

**EVALUATION OF THE
KALAMAZOO COUNTY JUVENILE DRUG TREATMENT
COURT PROGRAM**

October 1, 2001 - September 30, 2002

Year 5

Submitted to:

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March 7, 2003

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Executive Summary

The Kalamazoo County Juvenile Drug Treatment Court Program (KCJDTCP) has completed five years of operation. In general, despite a change in funding source, it operates in a stable and consistent manner and in keeping with the accepted principles of Drug Treatment Courts (including individualized treatment plans, regular status review hearings with the judge, socialization skills training, and regular contact with family interventionists and treatment providers). More specifically:

- it has served 147 clients, 28 of whom were new clients in the fifth year
- it is satisfying the expectations and needs of both participants and staff
- it is providing regular and reliable information on participants through a model data base
- it has exceeded program goals on reducing new adjudications and convictions for participants while in the program – in five years of operation, almost 70% of participants have had no new adjudications or convictions while enrolled
- it has met program goals in having reduced percentages of participants in each phase having a positive urine screen - from 52% in Phase I to 36% in Phase II to 35% in Phase III and 18% in Phase IV – furthermore, these rates are all reduced from year 4
- it has exceeded program goals in the percentages of participants with no positive screens at each phase
- it has exceeded program goals on reduction of program violations in each phase
- it has screened and supervised more than the number of juveniles called for in the program goals
- it has exceeded the percentage of participants attending all scheduled status review hearings called for in the program goals

and most importantly,

- it has achieved a dramatic and reliable reduction in adjudicated crimes and crime rates for participants from the pre-program period to the period after participation.

Despite these successes, there are still areas for improvement: 1) work loads are high, 2) while everyone seems to agree that parent involvement is crucial, parent education and communication with parents remain as areas of concern (we were, for example, unable to determine whether the program met the program goal of 40% parent participation in parent education groups), 3) time in Phase I still tends to be longer than planned although it was improved from the first four years, 4) retention rates remain modestly lower than reported national figures (although those figures mix program models and target populations and so may not be strictly comparable, and 5) it is increasingly unclear whether the control group used for comparison of recidivism rates is selected in a way such that comparisons are meaningful. As we said last year, this is very important since “there is reason to believe that selection for the KCJDTCP was on a severity of need basis. Control group members might therefore be expected to do better and bias comparisons.” The more valid measure of recidivism success may therefore be the dramatic reduction in criminality for the juvenile drug court participants themselves.

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ACKNOWLEDGEMENTS

Many individuals have contributed their time, knowledge, and insight to the preparation and distribution of this report. The Kalamazoo County Juvenile Drug Treatment Court Program staff and many Circuit Court staff members have continuously extended complete cooperation to the evaluators. We are grateful for their cooperation and graciousness in accommodating the needs of the research staff.

The evaluation staff of the Kercher Center for Social Research at Western Michigan University would like to thank the large number of individuals who cooperated with the evaluation team by granting interviews or assisting in data collection, especially the following individuals and groups:

The Honorable Judge Carolyn Williams
Connie Laine
Steve Clomon
Joddi Witt
Dion Cunningham
Frank Weichlein
and
Participants and Parents of the
Kalamazoo County Juvenile Drug Treatment Court Program

INTRODUCTION

This section presents a brief review of the history and rationale for the Juvenile Drug Court movement in the United States. It is an updated version of the one appearing in the third year Kalamazoo County Juvenile Drug Treatment Court program evaluation report.

Beginnings. Drug court programs began as an initiative in Dade County, Florida, in the late 1980s (Drug Court Clearinghouse and Technical Assistance Project, 1998, pp. 1). The primary impetus behind the creation of these specialized courts was the overwhelming number of adult drug-related cases cycling through the court system (Travis, 1995, pp. 1) and the frustration and realization that law enforcement and imprisonment alone were not working to reduce the drug supply or demand (Goldkamp, 1994, pp. i; Hora, et al. 1999, pp. 448-449). Earlier efforts at engaging defendants in treatment, such as Treatment Alternatives to Street Crime (TASC) program interventions, limited diversion programs, and conditions of pretrial release and probation, had been tried, but these efforts were "often fragmented, inconsistently or inappropriately used or not viewed as sufficiently effective" (Belenko, 1998, pp. 5).

Theory. A few drug court practitioners consider drug treatment courts to be an application of the legal theory known as "therapeutic jurisprudence," even though many drug courts may unknowingly apply these concepts to "encourage treatment seeking behavior and reduce crime" (Hora, et al. 1999, pp. 441). The underlying premise behind the legal theory of therapeutic jurisprudence is that a legal rule or practice can be studied to determine whether or not it is benefiting those people it is intended to help (Hora, et al. 1999, pp. 443). Hora, et al. (1999, pp. 440) propose to "establish therapeutic jurisprudence as the DTC [Drug Treatment Court] movement's jurisprudential foundation." The idea is to use therapeutic jurisprudence to provide a theoretical justification behind the implementation of drug courts throughout the country, as well as to provide a theoretical framework for modifying and evaluating existing drug courts throughout the country. It is yet too early to determine the extent to which this theory will be an integral part of drug court operations.

Juvenile Drug Court Beginnings. The increase in substance abusing offenders was not unique to the adult court system. Over the past few decades, the nature of criminal acts committed by juveniles have changed, becoming "far more complex, entailing more serious and violent criminal activity and escalating degrees of substance abuse" (Drug Court Clearinghouse and Technical Assistance Project, 1998, pp. 1). As a method of dealing with this increase in substance abuse among juvenile defendants, several jurisdictions have attempted to determine how to adapt the adult drug court process to the juvenile court process (Roberts, et al. 1997, pp. 1). In addition, the family has been increasingly recognized as a critical component in the lives of juvenile offenders, and this has resulted in the realization that the rehabilitative ideology of the court system cannot be successful without also addressing the family life of the youth (Drug Court Clearinghouse and Technical Assistance Program, 1996, pp. 1).

Structure. According to the Drug Court Clearinghouse and Technical Assistance Project (DCCTAP) (1998, pp. 3), a JDC is defined as "a drug court that focuses on juvenile delinquency (e.g., criminal) matters and status offenses (e.g., truancy) that involve substance-abusing juveniles." The unique structure of JDCs allows the criminal justice system to become more involved in the lives of juveniles than traditional juvenile courts allow. This includes incorporating the youth's family and school life into the recovery process. JDCs focus on the treatment of substance abuse problems as a way of dealing with juvenile criminal activities. Many criminal incidents engaged in by juveniles stem from problems existing in the home and/or school life.

Distinguishing Characteristics. JDCs are designed to be more holistic than traditional courts, and hence depend on the collaboration between several organizations, including treatment, juvenile justice agencies, social service agencies, and the courts (McGee, et al. 1998, pp. 13). With this collaboration and mutual effort, youths receive more appropriate referrals that are specific to individual needs (McGee, et al. 1998, pp. 13).

Although JDC programs are modeled after adult drug court programs, there have been several challenges that are unique to the formation of the juvenile courts. According to the DCCTAP (1998, pp. 2), there are five categories of special challenges facing the implementation and success of JDC programs. The first challenge is to develop motivational strategies for recovery since juvenile substance abusers often lack the "hitting the bottom" motivation that adults encounter. In addition, juveniles often lack maturity, are at different developmental stages, and try to present a sense of invulnerability. The second challenge is to design methods for "counteracting the negative influences of peers, gangs, and family members." Another implementation challenge is to encompass the needs of the family. A fourth challenge is to maintain and comply with confidentiality requirements while still being able to obtain sufficient information to assess the needs of the juvenile. A final implementation challenge is to respond to the developmental changes that juveniles encounter while under the court's jurisdiction.

Program Expansion. JDC programs have grown considerably over the past few years. The first juvenile drug court originated in 1993 in Key West, FL. (Belenko 2001). As of October 1996, there were 19 JDC programs in operation or in the planning stage in 12 states (DCCTAP, 1996, pp. 8-9). According to Belenko (2001), who cites an American University (2001) source, there were 131 juvenile drug courts in operation in 46 states by December 2000. By May 2001, there were 158 JDC programs in operation (Belenko 2001). As of January 2002, the total number of juvenile drug courts in the U.S. had reached 330, of which 97 have been in operation for over two years, 110 were recently implemented, and 123 were in the planning stage (OJP DCCTAP 2002). JDC programs continue to grow in popularity as a method to control juvenile drug offenses.

Funding/Government Support. The drug court movement has, in general, received support from the federal government. The Attorney General has been able to give grants to states, state courts, local courts, units of local government, and Indian tribal governments to establish drug courts under Title V of the Violent Crime Control and Law Enforcement Act of 1994 (PP.L., 103-322) (Roberts, et al. 1997, pp. 1). Additional funding to expand existing

programs or to plan the creation of new programs in the amount of 14 million dollars was distributed to 147 jurisdictions for fiscal year 1999 (Office of Justice Programs, 1999, pp. 1).

Summary. In summary, JDCs offer an alternative to the traditional juvenile court system. They offer a more holistic approach to the recovery of the youthful offenders, focusing on the needs and circumstances of each individual juvenile offender. JDC programs emphasize individualized treatment that includes an emphasis on addressing family problems, particularly those that are viewed as potential contributing factors in the juvenile's use of drugs. Although adult drug courts have existed for well over a decade, JDC programs are still relatively new, with more being implemented every year. Little information is yet available as to how successful the JDCs are in maintaining sobriety in juveniles, reducing recidivism rates, or reducing costs to the criminal justice system. However, given that JDC programs focus on accommodating individual participants, it is quite clear, as well as logical, that program specifics will vary from community to community. Kalamazoo County Juvenile Drug Treatment Court Program (KCJDTCP) is one of these specialized juvenile courts. The remainder of this report is a fifth year evaluation of this program, and it includes both process and outcome evaluations.

EVALUATION DESIGN

The evaluation design consists of two parts: process and outcome. The process evaluation this year consists of focus groups conducted with parents and guardians of the juvenile participants and interviews with staff members and treatment providers. For a full description of the policies and procedures of the KCJDTCP, please see the Year 4 Evaluation Report. The outcome evaluation emphasizes the short-term impact of the program. It includes an analysis of crime rates, urinalysis, and the phase process.

Process Evaluation

Parent/guardian focus groups

Introduction: This year, the evaluation team was only able to conduct one focus group with participants' parents/guardians. The evaluation team tried four times to conduct groups, but on three occasions, the parents/guardians were either not present or were not interested in participating. In the focus group, only four parents/guardians participated.

Benefits. Parents/guardians discussed three benefits to their children being in the program. First, they stressed that it holds their children accountable for their actions. As one parent noted, "They're not arguing with you about it. They know they're getting locked up because of something they've done." Another parent/guardian felt that requiring program participants to show up for appointments was also beneficial. She/he noted that, "It makes them accountable for things. Making them show up here." Parents/guardians also felt that the tracking system of the drug court program helped keep the program successful. Specifically, parents/guardians mentioned the relationship that the program has with the schools. One participant noted that, "Everyone staying in contact that helps keep on top of things. It shows the kids that we're all working together for them," and felt, "...that's what

makes the program work is that everybody's in connection" Parents/guardians also specifically mentioned the benefit of their children interacting with other participants in the program. One parent/guardian noted that, "I think it's good because they meet just with each other, the kids, the Hear Me Out sessions. I think that's good for them too. Being together ..."

Interaction with drug court personnel. Like last year, most parents/guardians in this year's focus group feel that they have sufficient interactions with the judge, family interventionists, and treatment providers. They had no comments as to whether they desired more or less interaction with drug court personnel. Parents/guardians also discussed how the positive feedback and overall support their children received from interacting with drug court personnel helped their children. One specifically mentioned that, "I think the positive, I think that they like the positive, you know when they get applauded and that."

Influence of the court. Parents/guardians felt that the court influenced their children to improve their behavior due to the sanctions, specifically lock-up, that children faced for violating any of the program requirements. As one noted, "Because it's basically up to them. You know, they're the ones who decide whether they're going to go home that night or stay there." Another participant described how the threat of lock-up was what made a difference for her/his child. "Because [child] says [child] doesn't ever want to go back there." All participants in the group agreed that, for their children, regular probation would not be enough to change their child's behavior. One noted this very clearly in stating that, "I think that there are some kids that regular probation works for and there are some kids that are stubborn, that are getting out of control. I think the more out of control kids, this is a better program for them."

Progress of participants. Parents/guardians were asked if they were satisfied with the progress their child/ward was making in the program. As occurred last year, most participants agreed that the program was improving their child's attitude as they benefit from the positive praise and completion of program goals. As one participant noted, "[Child's] good about starting things and not finishing them. And just that simple little YES program was a big accomplishment for [child.] Like [child] was really proud of her/himself like, 'I did this whole program.' They hated it but they talked so much about it, everything you heard all night long was that program but they couldn't stand it."

Expectations of drug court accomplishments. Parents/guardians primarily discussed how they hoped that by being involved in the drug court program, their children would be easier to control. Many of the parents/guardians mentioned feeling a general loss of control over their children, and hope that this would change their child's behavior. As one noted, "I'm glad she/he got here because I think she/he would have been totally wild by now. Totally." In another discussion, one noted that, "The only communication problem I have is with her/him. She/he has no respect for authority. And I'm thinking how long is this going to last?" At this point, someone else replied, "Until she/he's 25." The group members laughed when this was said. Also, parents/guardians hoped that children would become more manageable from the threat of lock-up, and felt that this was primarily why their children complied with program rules. "It's better that they deal with the law now, so hopefully when

they're 18 they'll clean their *** up," while another noted that, "Now they know what the system's like only that the consequences are higher when they're older." The parents/guardians also discussed how difficult it was for them to tell them they can not take them home and that they are going to be locked up.

Recommendations for change. Parents/guardians had many recommendations for change in the program. Four major themes developed from this focus group discussion. First, as happened in last year's focus groups, parents/guardians discussed needing better information from drug court personnel about the steps of the program and the requirements of them both in general and then throughout the time their child participates in the program. During the discussion, one participant asked the moderator and others how long her/his child would be in certain phases, indicating that she/he did not know. Program participants explained the steps of the program to her/him. Another parent/guardian noted that, "It would be kind of nice to know if your child does stay clean, how fast, what the time period is for them to go through each phase. At least then you can kind of see an ending to it all." Parents/guardians also discussed how they were not given enough information about the program before their child was in the program, and felt that they signed up for the program without knowing enough about the program to feel they had a choice. Statements were made to this effect such as, "I don't think we had a choice to be honest with you." "No, we didn't have a choice." "Yeah, they set it up to where you don't have a choice [To be in the program]. ...And the papers read where its voluntary, but they're kind of pressuring you into it."

Second, parents/guardians raised concerns about the high cost of the program and the fact that it was not covered by insurance. As one noted, "I don't think if I would have known there was this much of a cost I would have gone into it because I have insurance that would have paid and I could have had my own counselor under my insurance," and that, "I'm not going to pay 80% of this when insurance can, and I can pay 20%."

Third, parents discussed the opportunities their children had to complete community service time requirements. One noted that, as staff had changed, so had program activities. She/he stated that, "Well, the people have changed. ... [Previously, staff] set up regular times so that any kids who wanted to do community service they would take them on a Saturday to the animal control, or they had different things to help the kids. I don't really see that where they're trying to help them do community service. They just tell them you've got your community service still. ... That motivated her/him that they were offering to take her/him to community service. He/she went to every one and got her/his community service right off the bat. I think if they still had that...that would help." Other participants agreed with this statement. Participants also discussed how their children wanted them to call organizations for them to do their community service work and one discussed how she/he refuses to do this. They talked about how their children want them to do the work. They also discussed how community service is supposed to be only at non-profit organizations, but that some children were allowed to work their service hours in profit-making organizations. They also agreed that time spent doing community service in a work-oriented program should count towards the community service requirements for participants. They also questioned the age-appropriateness of some work environment options for their children in which they can meet their community service requirements (e.g. number of hours). One parent/guardian

additionally expressed concern that her/his child would get a job and therefore not complete the community service hours required of her/his child.

Fourth, parents/guardians discussed the transitions their children make between the schools they attend during their time in the program. Parents/guardians discussed how their children had, "...something to look forward to if they are going to be able to go to a good school. But then they can't always get into the school they are told they can go to if they behave during a trial period at another school." Overall, parents/guardians felt that their children had to make too many transitions between schools, and as one noted, "I think they should start out in regular schools, and then if they're not good, then look, you're going to go to ILC."

Finally, as occurred in last year's focus groups as well, parents/guardians suggested that a support group for parents/guardians be established as a part of the program, particularly for the time that a parent and child first enter into the program. As one noted, "It would have been nice if at the beginning the parents could have kind of gotten together to share things... just to come up with ideas to do. I mean, what to do when, you know?" Another noted that, "A lot of parents are single parents and they don't have anyone to talk to about this. They don't want to go to work and talk to their co-workers about this." Another noted that, "It's even hard to talk about it with your spouse because it just starts getting you both so upset." One participant stated that, "I think they should have a Hear Me Out for the parents." Focus group participants agreed with this idea. As one participant noted, "They might as well. You have to wait for your child anyway. It would help them (parents) get through the program, especially in Phase 1."

Staff and treatment provider interviews

Introduction. Face-to face interviews were conducted with the judge, supervisor, family interventionists, case intake manager, and three treatment providers. A total of eight individuals were interviewed. Interview responses were deemed by the evaluators to be necessary for assessing the performance of the KCJDTC. The Human Subjects Institutional Review Board (HSIRB) of Western Michigan University approved the questions used in the interviews. The interviews lasted from forty-five minutes to an hour. To the extent possible, confidentiality, as to the individuals' identity and role or position, is maintained. The evaluators have presented these views without including their own comments or observations. The major points are summarized briefly below.

Benefits. When asked the benefits of the drug court from their perspectives and positions nearly all respondents indicated that one of the primary benefits is that the program holds participants accountable for their actions. Moreover, respondents indicated that the program provides assistance to parents in dealing with children they cannot control. One respondent indicated that the program allows more regular interaction between the judge and the juvenile, which is essential in combining treatment and punishment. It allows the participants to develop a sense of responsibility. In essence, the drug court program serves as a secondary parenting agent at a critical time in a participant's life. As the child progresses through treatment, he/she comes to acknowledge they have a substance abuse problem that has contributed to his/her delinquent activity. According to one respondent, this is particularly useful considering the program recognizes that the participants in drug court are

not “criminally minded,” but drug/alcohol abuse has caused them to make some bad decisions. Another benefit noted by the respondents is that the use of electronic tether and Breathalyzers enables the drug court to provide greater supervision and monitoring.

Expectations of program accomplishments. Nearly all respondents indicated that the drug court should be accomplishing the task of providing support services to allow the participants to explore and discover impulses in life that made them vulnerable to alcohol or drug abuse. One participant noted that they would like to establish a support group for juveniles for after they complete the program. Another accomplishment mentioned by the respondents is that the drug court should reduce recidivism and address issues of addiction in order to deal with sobriety. A few participants noted that the program should teach the participants to be responsible. A majority of the respondents indicated that the drug court should engage parents so they will become more supportive, knowledgeable, invested and involved in their child’s treatment and recovery. One participant stressed that in order for the drug court to accomplish what it is supposed to, there needs to be more incentives and sanctions placed on parents, as many parents do not fully understand what is involved in adolescent drug and alcohol use. One other recommendation is for alternative placements for the juveniles, particularly placements that are longer than juvenile detention or Kokomo. Additionally, sometimes the program faces the difficulty of not being able to place kids in detention on the night of the Status Review Hearing because it is already full. That means the court has to wait until the next day or the next week, which creates a gap between violation and punishment. Finally, but not least, many of the respondents noted that since the program is strength based they want the participants to feel good about what they are doing in order to improve self-concept and self-esteem. They believe that drug court should also provide participants with tools (life skills) so they will be better prepared to deal with the pressures that exist when they are not longer involved with the system.

Changes in the program. According to the respondents, a major change that has occurred with the program is with its funding source. Currently, the KCJDC receives funding through its Child Care In-Home Care program, whereby state money is appropriated for juveniles. They also receive funding through grant money from various other sources. This change in funding was necessary in order for the program’s continuation and its commitment to keeping juveniles in the community.

The respondents also mentioned that the KCJDTC must meet certain criteria and requirements in order to remain eligible for funding through the In-Home Care Program. A few of the criteria deal with the intensity of contact between the family interventionist and participants, which youth might be appropriate for the program, how to close out cases and the size of the caseload.

One other change mentioned by one participant is the use of the Pretty Lake retreat for parents, juveniles, and KCJDTC staff. At this retreat, activities are developed by the juveniles ahead of time, and focus on such issues as trust, communication and other interaction skills they need to improve on. This activity is reportedly popular with the parents. Additionally, Park Place Counseling developed a job shadowing program that is well liked by the KCJDTC staff.

Influence of the court. All respondents were asked if they believed the clout of the court helps participants with their drug treatment and prevent recidivism. One respondent stated, “about 90% of the participants who are interviewed in front of the judge say the fear of going to detention really made a difference to them.” Consequently, the perception that the court has a “big stick” has a major impact on the participants. Many respondents also indicated that the clout of the court enables them to engage parents when they may not have otherwise wanted to be involved in their child’s treatment process. Therefore, not only do the participants in drug court have to deal with accountability, but the parents have to deal with this issue as well. One respondent indicated that the number one predictor of participant success is parental participation, support, and involvement, particularly when parents are supportive of the court’s role and do not attempt to undermine the role of the court. Finally, one respondent noted that participants could tell friends who are trying to engage them in delinquent behavior that they will be “locked up.” This may take some of the pressure off the participant when dealing with peer pressure.

Interaction between personnel. Nearly all respondents indicated they believed they had sufficient interaction with other staff members. They mentioned they meet once a week to look at the participants progress or lack there of. Some respondents pointed out that they had an adult drug court they worked closely with and which had resources they could tap into.

Interaction with participants. Many respondents indicated they had enough time to interact with participants. Moreover, the respondents are directly involved with the participants and the program is designed to “reinforce” this interaction. Furthermore, since the new funding source places a cap on the caseload of the family interventionist there is more one-on-one structured interaction with the participant or parent(s). Nearly all respondents mentioned they would like to see more parental involvement. They believe parental involvement is the key to the program.

Progress of participants. We asked the respondents if they were satisfied with the progress of the participants. Many said they were satisfied but not content, and one participant mentioned that it is disappointing to see a few of the kids enter the adult system. Although the issue of drug abuse is prevalent in society, they would like to see more participants succeed. The respondents indicated they are able to get some participants to buy into the program but others attempt to manipulate it. One respondent indicated that it is particularly satisfying to see participants who have really struggled with the program finally come to terms with themselves and successfully complete the program. Some of the respondents mentioned that they had limited resources to deal with youth with mental illness and severe addiction problems.

One of the respondents said that, “man has a need to alter his state of consciousness. Some rely on religion and some even physical activity. Others resort to the use of alcohol or drugs.” He/she pointed out that it is the drug court’s responsibility to provide tools that will enable respondents to more effectively deal with reality than by resorting to drug use.

Current issues. Staff members and treatment providers have to deal with a variety of issues that are both related to drug and alcohol abuse and some that are above and beyond substance abuse problems. One of the issues noted by the respondents is that there are new drugs coming out they may not be aware of; therefore, there is a continuous learning process for the staff/treatment providers. Another issue addressed by the respondents is that in designing a suitable program to meet individual participant needs they may not always identify the problem or its source at the appropriate time. One additional issue is the increase in the number of female participants, although this has not changed the structures of the program, nor has it changed the general issues that kids are facing in their treatment.

An additional issue mentioned by the respondents was the consistent enforcement of sanctions. Due to limited space in juvenile detention, it is sometimes difficult to provide the ultimate sanction – detention. Therefore, it has to be substituted for with in-home detention, which is no parallel. Another issue noted by the respondents is the schools stigmatizing participants on probation. For, example, one respondent informed us that he/she sometimes receives calls from schools about mediocre behavior issues that would not have received much attention if not for the students’ probationary status.

Another issue raised by the respondents was the concern for lapses in parental support. Some parents believe that the drug court does not have the right to intervene in their lives. Therefore, parents may be resentful at first. At the other extreme, some of the respondents seem to feel that parents may be more than willing to cooperate because they perceive their participation as taking the focus off of them – “it’s not me, it’s the child that is the problem” train of thought.

One respondent stated he/she was not able to attend many of the status review hearing because the time for the hearings was prime time for his/her clients. However, consistent contact was being kept with other staff and treatment providers. Therefore, there is little risk involved.

Recommendations. A few respondents indicate that the drug court should work towards benefiting the family as a unit. Family dynamics is important for participants considering that the participant’s family situation may be affecting or contributing to their behavior. Moreover, respondents also noted the participant’s behavior impacts family dynamics as well. All of the respondents would like to see more parental involvement. This is especially important because a participant’s success in the program will only be realized if all parties – family interventionist, therapist, parents - work together in the best interest of the youth.

OUTCOME/IMPACT EVALUATION

The outcome and impact evaluation consists of the data analysis of important program objectives. The emphasis is on the quantification of objectives.

As indicated earlier, a control group was used as a benchmark to allow for comparison of differences in the crime and recidivism rates of the two groups. The members who made up the control group were selected from a group of juveniles who had been referred to the

KCJDTCP. The control group differed from the experimental group in that they received less supervision and no regular urine screens. Even more important, selection was certainly not random, so comparisons must be interpreted cautiously.

Data Analysis

In reporting on the fifth year of KCJDTCP our interest is both in the fifth year of operation and in the cumulative progress of the program to date. Data analysis therefore generally present: 1) all participants who were active or entered in Year 5; and 2) all participants in Years 1 through 5 combined.¹

Experimental group

The number of participants who entered the program each year is displayed in Figures 1A and 1B. Figure 1A displays the breakdown of participants who were active in Year 5 of the program. Of the 58 participants in Year 5, one (1.7%) had entered the drug court in Year 2, 5 (8.6%) had entered in Year 3, 25 had entered in Year 4 (42.3%), and 28 (48.3%) entered in Year 5. The total number of participants in the KCJDTCP for all five years was 147. Year 1, Year 2, Year 3, Year 4, and Year 5 program entrants totaled 26, 39, 27, 27, and 28 respectively (Figure 1B).

Age. The age analysis is based on the participants' age when they entered the program. It should be noted that the KCJDTCP is designed to work with 14 through 17 year olds. There are however, a few participants who were 13 years old in the experimental and control groups. However, these few participants were very close to turning 14. In addition, even though the State of Michigan considers individuals 17 years of age and over to be adults, participants who turn 17 while in the program are not discharged from the program simply because they are now legally considered adults. They have been court-ordered to be in the program and must remain in the program until they graduate or are discharged for violating program rules or requirements.

Figure 2A shows the age range at entry into the program for participants active in Year 5. Twenty participants (34.5%) were age 15 when they entered the program, and 20 participants (34.5%) were age 16 at the time of entry. Thirteen participants (22.4%) were age 14, and 5 were age 13 at the time they entered the program (n=8.6%).

Figure 2B shows the data for all five years combined. The range was 13-17, and 16 was the modal age (n=60; 40.8%). Fifteen was the next largest category (n=47; 32.0%), followed by 14 (n=32; 9.5%), 13 (n=6; 4.1%), and 17 (n=2; 1.4%).

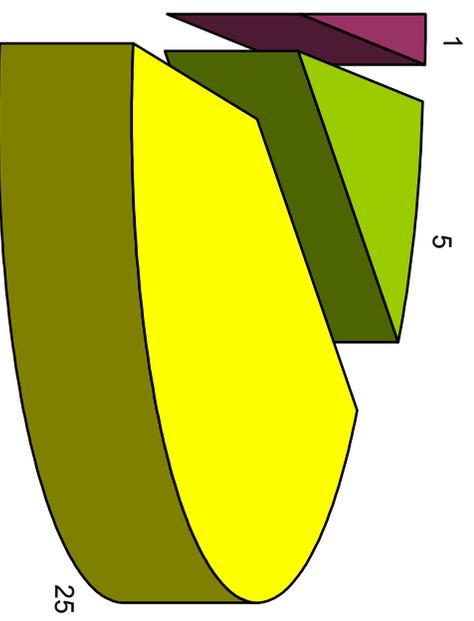
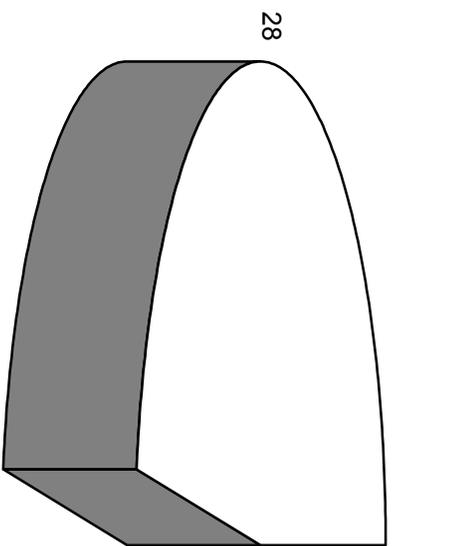
Sex. Figure 3A shows gender composition of the KCJDTCP participants in Year 5. The majority of the participants were male. Males were 74.1% of the total (n=43), whereas 25.9% of the participants were female (n=15). The gender composition for the combined

¹ Numbers smaller than twenty are numerically presented in order to distinguish them from the textual information, though it violates the usual convention of writing out textually numbers that are smaller than twenty.

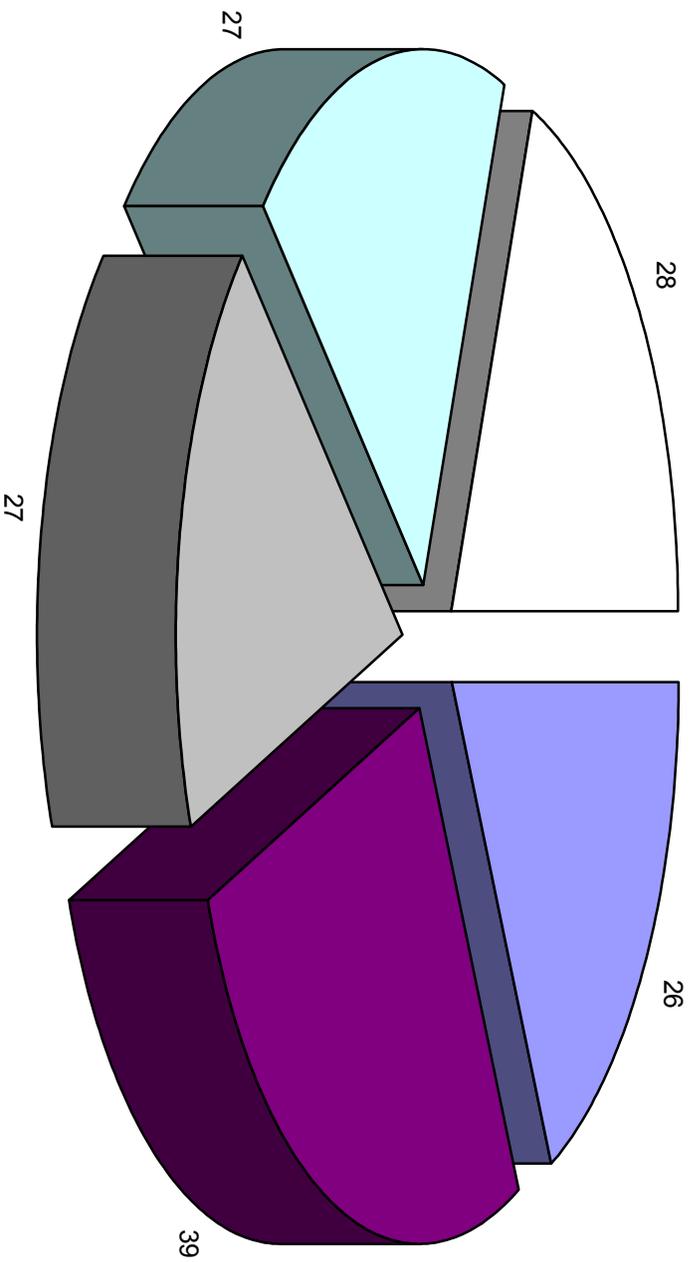
NUMBER OF PARTICIPANTS

Year 5

n=58



NUMBER OF PARTICIPANTS
Years 1 through 5 Combined
n=147



- Entered Year 1
- Entered Year 2
- Entered Year 3
- Entered Year 4
- Entered Year 5

AGE OF PARTICIPANTS
Year 5
n=58

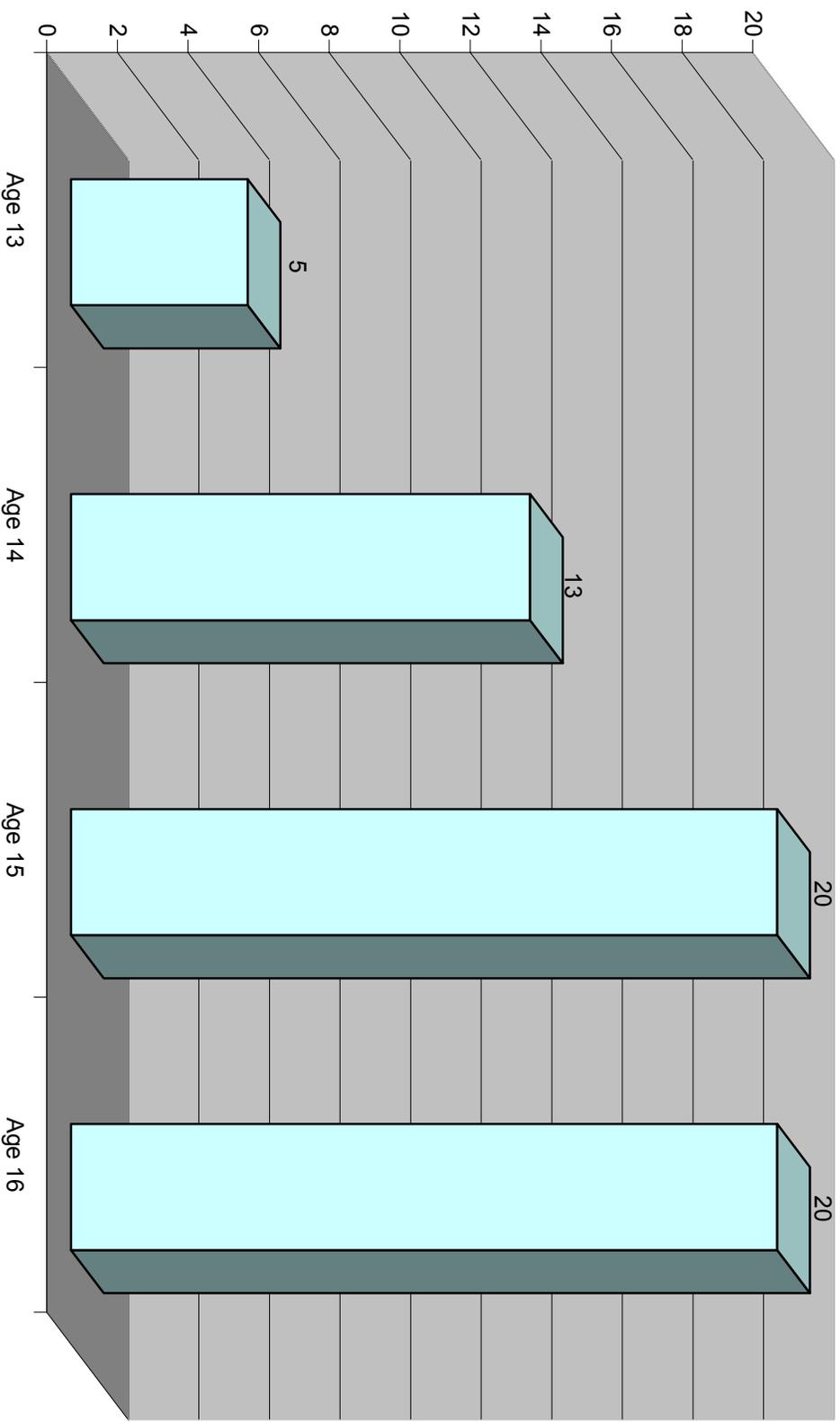


Figure 2A

AGE OF PARTICIPANTS
Years 1 through 5 Combined

n=147

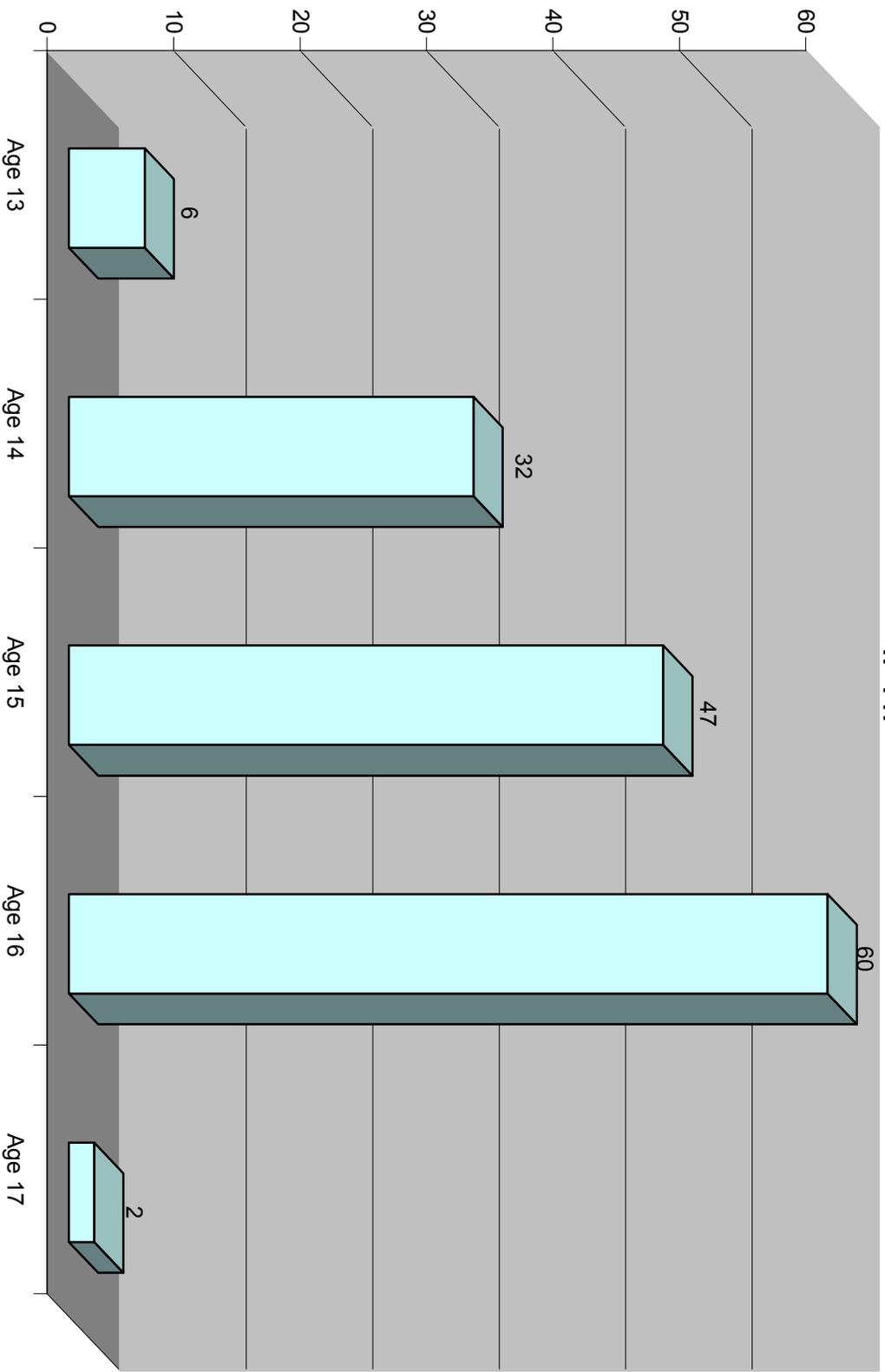
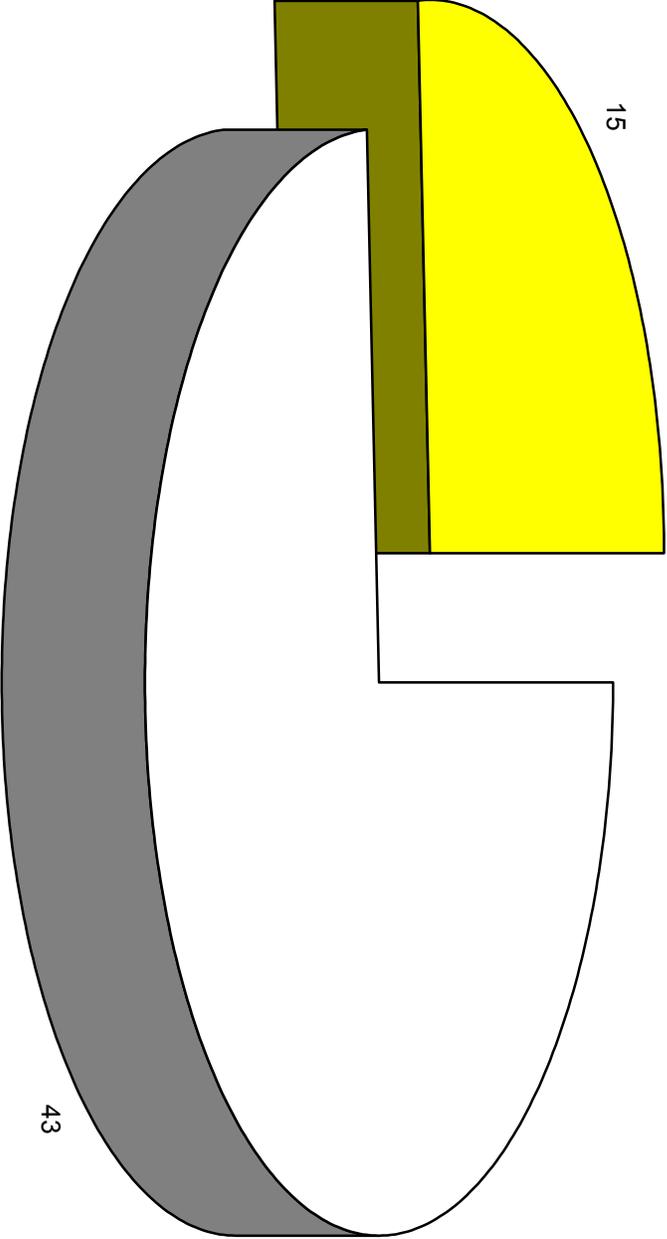


Figure 2B

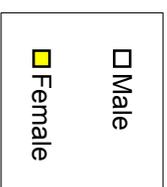
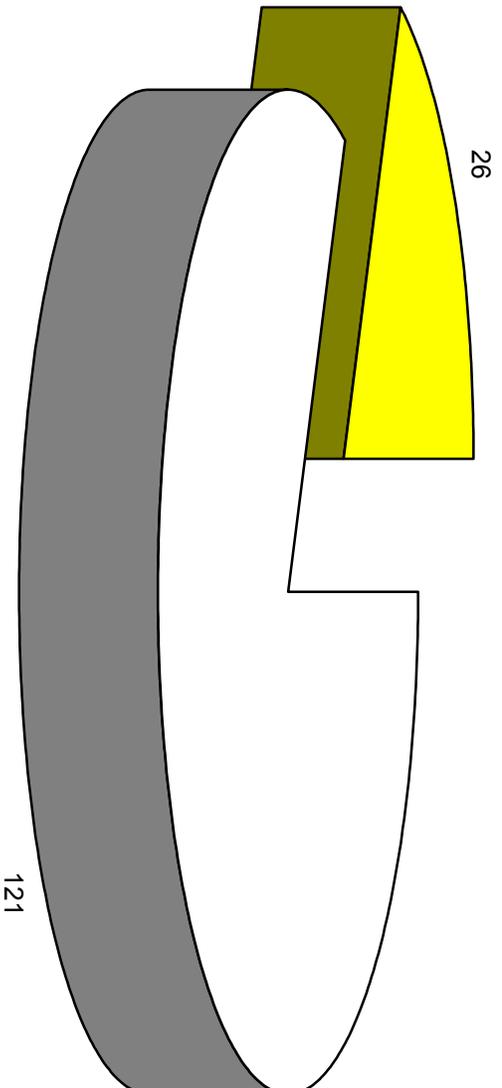
SEX OF PARTICIPANTS

Year 5

n=58



SEX OF PARTICIPANTS
Years 1 through 5 Combined
n=147



five years (Figure 3B) was very similar to the composition of participants in Year 5, with 82.3% (n=121) of the participants being male and 17.7% (n=26) being female.

Ethnicity. As Figure 4A illustrates, more than half of the Year 5 participants were white (65.5%, n=38), nearly a third were African American (27.6%, n=16), 5.2% (n=3) were Hispanic, and 1.7% (n=1) was multiracial. The ethnic and racial composition of the participants in Years 1, 2, 3, 4, and 5 combined echoes the composition of the Year 5 participants, as shown in Figure 4B. The majority of the program participants were white, African Americans had the next highest proportion, followed by multiracial and Hispanic participants.

Household income. Of the 58 participants in Year 5, total household income data was available for only 30 participants. Therefore, the percentages included in this section are based on 30 participants. Figure 5A shows the household income of the participants in Year 5. The modal income category was \$30,000-\$39,999.99 (n=8) which is 26.6%. The next largest categories were \$10,000-\$19,999.99 (n=7; 23.3) and \$50,000 or more (n=7; 23.3%). More than half (66.6%, n=18) of the participants' household incomes were \$30,000 or more per year.

Figure 5B shows the household income of the participants for all four years combined. Data was available for 107 out of the 147 participants. The percentages indicated below are based on the 107 participants. The modal income range was \$30,000-\$39,999.99 (24.3%, n=26). The next largest category, with 22.4% (n=24), was \$10,000-\$19,999.99. Nearly half (49.5%) of the participants had household incomes of \$30,000 or more per year.

The distributions between the two subgroups of participants differ only slightly. Years 1 through 5 combined has a larger percentage of \$20,000-\$29,999.99 (21.5% compared to 13.0%) and \$0-9,999.99 (6.5% compared to 3.2%) than Year 5. However, Year 5 had a larger percentage than all five years combined of \$50,000 or more (22.6% compared to 12.1%). All other income categories were nearly identical for both groups.

Based on these findings, it can be stated that no clear trends or patterns of change can be identified in the demographics of program participants.

Phase progression and completion. The next two sets of figures (Figures 6A and 6B and 7A and 7B) deal with the progress of the participants in the program and the status of all participants at the end of the fifth year of operation (September 30, 2002). Figure (6A) presents data on phase completion and progression for Year 5. Figure (6B) presents data on phase completion and progression for Years 1 through 5 combined.

Figure 6A shows the phase progression and completion of the 58 participants who were in Year 5. Of those 58 participants, 100% entered Phase I, while 70.7% (n=41) graduated Phase I and entered Phase II. Of the 41 participants who entered Phase II, 75.6% (n=31) graduated and entered Phase III. Of the 31 who entered Phase III, 58.1% (n=18) graduated and entered Phase IV. Of the 18 participants who entered Phase IV, 61.1% (n=11) graduated from the program in Year 5. It is important to note that it is possible for a single participant to

ETHNICITY OF PARTICIPANTS

Year 5

n=58

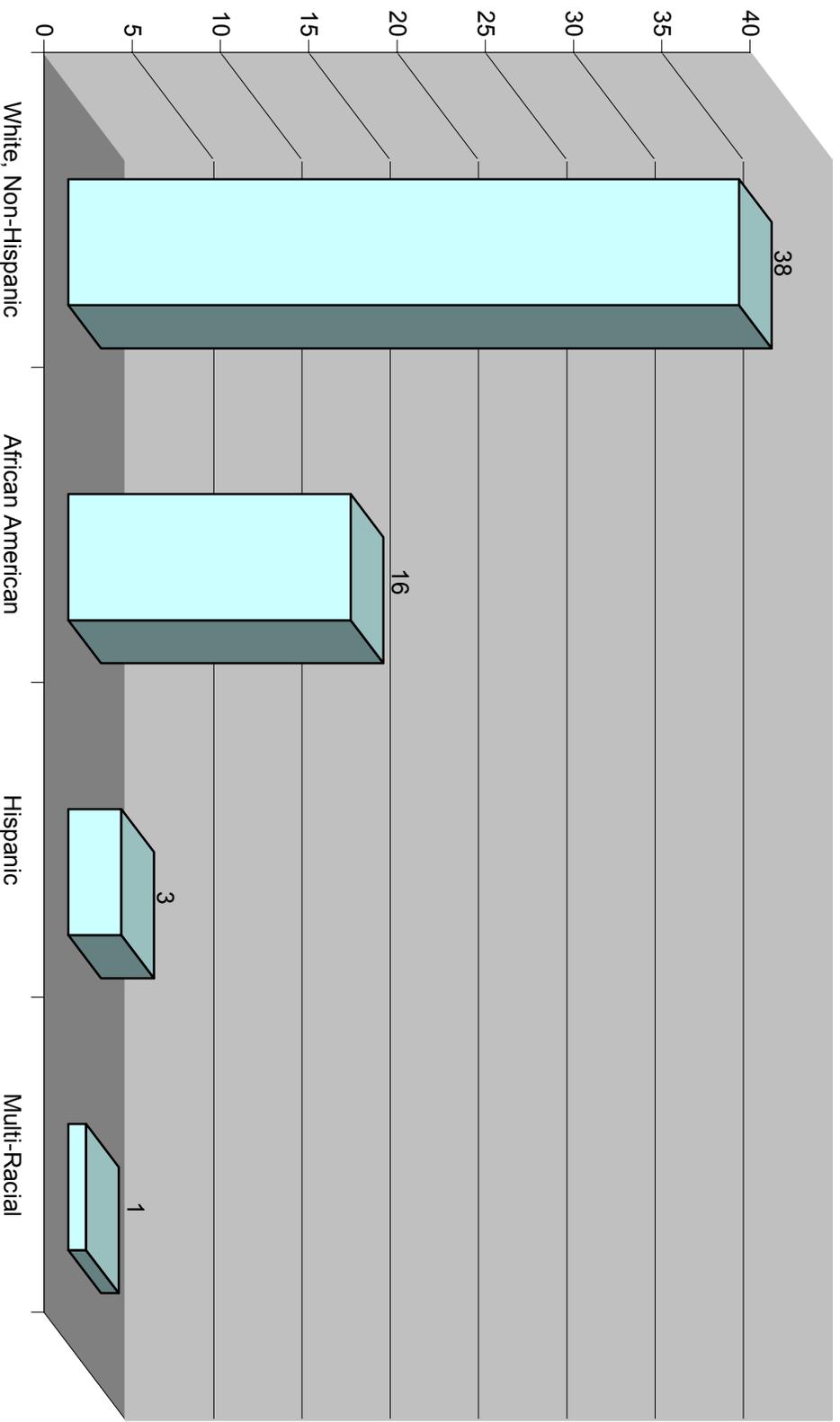


Figure 4A

ETHNICITY OF PARTICIPANTS
Years 1 through 5 Combined
n=147

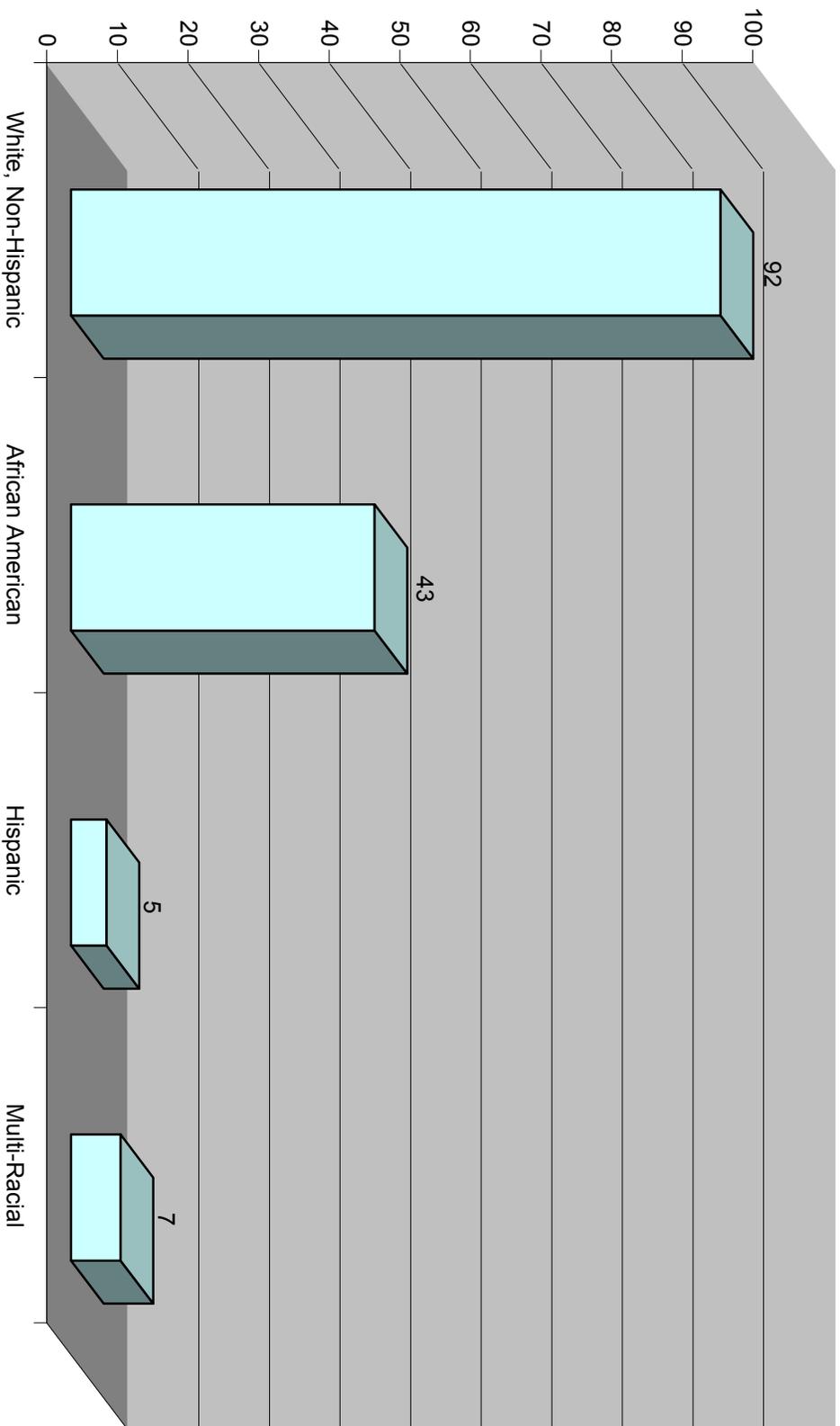


Figure 4B

HOUSEHOLD INCOME OF PARTICIPANTS Year 5

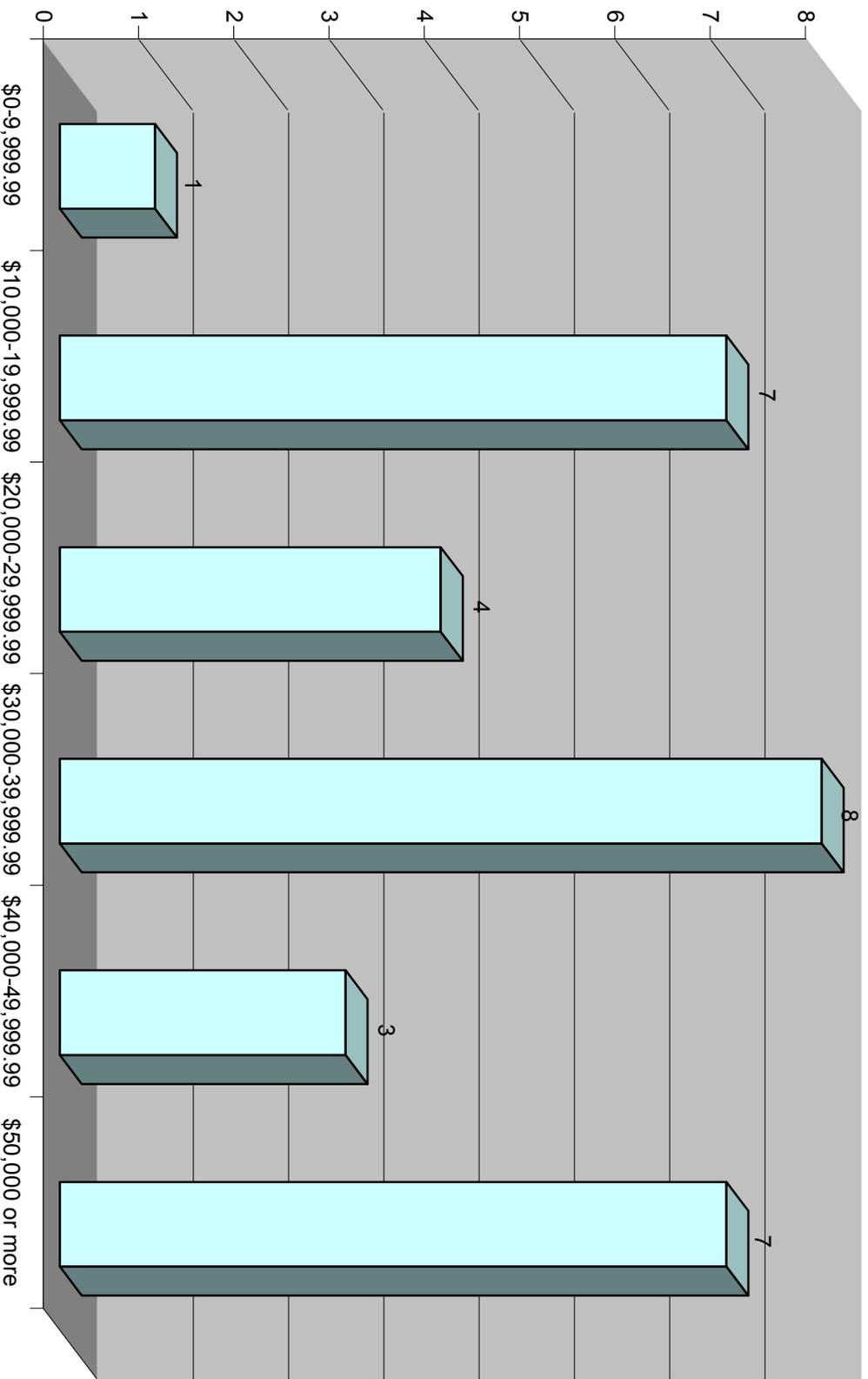


Figure 5A

HOUSEHOLD INCOME PARTICIPANTS Years 1 through 5 Combined

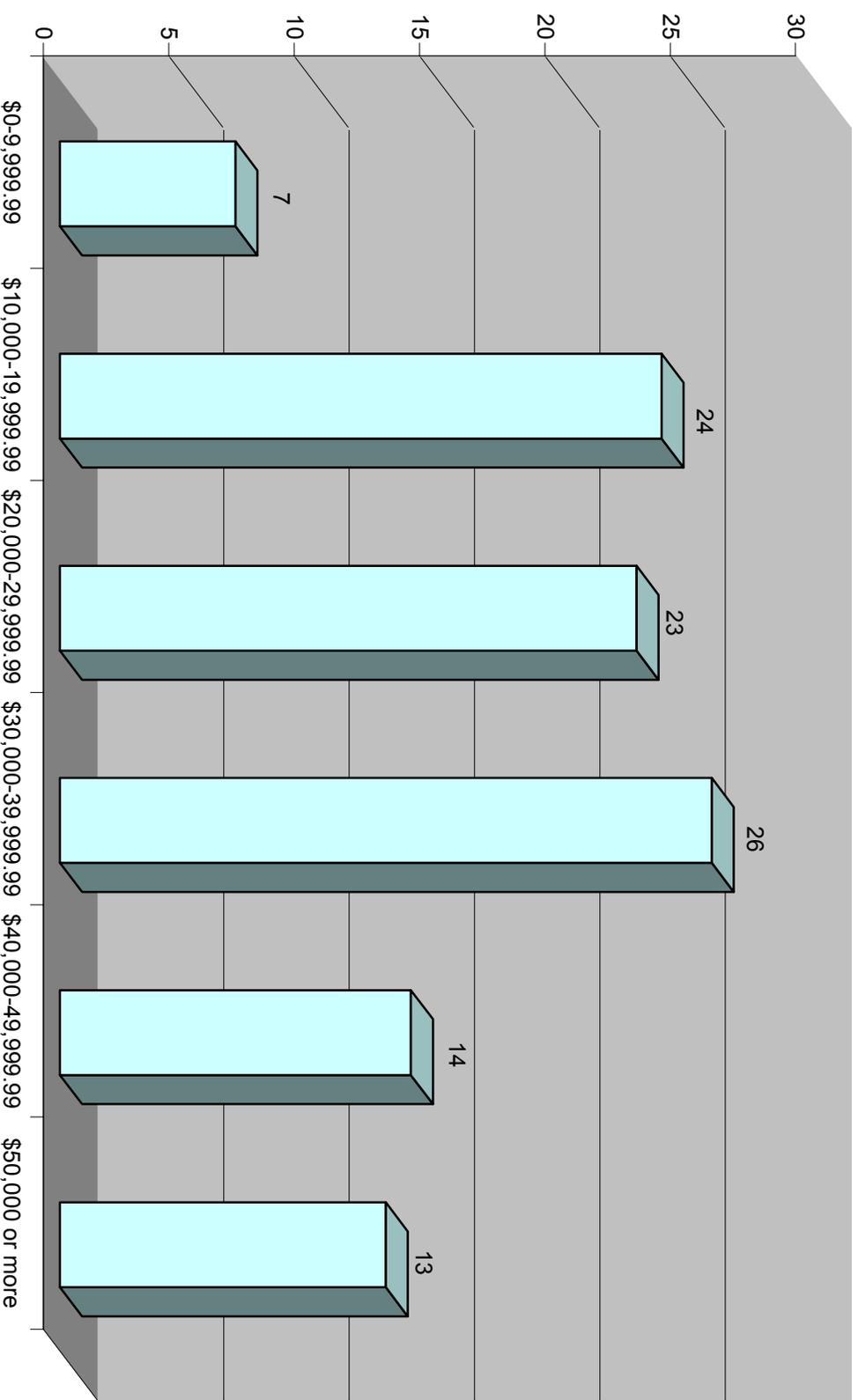


Figure 5B

progress through more than one phase in a year or to be moved back to a prior phase and then progress through that stage more than once. Completion of a repeat phase, however, is not included in the phase completion analysis.

Figure 6B shows the phase progression and completion of the 147 participants for all five years combined. All 147 participants entered Phase I and 74.2% (n=109) of them completed Phase I and entered Phase II. Of the 109 participants who completed Phase I, 78.9% (n=86) completed Phase II and entered Phase III, and 66.3% (n=57) of these completed Phase III and entered Phase IV. Of the 57 participants who entered Phase IV, 84.2% (n=48) graduated from the drug court program.

The proportion of participants moving through each phase was, of course, higher for the participants in Years 1 through 5 combined compared to participants in Year 5 alone. At the end of Year 5, 31 participants remained in the juvenile drug court to be carried over to the next year in the program.

Status of participants. The status of participants allows one to calculate the retention rate of participants. The status of the participants is divided into three categories: 1) those who graduated from the program, 2) those who were unsuccessfully discharged or terminated from the program, and 3) those who are still in the program.

Given the short in-program time for many participants, it is not surprising that at the end of Year 5 (September 30, 2002), only 19% (n=11) of the 58 participants in the KCJDTCF during Year 5 graduated and 27.6% (n=16) were discharged. A majority of participants, 53.4.0% (n=31) were still in the program (see Figure 7A). On the other hand, of the 147 participants in the program for all five years, 32.7% (n=48) graduated and 46.3% (n=68) were discharged. Only 21.1% (n=31) were still in the program (see Figure7B).

In accordance with the Office of Justice Program (OJP), retention rates are calculated by comparing the number of participants who graduated or who are still in the program, compared with the total number of participants who have ever been in the program. The KCJDTCF retention rate is 53.7 (for all five years combined), which is lower than both the national retention rate of 68% (OJP Drug Court Clearinghouse and Technical Assistance Project (2001) and last year's retention rate of 60.5% (for Years 1 through 4 combined). The comparison of retention rates must be interpreted cautiously, as some juvenile drug court programs in the country may have full or partial voluntary participation, and thus would be more likely to have a higher retention rate. In addition, some programs are only a few years old, which, given the method of calculation used by the OJP, means they are likely to have high retention rates.

Status review hearing attendance. Figure 8 shows information on status review hearing attendance. Status Review Hearings are conducted once a week to review the progress of participants in the program. These hearings are carried out in front of a judge, with the family interventionist, treatment provider, and parents/guardians providing salient information as to the progress, improvements, relapses, violations, or noncompliance of participants enrolled in the KCJDTCF. Although there were 52 hearings scheduled for Year 5, this analysis includes

PHASE COMPLETION AND PROGRESSION

Year 5

n=58

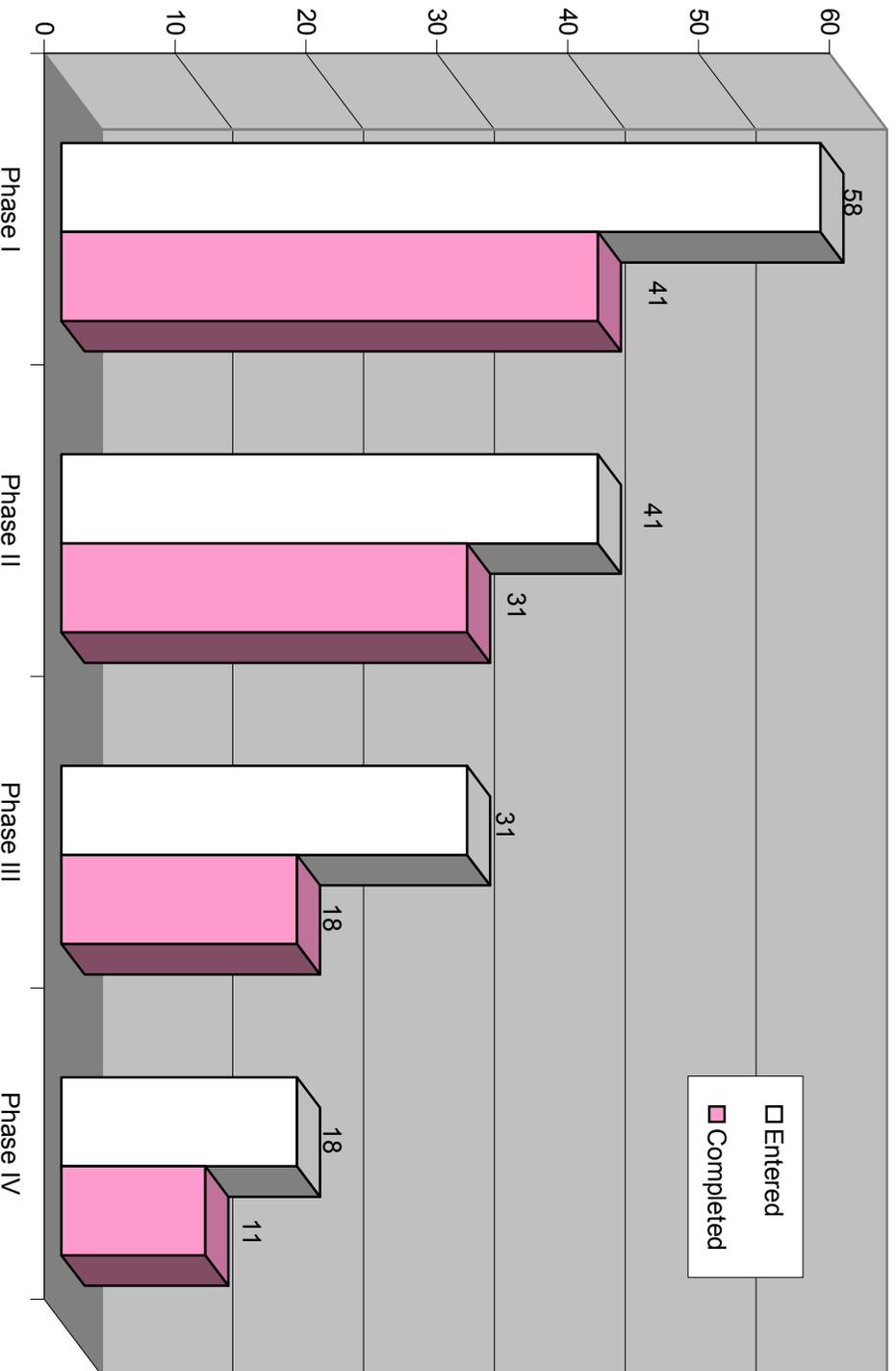


Figure 6A

PHASE COMPLETION AND PROGRESSION
Years 1 through 5 Combined
n = 147

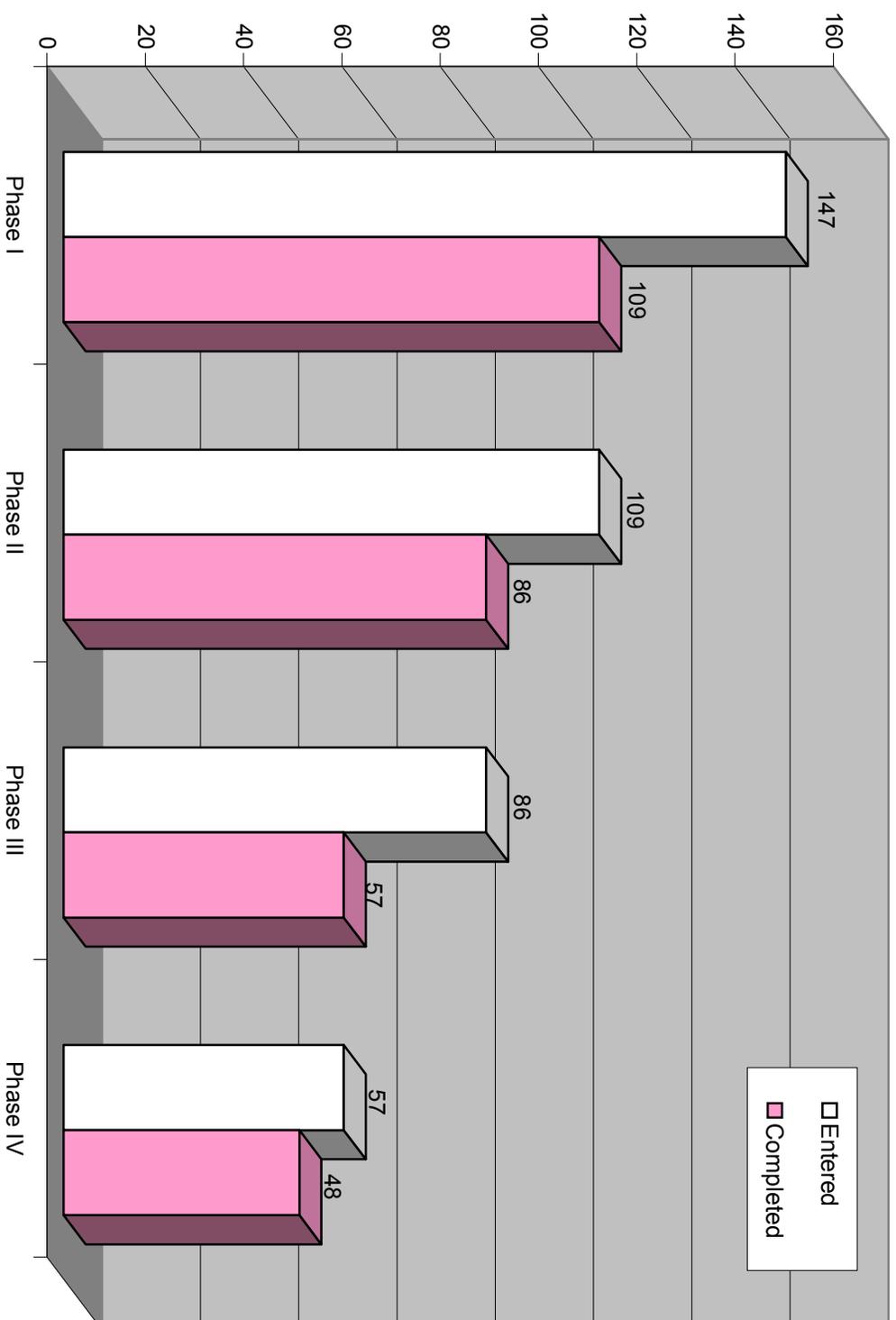


Figure 6B

STATUS OF PARTICIPANTS

Year 5

n=58

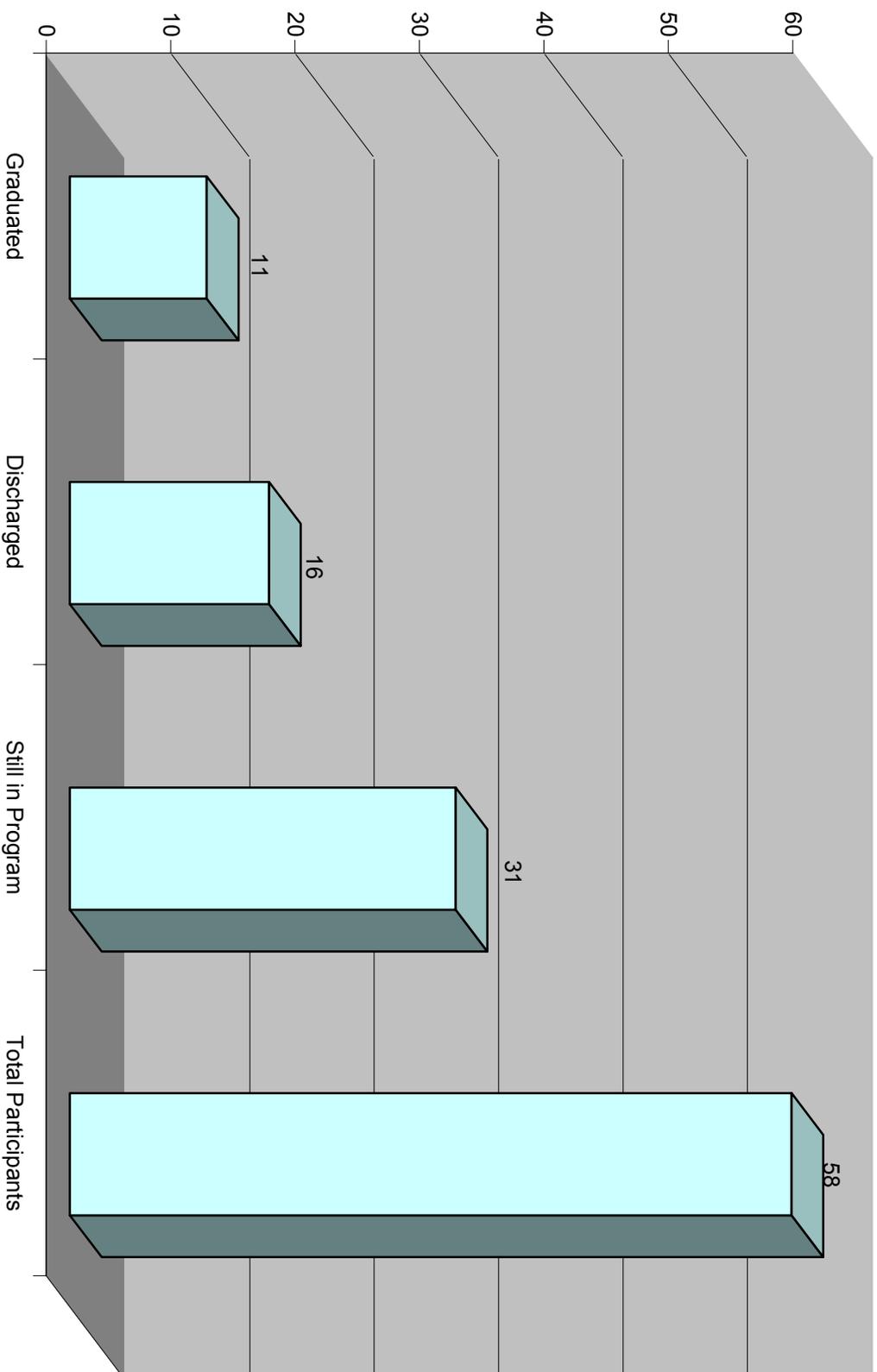


Figure 7A

STATUS OF PARTICIPANTS
Years 1 through 5 Combined
n=147

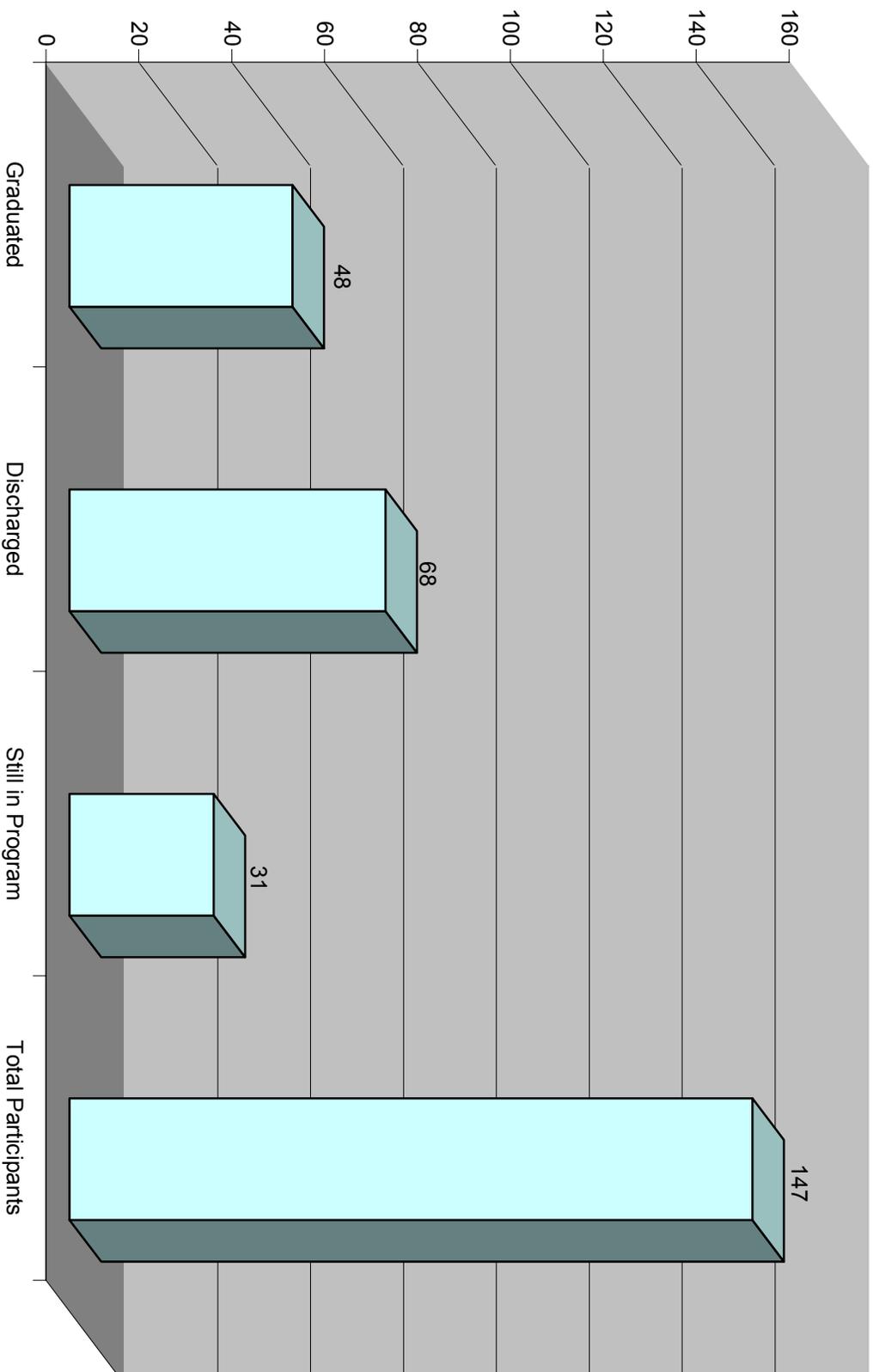


Figure 7B

STATUS REVIEW HEARING ATTENDANCE Year 5

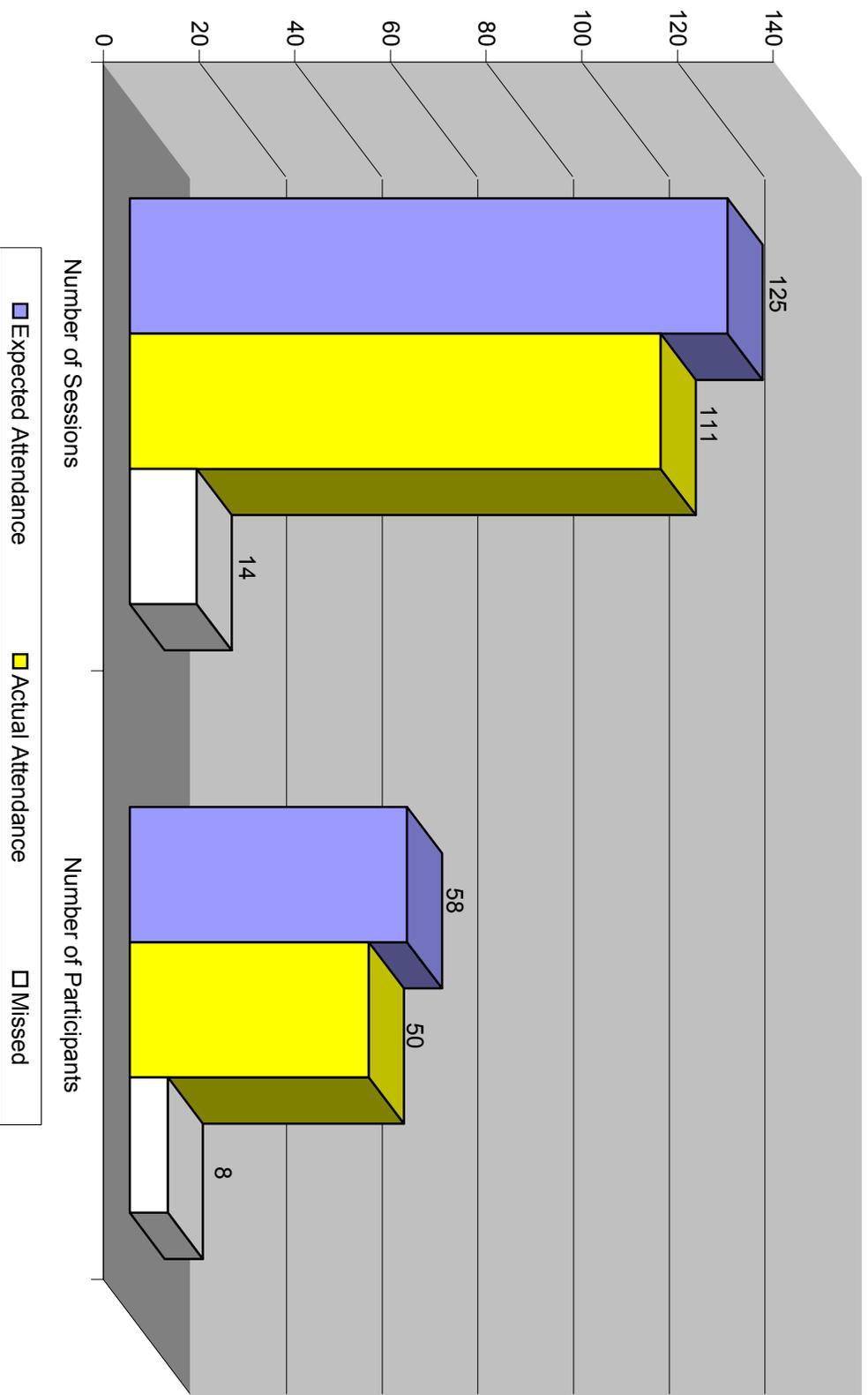


Figure 8

data for the 19 weeks for which evaluation staff members were scheduled to attend review hearings.

Participants of the KCJDTCP must attend status review hearings as often as his/her phase requires. However, throughout their duration in the program, the judge may order some participants to attend additional status review hearings as a sanction for noncompliance with program rules. Each status review hearing allows the participants a "session" with the judge. So, for example, one status review hearing may include eight sessions if eight participants are present.

When the juvenile had a good explanation for the absence, it was also recorded. This happened in two sessions. These participants were not counted in the expected number of sessions or in the area of absent juveniles. Those juveniles who were required to attend an additional status review hearing as a sanction from the judge were counted in the expected attendance. If they were absent, they were included in the absent category.

For Year 5, Program Objective #10 states that 70% of participants would appear at 100% of the Status review hearings. The 58 participants active in Year 5 were scheduled for 125 status review hearing sessions. Fully 88.8% (111 of the 125) of the sessions were attended. When juveniles were scheduled to appear but did not, he/she was recorded as a no show. Of the 125 sessions, this happened in 14 (11.2%) sessions. Of the 58 participants in Year 5, a total of 8 (13.8%) missed one or more status review hearings. Of these 8, 5 missed only one session, 1 missed two sessions, 1 missed three sessions and 1 missed four sessions. Fifty of the 58 participants attended 100% of their scheduled sessions. This is 86.2%, which is well above the 70% projected as an official objective of the program.

Relative involvement in status review hearings. The presence of parents/guardians and other relatives at the status review hearings is also highly recommended, as such involvement is an important indication of a participant's success in the completion of the program. As discussed above, Year 5 had an expected number of 125 sessions with 58 drug court participants. The participants kept 111 of these 125 sessions, however data on relative attendance is missing for one session. Therefore, this section of the analysis is based on 110 sessions. Of these 110 sessions, a parent/guardian was present at 78 (70.9%) sessions. This group of parents/guardians included grandparents, foster parents and other relatives who observed the sessions together with the parents. In two separate sessions, the parents came even when the juvenile was absent. Many juveniles had other relatives such as a sister, grandparents, or foster parents attend the sessions instead of their parents. The number of sessions with participants who attended the hearing without the parents was 33 (29.7%).

Phase days completed. The purpose of this section is to report the average (mean) value and the total number of days participants spent in each phase of the program. The analysis compiles phase information from Years 1 through 5 combined. This analysis is limited to the phases participants successfully completed at the time of the analysis. For example, if a participant had completed Phase I and Phase II but was still in Phase III at the end of Year 5 or had been discharged while in Phase III, then only his/her Phase I and Phase II information was included in this analysis. In addition, four individuals were excluded from the Phase

analysis due to partially missing information. All four had completed Phases I and II. Two had additionally completed Phases III and IV.

Table 1 shows the total number of days, as well as the average number of days, participants spent in each phase of the program. The “Original” phases listed in Table 1 refer to the number of participants who had ever completed that phase for the first time and the total and average days they spent in each of these phases.

The “Repeat” phase items in Table 1 refer to the number of participants and the total and average days they spent repeating that particular phase. Participants can be sent back to a previous phase by the judge if they are not complying with the program rules. For example, a participant may have entered Phase III, but then began violating program rules. He/she could have been sent back to Phase II. Again, only repeat phases that had been completed, where the Judge “graduated” the participant back into the Phase they left, were included in the analysis.

Average number of days. Table 1 also shows the time elapsed in days by completed phase. This table compares this information for Years 1-4 and Years 1-5. Of the 143 participants who have ever been in the program and for whom we have complete phase information, 105 (73.4%) completed Phase I. These 105 individuals were in Phase I for an average of 116.9 days (17 weeks). When the number of days is included for the four participants who repeated Phase I, the average number of days spent in Phase one is 121.3.

Eighty-two participants (again, for whom we have completed phase information) completed Phase II. The average number of days participants spent in Phase II was 104.2 days (14.9 weeks). Only 60 participants completed Phase III. These participants spent an average of 88.8 days (12.7 weeks) in Phase III. Forty-seven participants completed Phase IV. On average, these 47 individuals spent 87.1 days (12.4 weeks) in Phase IV.

According to the 9th Circuit Court Juvenile Drug Treatment Court Program Manual, program participants are expected to spend approximately 12 weeks in each of the first three phases. On average, participants in this program appear to be spending approximately 4 weeks longer in Phase I than anticipated. They are spending about the expected number of weeks in the other phases, both for Years 1-4 combined and for Years 1-5 combined.

Range of elapsed time. This section discusses the range of time participants spent in each phase. In addition, the evaluation team calculated the number of participants who spent the expected 12 weeks (84 days or less) in each Phase of the program.

Only 32 of the 105 (30.5%) participants who completed Phase I spent 12 weeks or less (84 days or fewer) in this phase. The minimum number of days spent in Phase I was 43, while the maximum number of days reached 646. Of the 82 participants who completed Phase II, 44 (53.7%) spent 12 weeks or less in Phase II. The number of days in this phase ranged from 14 to 336. It is interesting to note that the individual who spent 14 days in Phase II had spent 139 days (19.9 weeks) in Phase I. Thirty-nine of the 60 (65.0%) participants who completed Phase III spent 12 weeks or less in this phase. The range of days spent in Phase III is similar

Table 1

Time Elapsed by Completed Phase						
	Years 1-4			Years 1-5		
	Participants	Total Days	Average Days	Participants	Total Days	Average Days
Phase I Original	84	10001	119.1	105	12130	116.9
Phase I Repeat	(2)	179	*	(4)	602	*
Total Phase I	84	10180	121.2	105	12732	121.3
Phase II Original	63	6062	96.2	82	8068	104.2
Phase II Repeat	(3)	309	*	(3)	309	*
Total Phase II	63	6371	101.1	82	8377	102.2
Phase III Original	43	3731	86.8	60	5327	88.8
Phase III Repeat	(0)	0	0	(1)	126	*
Total Phase III	43	3731	86.8	60	5453	90.9
Phase IV Original	37	3076	83.1	47	4094	87.1
Phase IV Repeat	(0)	0	0	(0)	0	0
Total Phase IV	37	3076	83.1	47	4094	87.1

*These figures were not calculated due to the small number of participants.

With such small numbers, the average days may not represent a reliable average.

to Phase II. The number of days in Phase III ranged from 28 to 364. The individual who spent 364 days in Phase III spent only 28 days in Phase II. In Phase IV, 31 of the 47 (66.0%) participants completed this phase in 12 weeks or less. The number of days ranged from 15 to 238.

The average number of weeks participants spent in each phase of the program was affected by the few participants who spent a significantly longer time than other participants in each of the phases. These ranges are also affected by the structure and orientation of the program, which stresses maintaining client participation (and therefore the potential for benefit to the juvenile). Participants are not discharged from the program unless they commit an offense that disqualifies them or unless they are discharged as a ward of the court. Participants can be in a run-away status or confined in a detention facility without being discharged from the program. In addition, several positive screens will not necessarily lead to a participant's discharge from the program.

Phase days comparison. Table 2 compares the total time and the average time three separate subgroups of participants spent in each phase of the program. The three subgroups are: 1) those who have successfully graduated; 2) those who have been unsuccessfully discharged/terminated; and 3) those who are still in the program. As stated earlier, we had complete information on 47 of the 48 participants who have graduated the program since it began in January of 1998. It took these 47 participants an average of 107.2 days to complete Phase I. The discharged group, however, spent an average of 147.8 days in Phase I. For the 37 participants who were still in the program at the end of Year 5, 19 had completed Phase I. It took these 19 participants an average of 101.5 days to complete Phase I. In comparing these end of Year 5 figures to the information we had at the end of Year 4, participants are spending much less time in Phase I. At the end of Year 4, there were 33 participants still in

the program, of which 21 had completed Phase I. It took these 21 individuals an average of 135 days to complete Phase I. This is an average of 33.5 fewer days spent in Phase I by Year 5 participants.

It also took the graduate subgroup less time to complete Phase II. It took the 47 graduates an average of 92.9 days to complete Phase II, but it took the 23 discharged participants an average of 118.4 days to complete this phase. Of the participant still in the program, only 12 had completed Phase II. It took these participants an average of 107.4 days to complete Phase II. Participants who graduated from the program spent slightly less time in Phase IV than they did in Phase III. On average, it took the graduated participants 95.5 days to complete Phase III and 87.1 days to complete Phase IV. In total, participants who graduated had spent an average of 374.9 days (53.6 weeks) in the program, which is just slightly longer than is expected from the court.

Overall, the 47 participants who have graduated by the end of the 5th year spent an average of 374.9 days, just over one full year, completing the program. This is longer than the 346.9 day average from the 37 participants who had graduated by the end of the 4th year of the program. It is interesting to note that only 4 of the 68 discharged participants ever completed Phase III and none had completed Phase IV. Additionally, of the 66 participants discharged from the program (and for whom we have complete phase information), 40.1% (n=27) were discharged in Phase I (including one individual who was repeating Phase I at the time he was discharged); 24.2% (n=16) were discharged while in Phase II (including one individual who was repeating this phase when he was discharged); and 28.8% (n=19) were discharged in Phase III. Four were discharged after starting Phase IV.

Table 2

Time Elapsed by Completed Phase Comparison									
	Graduated			Discharged			Still In The Program		
	Number of Participants	Total Days	Average Days	Number of Participants	Total Days	Average Days	Number of Participants	Total Days	Average Days
Phase I	47	5037	107.2	39	5766	147.8	19	1929	101.5
Phase II	47	4364	92.9	23	2724	118.4	12	1289	107.4
Phase III	47	4488	95.5	4	560	140	9	405	45
Phase IV	47	4094	87.1	0	0	0	0	0	
Duration		17,619	374.9						

** Last year, one participant was indicated as having been discharged from the program after successfully completing Phase III. However, it was later learned that he had successfully graduated the program

Urine screens. All participants of the KCJDTCP must submit random urine screens as part of the program requirements. The number of random urine screens participants are required to give depends on which phase of the program they are in. These data are important because the urine screens are used to identify relapses in the drug abstinence of the participants. The decline of drug usage is one of the most significant and obvious objectives of this program.

The screens are usually conducted for marijuana, though other tests can be conducted in special cases. Both the treatment providers and the family interventionists have the discretion to require urine screens when they feel it necessary.

It is important to note two data collection issues related to urine screen data. First, if a participant was discharged or was in the middle of a phase at the end of the evaluation year, data were collected from the time they entered that phase until the date they were discharged or the until the end of the evaluation year (September 30, 2002). Even though they had not yet completed the phase, the information was included under the context of that phase.

Second, the evaluation team did not have complete urine screen information for 7 participants. One participant was very new to the program and at the end of the evaluation year there were no recorded urine screen results for her. The evaluation team did not have complete phase information for three of the participants. In addition, reliable urine screen information was not available for four of the participants. These four participants had entered the program prior to the use of CAMIS, a new Management Information System for the juvenile court that was fully implemented in the fourth quarter of Year 3. There were discrepancies in the number of urine screens indicated in CAMIS for these four participants compared to the information the evaluators had received for them prior to the introduction of CAMIS.

Lastly, individual urine screen tests were excluded from the analysis if the data were presented inconsistently to the evaluators. In a couple of cases, the date a urine screen was indicated as having taken place was outside the scope of the program. For example, in two cases, the date of a urine screen was indicated as having taken place on a date that had not yet occurred. Although most of these cases were probably related to data entry errors, the evaluators did not include these incidents in order to preserve a consistency in data collection and analysis.

Figure 9A shows the total number of urine screens given to all participants in Year 5 by phase and the number that were positive. The total number of urine screens for Year 5 was 2,296. Of these, 9.7% (n=222) were positive. There were a total of 1,164 screens administered in Phase I, 714 in Phase II, 375 in Phase III, and 43 in Phase 4. The percentage of positive screens also declined with each phase, with the exception of Phase IV. Of the 1,164 screens administered in Phase I, 12.5.0% (n=145) were positive. This decreased to 6.9% (49 out of 714) in Phase II. From Phase II to Phase III, the percentage of positive screens decreased only slightly, to 6.1% (n=23 out of 375) in Phase III. The number of positive screens increased to 11.6% (n=5 out of 43) in Phase IV. Two reasons suggest that this increase is not indicating increased drug usage by Phase IV participants. First, the small number of tests makes the percentage of positive tests unreliable. Second, that small number is itself a reflection of officials' belief that participants are generally doing well. Tests are more likely to be ordered when there is suspicion in this phase, thereby predisposing them to positive results. On the other hand, decreased supervision and fewer required tests may lead some participants to believe they could relapse into drug usage without being detected. As expected, due to the requirements of the program, the total number of urine screens and the

URINE SCREENS BY PHASE: Number of Tests

Year 5

n=58

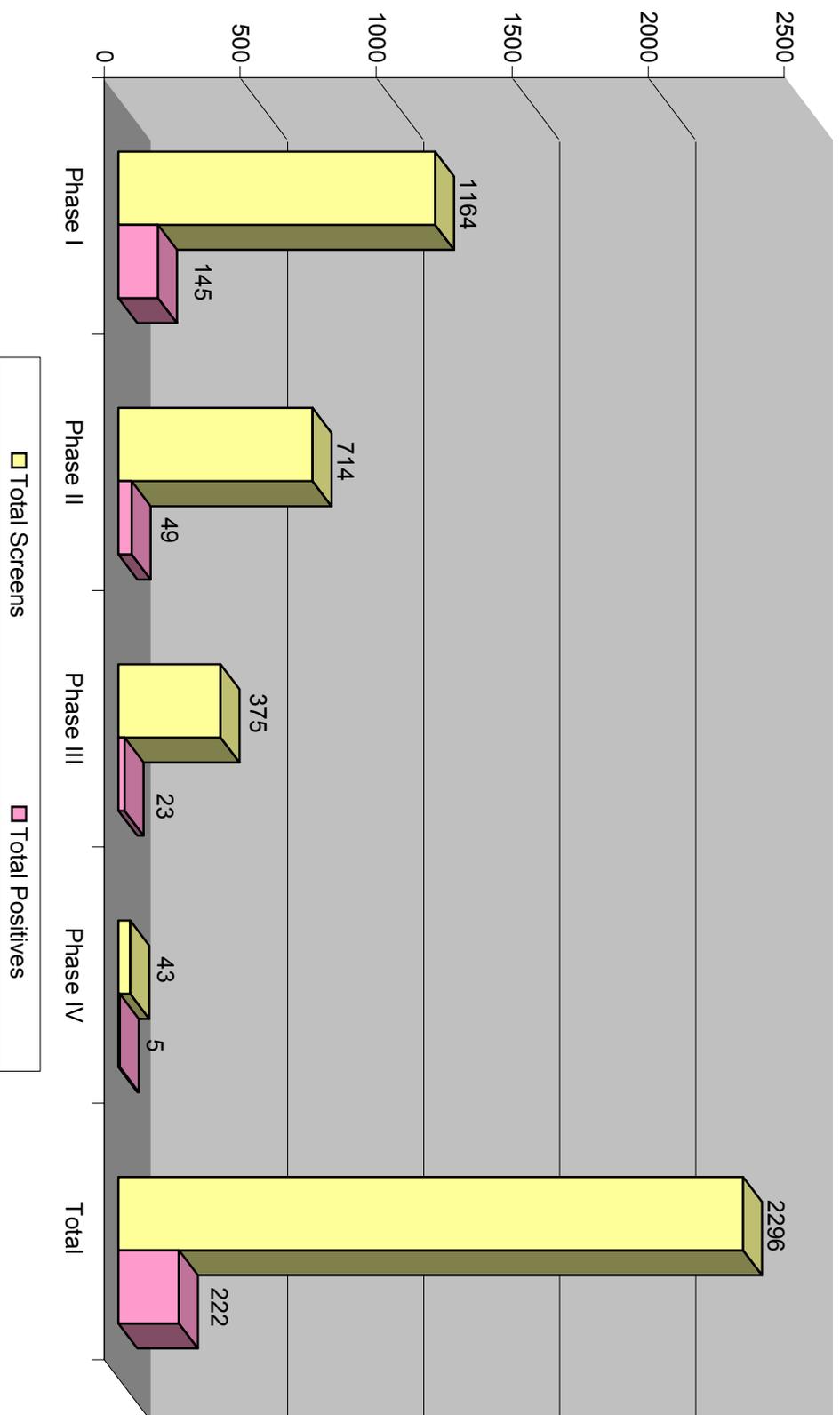


Figure 9A

URINE SCREENS BY PHASE: Number of Tests
Years 1-5 Combined
n=147

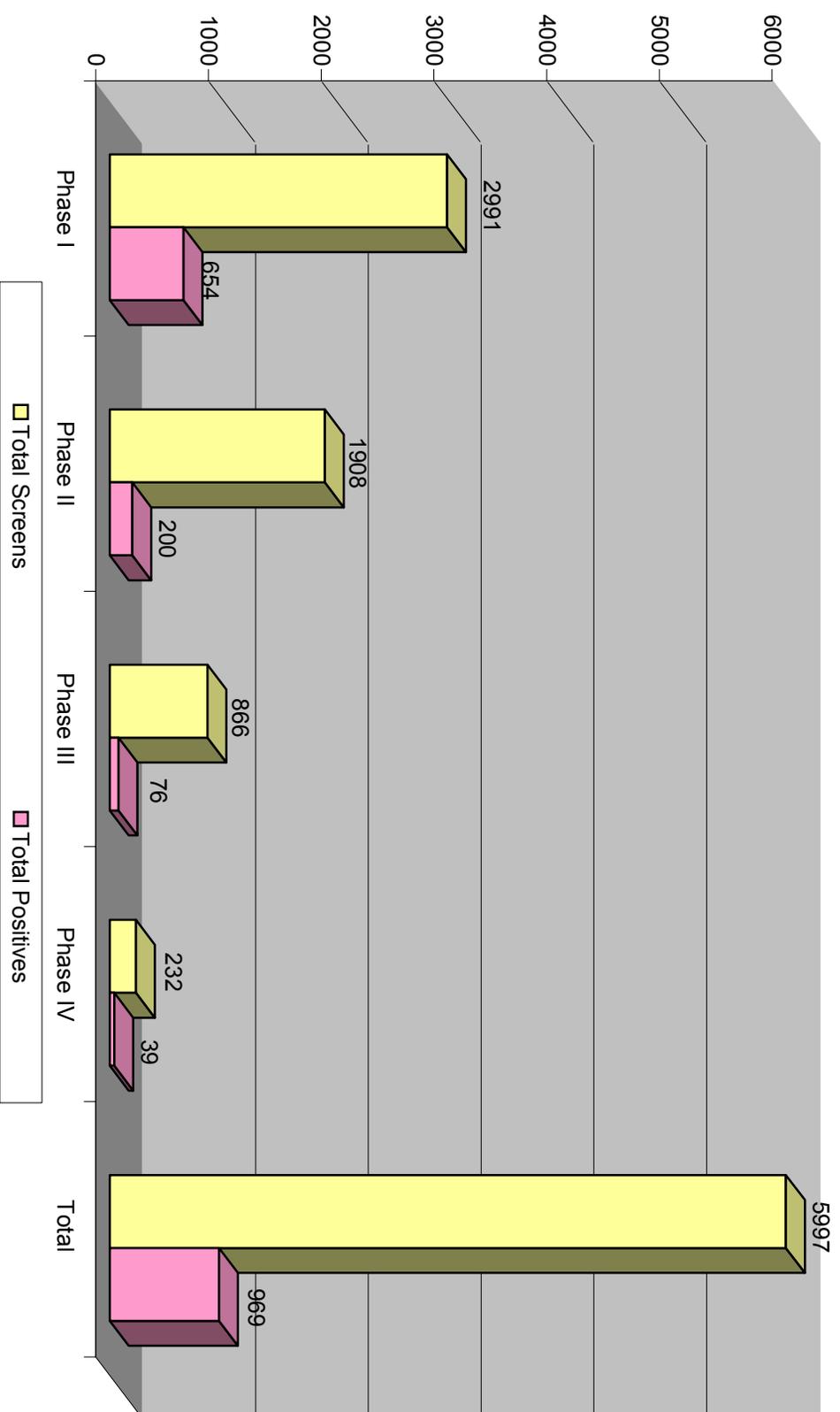


Figure 9B

percentage of positive screens decreased with each phase of the program, with the exception of Phase IV positives already mentioned.

The pattern of total tests and the percentage of positives has changed over time. The total number of urine screens for Year 4 was 1,967, compared to 2,296 in Year 5. Of the 1,967 tests administered in Year 4, 16.7% (n=328) were positive, compared 9.7% positives (222 out of 2,296) in Year 5. Additionally, the number of positive in Phase I decreased in Year 5 to 12.5%, compared to 20.0% in Year 4. In Phase II, the number of positives decreased from 13.4% in Year 4 to 6.9% in Year 5. In Phase III, the number of positives decreased to 6.1% in Year 5 compared to 11.8% for Year 4. Phase IV also experienced a decrease, with 11.6% positives in Year 5 compared to 20.7% positive in Year 4.

Figure 9B provides information on urine screen tests for all five years combined. The number of urine screens for all five years was 5,997. Of these, 16.2% (n=969) were positive. The number of urine screens decreased with each phase completed. There were 2,991 screens in Phase I, 1,908 screens in Phase II, 866 screens in Phase III and 232 screens in Phase IV. The proportion of positive screens also decreased with each phase, with the exception of Phase IV. In Phase I, 21.9% (n=654) were positive. This decreased by nearly half, to 10.5% (n=200) in Phase II. The decrease in positive screens is less dramatic from Phase II to Phase III. In Phase III, 8.8% (n=76) were positive. In Phase IV, the number of positive screens increased to 16.8% (n=39), but should be interpreted as addressed above. The percentage of positive tests for Years 1-4 combined compared to Years 1-5 combined follow similar patterns as discussed above. The percentage of positive screens over all for Years 1-4 combined was 18.7%, compared to 16.2% positive for Year 1-5 combined.

The second set of data focused on another element of the problem of drug relapse. The description above detailed the number of incidences of drug relapse. It is, however, also important to ascertain how many and what percent of participants had positive urine screens, as a few participants often contribute a high proportion of positive drug screens. The data are again arranged by phases as the number of users and the incidences of the use of illegal drugs are both expected to go down from one phase to the next. These two sets of data need to be reviewed together. The data are provided first for all participants during the fifth year of the program.

Figure 10A shows urine screen information by phase for Year 5 participants. For Year 5, there were a total of 58 participants. Of these, 37 individuals had at least one positive urine screen during their time in the program. Of the 58 participants in Year 5, 30 (51.7%) had a positive urine test in Phase I (Figure 10A). In the second phase, the number of participants with positive screens dropped to 14 out of the total of 39 participants, or 35.9% of that group. The ratio also decreased in the third phase, with 34.5% (n=10) of participants testing positive. In Phase IV, the number of participants testing positive again declines, with 18.2% (n=2) of participants testing positive. In summary, there was a general decline in the percentage of participants testing positive for drugs as they advanced through the program.

The next set of data presented in Figure 10B includes all the participants during the total five years of operation. As discussed above, seven individuals were excluded from the analysis,

URINE SCREENS BY PHASE: Number of Participants

Year 5

n=58

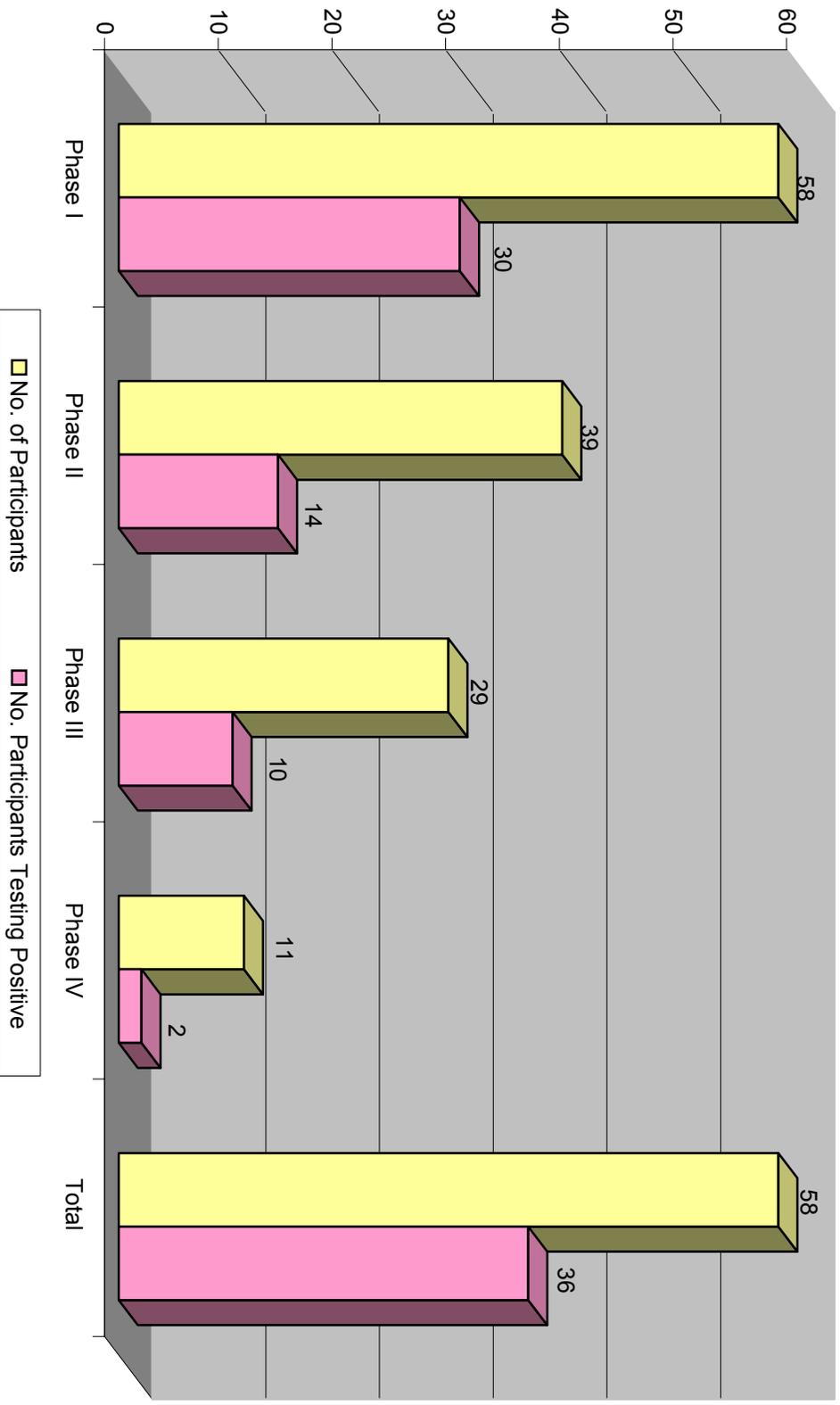


Figure 10A

URINE SCREENS BY PHASE: Number of Participants Years 1-5 Combined n=147

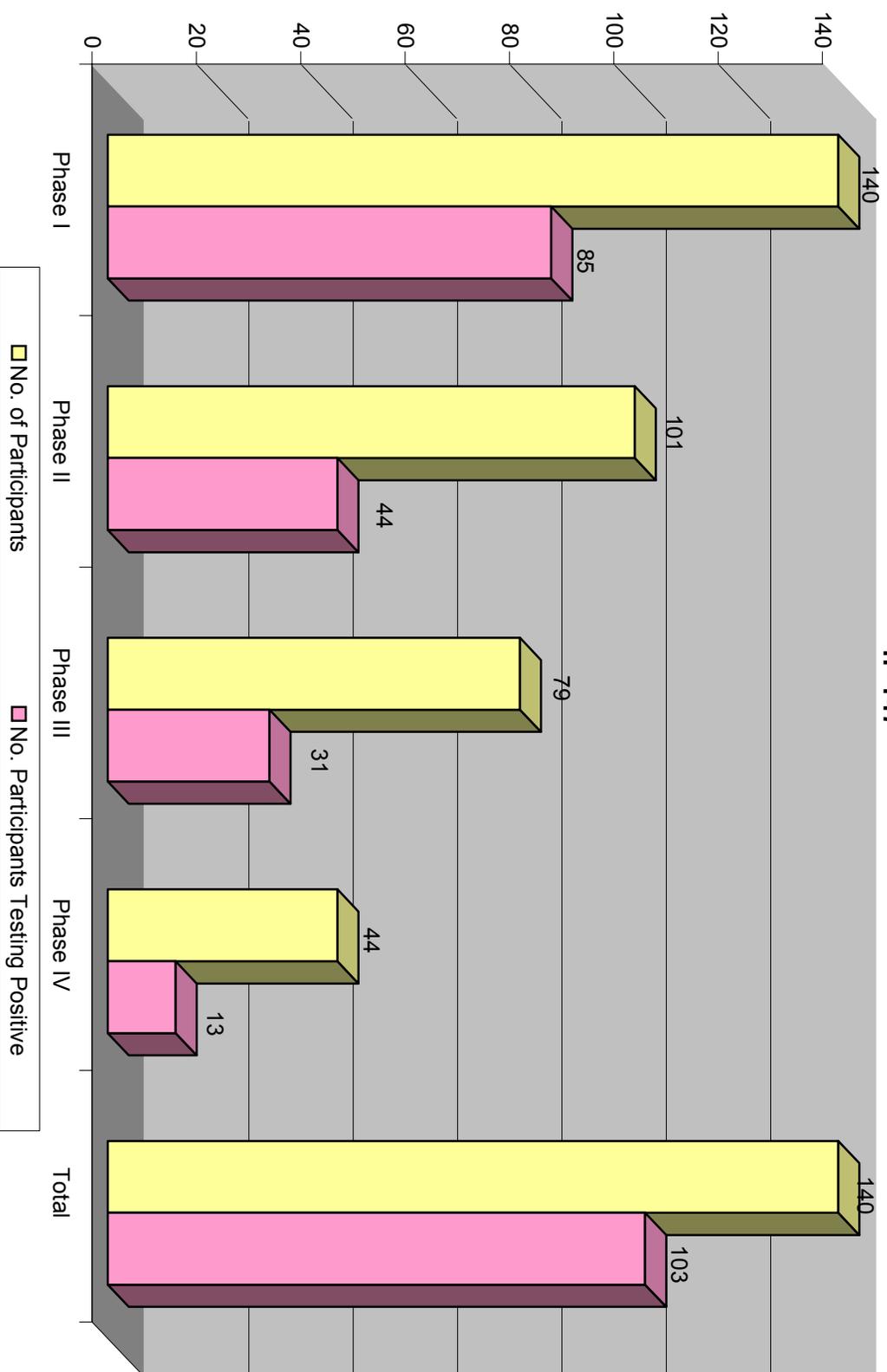


Figure 10B

resulting in a total of 140 participants for whom there was complete information. Of the 140 participants included in this analysis, 103 (73.6%) participants had at least one positive urine screen. Of the 140 participants in Phase I, 60.7% (n=85) of participants had at least one positive screen. Of the 101 participants who moved into Phase II, 44 (43.6%) tested positive at least once. During Phase III, the percentage of participants testing positive again decreases to 39.2% (n=31). This trend continues as the ratio fell further in Phase IV, with 29.5% (n=13) of the participants in this phase testing positive. There was a general decline in the percentage of participants who tested positive from one phase to the next as expected.

Formal violations. Formal violation and sanction information was collected from the JUMIS system at the courthouse. Data were collected on the number of formal violations for which the participants were given sanctions while they were in the KCJDTCP. Violations were categorized into two groups: 1) court-order violations; 2) probation or other violation. “Other” violations generally were for a criminal offense, but could have been for another type of offense.

Formal sanctions include placement in the Juvenile Home and placement on in-home detention or an electronic tether. The type of sanction itself was not analyzed by the evaluation team. The justification behind this exclusion is that participants were often given multiple sanctions for one offense. For example, a participant might have been given secure detention in the Kalamazoo County Juvenile Home, but then was released to the parent for in-home detention to continue serving out his/her punishment. The participant did not necessarily have to commit a new offense in order for this change in sanction to occur. Only the original sanction for an original violation was counted by the evaluation team. In the example above, only the secure detention sanction was counted as a sanction. The in-home detention was not counted because the participant had not committed a new violation.

The data in this section of the analysis were collected by phase. In the event that a participant did not complete a phase because he/she was discharged from the program, data for that “phase” included any sanctions acquired from the date he/she entered this particular phase until he/she was discharged from the program. For the 58 participants still in the program at the end of Year 5, data were collected from the date they entered the program to the date they completed each of the program phases. For participants who were in the middle of a phase at the end of the evaluation year, data were collected from the date they entered their current phase through the end of the evaluation year (September 30, 2002).

The formal sanction information for Year 5 is presented in Figure 11A. Note that the number of sanctions and the number of participants need not be equal, as one participant could have committed more than one violation and therefore received more than one sanction. In Phase I, there were 104 formal sanctions given to the participants. Of these 104 sanctions, 7.7% (n=8) were for court order violations, while the remaining 92.3% (n=96) were for probation or other violations. Forty participants committed the 104 violations; 6 committed the 8 court order violations, and 39 committed the 96 probation or other violations (Figure 11B). Of the 34 formal sanctions in Phase II, 5.9% (n=2) were for court order violations, while the remaining 94.1% (n=32) were for probation or other violations. Sixteen participants committed the 34 violations; 1 committed the 2 court order violations and 16 committed the

VIOLATIONS BY PHASE: Number of Violations
Year 5
n=58

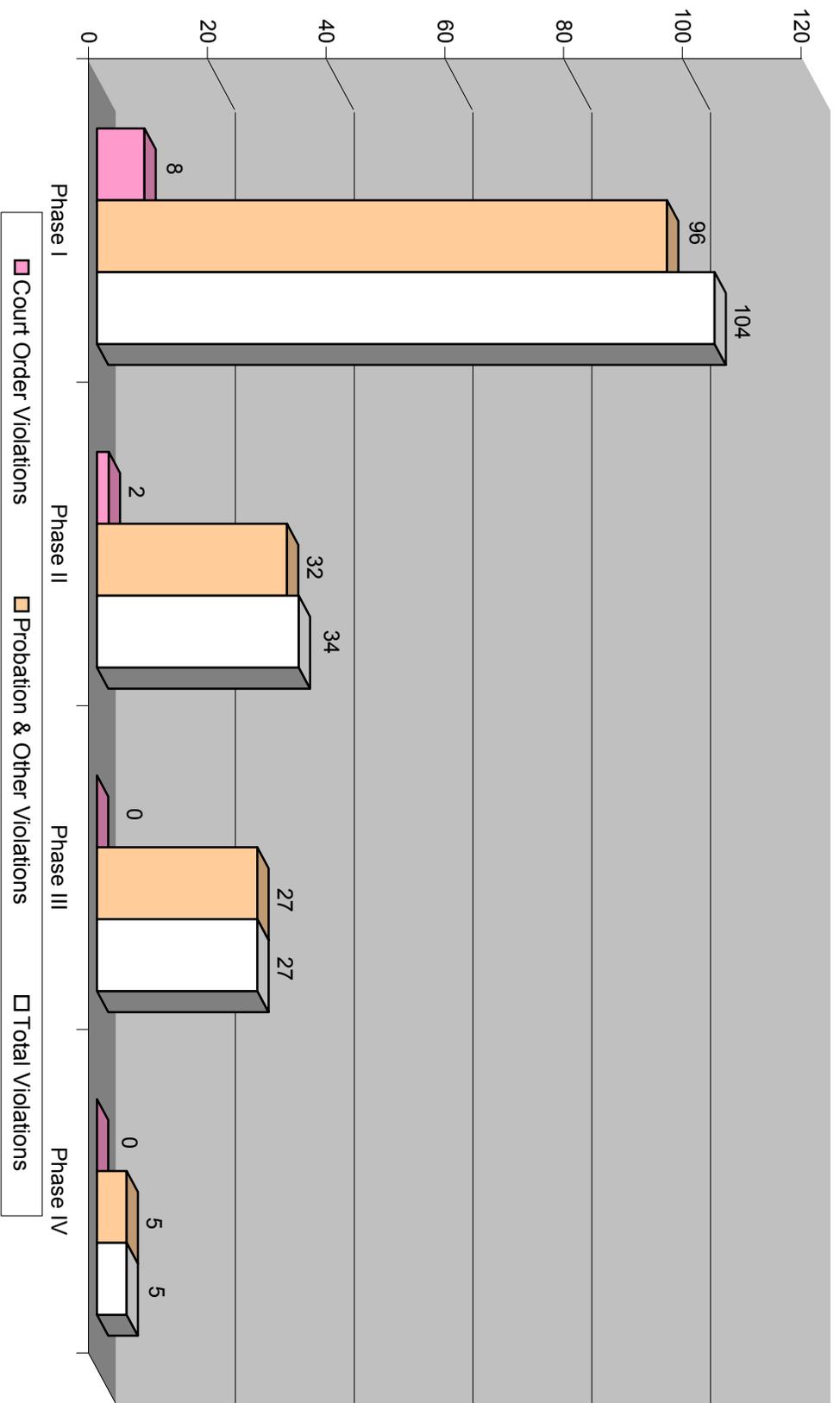


Figure 11A

VIOLATIONS BY PHASE: Number of Participants

Year 5

n=58

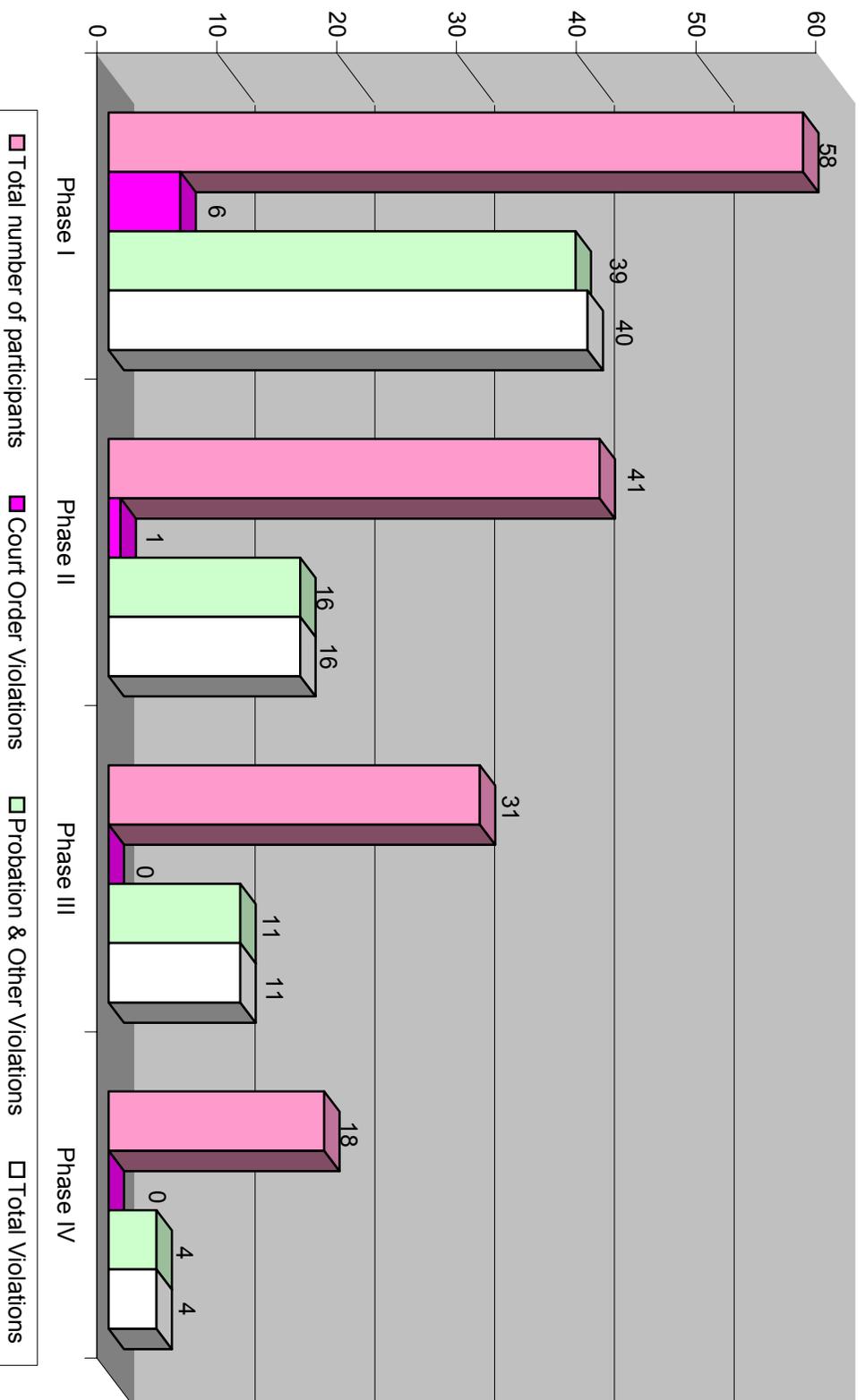


Figure 11B

32 probation or other violations. In Phase III, there were 27 formal sanctions. Of these 27 sanctions, 100% (n=27) were for probation or other violations. Eleven participants committed the 27 violations; 11 committed all 27 probation or other violations. In Phase IV, there were 5 formal sanctions. Of these, all 100% or all (n=5) were for probation or other violations, with four participants committing the five 5 violations.

The sanction information for Years 1 through 5 combined is presented in Figures 12A and 12B. In Phase I, there were 283 formal sanctions given to participants. Of these 283 sanctions, 43.1% (n=122) were for court order violations, while the remaining 56.9% (n=161) were for probation or other violations (Figure 12A). Ninety-four participants committed the 283 violations; 51 committed the 122 court order violations and 70 committed the 161 probation or other violations (Figure 12B). In Phase II, there were 105 formal sanctions, of which 46.7% (n=49) were court order violations, while the remaining 53.3% (n=56) were probation or other violations (Figure 12A). Fifty-two participants committed the 105 violations; 29 committed the 49 court order violations and 33 committed the 56 probation or other violations (Figure 12B). In Phase III, there were 67 formal sanctions. Of these, 26.9% (n=18) were court order violations, while the remaining 73.1% (n=49) were probation or other violations (12A). Thirty-three participants committed the 67 violations; 13 committed the 18 court order violations and 22 committed the 49 probation or other violations (Figure 12B). In Phase IV, there were 12 formal sanctions, of which 16.7% (n=2) were court order violations, while the remaining 83.3% (n=10) were probation or other violations (Figure 12A). Nine participants committed the 12 violations; 2 committed the 2 court order violations and 8 committed the 10 probation or other violations (Figure 12B).

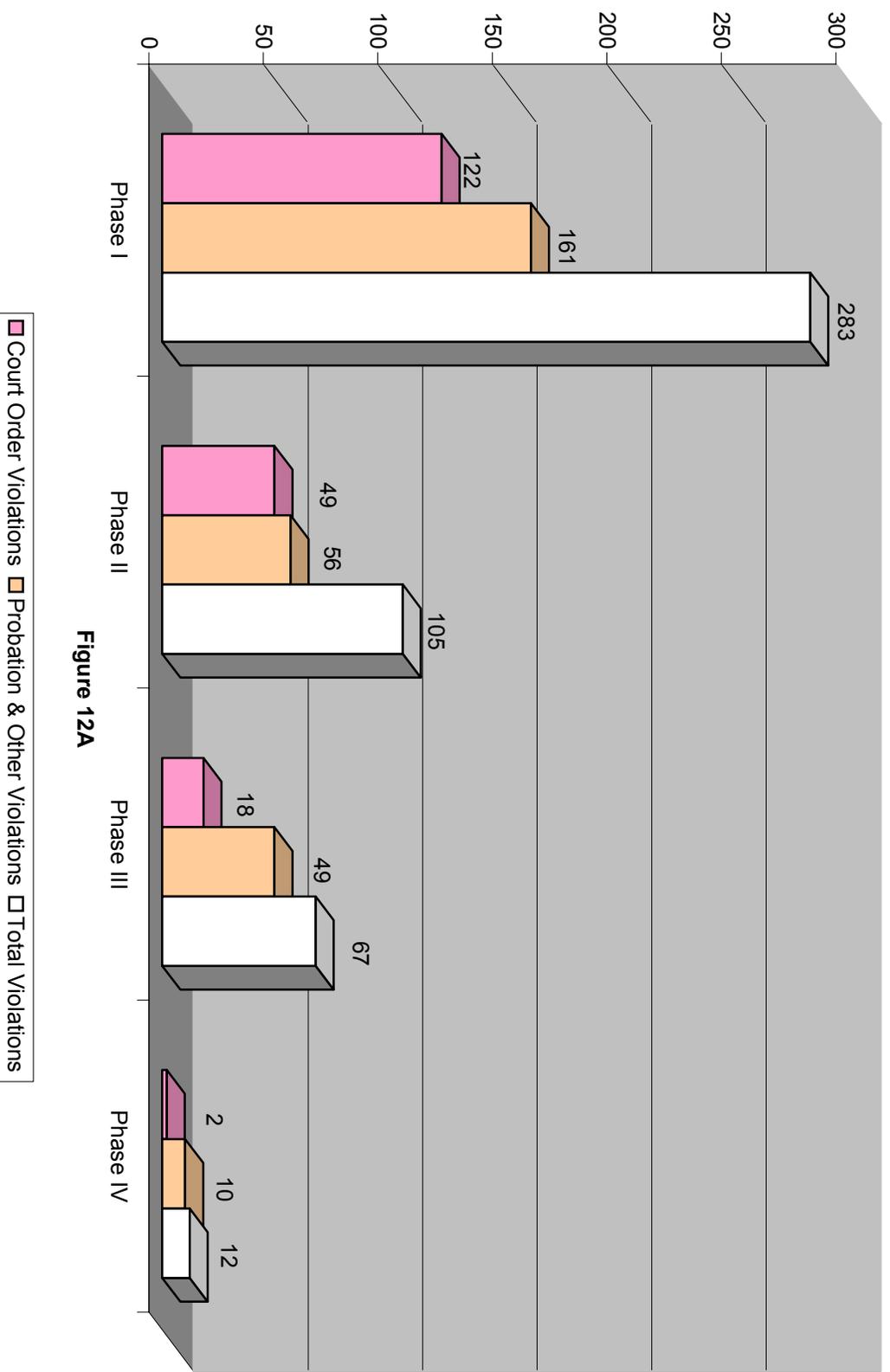
Summary: For both Year 5 and Years 1 through 5 combined, the number of violations committed by participants, and therefore the number of sanctions given to participants, decreased with each phase of the program.

Adjudicated crimes and recidivism for the experimental group. This analysis is limited to misdemeanors and felonies with a guilty or a no contest adjudication in either the juvenile or adult court system. In some cases, the adjudication may have occurred after the post period time frame had ended. However, if the criminal offense occurred during the post time period, it was included in the analysis.

The emphasis here is on a comparison between the adjudicated crimes committed prior to entry of the participants in the KCJDTCP, crimes committed while they were enrolled in the program, and crimes committed after they had left the program because they graduated or were unsuccessfully discharged.

In addition, many of the participants, both from the experimental and control group, turned 17 either while they were in the program or after they had graduated or were discharged from the program. The JUMIS system, the juvenile criminal record system, does not contain information on adult offenses. As information from the Law Enforcement Information Network (LEIN) was not available, the adult adjudication information was obtained from the Michigan State Police Criminal Justice Information Center's Internet Criminal History Access Tool (ICHAT) website, and only includes adjudications in the State of Michigan.

VIOLATIONS BY PHASE: Number of Violations
Years 1-5 Combined
n=147



VIOLATIONS BY PHASE: Number of Participants
Years 1-5 Combined
n=147

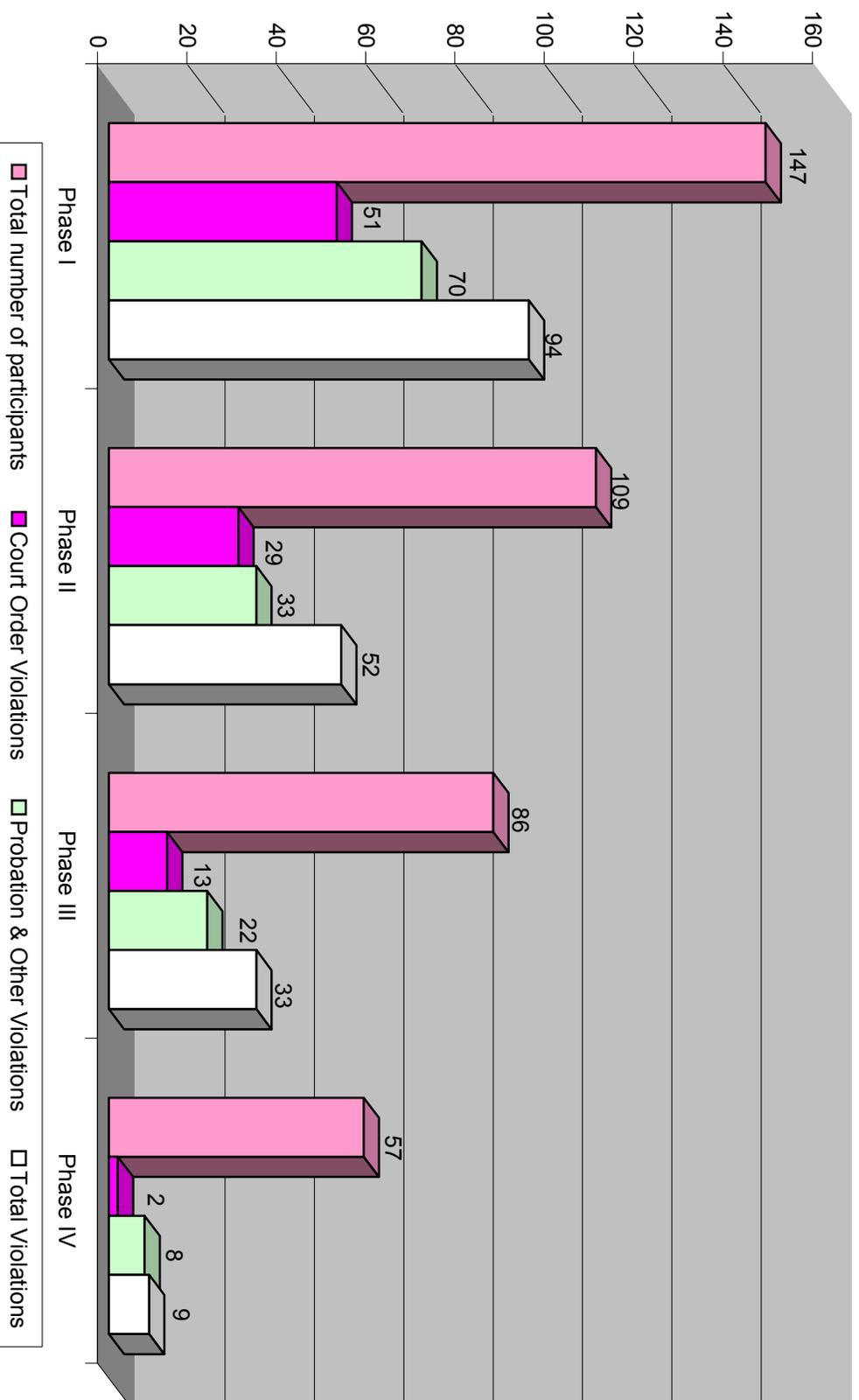


Figure 12B

The evaluation team collected adult criminal information for participants in both the experimental and control groups who had been out of the program for at least one year.

This analysis is further limited to the participants who had been out of the program for one year or more as of the end of the fifth year of the project (September 30, 2002). Participants who were still in the program at the end of Year 5 were not included in this analysis because they did not have a post-program section, which makes calculating recidivism impossible. In addition, participants who had been out of the program for less than one year were not included in the analysis because of the vastly different time frames involved. Of the 147 participants in the KCJDTCP, 89 had been out of the program for at least one year.

For the participants who were out of the program for at least one year, the time periods were determined as follows: the pre-program period was exactly one year prior to their entry in the program, and the post-program period was one full year following their graduation or unsuccessful discharge. If a participant had been out of the program for more than one year, only his/her recidivism activity during this first year was included in the analysis.

Similarly, although the comparisons between pre-program criminal behavior and criminal behavior committed while in the program are important, they are not without problems. There may be a built-in bias in the data since juveniles generally have to commit at least one criminal offense before being considered for admissions to the KCJDTCP. Also, the time intervals in-program are not equal or standardized.

Figure 13A displays adjudicated criminal activity for those participants who had been out of the program for one year or more and Figure 13B shows the number of participants who committed these crimes. The total number of adjudicated crimes committed by these participants in the pre-program year was 146. Of these crimes, 86 were misdemeanors, and 60 were felonies. Seventy-nine participants committed these 146 crimes; 55 committed the 86 misdemeanors, and 43 committed the 60 felonies. (The combined number of participants who committed the misdemeanors and felonies exceeds the number of participants who committed all of the crimes because one participant can commit both a felony and a misdemeanor.)

The total number of adjudicated crimes committed by this group of participants while they were in the program was 45. Of these, over two-thirds (68.9%, n=31) were misdemeanors and just under one-third (31.1%, n=14) were felonies. Twenty-six participants committed the 45 crimes; 18 committed the 31 misdemeanors, and 11 committed the 14 felonies.

The total number of adjudicated crimes committed by this group of participants in the post-program period was 52. Of these, 65.4% (n=32) were misdemeanors, and the remaining 34.6% (n=18) were felonies. Thirty-two participants committed the 52 crimes; 25 committed the 34 misdemeanors, and 13 committed the 18 felonies. Therefore, for the participants who had been out of the program for at least one year, there was a decrease in the total number of adjudicated crimes between the pre-program year (146), and the in-program period (45) and a decrease from the pre-program year to 52.

ADJUDICATED CRIMES

n=89

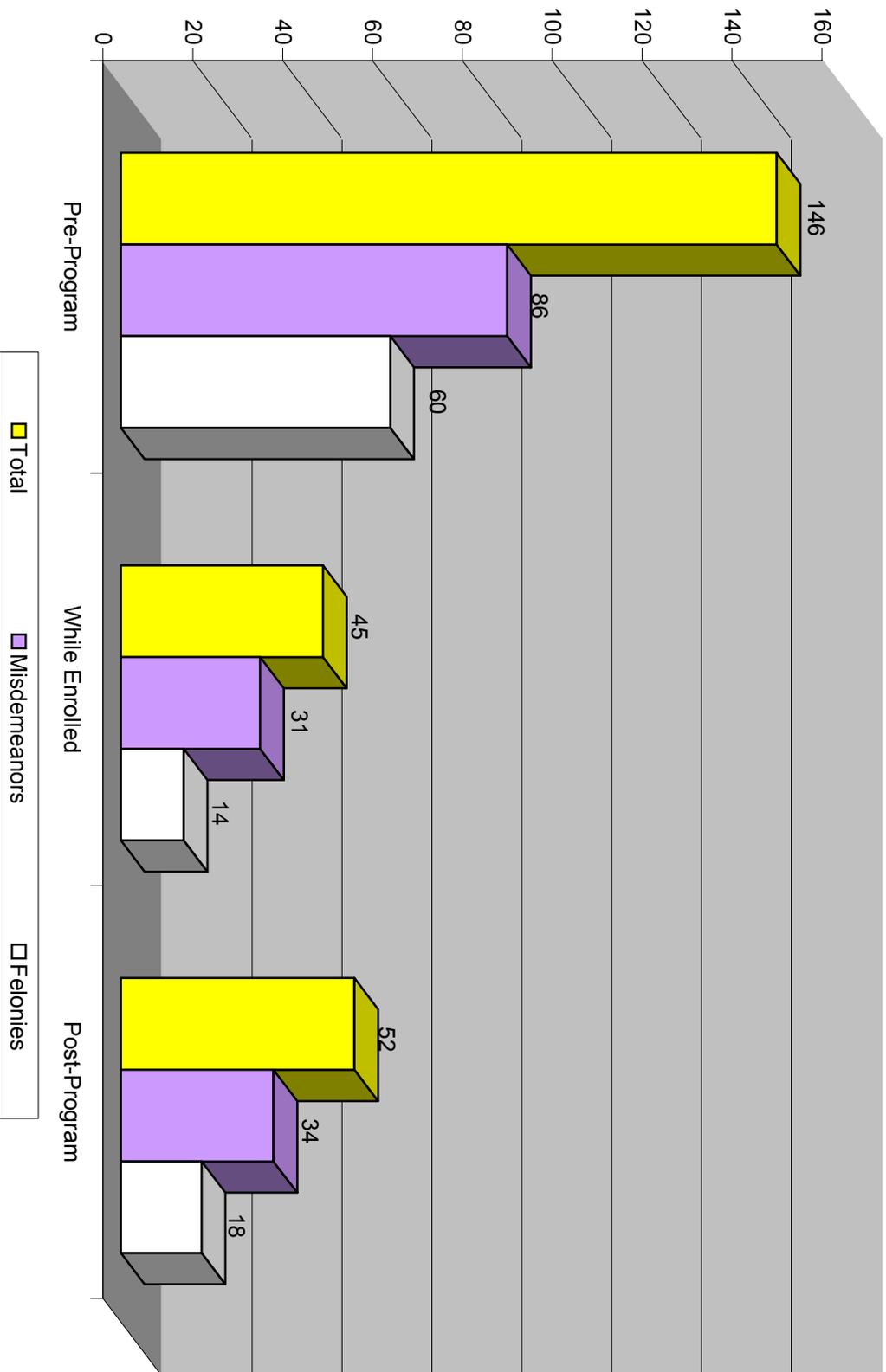


Figure 13A

PARTICIPANTS COMMITTING ADJUDICATED CRIMES

n=89

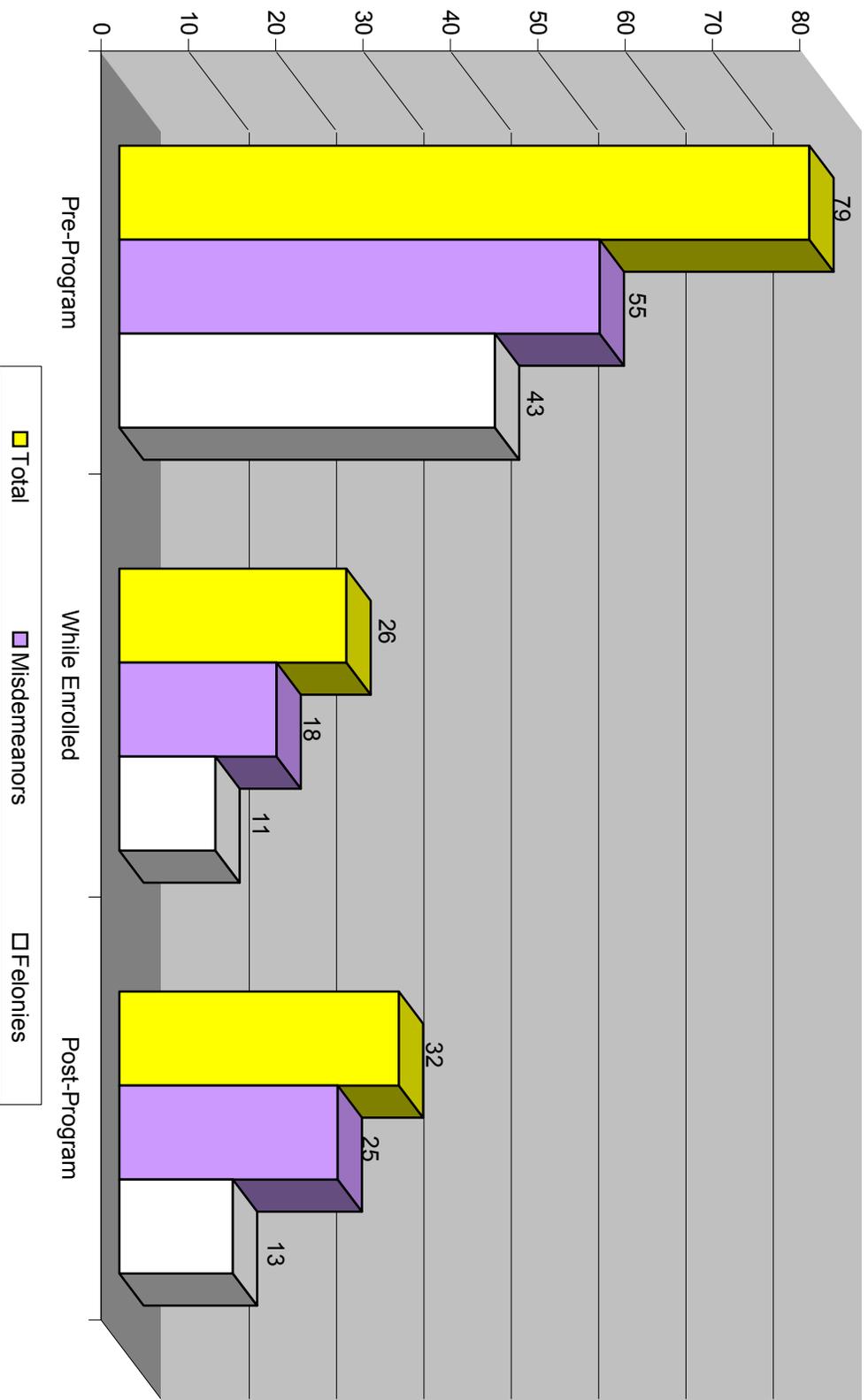


Figure 13B

Comparison between the experimental and control groups

A control group was created at the inception of the KCJDTCP program. Most of the juveniles were selected to the control group through the Assessment and Referral Team (ART). After interviewing a juvenile who had entered the criminal justice system, the committee would decide if he/she qualified to enter the KCJDTCP, then he/she would be assigned to the program (experimental group), would be assigned to the control group, or would not be assigned to either one of the groups. The decision is based on the admission criteria for KCJDTCP.

There have been a total of 78 subjects in the control group for Years 1 through 5 combined. The number of juveniles in the control group for the first year was 10. In the second year, 12 additional juveniles were added to the control group, bringing the total to 22. An additional 27 juveniles were placed in the control group in Year 3, bringing the total to 49. Sixteen juveniles were added to the control group in Year 4, bringing the total to 65. Thirteen juveniles were added to the control group for Year 5; thus, the control group consists of 78 members for all five years combined, from January 1, 1998 through September 30, 2002. There were no data for this group for drug relapses, as drug tests are not routinely administered to this group. In addition, no phase analysis is included, as the control group is not regulated by phases. Numbers in charts do not match numbers in the Year 4 report, as some members became participants in the experimental group. When an individual moved from the control group to the experimental group, they were excluded from the control group analysis altogether.

The comparison of the control group with the experimental group on demographic data is done to examine to what extent the groups are similar or dissimilar, and thus, comparable or not comparable.

Age at entry of the program

Table 3

Age of Participants (Years 1 through 5 Combined)				
	Experimental Group (n=147)		Control Group (n=78)	
	%	N	%	N
12	-	-	1.3	1
13	4.1	6	7.7	6
14	21.7	32	28.2	22
15	31.9	47	36.6	27
16	41.0	60	25.6	20
17	1.3	2	2.6	2

Table 3 shows the distribution of ages of the participants in the experimental and control groups for all five years of the program. The average age of the experimental group (15.1) was not statistically higher than the average age of the control group (14.8). The modal age of the experimental group (16) was higher than the modal age of the control group (15). The distributions are otherwise fairly similar. In both distributions, the proportion of participants increased from 12-13 year olds to 15-16 year olds and then dropped. Compared to the

control group, the experimental group has no 12 year olds, fewer 13 (4.1% compared to 7.70%), 14 (21.7% compared to 28.2%), 15 (31.9% compared to 36.6%) year olds, and 17 (1.3% compared to 2.6%) year olds, and has more 16 (41.0% compared to 25.6%). The ages of the participants in the experimental group were concentrated at 14, 15, and 16 years old (94.6%), as were the ages of the participants in the control group (90.4%). After recoding to eliminate expected cell frequencies under 5, the results were not statistically significant (Chi-square p-value is 0.083).

Ethnicity.

Table 4

Ethnicity of Participants (Years 1 through 5 Combined)				
	Experimental Group (n=147)		Control Group (n=78)	
	%	N	%	N
White, Non-Hispanic	62.6	92	47.4	37
African American	29.3	43	47.4	37
Hispanic	3.4	5	1.3	1
Multi-racial	4.8	7	3.8	3

Table 4 shows the distribution of the ethnic/racial categories for the participants in the experimental and control groups for all five years. In both the experimental and control groups, the majority of the participants were white, with African Americans constituting a large minority and Hispanic and multi-racial participants constituting a much smaller minority. Compared to the control group, the experimental group had a larger proportion of whites (62.6% compared to 47.4%), Hispanics (3.4% to 1.3%), and multi-racial participants (4.8% to 3.8%) and a much smaller proportion of African Americans (29.3% to 47.4%). After recoding to eliminate expected cell frequencies under 5, the results were statistically significant (Chi-square p-value=.029).

Sex.

Table 5

Sex of Participants (Years 1 through 5 Combined)				
	Experimental Group (n=147)		Control Group (n=78)	
	%	N	%	N
Male	82.3	121	75.6	59
Female	17.7	26	24.4	19

Table 5 shows the gender distribution for both the experimental and control groups for all participants in Year 5. In both groups, the majority of the participants were male, though the proportion was higher in the experimental group (82.3% compared to 75.6%). After recoding to eliminate expected cell frequencies under 5, the results were not statistically significant (Chi-square p-value=.234).

Household Income.

Table 6

Household Income (Years 1 through 5 combined)				
	Experimental Group (n=118)*		Control Group (n=27)**	
	%	N	%	N
\$0-9,999.99	5.9	7	7.4	2
\$10,000-19,999.99	20.3	24	33.3	9
\$20,000-29,999.99	19.5	23	18.5	5
\$30,000-39,999.99	22.0	26	22.2	6
\$40,000-49,000	11.9	14	0	0
\$50,000 or more	11.0	13	18.5	5

*The research team did not have information for 29 participants.

** The research team did not have information for 51 participants

Table 6 shows the household incomes of the families of the participants in both the experimental and control groups for all five years. There are some differences between the two groups. The experimental group has fewer \$10,000-19,999.99 and \$30,000-39,999.99 than the control group (20.3% compared to 33.3% and 22.0% compared to 22.2% respectively). The experimental group has more \$20,000-29,999.99 than the control group (19.5% compared to 18.5). Even so, the majority of both groups have household incomes between \$10,000 and \$39,999.99 (61.8% for the experimental group and 74% for the control group). After recoding to eliminate expected cell frequencies under 5, the results were not statistically significant (Chi-square p-value=.476).

Family structure.

Table 7

Family Structure (Years 1 through 5 combined)				
	Experimental Group (n=107)		Control Group (n=68)	
	%	N	%	N
Both parents	21.3	23	9.0	7
Mother only	50.0	54	39.7	31
Father only	8.3	9	3.8	3
Mother and stepfather	12.0	13	12.8	10
Father and stepmother	2.8	3	3.8	3
Relatives	2.8	3	10.3	8
Foster Family	0	-	1.3	1
Mother and mother's boyfriend	1.9	2	5.1	4
Unspecified legal guardian	0	-	1.3	1
Father and father's girlfriend	0.9	1	0	-

Table 7 provides information on the living arrangements of the participants (who the participants live with) for all five years combined. "Foster Family" was added as a separate category for Year 5. Data were available for 107 of the 147 experimental group participants and for 68 of the 78 control group participants. The modal category was "mother only" for

both groups. The experimental group continues to have a much larger percentage of participants who live with both parents (21.3% compared to 9.0%) and those who live with only their father (8.3% compared to 3.8%), while it has a smaller percentage of participants who live with other relatives (2.8% compared to 10.3) than the control group. The control group has one person who resides with an unspecified legal guardian. Also, the experimental group has one person who resides with their father and father's girlfriend. Due to the small cell frequencies, no test of significance was computed for this variable.

The distributions of sex, age, income, and family structure for the experimental and control group were similar but not identical. Ethnicity, if measured by white and non-white categories, was statistically different between the groups.

Because of the close similarities between the two groups, it was decided to further compare them. The major comparison conducted was adjudicated crime rates for pre-program, while enrolled in the program, and after discharge or graduation from the program in the case of the experimental group and discharge from probation or charge as a ward of the court in the case of the control group.

Adjudicated crimes and recidivism comparison. Data for this section was collected in the same manner as the data for the experimental group. Only adjudicated misdemeanors and felonies were included. Participants who were still in the program or on probation were not included because they do not have any post-program information, which is needed to determine recidivism. In addition, those who were out of the program less than one year were not included due to the inconsistencies in the time frames. For the participants who were out of the program for at least one year, the time periods were determined as follows: the pre-program period was one full year prior to their entry in the program, and the post-program period was one full year following their graduation or unsuccessful discharge from the program or completion of probation or discharge as a ward of the court.

As discussed previously regarding adjudicated crime data, there may be a built-in bias in the data because juveniles have to commit at least one criminal activity before being considered for admissions to the KCJDCTP. In addition, only crimes with a guilty or no contest disposition were included in the analysis. Data from the control group will be presented first, followed by data from the experimental group and the crime rates.

Figure 14A shows the adjudicated juvenile crimes of the control group participants who were out of the control group for at least one year, and Figure 14B shows the number of participants committing adjudicated crimes. The total number of crimes committed by these participants in the pre-program period is 65 (Figure 14A). Of these, 67.7% (n=44) were misdemeanors, while the remaining 32.3% (n=21) were felonies. Thirty-six participants committed these 65 crimes; 27 committed the 44 misdemeanors and 14 committed the 21 felonies. Once again, the number of participants who committed the misdemeanors and felonies exceeds the number of participants who committed all of the crimes because one participant can commit both a felony and a misdemeanor. The total number of crimes committed by the control group while they were on probation was 16, of which 56.2% (n=9) were misdemeanors and 43.8% (n=7) were felonies. Ten individuals committed the 16

ADJUDICATED CRIMES
Control Group
n=39

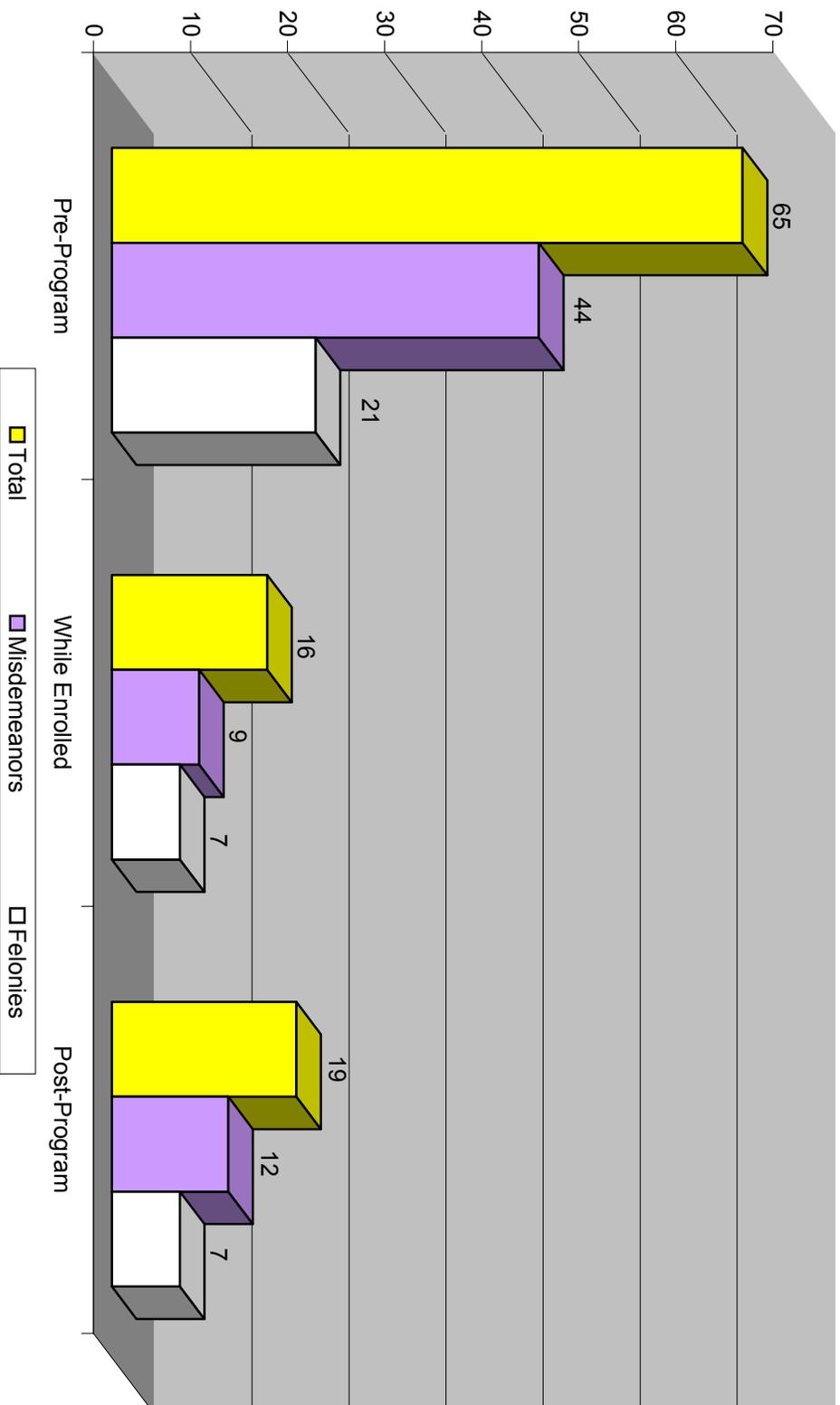


Figure 14A

PARTICIPANTS COMMITTING ADJUDICATED CRIMES

Control Group

n=39

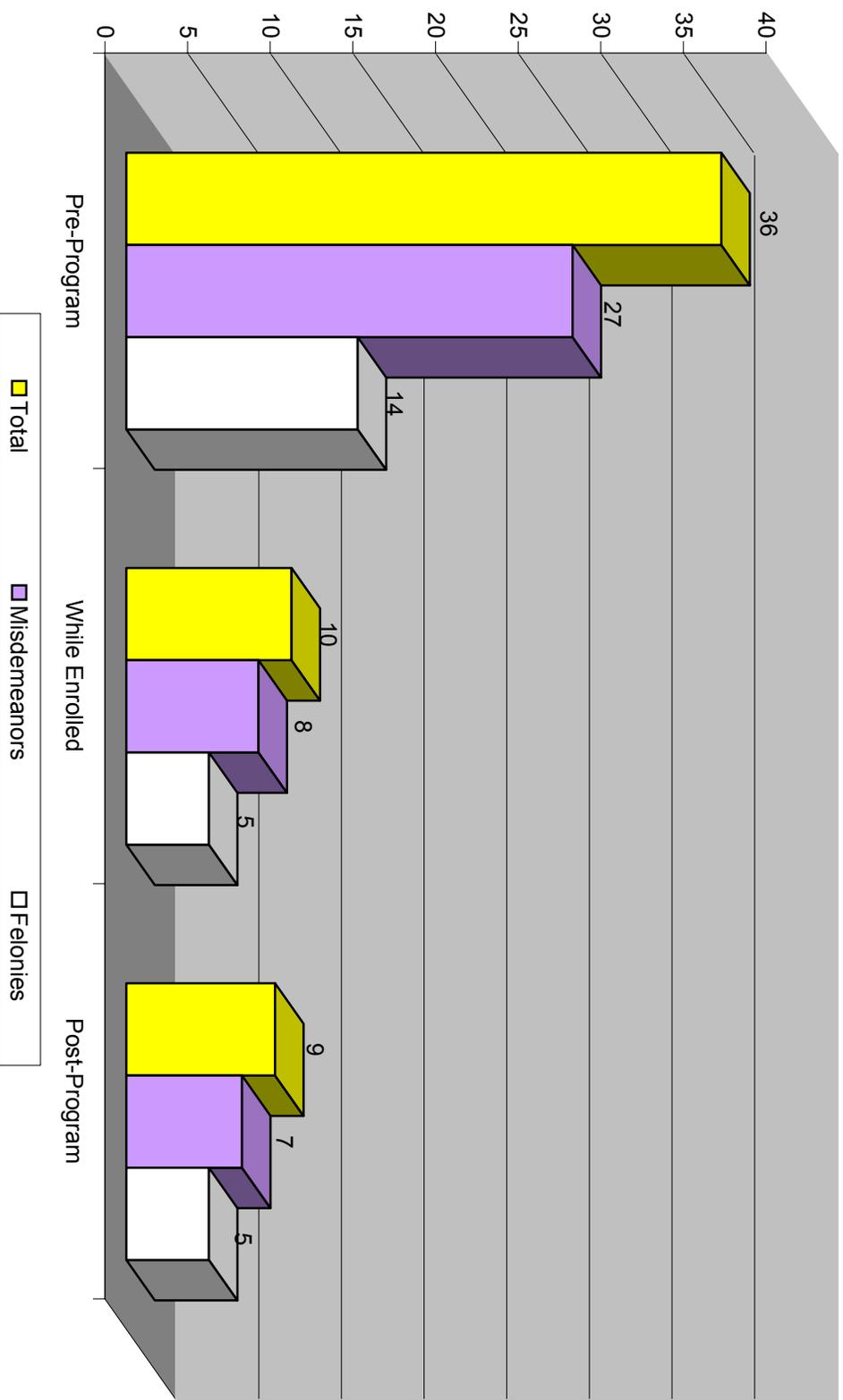


Figure 14B

crimes; 8 committed the 9 misdemeanors and 5 committed the 7 felonies. The total number of crimes committed by these participants in the post-program period is 19. Of these, 63.2% (n=12) are misdemeanors, while the remaining 36.8% (n=7) are felonies. Nine participants committed the 19 crimes; 7 committed the 12 misdemeanors, and 5 committed the 7 felonies.

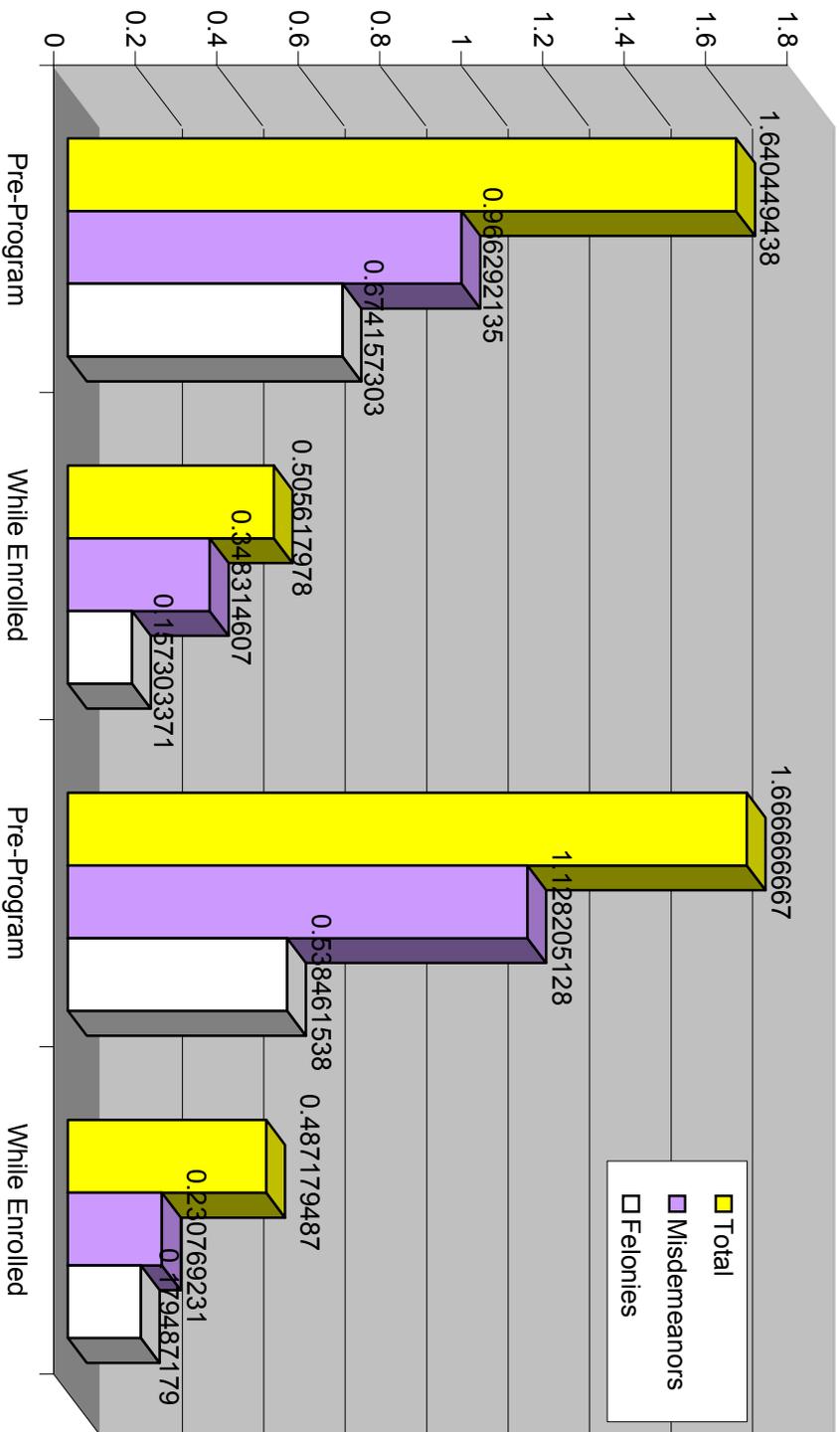
Crime rates comparison. A comparison of the crime rates were included because they standardize the data and take into account the differences in the numbers of participants between the experimental and control groups. Crime rates were calculated only for those individuals who had been out of the program for one year. Crime rates were calculated by dividing the total number of crimes committed for each group (experimental and control) in each category (total crimes, misdemeanors, and felonies) in each of the appropriate time periods (pre-program, while enrolled, and post-program) by the total number of participants in that group (experimental, n=89 and control, n=39). For example, there were 89 individuals in the experimental group who committed a total of 146 crimes in the pre-program phase. This calculates to a crime rate of 1.64. This is comparable to the 1.67 crime rate for the control group in the pre-program phase.

Figure 15A displays the crime rate comparison between the experimental and control groups in regard to their pre and while-enrolled adjudicated criminal activity. Figure B depicts the crime rate comparison for their pre and post program adjudicated criminal activity. As discussed above, these rates were calculated only for participants who had been out of the program for at least one year. The rates are comparable, as they include a one year time frame for both the pre and post program periods. The experimental group has a pre-program crime rate of 1.64 and a post program crime rate of 0.62, compared to the control group's pre-program crime rate of 1.67 and post-program rate of 0.49 (Figure 15B). As we can see, the rates for both groups are similar.

These results may be construed as a weakness of the KCJDTCP, as the results appear to show that the participants in the program (the experimental group) fare no better than those who receive probation (the control group). However, these results must be analyzed with caution. The control group in this evaluation is not a true control group, as there is no random assignment of individuals to this control group. As such, individuals who are evaluated as likely to succeed may be more likely to be placed on probation rather than the drug court, which means they are predisposed to have a higher rate of success. Conversely, participants are also evaluated for enrollment in the drug court. It is only after they reach a higher level of substance abuse that they are ordered to enter the drug court. This also explains why every year there are a few individuals who move from the control group to the experimental group. Furthermore, only 39 control group persons met the time out of program condition for inclusion in this analysis. This small number may make results unreliable. The reduction in crime for the KCJDTCP participants is reliable and dramatic.

Recidivism rates comparison. Figures 16A and 16B compare the recidivism rates for the experimental and control groups. Recidivism rates were calculated by comparing the total number of individuals who committed a crime in each group (experimental and control) in each category (total crimes, misdemeanors, and felonies) in each of the appropriate time periods (pre-program, while enrolled, and post-program) by the total number of participants

CRIME RATE COMPARISON Pre and White Enrolled

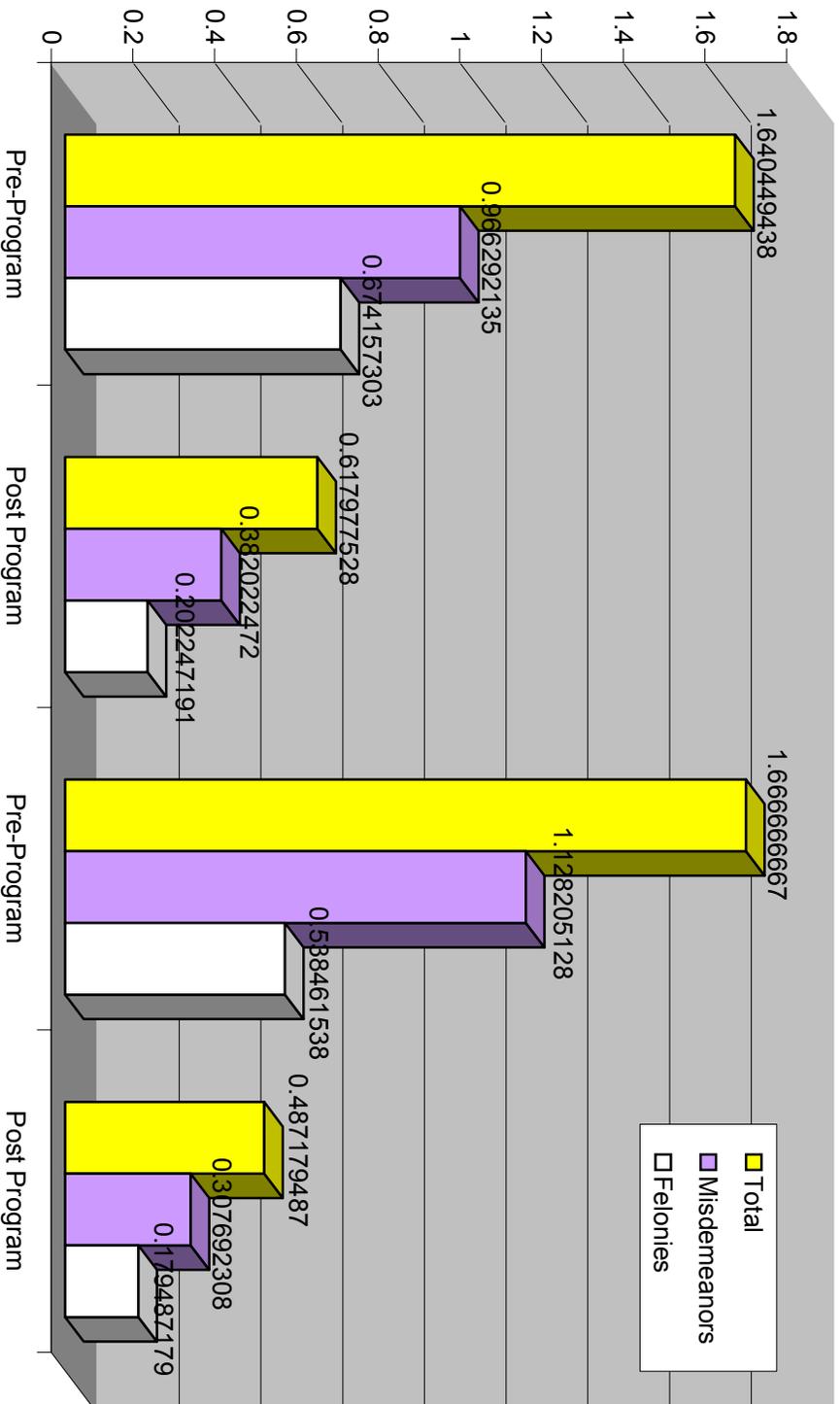


Experimental Group n=89

Control Group n=39

Figure 15A

CRIME RATE COMPARISON Pre and Post Program



Experimental Group n=89

Control Group n=39

Figure 15B

RECIDIVISM RATE COMPARISON Pre and White Enrolled

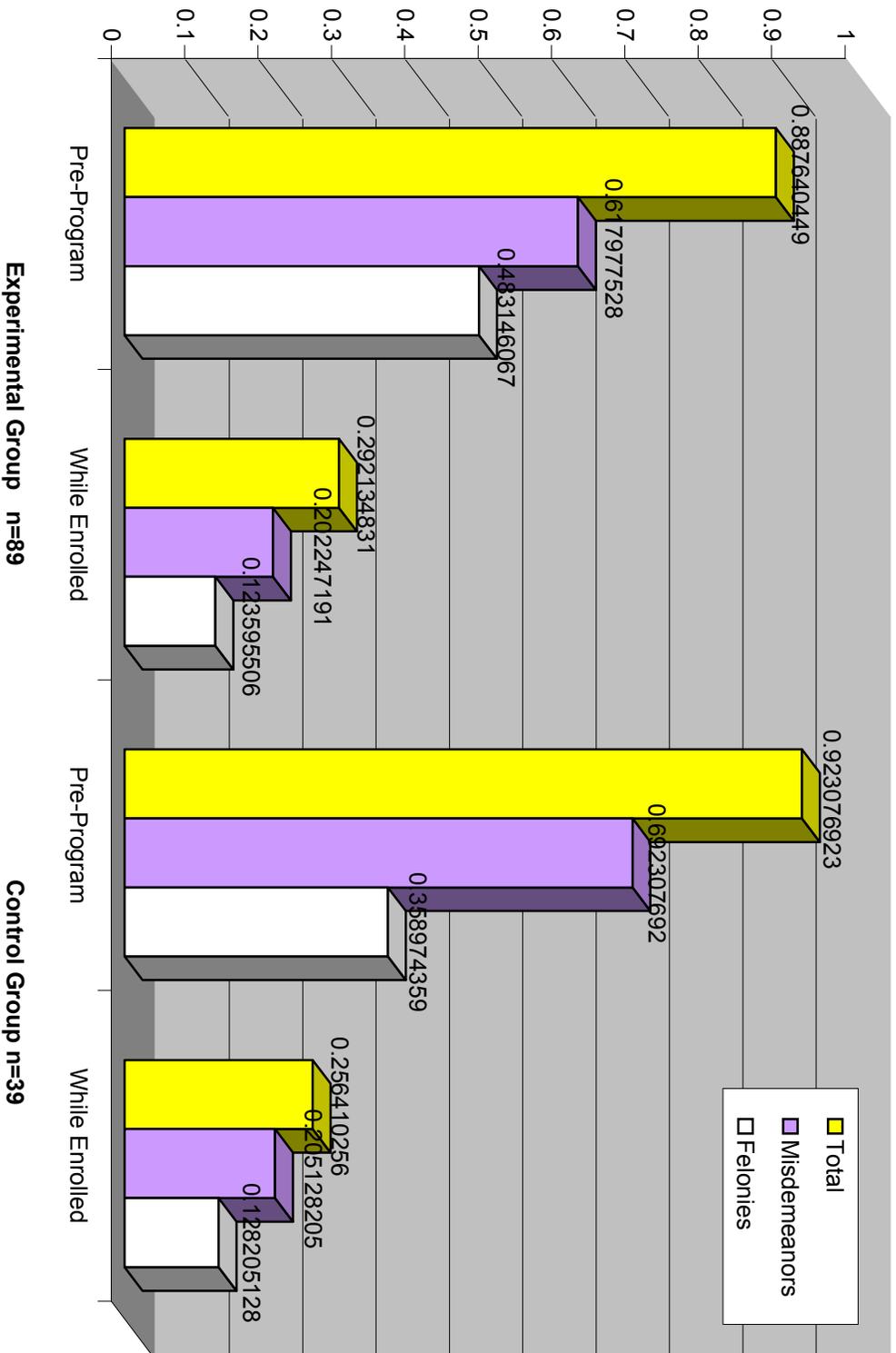
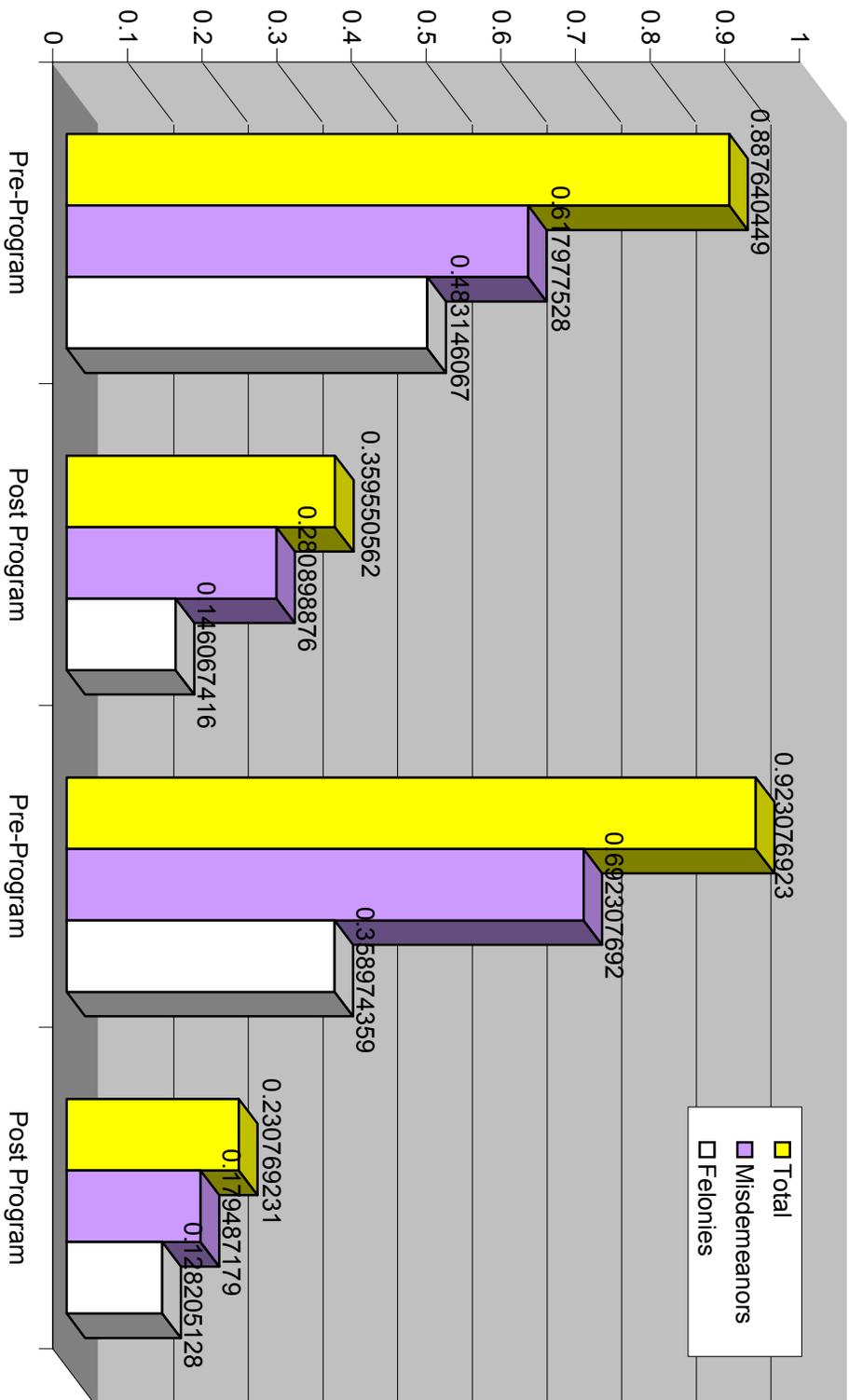


Figure 16A

RECIDIVISM RATE COMPRISON Pre and Post Program



Experimental Group n=89

Control Group n=39

Figure 16B

in that group (experimental, n=89 and control, n=39). For example, 79 of the 89 individuals committed either a felony or a misdemeanor during the pre-program period. This results in a commission rate of 0.89. For the control group, 36 out of 39 individuals committed at least one felony or misdemeanor prior to entering the program, which results in a commission rate of 0.92.

Recidivism rates decrease for both the experimental and the control groups. The recidivism rates for the while-enrolled time period is quite a bit lower than the pre-program rates (Figure 16A). For the experimental group, the pre-program recidivism rate is 0.89, compared to 0.29 for the while-enrolled time period. For the control group, the pre-program recidivism rate was 0.92, compared to a recidivism rate of 0.26 for the while-enrolled time period.

Figure 16B shows more clearly the decrease in recidivism rates. The pre-program rates are much higher than the post-program rates, for both groups. The experimental groups' pre-program rate is 0.89, compared to a post-program rate of 0.36. The control groups' pre-program rate is 0.92, while its' post-program rate is 0.23. As noted above, the pre-program and post-program rates are more reliable than the while-enrolled time period. This analysis is limited to individuals who have been out of the program for one year or more, and any criminal activity committed within one year prior or one year after the individual left the program, is included in the analysis.

OUTCOME ASSESSMENT OF PROGRAM OBJECTIVES

Program objectives. This section of the report provides an overview of the KCJDTCP's completion of each of its stated objectives. Each objective is individually analyzed based on the performance of the program through the end of its fourth year of operation (September 30, 2002), with the exception of the objectives specifying Year 4 as the intended unit of analysis. A description of each objective is provided, followed by a short analysis of each objective. More detailed discussions of most of the objectives can be found throughout the rest of the report.

Objective #1: 70% of participants will complete the juvenile drug court program. This will be measured by maintenance of participation; sobriety and recovery; outcomes of status review hearings; and drug testing.

- The KCJDTCP has not yet met this objective. Of the 116 participants who have had a final disposition with the program, 48 (41.4%) have graduated. Of the 27 participants with a final disposition in Year 5, 11 (40.7%) successfully completed the program.

Objective #2: 25% of participants will have no new adjudications or convictions while in the juvenile drug court program. This will be measured by analysis of Circuit Court crime data.

- The KCJDTCP has fulfilled this objective. Of the 147 participants ever in the program, 69.9% had no new adjudications or convictions while enrolled in the program.

Objective #3: 50% of drug court participants will have no positive urine screens during Phase II & III. This will be measured by program statistical data.

- The KCJDTCP has met this objective. In Phase II, 56.4% of participants had no positive urine screens, and 57.0% of participants in Phase III had no positive urine screen. Percentages are based only on participants for whom we had complete urine screen and phase information.

Objective #4: 50% of drug court participants will have no new adjudications or convictions while in the aftercare phase. This will be measured by review of Circuit Court crime data.

- This objective has been successfully met. Although the aftercare phase was not separately analyzed in regards to recidivism, the objective can be assessed based on the fact that only 30.1% of participants had a new adjudication or conviction at some point in their participation in the program.

Objective #5: 50% of drug court participants will have no positive urine screens during the aftercare phase. This will be measured by program statistical data.

- This objective has been successfully met. Of the 44 participants who had been or still were in the aftercare phase, 31 (70.5%) had no positive urine screens during this phase.

Objective #6: The number of program violations and consequent sanctions by juvenile participants will be reduced by 25% from Phase II to Phase III. This will be measured by program statistical data.

- The KCJDTCP has successfully met this objective. There was a 36.2 % reduction in the total violations committed by participants from Phase II to Phase III. Violations include court-order, probation, and other violations.

Objective #7: The number of program violations and consequent sanctions will be reduced by 25% from Phase III to Phase IV. This will be measured by program statistical data.

- This objective has also been met. There has been a 82.1% reduction in the total violations committed by participants from Phase III to Phase IV.

Objective #8: 75 Juveniles will be screened for program eligibility per year of program operation. This will be measured by the Assessment/Referral Team (ART) screening data.

- The KCJDTCP has met this objective. A total of 93 individuals were screened for eligibility during Year 5.

Objective #9: 40 juveniles will be supervised by the drug court program during the fifth year of operation. This will be measured by program statistical data.

- This objective has been met. The KCJDTCP supervised 58 participants at some point during the fifth year of the program. Of these 58, 28 entered the program during Year 5.

Objective #10: 70% of participants will appear at 100% of the status review hearings. This will be measured by program statistical data.

- Based on partial data obtained for Year 5, The KCJDTCP has met this objective. Of the 58 participants in Year 5, 50 (86.2%) attended 100% of their scheduled review hearings.

Objective #11: 100% of participants will have an individualized treatment plan and have access to appropriate treatment and community-based services. This will be measured by the availability and accessibility of the treatment services and effective matching of juvenile participants with therapists and programs.

- This objective has been met. All KCJDTCP participants are assigned a treatment provider and an individualized treatment plan is created for his/her.

Objective #12: 100% of participants will be judicially supervised through drug court status review hearings. This will be measured by monitoring on a case by case basis.

- This objective has also been met. 100 % of participants attend the status review hearings. Based on the partial data obtained for this objective, 88.8% (111 of 125) of the scheduled sessions were kept.

Objective #13: Five volunteers will be recruited to serve as mentors to juvenile participants. This will be measured by volunteer recruitment data.

- This objective was not met. Two volunteers were recruited during Year 5.

Objective #14: 50% of participants will receive socialization skills training, such as anger management, conflict resolution and effective communication. This will be measured by drug court program development data and reporting.

- The objective was accomplished. 100% of participants receive socialization skills training, either in counseling with their treatment provider or in the Hear Me Out groups. All participants are required to attend Hear Me Out sessions during Phase I of the program.

Objective #15: 40% of juvenile participants' parents will participate in parent education groups. This will be measured by drug court development data and reporting.

- The success of this objective is unable to be determined. However, three parenting groups were held for the parents of new participants and for other parents who had a concern they wished to address with program staff.

APPENDIX A

Introduction. This appendix presents additional information on adjudicated crimes for all participants in Years 1 through 5 for the pre-program and while-enrolled periods.

Cautionary notes on the data. The analyses presented in this Appendix are subject to substantial data limitations. For the comparison of pre-program and in-program crime, we remind the reader that the time periods for comparison are not consistent across the 147 program participants who have ever been in the program. As previously noted, recidivism information for all participant who had been out of the program for one year or more was based on a calculated one year pre and one year post time frame. For participants who had been out of the program for less than one year, the recidivism time frame was the total number of days they had been out of the program. The pre-program time period was calculated at the same number of days. For example, if a participant had been out of the program for 200 days, their pre-program recidivism information would only include crimes with a guilty or a no contest adjudication during the 200 days prior to their entry into the program. Likewise, all post-program recidivism information would be limited to the 200 days following their release from the drug court. For participants who were still in the program at the end of the fifth year of operation (September 30, 2002), their pre-program and while enrolled recidivism time frame was the total number of days they had been in the program, up to September 30, 2002.

The second issue relates to the data sources for the recidivism information. As mentioned in the body of the report, only crimes with a guilty or a no contest adjudication were included in the analysis. Some individuals may have committed a crime that was not yet adjudicated at the end of the evaluation year, thereby eliminating this information from the analysis. In addition, the lag time for records being entered into the official data bases (ICHAT, LEIN, and JUMIS) may have resulted in some crimes being inadvertently excluded from the analysis, resulting in the post-program information being incomplete.

A third issue is time-at risk. If individuals were confined in jail, the detention home, or another juvenile facility, the total number of days they spent confined should be subtracted from the total number of days they were eligible to recidivate. This would provide a true at-risk time frame, as juvenile who spend time confined do have the same opportunities to commit offenses as those who are not confined. However, due to reliability concerns with the data, the evaluation team does not believe it can properly control for the time-at-risk for recidivism. Therefore, all recidivism data is examined in time frames that do not account for true at-risk time. This will be particularly important in subsequent reports when we separately examine recidivism comparisons for unsuccessful discharges from the KCJDTC and from the control group where discharge is more likely to have been directly to a term of detention. This will tend to bias short-term follow-up comparisons of criminal activity against successful discharges.

Comparisons of crime before and during the program. Figure A1 displays the total number of adjudicated crimes committed prior to entry into the program and committed while enrolled in the program for all participants in Years 1 through 5. The 147 participants who had ever been in the program committed a total of 227 crimes prior to their entry into the program. Of these 227 crimes, 140 were misdemeanors and 87 were felonies. The number

of crimes committed decreased for the while enrolled period, with a total of 78 crimes committed while participants were in the drug court program. Of these 78 crimes, 57 were misdemeanors and 21 were felonies.

Figure A2 shows the total number of participants who committed these adjudicated crimes. 119 participants committed the 227 total crimes prior to entry into the program. Of these, 85 individuals committed the 140 misdemeanors and 59 committed the 87 felonies. For the while enrolled time period, 45 individuals committed the 78 total crimes. Of these, 34 individuals committed misdemeanors and 16 committed the felonies. Recall, the total number of participants may not match the total number committing misdemeanors plus the total number committing felonies, as one individual could have committed multiple offenses.

Figures A3 display the crime rates and recidivism rates respectively for the pre-program and while enrolled time periods. The crime rate for the total number of pre-program offenses is 1.54, compared to a while enrolled crime rate of 0.53. The misdemeanor crime rate decreased from 0.95 in pre-program to 0.39 while enrolled. The felony crime rate decreased from a pre-program rate of 0.59 to 0.14 in the while enrolled period.

Recidivism rates decreased as well from the pre-program to the while enrolled in program program. The pre-program total crime recidivism rate is 0.81, compared to a while enrolled total of 0.31. The misdemeanor recidivism rate decreased from 0.58 pre program to 0.23 while enrolled. The felony recidivism rate decreased even more drastically, from 0.40 to 0.11.

**ADJUDICATED CRIMES
Pre and White Enrolled
n=147**

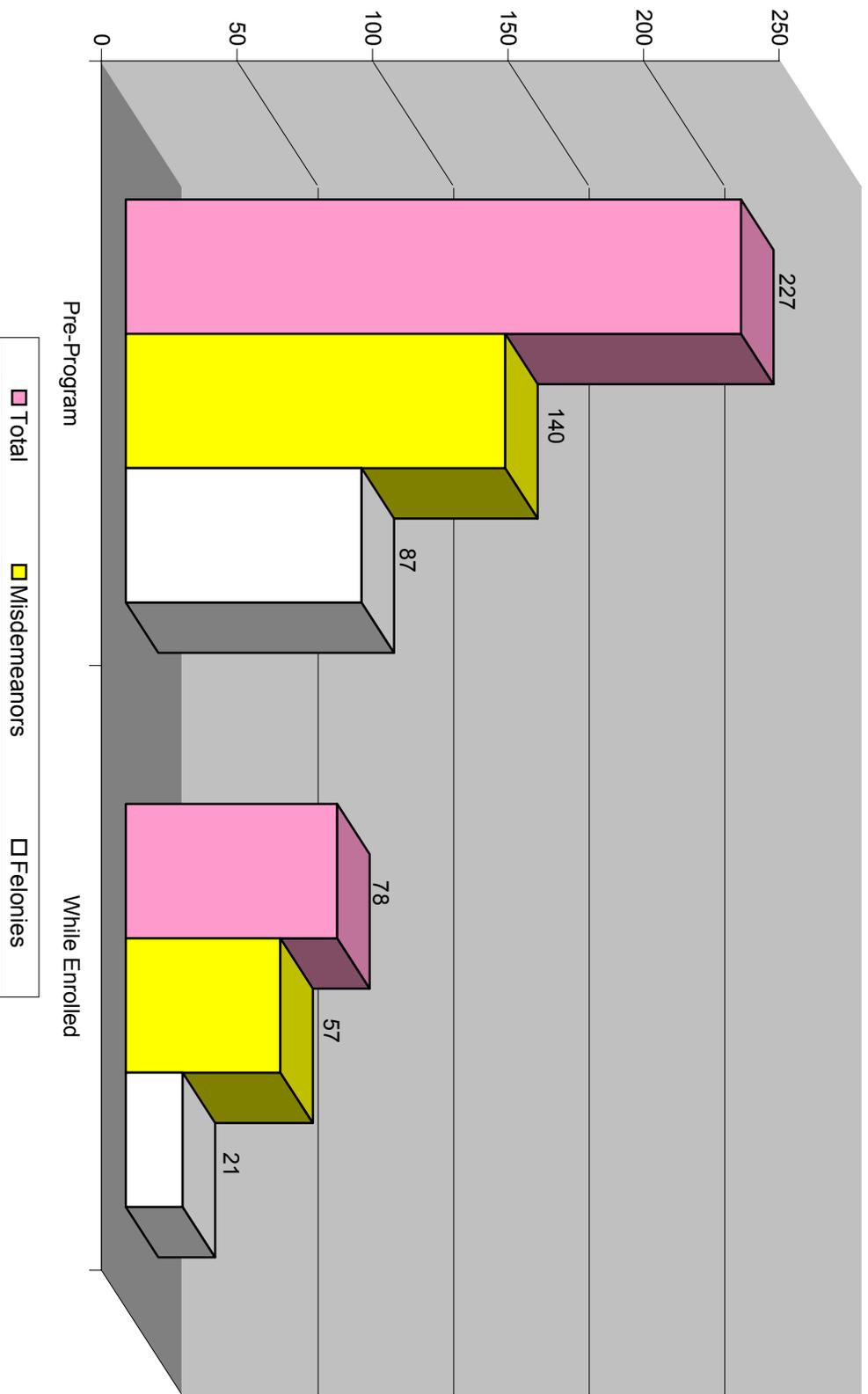


Figure A1

PARTICIPANTS COMMITTING ADJUDICATED CRIMES
Pre and White Enrolled
n=147

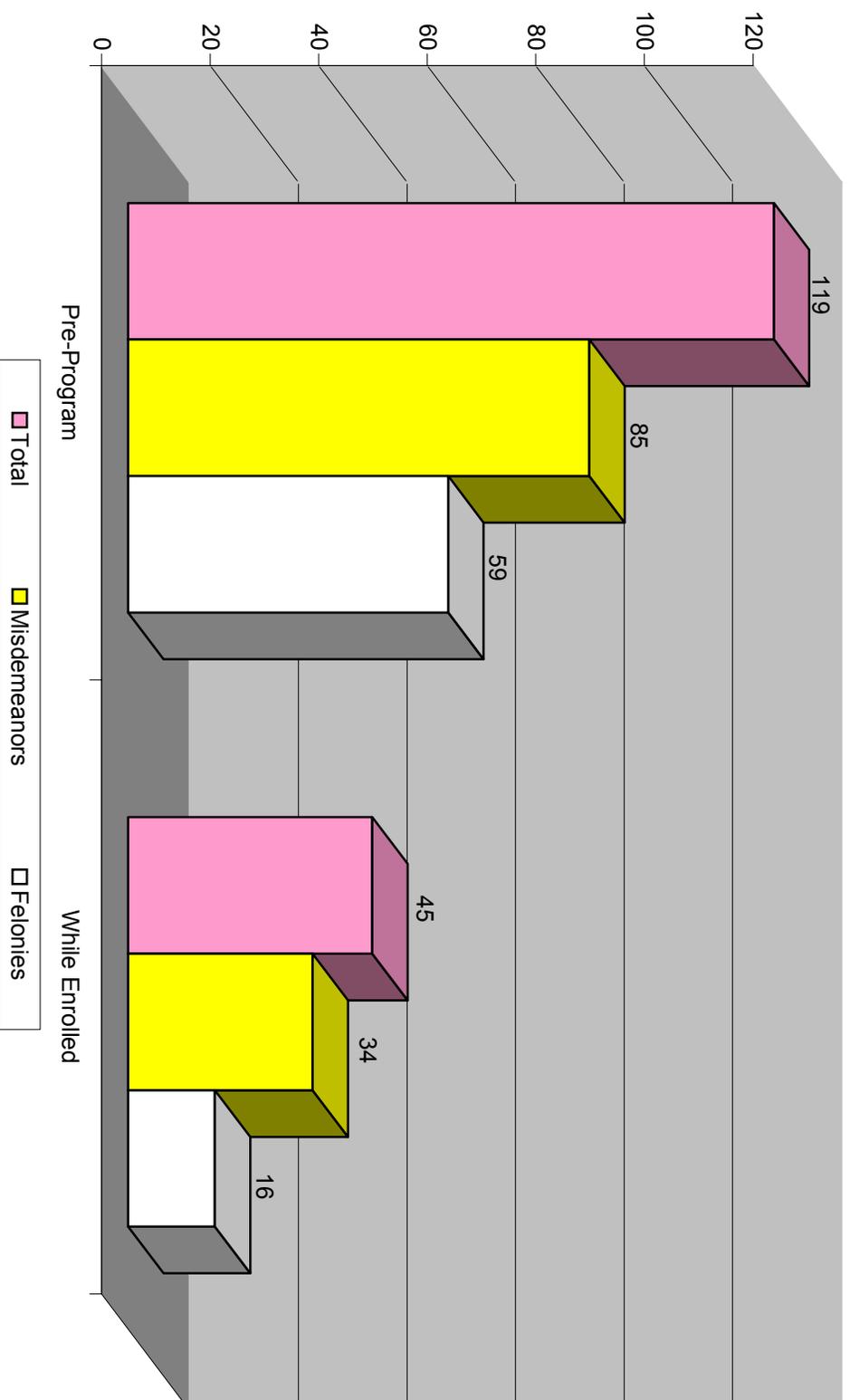


Figure A2

CRIME RATE
Pre and White Enrolled
n=147

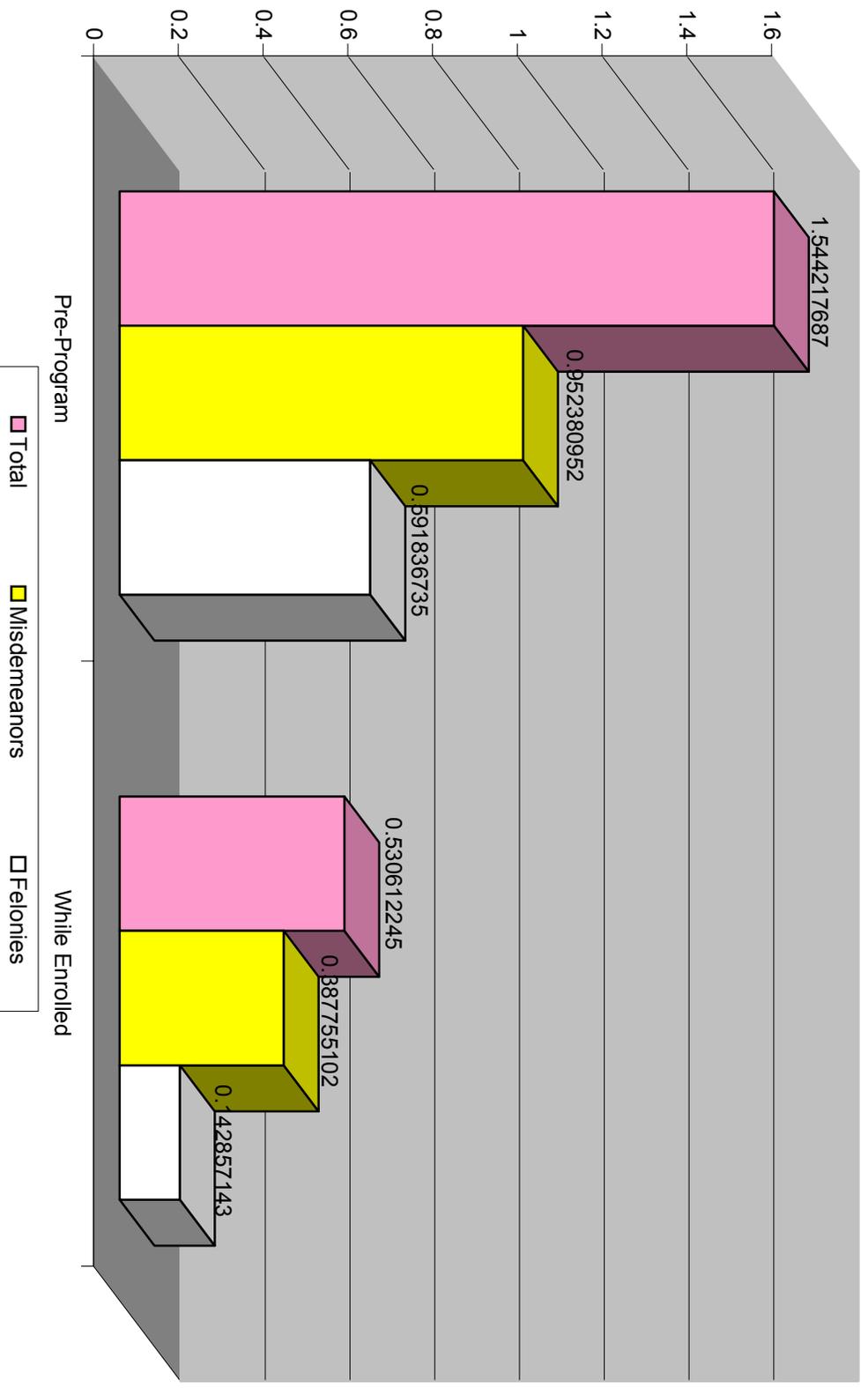


Figure A3

RECIDIVISM RATE
Pre and While Enrolled
n=147

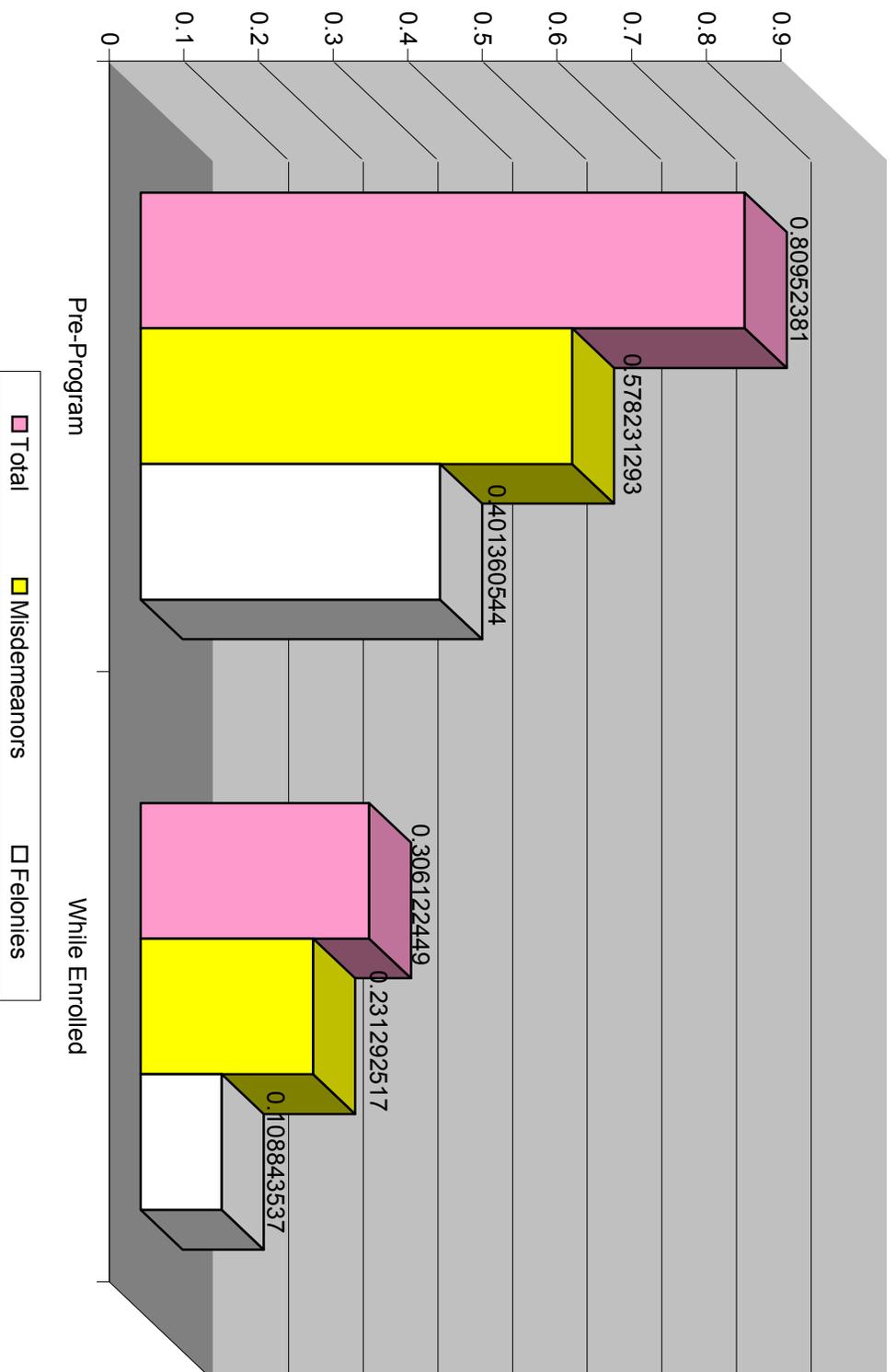


Figure A4

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