

Mecklenburg County Youth Treatment Court Process Evaluation Report

2005



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Mecklenburg County Youth Treatment Court Process Evaluation Report

Executive Summary

Purpose:

- To describe the operation of the Mecklenburg County Youth Treatment Court (MCYTC);
- To compare the implementation of the court with the stated mission, goals, and operations described in program grants, manuals, handbooks, and mandates;
- To examine the strengths and weaknesses of the current implementation of the MCYTC program; and
- To make recommendations regarding possible improvements to the current MCYTC program structure and operation.

Background:

- The Mecklenburg County Youth Treatment Court was established as an alternative to incarceration for juvenile offenders. It was designed to provide rehabilitative services and, where necessary, substance abuse treatment, and to save the community the costs of incarcerating these individuals for their crimes. The first court session was held on January 28, 2003.

Method:

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

Key Findings:

- The MCYTC Team members are dedicated to the mission of serving high-risk youth.
- There is ambiguous understanding by Team members about the criteria for program eligibility.
- Criteria for progression through the program are clearly defined.
- There is an organized Program Coordinator who facilitates program efficacy.
- The MCYTC Team members are committed to democratic decision-making during Team meetings.
- There is comprehensive and consistent monitoring of participants (drug testing, school behavior, and treatment compliance).
- There is generally consistent prescription and application of sanctions and incentives for participants.
- Treatment was identified as the program component most in need of improvement. Treatment services were noted as needing improvement in the following ways: Team

members wanted increased knowledge about what youth are “getting” in treatment, greater control over treatment providers, and access to more comprehensive mental health assessments for the program participants. Continuing to incorporate treatment that is evidence-based should also be a goal of the MCYTC program.

- Participants found the following particularly helpful in enhancing their program compliance: positive interactions with the Judge and other Team members, treatment services; family participation in the MCYTC program; frequency of court appearances.
- The program does not have a formal aftercare protocol in place.
- The program is currently not serving at full capacity.
- There is a low program completion rate and those who terminate early tend to terminate in the early phases of the program.
- There is a low graduation rate, and many youth who terminate early from the program. However, Team members, participants, and participants’ family members attributed positive life changes in participants to the experiences participants have had in the MCYTC program.

Conclusions:

The results of this process evaluation report suggest that the MCYTC is implementing the court in a manner that is consistent with their mission and program goals to serve high-risk juveniles. The MCYTC is functioning with a primary group of dedicated Team members, although there has been some inconsistent attendance in Team meetings on the part of School Liaisons. The Team has worked to identify areas of improvement, such as treatment, and has incorporated more evidence-based treatment options, such as Moral Reconciliation Therapy. Program participants and their parents or guardians reported that they are satisfied with the majority of program components. Participants specifically reported high levels of satisfaction with interactions with the Judge and frequency of court appearances. Family members specifically reported high levels of satisfaction with interactions with the Judge, the MCYTC Team, their child’s drug testing, and the frequency of court appearances.

The findings based on this process evaluation suggest that additional ways to improve the functioning of the court include: clarifying program eligibility criteria for all Team members; continuing to maintain democratic team functioning; improving regular Team member attendance, especially for School Liaisons; improving relationships between the court-based Team and Treatment Providers, in terms of improving understanding of treatment provided to youth; developing a broader range of sanctions and incentives for participants; developing methods to improve family buy-in to the program in the early phases; developing community supports for participants earlier in the program to encourage participants’ smoother transitions from the program to the community; identifying and addressing reasons for the large number of early terminations; regularly maintaining the MIS; and increasing enrollment to reach greater capacity.

Mecklenburg County Youth Treatment Court Process Evaluation Report

Introduction

Purpose of the Report

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

North Carolina Drug Treatment Court Goals

North Carolina Drug Treatment Courts

All North Carolina Drug Treatment Courts were funded and implemented under the authorization of the North Carolina Administrative Office of the Courts (AOC) based on legislation mandated in 1995 by the North Carolina General Assembly. The goals of North Carolina's Drug Treatment Courts, as adopted by the State legislature and recorded in the Report on the Status of North Carolina's Pilot Drug Treatment Court Program (1998), are as follows:

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

North Carolina Youth Treatment Courts

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

1. *To provide youth with the opportunity to become clean and sober;*
2. *To provide youth with constructive support to aid them in resisting further criminal activity;*
3. *To support youth to perform well in school;*
4. *To support youth and to develop positive relationships in the community;*
5. *To provide youth with skills and interventions to support and develop healthy family relationships; and*
6. *To provide youth with skills that will aid them in leading productive, substance-free, and crime-free lives.*

Local Program Mission, Goals, and Objectives

Mission of the Mecklenburg County Youth Treatment Court

The mission of the Mecklenburg County Youth Treatment Court program is stated in the *MCYTC Operations Manual*. It is as follows:

The mission of the Mecklenburg County Youth Treatment Team is to reduce substance use, criminal behavior and recidivism among targeted delinquents by providing individualized case management, supervision, treatment, and related services to enable them to increase the chance of making successful changes in their lives.

Goals and Objectives of the Mecklenburg County Youth Treatment Court

The Mecklenburg County Youth Treatment Court program goals, as stated in the 2001 and 2002 *Grant Application to the Governor's Crime Commission* are:

1. *To provide immediate access to substance abuse treatment to program participants;*
2. *To provide increased treatment participation for program participants;*
3. *To provide bi-weekly status reports on compliance with court orders pertaining to substance abuse issues for all program participants; and*
4. *To decrease use of illegal substances by program participants.*

The goal of the Mecklenburg County YTC, as stated in the *State of North Carolina Administrative Office of the Courts Youth Treatment Court Program 26th Judicial District Program Operations Manual* is:

To work with high-risk juvenile offenders and their families in a program that mandates treatment and intensive case management within close supervision and intervention of the court.

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

1. *To cultivate sustainable sobriety (1 of 13 Team members reported);*
2. *To improve participants' physical health (1 of 13 Team members reported);*
3. *To treat participants' mental health issues (1 of 13 Team members reported);*
4. *To shift participants from involvement in anti-social activities to participation in prosocial activities (2 of 13 Team members reported);*
5. *To educate youth on the effects of drug dependency (2 of 13 Team members reported);*
6. *To treat dysfunction in participants' broad family-based systems (2 of 13 Team members reported); and*
7. *To provide overall support for participants' families (2 of 13 Team members reported).*

Conclusions and Recommendations

The MCYTC mission statement clearly describes the purpose, business, and values of the court. As a whole, the program goals of the MCYTC reflect its mission statement. The MCYTC program goals are also in line with the state's goals for Youth Treatment Courts. Interviews indicate that Team members concur with the Youth Treatment Court and grant application goals and additionally emphasize the importance of incorporating long term goals into program facilitation including: cultivating sustainable sobriety, improving participants' physical health, facilitating participants' involvement in more prosocial activities, and providing support for participants' families.

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

History of the Mecklenburg County Youth Treatment Court Program

The Mecklenburg County Youth Treatment Court was initiated when Judge Jones presented the idea of a Juvenile Drug Court Program to a team of Mecklenburg County Court Stakeholders on March 31, 2000. The initial aims of the court were to address and reduce the multiple community problems and costs associated with substance abusing delinquent juveniles, and also to provide the juveniles with a structured, comprehensive treatment program that consisted of intensive court intervention and supervision, individualized case management, treatment, life skills training, and related services to provide youth with the greatest opportunity for successful life changes. From its inception, the MCYTC developed community support and collaborative relationships with a range of organizations, including: the Office of Juvenile Justice and Delinquency Prevention, Area Mental Health, Children's Law Center, Mecklenburg County District Attorney's Office, Department of Social Services, Charlotte-Mecklenburg Police, and the Charlotte-Mecklenburg School System.

The Stakeholders agreed to proceed with the court's formation, relying on a Drug Court Planning Initiative program to cover the expenses of a planning committee. This planning committee would be responsible for the development of the Juvenile Drug Court Program in Mecklenburg County. The expectation was that the majority of planning committee members would eventually also serve as part of the Drug Court Team. The first Juvenile Drug Treatment Court (JDTC) planning meeting was scheduled for January of 2001.

The JDTC Planning Team met regularly to prepare for the implementation of the court. The members of the planning committee included the following: Judge Jones, who was responsible for initiating the court, Judge Lisa Bell, who was responsible for securing the initial grant, Barbara Adizone, Diane Austin, Dwayne Campbell, Laura McFern, Nancy Sherill, Karen Simon, Connie Mele, Todd Garret, and Phillip Penn, Defense Attorney. Judge Louis Trosch, who would ultimately serve as the Presiding Judge of the court, joined the Planning and Implementation Team in November 2002, although he had been involved in some of the court planning prior to that.

The Planning Team spent the majority of 2001 researching the best practices for drug courts and creating initial policies and procedures. The Team attended three drug court conferences, and also observed three in-state youth treatment courts. During this time, the Team specifically identified their target population and eligibility criteria; determined referral protocol; drafted documents describing the roles and responsibilities of Team members; established treatment modalities; and adopted a sanctions grid based on the existing Family Court sanctions. In October 2001, the Court Team posted advertisements in the local newspaper in search of a treatment provider for the JDTC.

In spring 2002, the MCYTC Program applied for a Governor's Crime Commission grant to provide the funding for the program. The application cited the fact that the Mecklenburg County Department of Juvenile Justice received 3990 delinquent complaints in 2001, which resulted in the court involvement of 3332 juveniles. Of these court-involved youth, 80% had substance abuse problems.

In spring 2002, the court also began to identify potential participants, secured Right Turn of North Carolina as a Treatment Provider, and sought collaboration from community agencies for ancillary services. The Court Team continued to attend drug court trainings and to develop protocol, with the intention of holding the first court session on May 14th, 2002.

The court was awarded funds from the Governor's Crime Commission (GCC) grant to implement the JDTC program in spring, 2002. The court was awarded \$150,963.71 for the Pilot Court phase of operation (July 2002 to June, 2003) and \$161,340 for its second year (July 2003 to June 2004). In addition, the Mecklenburg Board of County Commissioners provided funding to cover the remaining 25% of the court's budget.

However, continued implementation of the court was suspended for five months due to a statewide budget crisis that resulted in a delay of funding. In addition, Judge Bell left for a position in domestic court.

In October 2002, a resolution was made in the state's budget and a Treatment Court Coordinator was hired. On November 22, 2002, the Court Coordinator and Judge Trosch, who had replaced Judge Bell, reconvened the Court Team and explained to the Team that the funding instabilities had been resolved and that the Pilot Court would be implemented in January 2003. The Pilot Court was planned to last for six months and would admit juveniles from Judge Trosch's docket exclusively. As 2002 came to a close, the Team had developed the majority of their operating procedures and they had created both an operations manual and a participant handbook. The Court Team continued to educate themselves by attending national and state conferences and by observing treatment courts already operating in Durham and Rowan counties.

With the grant, the Pilot Court allocated funding toward personnel, contracts, travel, supplies, and equipment. The GCC provided the primary funding for the court and extended funding through December 31, 2004 as a result of the initial delay in implementation of initial funding. Additional funding was provided by Mecklenburg County to meet the remaining budget requirements through June 30, 2005 (the end of the 2004/2005 fiscal year). The General Assembly had allocated \$162,000 towards the program for FY 2004/2005. However, the local commitment to the program through emergency funding for FY 2004/2005, coupled with the extreme need for funds in the Adult DTC Program, resulted in a redistribution of the funds by the AOC, on a one-time basis, to the Mecklenburg County Adult DTC Program for FY 2004/2005.

Program Implementation

In 2003, court implementation commenced, with the first court session held on January 28, 2003. Judge Trosch held the position of Presiding Judge. Bi-weekly pre-court Team meetings were held to discuss client compliance and new referrals. The Pilot Court phase served as a means for furthering the development of the Court; as normal drug court operations were maintained, the Team continued to develop protocol and to become better educated. As part of this education process, the Court Team attended local, state, and national conferences in which they received training in areas such as gangs, incentives and sanctions, and other topics relevant to youth drug treatment courts. Several community collaborations were formed with local churches that donated money for incentives and offered mentoring services. At the close of 2003, the court had eight active participants.

During the Pilot Phase, the Court Team became aware that the physical location of Right Turn's Treatment Center was functioning as a barrier to treatment because transportation to the center was proving exceedingly difficult for many of the participants and their families. More importantly, questions about the adequacy of Right Turn as a treatment provider had come up: citations had been recently issued to Right Turn by the state's Department of Health and Human Services for violating several licensing policies. As a result, the Team sought other treatment providers, ultimately transferring all of their cases to the McLeod Center in March 2003.

The Court continued to develop in 2004, with special effort aimed at Team development. A MCYTC Case Manager was hired, team-building activities were executed, School Liaisons were invited to participate in Team meetings, strategies for sustained funding were investigated, a self-evaluation was completed, and the Team continued to attend drug court trainings. According to

MCYTC records, by January 2005, the court had 14 active participants. They had terminated 30 participants and had 4 graduates.

During spring 2005, the MCYTC program primarily focused on securing funding, as a result of their GCC funding ending in December 2004. The Court Team attended Drug Court Sustainability Meetings in order to improve strategies to secure future funding. In spring 2005, the Team also explored more effective treatment options, options that were more easily accessible and more consistent with the goals and needs of the court. During spring 2005, as a result of Team member concerns about the treatment being provided at McLeod, the Team began referring all new cases to Behavioral Health Center (BHC) Carolinas Medical Center (CMC) Randolph. BHC representatives began attending MCYTC Team meetings, and are currently building an Intensive Outpatient Program for the MCYTC participants based on Moral Reconciliation Therapy (MRT), a treatment method that has been used successfully in the reduction of recidivism rates among adult and juvenile criminals.

Program Modifications

Two significant modifications have occurred in MCYTC program protocol since initial implementation. First, shortly after its inception, the Team changed its name from the Mecklenburg County Juvenile Drug Treatment Court to the Mecklenburg County Youth Treatment Court to reflect its goal to serve youth with behavioral and mental health difficulties in addition to those with substance abuse issues. This shift in emphasis was evident as the court adopted a more comprehensive treatment program. One Team member noted that the Team was unsatisfied with the original target population because its primary focus was on substance-abusing youth, and many of the participants had mental health or behavioral problems that were considered by many on the Team to be far more problematic.

Another modification was that the court ceased using the sanctions grid it had initially used. One Team member reported that by November 2002, the court found prescribed sanctions to be ineffective, stating that a sanction for one juvenile could be reinforcement for another. The Team currently implements a sanction policy that is based on the use of penalties that are specifically selected for each juvenile on an individual basis. The court also reworked the incentives program by making it much more individualized and based on the specific interests of the participants.

Additional changes occurred in the nature of the court's functioning as well. Initially, the participants appeared before the Judge individually; however, when a larger courtroom became available in January 2004, the shift was made to have all program participants report to court at the same time. Another change in the court operation occurred shortly thereafter, when participants were divided into two groups in an effort to facilitate the transition to the full program capacity of 25 participants. This required that the court meet every Tuesday, with the two groups alternating and each group attending court twice a month. The pre-court Team meetings, in which the Team discusses participants' cases, adjusted accordingly and became weekly as well. On February 9, 2005, the Team decided that all participants should stay for the duration of the court session unless they had earned the incentive of early dismissal. The open court format was expected to provide vicarious reinforcement for other participants.

Other modifications have occurred in Team organization. Very few original Team members still participate in the current Team. Since initial program implementation, more positions on the Team have been created, such as a Case Manager, a dedicated Juvenile Court Counselor, School Liaisons, and Treatment Providers.

Program Evaluations

The Mecklenburg County Youth Treatment Court has maintained a history of consistent record keeping and evaluations for the duration of the court's activity, from January 2003 through the most recently completed quarter, which ended in March 2005. The court submitted several means of evaluation, including quarterly reports for the years 2003 through 2005, annual reports for the fiscal years of 2002-2003 and 2003-2004, an analysis of the court's "strengths, challenges, opportunities and threats" (SCOT) conducted in 2003, a self-analysis completed at an "Operation Retreat" on October 8th, 2004, and status and progress reports for the GCC.

MCYTC's quarterly reports date back to January 2003 and convey quarterly summaries and annual totals for the following: clients admitted, served, graduated, and terminated; graduation and retention rates; hours of treatment delivered; and percent of caseload capacity attained. For the quarterly reports, the percent of caseload capacity was expressed as the total number of active, graduated, and terminated participants divided by the total program capacity. Over the nine quarters for which reports were written, the highest reported number of participants was 18 (72% of capacity), which occurred during the period between July 2004 and September 2004. The lowest number of participants reported in the quarterly reports was 10 participants (40% of capacity), which occurred in three separate quarters: the last six months of 2003 and the first three months of 2005. Capacity levels were approximately 50% in two-thirds of the reported quarters.

The annual reports consist of data compiled from the four quarterly reports for each fiscal year. The court's first fiscal year ended only five months after the court began operation. During this period, the court averaged 8 participants, 67% of the program capacity of 12 participants during this Pilot Phase. At the end of the Pilot Phase, the court raised its program capacity to 25 participants. For the fiscal year of 2003-2004, the court operated at approximately 50% of capacity. Only three quarters of the fiscal year of 2004-2005 have been completed, and during this time the court has averaged 59% capacity.

As required by the AOC, the Court Team conducted two SCOT analyses, one in April 2003 and one in February 2004, although only the former was provided for use in this evaluation. The primary internal challenges identified by the Team members in the 2003 SCOT analysis were rooted in difficulties that are to be expected of a nascent drug court, such as procedural issues, a lack of knowledge of substance abuse, and problems with some elements of drug court functioning. The Team also identified several strengths of the program, such as Team member commitment to the program, genuine concern for the youth that they serve, and their openness to improve the program. In the Team's YTC Operational Retreat on October 8, 2004, the Team identified concerns about the program and potential barriers to efficient operation, such as difficulties with parental participation; issues with space and transportation; and periodic problems with obtaining information the participants' schools.

As another method of self-evaluation, the court prepared two Grant Status Reports, summarizing the program at the conclusion of 2002 and 2003, and two Progress Reports (September 2003 and December 2004) for the GCC, as well as the brief reports listed in the AOC's *Report on the Status of North Carolina's Drug Treatment Courts* from 2004 and 2005. These reports indicated the extent to which the Program has met its intended goals as described in the GCC Grant Applications, and focus primarily on the MCYTC program accomplishments. With the exception of not maintaining a consistently high level of enrollment, the court has successfully met all of its Program Objectives and Program Activities described in the initial grant proposal. The reports also describe problems that have made the court's functioning more difficult, such as serving a target population considered very high risk in terms of many being of low socioeconomic status, lacking support from parents or schools, and possessing a history of treatment for substance abuse or mental illness.

Conclusions and Recommendations

The MCYTC program was established to address the multiple problems associated with substance abusing adjudicated juveniles in Mecklenburg County. The MCYTC program was implemented in January 2003 with funds awarded by the GCC, under guidelines established by the NC AOC. Since inception, the program has undergone some modifications. The most significant modification is the change in focus from a Juvenile Drug Treatment Court, targeting substance abusing adjudicated youth, to a Youth Treatment Court, in which participants need not have a substance abuse problem in order to be eligible for participation.

Throughout its history, the MCYTC has complied with the NC AOC's *Best Practices* guidelines to conduct annual self-evaluations. Evaluations of the MCYTC program have shown the program is generally meeting its program objectives and activities. A primary challenge, identified in program evaluations, is that the program has historically served under capacity and has evidenced a low graduation rate and a high termination rate in the early phases of the program. It is recommended that the program continue to monitor issues related to program capacity and program completion and to implement recommendations suggested in prior evaluations to address these issues, such as developing ways to increase parental involvement in the program.

An additional issue related to program evaluation is that the MIS participant database has not been kept up-to-date. While the MCYTC program maintains both very good participant-related and program functioning-related records, it is recommended that the MIS data be maintained regularly in order to provide comparisons across other NC Youth Treatment Courts.

Methods and Procedures Used in the Process Evaluation

Planning and Orientation

In order to introduce and orient all relevant staff and Team members to the process evaluation methods and procedures, an initial orientation and planning meeting was held before beginning the evaluation. Present at this initial orientation meeting were Janis Kupersmidt, President of Innovation Research and Training (IRT) and Project Director for the Process Evaluation; Jacqueline Hansen, AOC Evaluation Specialist/Research Coordinator; Dr. Ann Brewster, Dr.

Elizabeth Jackson, Dr. Valerie Anderson, and Ms. Eunice Muthengi, IRT Team Leaders for the Process Evaluation project; and Coordinators from each of the drug courts involved in the third wave of process evaluations (May-June 2005).

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

Data Collection and Analysis

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

Historical Documents

Documents pertaining to the history, implementation, modification, and funding of the court were also analyzed for this process evaluation. Documents reviewed included original grant proposals submitted for the implementation of the court, award letters for grants received, Advisory Board meeting minutes, program manuals, participant contracts, and SCOT analyses. Process evaluation staff members collected, reviewed, and incorporated information from these documents into the process evaluation report, where available and appropriate.

Quantitative Data

Quantitative data and methods were used to describe the population that has been served by the Mecklenburg County Youth Treatment Court from its inception to April 2005, and to begin to describe the characteristics of current, terminated, and successfully graduated drug court participants. The data for these quantitative analyses were obtained from the current AOC Evaluation Specialist/Research Coordinator from the MIS. The quantitative data collected included demographic and other characteristics of the youth and information regarding the participants' history and involvement in the MCYTC. The original datasets were stripped of identifying information such as names and identification numbers in order to ensure anonymity. A unique but non-identifying identification number was assigned to each participant, and questionnaire data were combined into a single database using this number. Analyses were conducted to describe the demographic and background characteristics of participants, such as age, race, ethnicity, primary drug of choice of participants, and trends related to program capacity and compliance.

In addition, quantitative data methods were used to describe participants' level of satisfaction with their MCYTC program experience. Current participants and their parents or guardians

completed Consumer Satisfaction Questionnaires at the request of the MCYTC Program Coordinator. The Consumer Satisfaction Questionnaire asked participants and their parents or guardians to provide information regarding their demographic and background characteristics such as gender, race, ethnicity, employment status, marital status, and family composition. In addition, the questionnaire asked participants to report on different aspects of their MCYTC program experience, such as length of time spent in court, primary drug of choice, criminal charges that led to Drug Court sentencing, and criminal and treatment history. Participants were also asked to rate their level of satisfaction with various aspects of the Drug Court program, including treatment services, sanctions and incentives, drug testing, community service activities, and court sessions. Finally, participants were asked to rate the level of difficulty of complying with various program requirements, including making it to scheduled appointments; cooperating with treatment programs and services; cooperating with drug testing; paying court fines and fees; and maintaining a drug-free status. Analyses were conducted to describe item means and frequencies from the Consumer Satisfaction Questionnaires, as there were not enough questionnaires completed to conduct tests of group differences.

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

Qualitative Data

Qualitative data were also collected based upon two different types of open-ended interviews. First, approximately one-hour, semi-structured interviews were conducted with each of eleven of the MCYTC program Team members. Trained IRT staff members conducted the interviews in person at the courthouse, or over the telephone. The main topics discussed in Team member interviews included: Team members' perspectives about program history; the most and least helpful aspects of the MCYTC program; the respective roles and responsibilities of Team members; barriers to implementing the Drug Court program; sanctions and incentives; treatment provided to participants and their families; and how the MCYTC program has impacted participants' lives. Prior to beginning the interview, the interviewer reviewed the informed consent form with each interviewee and answered any questions. Then, the interviewer followed the protocol outlined in the Interview Guide to complete the interview.

Second, interviews lasting approximately one hour were also conducted with current drug court participants. The Interview Guide used in conducting the interviews included topics such as participants' opinions about the most and least helpful aspects of the MCYTC program; their beliefs about barriers to full program participation; their feedback about sanctions and incentives; and the impact of drug court participation on participants' lives. Prior to beginning each interview, the interviewer reviewed the informed consent forms with individuals and answered

questions. Then, the interviewer followed the protocol outlined in the Interview Guide to complete the interview. Interviews with all participants were conducted either in person at the courthouse or in a room provided by the Program Coordinator and were conducted by trained iRT staff.

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

Characteristics of Drug Court Participants

The AOC maintains oversight over many Drug Treatment Courts in North Carolina. In order to oversee the efficient functioning of the various courts, the AOC relies on the receipt of information from all of the state’s drug courts. To facilitate this information exchange, the AOC has made the Management Information System (MIS) available to many drug courts, including the MCYTC. The MIS is intended to facilitate case management, and to provide an information base for the evaluative component of the program. The MIS includes information on screening and eligibility documentation, intake and assessment, participant progress, drug testing results, treatment attendance, sanctions and incentives received, treatment progression forms, and other information related to participants’ program status and compliance.

For the current process evaluation, raw data from the MCYTC MIS database were exported by the AOC at the beginning of the process evaluation. For the quantitative analyses presented below, statistics regarding the characteristics of participants are based on all participants present in the MIS database as of April 29, 2005.

All available MIS data were examined to determine designation patterns for referrals (n=85) made to the MCYTC. As presented below in Figure 1, the majority of referred cases (n=54; 64%) were offered program participation. Approximately 20% were found ineligible, with 16% currently pending.

Figure 1. MCYTC Referral Designation Patterns

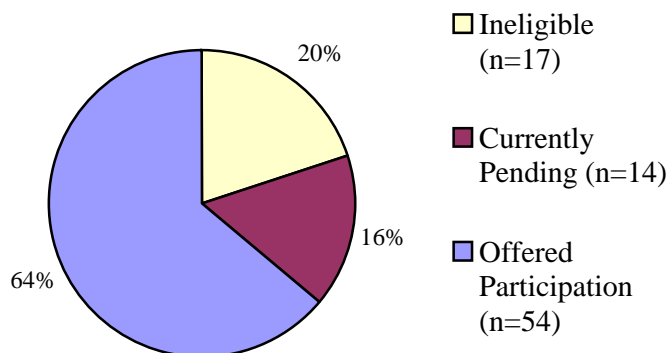


Table 1 below shows the average length of time between referral and program eligibility designation. According to these data, an average of 39 days elapsed between referral to the MCYTC and eligibility designation. There is wide variability between the minimum time and maximum time between referral and eligibility.

Table 1. Average Length of Time between Referral and Eligibility Designation

Time Interval	n*	Mean	Std Dev	Minimum	Maximum
Average Number of days from Referral to Eligibility Designation	61	39 days	24 days	0 days	104 days

**refers to number of participants for whom data were available.*

Data on the reasons for ineligibility were available in the MIS for 9 of the 17 ineligible program candidates. As seen in Table 2, below, the most common reason for ineligibility was an unwillingness to participate in the program (4 candidates). The other main reason for program ineligibility was a history of violent offending (2 candidates). Three candidates were listed as having “other” reasons for ineligibility. Among the “other” category, reasons were specified for two of the candidates (gang affiliation, and having an IQ below 70) and unspecified for the remaining one.

Table 2. Reasons for Ineligibility

Reason for Ineligibility	Number	Percentage
Unwilling to participate	4	45%
History of violent offending	2	22%
Other reason for ineligibility:	3	33%
IQ below 70	(1)	
Gang affiliation	(1)	
Unspecified	(1)	
Total	9	100%

Table 3 below presents demographic and background data on both current and discharged MCYTC participants (n=54) present in the MIS database on April 29th, 2005. It shows that the average age of participants is 15.5 years old, and that the court is predominantly treating males (80%) and African American youth (65%). According to the MIS, the majority of youth (98%) do not receive subsidized school lunches, often considered a proxy for socioeconomic status. In checking with Team members, however, this figure for subsidized school lunches was considered inaccurate; Team members reported that many more youth qualify for subsidized school lunches than data in the MIS reflect. Team members stated they do not update socioeconomic status data in the MIS.

Table 3. Demographic and Background Characteristics of MCYTC Participants

(This table includes both currently active and discharged participants as of 4/29/05; n=54)

Characteristics of MCYTC Participants	Number	Percent
Age		
14 years old	3	7%
15 years old	22	49%
16 years old	13	29%
17 years old	7	15%
Total	45	100%
<i>[Missing Data =9]</i>		
Gender		
Male	43	80%
Female	11	20%
Total	54	100%
Race		
African American	35	65%
Caucasian / White	15	27%
Native American	2	4%
Other	2	4%
Total	54	100%
Ethnicity		
Hispanic	1	2%
Non-Hispanic	53	98%
Total	54	100%
Receiving Subsidized School Meals		
Yes	2	2%
No	43	98%
Total	45	100%
<i>[Missing Data= 9]</i>		
County of Residence		
Mecklenburg	54	100%

Table 4 below shows the criminal history of participants who were active in the program at some point in MCYTC program history, again, based on available MIS data. Table 4 also indicates that most participants entered into the MCYTC program on a non-drug offense and did not have a prior history of a felony or a misdemeanor.

Table 4. Criminal History of Participants

Charge upon Entry into Drug Court	Number	Percent
Non-drug offense	27	75%
Drug offense	7	19%
Both non-drug and drug offense	2	6%
[Missing Data =18]		
Total	36	100%
Criminal History		
Percent with prior felony conviction	3	8%
Percent with prior misdemeanor conviction	5	14%
Total	8	100%

Current status data on those youth who were offered participation in the MCYTC (n=54) are presented in Tables 5 and 6, and Figure 2, below. The MIS indicated that there were 13 current participants (1 inactive) at the time of this report, and that 3 of the 41 discharged participants (7%) were successful graduates. There is a discrepancy between the MIS data regarding number of graduates and the MCYTC’s own program records that indicate that there have been seven program graduates. However, in order to make comparisons across the NC youth drug court evaluations, the statistics reported here are derived from the MIS.

Among the unsuccessfully discharged MCYTC participants, the most common reason was noncompliance (see Table 6). The most common types of noncompliance for the 21 participants whose primary reason for discharge was MCYTC noncompliance were “failure to make case manager [case coordinator] contacts” (43%), “positive drug tests” (38%), and “failure to attend treatment” (33%).

Table 5. Youth Treatment Court Status of All MCYTC Participants (as of 4/29/05)

Participant Status	Number	Percent
Total Active (Current) Participants	12	22%
Total Inactive Participants (Absconded)	1	2%
Total Discharged Participants	41	76%
Total	54	100%

Figure 2. Status of Discharged MCYTC Participants (n=41)

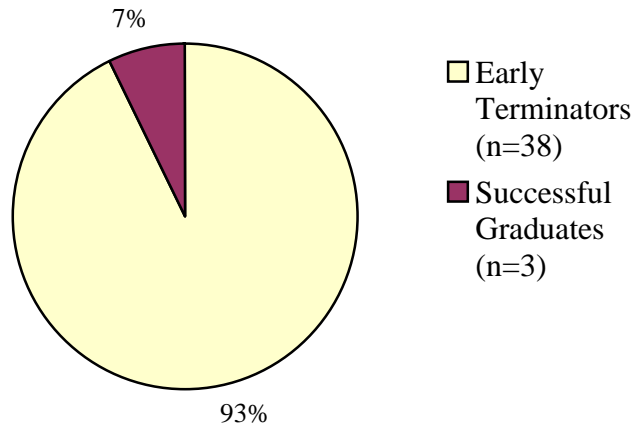


Table 6. Reasons for Early Termination from the MCYTC (n=38)

	Number	Percent
Probation Terminated, neutral	4	12%
Noncompliance (Note: participants may have more than one recorded type of YTC noncompliance)	21	62%
New adjudication – drugs	2	9%
New adjudication – non-drugs	5	24%
Positive drug tests	8	38%
Failure to attend court	6	29%
Failure to attend treatment	7	33%
Failure to contact coordinator or counselor	9	43%
Voluntary Withdrawal	9	26%
[Missing Data =4]		
Total	34	100%

Figure 3 below depicts the average length of time in the program for MCYTC participants. Participants are, on average, involved in the MCYTC for 6.2 months. Please note that due to missing MIS data, the referral date was used as a proxy for program entry date for 10 of the 54 participants. As a result, the numbers presented below may be slightly inflated.

Figure 3. Average Length of Time (in months) in Program for Participants

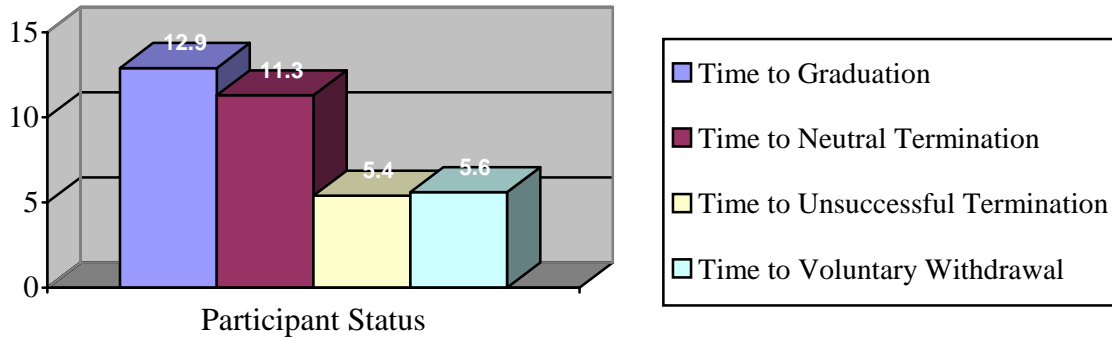


Table 7 below highlights the ratio of the number of current active participants to program capacity as of 4/29/05. It identifies that the current number of program participants is 52% of capacity, indicating that the court could serve 12 more participants.

Table 7. Ratio of Current Active Participants to Program Capacity (as of 4/29/05)

Active Participants in Relation to Program Capacity	Number	Percent
Program capacity (according to MCYTC Administrator)	25	
Total current participants as of 4/29/05 (incl. 1 inactive)	13	
Percent of active participants in relation to capacity		52%

The following two figures (Figures 4 and 5) depict treatment court status as a function of MCYTC participant characteristics (i.e., sex and race).

As seen in Figure 4, the majority of females who entered the program (84%) terminated unsuccessfully, and the categories of Graduated and Voluntarily Withdrawn were comprised solely of male participants.

Figure 4. Court Status by Sex

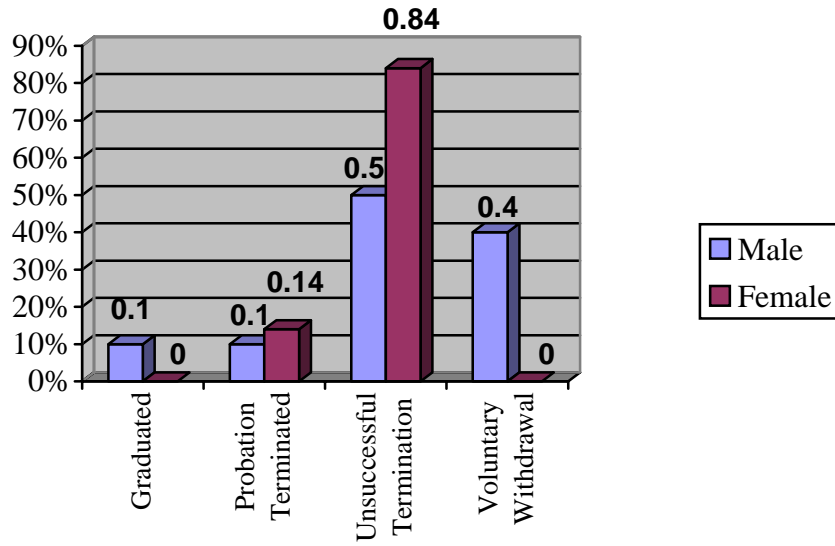
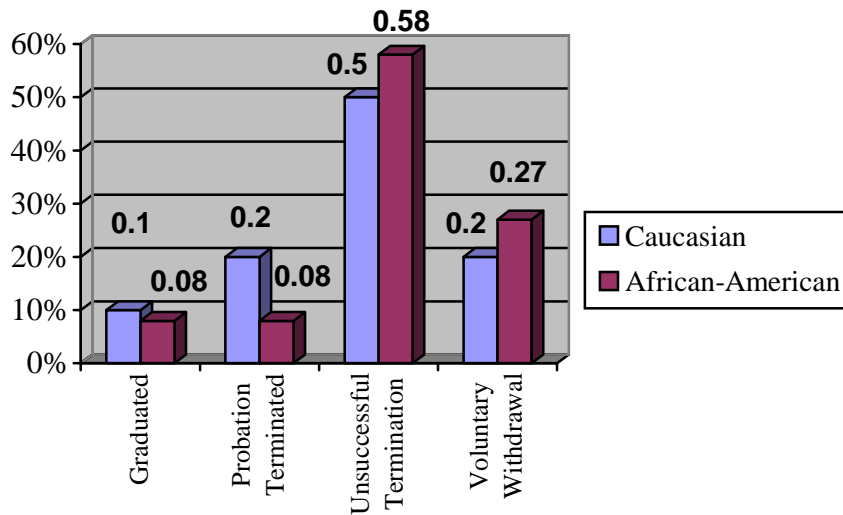


Figure 5 indicates that the rates for graduation from the MCYTC program were very similar for Caucasian (10%) and African American (8%) participants. However, conclusions about the effectiveness of the program in serving people of varying racial backgrounds cannot be drawn due to the small number of overall participants that successfully completed the program.

Figure 5. Court Status by Race



Based on the available MIS data, MCYTC participants appeared to be compliant with drug testing, which is used to monitor their ability to achieve abstinence from drugs while in the program (see Table 8). Not showing for drug tests was a rare occurrence among participants, with the highest rate of non-attendance being for alcohol tests (2%), and less than one percent non-attendance occurring for all other tests. Test refusal was equally rare for cocaine, opiates,

methamphetamines and alcohol, with only a one percent refusal rate for each of these drug tests. Marijuana tests were more frequently refused, with 9% of all such tests refused by participants.

Negative drug tests were recorded for most participants tested for methamphetamines (95%), opiates (92%), and alcohol (91%). A lower negative test result rate was observed for cocaine (76%), and the lowest rate was found for marijuana (59%). Positive test results were recorded for 26% of the marijuana tests and 18% of the cocaine tests, as compared to one percent of opiate and alcohol tests. There were no positive test results recorded for methamphetamines.

These findings describe results from 709 tests for marijuana, 91 tests for cocaine, 75 tests for opiates, 73 tests for methamphetamines, and 76 tests for alcohol.

Table 8. Drug Test Results

Type of Result	Type of Drug Tested									
	Marijuana		Cocaine		Opiates		Methamphetamines		Alcohol	
Admitted use	3%		2%		0%		0%		3%	
Did not show for test	<1%		0%		0%		0%		2%	
Excused positive	0%		0%		1%		0%		0%	
Inconclusive results	<1%		0%		0%		0%		0%	
Negative, based on test	59%		76%		92%		95%		91%	
Positive, based on test	26%		18%		1%		0%		1%	
Specimen not submitted for analysis	1%		1%		1%		1%		1%	
Refused, unable to give specimen	9%		1%		1%		1%		1%	
Other, lab-related issue	1%		2%		4%		3%		1%	
	n	%	n	%	n	%	n	%	n	%
Total	709	100	91	100	75	100	73	100	76	100

Conclusions and Recommendations

- 1) Based on the data available in the MIS as of 4/29/05, the MCYTC shows a program acceptance rate of 64% among candidates referred to the court. The average length of time between referral and eligibility assignment is 39 days. The most common reason reported for ineligibility was unwillingness on behalf of the candidate to participate in the program.
- 2) Among those accepted to the MCYTC, data indicate that the court is predominantly serving males between the ages of 15 and 16, who are of African American racial background. Most participants entered into the MCYTC program on a non-drug offense and did not have a prior criminal history.

- 3) The retention rate for graduation is small, with only 7% of participants completing the full program, according to MIS data. Among those who did not complete the program (93% of participants), the most common reason for early termination was noncompliance with MCYTC guidelines. More specifically, early terminators demonstrated failure to make contacts with Court Coordinator/Counselor (43%), positive drug tests (38%), and failure to attend treatment (33%).
- 4) Those who successfully graduated from the program spent an average of slightly more than one year (12.9 months) in the MCYTC program. Those who were terminated due to probation ending (i.e., neutral termination) spent a similar amount of time in the program (11.3 months) as those who graduated. Unsuccessfully terminated and voluntarily withdrawn participants spent less than half the time in the MCYTC as the successful and neutral discharges (5.4 and 5.6 months, respectively).
- 5) The current number of program participants at the time of the writing of this report was 13, or 52% of the program capacity of 25.
- 6) Examination of participant characteristics (i.e., sex, race) in relation to MCYTC program status showed that 84% of females who entered the program were considered unsuccessful and terminated early, as opposed to 50% of the male participants. In addition, males exclusively comprised the successful graduation (10% of males) and voluntary withdrawal (40% of males) categories. Examination of court status in relation to participant race showed similar patterns for Caucasian and African American participants with respect to graduation and termination rates. For example, 10% of Caucasians and 8% of African Americans who entered the program completed to graduation.
- 7) Drug test compliance (as indicated by showing for scheduled tests) was high, with 1% non-attendance for alcohol tests and less than 1% non-attendance for all other drug tests. Drug test refusal rates were equally low (1%) for all drugs except marijuana, of which 9% of tests were refused. Drug test results indicated a fairly high level of negative results for opiates (92%), methamphetamines (95%) and alcohol (91%). Negative test results were less common for cocaine (76%) and marijuana (59%).

These findings suggest that the MCYTC examine reasons for why the program has been under capacity and develop methods to increase enrollment to reach capacity. In order to provide a better understanding of the reasons why some participants were deemed ineligible for participation, it would be helpful if the “other” category could be specified and if data were recorded for all ineligible candidates. The program should also identify and strengthen program factors related to successful outcomes, in order to improve program completion rates. Specific areas to focus on include: improving contacts with the Court Coordinator and Court Counselors; developing ways to decrease the number of positive drug tests, specifically for marijuana, and improving treatment attendance. Additional outcome-related factors to target will be identified as a result of the upcoming NC Youth Drug Treatment Court outcome evaluation.

Description of Drug Court Team

Composition, Roles, and Responsibilities of Team Members

The MCYTC Team consists of the Presiding Judge, a Program Coordinator, a Case Coordinator, a Dedicated Juvenile Court Counselor, an Assistant District Attorney, a Defense Attorney, a Social Worker, a School Liaison, and Treatment Providers. The MCYTC Team meets weekly for one hour in the afternoon before the court session is held. All current MCYTC Team members were identified and interviewed regarding their roles and responsibilities in the MCYTC program.

The role of each Team member described below is based on the *Best Practices for Model Drug Treatment Courts*, henceforth referred to as *Best Practices* (Administrative Office of the Courts, 2004). The role descriptions are also based on information derived from Team meeting observations made by the process evaluation team and interviews with Team members and participants.

According to *Best Practices*, the Judge's primary role is to motivate participants towards successful completion of the program through the bi-weekly court sessions, while holding them accountable for their actions. The MCYTC Judge interacts with each participant and his or her family members at the bi-weekly court sessions, administers sanctions and incentives, develops personal relationships through interactions at status hearings (and occasionally, at court-initiated prosocial events), and monitors participants' overall progress in the program. The MCYTC Judge attends bi-weekly team meetings, where team members present reports of participants' progress and make recommendations for sanctions, rewards, or other appropriate actions.

During court sessions, the Judge was observed to be both personable and authoritative. He addressed participants and accompanying family members by name and spoke frankly but sincerely to them in the courtroom. He was described by one participant as being "fair – he gives you what you deserve" as well as "nice." The Judge's orientation could best be described as family-centered: during both court observations by the evaluation team, the Judge regularly asked parents how their children were doing, and sought to address issues that parents were specifically facing, such as help finding health insurance to cover mental health services for their juvenile, landlord-tenant problems, and other related issues.

The MCYTC Program Coordinator, according to *Best Practices*, is responsible for the overall management of the Drug Court program. The Program Coordinator also oversees all program development, maintenance, and transition. The Program Coordinator facilitates pre-court Team meetings, and works together with the Team to ensure the youth are being served appropriately. The Program Coordinator also ensures that Treatment Providers comply with term contracts by reviewing treatment invoices, and make sure that sanctions are enforced and that drug testing is being performed as prescribed. In the MCYTC, the Program Coordinator also carries her own caseload.

The Program Coordinator, according to both Team interviews and Team meeting observations, is well organized and comprehensive in her record keeping of participant and family information. At Team meetings, she presents information in an organized manner and she ensures that all

cases are discussed fully. She and the Judge share a similar management style and appear to have a strong working relationship. She is supervised by the Drug Treatment Court Program Administrator.

Best Practices does not stipulate roles and responsibilities for an additional Program Case Coordinator (the role specified is what the Program Coordinator primarily is responsible for). In the MCYTC program, the Program Coordinator supervises the Case Coordinator. She facilitates Child and Family Team meetings, assists in identifying treatment issues, makes referrals to treatment services, and monitors treatment attendance and participation for compliance. In addition, the Case Coordinator is responsible for preparing program reports and developing community linkages. The Case Coordinator is also responsible for inputting participant data into the Management Information System (MIS).

The role of the Juvenile Court Counselor, according to *Best Practices*, is to monitor and supervise juvenile participants, to conduct home, school, and treatment visits as agreed upon by the Court Team, to perform random drug testing, to file all court motions, and to respond appropriately to all allegations of disposition violations that result from new charges outside the jurisdiction of the court. The Juvenile Court Counselor prepares compliance records and submits them weekly to the MCYTC Coordinator. The Court Counselor also prepares the court orders for the MCYTC youth. Moreover, she attends and participates in both Child and Family Team meetings and Core Team meetings, where she provides information and input regarding each case, and also participates in court proceedings.

The role of the Assistant District Attorney (ADA), according to *Best Practices*, is to hold MCYTC participants accountable for their actions in accordance with the law, and to protect the rights of those who may be involved in the YTC cases. The ADA also ensures that guidelines for eligibility and referral are being followed properly. The ADA attends the pre-court Team meetings and all court sessions. According to all sources, the current ADA fulfills his role.

The role of the Defense Attorney, according to *Best Practices*, is to ensure that the rights of the Drug Court participants are protected during participation in the MCYTC program, and to aid in participants' achievement of long-range rehabilitative goals.

The Defense Attorney is responsible for advising all youth and their parents of their legal rights as related to the MCYTC program. The Defense Attorney ensures that the rights of the participants are maintained at all times. The MCYTC Defense Attorney is a pro-bono representative from the Children's Law Center who was invited to participate because of his work with children at risk. He has been involved with the MCYTC since the original planning phase. According to all sources, the current Defense Attorney fulfills his role.

Although *Best Practices* outlines specific services that must be provided by one or more treatment agencies, it does not state that a representative from the treatment agency must be part of the MCYTC Team, and therefore does not give a description of this person's role on the team. However, it is general practice by most Youth Treatment Courts to have a Treatment Provider on the team, or to have a mechanism for presenting information about treatment progress to the team.

Several treatment-providing organizations have been enlisted to help with monitoring YTC participants' home and school life, substance use, and mental health. The two primary treatment agencies that MCYTC currently uses are the Behavioral Health Center at Carolinas Medical Center-Randolph (BHC CMC-Randolph) and the McLeod Addictive Disease Center. Treatment providers from these organizations also serve as Case Managers, managing much of the treatment element of the program. Treatment providers from BHC CMC-Randolph attend Team meetings and provide input to the Team about clients. Treatment providers from the McLeod Center do not currently attend Team meetings, but do provide case notes for review by the Team each week. There is some indication that the McLeod Center Treatment Providers had, in the past, had greater Team involvement, and would welcome the opportunity to resume this relationship with the MCYTC. Treatment Providers from both agencies attend Child and Family Team meetings. The Treatment Providers interviewed and observed at the time of this report are clearly dedicated to helping juveniles recover and are in the position to provide valuable input to the Team.

Best Practices does not stipulate roles and responsibilities for School Liaisons. The MCYTC program does include a School Liaison as a MCYTC Team member. The role of the School Liaison is to serve as a direct link between MCYTC and the school of attendance for the youth involved in the program. The Liaison provides regular weekly reports on the youth's behavior, attendance, and grades at school.

In practice, two individuals share the role of MCYTC School Liaison. They attend meetings at alternate times and both appear to be quite competent in their roles, although the Team would like to also see more regular attendance by appointed School Liaisons.

Best Practices also does not stipulate roles and responsibilities for a Social Worker or Department of Social Services Liaison. The MCYTC program does include a Social Worker as a MCYTC Team member. The Social Worker (DSS Liaison) serves as a consultant on protective service issues, out-of-home placements, and social services related to program participants and their families. The MCYTC DSS Liaison informs the Team about factors affecting the MCYTC participants' progress that are in his and other DSS workers' caseloads. His main goal is to advise the Team on Child Protective Service issues and to keep families intact.

Conclusions and Recommendations

The MCYTC is in compliance with *Best Practices for Model Drug Treatment Courts* with regard to Team composition and roles. The roles and responsibilities of the MCYTC Team members are clearly defined, and Team members are aware of the duties of the other members as well as the responsibilities entailed in their individual positions.

One area in need of attention is MIS data entry. The MCYTC does maintain their own regular and detailed participant records; however, these data are not being entered regularly and consistently into the MIS database, the database used by all of the Youth Treatment Courts as a method of comparing data across courts. Reasons for not keeping the MIS database up-to-date ought to be explored and addressed.

Orientation, Background Training, and Continuing Education

This section describes the orientation experiences, background training, and continuing education of each of the MCYTC team members. The information below was gathered from Team member resumes the evaluators received and from interviews.

Orientation Procedures

Several Team members were recruited for a position during the Pilot Phase of the court, and therefore were a part of the Drug Court program from inception. Thus, rather than needing to be oriented to the court, many of the key players had a role in developing initial protocol for the court. Other Team members did join the Team after the implementation of the grant. Orientation for these Team members reportedly occurred through two methods: a meeting with other Team members and/or a court observation. The MCYTC currently does not offer a Procedural Handbook to assist new Team members in orientation.

Background Training and Continuing Education

On-going training of Team members currently includes attendance at National and State Drug Court training conferences through the National Drug Court Institute (NDCI) and the NC Administrative Office of the Courts (AOC). Team Members have received both role-specific and general education on Drug Courts at trainings.

MCYTC Judge

Judge Louis Trosch serves as the MCYTC Judge. He earned his Juris Doctor with honors from The University of North Carolina at Chapel Hill in 1992. He has held positions as an assistant public defender, state lobbyist on behalf of children's issues, university lecturer, private practice attorney, and District Court Judge for the 26th Judicial District, his current appointment. In his District Court Judge role, he also serves as Judge for both the MCYTC and the Mecklenburg County Child and Family Model Court Program. In addition, he has served or currently serves on numerous boards and committees geared toward the protection and promotion of children's rights and well-being, including leading the development of a truancy court program in the Charlotte-Mecklenburg school system, co-chairing the development of a dependency mediation pilot program for the 26th District, and serving on the Executive Committee of the System of Care initiative, a comprehensive community-based effort to improve and coordinate mental health and other services for children with severe emotional disturbance (SED) and their families. Although he was not directly involved in the planning of the MCYTC program, he has been involved with the MCYTC since November 2002 and has served as the first presiding Judge since court implementation.

Program Coordinator

Donna Fair, Program Coordinator for the MCYTC, earned her Bachelor of Science in Political Science and Urban Administration from The University of North Carolina at Charlotte in 1983. Her previous experience includes working as an aide for the New York State Division for Youth,

a Youth Services counselor for the North Carolina Department of Human Resources at the Stonewall Jackson Training School, a case manager at the Gaston Correctional Center, a case analyst for Mecklenburg Community Corrections, an evening supervisor at Elon Homes for Children, a Behavior Modification Technician for the Mecklenburg County Child and Adolescent Services, a court liaison for TASC, a legal assistant for a private firm, and as a case manager for the Mecklenburg County Drug Treatment Court. She was the first Program Coordinator to be hired and has been with the MCYTC since October 2002.

Case Coordinator

Yolanda Morgan is the current Case Coordinator for the MCYTC program. She obtained her Bachelor of Arts in psychology from Livingstone College in Salisbury, NC, in 2000. Prior to her current position, she worked as a Behavior Intervention Technician for Developmental Independent Care Services in Salisbury, North Carolina, as a Families First therapist for the Judson Center in Redford, Michigan, as a Community Social Worker at the Ennis Center for Children in Detroit, Michigan, and as a CBS Professional for Excel Personal Development, Inc., in Albemarle, North Carolina. She has been with the MCYTC program since February 2004.

Juvenile Court Counselor

Natalie Williams, the MCYTC Juvenile Court Counselor, earned her Bachelor of Science in Criminal Justice, with a concentration in Law Enforcement and Corrections, from North Carolina Central University in Durham, NC in 1999. Prior to beginning work with the MCYTC, she served as a security guard, campus police dispatcher, and probation/parole officer. She has served in her role with the MCYTC since June 2003.

Assistant District Attorney

Greg McCall, the Assistant District Attorney, has been working with the MCYTC program since its inception. He has also been a Juvenile Supervisor for the past three years. In the course of preparing for his role in the MCYTC, he attended both local and national conferences on Drug Court programs. He stated that he believed this training was adequate preparation for his position. A resume was not received from the ADA.

Defense Attorney

Philip Penn, the Defense Attorney for the MCYTC, earned his Juris Doctor from North Carolina Central Law School in Durham, NC, in 1981. Prior work experience includes several years as a private practice attorney as well several public service posts, including a Federal Judicial Law Clerk for the Middle District of North Carolina, a Deputy Commissioner for the North Carolina Employment Security Commission, a Public Defender for Mecklenburg County – 26th District Court, an Assistant Attorney General for the Virgin Islands Department of Justice in St. Croix, and his current position as a staff attorney responsible for Delinquency Representation with the Children's Law Center. In addition, he has served as the Chair of the Juvenile Justice and Children's Rights section of the North Carolina Bar Association and has sat on the Boards of the Southern Juvenile Defender Conference, the North Carolina Indigent Defense Service Juvenile

Defender Advisory Board, the Mecklenburg Country Teen Court Advisory Board, and the Mecklenburg County Juvenile Crime Prevention Council. He has served in his role with the MCYTC since the planning phase of the program.

School Liaison

Two individuals share the MCYTC School Liaison role and rotate attending Team meetings. The first School Liaison, Leslie Riggs, earned her Master's degree in Social Work from Norfolk State University in Norfolk, VA, in 1995. She will complete her Licensed Clinical Social Worker (LCSW) requirements by May of 2006. Her previous experience includes positions as a family therapist, community educator (with a focus on parent education, conflict resolution and healthy family development), and prevention coordinator for middle school students. She currently serves as a Substance Abuse Professional (SAP) social worker to adolescents and their families within the Charlotte-Mecklenburg Schools. In addition, she is fluent in Spanish. An interview was not arranged with the first School Liaison because she was not attending court on the day that the evaluation team conducted interviews. As such, the orientation procedures and specific MCYTC training she received is not known.

Leslie Parks, the second School Liaison earned her Master's degree in Community/Agency Counseling from Ohio University in Athens, OH, in 1995. She is a licensed professional counselor (LPC), national certified counselor (NCC), and national certified school counselor (NCSC). Her previous experience includes several positions as a therapist and substance abuse counselor to adolescents and adults (including providing family therapy to substance abusing adolescents and their families), and the residential unit director for Thompson's Children's Home in Charlotte. She currently serves as an SAP social worker to adolescents and their families within the Charlotte-Mecklenburg Schools.

Treatment Providers

Several Treatment Providers are affiliated with the MCYTC program. Treatment Providers utilized at the time of the process evaluation came primarily from one of two treatment sites: the McLeod Center (Trina Fullard and Angela Pettit) and BHC CMC-Randolph (Courtney Cooper, LCSW). A Family Preservation caseworker, Paulette Powell, was also interviewed. The Social Worker/DSS Liaison was also interviewed (David Drum). Resumes were not provided by any of the Treatment Providers.

Conclusions and Recommendations

The MCYTC Team members appear to be adequately trained to efficiently and competently fulfill their respective roles within the court. The majority of Team members regularly participate in state and local Drug Court trainings. Some Team members have not participated in Drug Court trainings, such as Treatment Providers and School Liaisons. One recommendation regarding staff qualifications is to include Treatment Providers and others, such as School Liaisons, in Drug Court trainings.

An official orientation procedure is not currently in place for new Team members. While some Team members have been members since program inception, newer Team members could benefit from a standardized orientation procedure. Standardizing the orientation procedure and providing a more formal orientation to the respective roles of individual Team members would provide a mechanism for ensuring that all Team members are fully aware of the expectations regarding their respective roles. Such standardization would further enhance Team members' capacity to efficiently fulfill their roles on the Team, and would increase new members' knowledge of other Team members' roles, responsibilities, and resources. The BJA's document, *Juvenile Drug Courts: Strategies in Practice*, recommends that Juvenile Drug Treatment Courts develop written policies and procedures for court implementation and operation. Developing a Policies and Procedures Handbook for Team members could be useful in expediting the orientation process.

Local Management Committee

The North Carolina Drug Treatment Court Act of 1995 (N.C. Gen. Stat. §7A-796) requires that drug court program management occur in the form of a "local drug treatment court management committee, which shall be comprised to assure representation appropriate to the type or types of drug treatment court operations to be conducted in the district."

According to Stat. §7A-796, the Senior Resident Superior Court Judge for the district would appoint such a committee, with concurrence of the Chief District Court Judge and the District Attorney. The purpose of a Local Management Committee is for community and district court members to discuss and oversee issues related to program policies and progress.

The Local Management Committee should be appointed to assure representation appropriate to the types of sessions conducted by the DTC. As described in *Best Practices for Model Drug Treatment Courts*, Section §1-2 of Best Practice 1, the required members for a Juvenile Treatment Court include, but are not limited to:

1. *A Judge of the district court,*
2. *A district attorney or assistant district attorney,*
3. *A public defender or assistant public defender in judicial districts served by a public defender,*
4. *A member of the private criminal defense bar,*
5. *A clerk of superior court,*
6. *The trial court administrator in judicial districts served by a trial court administrator,*
7. *The chief juvenile court counselor for the district,*
8. *A local law enforcement officer,*
9. *A representative of the local school administrative unit,*
10. *A representative of the treatment providers,*
11. *A representative of the local area mental health program,*
12. *The local program director, and*
13. *Any other persons selected by the Local Management Committee.*

As described in *Best Practices*, Section §1-3, the Local Management Committee should establish a regular schedule to meet at least three times a year; additionally, the committee should establish a procedure for calling and conducting special meetings.

Best Practices Section §1-4, Part (a), states that this committee is responsible for the effective operation and performance of the local DTC court and all sessions; additionally, this committee should function as its board of directors. Part (b) dictates that the specific responsibilities of the Local Management Committee should be to:

1. *Periodically review and update the court's mission statement,*
2. *Periodically review and update the court's operational and outcome goals, and assure achievement of those goals,*
3. *Adopt and from time to time update a comprehensive and detailed set of guidelines and procedures for the local DTC court that addresses the subjects specified in Best Practice 2, and assure compliance with those guidelines and procedures,*
4. *Assure that the local DTC court has the essential services described in Best Practice 3, periodically review the performance of the persons performing those services, and give appropriate public recognition to meritorious performance by any of them,*
5. *Review all proposed contracts for treatment services for the local DTC court, and make recommendations to State staff concerning the award of contracts,*
6. *Develop guidelines for participant contribution to the cost of treatment, as required by G.S. 7A-800,*
7. *Work with State staff to develop local DTC court budgets, and make recommendations concerning their adoption,*
8. *Explore possible funding sources to supplement funding from the State DTC Fund, cooperate with State staff in applying for such funding when appropriate, and assure the proper expenditure of all such funds,*
9. *Enter into one or more memoranda of understanding with local agencies involved in the local DTC, substantially like the Model Memorandum of Understanding attached to the Guidelines as Appendix C,*
10. *Review the results of the self evaluation conducted by the core court team and program director pursuant to Best Practice 5 and the recommended action plan, adopt a report of the self evaluation and the action plan for the State DTC Advisory Committee, and see to it that the action plan is carried out, and*
11. *Take any and all other measures necessary or appropriate for the effective oversight, direction and review of the local DTC court.*

The management of the Mecklenburg County Drug Treatment Courts, including the Youth Treatment Court, is described in the document entitled, *S.T.E.P. Program-Policies and Procedures Manual*. An organizational chart in the *S.T.E.P. Manual* depicts four levels of program management: In the first level, the AOC is the overall management entity of all North Carolina Drug Treatment Courts. The second level of program management involves the Management Committee, whose duties and members are described above. The third level is the Operations Committee, which serves as a liaison between the Court Team and the Management Committee. The main purpose of the Operations Committee is to:

...operate within established program policies and procedures in a non-adversarial process to resolve policy and operational disputes that affect client success and program effectiveness. The Chair of the Operations Committee directs issues that cannot be resolved by the Operations Committee within the policy and procedure guidelines to the Management Committee.

According to the *S.T.E.P. Manual*, the Operations Committee consists of:

1. *The Superior Court Presiding Judges,*
2. *The District Court Presiding Judges,*
3. *The DTC Program Director,*
4. *The Criminal Court Coordinator,*
5. *The FIRST Court Coordinator,*
6. *The Youth Treatment Court Coordinator,*
7. *The Senior Asst. Public Defender,*
8. *The Senior Asst. District Attorney,*
9. *The Probation Supervisor,*
10. *The Treatment Provider Liaison, and*
11. *can also include other members of the DTC Management Committee.*

The fourth level of Mecklenburg County Drug Treatment Court program management is the Court Team, whose purpose, composition, roles, and responsibilities have been described earlier in this document.

The MCYTC program has all four levels of program management in place and is also in compliance with all expectations for the Local Management Committee (LMC) as set forth in *Best Practices for Model Drug Treatment Courts*. Specifically, as the overall local management entity for Mecklenburg County, the Management Committee meets quarterly and reviews the court's mission statement and procedures, and discusses funding, ethics, and other general Drug Court issues. The Management Committee oversees regular program self-evaluations and the regular review and update of program policies and procedures to monitor the Court Team's progress in overcoming perceived obstacles and to evaluate the extent to which strategies are followed and goals accomplished.

Conclusions and Recommendations

The MCYTC is in compliance with *Best Practices'* expectations for the Local Management Committee. However, the Management Committee may want to examine MCYTC eligibility criteria to determine if the revised program focus on accepting youth without a substance abuse diagnosis is in line with Youth Drug Treatment program goals and with the future MCYTC mission and focus.

Team Decision-Making Processes

The MCYTC Team makes decisions regarding individual participant cases primarily during regularly scheduled Team meetings held before each Drug Court session. According to *Best*

Practices, the primary responsibility of the Core Court Team is to ensure the effective functioning of the in-court process of each court session, and to attain the long-range rehabilitative goals of the MCYTC.

In order to assess the functioning of the MCYTC Team, IRT staff members observed a Pre-Court Team meeting in May 2005. The Judge, Program Coordinator, Case Coordinator, Juvenile Court Counselor, Assistant District Attorney, Defense Attorney, Social Worker/DSS Liaison, and School Liaison attended this particular Pre-Court Staffing meeting. At the beginning of the meeting, the Court Coordinator provided each of the Team members with a copy of data sheets describing the status of each participant to be discussed. Seven cases were discussed during the hour and a half-long meeting, with the length of time spent on each case ranging from one to ten minutes. The Program Coordinator reviewed participants' progress in fulfilling court and treatment requirements and Team members were invited to comment on each case.

Topics discussed during the Pre-Court Team meeting observation included overall program compliance (e.g., results of drug tests), treatment, school performance, and family functioning. For the majority of cases, discussion began with participant and family treatment progress and compliance and whether there was any recent criminal behavior (e.g., more than one participant was "on the run"). Drug screen results were reviewed for two participants, and school issues were reported for half the participants. The following topics were also discussed: school compliance, the recommendation of termination for one participant, parents' mental health issues, and discussion of what sanctions and incentives to apply.

Team decision-making followed a democratic process; decisions were reached through spoken consensus. In instances in which consensus was not reached, such as Team Members voicing opposing viewpoints, the Judge made the final decisions. The Program Coordinator officially led the pre-court Team meeting. The meeting was conducted in an organized manner and Team members were professional in their communications with each other.

Team members were asked in interviews to comment on team meeting decision-making processes and overall Team functioning. The majority of Team members stated that decisions were arrived at by consensus and that the decision-making process was "generally democratic." However, some Team members commented that not all Team members feel equally able to speak up and voice their opinions in meetings; these Team members stated that the Judge and the Program Coordinator make the majority of decisions regarding participants. Another Team member stated that Team roles were not clearly defined, leading to difficulties in communication. In general, Team members reported that if the Team was not able to arrive at consensus, the Judge typically makes final decisions.

One issue raised by Team members concerns the current role of Treatment Providers in Team meetings and Team decision-making. Currently, a representative from Behavioral Health Center and a representative from Family Preservation Agency are the only Treatment Providers who participate in Team meetings. Representatives from McLeod Center are not currently participating on the Team. One Team member stated that the "biggest problem the court currently faces is not listening to outside clinical personnel who have been brought in by the Team to assist the juveniles."

Despite some disagreement about Team functioning, many Team members felt that much progress has been made in Team functioning. Two Team members reported that currently when disagreements arise, Team members are less likely to “take matters personally” and are more likely to explore dissenting opinions. Another Team member commented that although disagreements do occur, that this is not necessarily a negative outcome. Additionally, one Team member stated that Team member used to readily defer to the Judge, but that the Team has come to understand that they must work together, with all members providing input. As one Team member stated, “For the most part, we work together as a team.”

Conclusions and Recommendations

Team members reported mixed opinions about Team functioning; some reported that not all Team members are comfortable voicing their opinions in Team meetings; others reported that Team decision-making does involve a democratic process. The general consensus is that democratic Team decision-making has improved.

Some Team members stated that the role of Treatment Providers on the Team has not been clearly defined. Some Team members suggested that there is a divide between Court-based Team members and Treatment-based Team members. Further, with multiple treatment providers involved in providing treatment for the participants, it is not clear who should participate in Team meetings. The role of the Treatment Provider representative is currently undergoing a shift in the MCYTC program. The court has planned to move away from multiple treatment providers with the decision to implement Moral Reconciliation Therapy (MRT) as the essential treatment for every juvenile participant. MRT would be implemented through Behavioral Health Center, making BHC the primary Treatment Provider for all MCYTC youth.

Recommendations for improved Team decision-making and Team functioning include continuing to foster democratic decision-making processes. It is important that all Team members feel that their perspective is important in informing decisions about MCYTC participants.

An additional recommendation is to clarify the Treatment Provider role in Team meetings. If the Team continues using multiple outside treatment providers in addition to utilizing BHC as the primary treatment provider, they might consider inviting additional treatment providers to select Team meetings. This could be done by rotating invitations to the Team meetings between the multiple treatment providers, or by inviting a treatment provider when the Team has a decision to make about a specific juvenile.

Additionally, because the court has decided to incorporate MRT as a treatment option for participants, Team members may want to consider learning more about MRT and how this treatment modality will benefit MCYTC participants. In addition to fostering a clearer understanding of treatment among Team members, the Team will further be able to educate current and potential participants and family members about the benefits not only of the MCYTC court system, but additionally of the treatment some juveniles may participate in.

Description of Current Program

Program Overview

The Mecklenburg County Youth Treatment Court (MCYTC) works to rehabilitate high-risk adjudicated juveniles by providing them with intensive treatment, close supervision, and individualized case management; it also brings the juveniles and their families into a structured environment with clear expectations, rules, and consequences. MCYTC specifically targets youth who have had previous treatment for substance abuse or mental health problems, and who have demonstrated a need for structured support, supervision, and concentrated intervention and treatment. After a referral and assessment period, Juveniles voluntarily enter the program as part of their probation. The program consists of four phases, which must be completed sequentially to successfully graduate from the program. This process requires a minimum of one year, with a reported average duration of 12 to 14 months. The MCYTC utilizes a combination of judicial supervision, consistent monitoring of the juvenile at school and at home by the court, regular drug tests, and a system of individualized sanctions and incentives to motivate participants to comply with court mandates and to make lasting, healthy changes in their lives. The goals of the program are to reduce substance use, criminal behavior, and recidivism of the juveniles, and to provide support to the families of juvenile offenders, which in turn aids in the creation of a more stable and supportive family environment. Successful completion of the program allows the juveniles to be gradually reintroduced into the community as sober, productive and responsible individuals. The following sections describe the process of the MCYTC program in detail, from referral through program involvement, program discharge, and aftercare.

Referral Procedure

The MCYTC receives referrals primarily from the Department of Juvenile Justice and Delinquency Prevention (DJJDP), although any Juvenile Court Judge, Court Counselor, DSS FACET Worker (Department of Social Services Family and Children's Evaluation Team), or Juvenile Court Defense Attorney can refer juveniles to the program. The MCYTC program is perceived as a final effort to help high-risk juveniles before they are committed to a training school program. Although the juveniles who are referred to the program typically have a history of treatment for mental health issues and substance abuse, a substance abuse charge is not necessary for admission to the program. Once the juvenile has been adjudicated, the referring agent submits a Youth Treatment Court referral form and supplemental materials to the dedicated Youth Treatment Court Counselor.

In interviews, Team members reported mixed perspectives regarding the number of referrals received by the MCYTC. Three Team members reported that there were too few referrals, and that this had resulted in the court operating at less than capacity. One Team member stated that there were fewer referrals in the past because the MCYTC was a new program, but that referrals are increasing. However, three other Team members commented that the problem was not a shortage of referrals, but rather that many juveniles are either terminated early or are screened out because of histories of extensive gang involvement, violence, or sexual offenses. One of these Team members also noted that at times the court receives referrals for juveniles for whom training school would be more appropriate.

Conclusions and Recommendations

It is reported that referrals have increased over the history of the MCYTC program. However, it is recommended that the MCYTC continue to raise awareness of the program's viability as an option within the Juvenile Court system in order to increase the number of total referrals, thereby addressing one factor that may help bring the number of active participants closer to capacity.

Eligibility Criteria and Process

Once a potential participant is referred to the MCYTC program, the MCYTC Juvenile Court Counselor examines the referral materials to ensure that the juvenile meets eligibility criteria. Originally, the referral process involved a *Juvenile Justice and Delinquency Prevention Risks and Needs Assessment*; however, this has been replaced by a comprehensive evaluation of the juvenile's court records, social history, school records, and mental health assessment, if one is available. A Team member explained that the initial *Risks and Needs Assessment* was no longer used because it did not provide enough information, and that the court can usually assess whether the juveniles are violent by examining other materials provided with the referral form. The MCYTC Court Counselor and MCYTC Case Coordinator review the referral first and then communicate with the District Attorney's Office and the Charlotte-Mecklenburg Police, who determine whether the juvenile should be excluded because he or she poses a threat to community safety, or because of intensive gang involvement or drug dealing. If the juvenile is deemed eligible, the YTC Case Coordinator presents the juvenile's referral to the Court Team at the next meeting. If the juvenile is accepted, the Court schedules a meeting with the juvenile and his or her family and they begin the orientation process, which includes an appointment with Area Mental Health for mental health and substance abuse assessments.

According to the *State of North Carolina Administrative Office of the Courts Youth Treatment Court Program 26th Judicial District Program Operations Manual* and information gathered in Team member interviews, the following requirements must be met for a juvenile to be eligible to participate in the MCYTC program:

- *The youth must be under the jurisdiction of the juvenile court, and therefore must be between the ages of 12 and 16;*
- *To be eligible, sixteen year-olds must have been committed their offense while they were 15 years old or younger;*
- *The youth must be adjudicated at Level I or II for a non-violent crime, have an open or pending disposition, and be eligible for a minimum of one year of probation;*
- *The youth must have a DSM IV diagnosis of mental health and/or substance abuse, but must not must not have a history of psychosis;*
- *The youth must not have a history of sexual offenses or distribution of drugs;*
- *The youth must have had prior treatment episodes and must demonstrate a need for continued treatment with increased supervision and support;*
- *The youth must not be heavily entrenched in gang activity;*
- *Mental Health Treatment Providers require an IQ of at least 70 as a prerequisite of treatment; and*

- *The parents or guardians of the youth must be willing to cooperate and participate in the treatment process.*

Team members who were interviewed about program eligibility reported that the Team displayed flexibility when applying the eligibility criteria. For example, the MCYTC does not necessarily reject referred juveniles if they are willing to cooperate with the program and can be helped by the court, even if they do not fit the criteria exactly. It appears that the Court Team specifically reviews each referral individually and attempts to serve juveniles who are most in need; as one Team member explained, “The Team has a problem with eligibility being determined by the computer,” and another said, “Everyone is eligible, you have to work your way out.”

While the Team agreed that eligibility criteria were flexibly applied, there was not universal agreement about the substance abuse diagnosis criteria. Two Team members stated that a substance abuse diagnosis was no longer necessary for MCYTC program participation; however, two other Team members reported that a diagnosis of substance abuse was mandatory for participation in the program.

Admission to the Mecklenburg County Youth Treatment Court is contingent upon many factors. Juvenile offenders must be referred to the program, meet the eligibility criteria of both the court and Area Mental Health, and be accepted by the MCYTC Team. In addition, admission requires the voluntary participation in the program by juveniles and their parents or guardians.

Conclusions and Recommendations

The process by which the MCYTC determines program eligibility is flexible enough to allow the court to serve a broader target population, and also preserves the court’s aim to recruit among the highest-risk juveniles to the program. This procedure is reasonably consistent with both the “Targeted Youth” described in the *Operations Manual* and with the goals stated in the GCC Grant proposals. However, the court may want to establish specific criteria for developing a target ratio of participants with a substance abuse diagnosis and those without, to be clearer about the target population for the MCYTC program.

Furthermore, there is some confusion within the Team about what the specific eligibility criteria are. It is recommended that the Team revise the *Operations Manual* to reflect any modifications that they have made in determining eligibility, including the Team’s tendency toward flexible application, so that all Team members have a clear understanding and knowledge of both the target population and eligibility criteria.

Admission and Intake

After eligibility has been established, the juvenile and his or her parent or guardian are invited to observe two court sessions, and a Child and Family Team Meeting is scheduled with the MCYTC Case Manager. The juvenile is then admitted if both the juvenile and his or her family have agreed to participate in the program. At this time, a date is set for the juvenile to begin attending court sessions. Contractual assent to participate is finalized when the participant and parent or guardian sign the *MCYTC Agreement to Enter Youth Treatment Court*.

Although the *Operations Manual* and the *MCYTC Participant Handbook* state that approximately two months is the length of time required between referral and admission, one Team member reported that the time period is closer to 30 days. (MIS data presented earlier indicate an average of 39 days between referral and admission). Once the juvenile is admitted, the Treatment Provider assesses the juvenile's case and determines an appropriate course of action for the juvenile and his or her parent or guardian on an individualized basis. As part of orientation, the juvenile is provided with the *Participant Handbook*, which the Child and Family Team review with the juvenile and his or her family. After the orientation, the juvenile begins attending court and treatment meetings.

One Team member expressed frustration with perceived inadequacy of the initial assessment of mental health and substance abuse. The Team member explained that historically some of the Treatment Providers have either been unwilling to treat behavioral disorders or have been willing to only conduct substance abuse assessments. According to this Team member, few Treatment Providers are willing to conduct comprehensive biopsychosocial assessments on juveniles in Mecklenburg County.

Conclusions and Recommendations

The MCYTC has a clearly defined process of admission, orientation, and intake of juveniles into the program. Agreement to participate is clearly indicated by the signing of the *MCYTC Agreement to Enter Youth Treatment Court* by the juvenile and his or her family. One recommendation is to examine the feasibility of accessing comprehensive biopsychosocial assessments for participants in order to determine the most appropriate treatment.

Capacity and Enrollment of Program

The capacity of the MCYTC program is 25 participants; with an enrollment of 15 adjudicated juveniles at the most recent report in May of 2005. Throughout its existence, the program has struggled with generally low levels of capacity. Five Team members commented on the low levels of program enrollment. Two Team members reported that there is a considerable amount of early participant turnover due to a variety of reasons, such as consistent non-compliance, or new charges being committed by the juvenile. Three Team members also cited the lack of referrals as the main problem preventing the court from maintaining consistently high enrollment. According to MCYTC program records, the program has graduated a total of 7 participants, has terminated 38, and has maintained an average of approximately 14 participants after the program capacity was raised to 25 participants in July 2003.

Conclusions and Recommendations

The MCYTC has consistently operated under capacity. It is recommended that the court address issues limiting its ability to operate at full capacity, especially focusing on reasons for and solutions to the high numbers of early terminations.

MCYTC Program Conditions

As a formal entrance to the MCYTC program, the juveniles and their parents or guardians read and sign legal contracts of agreement to participate in all required aspects of the treatment court. Additionally, the juveniles and their families are required to sign the plans for treatment and service that are devised in the initial Child and Family Team meeting. Although a specific list of formal program conditions is not signed, the following program rules are found in the *Participant Handbook*. The participant must:

- *Attend school, treatment appointments, Child and Family Team meetings, probation meetings, and court sessions;*
- *Be on time for all scheduled treatment sessions, life skills, support group, case management, and probation meetings and court sessions;*
- *Not make threats towards other participants or staff or behave in a violent manner or disrupt treatment;*
- *Not bring drugs, alcohol or weapons into any treatment program, meeting, appointment or event; and*
- *Dress appropriately for court and treatment sessions.*

The *Participant Handbook* also provides a brief explanation of the nature of the program, such as drug tests, incentives and sanctions, bases for termination, and the roles and responsibilities of the Court Team.

Conclusions and Recommendations

The MCYTC has a clear set of program expectations that are outlined in the *Participant Handbook*. The MCYTC program may additionally benefit from clearly specifying the roles and responsibilities of parents and guardians involved in the program. Both participant and parent expectations could be developed into a list of program conditions that the juveniles and their parents or guardians would sign upon entry to the program. These forms may serve to further formalize the expectations for program participation and encourage program compliance.

Drug Court Phase System

The MCYTC program is expected to last between 12 and 18 months and consists of four phases. The overall program and the individual phases have time guidelines that are designed to provide sufficient time for each client to establish genuine sobriety and recovery. The phase system aims to progress the juvenile through a process of treatment and stabilization, and education, and to gradually restore the juvenile's connections to the community. Afterwards, the juveniles participate in an aftercare phase in which they participate less in the court, but are still monitored in order to support sobriety. From Phase II onward, participants receive progressively less intensive services and supervision. Each phase is designed to administer individual treatment, hold the juvenile to an appropriate level of accountability, educate the juvenile and family regarding substance abuse and drug-free living, and incrementally reintroduce the juvenile back into society as a functioning member of his or her home, school, and local community. Case

management, monitoring, and treatment are integrated into each phase, and family involvement in the program is required.

In order to progress from one phase to the next, a participant must complete all the requirements of a phase, and the MCYTC Core Team must agree to promote the juvenile. The Team also considers the juvenile's compliance at home and school, program participation, behavioral compliance, treatment progress, sobriety, and attitude in determining whether or not the participant may be promoted to the next phase. The Program Coordinator has access to information about these aspects of the youths' lives and is responsible for tracking progress in all areas. Although the program is prescribed in a highly individualized manner, the MCYTC *Operations Manual* and *Participant Handbook* describe the general goals and requirements of each phase. The program's phases are described below and descriptions are derived from the MCYTC *Operations Manual*, *Participant Handbook*, and also from interviews with MCYTC Team members and juveniles who have participated or are currently participating in the program.

Phase I: Referral, Assessment and Admission

The first phase of the MCYTC program includes initial referral, program admission, and the development of individual treatment goals and plans for the juvenile. This phase is expected to span from one to two months. The requirements for this phase are that the juvenile and his or her parent or guardian attend and participate in all scheduled appointments, meetings, and court appearances. The primary goal of this phase is to establish the juvenile's personal and treatment goals for the program in the Child and Family Team Meeting. A participant transitions to Phase II when he or she begins receiving treatment and starts attending the bi-weekly court sessions.

Phase II: Treatment

In Phase II, the juvenile enters the intensive treatment and court-monitored portion of the MCYTC program, based on areas of need that were determined by the Court Team, the juvenile, and his or her parents in the Child and Family Team Meeting. This phase has more goals, court supervision, and structure than any other phase. The average duration of Phase II is between two and six months. Although specific goals of this phase will vary with each individual, there are mandatory requirements for all the participants. Each participant must:

- *Attend treatment sessions as scheduled;*
- *Attend court sessions every two weeks with his or her parent/guardian;*
- *Attend Child and Family Team meetings every 30 days;*
- *Meet with the Court Counselor and Case Manager as directed;*
- *Submit to drug tests when they are requested; and*
- *Participate in additional services that have been deemed necessary.*

During this phase, participants attend court every two weeks with their parents or guardians. The MCYTC utilizes several means to closely monitor the participants. Drug testing occurs weekly, and is conducted by the Treatment Provider, Case Coordinator, or Juvenile Court Counselor. Random tests may be conducted as well, and the Judge can order tests at any time. A positive screen does not necessarily warrant a sanction, as the MCYTC considers relapse to be a treatment issue rather than a punishable offense. The Juvenile Court Counselor and the

Charlotte-Mecklenburg School Liaison also monitor the juvenile while at home and at school, respectively, and submit weekly compliance reports to the YTC Case Coordinator. Child and Family Team Meetings are held once a month to evaluate the juvenile's progress, and to modify his or her goals as necessary.

To be promoted to Phase III, the youth must have met the initial goals set out in the initial planning period in Phase I. Phase III begins once the youth's primary treatment issues have been addressed, and the Child and Family Team has identified the youth's secondary treatment and social needs.

Phase III: Community Connections

The purpose of Phase III is to determine the structure and services that the youth will need after he or she completes the MCYTC program. The aim is for the youth to begin the transition to a less rigidly structured lifestyle while maintaining the healthy changes that he or she has made in the MCYTC program. During Phase III, the juvenile will continue to attend court every two weeks, but meetings with the Court Counselor and Case Coordinator will be reduced, with the frequency depending on the juvenile's overall progress in the program. In this phase, the juvenile becomes less reliant on direct services and begins to focus more on addressing secondary problems and gaining outside support from various people, programs, and agencies such as mentors, sports leagues, tutors, employers, and community based support services. The primary goal in Phase III is to establish a network of support to aid the juvenile in maintaining a healthy lifestyle. Phase III ranges from two to four months in length.

Phase IV: Aftercare

By Phase IV, the juvenile has achieved his or her primary YTC program goals and has established connections with outside support services, while continuing to be monitored by the MCYTC. In Phase IV, the juvenile has fewer meetings with the Court Counselor, Case Coordinator, and the Child and Family Team, and has fewer court appearances and fewer drug tests than in Phase III. The amount of contact between the juvenile, his or her family, and the MCYTC depends on the extent to which the juvenile has demonstrated the ability to function in the community with diminished support from the program.

Team members reported one hindrance in the transition that participants go through as they near completion of the program, which is that there is often a lack of sufficient pro-social activities and structure once the juveniles are no longer participating in the court on a regular basis. As a result, relapse in the final phase of the program occasionally occurs. Team members consider this pattern an indication that the juveniles have come to rely heavily on the structure and consistency of the MCYTC.

Conclusions and Recommendations

The MCYTC is functioning according to *Best Practices* specifications with regard to program phases. Each phase has specific stipulations that are clearly defined and appear achievable. One of the reported strongest components of the MCYTC program is the comprehensive individualized plan each participant receives as he or she progresses through the program. Many

Team members cited the individualized case management, treatment, and program goals as beneficial for the participants.

One Team member suggested that the transition to developing outside supports could begin in earlier Phases. This Team member stated the belief that youth do not currently have enough time to establish connections with outside agencies and support networks in order to transition successfully into the community once they complete the program.

Sanctions

The court administers both sanctions and incentives in order to motivate participants toward a healthy, drug-free lifestyle. Noncompliant behavior is regulated through the use of sanctions. During the planning phase, the MCYTC adopted a sanctions grid based on the one from the Family Court program, but this was abandoned shortly after the court began. Although the court is consistent in the types of behaviors that warrant sanctions, Team members reported that sanctions are individualized so that they may serve as a stronger deterrent, and so that they may have maximum impact with each juvenile. The *Participant Handbook* provides a list of some of the court's sanctions for noncompliance. These include: loss of clean time, house arrest, curfew, time in detention, out of home placement, and an increased level of treatment and written assignments. Sanctions are prescribed in open court within two weeks of an infraction; however, the Judge may be called upon to issue immediate sanctions for a serious offense, such as expulsion from school, severe behavioral problems that go undisciplined in school, or running away from home. One Team member expressed frustration with the length of time that periodically passes before sanctions are administered.

Team members reported that in the MCYTC, relapse into drug use is not a behavior that is sanctioned, as it is considered a problem to be addressed in treatment. However, if participants lie about drug use and then present a positive drug screen, they will be sanctioned.

Two Team members stated that many participants initially perceive the individualized sanctioning procedure as inconsistent and unfair. Three Team members, however, described the sanctions as consistent, fair, and effective. Three other Team members commented on the positive effects that sanctioning ultimately has on the behavior of the juveniles and their parents or guardians. They elaborated that consistent use of sanctions provides guidance in terms of acceptable behavior, provides structured discipline, and aids parents who have difficulty establishing disciplinary rules for their children. Another Team member expressed that MCYTC program participants understand that sanctions are part of the program and will typically follow along willingly because they have learned to “accept the consequences more fully.” However, one Team member stated that the sanctions (and rewards) would be more effective in smaller increments, and that they were typically given “too much, too fast.”

Participants provided consistent opinions about sanctions. One participant reported that the sanctions were clear, and that participants knew what to expect. Another reported that participants understand what will happen if they are noncompliant. All interviewed participants stated that the consequences for noncompliant behavior were unambiguous and easily understood.

Conclusions and Recommendations

The MCYTC program sanctions are clearly defined, individually selected and applied, and consistently delivered. They are considered effective by Team members as capable of providing guidance, structure, and discipline to juveniles for whom these components were previously lacking. Team members and participants reported that the sanctioning procedures were clear, even though the specific sanctions were not uniform for each participant. Team members and participants emphasized that being put in detention is both detested and effective as a sanction. One Team member also noted that participants were aware that termination from the program, which could potentially result in being sentenced to training school, was always a possibility as a final sanction. Team members considered this sanction to be a powerful motivator.

Incentives

Much like its protocol for delivering sanctions, the MCYTC's incentive program is based on providing individualized incentives in order to motivate juveniles to participate and cooperate in the treatment program. Because of this, there are not clear rules dictating rewards for specific behaviors; however, the *Participant Handbook* and Team members stated that the most common intangible incentives provided are verbal recognition and praise from the Judge and Team members in open court, applause and peer recognition, and early excusal from court sessions; the most common tangible incentives are movie tickets, gift certificates, and items that are related to participants' hobbies and interests. Intangible rewards, such as judicial praise, are used more often than other incentives.

Team members and participants alike described the importance of praise and peer recognition as non-tangible incentives. Three Team members stated, however, that the incentives aspect of the MCYTC program needed improvement, specifically citing the need for a greater variety and quantity of tangible rewards. One Team member noted that the Team has spent "hours trying to find incentives that would motivate [youth], but what [the youth] want are too expensive and not productive." However, two Team members described the MCYTC program's incentives as adequate and fairly delivered. Another Team member expressed a less positive view of the manner in which incentives were given, commenting that the court was overly positive and gave rewards too quickly at times. The Team member stated, "There is such a strong desire [on the part of the Team] for participants to do well that they almost go overboard with rewards."

Conclusions and Recommendations

Incentives are a necessary component of a successful Youth Treatment Court program because they help motivate participants to comply with program requirements. While some Team members expressed satisfaction with the current incentives, others suggest that incentives could be improved in quality and quantity. It is recommended that the MCYTC continue to develop new ideas for tangible and intangible rewards, as well as to increase the quantity of tangible incentives.

One recommendation is that the MCYTC could adopt an "A-list/B-list" or "rising/shooting star" incentive program, as was considered in the Team meeting on January 14th, 2005, to further

enhance the reinforcing effects of peer recognition, praise from adults, and social status. Adopting this sort of program would provide more concrete set of expectations about the behaviors that are rewarded, thereby further encouraging participants' compliance with the program.

Judicial Supervision and Case Management

The MCYTC Team provides judicial supervision and case management in order to keep participants engaged and accountable during program participation. Supervision and case management are accomplished through a variety of methods. Judicial supervision occurs through bi-weekly court sessions. Outside court, the team employs a "wrap-around" approach to case management and monitoring; the Court Counselor, Treatment Providers, School Interventionists, and the Case Coordinator form a system that comprehensively monitors all key areas of the juveniles' lives (e.g., home, school, and treatment).

Judicial Supervision

Judicial supervision of juveniles and their parents or guardians occurs at bi-weekly court sessions. The court proceedings were observed by the evaluation team to assess the quality of interactions between the Judge and the participants and to note the courtroom atmosphere. These observations as well as comments from participants and the Team members indicated that the Judge's interactions with participants provide excellent monitoring, accountability, and encouragement to the juveniles and their families. The procedure occurred as follows: when called to appear before the Judge, the participant and his or her parent(s) or guardian(s) would stand before the bench in front of the defense table. The Judge would then address the participant's progress in the program. The Judge spent between five and ten minutes with each participant and family. The Judge generally discussed the following: the outcome of participants' recent drug screens (positive or negative); the length of clean time (people in the gallery clap if participants have had at least several weeks' clean time); sanctions (if they have positive drug screens); incentives for compliant behavior; and less often, school and home behavior. Each participant always had a chance to speak with the Judge directly, and the Judge always had something positive to say to each juvenile. All of the participants seemed comfortable with the Judge and maintained eye contact while speaking with him; the Judge also maintained eye contact with the participants. Order of appearance was typically alphabetical. After review of each participant, if there were any new participants, they were called to appear before the bench and welcomed into the program. If there were any graduations, they were held at the end of the court session. The Judge made it clear that if participants do not appear in court, "no shows" were to have secure custody orders placed on them if not back by the following court session. After appearance before the Judge, the participant and parent(s) sat down. All participants remained in the courtroom throughout the entire court session, although other people coming and going during the court session caused minor disruption.

Participants commented on judicial supervision. One current participant in the program reported that the Judge is fair and "gives you what you deserve" although it was additionally mentioned that group treatment helped the youth more than appearing in court. Some participants stated that they thought the Judge and Team members "were mean" until they got more used to the

MCYTC program. Two additional juveniles mentioned that going to court every two weeks was “tiresome” and “took up too much time.”

Despite some dissenting participant opinions, Team members spoke highly of the Judge’s effectiveness. One Team member described him as “involved,” with a personality that engaged the youth. It was further stated that he knows each participant by name and that participants appreciate his praise and encouragement. Another Team member stated that appearing before the Judge was one of the most important aspects of the program because it provides accountability for participants’ behavior.

Case Management and Monitoring

The Court Counselor, Case Coordinator, and Treatment Providers all share case management for the juvenile and the family. As noted earlier, beyond judicial supervision, the court program provides a system of “wrap-around” monitoring by which the participants are monitored at home, at school, and in treatment.

The Court Counselor maintains regular contact with the participant’s family members and school and community liaisons in order to monitor compliance with MCYTC’s requirements. Additionally, the Court Counselor supervises all cases by submitting weekly compliance reports and preparing all court orders. The Court Counselor performs urinalyses at least once a week, although she stated that cocaine users are tested more frequently than others. She makes home visits randomly, and also performs urinalyses at court sessions and at every Child and Family meeting.

One of the Substance Abuse Treatment Providers and two CMS SAP Liaisons work within the school system as School Liaisons. They provide to the Team information obtained from school personnel about participants’ grades, attendance, and school compliance. As liaisons between school and court, they are essential in the implementation of necessary directives involving participants and their schools. For example, the Team has occasionally influenced changes in participant IEP status or even their current school in order to make school a more successful experience for the juvenile. The School Liaison role is therefore an essential component of case management and monitoring.

The Case Coordinator monitors treatment in order to check for compliance with MCYTC goals. In addition, the Case Coordinator is responsible for working with all other Team members to ensure that the juvenile is being served appropriately. Before each court session, the Case Coordinator provides the Team a progress report detailing the behaviors and compliance of each participant during the prior two weeks. The Case Coordinator also maintains regular contact with the participant’s family members and school and community liaisons in order to monitor compliance with MCYTC’s requirements.

The Case Coordinator, who reviews each case, ensures that juveniles are adequately monitored, in compliance, and adhering with the approved case plan. At pre-court Team meetings, the Case Coordinator usually makes recommendations or asks for suggestions after the progress report has been shared. The Team then discusses each case. Although Team members are involved on

many different levels with the participants and their supervision, the Team appears to work well together to arrive at a democratic consensus for each juvenile.

Case management and participant monitoring also occur through Child and Family Team Meetings, in which the Court Counselor, Case Coordinator, and Treatment Providers meet with the juvenile and parent(s) every 30 days as needed to discuss progress and set rehabilitative goals for the participant. This is intended to help both the youth participant and his or her family; however, one Team member noted that these meetings focused mostly on family issues and not on the youth's issues specifically. However, one Team member suggested that this aspect of the MCYTC functions to support the family, which is something "unique and positive" about the program. Another Team member stated that participation in regular Child and Family Team Meetings was one of the most helpful components of the MCYTC.

In general, many Team members are involved in case management and participant monitoring. Accountability and support services are provided using a "wraparound" approach; addressing multiple domains of the participants' lives.

Conclusions and Recommendations

In *Juvenile Drug Courts: Strategies in Practice*, the BJA stipulates that the Judge should maintain a positive court environment, and that he or she should foster personal relationships with participants. The Judge conducted court proceedings in a warm, yet authoritative manner, and the Judge's bi-weekly monitoring was also reported as a positive and effective experience by the Team and participants. Team members expressed that because court is a ritualized activity, Team members believe this imposes a structure on juveniles' lives that is often missing from the home. The court's case management and monitoring strategy also appear to be effective. Many of the monitoring services provided for participants overlap, forming a comprehensive monitoring system.

Drug Screening

According to the *GCC Progress Reports* for FY 02/03 and 03/04, the fourth program objective of the MCYTC is "to decrease the use of illegal substances by program participants" through utilization of both regular and random drug screening. This objective requires testing participants a minimum of one time per week. The Juvenile Court Counselor, Case Coordinator and Treatment Providers perform two to three drug screenings bi-weekly for each participant. The *Participant Handbook* for MCYTC also states that juveniles will be tested routinely during their participation in the MCYTC program, both in terms of weekly scheduled screens and random screens. Failure to submit a urine specimen within one hour of a request is considered positive and receives a sanction.

Drug testing appears to be administered regularly and according to BJA standards. One interviewed participant stated that knowing that there would be drug testing did not keep this participant from using. However, one Team member cited drug testing as one of the most helpful program components, and four Team members agreed that a decrease in youth substance abuse is one of the program's main goals and objectives.

Conclusions and Recommendations

The emphasis on drug testing has been reduced as the MCYTC has moved away from a Juvenile Drug Treatment Court to a Youth Treatment Court. However, according to Team interviews, the court appears to be conducting drug screenings according to requirements specified by the BJA in *Juvenile Drug Courts: Strategies in Practice*. Although the MCYTC has complied with the BJA requirements for drug screens, perhaps Team members should consider discussing how the substance abuse eligibility criteria relates to drug testing; determining more specifically who should get tested and how often.

School Supervision

According to the *Core Elements* section of the *Mecklenburg Youth Treatment Court Program Operation Manual*, representatives from the school system must be a part of the MCYTC to ensure that the juvenile is receiving proper educational services and to help the participant and Team make any necessary changes in school-based services. As one Team member commented, “If they are improving in the program, they are going to be improving in school.”

School Supervision is prioritized by the MCYTC, and one Team member cited school monitoring as one of the most important aspects of the MCYTC. School attendance and school compliance is regularly addressed in Team Meetings and in court with participants. Treatment Providers, the CMS SAP Liaisons, and the MCYTC Court Counselor and the MCYTC Case Coordinator perform school visits regularly to ensure participant compliance at school. School Liaisons submit School Attendance/Performance Reports for each participant to the Court Coordinator by the 5th of each month. This report indicates school absences, tardiness, suspensions, and overall participant school-related attitude and behavior for the time period.

One CMS SAP Liaison left at the end of the current school year (Dr. Barbara Scarboro). However, two other individuals currently share the role of School Liaison, so this may not be a problem for the MCYTC. One Team member reported that one potential barrier to the program’s greater success is that it is often difficult to get the School Liaisons to attend Team meetings regularly.

The MCYTC will accept youth into the program who have dropped out of school; however, if the juvenile is not yet 16 years old, law dictates that he or she must be enrolled in a school. The MCYTC will identify alternative school solutions for those under 16, if school is very problematic for the youth: Mecklenburg County has several alternative education programs for pregnant, suspended, expelled, behavioral or emotionally handicapped, or otherwise at-risk youth.

Team members would like to involve administrative-level school personnel to join the Team meetings; they do not have such representatives at this point. A Team member added that administrative-level school personnel are the people making decisions about how a school handles troubled youth, yet they do not often have time to learn more about the youth and the MCYTC program.

Conclusions and Recommendations

School Liaisons are considered important members of the MCYTC Team. Two School Liaisons currently rotate participation on the Team. Team members stated, however, that the Team often gets frustrated because there is not regular attendance on the part of School Liaisons.

Additionally, Team members would like to involve higher-level school personnel to join the Team meetings and they have not yet been able to recruit such personnel. The Team could explore ways to establish stronger relationships with those in area schools' at the administrative level to create further awareness and support of the MCYTC program. For example, the Team could arrange to give presentations to school systems about the benefits of the MCYTC and why juveniles in MCYTC need the support of the schools. By reaching out to the decision makers, the MCYTC Team can hope for improved school-program communication as well as cooperation in reaching the MCYTC program goals.

Treatment

As described earlier in this report, the MCYTC no longer defines itself as a Drug Treatment Court; thus, juveniles have not recently been required to have a substance abuse diagnosis to participate in the MCYTC. In order to reach out to juveniles with behavior and mental health problems, the court expanded its target population by implementing a holistic approach to rehabilitation, and by changing the title of the court from a Drug Treatment Court to a Youth Treatment Court. Interviews with Team members revealed that efforts are regularly taken to improve each client's life in a holistic way, such as improving school performance, employment situations, family functioning, social skills, and other aspects of the juvenile's life.

To set goals for rehabilitation, each participant has an individualized case plan developed by a Child and Family Team that outlines the treatment approaches that are most appropriate for treating that juvenile. Additionally, the meeting outlines sanctions and incentives that are appropriate for the juvenile. This initial meeting takes place after the parents and juvenile have completed the legal paperwork for admission to MCYTC. Child and Family Teams include the juvenile and his or her family, the Court Counselor, the Case Coordinator assigned to the youth, and any relevant therapist or Treatment Providers to be involved with the MCYTC participant. Treatment services typically begin within the first month of participation; however, one Team member stated that often there is difficulty with beginning treatment early in the program because the treatment referral process may take longer than expected.

The MCYTC has used a range of Treatment providers since its inception. The court has tried in-patient services, family preservation training, substance abuse and individual counseling, and counseling at the mental health center. The treatment offered through the court includes individual and family therapy and an additional Treatment Provider provides "multi-family" therapy, where youth and their parents or guardians come in for group therapy. Many Team members emphasized that parental support is crucial to youth completing the program successfully. However, occasionally families are not willing or able to participate in family or group treatment. Treatment Providers being utilized at the time of the process evaluation include those from one of two treatment sites: the McLeod Center and BHC CMC-Randolph. The MCYTC coordinates treatment with Area Mental Health, a government agency that manages

Treatment Providers. The agencies providing treatment to MCYTC participants are described below.

Area Mental Health (AMH)

The Mecklenburg Area Mental Health (AMH) is a public agency, and is part of the Mecklenburg County government. The focus of AMH is on managing contract service providers rather than providing direct services to clients. The AMH maintains a network of service providers who offer a variety of programs to clients, including case management, inpatient treatment, outpatient treatment, in-home services, and residential services.

In 2002, Area Mental Health decided to continue working with Right Turn as the main Treatment Provider for the MCYTC. However, as previously mentioned in this document, the relationship with Right Turn discontinued later in 2003 in favor of partnering with the McLeod Center. In 2004, Area Mental Health was awarded a contract with the Family Preservation Agency in order to handle case management services. The MCYTC caseload was the first to be transferred. Early in 2005, Team meeting minutes suggest that the MCYTC wanted to locate additional Treatment Providers through AMH.

Currently, a representative from Family Preservation Agency attends Team meetings as the Child and Adolescent Treatment Services Coordinator. As part of the Treatment Team, she provides mental health treatment and recommendations to the MCYTC program.

McLeod Addictive Disease Center

The McLeod Addictive Disease Center provides comprehensive treatment for adolescents through four service components: 1) residential treatment, 2) structured outpatient, 3) outpatient, and 4) aftercare. The goal is to offer adolescents a continuum of care that allows clients to move in and out of various treatment programs without excessive interruption. In addition, a Charlotte-Mecklenburg school is located on-site in order to allow participants to continue with regular schooling, while also participating in residential and structured outpatient treatment services. Both residential and outpatient services include intensive group and individual counseling, life skills training, and AA/NA meeting attendance. The hours of counseling and number of meetings required are commensurate with the participant's status within the program (e.g., 20 hours/week of group counseling for residential and structured outpatient clients, and 1.5 hours for aftercare clients).

Two representatives from the McLeod Center were interviewed about their role and the McLeod Center's role in MCYTC. It was reported that representatives from McLeod Center were originally invited to participate and attend Team meetings; presently, however, contact is limited to the representatives sending a weekly report on the MCYTC participants they handle. The representatives did report desiring a more integrated role with the MCYTC Team.

One court Team member reported that the Team used to send all juveniles through Area Mental Health (AMH) for assessment. However, it was further reported that AMH did not want to serve youth with behavioral problems, such as conduct disorder and oppositional defiant disorder. In

an attempt to alleviate this situation, MCYTC began sending some participants to the McLeod Center. Despite this change, the Team member stated that the McLeod Center only performs a substance abuse assessment and not a full psychosocial assessment on participants. Because MCYTC has implemented a holistic approach to their program, Team members suggested that it is important for the Team to find a treatment center willing to assess more than substance abuse problems in juveniles. According to Team members, problems with the McLeod Center include not only assessment, but treatment as well. One Team member stated that the McLeod Center has attempted to use their adult treatment model on the youth, unsuccessfully.

Behavioral Health Center (BHC) Carolinas Medical Center (CMC) – Randolph

The MCYTC has experienced several changes in treatment providers over the course of the program's history. Right Turn of North Carolina was abandoned in 2003 as a treatment provider through AMH in part because of transportation issues, but primarily because of other reported problems with Right Turn, including citations by the state's Department of Health and Human Services for violating several licensing policies. At the same time, the McLeod Center was deemed more suitable as a treatment provider over Behavioral Health Center (BHC) for the MCYTC. However, changes in BHC's therapy approach have led the Team to currently reconsider BHC as the main treatment provider for the MCYTC program.

The local Mental Health Center, Behavioral Health Center (BHC) Carolinas Medical Center (CMC)-Randolph, focuses its operation on psychiatric and behavioral health services. The Center's orientation includes the medical treatment of psychiatric disorders in a safe, supportive environment designed to provide optimal symptom relief from these illnesses. BHC CMC-Randolph utilizes psychiatrists, psychologists, social workers, nurses and other professionals to provide treatment services across a continuum of inpatient and outpatient services.

One of the interviewed representatives from Behavioral Health Center works for the Adolescent Intensive Outpatient Program (IOP). This program operates Monday through Thursday evenings, three hours per visit, and serves medically stable adolescents, ages 13-17, who are suffering from psychiatric and/or substance abuse problems. The program offers both a Mental Health Track and a Chemical Dependency Track. The program is a 7-12 week program, and each night of the week provides a different, structured activity for youth. For example, on Mondays, there is recreational therapy; on Tuesdays, the multi-family group takes place in which children and their caregivers come in for group therapy; on Wednesdays, psychotherapy is provided, and on Thursdays, psychological education, including substance abuse education and anger management, is provided.

Future goals for the program include shortening it; it was reported that it has often been difficult for parents and youth to travel and attend the program four days a week. Because the program is intensive, requiring 12 hours a week total, there are often participants and families who do not show up for treatment and who evidence resistance to the program. In an attempt to ameliorate this issue, the center has recently decided to try a two night per week program.

In addition to shortening the program, the Treatment Providers of BHC are examining other methods of therapy to use with clients. Recently the program was approved to begin Moral

Reconciliation Therapy (MRT), a systematic, step-wise cognitive-behavioral treatment system that was initially designed for offender populations. The therapy is designed to alter how offenders make decisions about what is right and what is wrong. The BHC Treatment Provider stated that the program requires one week of staff training, and only two nights a week for an hour each time for clients. The BHC representative was optimistic about MRT, and remarked, “We need to create something where we are not setting [participants] up to fail.”

Currently, two BHC staff members have been trained in MRT, and BHC will begin a pilot program for six months beginning October 2005. BHC and MCYTC are exploring the possibility of offering the program at the Mecklenburg Courthouse, and the program will be tailored to fit the needs of participants in the MCYTC. The MCYTC is focusing on allocating funds for MRT in order for all participants to be able receive this new treatment.

Team members appeared familiar with the decision to implement MRT through BHC. Team members also reported that MRT would become the primary treatment for juveniles, and that all MCYTC participants would go through this program. Team members commented that they are expecting MRT to also address delinquency and criminal behavior, in addition to individual treatment, and family and group work.

Team members expressed hopefulness about MRT as a treatment modality for MCYTC participants. One Team member commented, however, that the court has had the tendency in the past to jump from treatment program to program, searching for a “magic program” to limit the number of participants dropping out of the YTC.

Conclusions and Recommendations

The Charlotte-Mecklenburg area has many available treatment resources, although the Team stated that there are not that many options for adolescents. Team members commented that because the court uses a wide variety of treatment programs, it is difficult to keep track of which juvenile is receiving which treatment.

It was reported that the biggest barrier regarding the treatment component of the MCYTC program is that the court Team does not understand how treatment operates; some Team members indicated that the Team has limited knowledge of clinical disorders such as conduct disorder, and therefore does not realize that these disorders are often difficult to treat. It was further suggested that the Team be educated on substance abuse and other disorders, including depression, sadness, or grief, because these issues were reported as underlying delinquent behaviors. Training of Team members in the clinical disorders often seen in MCYTC participants would help strengthen the MCYTC’s decision to implement and sustain a holistic approach to the court. Additionally, this training may better serve to help Treatment Providers and court Team members coordinate about how best to serve MCYTC juveniles.

Although it may be wise for the Team to consider understanding clinical issues surrounding juveniles more thoroughly, it appears that too many Treatment Providers are currently being utilized by the court to allow for proper monitoring of juvenile’s progress through rehabilitation. The MCYTC Team has already identified this as a problem, and as one Team member

commented, the court is “tired of dealing with the hodge-podge involved in keeping track of participants and their various Treatment Providers.” However, treatment provider selection is directed by the AMH or Family Preservation’s case management service and is thus difficult for MCYTC to have control over. Team members are hoping that having all juveniles participate in MRT through BHC will be one answer to the treatment tracking problems currently being experienced by the MCYTC.

Ancillary Services and Available Resources

According to the court’s GCC Progress Reports and Team member interviews, the MCYTC Team consider the provision of ancillary services essential for the facilitation of the program. Ancillary services include: academic improvement services, recreation, job exploration and readiness, and positive community service involvement. In the words of one Team member, one of the goals of the MCYTC is to shift delinquent youth from “anti-social activities to pro-social activities.” In order to expand the provision of ancillary services, the court either has developed or will be pursuing partnerships with local agencies, including: The Eckerd Wilderness Education System, Mecklenburg County Boy Scouts of America Outreach Program, Dell Curry Foundation After School Program, Mecklenburg Out of School Program, Present Day Cares, Inc., Washington Heights Youth Services Academy, Christian Focus Counseling Service, Keep It Real Ministries, Loaves and Fishes, Derita Alternative School, Midwood Alternative School, Morgan School for Exceptional Children, Morningside at Graham Alternative School, Tarheel Challenge Academy Tate Teen-Age Parents School, A.C.S. Program, and Bridge Jobs Program.

Partnerships with several of the above institutions have already been formed and are being utilized by the court. For example, The Eckerd Wilderness Education System requires a referral through DJJDP. One Team member commented that the community has an overall positive impression of the drug courts in Mecklenburg because they have received much positive publicity. In addition to partnering with community institutions, the MCYTC tries to find at least one adult in the community (i.e., a mentor) who is willing to help the juvenile. Similarly, the court is working to find appropriate group homes for participants in order to maintain accountability and control.

A common theme throughout Team interviews was that the program needed to add more pro-social activities in order to help youth manage their time and stay out of trouble. Two Team members suggested that the MCYTC needs to improve efforts in accessing community resources related to pro-social activities for the youth. It was reported by one Team member that the MCYTC is having problems getting participants into a job skills program.

A few participants commented on the usefulness of the types of classes offered through the MCYTC. One participant commented that AA meetings had really helped him; however, he added that most youth do not attend these meetings. One participant mentioned that he was in the GED program that the MCYTC offers. Some commented on programs they would like to participate in: one participant stated that anger management classes would have been more useful to him than substance abuse classes.

Conclusions and Recommendations

In *Juvenile Drug Courts: Strategies in Practice*, the BJA stipulates that Juvenile Drug Courts seek out community partnerships. In accordance with this, the MCYTC seeks to forge new community partnerships to enhance the available ancillary services for juveniles. The MCYTC Team has sought to develop such partnerships and has expressed that continuing to pursue community partnerships is a currently prioritized objective. Areas in which the court could consider forging new community partnerships include sports clubs and art and dance groups.

Developing partnerships with employers who would be willing to hire and mentor participants could also augment the program and satisfy Team members' call for improvement in ancillary services. One Team member stated that although the "juveniles all want jobs," they often "do not want to do what they need to do" to obtain and maintain a job. By involving employers who are willing to come and speak with participants about job opportunities, juveniles may develop a better sense of what is needed to obtain and maintain a job.

In addition to pursuing community partnerships and involvement, the court itself could add services that would address other needs of the juveniles. For example, tutoring could be a potential service provided by either the MCYTC or through community involvement. The court could also provide additional group activities, such as trips to basketball games.

Aftercare/Continuing Care Services

According to the *Mecklenburg Youth Treatment Court Program Operation Manual*, the aftercare component of the MCYTC is a phase involving much less contact with MCYTC. Court appearances are reduced, and contacts with the Court Counselor and Case Coordinator are also reduced. The goal of this Phase IV of the MCYTC program is to provide non-invasive support help the juvenile continue to develop skills that help to maintain sobriety and avoid future delinquency. Part of continuing to support the juvenile involves positive community connections and networking. However, although the MCYTC Team considers aftercare to be an essential program element, the court has not yet developed a formal aftercare protocol.

Many Team members cited relapse as a problem facing juveniles once they have left the MCYTC program. An example cited by a Team member involved a youth who was about to graduate, who began using drugs again once she was allowed to come to court less. The Team member hypothesized that the lack of social support provided by the MCYTC in the last program phase contributed to the relapse. One Team member suggested that referring some participants to a residential facility at this program stage could reduce these recidivism risks. Essentially, improving networking with community agencies will be important for implementing better aftercare services in the pursuit of reducing recidivism.

Conclusions and Recommendations

Aftercare is an important component of the last phase of the program, in which youth are encouraged to develop relationships with community agencies in order to help sustain themselves in sobriety and prosocial behavior, once they are no longer in the program. While the

MCYTC program has developed many partnerships with agencies to help the youth transition positively out the program, Team members generally concur that this aspect of the program can be improved.

In *Juvenile Drug Court: Strategies in Practice*, the BJA recommends that courts “provide each youth with opportunities and encouragement to develop relationships with caring adults,” e.g., mentoring relationships. To prevent relapse and reduce the number of participants who return to the program, the Team may want to consider the development of a mentoring program for participants who will soon graduate that would carry over into aftercare. This could begin in one of the earlier phases such as Phase II, and continue through Phase IV. Perhaps the court can address this recommendation by seeking out new partnerships that will aid in providing mentorship, strengths-based programs, and treatment throughout the phases.

Successful graduates from the program who act as alumni peer resources for current participants could also provide this continued support. Establishing an alumni program for the YTC could help both successful graduates and current participants to maintain sobriety and institute more constructive peer and community networks.

Providing treatment options that extend beyond graduation and encouraging the use of those treatment opportunities is another recommendation. The court could also consider providing aftercare for parents that introduces education and support in the area of helping their children maintain sobriety.

Program Completion

Program completion, as with other aspects of the MCYTC program, is based on the achievement of participants’ individualized goals. The MCYTC *Operations Manual* states: “The criteria for successful program completion will be determined by the Child and Family Team and the MCYTC Court Team based upon each youth’s individual attainment of identified goals and progression through program components.” Although specific goals for completion vary with each juvenile, successful program completion is an accomplishment that signifies the juvenile’s success in meeting goals in the domains of treatment, school performance, and family life. It also represents the accomplishment of goals related to regular court attendance, meetings with the Court Counselor, Case Coordinator, and Child and Family Team, consistent treatment session attendance, and sustainable sobriety, for those who entered the program with substance abuse problems. Additionally, juveniles must have completed all four phases of the program, which typically requires a minimum of twelve months of participation in the program.

Specific graduation criteria are not listed in the *Participant Handbook* or the *Operations Manual*, but it was gathered from interviews with Team members that in order to graduate, the juveniles generally must have had clean drug screens for at least 90 days, have complied with all program rules, have attended school regularly, and have completed their treatment goals. At the time of the writing of this evaluation, the MCYTC program had graduated seven participants, according to Team members. According to a Team member, two juveniles completed the program in nine months; however, for the majority, the expected and typical program length is approximately twelve months.

The MCYTC Team celebrates program completion by a public recognition of accomplishments (in court), a party with cake and balloons, and a gift. This serves to reinforce the achievement of the graduate and also uses the graduate as a positive role model for the other participants in the program.

According to Team members, graduates of the MCYTC program are prepared to sustain the healthy changes they have made in their lives as a result of the program's efforts to help participants' develop a network of support services to address the specific deficits that existed in the juvenile's life prior to the program. As one Team member stated, "Recovery concepts are taught and made available through a multi-systemic approach so that the people who leave the program have the knowledge and connections to attain sustainable sobriety." Another Team member reported that once juveniles graduate from the program they have learned the "reality of consequences." An additional Team member said that a crucial aspect of the program is that the participants learn to succeed on their own, and that the MCYTC promotes this by being supportive, but by also holding participants accountable for their actions.

Team members expressed one main concern about program completion. This concern involves the impending end of supervision and court structure that occurs as a result of graduation. One Team member recounted a story about a youth who was scheduled to graduate but relapsed into drug use instead. The Team member thought that this was because the youth was being monitored less, was not required to appear in court as frequently, and was generally losing important social supports. MCYTC participants often sabotage their successful completion of the program in order to keep the structure the court provides involved with their family. One participant stated: "you [MCYTC] are the only ones who have been able to make my parents do the things they know they are supposed to do."

Team members addressed the relatively low levels of graduation from the program as well. Some Team members pointed out the fact that although the graduation rate does not appear to indicate a high level of program success, the court serves among the highest-risk juveniles who are most likely to relapse and return to delinquent behavior. One Team member further explained that although the percentage of graduates from the program was low, the impact of the program on terminated participants as well as graduates was undeniable. The Team member stated, "This program works because we have impacted families." Another Team member stated that the graduation rate is not an accurate measure of the program's success, as significant positive behavioral changes have been noted in many participants, whether they terminate early from the program or graduate.

Conclusions and Recommendations

Completion of the MCYTC program is an important component of the program and one that is appropriately commemorated with praise from the Team during court, a program completion party, and a gift. While Team members have emphasized that they have seen progress made by even those youth who terminate early from the program, there is still an overall low graduation rate in the MCYTC program. One of the issues highlighted by Team members is that the potential is there for participants to relapse just prior to graduation and that Team members believe this behavior is related to participants' anticipation of a reduction in social supports.

It is recommended that the court continue to identify ways to improve the transition from program membership to community membership and that this occur not only in Phase IV, but beginning in Phases I and II. It is important that participants who graduate from the program are truly ready to be integrated back into society and are able to function without the structure provided by the court.

Termination

Expulsion from the MCYTC program is considered to be the final sanction for participants who consistently fail to participate or achieve program goals. The Court Team and Judge carefully review each participant's case on an individual basis before termination is determined as the best course of action. Several behaviors may necessitate the consideration of termination, some of which will result in immediate termination. These behaviors are clearly indicated in the *MCYTC Operations Manual* and include, but are not limited to the following:

- *Conviction of new offenses;*
- *Unsuccessful discharge from treatment component due to non-compliance (team must determine that it was willful non-compliance and not inappropriate treatment matching);*
- *Presenting a threat to other program participants;*
- *Continued drug use (after all possible interventions have been attempted);*
- *Providing false urine specimen;*
- *Repeated non-compliance with program rules and guidelines; and*
- *Voluntary withdrawal.*

Participation in the program is court-mandated as a requirement of probation. This, termination from the MCYTC program is a probation violation and is reported to the court that originally referred the juvenile to the program. Participants who have been terminated from the program are not necessarily excluded from being referred to the program again in the future. A total of 38 participants have been terminated from the program, according to MIS data as of April 29th, 2005.

Team members described the process by which termination is determined and indicated that the determination procedure is fairly and appropriately implemented. Team members did express frustration that so many juveniles have been terminated within the first six months of the program. One Team member explained: "Some [participants] must be terminated because they do not want help." Another Team member stated that, "Most of the kids who go to training school admit, at the end, that drug court did not fail them, but that they failed drug court; they have learned to take responsibility."

In the *Operations Manual*, *Participant Handbook*, and Team member interviews, there was no mention made of aftercare provisions for juveniles who get terminated from the MCYTC program.

Conclusions and Recommendations

The MCYTC termination protocol is consistently implemented and the grounds for termination are clearly described in the *Operations Manual* and the *Participant Handbook*. Terminations are decided upon on a case-by-case basis, yet are governed by clear, consistent guidelines. When necessary, the court employs use of termination as a final sanction without reservation. As mentioned earlier in this report, it is important for the court to address reasons for and solutions to the relatively high number of terminations that occur early in the program.

Results of Consumer Satisfaction Ratings of the MCYTC Program

Consumer Satisfaction Questionnaires were administered to current participants and their parents as an additional means of assessing participants' perceptions of the MCYTC program. There were 14 participants and 12 parents/guardians who completed Consumer Satisfaction Questionnaires. Tables below summarize participant and parent or guardian characteristics and also show the frequencies and means associated with participants' and parents'/guardians' responses. The total sample was not large enough to conduct inferential statistical analyses; however, descriptive statistical analyses were conducted and the results are described below.

Table 9 below indicates the demographic and background characteristics of the 14 participants who responded to the Youth version of the Court Satisfaction Questionnaire (Youth CSQ). It shows that the average age of the respondents was 15.5 years, with a majority of respondents being male (86%) and African American (65%). Most of the youth (79%) were residing in an independent living situation (i.e., with parents, spouse, or living on own) with either their biological mother (50%) or multiple family members (36%). The average highest grade-level achieved was 8th grade and the participants had spent an average of four months in the MCYTC at the time of completing the Youth CSQ. The self-indicated primary drug of choice was marijuana for most (93%) and the majority of respondents had not received drug treatment prior to entering the MCYTC (57%). The respondents were equally split with respect to criminal history, with 50% responding positively, 50% responding negatively, and two people choosing not to respond to this question. Most of the youth participants polled about parental employment stated their parents were employed full-time (64%).

Table 9. Demographic and Background Characteristics of CSQ Participant Respondents
(This table includes current participants as of 4/29/05; n = 14)

Characteristics of CSQ Participant Respondents	Number	Percent
Age		
14 years old	1	7%
15 years old	7	50%
16 years old	5	36%
17 years old	1	7%
Total	14	100%
Gender		
Male	12	86%
Female	2	14%
Total	14	100%
Race		
African American	9	65%
Caucasian / White	3	21%
Other	2	14%
Total	14	100%
Ethnicity		
Hispanic	1	7%
Non-Hispanic	13	93%
Total	14	100%
Living Arrangements		
Independent (w/parents, spouse, or living on own)	11	79%
Community Housing (e.g., group home)	2	14%
Incarcerated	1	7%
Total	14	100%
Living With		
Biological Mother	7	50%
Grandmother	1	7%
Multiple Family Members	5	36%
Other Adult (group home)	1	7%
Total	14	100%

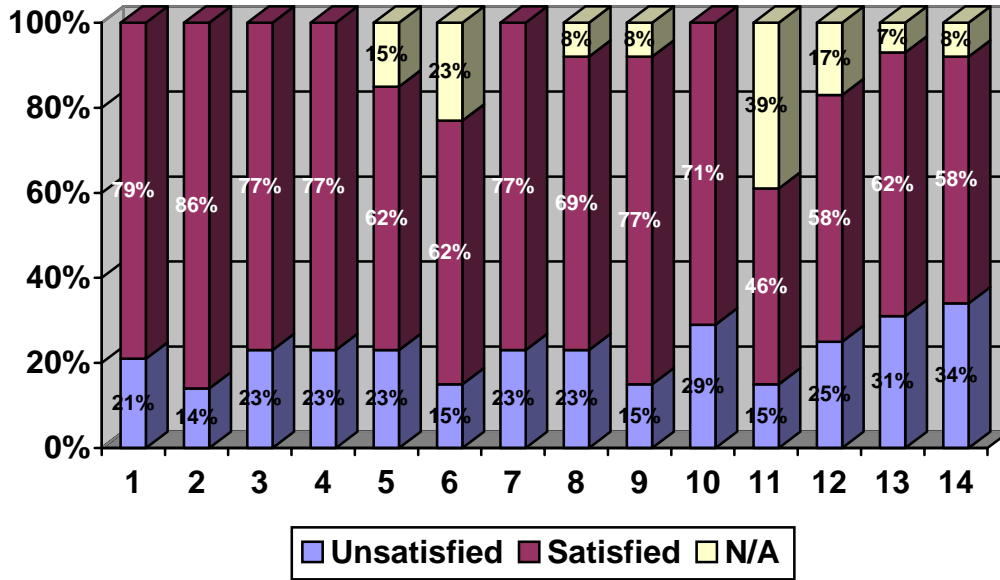
Table 9. Demographic and Background Characteristics of CSQ Participant Respondents,
continued.

Characteristics of CSQ Participant Respondents	Number	Percent
Employment Status of Participants' Parents		
Unemployed	2	14%
Part-time employed	3	22%
Full-time employed	9	64%
Total	14	100%
Primary Drug		
Marijuana	13	93%
Multiple Drugs	1	7%
Total	14	100%
Criminal History		
No	6	50%
Yes	6	50%
<i>[Missing Data=2]</i>		
Total	12	100%
Substance Abuse Treatment History		
No	8	66%
Yes	4	34%
<i>[Missing Data=2]</i>		
Total	12	100%
	Average	Range
Highest Grade Completed (in grade year)	8.4	6-10
Length of Time in MCYTC (in months)	4.2	0-10

Figure 6 below depicts participant satisfaction with the MCYTC experience. It reveals that a majority of the youth was satisfied with nearly all aspects of the program. Of the items assessed, the greatest proportion of relative satisfaction was reported for participant interactions with the Judge (86% satisfied vs. 14% dissatisfied), followed closely by satisfaction with frequency of court appearances (79% satisfied vs. 21% dissatisfied). Other findings of interest include the fact that 39% of participants responded with “not applicable” to the question regarding satisfaction

with community service activities and another 17% responded similarly to the question regarding satisfaction with positive activities organized by the MCYTC, suggesting that these participants did not have exposure to the opportunity for such activities.

Figure 6. Satisfaction with Components of Mecklenburg County’s Youth Treatment Court – Youth’s Ratings¹



Key - Satisfaction level with:

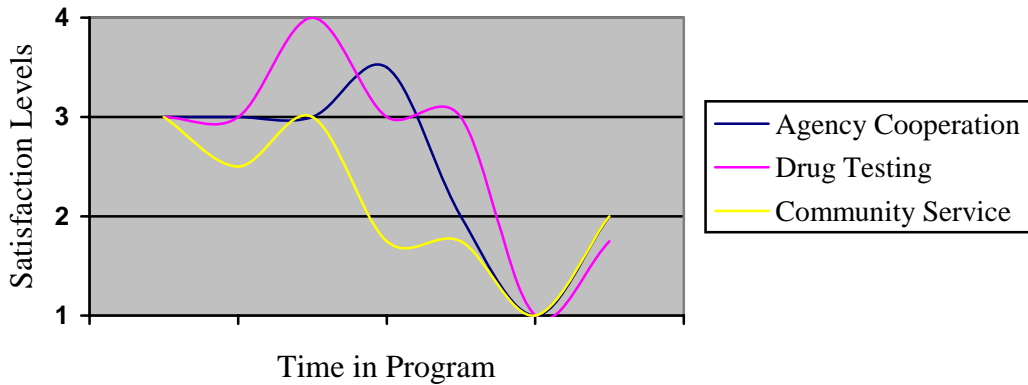
- | | |
|--|---|
| 1=Frequency of court appearance | 8=Drug testing |
| 2=Interactions with Judge | 9=Sanctions received from YTC |
| 3=Interactions with YTC Team | 10=Incentives received from YTC |
| 4=Substance abuse treatment services | 11=Community service activities |
| 5=Mental health treatment services | 12=Positive activities organized by YTC |
| 6=Other services received | 13=CFT meetings |
| 7=Cooperation of agencies in service provision | 14=YTC program overall |

The relationship between the length of time a participant spent in Youth Treatment Court and his or her satisfaction with various aspects of the program was also examined. As displayed in Figure 7 below, statistical trends suggested a negative correlation between time spent in the program and satisfaction with three areas of court functioning: 1) satisfaction with MCYTC drug testing ($r = -.69$); 2) community service activities ($r = -.37$); and 3) agency cooperation ($r = -.35$), implying that participants who had been in the program longer reported lower levels of satisfaction with these aspects of the MCYTC. The correlation reported above for satisfaction with drug testing represents a statistically significant finding ($p \leq .01$). The other two

¹ “Unsatisfied” = very unsatisfied or unsatisfied (CSQ responses 1 or 2) and “satisfied” = satisfied or very satisfied (CSQ responses 3 or 4).

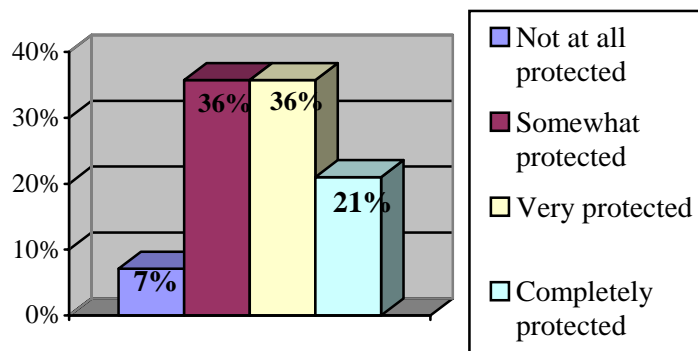
correlations did not reach statistical significance; however it is reasonable to believe that they might reach this level given a larger sample size.

Figure 7. Relations between Time Spent in Program and Participant Satisfaction with Aspects of the MCYTC Program



One of the aspects of Youth Treatment Court that makes it unique within the legal system is that it entails a suspension of certain due process rights (e.g., trial by jury; confidentiality). When asked how protected they felt their rights were overall within the MCYTC, Youth CSQ respondents were evenly split between feeling their rights were somewhat protected (36%) and very protected (36%). Only one respondent felt his/her rights were not protected at all and several felt their rights were completely protected. Figure 8 provides a depiction of these findings.

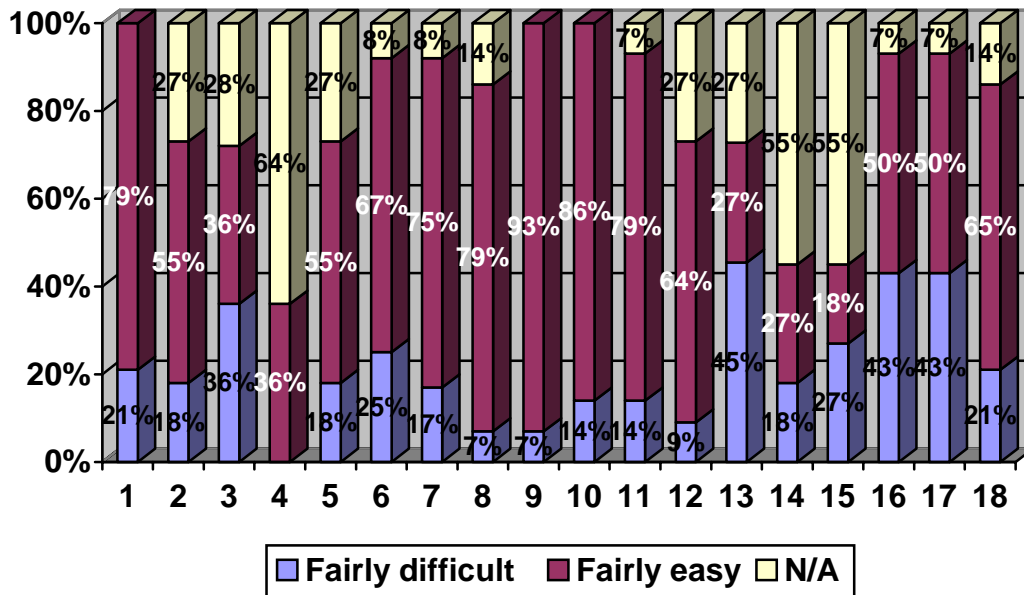
Figure 8. MCYTC Participants' Perceived Protection of Rights



As depicted in Figure 9 below, questionnaire data regarding difficulties experienced by the youth participants with meeting MCYTC program requirements revealed that most requirements were fairly easy for the participants to achieve. The aspects which presented the least challenge to the youth were: 1) cooperation with drug testing (93% reported this to be fairly easy), and 2) attending meetings with the court counselor (86% reported ease). The program aspects for

which the greatest percent of respondents reported some difficulty were: 1) participating in AA/NA meetings (45% reported difficulty), 2) staying away from other youth with a drug or crime problem (43% reported difficulty), and 3) staying clean and sober (43% reported difficulty).

Figure 9. Percent Difficulty with Meeting MCYTC Program Requirements²



Key - Difficulty with:

- | | |
|--|---|
| 1=Attending court appearances | 10=Attending meetings w/court counselor |
| 2=Attending mental health treatment | 11=Attending meetings w/case manager |
| 3=Cooperating with mental health treatment prgm. | 12=Attending AA/NA meetings |
| 4=Taking psychiatric medication regularly | 13=Participating in AA/NA meetings |
| 5=Attending substance abuse treatment | 14=Paying court fees |
| 6=Cooperating with substance abuse prgm. | 15=Paying fines |
| 7=Attending other services arranged by court | 16=Staying away from kids w/drug or crime prob. |
| 8=Getting to location of drug testing | 17=Staying clean and sober |
| 9=Cooperating with drug testing | 18=Staying crime free |

The demographic and background characteristics of the 12 parents/guardians who responded to the Parent version of the Court Satisfaction Questionnaire (Parent CSQ) are displayed below in Table 10. The majority of respondents were biological mothers (66%), with the greatest percentage being single parents (50%). Most respondents had not earned their high school diploma (67%), and the average highest grade level achieved by the parent respondents was 9th grade. The majority of respondents were employed full-time (59%). Most reported a positive criminal history within the family (67%), but very few reported a family history of treatment for substance abuse (17%).

² For this figure, “fairly easy”= “easy” or “very easy” (CSQ responses 4 or 5) and “fairly hard” = “very difficult”, “difficult” or “somewhat hard” (CSQ responses 1, 2, or 3). As in the satisfaction data, N/A responses were excluded for new participants.

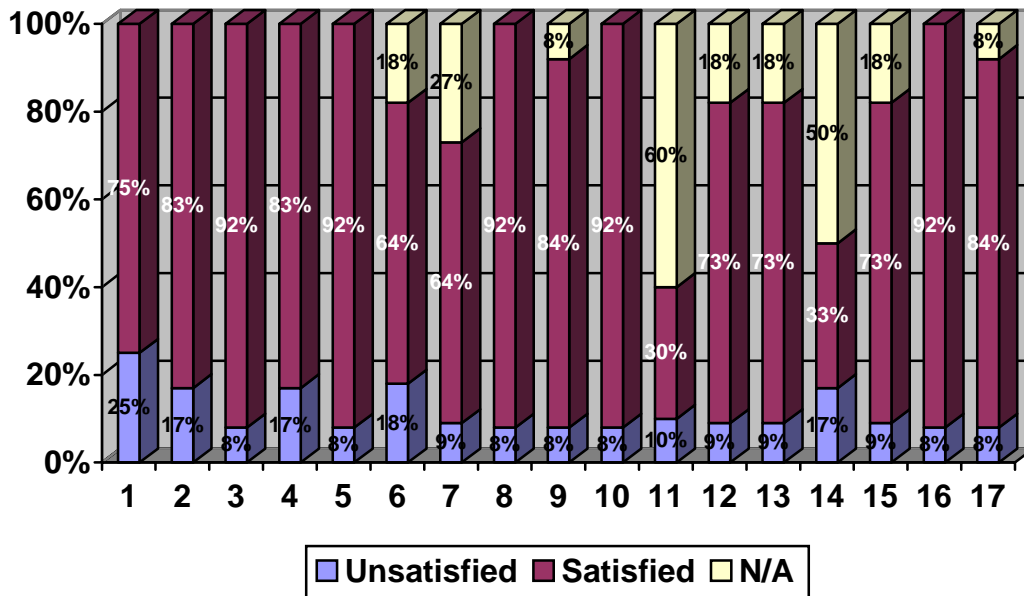
Table 10. Demographic and Background Characteristics of CSQ Parent Respondents

Characteristics of CSQ Parent Respondents	Number	Percent
Relationship to Child		
Mother	8	66%
Father	2	17%
Other Family Member	2	17%
Total	12	100%
Marital Status		
Single	5	50%
Married	3	30%
Divorced or Separated	2	20%
<i>[Missing Data=2]</i>		
Total	10	100%
GED Achievement		
No GED	8	73%
Yes GED	3	27%
<i>[Missing Data=1]</i>		
Total	11	100%
Parental Employment Status		
Unemployed	3	24%
Part-time Employed	2	17%
Full-time Employed	7	59%
Total	12	100%
Family Criminal History		
No	4	33%
Yes	8	67%
Total	12	100%
Family Substance Abuse Treatment History		
No	10	83%
Yes	2	17%
Total	12	100%
	Average	Range
Parent's Highest Grade Completed (in grade year) (n = 12)	9.6	1-14

Figure 10 below depicts parent satisfaction with the MCYTC experience. It reveals that a majority of the parents were satisfied with all aspects of the program. Among the items for which the greatest proportion of relative satisfaction (92% satisfied vs. 8% dissatisfied) was reported were: 1) parents’ interactions with the Judge; 2) parents’ interactions with the MCYTC Team; 3) inter-agency cooperation in meeting family needs; 4) their child’s drug testing; and 5) parents’ overall MCYTC experience. Other findings of interest include the fact that 50% of parents responded with “not applicable” to the question regarding satisfaction with their child’s community service activities, suggesting that these respondents did not have exposure to the opportunity for such activities.

Figure 10. Satisfaction with Components of Mecklenburg County’s Youth Treatment Court –

Parents’ Ratings

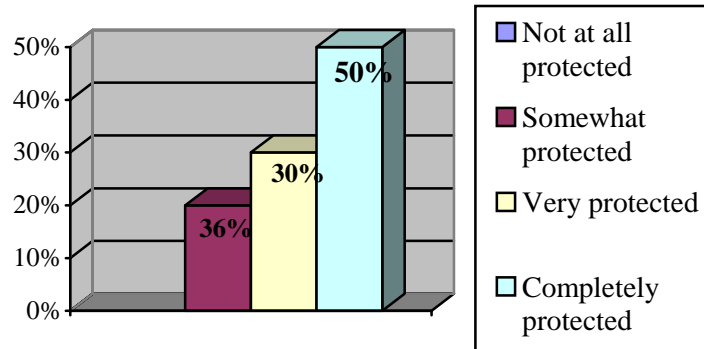


Key - Satisfaction level with:

- | | |
|---|---|
| 1=Frequency of court appearances | 9=Other services received by child |
| 2=Child’s interactions with Judge | 10=Child’s drug testing |
| 3=Own interactions with Judge | 11=Own drug testing |
| 4=Child’s interactions with YTC Team | 12=Sanctions child has received |
| 5=Own interactions with YTC Team | 13=Incentives child has received |
| 6=Child’s substance abuse tx services | 14=Child’s community service activities |
| 7=Child’s mental health tx services | 15=Positive activities/events arranged by court |
| 8=Cooperation of agencies in providing services | 16=Overall YTC program experience |
| | 17=Child and Family Team Meetings |

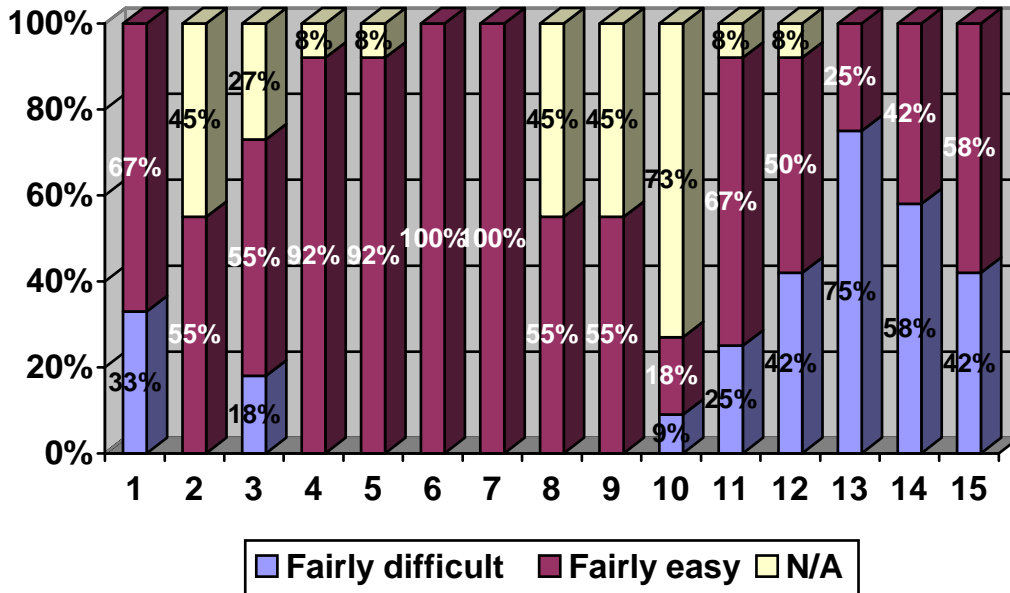
When asked how protected they felt their rights were overall within the MCYTC, all Parent CSQ respondents reported feeling that their rights were at least somewhat protected, and half felt that their rights were completely protected (50%). Figure 11 provides a depiction of these findings.

Figure 11. MCYTC Parents' Perceived Protection of Rights



As depicted below in Figure 12, questionnaire data regarding difficulty experienced by the Parent CSQ respondents with meeting MCYTC program requirements revealed that most requirements were fairly easy for the participants to achieve. The aspects which presented the least challenge to the parents were: 1) attending meetings with the Court Counselor, and 2) attending meetings with the case manager - 100% of respondents reported these requirements to be fairly easy to complete. The program aspect for which the greatest percent of respondents reported some difficulty was keeping their child away from other kids with drug or delinquency problems (75% reported difficulty). A majority of respondents also reported difficulty in having their child stay clean and sober (58% reported difficulty).

Figure 12. Parents' Percent Difficulty with Meeting MYTC Program Requirements



Key - Difficulty in helping child with:

- 1=Attending court appearances
- 2=Attending mental health treatment
- 3=Attending substance abuse treatment
- 4=Going to location of drug testing
- 5=Attending other services arranged by court
- 6=Attending meetings w/court counselor
- 7=Attending meetings w/case manager

- 8=Attending AA/NA meetings
- 9=Participating in AA/NA meetings
- 10=Paying fines
- 11=Having child keep curfew
- 12=Having child complete homework
- 13=Keeping child from kids w/crime or drug problems
- 14=Having child stay clean and sober
- 15=Having child stay crime-free

In general, analyses of means for both satisfaction and difficulties with the drug court process indicated that both youth and parents/guardians are satisfied with the ways in which the MCYTC program functions. Participants were most satisfied with their interactions with the Judge and the frequency of court appearances. Participants were least satisfied with program incentives received.

Parents/guardians were most satisfied with their interactions with the Judge, their interactions with the MCYTC Team, and inter-agency cooperation in meeting family needs.

Parents/guardians were least satisfied with the frequency of court appearances. The majority of both parents and participants felt that their rights were either somewhat or very protected.

In general, parents/guardians reported more difficulties related to program requirements than the youth reported. Thus, overall results of the Consumer Satisfaction Questionnaires suggest that both participants and their parents/guardians are generally satisfied with the multiple components of the MCYTC program.

Global Impressions about the MCYTC Program as Reported by Team Members

Interviews with members of the Court Team identified several key strengths that characterize the MCYTC program. Five of thirteen Team members emphasized the importance of the MCYTC's comprehensive, holistic approach to treat each juvenile as an individual. Six of thirteen Team members reported that the program was successful in helping the juveniles reduce drug use. Five Team members cited that juveniles in the program learn to be accountable and to take responsibility for their actions, and also learn to evaluate the potential consequences of their behavior. Four Team members commented on the value the program has for parents of participants, serving as both a model for teaching healthy discipline and also serving as a means by which parents can observe other families with similar problems. A majority of Team members specifically addressed the mutual respect and friendliness that they had for one another, and stressed this as an asset for the program. The Team also expressed their positive and optimistic attitudes toward the juveniles with whom they worked. The program's focus on serving the highest-risk youth is a theme that eight of thirteen Team members stated to be important.

Other program components were cited as critical to participants' success in the MCYTC program. The Team nearly unanimously declared family support to be a critical factor for participant program success. Two Team members elaborated that finding any adult who cares about the participant is conducive to success. Six Team members stated the need for the participant to have a cooperative and positive attitude and willingness to change. As one Team member pointed out, "Those who fail do not give it any effort from the start." Two Team members stressed the importance of the juveniles finding success in activities other than gang involvement, and one team member added, "We need to help them find support some place else." Team members also stressed the importance of drug tests, school monitoring, legal accountability, and the intensity of involvement to the success of the program. Five Team members specifically stated that the act of regularly appearing before the Judge was an especially important aspect of the MCYTC. As three Team members reported, it was very important that participants learned to be accountable for their actions and to learn to correct their own behavior. One Team member suggested that, "You cannot spoon-feed them, because they need to learn to do some things on their own."

A consistent theme throughout the Team interviews was that Team members stated that they believed nearly every participant who left the program had experienced positive changes and improvements in their lives as a result of the program. One positive aspect that several Team members cited was that the participants had consistent contact with people who cared about them. Some Team members stated that they were initially pessimistic about the program, but that now they have greater faith in the program because they have seen juveniles' lives improve. Another Team member reported that improvements varied for different participants: many cease or reduce drug use, others improve school attendance and performance, and some leave with an improved attitude toward authority figures. The program has helped many juveniles reevaluate their priorities and life goals. For example, some have decided to pursue higher education after high school graduation. Many Team members reported that the court helped the family also: "What we do well is to support the family, this is what is unique and positive about the program; we don't just focus on the kids."

Team members also reported potential barriers to program success. Several of these issues are out of the court's control, but continue to present potential difficulties for successful court functioning. One component Team members' consistently expressed frustration about was treatment. Seven of thirteen Team members noted difficulties with the contact and communication between Treatment Providers and Court Team members. Some Team members were concerned by the fragmentation of treatment among different Providers. Others commented that the treatment being received by some juveniles was inadequate for the problems that they faced. Others expressed concerns about the length of time between program admission and onset of treatment, and also about the over-reliance on Intensive Outpatient Programs in the area. Two Team members discussed the need for a unified group home in which the participants could be more readily monitored. Six Team members mentioned dissatisfaction with the fact that so many program participants have been terminated early in the program. Two Team members stressed a lack of referrals as a problem that prevented the program from reaching capacity. Five of thirteen Team members expressed the need for the Team to identify additional incentives and sanctions in order to make them more effective in regulating participants' behavior. Five Team members stated that the program was hindered by periodic difficulties or insufficient contact with the Charlotte-Mecklenburg School System. Finally, a concern expressed by three Team members was the need for the court to reach out for more community support in order to help the participants "develop a new network of friends" and find pro-social replacements for their often antisocial activities.

Another Team member stated that a major problem that juveniles face is that they have had low success in school and have generally had a history of obtaining little praise, all of which has left them with negative and suspicious attitudes towards people who try to help them. Others noted that the juveniles' social environments are filled with problems that can trigger relapse and recidivism, both among their close friends and other peers and within their families. One Team member provided the following discouraging words regarding drug and alcohol use, "It's just a fact that [some] children will relapse." However, another Team member explained the greatest concern about the program's ability to impact participants: "We are not achieving goals [of the program], because [the families] have been in the system for so long, have so much baggage... Families are entrenched in drugs and dysfunction, with poor socio-economic backgrounds... Jail and drugs are the norm for their communities and families. They see little reason to change."

Global Impressions about the MCYTC Program as Reported by Past and Present Participants

According to the current MCYTC participants, one of the most important aspects of the program was the friendly Team attitude towards juveniles: "[They try] to help you on the right path before it is too late." One participant acknowledged that the MCYTC "is easier on you than regular court" because MCYTC "gives you chance after chance after chance. They try to work with you." This juvenile felt that regular court does not offer those same chances to recover from "making mistakes."

Two of the eight participants mentioned that family support is also beneficial in keeping them out of trouble. They felt that parents needed to know what was going on in their lives, which they viewed as important. These juveniles also felt that family treatment was important if it

helped people work out differences with family members. However, two different participants stated that family involvement was not necessary; one juvenile commented that this was because he needed to take responsibility for his own actions, and the other juvenile stated that although family involvement was a “good thing,” it was “not necessary,” because he felt that he would be able to change even without their support.

Participants also commented on sanctions. Three of the eight interviewed acknowledged that the sanctions were clear: juveniles knew what to expect if they did not adhere to program rules, and one participant exclaimed, “There were no surprises.” Additionally, one juvenile stated that detention for suspension was helpful, although two other juveniles felt that detention given for suspension from school was “not fair.” Others commented that the sanctions were helpful in reducing drug use, although one participant stated that knowing he would be drug-tested did not keep him from using.

Although two participants mentioned that incentives were useful in motivating juveniles to “do the right thing,” four of the eight participants interviewed felt that intrinsic motivation was a more important factor in changing behaviors. This intrinsic motivation was stated as “something that the program could not provide.” As one participant commented, “You have to keep your own self off drugs.” Another participant attributed the difference between those who succeed and those who fail to internal factors by stating, “Anyone can do right if they just put their mind to it.”

Two participants said that appearing in court every two weeks was too often. One commented, “My life is in shambles [since entering the program],” because “it requires so much of [my] time.”

Another issue brought up by two participants was that occasionally treatment does not focus on issues related to charges. For example, one juvenile reported being placed in anger management classes although he was charged with possession and expressed that he should get treatment directly related to his charges. However, both of these participants reported being generally satisfied with the program. Another participant stated that treatment was very helpful: by having people he could talk with, receiving support from Treatment Providers and the other youth, and going to rehabilitation, he was able to stop using substances. Overall, the participants interviewed identified treatment as a helpful aspect of the program, despite some limitations.

Participation in the MCYTC program has led to many positive changes in the lives of participants. Three of the eight felt that the program was helping them “stay out of trouble,” “be responsible” and learn new habits. Two others felt that they were satisfied with the program. One participant reported feeling less “shy and shaky” and that he was able to “speak better in group” because of the program. As another participant exclaimed about the program, in a positive tone of voice, “It is going to change me!”

Evaluation of Key Components and Strategies

In *Juvenile Drug Courts: Strategies in Practice*, the BJA outlines a comprehensive framework for planning, implementing, operating, and evaluating a juvenile drug court. The publication

summarizes 16 strategies, accompanied by the significance of each strategy and recommendations for implementing the strategy. In this section, each strategy is described and compared with the current functioning of the MCYTC.

Program Analysis: 16 Strategies for Juvenile Drug Courts

Strategy 1: Collaborative Planning

Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Stakeholders representing a range of agencies worked together for nearly three years to plan and develop the MCYTC program. At present, the Court Team maintains relationships with stakeholders through its involvement with local management committees who oversee the program and its policies and make recommendations for improvement.

Strategy 2: Teamwork

Develop and maintain an interdisciplinary, nonadversarial work team.

Individuals from a range of training backgrounds and experience, and representing different agencies, comprise the MCYTC Core Team. MCYTC Team members reported that they work together well, respect one another, and generally have a friendly, positive attitude toward each other and toward participants and their families. Although Team members reported that meetings generally involved a democratic process, it was also reported and observed that a few Team members provided the majority of input about decisions impacting the program participants and their families. However, the majority of Team members stated that democratic decision-making had improved, and was becoming more democratic and open.

Strategy 3: Clearly Defined Target Population and Eligibility Criteria

Define a target population and eligibility criteria that are aligned with the program's goals and objections.

The MCYTC's target population of high-risk adjudicated juvenile offenders is clearly defined, and the eligibility criteria are consistent, but flexibly applied. However, not all Team members share comparable knowledge of the substance abuse eligibility criteria. This could be a result of the change in the program's target population as the MCYTC shifted from a Juvenile Drug Treatment Court to a Youth Treatment Court. The Team needs to identify and resolve the discrepancies in Team member awareness of the eligibility criteria.

Strategy 4: Judicial Involvement and Supervision

Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

The MCYTC Judge sees participants bi-weekly during court proceedings, and, as a Team member, maintains knowledge of participants' program progress in weekly Team meetings. The Judge addresses families in court as well. During court, at least one parent or guardian is required to be present. Since January 2005, all families remain in the courtroom until the session

is over. Team members noted that this policy has cut back on disruptions occurring from participants coming and going. It additionally allows families to observe what other families are facing. In general, Team members and participants spoke highly of the Judge, and it was noted that the Judge always has positive comments to say about each juvenile.

Strategy 5: Monitoring and Evaluation

Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.

The MCYTC has maintained consistent record keeping and has conducted regular evaluations for the duration of the court's activity. Evaluations include SCOT analyses, quarterly and annual reports of the program's participants' status, several group evaluation retreats, written self-evaluations, and progress reports submitted to the GCC and the AOC. In addition, a process evaluation is currently being conducted and an outcome evaluation is underway.

Strategy 6: Community Partnerships

Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

The MCYTC Team is committed to establishing and maintaining community connections in Mecklenburg County for current and graduated participants. Team members acknowledge that community involvement is and will continue to be important in reducing recidivism and establishing positive networks for juveniles. Currently, the MCYTC partners with many local agencies to offer support to juveniles. Further suggestions for developing additional community partnerships include reaching out to local employers and youth clubs, and adding a greater number of tutoring and mentoring services.

Strategy 7: Comprehensive Treatment Planning

Tailor interventions to the complex and varied needs of youth and their families.

The Team takes pride in the extent to which the program is tailored to each individual. One of the greatest strengths of the MCYTC is the individualized, comprehensive treatment that it offers to juvenile offenders. However, there is concern that the treatment itself has been historically fragmented, and also that there is insufficient communication between the Court Team and the Treatment Providers about the specific nature of treatment. These treatment issues need to be addressed.

Strategy 8: Developmentally Appropriate Services

Tailor treatment to the developmental needs of adolescents.

The MCYTC has invested considerable effort in individualizing and tailoring its program to best suit juveniles and their families, rather than adopting existing adult treatment models. To this end, the court has changed Treatment Providers on numerous occasions in an attempt to identify more evidenced-based treatment programs that are most appropriate for adolescents.

Strategy 9: Gender-Appropriate Services

Design treatment to address the unique needs of each gender.

There was little Team member knowledge about how treatment uniquely addresses gender issues. Because a variety of Treatment Providers are utilized by the MCYTC, it is not known to what extent treatment in general is gender-appropriate. Clearer communication between Treatment Providers and other Team members about the nature of treatment can provide information about how treatment addresses gender-specific issues.

Strategy 10: Cultural Competence

Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

There was also little Team member knowledge about how treatment uniquely addresses cultural issues. As with gender issues, because the MCYTC uses a variety of Treatment Providers, it is not known to what extent treatment in general is culturally responsive. Also, as with gender issues, clearer communication between Treatment Providers and other Team members can provide information about how treatment addresses cultural issues.

Strategy 11: Focus on Strengths

Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

The MCYTC's dedication to maintaining a strengths-based perspective is evident throughout the program, from the "YTC Strengths-Based Bill of Rights" in the *Participant Handbook*, to the fact that the Judge always has positive comments for each participant during the bi-weekly court session.

Strategy 12: Family Engagement

Recognize and engage the family as a valued partner in all components of the program.

The MCYTC Team has cited parental and familial support as one of the most crucial components for participant success in the program. Admission to the program requires legally binding consent to participate from both juveniles and their parents/guardians. The MCYTC has established Child and Family Team Meetings, in which the Court Counselor, Case Coordinator, and Treatment Providers meet with the juvenile and parent(s) every 30 days, or as needed, to discuss progress and set rehabilitative goals for the participant. This time is set aside to focus not only on the juvenile's progress, but also on family issues that may be impacting the juvenile. At least one parent or guardian is required to attend court bi-weekly along with the participant.

Strategy 13: Educational Linkages

Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

The MCYTC maintains regular contact with a juvenile's school through the CMS SAP School Liaisons, the Court Counselor, and the Case Coordinator. These Team members visit the schools

and regularly turn in reports to the MCYTC, to ensure that each participant is complying with the MCYTC contract. There have been noted improvements made in the tracking system between the school and the court, which will continue to help the MCYTC improve its services to the participants. School Liaisons are reported to not always consistently be at Team meetings. Thus, attendance could be improved among the School Liaisons at Team meetings.

Strategy 14: Drug Testing

Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

MCYTC administers drug screens two to three times during each two-week period, in random locations such as at school or in the home, and at scheduled times such as during treatment sessions. The policies for drug testing are documented in the *Participant Handbook*.

Strategy 15: Goal-Oriented Incentives and Sanctions

Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

The MCYTC utilizes various forms of individualized incentives and sanctions to aid in the maintenance of participant cooperation and compliance. The sanctions are selected to be specific to each individual, although some standard sanctions are used as well. The court uses tangible and intangible incentives to reward compliance and achievement of treatment goals. These are also individually selected. The MCYTC sanctions and incentives have been described as fair, consistent, and effective. However, some Team members have identified the need to develop and apply a greater variety of incentives and sanctions.

Strategy 16: Confidentiality

Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

The MCYTC follows all state and federal guidelines related to client confidentiality for the youths and their families, and requires that all affiliated agencies adhere to them as well.

Overall Conclusions and Recommendations

Strengths

There are several strengths that characterize the MCYTC and facilitate the efficient functioning of the court. These include:

- MCYTC Team members who are dedicated to the mission of serving high-risk youth;
- *A Policy and Procedures Handbook* for participants;
- Criteria for progression through the program that is clearly defined;
- MCYTC Team members who are committed to maintaining and improving democratic decision-making during team meetings;
- An organized Program Coordinator who facilitates program efficacy;
- Comprehensive Judicial and Team member monitoring of youth;
- Generally consistent prescription and application of sanctions and incentives for participants;
- Dedication to improving evidenced-based treatment provision and options with the incorporation of Moral Reconciliation Therapy (MRT) in Fall 2005; and
- Team members who attribute positive life changes to the experiences that participants had in the Youth Drug Treatment Court, even for those youth who terminate early from the program.

Recommendations

Several recommendations are made, as a result of this process evaluation, which may increase MCYTC program efficiency and effectiveness. These include:

- Clarifying Team members' understanding about the criteria for program eligibility;
- Increasing the ability to obtain full biopsychosocial assessments for youth, when necessary;
- Improving the regular attendance at Team meetings of School Liaisons;
- Increasing the range of sanctions and incentives that could be used;
- Improving treatment services in the following ways: improving Court Team knowledge about treatment program content and processes, improving control over choice in Treatment Providers, and increasing the ability to adopt evidence-based treatment programs;
- Determining ways to get parents and guardians to "buy-in" early in the program;
- Developing a more formal aftercare protocol to ensure participants' smooth transition from the program into the community;
- Regularly maintaining the MIS;
- Addressing reasons for the low program completion rate and high termination in the early program phases; and
- Increasing the number of youth in the program to bring the program closer to capacity.

Conclusions

The results of this process evaluation report suggest that the MCYTC is implementing the court in a manner that is consistent with the originally proposed grant and in terms of the BJA's Strategies for Juvenile Drug Courts. The MCYTC is functioning with a primary group of Team members dedicated to the mission and program goals to serve high-risk juveniles. Current program participants and their families reported that they are satisfied with most components of the program.

The findings suggest that additional ways to improve the functioning of the court include: clarifying eligibility criteria for program participation to all Team members; continuing to maintain democratic Team functioning; improving regular Team member attendance, especially for School Liaisons; improving relationships between the Team and Treatment Providers, in terms of improving understanding of treatment provided to youth; developing a broader range of sanctions and incentives for participants; strengthening family buy-in to the program early; developing community supports for participants earlier in the program to encourage participants' smoother transitions from the program to the community; identifying and addressing reasons for the large number of early terminations; regularly maintaining the MIS; and increasing enrollment to reach greater capacity.

In conclusion, there are many areas outlined above in which the MCYTC program is operating successfully in terms of the goals for the program. There are also recommendations that may serve to improve the program. Taking these recommendations for program improvement into consideration, the importance of the MCYTC program as an option for high-risk adjudicated youth with substance abuse and other problems cannot be underestimated.

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