

Fayette County
Juvenile Drug Court
Process/Outcome Evaluation

Fayette County Juvenile Drug Court Process/Outcome Evaluation

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EXECUTIVE SUMMARY

The current evaluation report describes the operations and processes and the during-program and post-program outcomes of the Fayette County Juvenile Drug Court. This program began its planning stage in 1999 and was established initially as a pilot program in January 2001. In September 2001, it received funds to become a fully implemented juvenile drug court from the Office of Justice Programs Drug Court Programs Office, and this project was moved to the drug court portfolio of the Bureau of Justice Assistance in 2002. The current evaluation focuses on these three years during which the program was implemented with federal funding, and summarizes information from September 2001 until April 2004.

For the process evaluation component of this report, data were collected on drug court operations and drug court participants in order to determine how effectively the 16 Strategies (Bureau of Justice Assistance, 2003), a set of standards defining effective juvenile Drug Court operations, were being applied by this program. Process evaluation methods included interviews with Drug Court team members, participant observation, a focus group, and review of program documentation. For the during- and post-program outcomes component of this report, data were collected from secondary records, including program files and official records databases. This provided information about the effectiveness of the program on reducing drug use and criminal behavior and improving education and employment while the participants remained in the program, and the extent to which the Drug Court prevented the youth from entering the adult system one year after they left the drug court program.

The first overall conclusion of this report is the Fayette County Juvenile Drug Court has been implemented with a high degree of fidelity to the 16 Strategies (and specific examples of this are described below) and is providing needed services to very high risk youth who have not succeeded in any other community program.

Strategy #1. Collaborative Planning – Engage all stakeholders in creating an interdisciplinary, coordinated and systemic approach to working with youth and their families.

Findings from team interviews and from the focus group showed that the Fayette Juvenile Drug Court team members have included many of the key stakeholders in the local community from the inception of the program. The team also has succeeded in furthering these relationships as well as developing new contacts within the community. For example, new community partners include the Catholic Action Center, The Ridge, and the Center for Families, Women and Children.

Strategy #2. Teamwork – Develop and maintain an interdisciplinary, nonadversarial work team.

Findings from the focus group showed that the Fayette Juvenile Drug Court team members work together efficiently and effectively. It is important to note that the original team that initiated the development of the program has remained intact, and continue to work together to support it. Regular meetings and informal updates keep team members informed on

participant progress, and currently the team is beginning to rework the participant handbook to help the youth to better understand what is expected of them in the program.

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 objectives.

Findings from the focus group and from team interviews showed that the target population for this Drug Court consists of older youth (ages 14-17½) who have drug use and delinquency problems. Consistent with its mission and goals, the program targets very high risk youth who have failed in every other community-based intervention. Thus, this juvenile drug court often is the youth’s last chance before long-term commitment to the Department of Juvenile Justice. Eligibility criteria have been established and incorporated into a written set of guidelines so that each potential participant may be effectively assessed. In this way, the Drug Court team is able to consistently target and admit potential participants in accordance with these standardized 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.

Findings from the participant observation, interviews, and program records showed that there is a great deal of judicial involvement in the Fayette County Juvenile Drug Court program. Judicial supervision is accomplished via frequent informal updates between team members and the Drug Court judge, through weekly drug court sessions held to review face-to-face the status of each participant with them, and through pre-court staffings when more formal reports are made to the judge by the drug court team on each participant’s progress (or lack of progress). The average length of time spent with each participant in a drug court session that was observed by UK researchers was 3.19 minutes, and a total of 114 During Court sessions were held between September 2001 and April 2004.

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.

An on-going evaluation is conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research. This report is the third product from this on-going evaluation, and it is the combination of an in-depth process evaluation and an outcome evaluation that describes both during- and post-program outcomes. This report is submitted in accordance with Bureau of Justice Assistance requirements for an externally-conducted process and outcome evaluation of all federally-funded Drug Courts.

Strategy #6. Community Partnerships – Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

As noted above, this program has a rich range of community partnerships and has continued to successfully expand these throughout the implementation of the program. Relationships with state and local government agencies (e.g., the Department of Juvenile Justice,

the Department of Youth Services), with community action groups (e.g., Catholic Action Center), with substance abuse treatment providers (e.g., Bluegrass Comprehensive Care, The Ridge), and with other service providers for collateral programming (e.g., Health Department) are used to offer a broader range of services to the youth than they would normally have ready access too.

Strategy #7. Comprehensive Treatment Planning – Tailor interventions to the complex and varied needs of youth and their families.

Findings from the focus group, staff/team interviews, and the participant observation showed that the Fayette County Juvenile Drug Court team has met the diverse needs of participants and their families. By using tools such as the initial assessment and Individualized Program Plan (IPP) staff members are able to address the individual needs of each participant and their family. The effectiveness of the Fayette County Juvenile Drug Court program is increased by this individualized treatment-based approach.

Strategy #8. Developmentally Appropriate Services – Tailor treatment to the developmental needs of adolescents.

Findings from the focus group, staff/team interviews, and the participant observation showed that the Fayette County Juvenile Drug Court team has based their program on developmentally appropriate methods, including the use of science-based curriculum within the program. Youth-focused services also are contracted through the primary treatment provider, Teen Pop of Blue Grass Comprehensive Care.

Strategy #9. Gender-Appropriate Services – Design treatment to address the unique needs of each gender.

While many of the programs activities involve both boys and girls at the same time, the team recognizes that some issues, like victimization, need to be handled differently. Same-gender group counseling and individual counseling are used to address gender-specific issues with the participants.

Strategy #10. Cultural Competence – Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

Findings from the participant observation, focus group, and staff/team interviews showed that the Fayette County Juvenile Drug Court team has demonstrated cultural competence by hiring staff members of different ethnic/racial backgrounds and admitting participants of various ethnicities. Data gathered from the Monthly Statistics showed that 41% of Drug Court participants identified themselves as being African-American. Thirty-three percent of the full-time Drug Court employees are also African-American. The diversity of the staff and participants reflects the team's awareness of the need to be sensitive and responsive to 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.

As part of the initial assessment, the Juvenile Drug Court team includes a “Strengths Assessment” questionnaire, which helps the participant to recognize accomplishments and successes. This approach begins the participant’s program with a strength-based perspective and prepares the participant to accept a more responsible role in the community. This information is used to help develop and Individual Program Plan with each youth that helps individualize each youth’s treatment around their strengths.

Strategy #12. Family Engagement – Recognize and engage the family as a valued partner in all components of the program.

Findings from the focus group, program records, and interviews with the team showed that the team from the Fayette County Juvenile Drug Court program recognizes the importance of the family’s support in the treatment of the juvenile participant. Therefore, the team attempts to engage the family in all components of the program. Family members are encouraged to attend family support group sessions; however, findings show that getting parents’ to attend these sessions has been somewhat problematic, and the team expressed a concern for wanting to know how to improve the engagement of the participants’ parents in the treatment process.

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.

Findings from the focus group and staff/team interviews showed that the Fayette County Juvenile Drug Court program works with the local school district to help participants succeed in their education. Participants’ attendance, grades, and teacher assessments are monitored as progress indicators. A case specialist frequently visits the schools in order to monitor participants’ performance and behaviors. The team noted that there is additional work that needs to be done in this area to help advocate for their participants in the local school system to get the youth other types of special educational services.

Strategy #14. Drug Testing – Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

Findings from the focus group and staff/team interviews showed that the Fayette County Juvenile Drug Court program performs frequent, random drug tests to all participants throughout the duration of the program. Participants must test negative for three consecutive months before they become eligible to graduate from the program. Participants undergo drug testing a minimum of 3 times per week in Phase I, two times per week in Phase II, and once per week in Phase III. Additional tests can be administered if team members feel it is necessary. Each drug test is observed by a staff member of the Community Alternative Program (CAP), a section of the Fayette County Detention Center.

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.

Findings from the interviews and participant observation showed that the Fayette County Juvenile Drug Court program uses a quasi-fixed sanctioning algorithm, maintaining the ability to individualize sanctions when the team feels this is warranted. Sanctions include short-term detention, home incarceration, community service, and increased curfew restrictions. The most broadly used sanctions during the time examined in the valuation were short-term detention, home incarceration, and community service. Incentives also are granted based on merits of negative drug test results, exceptional school performance, group leadership and positive attitudes. The Fayette County Juvenile Drug Court awards gift certificates, decreases curfew, applause during sessions, tickets to sporting events, and key chains to recognize participants' successes. Sanctions and incentives are consistent and fair and are granted consistently and are applied immediately to help the participant understand that his or her actions lead to corresponding reactions.

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.

Findings from the interviews and program documentation showed that the Fayette County Juvenile Drug Court team members have designed policies and procedures to protect each participant and their family members while in the Drug Court program. Participant files are kept in a locked storage area and computer records are password protected. Court sessions and staffing meetings are closed to the public in order to ensure the maximum amount of privacy for the participants and family members.

The second overall conclusion of this report is the Fayette County Juvenile Drug Court Program has a clear impact on the drug use and criminal behavior of the participants while they are in the program. Overall, the majority of the youth (70%) did not receive a new criminal charge while they were in the program, and only 11% received a new felony charge. In terms of drug use, 15% of the youth did not test positive for drug use while they were in drug court, 22% did not test positive for marijuana, 70% did not test positive for cocaine, 89% did not test positive for sedatives, and 93% did not test positive for opioids.

The third overall conclusion of this report is that the program appears to reduce the likelihood that the youth will enter the adult criminal justice system after discharge. Findings showed that 40% of the dropouts but none of the graduates from the program had a received a felony charge and conviction within one year after discharge from drug court.

Recommendations

- (1) Apply for technical assistance to help the team to learn how to better engage the parents in the treatment process.
- (2) Continue diversifying the treatment providers used to give a wider breadth of treatment options. Staff should complete their Certified Alcohol and Drug Counselor credentials as quickly as possible to enable treatment to be based mostly in-house.
- (3) Develop a system to reliably report the number of individual and group therapy sessions as well as the number of treatment contacts and the number of urine screens collected each month to improve the capacity to conduct on-going quality assurance of programming.
- (4) Develop a plan for sustaining the Juvenile Drug Court beyond grant monies provided by the Bureau of Justice Assistance by locating other potential funding sources, including government grant programs, local foundations, and grass roots community efforts.
- (5) Develop a Bureau of Justice Assistance enhancement grant application to expand the scope of the evaluation to develop broader and better measures of the effectiveness of the juvenile Drug Court program.

BACKGROUND AND SIGNIFICANCE

Need for Juvenile Drug Courts

Between 1989 and 1998, national juvenile arrests for drug abuse violations increased 86% and arrests for curfew and loitering violations increased 178% (Office of Juvenile Justice and Delinquency Programs, OJJDP, 1999). An estimated 2.6 million juvenile arrests were made in 1998, which accounted for 18% of all arrests in 1998 (OJJDP, 1999). In addition, juveniles were involved in 13% of all drug abuse violation arrests in 1998 (OJJDP, 1999). In the majority of sites reporting on drug use among juvenile arrestees, more than half of the juvenile males tested positive for at least one drug (Arrestee Drug Abuse Monitoring System, 1999).

For adolescents, substance use for is in many ways normative behavior (Kaminer & Tarter, 1999). By age 18, almost 80% of youths in the U.S. report having used alcohol, 64% report smoking cigarettes, and 50% report using marijuana at least once (Johnston et al., 1996). For adolescents, drug and alcohol abuse reduces motivation, interferes with cognitive processes, contributes to mood disorders, has implications for immediate and long-term physical health, and increases the risk of accidental injury or death (Hawkins, Catalano, & Miller, 1992; Paglia & Room, 1998). Adolescent substance use is related to less educational achievement, an increase in crimes committed by juveniles, and increased health and mental health care services use and cost. In addition, early substance use and abuse is associated with a variety of other risk factors including early and frequent sexual intercourse (which is associated with STDs, HIV, and unwanted pregnancies) as well as delinquency and later criminal activity (Ball et al., 1982; Dembo et al, 1991; Elliott, Huizinga, & Menard, 1989; Jessor & Jessor, 1977; Speckhart & Anglin, 1985;).

Treatment for juvenile delinquency has not been overwhelmingly successful. For example, Lipsey (1992) conducted a comprehensive meta-analysis of juvenile delinquency treatment and found that overall there was a modest treatment effect, but there were certain circumstances in which treatment was much more effective than others, although the circumstances of effectiveness were not readily apparent. In response to juvenile delinquency and substance abuse, and to the need for better outcomes with juvenile populations, more than 140 juvenile drug courts have been established across the nation since 1995 (Cooper, 2001). However, juvenile drug court models are still being established, and it is not clear what works best in a juvenile drug court. Because the field of juvenile justice is in a constant state of flux, evaluation efforts clearly are needed to provide “snapshots” of established juvenile drug courts.

Drug Court in Kentucky

The motto for Kentucky Drug Court is “A chance...a change.” Kentucky Drug Court is aligned with more than 1000 Drug Courts in operation across the United States. Its mission is to create a criminal justice environment in Kentucky that stops illicit drug use and related criminal activity and promotes recovery and reintegration into society while emphasizing public safety and fair representation of all interests under the laws of the Commonwealth of Kentucky.

Juvenile Drug Courts in Kentucky are grounded in the 16 Strategies described in the publication Juvenile Drug Courts: Strategies in Practice (Bureau of Justice Assistance, 2003). These 16 Strategies were developed by the Drug Court Standards Committee to ensure that a core set of standards were defined for all Drug Court programs (Table 1 to follow). The 16 Strategies were adapted from the adult drug court standards published in Drug Courts: 10 Key Components (Drug Court Programs Office, 1997) in order to better fulfill the needs of juvenile drug courts. All juvenile Drug Court programs in Kentucky are expected to adhere to a

programmatic model developed by the Administrative Office of the Courts that fulfills the standards set forth in the 16 Strategies. Of course, individual programs vary to a certain degree in exactly how each of these standards are fulfilled because the 16 Strategies are intended to be somewhat flexible for helping each jurisdiction answer specific needs unique to its drug court. These 16 Strategies provide an important standard by which to measure whether a particular Drug Court has been successfully implemented in the manner intended by the U.S. Department of Justice.

Summarized briefly, juvenile Drug Court programs in Kentucky represent a team-oriented effort that brings together professionals from the criminal justice system, the treatment delivery system, the school system, and the community who are focused on combining intensive criminal justice supervision with drug abuse treatment. This combination of intensive supervision and treatment helps hold youthful offenders accountable for their actions and provides an atmosphere that has been shown to be effective for reducing recidivism and drug use and for improving employment rates among adult drug offenders in Kentucky (Logan, Hiller, Minton, & Leukefeld, in press). The Drug Court as a team-centered environment fundamentally transforms the roles of both criminal justice practitioners and alcohol and other drug abuse (AOD) treatment providers as they collaborate with each other in an attempt to help the youthful offender to learn to live a drug-free, crime-free, prosocial life. Although team members frequently represent diverse interests and systems, a balance is struck between the need for intensive supervision (ensuring public safety and offender accountability) and focused treatment on the many treatment needs evident in youth who use and abuse drugs (improving the lives of the participants and their family and promoting rehabilitation). Family therapy, substance abuse

Table 1. Juvenile Drug Court Strategies
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| 1. Collaborative Planning – Engage all stakeholders in creating an interdisciplinary, |
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coordinated and systemic approach to working with youth and their families.

2. Teamwork – Develop and maintain an interdisciplinary, nonadversarial work team.
3. Clearly Defined Target Population and Eligibility Criteria – Define a target population and eligibility criteria that are aligned with the program’s goals and objectives.
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.
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.
6. Community Partnerships – Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
7. Comprehensive Treatment Planning – Tailor interventions to the complex and varied needs of youth and their families.
8. Developmentally Appropriate Services – Tailor treatment to the developmental needs of adolescents.
9. Gender-Appropriate Services – Design treatment to address the unique needs of each gender.
10. Cultural Competence – Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
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.
12. Family Engagement – Recognize and engage the family as a valued partner in all components of the program.
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.
14. Drug Testing – Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
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.
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.

Source: Bureau of Justice Assistance (2003, March). Juvenile Drug Courts: Strategies in Practice.

therapy, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the

psychosocial areas that juvenile Drug Courts address to have a favorable impact on the offender and the community as a whole.

Like Drug Courts around the nation, the judge is the central figure in the Drug Court. As the central authority figure for the team, the judge acts as both an advocate and instructor. This fundamentally shifts the relationship between the judge and the participant from being adversarial, to a more cooperative and socializing model. In exchange for the successful completion of the Drug Court program, the judge may choose to dismiss the participant's original charge through diversion and/or modify their type of probation. Altogether, at the time of this report, Kentucky had 18 implemented adult Drug Courts, 7 implemented juvenile Drug Courts, and 2 implemented Family Drug Courts. Many more Drug Courts are being planned, and the expansion of Drug Court is expected to continue as more programs are developed through grass root efforts to address growing problems with methamphetamine abuse in Western Kentucky and an Oxycontin crisis in Eastern Kentucky.

Literature Review and Current Study

With the publication of national strategies for implementing juvenile drug court comes the need for describing existing courts and how these programs already had incorporated the practice guidelines (Hiller, Malluche, Patterson, et al., in press). A relatively large number of programs (over 140, Cooper, 2001) were developed and implemented prior to the release of these guidelines, and only limited amounts of information have been published in the research literature to describe these programs and to provide information on the during-program outcomes of these programs. As noted by Belenko and Logan (2003), "...relatively little is known about their impacts, their operations, or the relative strengths of alternative drug court program designs." A review of this relatively brief literature suggests that many of the guidelines

described above already were implemented implicitly in juvenile drug court programs (Belenko, 2001), but these courts vary in how the strategies are implemented. In addition, the participant retention rate in juvenile drug courts (often described as the number who graduate or are terminated from a program) has been the primary during-program outcome reported in the literature (Belenko, 2001). Findings from an evaluation of seven juvenile drug courts with a total of 1070 participants showed that the average graduation rate (weighted by sample size) for these programs was 69% (Cooper, 2001). Research on juvenile drug courts, their operations, and their impact has only just begun and more research clearly is needed, including descriptions of other during-program outcomes like new arrests and drug use of participants.

Additional information on the structure, implementation, and during-program outcomes of existing juvenile drug courts is needed, because nationally many jurisdictions are considering and/or are developing their own programs. For example, Cooper (2001) noted that at least 125 new juvenile courts were being planned for implementation within the next few years. A national initiative for training juvenile drug courts is maintained by the Bureau of Justice Assistance, and empirical studies of juvenile drug courts will provide information that can be used to help other jurisdictions to implement these types of programs in their community. Ultimately, research should identify “best practices” programs, and materials for implementing juvenile drug courts should be developed on these exemplars.

The aims of the current evaluation, therefore, are (1) to report on the overall implementation of the Fayette County Juvenile Drug Court, updating a prior evaluation report that described only the first year of the implementation of the program, including structure, processes and components, (2) to describe the during program outcomes, providing a measure of its impact on the participants behavior during their tenure in the program (including retention

rates, recidivism and drug use), and (3) to examine the extent to which the Juvenile Drug Court program prevented youth from entering the adult criminal justice system (a primary objective of the program). This report represents the fulfillment of the mandated externally-conducted process evaluation and outcome evaluation required for Drug Court program grants funded through the Department of Justice, Bureau of Justice Assistance. The data for this report covers the full implementation of this Drug Court from September 2001 through April 2004, and compares how this Drug Court was implemented to the standards defined in the 16 Strategies. To this end, a variety of established systematic research activities and methods were used to document the implementation of this program, including interviews with Drug Court staff, review of program records, a focus group, and participant observations. Overall, the findings shown below indicate that this program has incorporated each of the 16 Strategies used to define successful drug courts, has developed into a fully implemented Drug Court, has a positive effect on the young offenders lives, and prevents them from becoming involved in the adult criminal justice system.

EVALUATION METHODOLOGY

The evaluation of the Fayette County Juvenile Drug Court was conducted using multiple data collection methods to gather both qualitative and quantitative data. (1) First, quantitative during-treatment process data were abstracted from the Drug Court participants' files (e.g., participant demographics, number of drug court participants served, services delivery, graduation and dropout rates). (2) Second, structured interviews were conducted with Drug Court team members to gather qualitative descriptions of the program. (3) Third, statistical reports made on a monthly basis to the Administrative Office of the Courts were reviewed. (4) Fourth, program documentation records, including prior evaluation reports were reviewed. (5) Fifth, standardized

participant observations were conducted on court sessions to describe the court operations in comprehensive detail. (6) Sixth, a focus group was conducted with the Drug Court team to develop a logic model of how the program operates. (7) Seventh, participants' adult criminal history records were collected from official records databases maintained by the Administrative Office of the Courts for Kentucky.

Participant Records

Following procedures that were established in a research protocol (#02-323-F1V) that had been reviewed and approved by the University of Kentucky Medical Institutional Review Board, University of Kentucky research staff coded the program records of each of the participants who had received services in the Fayette County Juvenile Drug Court using a standard data collection protocol (see Appendix A). This information was used to describe the aggregate-level characteristics and during-program outcomes of these participants. Information coded from files included demographic information (i.e., age, race/ethnicity, gender, drug use history) and during-program outcome indicators like time-in-treatment, new arrests and new charges, results from urine screens for illicit drug use, phase promotions and demotions, and type and frequency of sanctions.

Interviews

A set of interview instruments that collected both quantitative and qualitative data from key drug court team members was used during this process evaluation (see Logan, Lewis, Leukefeld, & Minton, 2000). These interviews were conducted with the drug court coordinator and the treatment provider. The Drug Court Coordinator Interview is a comprehensive questionnaire which was completed with the drug court coordinator and detailed the specific operational characteristics of the drug court program. Specific sections highlighted the target

population, program goals, program organization and function (e.g., recruitment, capacity, assessment, and services), supervision practices, staff characteristics, and community organization involvement. The External Treatment Interview helped to pinpoint what types of treatment services were offered and through what avenues.

Monthly AOC Statistical Reports

The Fayette County Juvenile Drug Court makes monthly reports to the Administrative Office of the Courts. These reports summarize the number of candidates referred, the number assessed, the number of individual drug screens, number of candidates eligible, and the number transferred from probation. Also reported are the number of participants receiving phase promotions or demotions; the number of court sessions held; the number of participants identified as using an illicit substance based on urine drug screens; the number of individual sessions held; the number of drug treatment sessions; the number of family/support sessions; the number of participants referred to outside agencies; employment and educational status of participants; the number of employment and housing verifications made, amount paid towards court obligations; the number of sanctions, the number of participants rearrested for new charges; the number of terminations; and the total number of active participants in the preceding month. For the current evaluation, the monthly statistics reports covering September 2001 through April 2004 were reviewed and included in this evaluation report. To facilitate the reporting of these data, results are described for quarters spanning September 2001 - December 2001; January 2002 - April 2002; May 2002 - August 2002; September 2002 - December 2002; January 2003 – April 2003; May 2003 - August 2003; September 2003 - December 2003; and January 2003 – April 2004.

Program Documentation

Several sources of program documentation also were reviewed for the process/outcome evaluation. These included copies of the grant application submitted by the court for funding, the participant handbook provided by the drug court to its participants to outline the design and expectations of the program, and the policy and procedure manual for the court. In addition, a previous evaluation report also was available. This previous report documented the planning phases of this juvenile drug court (Logan, Lewis, & Leukefeld, 2000, Hiller, Malluche, Patterson, Bryan, Dupont, & Leukefeld, 2003).

Court Observation

Two researchers from the University of Kentucky observed one Fayette County Juvenile Drug Court session, providing two unique observations of the operations of this court. Data were coded using a protocol developed by Satel (1998) during a national study of 15 adult Drug Court programs. This protocol facilitated a systematic description of the interactional (exchanges between the judge, court staff, and participants) and environmental (physical characteristics of the setting) variables of the juvenile Drug Court session. The method involved coding the session on 19 specific characteristics that focused upon the interaction between the juvenile Drug Court judge and participants (including eye contact, physical proximity of the judge to the participant, who the judge first addressed, whether each participant remained present in the court room throughout the entire session, and time spent with each participant) and the court room setting (including seating arrangements and ambient noise level). In addition, drug court staff were asked to indicate how typical the observed session was for regular drug court operations. The court session observed by the researchers was described as being a typical session by the drug court staff. A copy of the observation code sheet is included in Appendix B.

Focus Group and Logic Model

A focus group also was conducted during the process evaluation with drug court team members. The goal of the focus group session was to synthesize a comprehensive description of program elements for this drug court using a “logic model” approach. A preformatted logic flow model (adapted from Harrell, 1996) was completed during a researcher-led focus group following a standardized protocol (see Appendix C) to help the drug court team to describe the target population for the program, articulate specific short- and long-term goals, treatment activities, and community linkages for their Drug Court. To begin the focus group, the team members were presented with the logic model they had previously completed in an earlier evaluation (see Hiller, Malluche, Patterson, et al. 2003), and then they were asked to discuss which specific parts of each box in the model continued to be relevant, what had changed, and whether new items should be added to each part of the diagram. A special emphasis was placed on identifying how the program had changed across the three years the program had been implemented with Federal funding.

Post-Program Recidivism

Indicators for post-program recidivism were based upon official records abstracted from the Administrative Office of the Courts Court Net database. This included whether or not the participant received a new charge, the offense type of the new charge, severity of the charge (i.e., misdemeanor or felony), and the final disposition of the charge during the first year after the drug court participants was discharged from the program. The analysis of these records was restricted to the 17 individuals who had been discharged from the program (i.e., 7 graduates, 10 dropouts), and thus had a window of time during which post-program outcomes could be examined.

FINDINGS: PROGRAM DESCRIPTION

Drug Court Program Structure and Processes

History and Development of the Fayette County Juvenile Drug Court. Building on the strengths of a successful adult drug court program in the county, the Fayette County Juvenile Drug Court program received a planning grant in July of 1999. The Drug Court judge, along with the representatives from Department of Youth Services, area treatment providers, and other local officials, initiated the planning grant application. Community linkages were established with the local schools, the Health Department, and local employers in order to prepare an effective Drug Court program. After much planning, the Fayette County Juvenile Drug Court began as a pilot program in 2001, serving four participants. The fully operational Fayette County Juvenile Drug Court program began in September of 2001 with an implementation grant from the Bureau of Justice Assistance.

Geographic location and sociodemographic context. The Fayette County Juvenile Drug Court program serves residents in the 22nd judicial district encompassing Fayette County, Kentucky. Fayette County is located in the inner Bluegrass Region of the state, and it is the second largest county in the state. The estimated population for the county in 2000 was 260,512. In 2000, 81% of the population were Caucasian, 13.5% African American, 3.3% Hispanic, and 2.5% Asian, and approximately 21.3% of the population was under age 18.

Drug court staff and team members. The Fayette County Juvenile Drug Court has successfully maintained the involvement of the staff and team members who were responsible for establishing the drug court over three years ago. In addition to this, all of the original drug court staff continue to work with the program, including one drug court coordinator and two case specialists. It should be noted that each of these three staff members are currently pursuing

becoming Certified Alcohol and Drug Counselors (CADC), and they are receiving clinical supervision in this pursuit by a drug court counselor who works with the Fayette County Adult Drug Court program. The composition of the team and of the staff is diverse in terms of race/ethnicity and gender, reflecting the target population served by the court.

In terms of responsibilities and job functions, the drug court coordinator's primary responsibility is to coordinate all aspects of the program, including screening and assessment, treatment, supervision, and education. The two case specialists perform the case management responsibilities of the program, including daily contact with each participant. The case specialists also conduct some psychoeducational group sessions with the participants, and report regularly to the drug court coordinator and the judge on the participants' progress. These two case managers have an average of caseload of 6-7 participants each and are "on-call" 24 hours a day. The Drug Court judge volunteers his time to the program, and works approximately 3-4 hours per week on Drug Court cases. The team also includes a school liaison, defense attorney, county attorney, police officer, representatives from the treatment provider, representatives of the Division of Youth Services (DYS) and the Department of Juvenile Justice (DJJ), and a representative of the CAP program (who conducts urine testing for the Drug Court). All team members participate in the decision to accept referrals to the program based on a uniform set of eligibility criteria (described below).

Referral, eligibility screening, assessment, and admission procedures. Based on information provided during staff interviews, referral to the Fayette County Juvenile Drug Court generally originates with the defense counsel, the prosecutor, or the judge informing defendants of the drug court. Participants also are referred into the program by a probation officer [either from the Department of Youth Services (DYS) or the Department of Juvenile Justice (DJJ)]. The

drug court case specialists also routinely attend juvenile court session to identify any potential candidates for the program.

When a potential participant is referred into the program, an eligibility screening process is initiated, and either the Drug Court coordinator or a case specialist meets with the potential participant. A legal and a clinical screening process is used to determine whether the youth meets specific eligibility criteria, including (a) being between 14 years and 17 years 3 months old, (b) having a history of drug and alcohol use, (c) being unsuccessful in all other DYS and DJJ programs, and (d) not having a violent offense history (consistent with Federal guidelines that indicate that only non-violent offenders may be treated in a federally-funded drug court). A set of exclusionary criteria also are used to determine ineligibility. A potential participant is ineligible for drug court if they are (a) a violent offender (see above), (b) have severe mental illness that is not being effectively medically managed, and (c) have parents who are unwilling to support them while they are in drug court. Therefore, the profile of the typical participant in the drug court is a youth who has had a history of criminal justice involvement, has been unsuccessful in other DYS or DJJ treatment programs, and whose “last chance to make it in the community” is the Drug Court.

In-depth assessment of the participant is accomplished when either the drug court coordinator or a case specialist administers the Drug Court Adolescent Intake Assessment (AIA). This instrument (see Logan, Messer, and Minton, 2000) was based largely on the Teen Addiction Severity Index (T-ASI), which was specifically modified for application in juvenile drug courts. These interviews quantitatively assessed the severity of a participant’s problem in several areas including medical needs and problems, alcohol use history, drug use history, employment status and financial support, criminal history, mental health status and treatment history, and family

relationships along with a variety of demographic characteristics (e.g., age, gender, race/ethnicity, education level, and living arrangement). The AIA also includes an assessment of the strengths and resources of each youth so that a “strengths-based” approach (see Rapp, Siegal, & Fisher, 1992) could be used in developing their treatment plan. Also, several scales from the Problem-Oriented Screening Instrument for Teenagers (POSIT, Rahdert, 1991; Dembo, Schmeidler, Bordon et al., 1996) were integrated into the AIA. The AIA is administered in the detention center or at the Drug Court office, and is completed within one week of the referral.

Once the participant has been accepted into Drug Court based on the recommendations of the team who decide whether the participant meets the eligibility criteria and are not disqualified by any of the exclusionary criteria, and Individual Program Plan (IPP) is developed (see Strategy #7). The IPP is the specific, individualized treatment plan that is used to guide the services delivery to the youth while they are in drug court. The contents of the IPP are based largely on the information gathered during the AIA, and are modified frequently (especially when a participant is promoted to a higher phase in the program). In addition to the AIA, collateral information from the school district, from parents, and from DJJ and DYS are used to develop the IPP. In addition to this, the IPP includes both the general goals required of all participants in the program as well as a set of individualized goals that are based on the strengths and assets of each youth.

Program goals. As noted above, each participant is given both a standard set of goals (see Table 2) which is required for completing the program, and these goals are outlined in the participant’s handbook for the program, as well as an individualized set of goals in their IPP. The primary goals for all participants are to stop illegal activity, reduce/cease substance use, and remain in school or some form of educational or vocational program. Information on short-term

progress indicators for each of these are maintained and used regularly during “Staffings” held for the team to update the status of each participant. Other goals of the Juvenile Drug Court program include increasing participant accountability and responsibility, improving family relationships, promoting educational levels and performance, and improving participant self-esteem and self-worth. Progress towards goals is measured via school records, employer reviews, court attendance, urine screen results, and close observation of each participant.

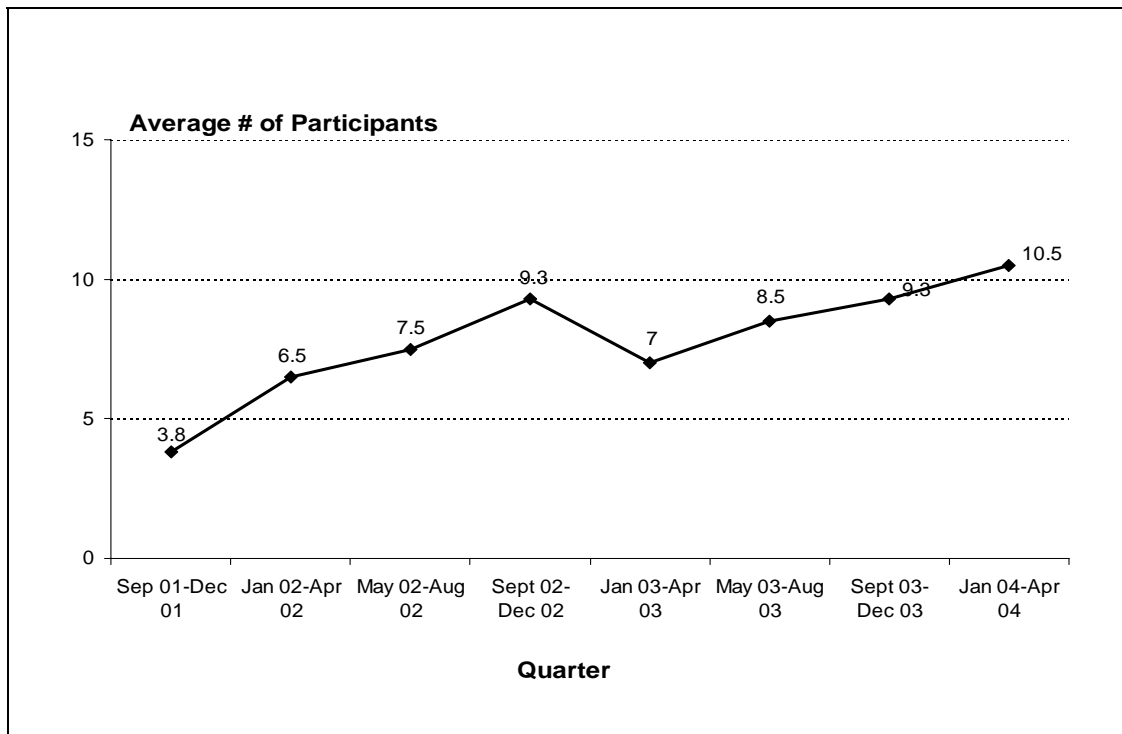
Table 2. Fayette County Juvenile Drug Court Program Goals

1. Reduce or eliminate drug/alcohol usage and delinquent activity among Drug Court youth through:
 - A. Chemical testing
 - B. Treatment
 - C. Support Services
 - D. Sanctions and Rewards
 - E. Supervision and Monitoring
 - F. Collateral Contact
2. Facilitate accountability in Drug Court youth through:
 - A. Incentives and Sanctions
 - B. Random Testing
 - C. Community Service
3. Increase the competency level of Drug Court youth and families:
 - A. Education
 - B. Community Service
 - C. Build and enhance life skills
 - D. Victim awareness
4. Increase cultural awareness and sensitivity among Drug Court youth and families through:
 - A. Educational programs and groups

Capacity and caseflow. Although it is not large enough to accommodate all drug-involved youth described in statistical reports for the county, the Fayette County Juvenile Drug Court provides needed treatment and supervision slots for 12-15 seriously drug-involved participants at a time, with staff indicating that 12 active participants is the optimal capacity for

the program. The average active number of active participants reported on the monthly statistical reports are summarized by quarter in Figure 1, with the lowest number of individuals served earlier in the program implementation (e.g., 3.8 active participants between September 2001 and December 2001) and a trend for increasingly higher rates of active participants evident as the program matured throughout its entire implementation.

Figure 1. Average # of Active Participants by Quarter: (September 2001 to April 2004)



As noted during interviews with the team, this program was developed to meet a special need within the local juvenile justice system, and specifically targets those youth who have been unsuccessful in every other community-based intervention in this jurisdiction, and this program represents the last opportunity for the youth before long-term commitment to the Department of Juvenile Justice. Findings described in Table 3 showed that Fayette County Juvenile Drug Court served a total of 27 youth during the time frame covered by this evaluation report (September 2001 through April 2004). The majority of the participants were male (67%) and

white/Caucasian (55%) of African American (41%). Ages at Drug Court intake ranged from 13 to 17, and the average age was 16.2 (the majority, 80%, of the youth were between the ages of 15 and 16). Most of the youth were enrolled in high school (85%) or in an alternative school (7%), one had graduated high school, one had dropped out of high school. The majority of the youth (92%) lived with their parent(s), 4% lived with other relatives, and 4% lived with a family friend.

<u>Table 3. Participant Background Characteristics at Drug Court Entry</u>	
Characteristic	(N = 27)
Gender	
% Male	67
% Female	33
Race/Ethnicity	
% White/Caucasian	55
% African American	41
% Multi-Racial	14
Age at Drug Court Entry	
% 13-14	8
% 15-16	72
% 17	20
Average (Standard Deviation)	16.2 (0.8)
Range	13-17
Education Status	
% In High School	85
% High School Graduate	4
% Alternative School	7
% High School Dropout	4
<u>Table 3. Continued</u>	

Characteristic	(<u>N</u> = 27)
% Lived with parent(s)	92
% Lived with other relatives	4
% Lived with family friend	4

Examination of the participants’ self-reported drug use data showed that the youth in the Fayette County Juvenile Drug Court reported widespread involvement with a number of different substances (see Table 4). In terms of lifetime use, most of the participants reported that they had used alcohol (92%) and marijuana (100%) during their lifetime. Perhaps more troubling, many also reported having used “harder drugs” including cocaine (41%), sedatives (63%), and opioids (52%) and use of more than one drug at a time (60%). Age of first drug use varied across type of drug, showing a general tendency for earlier use of alcohol and marijuana, and later inception of use of “harder drugs” like cocaine and opioids. Recent drug use (in the 30 days prior to admission to the Drug Court) most commonly included alcohol (33%), marijuana (66%), and 15% of the sample indicated recent use of cocaine and/or sedatives/barbiturates.

Phase structure. Like all Kentucky Drug Courts, the Fayette County Juvenile Drug Court is divided into three distinct phases, each with a separate set of goals, requirements, and minimum length of time for reaching these goals. A general overview of these three phases (including Drug Court sessions, treatment sessions, and supervision level) is presented in Table 5. The total minimum expected duration of the participant’s stay in Drug Court is 36 weeks, the stay usually ranges between 9 - 18 months.

Table 4. Drug Use Characteristics of the Drug Court Participants

Characteristic	(N = 27)
Drug Use History	
% Ever Used Alcohol	93
% Ever Used Marijuana	100
% Ever Used Cocaine	41
% Ever Used Crack	15
% Ever Used Methamphetamine	19
% Ever Used Sedatives/Barbiturates	63
% Ever Used Opioids	52
% Ever Used Hallucinogens	26
% Ever Used More than One drug at a time	60
Age at First Use (Average)	
Alcohol	12.9
Marijuana	12.3
Cocaine	15.2
Crack	15.5
Methamphetamine	14.6
Sedatives/Barbiturates	14.5
Opioids	14.7
Hallucinogens	14.3
Recent Drug Use (prior 30 days)	
% Used Alcohol	33
% Used Marijuana	66
% Used Cocaine	15
% Used Crack	7
% Used Methamphetamine	4
% Used Sedatives/Barbiturates	15
% Used Opioids	7
% Used Hallucinogens	7
% Used More than One drug at a time	11
More than One drug at a time	11

Generally, as the youth move through the three primary Drug Court phases, the number of court sessions that they are required to attend decreases, as does their level of supervision and number of treatment sessions that they are required to attend. Participants are required to comply with all Drug Court rules (described below), attend all Drug Court sessions for which they are scheduled, submit all required urinalyses, and attend all treatment sessions. Unexcused absences and drug-positive urines are sanctioned at the participant's next appearance in Drug Court (sanctions can be imposed prior to this, then they are reported at the next appearance). In Phase I, participants are under the most intensive supervision and receive the most intensive treatment. They are required to attend the Drug Court session every week, and (per week) they are expected to submit at least three urine analyses; and attend at least three group substance abuse sessions. They are also required to attend additional individual and group counseling sessions on an as needed basis.

In Phase II, supervision and treatment requirements are partially relaxed as the participants begin to "work" the program. During this phase, participants are expected to attend the Drug Court session every other week, and (per week) submit at least two urine analyses; and attend at least three group substance abuse treatment sessions. They are also required to attend additional individual and other counseling sessions as needed.

In Phase III, participants are under the least amount of supervision. During Phase III, participants are expected to attend one drug court session per month, and (per week) submit at least one urine analysis, and attend at least two group substance abuse sessions. Participants are also required to attend additional individual and group counseling sessions as needed. Finally, during Aftercare, the participants are expected to continue going to at least one treatment session

per month, submit a urine screen when requested by the program, and attend a drug court session when requested.

Table 5. Fayette County Juvenile Drug Court Phase Minimum Requirements

PHASE I: Treatment Assessment and Orientation

- Attend one Drug Court Session per week
- Drug testing at least three (3) times per week
- Attend and participate in at least 3 treatment groups and or educational sessions each week
- Attend all court assigned appointments
- Remain in school

PHASE II: Education and Application

- Attend one Drug Court sessions every two week
- Drug testing at least two (2) times per week
- Attend all court assigned appointments
- Attend and participate in at least 3 treatment and/or educational sessions.
- Do at least one good deed and report it at each court appearance
- Obtain/maintain an approved recovery mentor and continue to work on recovery program
- Remain in school

PHASE III: Graduation

- Attend one Drug Court session every 3 weeks;
- Adhere to curfew determined by case specialist/drug court team;
- Attend and participate in all assigned treatment/educational sessions;
- Provide all requested drug screens/tests
- Test “clean” on urine drug tests for 180 consecutive days
- Attend all court assigned appointments

PHASE IV: Aftercare

- Attend one group counseling session per week
- Submit a urine for drug testing when requested
- Attend Drug Court session only when requested

Program rules and termination from drug court. Each new Drug Court participant and their family is given a Fayette County Juvenile Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect and what is expected in return. As noted above, the participants are expected to adhere to the program rules throughout their tenure in drug court. Rules impose a structure (often

unfamiliar to participants) to the lives of the participant, help ensure the safety of the staff and participants, show participants that society follows a social order, and help the program to run more smoothly and not seem arbitrary to the participants. Failure to follow rules can and frequently does result in the imposition of a disciplinary sanction. When a participant is repeatedly non-compliant with program rules, they may be terminated from the program (often the team recommends this to the judge who enacts termination from the program). Upon termination from the program, the participant is remanded to custody, returns to Juvenile Court for further disposition and is referred to the Division of Juvenile Justice for out-of-community placement. Violence, mistreatment of any of the Drug Court team members, consistent positive drug screens, and new felony charges often prompt immediate termination from the program.

Table 6. Participant Rules

1. Any infraction of the rules will be reviewed by the Juvenile Drug Court judge who may impose sanctions.
2. Appropriate clothing is expected at all times. You must wear a shirt or blouse, pants or skirt and shoes. Sunglasses will not be worn inside the Drug Court Office or Court. Clothing bearing drug or alcohol related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or gang clothing shall be worn in the Office of the Court.
3. You must attend all scheduled counseling sessions, educational sessions, and Court sessions unless you have prior approval. You must arrive on time and not leave until the session is over. If you are late, you may not be allowed to attend the session and may be considered absent. Arrangements must be made to make up missed groups before your next court appearance.
4. The following actions will not be tolerated:
 - a. Violence or threats of any kind;
 - b. Use and/or possession of drugs and/or alcohol;
 - c. Belligerent behavior;
 - d. Possession of any type of weapon;
 - e. Inappropriate sexual behavior or harassment;
 - f. Romantic relationships among participants;
 - g. Failure to notify staff of any arrest, court obligations or fees within 12 hours
 - h. Failure to notify staff of school/work absences, school suspensions, or expulsions.

Table 6. Continued

5. Your family, children, and/or friends cannot loiter on the premises. If they are providing transportation, they should simply drop you off and pick you up at the end of the session unless they are required to attend the session with you.
6. You may not carry beepers or cellular phones to Court or group sessions.
7. The program shall comply with KRS 620.030 regarding the reporting of cases of abuse or neglect of minors. The program shall also comply with KRS 209.030 regarding the reporting of cases of abuse and neglect. Federal law and regulation do not protect any information about suspected child abuse or neglect from being reported from being reported under state law to appropriate state or local authorities.
8. You are expected to maintain appropriate behavior at all times during the Drug Court session and while in the courthouse. The judge shall be addressed with respect. Unless prior approval is given, you will remain for the entire proceeding. There will be no talking while seated in the audience. You will be permitted to show support and encouragement to fellow participants by applause, but only during appropriate times. Your behavior and demeanor while in the courthouse is a reflection on the entire program. Maintaining appropriate behavior is indicative of the progress you and your fellow participants are making towards your recovery.
9. All participants must comply with curfew times as set by the court. Exceptions must be approved by the Drug Court judge or staff.

Graduation. The judge has the discretion to determine who will graduate and who will be terminated from the Juvenile Drug Court, but his decisions are based on input from the rest of the team. Participants are recommended for graduation by the Drug Court Team after they have been in the program for at least nine months, have actively participated in the program, have successfully completed all three program phases, have maintained stable employment for three months (unless the participant is in school or a vocational rehabilitation), have provided negative urine tests for at least three consecutive months demonstrating they have not used drugs, and have any outstanding fees paid in full.

A graduation ceremony is held when a participant has completed all the requirements for graduation. A special effort is made by the Juvenile Drug Court staff to make the graduation

ceremony a memorable experience for the participants. The graduate is encouraged to invite their family and friends to the ceremony. Graduations are held in the district court room and a guest speaker is invited to speak. Graduates are given plaques acknowledging their accomplishment, and a tee-shirt. After the ceremony, everyone is invited to a reception to honor the graduate(s). Once a participant graduates, he or she is removed from probation and their detention sentence is set aside.

Drug Court Program Elements

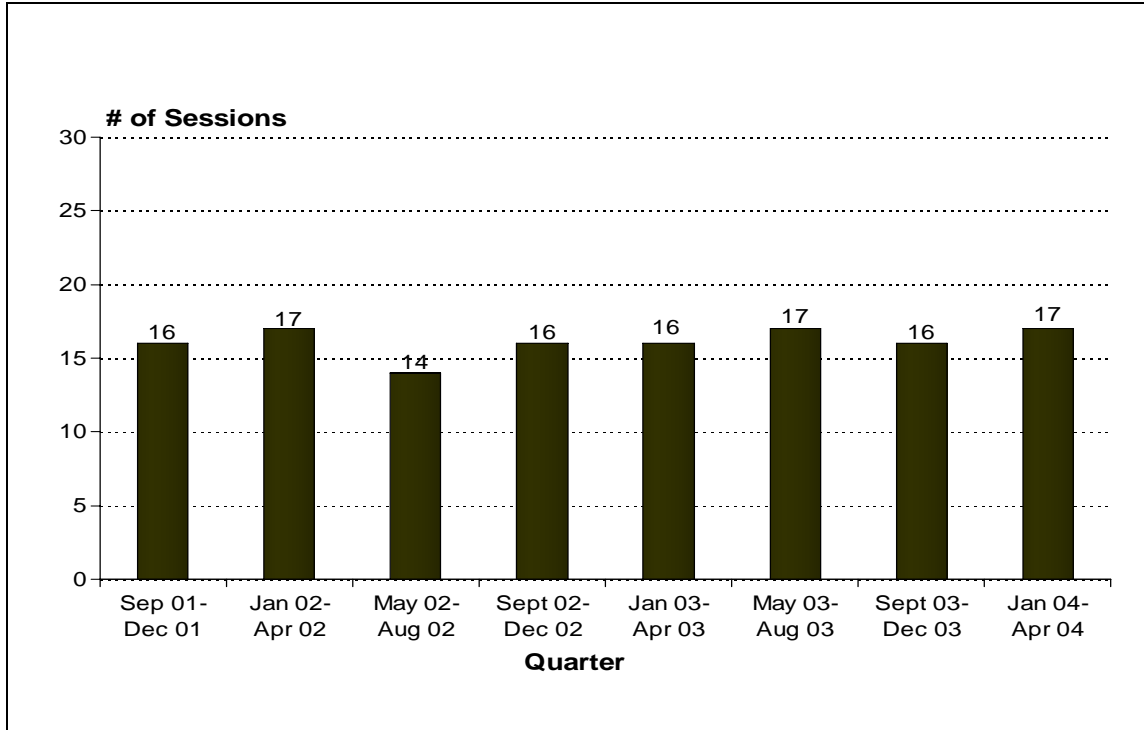
In addition to the structural components described in the preceding sections, the Fayette County Juvenile Drug Court also includes a set of program elements designed to engage participants in treatment while supervising their progress. These major program elements include (a) judicial supervision, (b) treatment, (c) supervision, (d) sanctions and rewards, (e) community service, (f) journaling, and (e) family involvement. The following section describes these elements and presents a series of graphics that show how these elements were provided across the timeframe covered in this evaluation. Collectively, the data presented below can be used to assess the implementation of specific program elements and show trends that can be used programmatically for monitoring and planning.

Judicial supervision. Consistent with the 4th strategy for effective juvenile drug courts, judicial supervision of the participants is accomplished through regular contact with team members during the week who provide informal updates to the judge as needed. Weekly drug court sessions also are held with the participants so that the judge may play a more formal and prominent role in regular supervision the participants. The drug court review session is held every Thursday at 4:00 pm at the Fayette County District Courthouse during which the judge reviews the progress (or lack of progress) with each scheduled participant. Prior to each drug

court session the team meets for their weekly “staffing” of the cases. Staffing last approximately 30 minutes during which the progress of each participant that will appear in court that day is discussed. The two drug court case specialists present their progress notes to the judge while two additional drug court team members, a public defender, and a prosecutor; provide input during this staffing. The team helps the judge to decide which sanctions and which rewards will be given to each participant depending upon their behavior in the preceding weeks (including attendance or lack of attendance at counseling sessions, school performance, urinalysis results) since their case was last reviewed. It was evident from participant observations made by UK researchers during these pre-court staffings that the team and the judge worked together closely to ensure appropriate supervision of each participant. Recommendations for participant cases, including when a participant was ready to be promoted to the next phase, if and what type of sanction or reward should be used, unmet service needs, and clinical and professional opinions regarding strategies that could be used to help the participant to progress in on treatment goals, are regularly discussed by the team. As shown in Figure 2, judicial supervision remained stable between September 2001 and April 2004, with regular review sessions held each week. A total of 114 drug court sessions were held across the entire time frame of this evaluation.

The next section provides an in-depth description of a “typical” drug court session for the Fayette County Juvenile Drug Court. UK researchers also observed a Juvenile Drug Session. A summary of this observation is provided below to give a detailed picture of how a Drug Court session is organized and conducted. Participant and their families entered the court room as a group and in no particular order. The ambient noise level was low throughout the drug court session. A table was located approximately 12 feet from the judge’s bench at which the participant being addressed sat. The participant’s family member remained seated in the

Figure 2. Drug Court Sessions Held Each Quarter: (September 2001 to April 2004)



audience throughout the session. The judge remained seated on the bench throughout the session. The participants not being addressed by the judge sat in two rows of benches that were located in the back of the courtroom. A microphone was present on the table in front of the participants; however, it was not turned on. The judge always addressed the client first, and addressed family members when pertinent. The judge and the participants did not address the gallery throughout the Drug Court session. The judge maintained eye contact with the participants and family members throughout each session. There was no physical contact between the judge and the participant or a family member of the participant. The Drug Court staff had reviewed the cases of all participants addressed during the session during the staffing preceding the session. There was no apparent order in which each participant was addressed by the judge. After viewing two Drug Court sessions, researchers witnessed a total of four participants. The average length of time a participant was before the judge was 3.19 minutes.

Although individual sessions with the judge were almost uniform in length, the judge addressed each participant in a unique manner to best meet the needs of the individual participant. Not all active participants appeared before the judge during this session because the number of times participants appear in court each month varies depending on their phase level.

Treatment. The Fayette County Juvenile Drug Court uses Teen Pop as their primary outpatient treatment services provider through a local Comprehensive Care network. Currently Teen Pop conducts 2 groups per week for the Drug Court clients. The case specialists also provide groups for the participants on topics such as substance abuse treatment and education, life skills training, anger management, and corrective thinking. Participants are required to attend three group sessions per week during Phases I and II of the program. In Phase III the number of group sessions is reduced to two per week and in aftercare the number is reduced to one per week. The typical length of a group session ranges anywhere from 1 to 2 hours. Sometimes, youth are referred to residential treatment when the team decides that the youth needs additional and more intensive treatment. The primary treatment provider for intensive residential services is The Ridge, a Lexington-based agency that runs a program that specializes in 28-day residential treatment for drug involved youth. Other residential treatment providers are available across the state when a referral needs to be made to them, including Ten Broek, Lighthouse, Hill Crest Hall, and Rivendell. Examination of monthly statistical reports made to AOC showed that individual counseling sessions were reliably tracked by the program (with a total of 632 individual sessions held with participants during the implementation of the program), but the tracking of group counseling sessions was somewhat problematic. This stemmed in part from some difficulties with the treatment provider initially (see Hiller, Malluche, Martin, et al., 2003), and also in part from changes to the counting system that switched tallies from total

number of sessions to total number of treatment contacts. It is recommended that a more reliable method be developed for reporting treatment sessions and treatment contacts information to improve quality assurance monitoring of this services delivery component.

Urine drug testing. As reflected in Strategy #14, substance abuse by participants is monitored through random urine screens for detecting illicit drug use. The combination of supervision with treatment (as is done within the Drug Court intervention) has been repeatedly shown to be effective for offenders in criminal justice-based treatment (Nurco, Hanlon, Bateman, & Kinlock, 1995). To ensure that urines are collected randomly from participants, each participant is required to call into a toll-free number operated by the CAP program, to be told whether or he or she has been randomly chosen to be required to submit a urine screen for drug testing that day. To guard against substitution and adulteration of urine samples, CAP staff observe urine drops, and also use infrared thermometers to test the temperature of samples, and adulteration test strips to for chemicals that have been added to the urine. As noted previously, the minimum number of times an individual is required to “drop” a urine screen is phase dependent, with participants in Phase 1 required to submit at least 3 urine screens per week, participants in Phase 2 submit at least 2 screens each week, and participants in Phase 3 submit at least 1 per week. Data from the monthly statistical reports on the number of urine screens conducted was incomplete so these data are not reported in the current study. It is recommended, a system for regularly tracking this data be developed and reported on a monthly basis to facilitate the quality assurance monitoring of this program element.

Sanctions and rewards. Consistent with Strategy #15, the Juvenile Drug Court program uses a standard set of sanctions to modify the participant behavior and reinforce learning experiences. The sanctions system was developed and written down by the team, tying specific

behaviors with specific consequences. However, this set is not “set-in-stone” and it may be modified to meet the individual needs of the participants. The entire Drug Court team has input into sanctions; however, the judge makes the final determination of which sanction will be used. Positive drug screens, missing work, incomplete community service, incomplete assignments, tardiness to Drug Court sessions, missed treatment sessions, and non-compliance with the Drug Court program all prompt the use of sanctions. Sanctions include detention (the length of which varies according to the severity of the act), phase demotion, additional drug screens, additional treatment, placement in residential treatment, community service, more restrictive curfews, home detention, and lastly termination from the program. Results for sanctions are described in the during program impacts and outcomes section below. The team also is considering developing a point-system that will allow the youth to accrue points for positive behaviors and lose points for negative behaviors.

Participants earn rewards by complying with program rules and showing significant progress towards treatment goals. Rewards are prompted by negative drug screens, good journal entries, good attendance, and no probation violations. Rewards that are typically used to support participant progress include phase promotion, reduction in frequency of contacts with the judge, curfew extensions, candy, gift certificates, and tickets to sporting events. Also, the participants earn praise from the judge and the Drug Court Team.

Community service. Community service is a part of the juvenile Drug Court program because it encourages the youth to be productive members of their communities. Community service is mandatory for Juvenile Drug Court participants during the summer and when they are not attending school. Participants who do not attend school must either have a job or complete community service hours. Participants may be required to complete community service hours at

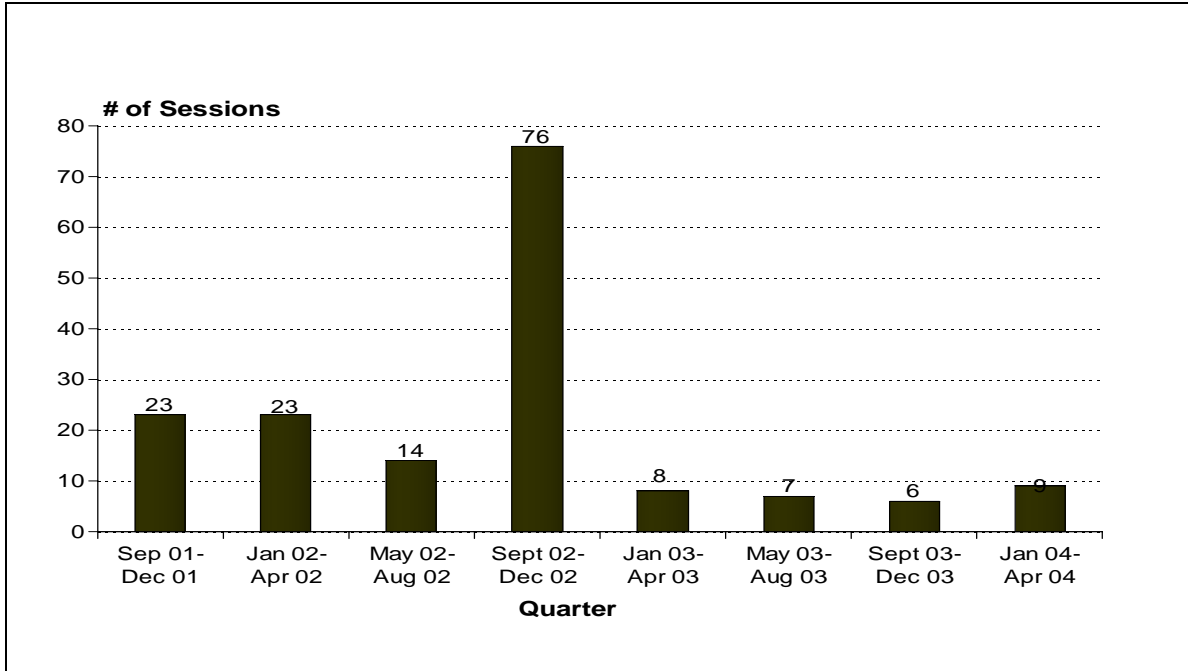
the Fayette County Juvenile Detention Center, the Fayette County Court House, the Hope Center, the Salvation Army, God's Pantry, the Community Center, or Habitat for Humanity. Community service is also utilized as a sanction and was given as a sanction 18 times during the timeframe of the current study.

Journal assignments. Journal assignments are used to increase literacy skills. The participants are required to turn in two journal entries at every court hearing. The journal topics may be assigned either by the judge or Drug Court staff and are often taken from a handbook used by the staff (Drug Court: A Program of Positive Values and Personal Responsibility).

Family involvement. As reflected in the 12th of the 16 Strategies for effective juvenile Drug Courts, getting the family involved in the program is recognized as being an integral part of the Fayette County Juvenile Drug Court program. Family members of participants are encouraged to support their children as they participate in juvenile Drug Court. In addition to supporting their children, parents/guardians are given the opportunity to attend parenting and family support classes, and interviews with the program staff indicated that the design of these sessions is one of the primary strengths of the program.

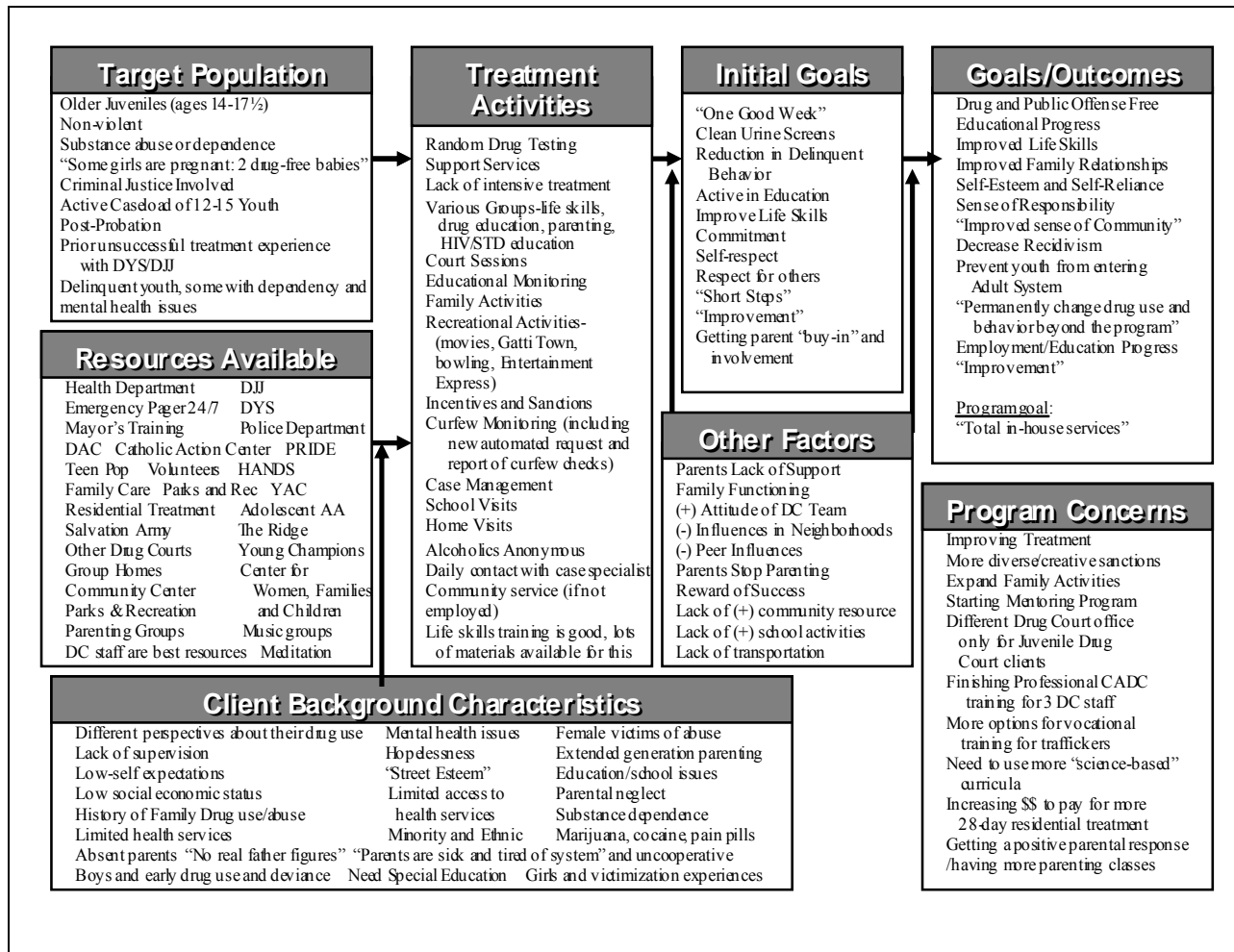
Data summarized in Figure 3 from the monthly statistical reports covering September 2001 until April 2004 showed that a total of 305 family support sessions were held, peaking in the quarter September 2002 to December 2002. A great deal of variation in the number of family support sessions held each quarter was evident, and staff reported that they had difficulty engaging the families of the participants in the juvenile Drug Court process indicating that one of their primary concerns is to get a more positive response from the adults even though many of these parents "Are sick and tired of the system and don't want to work with us."

Figure 3. Family Support Sessions Held Each Quarter: (September 2001 to April 2004)



Logic model of the Drug Court program. The logic model is one method for describing a program in a standardized manner (Harrell, 1996). It also is useful for integrating the large amounts of information collected during a process evaluation to provide an overall broader picture of what the drug court program is, who it serves, what it does, and what it hopes to accomplish. Therefore, to help integrate the information in the preceding pages of this report, the logic model of the Fayette County Juvenile Drug Court (see Figure 4) was completed during a researcher-led focus group with the drug court team members following a standardized protocol (see Appendix C). As was noted earlier in the method section of this report, this focus group was the second time this team had completed a logic model for their program for their program, and this focus group was used to update the first logic model which was completed shortly after the first year the program was fully implemented (see Hiller, Malluche, Patterson, et al., 2003). Altogether, five members of the team (4 women, 1 man) spent approximately 2 hours discussing the specific components of the logic model. The following is a summary of this focused discussion, and the findings presented below represent a synthesis of the discussion with specific comments from the team used to illustrate specific points.

Figure 4. Logic Model: Fayette County Juvenile Drug Court



Target Population

As shown in Figure 7, this program is focused on boys and girls between the ages of 14 and 17 years old, who have alcohol and drug use problems. Youth are all post-probation, and have extensive records with the Department of Youth Services (DYS) and the Department of Juvenile Justice (DJJ). All have failed treatment programs in DYS or DJJ, and this program is their last chance before receiving an out-of-the-area placement or long-term commitment to the Department of Juvenile Justice. Consistent with Federal guidelines, the team noted "that they do not accept juveniles with violent offenses."

“The target population is delinquent and dependent.” And, “we may need to be looking a little more closely at mental health issues...most of the kids have them whether they are diagnosed or not.” One change noted from the prior focus group was that the team noted “they are screening youth more closely [on mental health issues]” In addition to this change, the team also noted they had decided to allow pregnant girls into the program, and had had “2 drug-free babies, and one more on-the-way.”

Finally, the team noted that although they had originally proposed to have up to 15 youth in the drug court at a time, that staffing patterns were optimal for 12 youth at a time. This allows for much more intensive supervision, treatment, and case management. “That’s the way you have to do it-you have to baby sit these kids practically.”

Background Characteristics

A more extensive discussion about the particular *background characteristics* that influenced the youth’s performance in drug court was conducted to further describe the target population. Staff members reported a widespread lack of parental supervision among the participants in the program. It was noted that, parents are often absent from the home and that, “the kids are alone most of the time.” Other parents are dealing with similar criminal behavior problems as their children and team members were “surprised that we don’t get more kids whose parents are in the system.” The team also noted that many participants have suffered from neglect and abuse (physical, mental, and/or sexual) in their home environment. “Many youth in the program have also been subject to a history of substance abuse, whether it is by a parent or some other authority figure.” Other background characteristics include prevalent educational and school-related problems. One team member reported that, “there is not one court appearance that goes by without [the judge] having to deal with it.”

Treatment Activities

A wide-range of *treatment activities* are used by the Fayette County Juvenile Drug Court to address the clinical and social issues facing the youth in their program. All of these activities are designed to lead to the youth reaching both short-term and long-term goals, described below. Like other drug courts in the state, random drug testing is utilized during all phases of the program. Participants are required to attend group and individual counseling sessions and other support groups such as AA/NA sessions. The Drug Court case specialist and treatment coordinator have regular contact with school counselors and teachers in order to monitor school attendance, grades, and social issues. Participants are also required to have contact either with the case specialist or treatment coordinator on a daily basis. In this way team members can keep in constant contact with participants and as one team member stated, “put out the fires” as soon as possible. Other treatment activities include meditation and relaxation groups, home visits, and community service activities. Team members stated that participants are required to do community service when they are suspended from school, “they can’t just sit around.” Participants are also encouraged to become involved in recreational activities. Team members often schedule trips to movie theatres, bowling alleys, restaurants, and other positive community leisure activities.

Community Resources

The Fayette County Juvenile Drug Court has access to a wide variety of *community resources* which enhance the therapeutic activities offered to the youth. Substance abuse and mental health counseling is provided by Teen Pop, a division of the local community care program; The Ridge, a residential treatment facility; and various group homes in and around Lexington. The Fayette Parks and Recreation Department has proven to be an asset to the

program as well as the Fayette County Health Department and the Center for Women, Families and Children. One team member stated that insurance is an issue and that, “one goal is to provide them [the participants] with coverage.” Team members also reported that they would like to develop additional in-house services. One team member stated, “you have to deal with the internal problems of the groups you work with.” Although the team feels that they have fostered positive relationships within the community they would be able to better serve the participants with the addition of “more substantial in-house services.” Local and state government agencies have also been helpful in terms of monitoring participants. The Division of Juvenile Justice, the Division of Youth Services, and the Lexington/Fayette County Police Department have worked with the Drug Court program to monitor participants and have also provided a valuable source of participant case history. One member also remarked that the case specialists were the best resource available to the youth and their families.

Short-Term Goals

Through the use of treatment activities and with the help of community resources, the Fayette County Drug Court is able to achieve both short- and long-term goals. Some of the team’s initial goals are negative drug tests, no delinquent behavior, and good attendance and behavior at school. In the beginning of the program, participants are encouraged to start off with “one good week” which can include but are not limited to the items mentioned above. The team indicated their primary goal is for the participants to stop using drugs and to respect the program. This can present a problem for both participants and team members because of the parents of the youth. As mentioned previously, parental “buy-in” to the program is often problematic. Developing strong parental involvement is important to the success of the youth and as one team member stated that even though parents “have bought into the program” by Phase II, they are

often uncooperative at the outset. Participants are encouraged to complete the program in “short steps” in the beginning. Participants are also asked to commit to the program rules and to show respect for team members and fellow Drug Court participants. By achieving these short-term goals participants can continue to reduce drug use, reduce delinquent behavior, and to achieve long-term goals.

Long-Term Goals

The *long term outcomes or overall objectives* of the Fayette County Juvenile Drug Court are for the participants “not only to be drug free but also public offense free.” The team reported that educational and life skills training sessions are improving and therefore the participants are receiving better treatment. Other long term goals for participants are to improve family relationships and their own self-esteem and self-reliance. Team members feel that by raising the participants’ sense of responsibility they will be less likely to re-enter the criminal justice system. One team member stated that the Drug Court process should teach the participant how to “permanently change drug use and behavior beyond the program.” Another long-term goal is related to the addition of treatment services. Team members agreed that by developing more in-house services and reaching a stage where the Drug Court program can provide any necessary services, participants can be served better and more efficiently.

Other Factors

When asked to describe other influences that can affect whether the participant reaches his or her short- and long-term goals, team members reported several factors (mostly beyond the program’s control) which may prove problematic. Clearly, parental support has been a factor which has contributed to the success of the participants, but involving the family in the participants’ lives and in their progress in the program often proves to be a difficult task. Team

members agree that their own positive attitudes have been beneficial in this process. “We like our jobs and it helps.” Another issue is the negative influence of the neighborhood in which the participants live. Negative peer influences are an ever-present problem in the lives of the participants. Because the Drug Court team members can not control this factor, they often find that issues arise because of these influences. A lack of positive school activities is another factor which can influence participants’ success as well as other school related problems which are out of the Drug Court’s control.

Program Concerns

When team members were asked to list what they considered to be the most important concerns to address regarding the Drug Court program, they reported many issues ranging from family based concerns to the need for additional therapeutic activities. Improving treatment for participants is among the most important concerns for the program. The team reported that they “have done much better” in terms of increasing treatment modalities; however, they are open to new ideas and are looking forward to expanding treatment opportunities. Team members are cognizant of the importance of positive parental and family involvement and would like to work towards building programs to improve parental response. Team members also stated that they would like to develop more diverse and creative sanctions. They also reported that although relationships between the Drug Court and community resources have improved since the beginning of the program, the need to strengthen these relationships and create new linkages is necessary.

FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

As noted during the interviews and focus group with the team, the primary emphases of the Fayette County Juvenile Drug Court is to help improve public safety, decrease/stop substance

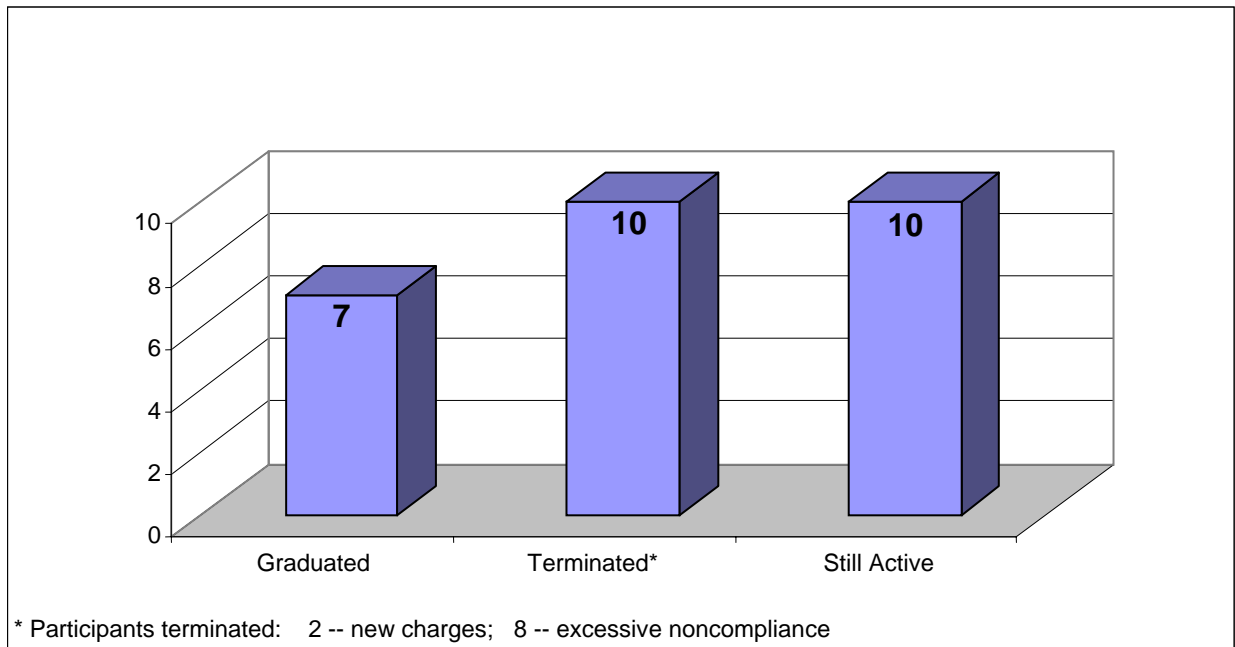
use involvement, stop recidivism (especially to prevent the youth from entering the adult criminal justice system), and to promote rehabilitation and resocialization. An important part of any outcome evaluation is determining to what extent the program impacted these critical issues while the participants were in the program. The following section, therefore, presents findings for a number of during-program outcomes that can be used as indicators of how well the program was affecting the lives of the participants while they were receiving treatment. Data for the following section were taken directly from secondary program files, and specific findings will be presented on a number of key during-program outcomes including (a) retention in drug court, (b) recidivism, (c) drug use, (d) education, (e) sanctions, and (f) phase promotions. Participants in the Fayette County Juvenile Drug Court improved in many areas of their lives, including maintaining involvement in school and remaining drug and offense free.

Retention in Drug Court

Retention of participants in the Juvenile Drug Court program is an essential and crucial outcome that needs to be examined, because participants terminated from the program prior to graduation frequently stop receiving treatment; thereby, decreasing their likelihood of having positive outcomes. As shown in Figure 5, during the timeframe examined in this evaluation, the retention rate of the participants was 63%; that is, 17 of the participants either remained active in treatment ($n = 10$) or successfully graduated the program ($n = 7$). Nevertheless, not everyone can be allowed to have indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and provide an example to the remaining participants that they will be held accountable for criminal or noncompliant behavior, thus modeling social and programmatic control. During the time frame covered by the current report (September 1, 2001-April 30, 2004), 10 of the participants were terminated from the program

(37% of those who had been active in the drug court during the study time frame). Eight participants were terminated for being excessively non-compliant with Drug Court program rules, and 2 were terminated from the program because they received a new felony charge.

Figure 5. Retention of Participants in the Juvenile Drug Court



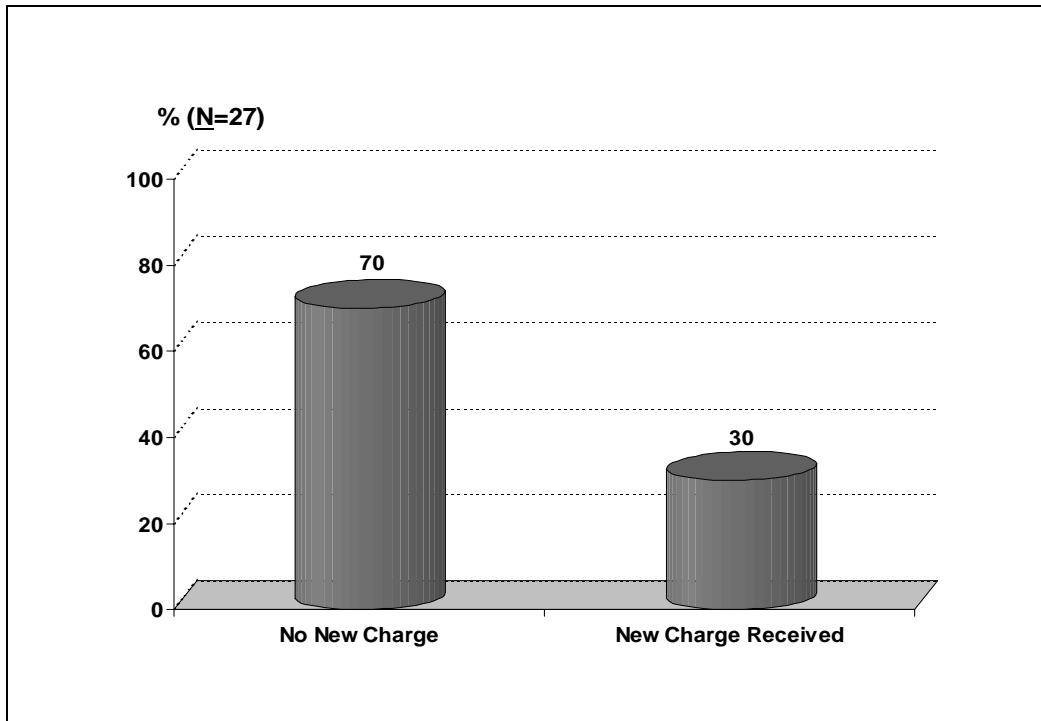
As was noted previously, seven participants successfully graduated from the Fayette County Juvenile Drug Court program (26% of those who had been active in the drug court during the study's time frame). This finding is important because, a large body of research in the substance abuse treatment field and in the Drug Court research literature shows that program graduates perform significantly better on post-program outcome measures than those who do not finish a program (Belenko, 2001; Logan, Hiller, Leukefeld & Minton, in press; Peters and Murrin, 2000).

Recidivism

Recidivism (often defined as receiving a new criminal charge) is a critical outcome indicator used to judge the effectiveness of criminal justice based programs and gauge the

contribution of these programs to public safety. Therefore, one of the primary performance during-program measures for the Fayette County Juvenile Drug Court used to judge its effectiveness is the number of participants who are charged for new crimes while they are under the program's supervision. As shown in Figure 6, between September 2001 and April 2004, 19 of the 27 participants (70%) did not receive a new criminal charge while in drug court; 8 of the 27 (30%) participants were rearrested for a new crime, but only 3 of these were for felony offenses. Four participants received new misdemeanor charges. Some of the charges received included, disorderly conduct, theft by unlawful taking, and beyond control, assault IV (Domestic Violence), driving without a License, and shoplifting, minor in possession of a firearm, fleeing and evading, and resisting arrest.

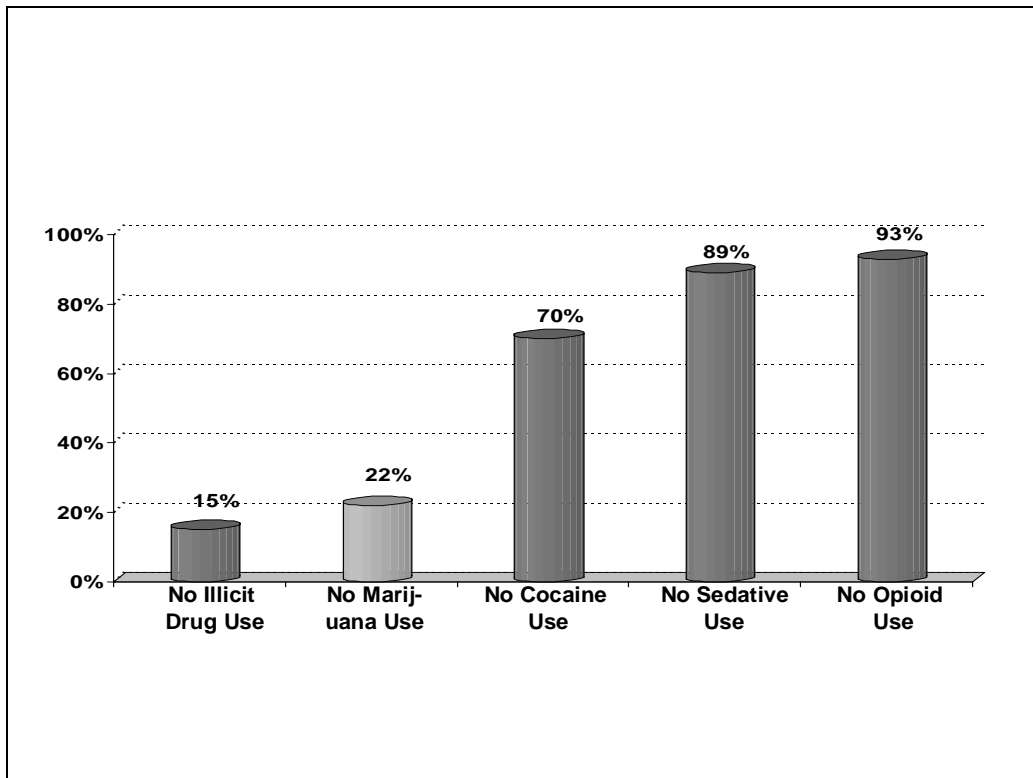
Figure 6. Recidivism of Participants during Juvenile Drug Court



Drug Use

Many of the resources of Fayette County Juvenile Drug Court are focused on reducing the use of alcohol and other illicit drugs among the participants. Treatment providers and juvenile Drug Court staff provide recovery-oriented therapy to the participants and employ frequent testing for illicit drugs to determine participant progress and to reveal relapses. As shown in Figure 7, when the urine results were examined for each youth, 15% of the sample did not test positive for any illicit drug during the study’s timeframe, 22% did not test positive for marijuana, 70% did not test positive for cocaine, 89% did not test positive for sedatives, and 93% did not test positive for opioids.

Figure 7. Results from Urine Drug Screens



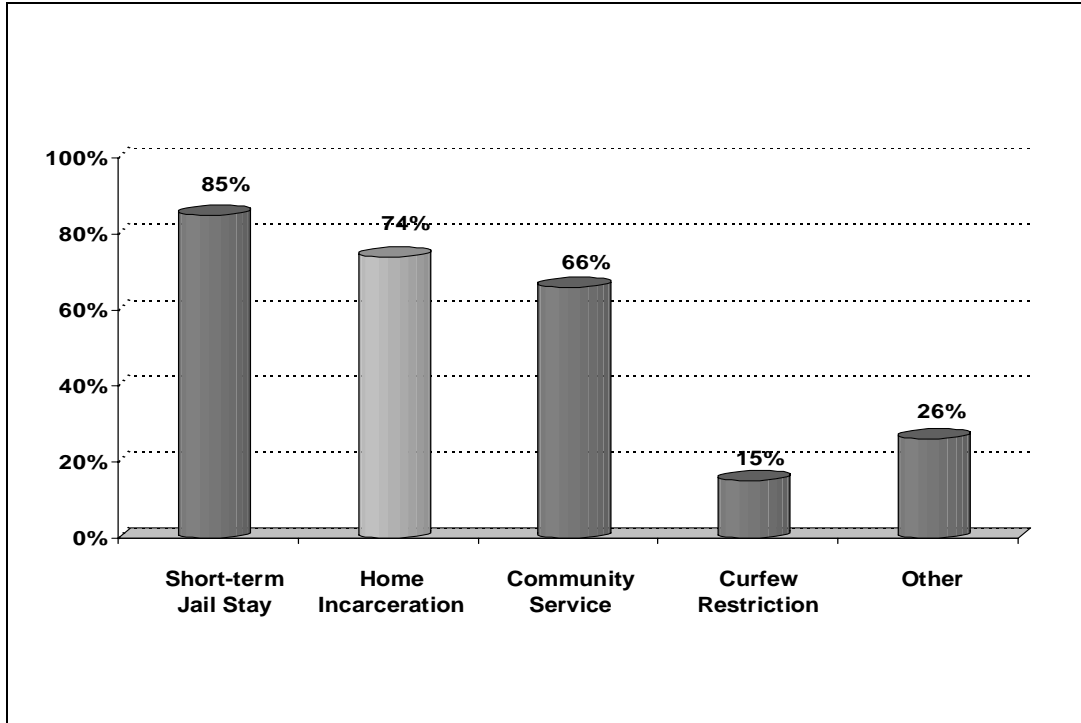
Sanctions

Drug Court programs are intensive behavior modification programs, and therefore, sanctions may be understood as a positive output of the program directed at encouraging pro-social behavior and holding participants accountable for their behaviors. At the level of the individual, sanctions imply that the participant has been non-compliant with program rules. Review of program records indicated that sanctions were generally used in a consistent manner following specific behavioral problems. The Fayette County Juvenile Drug Court uses a quasi-fixed sanctioning algorithm, and but there is the possibility that the application of a sanction can be individualized to maximize the therapeutic potential of the sanction. As shown in Figure 8, between September 2001 and April 2004, a brief stay in jail was the most widely used sanction, with 85% of the youth receiving this sanction at least one time. Home incarceration and community service also were broadly used. Curfew restrictions were received by 15% of the sample and 26% received other types of sanctions (e.g., book report).

Phase Promotions

A promotion to a higher phase indicates that the participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure. This provides direct behavioral measures of participants remaining compliant with treatment plans and program rules. Analysis of participant data from the monthly statistics showed that 55% of the participants received at least one phase promotion during their tenure in the program, and 15% received at least one phase demotion.

Figure 8. Sanctions Used during Drug Court

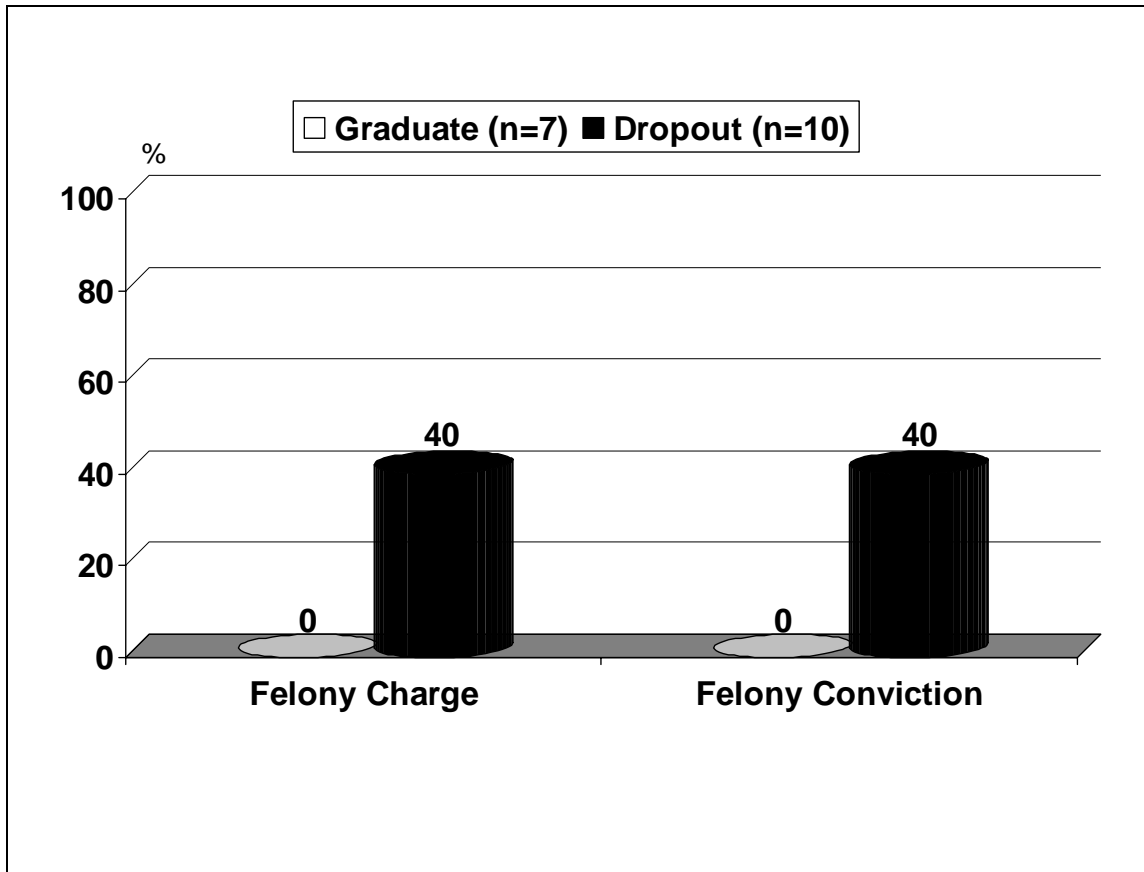


FINDINGS: POST-PROGRAM RECIDIVISM

An analysis of the 1-year recidivism rates for the graduates and dropouts from the Fayette County Juvenile Drug Court was based on information coded from the Administrative Office of the Courts (AOC) Court Net database. This information included the date of any new charges incurred during the year after the participant left the Drug Court program, the type of charge (i.e., drug law violation, driving while intoxicated, property offense, violent offense, weapons offense, probation violation, and other offense), the severity of the charge (i.e., felony or misdemeanor), and the final disposition of the charge (i.e., convicted or not convicted). Because these data were based on searches of adult criminal records, this data indicated whether or not a youth had received a new charge or conviction as an adult within one year of discharge from Juvenile Drug Court. A series analyses were computed that specifically compared Drug Court graduates with Drug Court dropouts in terms of their recidivism within a year of discharge from Drug Court.

Findings presented in Figure 9 show that Drug Court graduates were less likely than Drug Court dropouts to receive a new felony charge or a new felony conviction [$\chi^2 (1, n=17)=3.66, p < .06$]. None of the youth received a misdemeanor charge as an adult. That is, 40% of the dropouts, and none of the graduates had adult felony records. Caution is urged when interpreting these findings because the small sample size ($n = 17$) limits statistical power.

Figure 9. 1-Year Recidivism Rates for Graduates Versus Dropouts (n=17)



SUMMARY AND CONCLUSION

The Fayette County Juvenile Drug Court program was established in 1999 as a planning program and in January 2001 it began as a pilot program. It received funding from the Bureau of Justice Assistance in September 2001 and has become a fully implemented drug court program. The first overall conclusion of this report, based on findings from the process evaluation, show this

program has successfully incorporated the national standards set by the Bureau of Justice Assistance (2003) in Juvenile Drug Courts: Strategies in Practice. The second overall conclusion of this report is the Fayette County Juvenile Drug Court Program has a clear impact on the drug use and criminal behavior of the participants while they are in the program. Overall, the majority of the youth (70%) did not receive a new criminal charge while they were in the program, and only 11% received a new felony charge. In terms of drug use, 15% of the youth did not test positive for drug use while they were in drug court, 22% did not test positive for marijuana, 70% did not test positive for cocaine, 89% did not test positive for sedatives, and 93% did not test positive for opioids. The third overall conclusion of this report is that the program appears to reduce the likelihood that the youth will enter the adult criminal justice system after discharge. Findings showed that 40% of the dropouts but none of the graduates from the program had a received a felony charge and conviction within one year after discharge from drug court. Based on findings from this evaluation, the following recommendations are made:

- (1) Apply for technical assistance to help the team to learn how to better engage the parents in the treatment process.
- (2) Continue diversifying the treatment providers used to give a wider breadth of treatment options. Staff should complete their Certified Alcohol and Drug Counselor credentials as quickly as possible to enable treatment to be based mostly in-house.
- (3) Develop a system to reliably report the number of individual and group therapy sessions as well as the number of treatment contacts and the number of urine screens collected each month to improve the capacity to conduct on-going quality assurance of programming.
- (4) Develop a plan for sustaining the Juvenile Drug Court beyond grant monies provided by the Bureau of Justice Assistance by locating other potential funding sources; including government grant programs, local foundations, and grass roots community efforts.
- (5) Develop a Bureau of Justice Assistance enhancement grant application to expand the scope of the evaluation to develop broader and better measures of the effectiveness of the juvenile Drug Court program.

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