identified four (4) threats to team composition. The concerns related to the role of the judge on the team. The role of the judge is critical to the overall success of the program. The possible loss of the presiding judge is viewed as an external threat to the program for the same reasons Judge Reingold’s role is seen as a strength. Additionally, the use of a “back-up” judge was also viewed as a threat as the relationship the participants develop with the judge is often a motivating factor and changes could affect outcomes.

Concerns also related to the loss of team members and changes in service provider personnel. The drug court movement has largely been a grassroots phenomenon, driven by highly motivated judges, prosecutors, court leaders, and agency representatives on the team. Without trained and knowledgeable back-up team members and service providers, the program could stall.

Juveniles are far less likely to be referred to treatment by a parent, family member, or self than adults (Nolan, 2001) are. Therefore, it is important that the professionals who work with juveniles to be able to identify youth with substance

abuse problems. Because of the large percentage of youth in the juvenile justice system with substance abuse issues, a high priority should be placed identifying youth with underlying substance abuse issues. If youth are not appropriately screen and referred for treatment, this poses a threat to the JTC.

The last potential threat raised was the retention rate. The retention rate for CY 2003 was 57%. Nine participants were terminated in CY 2003. Some team members voiced concerns that a youth is terminated if he/she has an additional offense and believe this policy should be reassessed. Others cited the lack of family involvement as the reason for the rate of terminations.

### **Obtainment of Stated Project Program Goals**

This evaluation aims to determine if the goals set by the Forsyth JTC were met. The goals and the level in which they were met are as follows:

- *Admitted its projected number of participants.* The program has set twenty-five (25) participants as the program capacity, with twenty (20) participants considered optimal. In Calendar Year (CY) 2004, the Forsyth County JTC served a total of twenty-nine (29) participants, with, a monthly average of 14.5 participants. The program admitted twenty-one (21) new participants during CY 2004. While the program served twenty-nine (29) clients during the year (over full capacity), the monthly average was at approximately 60% of full capacity. Given the level and intensity of the need of the client population, some consideration should be given to the optimal target number base on current staffing.

- *Achieved a diversity in its eligibility and admission process that is reflective of the race and gender breakdown amongst the larger population of juveniles arrested in Forsyth County. The goal: 70-30 black to white ratio and 60-40 male to female ratio.* The majority of the Juvenile Treatment Court Participants were African-American (71%) and male (93%).
- *Assisted the participant/family in accessing the targeted services. Goal: To access 80% of services requested.* There was insufficient data to determine to what degree this goal was met.
- *Retain/graduated a sufficient number of participants.* The graduation rate was 54% for calendar year 2004. The retention rate for calendar year 2004 was 79%, which illustrates an increase from calendar year 2003, in which the retention rate was 57%. It should be noted that the termination rate for calendar year 2004 just under 21%, which is a reduction of over 50% from the first year of operation in which the program had a termination rate of almost 43%.
- *Reduced/eliminated drug use as time in the program increased.* There was insufficient data to determine to what degree this goal was met. Based on a review of 12 months of individual participants progress reports, the majority of client's urine screens were negative, which would suggest that the program did meet this goal.

- *Reduced the occurrence and seriousness of negative police contacts/rearrests while in JTC.* There was insufficient data to determine to what degree this goal was met.
- *Enhanced school performance, employability, and family harmony.* There was insufficient data to determine to what degree this goal was met.

### **Summary and Recommendations**

Juvenile Treatment Courts became popular before evaluation was able to demonstrate that they were effective. Research has only begun to test whether juvenile drug courts are more effective than traditional approaches, which is needed for sustainability of this type of court. There is more research on adult drug courts, which suggest this model seems to affect offender behavior (i.e. reduction of crime and drug use), enough to warrant the continuation and expansion of adult drug courts. However, it remains unclear if the growing evidence that supports adult drug courts can be applied to juvenile treatment courts (Belenko, 2001). The circumstances and needs of youth and their families are different from those of adult criminal offenders. Thus, applying drug court principles to juvenile populations is not as simple as replicating the adult model. In fact, a JTC looks very different from one aimed at adults (BJA, 2003).

In addition to holding youth accountable for their delinquent behavior, an important goal of the JTC is to help youth learn a new way of thinking about their

behavior and develop skills. The juvenile treatment court team faces formidable challenges as they strive to meet the need of the youth participants and their families. These youth tend to have interlocking needs and are often involved in two or more service delivery systems. These youth and their families have complex, co-occurring needs which require innovative, complex, and individualized interventions (Marks and Lawson, 2005).

Overall, the evaluation appears to indicate the Juvenile Treatment Court is, for the most part, operating as designed. The findings indicate that participants generally match the eligibility criteria and are receiving treatment services. There is some question about the level of drug dependence (i.e. some clients tested “clean” from entry in the program), but there is no data to support this observation. Data regarding sanctions and rewards, an integral component of drug courts, were incomplete. However, a review of the records and court observations found that sanctions and rewards being used. Client perception is that rewards are not used as often as sanctions. Similarly, data regarding drug testing, drug of choice, age of first use, and DSM-IV diagnosis were also incomplete. A review of paper records and reports by team members reveals that drug tests are frequently given.

Given the growing popularity of the drug court model both nationally and in North Carolina, the Forsyth County Juvenile Treatment Court’s ability to reduce drug abuse and recidivism as compared to the traditional juvenile justice system remains a key issue. As the Forsyth County Juvenile Treatment Court has only

been operational for two years, it was not possible to determine whether the program is reducing recidivism or drug use. In order to assess the long-term effectiveness of the Forsyth County Juvenile Treatment Court, a sufficient follow-up period must be employed. However, by providing treatment, tighter supervision and more frequent status reviews, it is assumed that this court will be more effective at reducing recidivism than the traditional approach to juvenile justice. In order to increase and assess the effectiveness of the program, as well as for meeting current and future challenges, the following recommendations are made:

1. In order to conduct a more thorough evaluation of the Forsyth County Juvenile Treatment Court, more detailed information needs to be collected and the MIS system used to its fullest capacity. In addition to basic demographic information, comprehensive data should be collected on supervision activity, drug testing, services received, sanctions and rewards, educational information (i.e. Exceptional Children's status, placement, suspensions, grades, etc.), treatment activity, and recidivism data.
2. Attempt to collect missing data, which is available from various JTC members. For example, drug of choice, age of first use, and DSM-IV diagnosis are available from the two treatment providers. Actual days spent in detention are available from DJJDP. JTC team members had voiced their support in supplying missing data. WSSU will assist in data collection.
3. Given the goal and intensity of the drug court program, efforts should be made to systematically assess youth in terms of their substance

use. A standardized measure, such as the SASSI, could be used to determine substance use severity, with the results used to determine appropriate treatment. Additionally, a screening instrument can identify candidates who meet the substance abuse criteria defined by AOC.

4. In addition to varying degrees of substance abuse problems, youth involved in the juvenile justice system have varying degrees of other risk factors. A standardized measure, such as the Y-LSI or YLS/CMI, could be used to determine the appropriate level of treatment/services.
5. If real change is to occur for the youth participants, a holistic assessment of the family unit is needed to determine underlying issues. For example a more in-depth social history, which may include a Geneogram and Eco-map may help the team to address the underlying issues which has lead to the participant's substance abuse and delinquent behavior. The Juvenile Court Psychologist will assess each new participant in the JTC program, which may address this issue.
6. Develop a parent component, such as parenting classes and support groups for the parents or caretakers of youth participants of the JTC program.
7. Develop formal quality assurance mechanisms to ensure that the treatment and services offered are high quality and of sufficient intensity and duration to be effective.
8. Review the use of rewards and sanctions to ensure they are logical and timely. Consider the use pre-determined incentives or sanctions for the prescribed behavior to maintain consistency, predictability and

program integrity. When possible, define the circumstances, the response and the reasons for that response. Record the sanctions and incentives, the impact (if any), and change course if necessary.

9. Take care to bring out in staffings and open court the good things the youth, family, and court is doing. Do not become mired in discussing only problems, which is detrimental to participant and program success.
10. Develop back-up team members, especially for team roles such as the defense attorney and court counselor.
11. Begin implementation of MIS for the entire team as feasible. Address and resolve the issues of duplication of service MIS will create for some team members.
12. Continue efforts to secure funding to sustain the program administratively beyond the life of the federal grant.
13. Consider making childcare available for court sessions. There is a nursery area behind the courtroom. Community volunteers and/or college interns could be used to provide childcare, thus freeing parents to give their full attention to the status review hearing.
14. Begin to address and collect data regarding the cost-effectiveness of the drug court compared to alternatives in order to complete a cost-benefit analysis. Address sustaining cost-savings to the community with the use of out-of-home placements and detention sanctions.
15. Review the use of phase advancement to ensure they are within the standards of the program design to maintain consistency, predictability

and program integrity. Consider making phase advancement a part of the Core Team responsibilities.

16. Review the program design regarding phase requirements to ensure they are representative of program goals. Implement program phase requirements as currently designed or revise program phases as appropriate.
17. Update the Forsyth County Juvenile Treatment Court Participant's Handbook to reflect all program requirements (i.e. parent participation-page 8).
18. Develop an operational, measurable definition of "improved school performance" in order for this outcome to be assessed.
19. Conduct "exit" interviews with participants and their families at the time of termination.
20. Formalize the role of the WSFS school social worker, including a memorandum of agreement between the JTC program and the WSFS.
21. Provide training for the JTC team on "Family-Centered" Practice.

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## **Glossary of Abbreviations**

**AOC- North Carolina Administrative Office of the Courts**

**CY- Calendar Year**

**DJJDP- The North Carolina Department of Juvenile Justice  
and Delinquency Prevention Services**

**DTC- Drug Treatment Court**

**Graduation- Successful completion of the program**

**JTC- Juvenile Treatment Court**

**LME- Local Management Entity (Mental Health)**

**NC-TOPPS- North Carolina Treatment Outcomes and Program Performance  
System (Substance Abuse and Mental Health)**

**SASSI- The Substance Abuse Subtle Screening Inventory**

**SCOT Analysis- Tool used to identify strengths and concerns of a program  
as well as the opportunities for and threats to said  
program. Also know as a SWOT Analysis.**

**Termination- Exiting the program for reasons other than successful  
completion of program goals**

**MIS- Management Information System**

**Y-LSI- Youth Level of Service Inventory**

**YLS/CMI- Youth Level of Service/Case Management Inventory**

**YTC- Youth Treatment Court**

<b><u>Strengths (S)</u></b>	<b><u>Concerns (C)</u></b>
<ol style="list-style-type: none"> <li>1. Dedication of the team</li> <li>2. Good communication between team members</li> <li>3. Overall vision of JTC</li> <li>4. Family-based treatment</li> <li>5. Strong leadership (Judge and Director)</li> <li>6. Team composition remained constant</li> <li>7. The family is held accountable by team &amp; court</li> <li>8. Wealth of resources (community)</li> <li>9. Volunteer program</li> <li>10. Training is available for all team members</li> <li>11. Service providers are dedication to the program and donate time</li> <li>12. The availability of an alternative school which understands underlying issues</li> <li>13. The team relationship- likes and respects one another and enjoys working together</li> <li>14. Support of the court</li> <li>15. Positive image with all or most district court judges</li> <li>16. Schools system pays for SA treatment</li> <li>17. Ability to work together and make sound case decisions</li> <li>18. Ability to respectfully disagree</li> <li>19. Ability to identify underlying causes</li> <li>20. Cost effective</li> <li>21. Teams genuine concern for clients</li> <li>22. The presiding judge (supports 99% of the team's recommendations)</li> <li>23. Current caseload is manageable</li> <li>24. Positive relationship with community agencies and service providers</li> <li>25. Parent participation is higher than other courts</li> <li>26. Skill of the team</li> <li>27. Relationship with the court</li> <li>28. Consistency of team (practice)</li> <li>29. Team enjoys their work</li> <li>30. Support of the community (i.e. donations)</li> <li>31. Child and family meetings (w/TX Team)</li> <li>32. Court Schedule (i.e. around school)</li> <li>33. Staff works flexible schedule to meet client objectives (i.e. after 5 and on weekends)</li> <li>34. Community service component (20hrs)</li> <li>35. Comprehensive and holistic report to the court</li> <li>36. Good Team decisions</li> <li>37. Decisions made as a team</li> <li>38. Team members don't take client's behavior personally</li> <li>39. Two Meetings (TX-Tuesday, Core Wednesday)</li> <li>40. Judge receives information/reports prior to court</li> <li>41. Differing perspectives of each discipline used to benefit clients</li> <li>42. "perfect" blend of treatment and judicial accountability</li> <li>43. Team has "grown" together</li> <li>44. Clear but flexible team roles</li> <li>45. Local Management Committee allows flexibility within the policy guidelines</li> </ol>	<ol style="list-style-type: none"> <li>1. Participant numbers</li> <li>2. Low number of referrals</li> <li>3. Retention rate</li> <li>4. Visibility and knowledge of the program with the referral source (DJJ)</li> <li>5. How the school system/resource officers make decision about community treatment versus court involvement (i.e. "Haves vs. Have Nots")</li> <li>6. Need to increase family empowerment</li> <li>7. Family preservation not included on the core team</li> <li>8. Family preservation is not a mandated service (DJJ concern)</li> <li>9. Change in program evaluators</li> <li>10. Clients getting the most appropriate treatment vs. which agency owns the case</li> <li>11. AOC acting as pass through for federal grant funds (don't know what we need)</li> <li>12. Exceptional Children's laws not being followed</li> <li>13. AOC oversight- getting what you need in a timely manner</li> <li>14. Team members not being open/honest and then have complaints/concerns about decisions (client, policy)</li> <li>15. Sanction (i.e. detention) violates state regulations</li> <li>16. Violation of juvenile rights vs. treatment issues/sanctions</li> <li>17. Lack of understanding/knowledge of DJJ regulations</li> <li>18. Time lines from referral to admission, getting clients into treatment, clients in legal status limbo</li> <li>19. How clients are evaluated/assessed for SA before referral to JTC. Needs to be more comprehensive, streamlined, need one assessment that can be shared</li> <li>20. Only two (2) available treatment resources</li> <li>21. Ability to match treatment needs to client needs</li> <li>22. Providing services in a culturally competent manner</li> <li>23. African American youth are over represented in the juvenile court system</li> <li>24. Need to take more time to staff/educate Team on roles/rules/programs</li> <li>25. Need more training on all polices, laws, etc.</li> <li>26. Lack of family involvement</li> <li>27. Incentive for participation</li> <li>28. Uncertain funding</li> <li>29. Team roles are not well-defined</li> <li>30. Reasons for termination</li> <li>31. Lack of public awareness of the program</li> </ol>

<u>Opportunities (O)</u>	<u>Threats (T)</u>
<ol style="list-style-type: none"> <li>1. Mental Health reform may create opportunities for new partners, funding and service providers</li> <li>2. Balancing sanctions and incentives</li> <li>3. North Carolina Juvenile Code is being revised</li> <li>4. Increase numbers</li> <li>5. Development of mentoring program (training starts April)</li> <li>6. Statutory definition of detention forces team to look at other resources</li> <li>7. Seeking new funding sources for program</li> <li>8. Seeking new funding sources for treatment</li> <li>9. MIS System (will increase productivity and save time)</li> <li>10. Increased local community support</li> <li>11. Parents of participants- very positive about program "word of mouth"/customer satisfaction</li> <li>12. Juvenile and adult treatment courts work together</li> <li>13. Use of master's level interns</li> <li>14. November elections may create changes in administrations on the state and/or federal level</li> <li>15. Create internships for clients</li> <li>16. Creating program for parent/youth completing community service together</li> <li>17. Increasing referrals by increasing exposure with DJJ</li> <li>18. Providing education to DJJ on SA issues to assist in assessing need</li> <li>19. Approaching agency leaders to secure commitment to appoint back up members for the team. Back-up members to receive training.</li> <li>20. Increase ability to "sell" the program to the youths and their parents (i.e. why participation will be beneficial as opposed to the traditional juvenile court system)</li> <li>21. Increase exposure in the community</li> </ol>	<ol style="list-style-type: none"> <li>1. Current funding will end in 2005</li> <li>2. Program did not meet target number (20-25) participants</li> <li>3. Possible loss of presiding judge due to elections</li> <li>4. Continued low referral numbers if DJJ does not increase ability to assess/screen for SA</li> <li>5. Changing staff at agencies (i.e. Treatment providers, court counselor)</li> <li>6. Ability to serve increased numbers of participants</li> <li>7. Loss of team members</li> <li>8. Uncertainty of mental health reform</li> <li>9. Local and state economy</li> <li>10. Use of "back-up Judge" (i.e. possibility of different style or not in the "same mind set")</li> <li>11. November elections may create changes in administrations on the state and/or federal level.</li> <li>12. AOC as the lead agency for grant funds (i.e. AOC requirements)</li> <li>13. Retention rates</li> </ol>

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