

Yearly Final Juvenile Justice Report (04/01/2021 - 09/30/2021)

i Report was submitted to GCC on 11/10/2021 9:11:00 PM

1. Frequency of program services (Please check all that apply): *

Daily Weekly Monthly As Needed By Session

Please indicate total days of program operations for this reporting period:

Please indicate total hours of program operations for this reporting period:

2. Maximum Program Capacity: *

3. Average Number of Participants Served Per Session: *

4. Referral Source - Please indicate source and number of program referrals for this reporting period: *

Referral Source	# Referred
Law Enforcement	<input style="width: 100%;" type="text"/>
Courts/Court Counselors	14
Mental Health	<input style="width: 100%;" type="text"/>
Self Referral	<input style="width: 100%;" type="text"/>
School System	<input style="width: 100%;" type="text"/>
Parent/Guardian	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text" value="Add Source Name"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text" value="Add Source Name"/>	<input style="width: 100%;" type="text"/>

5. Number of ongoing participants during this reporting period: *

6. Number and Demographics of Participants (Please enter total number served this semi-year):

MALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="1"/>	<input style="width: 100%;" type="text" value="2"/>	<input style="width: 100%;" type="text" value="1"/>
Native American	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>
Asian	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>
White	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="3"/>	<input style="width: 100%;" type="text" value="0"/>
Hispanic	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="1"/>	<input style="width: 100%;" type="text" value="0"/>
Other	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>

FEMALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="1"/>	<input style="width: 100%;" type="text" value="3"/>	<input style="width: 100%;" type="text" value="2"/>
Native American	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>

Asian	0	0	0	0
White	0	0	0	0
Hispanic	0	0	0	0
Other	0	0	0	0

ADULTS

African American	0
Native American	0
Asian	0
White	0
Hispanic	0
Other	0

7. Program Terminations:

Termination Type	# Terminated
Youth Successfully Completed	
Youth Voluntarily Dropped Out	
Family Relocated	
Youth Removed from Home	
Youth Expelled/Removed from Program	
Youth Sent to Secure Custody	
Add Termination Type	
Add Termination Type	

8. Primary Geographic location: *

Rural ▼

9. Does your program use any evidence based practices or programming?: *

No Yes

If yes, select the source from which the program model was cited:

- Blueprints for Violence Prevention
- CASEL (Collaborative for Academic, Social and Emotional Learning)
- OJJDP Model Programs Guide
- SAMSHA Model Programs

Other (please specify with name of evidence-based program implemented)

10. Program Activities: *

Program Activity	# of Hours	# Served
Individual Counseling		
Family Counseling		
Student Transportation		
Recreation		

Program Activity	# of Hours	# Served
Life Skills Training	30	6
Parenting Class	16	2
Restitution	98	14
Group Counseling		
Anger Management Treatment	25	6
Substance Abuse Treatment		
Classroom/Academic Instruction		
Mentoring	20	6
In-Home Visitation		
Teen Court Hearing	8	14
Add Program Activity		

11. Please indicate which group(s) your program is working with: *

- At Risk Population (no prior offense)
- First Time Offenders
- Repeat Offenders
- Sex Offenders
- Status Offenders
- Violent Offenders
- Youth Population Not Served Directly

12. Additional Program Questions: *

Question	# of Youth
Number of program youth exhibiting desired change in targeted behavior during reporting period or 6-12 months post program completion	0
Number of program youth with a new offense during reporting period	0
Number of program youth exiting the program successfully or unsuccessfully during reporting period	0
Number of program youth committed to a juvenile facility during reporting period or 6-12 months post program completion	0
Number of program youth who have reoffended during program period	0
Number of program youth who have been victimized (violent crime, abuse/neglect) during reporting period	0

13. What were your accomplishments within this reporting period? (Max 1000 characters) *

We have had over 14 youth participate in the teen court hearings and 6 of the 14 youth have participated in life skills sessions. No youth have exited the program at this time of the reporting.

14. What goals were accomplished as they relate to your grant application? (Max 1000 characters) *

Due to the delay in the project, we have 14 youth participating in the project at this time so our goals have not been met currently.

15. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your program goals or milestones? (Max 1000 characters) *

The delay in the implementation of the program caused a lower number being served at this time, however, with the program extension until 12-31-2022, we feel confident our goals will be met.

16. Is there any assistance the Governor's Crime Commission can offer you to address any problems/barriers identified in question #15? (Max 1000 characters) *

Not at this time.

17. Are you on track to fiscally and programmatically complete every aspect of your program as outlined in your grant proposal? *Please refer to the budget line items and program narrative from your program proposal. (Max 1000 characters) **

With the extension granted, we feel we are on track to meet every aspect of our program.

18. What major activities are planned for the next six months? *(Max 1000 characters) **

Staff will be participating in the Botvin Life Skills Training program online the first week of December.

19. Based on your knowledge of the juvenile justice field, are there any innovative programs/accomplishments that you would like to share with the GCC? *(Max 1000 characters) **

Since the onset of the pandemic, we have taken efforts to ensure that we can continue service delivery of the Teen Court Model and the services that we provide. One of those contingencies comes in the form of our virtual teen court model. Our virtual model allows us to utilize the influx of technological resources that the Public schools have provided to continue our services while providing a safe environment for all staff, program participants, and volunteers.

20. What sustainability activities have you completed this reporting period (including media coverage)? *(Max 1000 characters) **

We have met with multiple community partners within Richmond County and received not only letters of support, but we have established relationships with key stakeholders that will cultivate sustainability for the program moving forward.

21. What training has the project staff participated during this reporting period? *(Max 1000 characters) **

Staff will be participating in the Botvin Life Skills Training program online the first week of December.

22. Please share a Success Story (Impact on system issues, Impact on community, impact on individual or family). *(Max 1000 characters) **

We have received comments from the Juvenile court staff that have observed a difference in the quality of services that are being provided for this current Teen Court model. They are very happy with this project and have garnered support from the ADAs and Judges for the program.

23. Is there any training or technical assistance that is needed to improve your project? *(Max 1000 characters) **

Not at this time.

24. Have there been any publications, curricula, etc. created this reporting period related to your project? If so, please upload a copy. *(Max 1000 characters)*

Comments:

No

Yearly Final Juvenile Justice Report (04/01/2021 - 09/30/2021)

i Report was submitted to GCC on 10/14/2021 7:09:55 PM

1. Frequency of program services (Please check all that apply): *

Daily Weekly Monthly As Needed By Session

Please indicate total days of program operations for this reporting period:

Please indicate total hours of program operations for this reporting period:

2. Maximum Program Capacity: *

3. Average Number of Participants Served Per Session: *

4. Referral Source - Please indicate source and number of program referrals for this reporting period: *

Referral Source	# Referred
Law Enforcement	<input type="text" value="80"/>
Courts/Court Counselors	<input type="text" value="0"/>
Mental Health	<input type="text" value="0"/>
Self Referral	<input type="text" value="0"/>
School System	<input type="text" value="100"/>
Parent/Guardian	<input type="text" value="0"/>
Add Source Name	<input type="text"/>
Add Source Name	<input type="text"/>

5. Number of ongoing participants during this reporting period: *

6. Number and Demographics of Participants (Please enter total number served this semi-year):

MALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input type="text" value="1"/>	<input type="text" value="17"/>	<input type="text" value="35"/>	<input type="text" value="9"/>
Native American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="0"/>
White	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="15"/>	<input type="text" value="4"/>
Hispanic	<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="15"/>	<input type="text" value="4"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

FEMALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="19"/>	<input type="text" value="8"/>
Native American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Asian	0	0	0	0
White	0	2	8	13
Hispanic	0	2	7	3
Other	0	0	0	0

ADULTS

African American	0
Native American	0
Asian	0
White	0
Hispanic	0
Other	0

7. Program Terminations:

Termination Type	# Terminated
Youth Successfully Completed	7
Youth Voluntarily Dropped Out	0
Family Relocated	1
Youth Removed from Home	0
Youth Expelled/Removed from Program	0
Youth Sent to Secure Custody	0
Unwilling to Participate	3
Unable to Make Contact	1

8. Primary Geographic location: *

Urban ▼

9. Does your program use any evidence based practices or programming?: *

No Yes

If yes, select the source from which the program model was cited:

- Blueprints for Violence Prevention
- CASEL (Collaborative for Academic, Social and Emotional Learning)
- OJJDP Model Programs Guide
- SAMSHA Model Programs

Other (please specify with name of evidence-based program implemented)

The Change Companies

10. Program Activities: *

Program Activity	# of Hours	# Served
Individual Counseling	0	0
Family Counseling	0	0
Student Transportation	0	0
Recreation	0	0

Program Activity	# of Hours	# Served
Life Skills Training	64	71
Parenting Class	16	71
Restitution	0	0
Group Counseling	0	0
Anger Management Treatment	0	0
Substance Abuse Treatment	0	0
Classroom/Academic Instruction	0	0
Mentoring	0	0
In-Home Visitation	0	0
Add Program Activity		
Add Program Activity		

11. Please indicate which group(s) your program is working with: *

- At Risk Population (no prior offense)
- First Time Offenders
- Repeat Offenders
- Sex Offenders
- Status Offenders
- Violent Offenders
- Youth Population Not Served Directly

12. Additional Program Questions: *

Question	# of Youth
Number of program youth exhibiting desired change in targeted behavior during reporting period or 6-12 months post program completion	7
Number of program youth with a new offense during reporting period	0
Number of program youth exiting the program successfully or unsuccessfully during reporting period	12
Number of program youth committed to a juvenile facility during reporting period or 6-12 months post program completion	0
Number of program youth who have reoffended during program period	0
Number of program youth who have been victimized (violent crime, abuse/neglect) during reporting period	11

13. What were your accomplishments within this reporting period? (Max 1000 characters) *

During this reporting period, Diversion program participants completed the City of Charlotte internship which exposed young people to work experience projects and they were given stipends upon completion. Diversion staff managed over 130 applications and conducted interviews for the Summer Envision Academy.

14. What goals were accomplished as they relate to your grant application? (Max 1000 characters) *

The Diversion Programs first goal was to assist in reducing RED within Mecklenburg County, and due to COVID restrictions, the Diversion Program experienced a 43% decrease in juvenile arrest and a 42% decrease in RED compared to last year. The following accomplishments were made regarding the associating program objectives: Objective #1, there was a 42% reduction in minority juvenile arrest in Mecklenburg County. Objective #2, of the 180 referrals received for Diversion 41 were between the ages of 16 and 17, resulting in Diversion having 23% of casing being between 16 and 17. Objective #3, during this reporting period 0 participants reoffended. They will be monitored for one year after program completion. Objective #4, Pineville PD has begun referring cases to Diversion and are fully functional.

15. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your program goals or milestones? (Max 1000 characters) *

Due to Covid-19 at the beginning of the year, the Diversion Program experienced a decrease in numbers. The numbers have increased since September and the program resumed conducting Diversion classes in person.

16. Is there any assistance the Governor's Crime Commission can offer you to address any problems/barriers identified in question #15? (Max 1000 characters) *

Currently, the Diversion Program does not have any problems that the GCC can assist with.

17. Are you on track to fiscally and programmatically complete every aspect of your program as outlined in your grant proposal? Please refer to the budget line items and program narrative from your program proposal. (Max 1000 characters) *

Diversion program is on track to grammatically complete all aspects of the program proposal.

18. What major activities are planned for the next six months? (Max 1000 characters) *

One major activity that is planned for the next six month is that the program will begin preparing for the upcoming CMPD Envision Academy by sending out applications and setting up interviews.

19. Based on your knowledge of the juvenile justice field, are there any innovative programs/accomplishments that you would like to share with the GCC? (Max 1000 characters) *

The School Justice Partnership committee within North Carolina meets to address the number of school-based referrals entering the justice system. North Carolina's state average of referrals from school to DJJ was 42%, where in Mecklenburg County their average of referrals from schools was 17%. The low percent of Mecklenburg County was due to "Graduated Response Levels" where schools are expected to be the primary keeper of school offenses, followed by the Diversion Program, then followed by the court system.

20. What sustainability activities have you completed this reporting period (including media coverage)? (Max 1000 characters) *

The sustainability activity that continues to take place are Diversion's continued partnership with Race Matters for Juvenile Justice and the School Justice Partnership committee that is working on the City of Charlotte to fully fund the Diversion program.

21. What training has the project staff participated during this reporting period? (Max 1000 characters) *

The training that the Diversion Program has participated in during this reporting period include the following: understanding the side effects of Legal and Medical Marijuana, Back to School Safety Summit, and understanding the Criminal Expunction Process & Other Legal Resources.

22. Please share a Success Story (Impact on system issues, Impact on community, impact on individual or family). (Max 1000 characters) *

One success story that the Diversion Program would like to share is that a Diversion participant is attending Livingstone College on a full-ride basketball scholarship.

23. Is there any training or technical assistance that is needed to improve your project? (Max 1000 characters) *

Currently, there is not any training or technical assistance that is needed to improve the project.

24. Have there been any publications, curricula, etc. created this reporting period related to your project? If so, please upload a copy. (Max 1000 characters)

Comments:

The Diversion Program did not produce any publications, curricula, etc. during this reporting period.

Yearly Final Juvenile Justice Report (04/01/2021 - 09/30/2021)

i Report was submitted to GCC on 10/19/2021 4:12:52 PM

1. Frequency of program services (Please check all that apply): *

Daily Weekly Monthly As Needed By Session

Please indicate total days of program operations for this reporting period:

Please indicate total hours of program operations for this reporting period:

2. Maximum Program Capacity: *

3. Average Number of Participants Served Per Session: *

4. Referral Source - Please indicate source and number of program referrals for this reporting period: *

Referral Source	# Referred
Law Enforcement	<input type="text" value="41"/>
Courts/Court Counselors	<input type="text"/>
Mental Health	<input type="text"/>
Self Referral	<input type="text"/>
School System	<input type="text"/>
Parent/Guardian	<input type="text" value="8"/>
Add Source Name	<input type="text"/>
Add Source Name	<input type="text"/>

5. Number of ongoing participants during this reporting period: *

6. Number and Demographics of Participants (Please enter total number served this semi-year):

Race/Ethnicity	MALE			
	Under 9	9-12	13-15	16-18
African American	<input type="text" value="4"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="5"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
Hispanic	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Race/Ethnicity	FEMALE			
	Under 9	9-12	13-15	16-18
African American	<input type="text"/>	<input type="text" value="4"/>	<input type="text" value="8"/>	<input type="text" value="5"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Asian				
White		2	5	1
Hispanic		2	8	1
Other				1

ADULTS

African American	
Native American	
Asian	
White	
Hispanic	
Other	

7. Program Terminations:

Termination Type	# Terminated
Youth Successfully Completed	38
Youth Voluntarily Dropped Out	3
Family Relocated	
Youth Removed from Home	1
Youth Expelled/Removed from Program	
Youth Sent to Secure Custody	
Add Termination Type	
Add Termination Type	

8. Primary Geographic location: *

Urban ▼

9. Does your program use any evidence based practices or programming?: *

No Yes

If yes, select the source from which the program model was cited:

- Blueprints for Violence Prevention
- CASEL (Collaborative for Academic, Social and Emotional Learning)
- OJJDP Model Programs Guide
- SAMSHA Model Programs

Other (please specify with name of evidence-based program implemented)

BOTVIN

10. Program Activities: *

Program Activity	# of Hours	# Served
Individual Counseling		
Family Counseling		
Student Transportation		
Recreation		

Program Activity	# of Hours	# Served
Life Skills Training	10	1
Parenting Class		
Restitution		
Group Counseling		
Anger Management Treatment		
Substance Abuse Treatment		
Classroom/Academic Instruction		
Mentoring		
In-Home Visitation	39	13
Mediation		5
Case Management		65

11. Please indicate which group(s) your program is working with: *

- At Risk Population (no prior offense)
- First Time Offenders
- Repeat Offenders
- Sex Offenders
- Status Offenders
- Violent Offenders
- Youth Population Not Served Directly

12. Additional Program Questions: *

Question	# of Youth
Number of program youth exhibiting desired change in targeted behavior during reporting period or 6-12 months post program completion	61
Number of program youth with a new offense during reporting period	2
Number of program youth exiting the program successfully or unsuccessfully during reporting period	42
Number of program youth committed to a juvenile facility during reporting period or 6-12 months post program completion	0
Number of program youth who have reoffended during program period	0
Number of program youth who have been victimized (violent crime, abuse/neglect) during reporting period	0

13. What were your accomplishments within this reporting period? (Max 1000 characters) *

*Continued mapping service inventory *Collaboration between the Youth Crisis Counselor assisting officers on site with youth who are at-risk, linking youth to MH services

14. What goals were accomplished as they relate to your grant application? (Max 1000 characters) *

Training officers in Racial Equity Training Phase 1 Increase in youth diversion within the police dept Decrease in DMC entering into the justice system Decrease # in juvenile arrests

15. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your program goals or milestones? (Max 1000 characters) *

COVID-19 limiting face to face contact with youth Connection to services for youth with COVID contact restrictions Community service agencies reaching capacity Lack of meeting space for group life skills/peacemakers classes No devoted computer software that tracks clients progress and it is done manually Comprehensive Clinical Assessments being done in a timely manner, clients assessibility to mental health services Consistency with parents after connection to services

16. Is there any assistance the Governor's Crime Commission can offer you to address any problems/barriers identified in question #15? (Max 1000 characters) *

Recommend a computer software or access to something that exists to assist with case management, tracking and data collection.

17. Are you on track to fiscally and programmatically complete every aspect of your program as outlined in your grant proposal? Please refer to the budget line items and program narrative from your program proposal. (Max 1000 characters) *

Yes, we believe budget items will be spent so long as an extension is given to the grant period. The actual grant process did not begin until almost a year after the official grant start date given by GCC.

18. What major activities are planned for the next six months? (Max 1000 characters) *

Continue to build the community program service network to serve diverted youth

19. Based on your knowledge of the juvenile justice field, are there any innovative programs/accomplishments that you would like to share with the GCC? (Max 1000 characters) *

The BPD is committed to training and developing strategic policies to address their impact on DMC. The dept continues to train officers in Racial Equity. The agency has trained 102 in this grant year.

20. What sustainability activities have you completed this reporting period (including media coverage)? (Max 1000 characters) *

Continue to build resource guide Attend community events and networking/advertising Serving on community committees

21. What training has the project staff participated during this reporting period? (Max 1000 characters) *

Craving Management Mental Health in the Black Community NC Community Alternatives for Youth Conference Hope and Healing Conference Current Drug Trends Increasing Cultural Competency in Mental Health Victim/Offender Conferencing Mental Health First Aid

22. Please share a Success Story (Impact on system issues, Impact on community, impact on individual or family). (Max 1000 characters) *

Many of the families we have contact report having better outcomes for their children as they are completing the program. The youth are taking accountability for their actions, getting necessary services they need and gaining skills. The youth feel more connected to their community and want to be more of a positive asset in their surroundings. The diversion is providing services to youth who would not normally be connected to services. Also the collaboration efforts between the BPD and mental health providers are helping bridge the gap in mental health service calls and the officers have a professional onsite to help navigate the process which leads to positive outcomes for the mental health population.

23. Is there any training or technical assistance that is needed to improve your project? (Max 1000 characters) *

Not at this time

24. Have there been any publications, curricula, etc. created this reporting period related to your project? If so, please upload a copy. (Max 1000 characters)

Comments:
none

Yearly Final Juvenile Justice Report (04/01/2021 - 09/30/2021)

i Report was submitted to GCC on 10/31/2021 4:07:57 AM

1. Frequency of program services (Please check all that apply): *

Daily Weekly Monthly As Needed By Session

Please indicate total days of program operations for this reporting period:

Please indicate total hours of program operations for this reporting period:

2. Maximum Program Capacity: *

3. Average Number of Participants Served Per Session: *

4. Referral Source - Please indicate source and number of program referrals for this reporting period: *

Referral Source	# Referred
Law Enforcement	<input type="text" value="0"/>
Courts/Court Counselors	<input type="text" value="0"/>
Mental Health	<input type="text" value="0"/>
Self Referral	<input type="text" value="0"/>
School System	<input type="text" value="30"/>
Parent/Guardian	<input type="text" value="15"/>
Add Source Name	<input type="text"/>
Add Source Name	<input type="text"/>

5. Number of ongoing participants during this reporting period: *

6. Number and Demographics of Participants (Please enter total number served this semi-year):

MALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input type="text" value="20"/>	<input type="text" value="10"/>	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEMALE				
Race/Ethnicity	Under 9	9-12	13-15	16-18
African American	<input type="text"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Asian				
White				
Hispanic				
Other				

ADULTS

African American	8
Native American	
Asian	
White	3
Hispanic	2
Other	

7. Program Terminations:

Termination Type	# Terminated
Youth Successfully Completed	5
Youth Voluntarily Dropped Out	
Family Relocated	
Youth Removed from Home	
Youth Expelled/Removed from Program	
Youth Sent to Secure Custody	
Add Termination Type	
Add Termination Type	

8. Primary Geographic location: *

Sururban ▼

9. Does your program use any evidence based practices or programming?: *

No Yes

If yes, select the source from which the program model was cited:

- Blueprints for Violence Prevention
- CASEL (Collaborative for Academic, Social and Emotional Learning)
- OJJDP Model Programs Guide
- SAMSHA Model Programs

Other (please specify with name of evidence-based program implemented)

10. Program Activities: *

Program Activity	# of Hours	# Served
Individual Counseling		
Family Counseling		
Student Transportation	30	30
Recreation	30	30

Program Activity	# of Hours	# Served
Life Skills Training		
Parenting Class		
Restitution		
Group Counseling		
Anger Management Treatment		
Substance Abuse Treatment		
Classroom/Academic Instruction		
Mentoring	20	40
In-Home Visitation		
Tutoring	40	22
Add Program Activity		

11. Please indicate which group(s) your program is working with: *

- At Risk Population (no prior offense)
- First Time Offenders
- Repeat Offenders
- Sex Offenders
- Status Offenders
- Violent Offenders
- Youth Population Not Served Directly

12. Additional Program Questions: *

Question	# of Youth
Number of program youth exhibiting desired change in targeted behavior during reporting period or 6-12 months post program completion	45
Number of program youth with a new offense during reporting period	0
Number of program youth exiting the program successfully or unsuccessfully during reporting period	5
Number of program youth committed to a juvenile facility during reporting period or 6-12 months post program completion	0
Number of program youth who have reoffended during program period	0
Number of program youth who have been victimized (violent crime, abuse/neglect) during reporting period	0

13. What were your accomplishments within this reporting period? (Max 1000 characters) *

T4GMM served over 20 youth in our tutoring program. We also successfully received sponsorship for our mechanics training programming.

14. What goals were accomplished as they relate to your grant application? (Max 1000 characters) *

To obtain sponsorship for our mechanics programming. Our youth were able to volunteer as pit crew on two occasions.

15. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your program goals or milestones? (Max 1000 characters) *

COVID still limits our abilities to fully engage with youth for long periods of times or in larger crowds. We are working towards increasing student contact over the next couple of months.

16. Is there any assistance the Governor's Crime Commission can offer you to address any problems/barriers identified in question #15? (Max 1000 characters) *

No.

17. Are you on track to fiscally and programmatically complete every aspect of your program as outlined in your grant proposal? *Please refer to the budget line items and program narrative from your program proposal. (Max 1000 characters) **

Yes. We plan to implement the last phase of our Ambassador programming starting in January of 2022.

18. What major activities are planned for the next six months? *(Max 1000 characters) **

To implement the Law-Enforcement Ambassador program to improve relationships in the community between youth and law and enforcement.

19. Based on your knowledge of the juvenile justice field, are there any innovative programs/accomplishments that you would like to share with the GCC? *(Max 1000 characters) **

n/a

20. What sustainability activities have you completed this reporting period (including media coverage)? *(Max 1000 characters) **

We have partnered with an organization in Virginia to provide mechanics training. Graduates will then be able to work on PIT crews for many racing events. These events have been submitted for media coverage.

21. What training has the project staff participated during this reporting period? *(Max 1000 characters) **

n/a

22. Please share a Success Story (Impact on system issues, Impact on community, impact on individual or family). *(Max 1000 characters) **

T4GMM successful hosted a Back To School Event at White Lake NC. We had over 50 youth participate in the program.

23. Is there any training or technical assistance that is needed to improve your project? *(Max 1000 characters) **

n/a

24. Have there been any publications, curricula, etc. created this reporting period related to your project? If so, please upload a copy. *(Max 1000 characters)*

Comments:

n/a

Yearly Final Juvenile Justice Report (04/01/2021 - 09/30/2021)

i Report was submitted to GCC on 10/13/2021 12:57:55 PM

1. Frequency of program services (Please check all that apply): *

Daily Weekly Monthly As Needed By Session

Please indicate total days of program operations for this reporting period:

59

Please indicate total hours of program operations for this reporting period:

360

2. Maximum Program Capacity: *

300

3. Average Number of Participants Served Per Session: *

16

4. Referral Source - Please indicate source and number of program referrals for this reporting period: *

Referral Source	# Referred
Law Enforcement	25
Courts/Court Counselors	25
Mental Health	
Self Referral	
School System	
Parent/Guardian	
Add Source Name	
Add Source Name	

5. Number of ongoing participants during this reporting period: *

181

6. Number and Demographics of Participants (Please enter total number served this semi-year):

Race/Ethnicity	MALE			
	Under 9	9-12	13-15	16-18
African American		7	30	6
Native American				
Asian				
White			1	
Hispanic			2	
Other			2	

Race/Ethnicity	FEMALE			
	Under 9	9-12	13-15	16-18
African American		9	22	
Native American				

Asian				
White			1	1
Hispanic			4	
Other			1	

ADULTS

African American	44
Native American	
Asian	
White	39
Hispanic	
Other	

7. Program Terminations:

Termination Type	# Terminated
Youth Successfully Completed	
Youth Voluntarily Dropped Out	
Family Relocated	
Youth Removed from Home	
Youth Expelled/Removed from Program	
Youth Sent to Secure Custody	
Add Termination Type	
Add Termination Type	

8. Primary Geographic location: *

Urban

9. Does your program use any evidence based practices or programming?: *

No Yes

If yes, select the source from which the program model was cited:

- Blueprints for Violence Prevention
- CASEL (Collaborative for Academic, Social and Emotional Learning)
- OJJDP Model Programs Guide
- SAMSHA Model Programs

Other (please specify with name of evidence-based program implemented)

10. Program Activities: *

Program Activity	# of Hours	# Served
Individual Counseling		
Family Counseling		
Student Transportation		
Recreation		

Program Activity	# of Hours	# Served
Life Skills Training	10	86
Parenting Class		
Restitution		
Group Counseling		
Anger Management Treatment		
Substance Abuse Treatment		
Classroom/Academic Instruction	10	86
Mentoring		
In-Home Visitation		
Add Program Activity		
Add Program Activity		

11. Please indicate which group(s) your program is working with: *

- At Risk Population (no prior offense)
- First Time Offenders
- Repeat Offenders
- Sex Offenders
- Status Offenders
- Violent Offenders
- Youth Population Not Served Directly

12. Additional Program Questions: *

Question	# of Youth
Number of program youth exhibiting desired change in targeted behavior during reporting period or 6-12 months post program completion	0
Number of program youth with a new offense during reporting period	7
Number of program youth exiting the program successfully or unsuccessfully during reporting period	0
Number of program youth committed to a juvenile facility during reporting period or 6-12 months post program completion	6
Number of program youth who have reoffended during program period	7
Number of program youth who have been victimized (violent crime, abuse/neglect) during reporting period	6

13. What were your accomplishments within this reporting period? (Max 1000 characters) *

Sworn law enforcement officers who are part of the DMC group attended advanced supervisor training as well as procedural justice training. We completed Know Your Rights Training for middle and high school kids during the summer months. We were able to give away back to school bags for kids who participated in the program. Our juvenile justice data was enhanced during this period and we began studying and sharing monthly juvenile stats with our DMC workgroup and stakeholders.

14. What goals were accomplished as they relate to your grant application? (Max 1000 characters) *

We completed Know Your Rights Training for middle and high school kids during the summer months. We were able to give away back to school bags for kids who participated in the program. We offered DMC training to teachers as well as students. Our Data Management Manager jumped on board with the DMC group and began sharing juvenile justice calls, arrests, and updates with the group. A juvenile justice pamphlet that assists parents with diversion opportunities was put in place by the police department. Officer began attending Teen Court Training as a diversion program used to keep juveniles out of the criminal justice system.

15. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your program goals or milestones? (Max 1000 characters) *

Covid 19 is still a barrier that we deal with daily and it forces us to keep DMC meeting numbers down or utilize ZOOM. We also were unable to complete our goal of training all Lenoir County teachers on DMC training due to Covid protocol. We also struggle with updates from the NC DOJ JJ group - as far as receiving updates on cases and what happens with juveniles when charges.

16. Is there any assistance the Governor's Crime Commission can offer you to address any problems/barriers identified in question #15? (Max 1000 characters) *

The GCC has been extremely helpful.

17. Are you on track to fiscally and programmatically complete every aspect of your program as outlined in your grant proposal? Please refer to the budget line items and program narrative from your program proposal. (Max 1000 characters) *

Almost, other than having all teachers trained with the DMC program, yes we are on pace. Due to C19 procedures, we are not able to train all the teachers in Lenoir County on DMC.

18. What major activities are planned for the next six months? (Max 1000 characters) *

We have reached out to a mediator that will assist us with grant activities and assist with running our meetings. We are planning to get parents on board with helping out with the DMC program. Additional training for officers and members of the DMC Group.

19. Based on your knowledge of the juvenile justice field, are there any innovative programs/accomplishments that you would like to share with the GCC? (Max 1000 characters) *

No

20. What sustainability activities have you completed this reporting period (including media coverage)? (Max 1000 characters) *

We have revamped our juvenile justice statistics and have consistently been able to track, research and share with the group what calls officers are going on - dealing with juveniles and what the initial outcome is (petitions, diversion, etc.).

21. What training has the project staff participated during this reporting period? (Max 1000 characters) *

DMC Know Your Rights, Procedural Justice, Critical Incident Training for Supervisors, Supervisor Training, Juvenile Justice Coalition Training, Juvenile Justice Conference.

22. Please share a Success Story (Impact on system issues, Impact on community, impact on individual or family). (Max 1000 characters) *

We have revamped our juvenile justice statistics and have consistently been able to track, research and share with the group what calls officers are going on - dealing with juveniles and what the initial outcome is (petitions, diversion, etc.). We have also started recording the number of juvenile petitions and secure custody orders we complete on a monthly and yearly basis.

23. Is there any training or technical assistance that is needed to improve your project? (Max 1000 characters) *

No

24. Have there been any publications, curricula, etc. created this reporting period related to your project? If so, please upload a copy. (Max 1000 characters)

Comments:

We have been on WITN -7 news, a local NBC affiliate regarding the DMC project and Know Your Rights Training.