

Michigan Juvenile Drug Treatment Courts

Process Evaluation



Provided by the
Michigan Supreme Court
State Court Administrative Office

Executive Summary

Michigan's Juvenile Drug Treatment Courts (JDTC) grew out of the adult drug court model with special attention given to addressing needs specific to adolescents. Where adult models follow the *10 Key Components* to guide their operations, JDTCs use *The 16 Strategies in Practice*, a more comprehensive guide that addresses family dynamics and adolescent developmental changes.

In 2013, an information gathering initiative commenced to identify similarities and differences among JDTCs that were funded through the State Court Administrative Office. The Problem-Solving Courts staff visited 11 JDTCs in 2013 and 2014, and interviewed team members, observed drug court proceedings, attended a staffing meeting, and reviewed program data. The intent of this report is three-fold:

Share information among the courts on how other programs are operating.

- Eleven programs handled 314 participants in fiscal year (FY) 2013.
- Eight of the 11 courts visited had been operational for over five years, and nearly half had been operational for over ten years.
- Programs were innovative in providing a variety of social activities for youths, including guitar and drum lessons, sewing, cooking, and art classes, nature center visits, and equine therapeutic activities.

Identify the successes of the programs.

- There were 280 participants discharged in FY 2013, and more than half (53 percent) of the participants successfully completed a program.
- Graduates had received an average of 211 substance abuse treatment contact hours, 120 drug tests, and attended an average of 29 status review hearings before a drug court judge.
- Ninety-seven percent of graduates were able to improve their educational level, while fifty-five percent improved their employment status.

Offer recommendations in areas where improvements are needed.

- Utilize criminogenic risk assessment tools to implement the Risk-Needs-Responsivity model.
- Ensure that drug testing is random, observed, and frequent.
- Use sanctions that promote positive behavioral change.
- Periodically monitor and evaluate program design and outcomes.
- Ensure all team members are participating in staffing meetings and drug court review hearings.

The Problem-Solving Courts team has identified training topics that may strengthen programs and will offer training opportunities to teams as a way to continue serving as a resource for Michigan's drug court programs.

Table of Contents

Executive Summary	2
List of Tables	ii
List of Figures	ii
Michigan Juvenile Drug Treatment Courts.....	3
Information Gathering Initiative	5
Process Evaluation	7
Program Implementation	7
Teamwork	8
Target Population.....	11
Referral, Screening, and Assessment.....	15
Judicial Supervision	17
Monitoring and Evaluation	18
Community Partnerships.....	20
Comprehensive Treatment Planning.....	22
Developmentally Appropriate Services, and Gender-Appropriate Services	25
Cultural Competence	26
Focus on Strengths	28
Family Engagement	31
Educational Linkages.....	33
Drug Testing	35
Goal-Oriented Incentives and Sanctions.....	37
Confidentiality and 42 CFR Part 2.....	39
Performance Measures.....	39
Recommendations.....	46
Conclusion	49
Endnotes.....	50

List of Tables

Table 1: The 16 Strategies of Juvenile Drug Courts.....	4
Table 2: Number of Active Participants by Court	6
Table 3: Active Planning Committee by Court.....	7
Table 4: Team Members Present at Staffing Meetings.....	9
Table 5: Charge Type by Court*	11
Table 6: Offense Category by Court*.....	12
Table 7: Screening and Assessment Tools by Court	17
Table 8: Continuum of Services	24
Table 9: Treatment Services by Court	25
Table 10: Ethnicity by Court*.....	27

List of Figures

Figure 1: Ethnicity	27
Figure 2: Success Rate	40
Figure 3: Graduate Caseload Data	41
Figure 4: Improved Education and Employment.....	42
Figure 5: Any New Conviction Two and Four Years.....	43
Figure 6: Alcohol or Drug Conviction Two and Four Years.....	44

Michigan Juvenile Drug Treatment Courts

Public Act 224 of 2004, section 1062(2) states, “The family division of circuit court in any judicial circuit may adopt or institute a juvenile drug treatment court.” Much like adult drug treatment courts, JDTCs are built on collaboration among agencies to offer therapeutic services to participants struggling with substance use disorders who are involved in the criminal justice system. Participants are held accountable by the court and receive continuous judicial supervision. Adolescents, however, differ from adults in many ways and require additional and oftentimes challenging types of services as a means of intervention.

Because the brains of teens are still maturing, the types of treatment services that JDTCs provide must focus on adolescent brain development and developing treatment plans that improve the youth’s functioning while addressing educational and vocational skills deficits. Treatment plans take into account emotional, personal, and family problems and are individualized to meet the unique needs of both the youth and family. Treatment programs are comprehensive to address families’ complex needs and issues, and ensure a holistic approach toward behavior change.

JDTCs also provide ancillary services and positive social activities as methods to counter negative influences, and create supportive environments that encourage positive behavior. Unlike adults, teens have fewer avenues available to them to escape negative peers. They often lack the means of simply leaving a bad situation or the choice to move into a safer and more stable environment. Strategies that JDTCs use to guard participants against potentially harmful situations include identifying and nurturing their interests and strengths and providing them with opportunities to participate in positive activities and programs. JDTCs garner community support for their program and build partnerships with various agencies that can provide recreational, educational, and support services to youths as an alternative to negative encounters.

Additionally, as this population spends one third of the day in school among peers, a more expansive form of monitoring must occur than in adult drug treatment courts. Participants are visited in their schools by probation officers or case managers to ensure compliance. A close relationship with school officials and team members is established so participant behavior, educational progress, and changing needs can be monitored. Youths in the justice system often experience problems in school and may have learning disabilities, so school programs and curriculums are tailored to meet their developmental needs.

Although treatment courts for juvenile offenders grew out of adult drug treatment court concepts, it was very apparent that the adolescent population had additional challenges that transcended the *10 Key Components* model. In answer to modeling a juvenile drug court program to meet these unique needs, the National Council of Juvenile and Family Court Judges (NCJFCJ), the National Drug Court Institute (NDCI), and the

Office of Juvenile Justice and Delinquency Prevention (OJJDP) developed *The 16 Strategies in Practice*, a more comprehensive model that accounts for the family dynamics and developmental changes of adolescents.

Table 1: The 16 Strategies of Juvenile Drug Courts

1. Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
2. Develop and maintain an interdisciplinary, nonadversarial work team.
3. Define a target population and eligibility criteria that are aligned with the program's goals and objectives.
4. Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.
5. Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
6. Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
7. Tailor interventions to the complex and varied needs of youth and their families.
8. Tailor treatment to the developmental needs of adolescents.
9. Design treatment to address the unique needs of each gender.
10. Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
11. Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
12. Recognize and engage the family as a valued partner in all components of the program.
13. Coordinate with the school system to ensure that each participant enrolls.
14. Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
15. Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
16. Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Source: U.S. Bureau of Justice Assistance. (2003). *Juvenile drug courts: Strategies in practice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Information Gathering Initiative

In FY 2013, Michigan had 13 juvenile drug treatment court programs that received Michigan Drug Court Grant Program (MDCGP) funding through the State Court Administrative Office (SCAO). Requirements for receiving grant funding include operating a program with adherence to the drug court statute and *The 16 Strategies in Practice*, submitting quarterly and biannual reports on program progress toward achieving goals, and entering data into the Drug Court Case Management Information System (DCCMIS), which houses all drug court data used for annual reporting to Michigan's legislature.

The Problem-Solving Courts (PSC) team that allocates funding has a responsibility to visit a percentage of randomly chosen problem-solving courts each year to interview team members and observe program operations. During each site review, the drug court team is provided a process evaluation of their program that is compiled using their data in DCCMIS and matching it to the description of their program design outlined in their MDCGP grant application. Additionally, the PSC team subsequently provides a formal report detailing the findings of the program's operations. Any recommendations or requirements that the PSC team has toward aligning the drug court program with statute, best practices, and *The 16 Strategies in Practice*, are included in the report.

At the end of FY 2013, the PSC team introduced a new initiative to gather information specific to juvenile drug treatment courts that are funded through the SCAO. The initiative arose from feedback received from JDTC team members during drug court conferences and juvenile drug treatment court forums. The question most often asked was, "What are other juvenile drug treatment courts doing?" Inquiries were related to different obstacles that other programs encountered and may have overcome, ways in which to engage family members, and program assessment tools. In response, the PSC team decided to visit each funded juvenile drug treatment program to compile information about how differently or similarly the programs were operating, specific to *The 16 Strategies in Practice*.

From October 2013 through May 2014, the PSC team visited 10 of the 13 funded courts. Two programs were not included in the report, the 57th Circuit Court in Emmet County and the 19th Circuit Court in Benzie County. In May of 2013, Judge Mulhauser from the 33rd Circuit in Charlevoix and his juvenile drug court team had been included in the randomly chosen courts to visit, and thus were not revisited during this initiative but are included in this report. Judge Mulhauser also oversees the 57th Circuit Court Juvenile Drug Treatment Court program in Emmet County, and program operations are similar. Thus, Emmet County's program was not visited. The 19th Circuit Court in Benzie County had one inactive participant in its JDTC program when information was gathered and also was not visited. Michigan has two recognized juvenile drug court programs that do not receive MDCGP funding and are not included in this report. Both courts were invited to participate in the court visits but no responses were received.

Table 2 shows the dates that each court was visited and the number of active participants in FY 2013 by court.

Table 2: Number of Active Participants by Court

Court	County	Date of Visit	Number of Active Participants in FY 2013
33rd Circuit Court	Charlevoix	5/8/2013	14
13th Circuit Court	Grand Traverse	10/17/2013	24
18th Circuit Court	Bay	10/31/2013	10
20th Circuit Court	Ottawa	11/7/2013	27
16th Circuit Court	Macomb	1/29/2014	55
3rd Circuit Court	Wayne	2/10/2014	78
21st Circuit Court	Isabella	2/19/2014	21
6th Circuit Court	Oakland	3/4/2014	32
5th Circuit Court	Barry	4/22/2014	15
44th Circuit Court	Livingston	4/23/2014	18
26th Circuit Court	Alpena	5/5/2014	20
57th Circuit Court	Emmet	N/A	12
19th Circuit Court	Benzie	N/A	1
9th Circuit Court	Kalamazoo	Non-funded	-
22nd Circuit Court	Washtenaw	Non-funded	-

Program visits require a great deal of coordination and sacrifice of time among each program's team members. The visits are carefully scheduled so that all team members are interviewed, and a staffing meeting and status review hearing are observed. The drug court coordinator collaborates with team members to choose a date and organizes the day's schedule around the availability of each team member. The PSC team recognizes that the coordination of very busy individuals involves the giving of court personnel time, and would like to especially thank the coordinators on each team that organized the visit and welcomed our team. Additionally, we would like to extend a very special thank you to each judge and referee overseeing these important programs for allotting time from your busy schedule to meet with us and offer your feedback on what trainings would be helpful, program needs, and suggestions of what our office can provide. Thank you for allowing us to experience the camaraderie among team members at staffing meetings, and sit in your court room to observe status review hearings. Finally, a warm thank you to team members who shared their time in interviews and provided feedback about their program's operations.

Process Evaluation

The process evaluation described in this report pertains to the 11 courts that were visited in 2013 and 2014. All data and information was obtained either from the DCCMIS and its analytic component, Drug Court Analysis System (DCAS), or from team member interviews during the site visits.

Program Implementation

Strategy #1 of the *16 Strategies in Practice* states that during the planning stages of a juvenile drug treatment court program, the committee needs to assess the intensity of the program’s activities to help determine which services must be provided. The planning committee should include representatives from all community-based agencies, as well as local, county, and state agencies. Also, once the team has reached a consensus on the operations of the program, the committee should develop a policy and procedures manual to ensure fidelity to the program goals and mission, especially in cases of staff turnover. Table 3 shows the implementation date of each of the 11 juvenile drug courts evaluated in order of earliest inception to most recent, and whether their planning committee is still active in meeting toward policy and procedures decision-making.

Table 3: Active Planning Committee by Court

Court	County	Date of Program Implementation	Planning Committee Active
16th Circuit Court (C16)	Macomb	1999	No
3rd Circuit Court (C03)	Wayne	2000	No
6th Circuit Court (C06)	Oakland	2001	Yes
13th Circuit Court (C13)	Grand Traverse	2002	No
5th Circuit Court (C05)	Barry	2002	Yes
20th Circuit Court (C20)	Ottawa	2004	No
21st Circuit Court (C21)	Isabella	2005	Yes
33rd Circuit Court (C33)	Charlevoix	2007	Yes
26th Circuit Court (C26)	Alpena	2009	Yes
18th Circuit Court (C18)	Bay	2011	Yes
44th Circuit Court (C44)	Livingston	2011	No

All courts had established a planning committee that determined program mission and goals during implementation. Just over half of those committees still meet regularly to review program policies and procedures. Courts that expressed a lack of positive social activities or community support during the site visits, and whose planning committees were no longer meeting, were encouraged to reinstate regularly scheduled

meetings. This will help identify community resources that can provide activities for participants.

Two courts did not have a written policy and procedures manual detailing operations of their JDTC program. One of the courts developed its JDTC program out of its existing family dependency treatment court program and was using the policy and procedures manual from that program. The other court is in the process of developing a written manual.

Teamwork

Michigan's juvenile drug treatment court teams are passionate in helping struggling adolescents who are involved in the criminal justice system. In fact, they are committed, dedicated individuals who communicate with one another frequently and effectively about participants' progress and struggles, and are innovative in their ideas on how they can fulfill their mission of helping youths succeed in their recovery and set goals for a positive future.

Strategy #2 states that the operational team should include judge, prosecutor, defense counsel, coordinator, probation officer, case manager, treatment provider, law enforcement officer, and education program provider. Some programs have been more successful than others in convincing all the necessary parties to participate on the team.

Table 4: Team Members Present at Staffing Meetings

Court	All Team Members	Judge	Prosecutor	Defense Counsel	Coordinator	PO or Case Manager	Treatment	Law Enforcement	Educational Liaison	Others
C33	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Pediatrician and Psychiatrist
C13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
C20	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
C18	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Peer Counselor
C16	No	Yes	No	Yes	Yes	Yes	Yes	No	No	
C03	No	Judge and Referee	No	No	Yes	Yes	No	No	No	
C21	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2 Tribal Members
C06	No	Judge and Referee	No	Yes	Yes	Yes	Yes	No	No	
C05	No	Referee Only	Yes	Yes	Yes	Yes	Yes	No	Yes	
C44	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Adding	
C26	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	2 Mentors, Teen Sobriety Group Leader, Wraparound Coordinator

Unique team members included a wide variety of expertise. C33 added a psychiatrist to the team who conducts psychiatric evaluations on participants, and a pediatrician who conducts medication reviews, provides medical services for the families and participant, and acts a liaison to hospitals in cases of emergencies. C18 had a peer counselor who provided assistance in taking participants to 12-step meetings, meeting them at the YMCA for recreational activities, and speaking with their parents. C03 added an educational tutor who attends status review hearings. C21, located in Isabella County near the Saginaw Chippewa Indian Reservation, added tribal members to the staffing meetings for greater representation of the participant population. C26 had representation from all agencies and added a sobriety group leader who attended staffing meetings, conducted weekly AA meetings geared toward teen recovery, and assisted with hosting recreational activities for participants, such as basketball. They also had one female and one male mentor who conducted youth group sessions and hosted recreational activities at the youth center as alternatives to negative influences. The wraparound coordinator visited families in their homes and provide resources to meet their needs.

At C05, Judge Doherty had been involved with the program for more than eight years and he and Referee Bob Nida oversaw separate tracks of participants. At the time of the site visit, Judge Doherty no longer had a caseload and instead assisted from the bench during show cause hearings or when the referee was unavailable. Bob Nida, who was also the court administrator, oversaw the status review hearings and led the team during staffing meetings.

Due to the large number of participants, the program at C03 consisted of three teams. Two were led by Referees Wilson and Woods, one was led by Judge Braxton, and each team had one probation officer. The judge noted that the number of teams may be reduced to two.

At C06, Judge Brennan led the staffing meetings, and Referee Marty Alvin attended to stay informed of each participant's progress. The judge conducted the status review hearings and the referee filled in when the judge was unavailable. The judges in the other eight programs led staffing meetings and conducted the status review hearings.

Two programs lacked prosecutorial representation at the staffing meetings and one also lacked representation from defense counsel. It was strongly recommended that the program include defense counsel to ensure that the team is using a holistic approach in its decision making regarding participants and that the process maintains a nonadversarial approach.

Two teams were lacking treatment participation at the staffing meetings and it was recommended to both that therapists attend staffing meetings to offer input on the types of sanctions and incentives participants receive to ensure they are appropriate for each youth's developmental level and are individualized to elicit productive changes in behavior. The therapist at C18 had attended staffing meetings at one time but recently her schedule for conducting day treatment conflicted with the staffing meeting schedule.

Six of the eleven teams lacked a dedicated law enforcement official that attended staffing meetings. At the time of the site visits, C44 was in the process of adding a law enforcement official to its team. C06 reported that although law enforcement does not attend staffing meetings, one of the deputies attends graduations and has attended national and state drug court trainings.

Programs that did not have dedicated educational liaisons instead had their probation officers and/or case managers randomly visit the schools to monitor participant behavior and compliance with abstinence through drug testing. They were also responsible for developing a rapport with school officials to review educational progress. At C20, the deputy on the team also assists in conducting school checks.

Target Population

Strategy #3 states that the target population should be clearly defined, the screening and referral process should be conducted in a timely fashion, and assessment instruments should be comprehensive and appropriate for the adolescent population.

JDTCs differ from adult drug treatment courts in the types of charges that programs can accept. Where adult circuit drug courts accept felony offenders, family dependency drug courts accept neglect and abuse cases, and adult district drug courts accept mostly misdemeanor offenders, juvenile drug treatment courts accept status offenses, misdemeanor offenses, felony offenses, or civil/petition. Status offenses include incorrigible behavior, truancy, running away from home, and curfew violations. The category “Other” is often used by the courts to designate probation violations. Table 5 shows the percentage of charge type among active participants during FY 2013 (N=314) by court.

Table 5: Charge Type by Court*

Court	Felony	Misdemeanor	Status Offense	Civil/Petition	Other
C13	4.2% (N=1)	83.3% (N=20)	12.5% (N=3)	0.0% (N=0)	0.0% (N=0)
C16	1.8% (N=1)	81.8% (N=45)	14.6% (N=8)	1.8% (N=1)	0.0% (N=0)
C18	0.0% (N=0)	100.0% (N=10)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)
C20	0.0% (N=0)	81.5% (N=22)	0.0% (N=0)	18.5% (N=5)	0.0% (N=0)
C21	0.0% (N=0)	66.7% (N=14)	0.0% (N=0)	4.8% (N=1)	28.6% (N=6)
C26	20.0% (N=4)	65.0% (N=13)	10.0% (N=2)	5.0% (N=1)	0.0% (N=0)
C33	0.0% (N=0)	92.9% (N=13)	7.1% (N=1)	0.0% (N=0)	0.0% (N=0)
C03	71.8% (N=56)	21.8% (N=17)	6.4% (N=5)	0.0% (N=0)	0.0% (N=0)

C44	5.6% (N=1)	88.9% (N=16)	5.6% (N=1)	0.0% (N=0)	0.0% (N=0)
C05	0.0% (N=0)	100.0% (N=15)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)
C06	12.5% (N=4)	87.5% (N=28)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)

*Percentages that do not add to 100 percent are due to rounding.

Overall, 67.8 percent of the cases were misdemeanor charge types, 21.3 percent were felony charge types, 6.4 percent were status offenses, and the remaining 4.5 percent were either civil/petition or some “other” charge type. C05 and C18 accepted only misdemeanor cases, and all courts but one accepted a majority of misdemeanor cases into their programs. C03 accepted mostly felony charge type offenders into their program.

The most common offense category that participants were charged with among all 11 courts was Controlled Substance (CS) Use or Possession (37.9 percent), followed by some type of alcohol offense (18.2 percent), some “Other” offense, (17.8 percent), and Property Offense, including Breaking and Entering Home Invasion (11.2 percent). Status Offenses accounted for 9.1 percent and C.S. Manufacturing or Distribution or Other Drug Offense accounted for the remaining 5.7 percent. Table 6 shows the type of offense categories by court.

Table 6: Offense Category by Court*

Court	CS Use/ Possession	CS Manufacturing/ Distribution or Other Drug Offense	Status Offense	Alcohol Offense	Property Offense	Other Offense
C13	29.2% (N=7)	4.2% (N=1)	12.5% (N=3)	33.3% (N=8)	8.3% (N=2)	12.5% (N=3)
C16	38.2% (N=21)	1.8% (N=1)	18.1% (N=10)	12.7% (N=7)	7.3% (N=4)	21.8% (N=12)
C18	30.0% (N=3)	0.0% (N=0)	0.0% (N=0)	20.0% (N=2)	40.0% (N=4)	10.0% (N=1)
C20	92.6% (N=25)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)	7.4% (N=2)	0.0% (N=0)
C21	42.9% (N=9)	4.8% (N=1)	0.0% (N=0)	14.3% (N=3)	9.5% (N=2)	28.6% (N=6)
C26	20.0% (N=4)	5.0% (N=1)	15.0% (N=3)	30.0% (N=6)	20.0% (N=4)	10.0% (N=2)
C33	14.3% (N=2)	7.1% (N=1)	7.1% (N=1)	35.7% (N=5)	28.6% (N=4)	7.1% (N=1)
C03	41.0% (N=32)	15.4% (N=12)	6.4% (N=5)	6.4% (N=5)	7.7% (N=6)	23.1% (N=18)
C44	27.8% (N=5)	5.6% (N=1)	5.6% (N=1)	27.8% (N=5)	5.6% (N=1)	27.8% (N=5)

C05	33.3% (N=5)	0.0% (N=0)	0.0% (N=0)	40.0% (N=6)	6.7% (N=1)	20.0% (N=3)
C06	18.8% (N=6)	0.0% (N=0)	18.8% (N=6)	31.3% (N=10)	15.6% (N=5)	15.6% (N=5)

*Percentages that do not add to 100 percent are due to rounding.

More than 90 percent of active participants in C20 had a CS Use or Possession offense, and the most common offense committed in C13, C26, C33, C05, and C06 was an alcohol offense. C18, C20, C21, and C05 had no status offenders in their program.

Overall, the majority of participants (52 percent) had a primary diagnosis of cannabis abuse, followed by cannabis dependency (28 percent). Seven percent were diagnosed with alcohol abuse, while three percent were diagnosed as alcohol dependent. Forty-eight percent of all participants had an outpatient American Society of Addiction Medicine (ASAM) level of care and 42 percent had an intensive outpatient ASAM level of care. Additionally, 45 percent had prior convictions, the average number of prior misdemeanors was two, and the average number of prior felonies was less than one. The target populations of each program are described below.

- C13: The program accepted probation violators, as well as youths with new criminal offenses. The program had recently changed participation from voluntary to mandatory, with parental involvement as a condition of participation. Half of the active participants had prior convictions, and 67 percent had a substance abuse diagnosis.
- C16: The program accepted persons who violated probation and had a new criminal offense. Sixty-one percent of the active participants had a dependence diagnosis, and 66 percent had prior convictions. As with most programs, parental involvement is a condition of participation.
- C18: The target population was high-risk and high-needs youths who have a substance dependency diagnosis. All active cases were diagnosed with either marijuana dependency (86 percent) or cocaine dependency (14 percent), and 70 percent had prior convictions. Most often, participants had already failed all other types of probation, such as the Today program that targets offenders with a substance abuse diagnosis. The program also accepted offenders with new criminal offenses. The judge expressed the desire to move toward a more proactive approach, targeting offenders that have not yet spent a substantial amount of time on probation. The team had plans to incorporate the Today program into drug court.
- C20: The program accepted adolescents who had an American Society of Addiction Medicine (ASAM) placement level of Intensive Outpatient or higher, and included offenders currently on probation who tested positive for drugs or alcohol, as well as new offenders. Seventy percent of active participants had at

least one prior conviction, all had a drug or alcohol abuse diagnoses, and 52 percent had an ASAM level of care as residential/inpatient.

- C21: The program targeted youths with an alcohol or drug offense and also accepted probationers who violated their probation terms in ways related to drugs or alcohol. Potential participants must have a substance abuse or dependency diagnosis and meet either outpatient or intensive outpatient ASAM level of care. Ninety-five percent of active participants were outpatient level of care, and five percent were residential/inpatient level of care. Sixty-seven percent had prior convictions, and 86 percent had a diagnosis of substance abuse. The program had two tracks. The primary track, which included youths 13 to 16 years of age, was comprised of four phases and was a minimum of ten months in length. The second track, which included youths 17 years of age, had two phases and was five months in length, and youths in the second track met separately with the judge for review hearings. The team was in the process of determining whether having a second and shorter track for the older participants was effective.
- C26: The program targeted youths formally charged with a new offense and also accepted probationers who had violated their probation terms. Potential participants must have a substance-abuse or dependency disorder. The program accepts both low- and high-risk offenders, and 70 percent of their active participants had prior convictions. Seventy-three percent of active participants had an abuse diagnosis and 27 percent had a dependency diagnosis.
- C33: The prosecutor referred potential participants with new cases, and the probation officers referred potential participants who had violations while on standard probation. Parental involvement in the program was required unless the youth was in foster care. Thirty-six percent had prior convictions, and all had either an alcohol abuse (60 percent) or cannabis abuse (40 percent) diagnosis.
- C03: The program targeted first-time offenders with a substance-abuse or dependency disorder and also accepted probationers who violated their probation. The team plans to add a second track to the program based on the ASAM level of care. Those participants requiring a less intense level of care will be ordered into drug court for a shorter period of time (five months). If they failed, they would be placed in the more intensive and longer program (minimum one year). The majority of active participants (98 percent) had an abuse diagnosis and none had prior convictions.
- C44: The program targeted juveniles 14 to 16.5 years old who reside in Livingston County and have either one drug-related adjudication or drug-related probation violation, at least one positive drug screen while under the jurisdiction of the court, or a documented substance abuse history. The prosecutor would consider 17-year-olds who were still in high school for admission to the program. 22 percent had prior convictions.

- C05: The program targeted repeat-offending, high-risk youths with a history of substance abuse. It accepted participants who have a new offense and probationers who have violated a condition of their probation through positive testing. The program previously consisted of two tracks of participants. Track one participants required less supervision and treatment; track two participants required more. They eliminated track one after discussing the potential harm of combining low- and high-risk populations. Fifty-three percent of active participants had a dependency diagnosis, and 33 percent had prior convictions.
- C06: The program targeted repeat-offending, high-risk youths with a history of substance abuse, and also accepted youths who have a violation of their standard probation. Participants must score 60 percent or higher on the Adolescent Chemical Dependency Inventory (ACDI) assessment. All active participants had an ASAM level of intensive outpatient, and 94 percent had dependency diagnosis. Eighty-one percent had prior convictions.

Referral, Screening, and Assessment

Referrals into all programs most often came from court employees or judicial officers (73 percent) or from probation staff (23 percent) and most offenders (46 percent) entered with a new criminal offense. Thirty-three percent of participants entered a program on a new petition and 17 percent entered a program due to a technical probation violation.

A wide variety of screening and assessment tools that are specific to adolescents were used by the courts. Below is a brief description of each screening and assessment instrument that courts were using. The information on the JASAE, YLS/CMI, MAYSI-2, SASSI, JIFF, CAFAS, and GAIN was taken directly from the Michigan Juvenile Offender Risk Assessment Survey Report.¹

- JASAE: Juvenile Automated Substance Abuse Evaluation. “The JASAE is a 107-question, self-report diagnostic instrument designed to assess substance use disorders (using DSM-IV / V and ASAM patient placement criteria), as well as attitudes and life stress.”
- YLS/CMI: Youth Level of Service, Case Management Inventory, which “was originally derived from the Level of Service Inventory – Revised (LSI-R). The YLS/CMI is a risk/needs assessment and case management tool that identifies risks, strengths, and barriers, and assists in setting goals for each youth and family to prevent reoffending.”
- MAYSI-2: Massachusetts Youth Screening Instrument, Version 2. “The MAYSI-2 is a 52-question, self-report screening instrument for mental health and behavioral problems, including alcohol/drug use, anger or irritability, depressions, anxiety, suicidal ideation, somatic complaints, and traumatic experiences in youths 12-17.”

- **SASSI: Substance Abuse Subtle Screening Instrument.** “The SASSI is a self-report screening instrument designed to indicate the probability of substance dependence or substance abuse disorders in youth ages 12 - 18. The instrument is available in paper, software, or web based formats at a fee per use.”
- **JIFF: Juvenile Inventory for Functioning.** “The JIFF is derived from the Child and Adolescent Functional Assessment Scale and is an interactive computerized assessment that interviews youth or parents. A client dashboard displays key results (e.g., risk behaviors, mental health concerns) and a chart containing the youth’s needs across 10 domains. Youth’s progress is tracked over time when the JIFF is re-administered. JIFF also has the ability to produce a service plan, goals, intervention, and priority levels of each.”
- **CAFAS: Child and Adolescent Functional Assessment Scale.** “The CAFAS is used to assess, track, and inform mental health treatment planning for youth age 5 – 19. The CAFAS assesses a youth’s day-to-day functioning across eight life domains: school; behavior towards others; moods/emotions; home; thinking problems; self-harm; substance use; and community; as well as two caregiver scales. The CAFAS provides a quick structure for recording problem behaviors, strengths, and goals. It guides treatment planning and can be used to measure change in youth’s functioning over time.”
- **GAIN: Global Appraisal of Individual Needs.** “The GAIN is a full clinical assessment instrument for diagnosis, placement (level of care), and treatment planning in the areas of substance use, physical, mental and emotional health, living situation, risk behaviors, attitudes, and motivation for treatment.”
- **ACDI Corrections Version – II: Adolescent Chemical Dependency Inventory.** The ACIDI is a 140 item test for youths aged 12 - 17 that uses seven scales to measure truthfulness, alcohol use, drug use, violence, distress, adjustment, and stress coping.²
- **CHAT: Comprehensive Health Assessment for Teens.** CHAT is a self-administered, web based interactive behavioral health assessment tool specifically designed for use with adolescent clients, ages 13 - 18. It assesses 12 domain areas including alcohol use, drug use, tobacco use, psychological health, family relationships, peer relationships, physical health, romantic relationships, school issues, work issues, legal issues, and recreational activities.³
- **T-ASI: Teen Addiction Severity Index.** The T-ASI is a face-to-face interview that evaluates for substance abuse and targets seven domains: “psychoactive substance use, school or employment status, family function, peer-social relationships, legal status, and psychiatric status. The T-ASI can be used for different purposes in assessing substance abusing adolescents; a) to assess the problem severity of the interviewee and b) for periodic repeated administrations

to monitor and quantify change in problems commonly associated to substance abuse.”⁴

- **MAST:** Michigan Alcoholism Screening Test. The MAST is a self-reported 25 item questionnaire designed as a rapid screening for alcoholism and lifetime alcohol-related problems.⁵
- **DAST:** Drug Abuse Screening Test. The DAST is a self-reported 28 item questionnaire that screens for drug use using similar questions found in the MAST.⁶
- **BPS:** Biopsychosocial Assessment. Therapists who use a BPS to assess participants are applying a multidisciplinary approach to explore how physical, psychological, social, environmental, and cultural factors may have led to presenting problems.

Table 7 shows the screening and assessment tools that courts reported using.

Table 7: Screening and Assessment Tools by Court

Court	Screening Tool	Assessment Tool
C13	YLS/CMI or MAYSI-2	SASSI/BPS
C16	SASSI	CAFAS /IQ Risk Test/BPS
C18	JASAE	BPS/Coordinating Agencies Tool
C20	Target population is sent for assessment	YLS/CMI/ASI/GAIN
C21	ACDI - Corrections Version-II	T-ASI/CAFAS/BPS
C26	Fact Sheet for Substance Use Disorder	CHAT
C33	JASAE/Family History Sheet/ MAST/DAST	JIFF
C03	GAIN	Coordinating Agencies Tool
C44	SASSI	BPS/CAFAS
C05	CAFAS/JASAE	BPS/MAYSI-2
C06	ACDI	BPS/CAFAS

Judicial Supervision

JDTCs differ from the adult programs in the relationships established between judges and youths. While adults may have family members who are supportive in their recovery, juveniles often lack structure, support, and consistent supervision; thus, the judge becomes a constant in the youth’s life. Judges must be sensitive to youths’ unique issues, understanding of attitudes and lifestyles, and focus on their accomplishments,

interests, and strengths when addressing them during status review hearings. One component to Strategy #4 is that the team keeps the judge apprised of youths' attendance, progress or lack of progress in school and treatment, drug testing results, behavior at home, and the quality of the relationship between youths and families. Also, programs should require at least one parent to attend and participate in status review hearings. Judges should be willing to enforce participation of parents, including holding them in contempt for noncompliance. Best practices state that judges should spend an average of three minutes or more per participant during status review hearings.⁷

Engaging adolescents, especially in a court forum, and attempting to elicit feedback from them is a challenging task. Equally challenging is the job of sanctioning a youth while remaining sensitive to how the participant may react, succinctly describing the team's rationale for the consequence, and redirecting the youth's focus toward achieving success in the program, all while maintaining a positive demeanor. JDTC judges were skilled in applying motivational interviewing techniques to engage youths and families, and inquiring about their interests and hobbies while offering words of encouragement, and all spent at least the recommended minimum three minutes conversing with the youths.

All of the programs required that the parent(s) participate in the program by attending status review hearings and family therapy and/or parent group sessions. Six of the eleven JDTC judges reported they will issue show cause hearings, holding noncompliant parent(s) in contempt. There was a variety of other types of enforcement among the remaining courts. One judge addressed noncompliance with a lecture from the bench, one program only accepted willing parent(s) and so noncompliance was reportedly not an issue, one judge's response to parental noncompliance was to increase the number of therapy sessions for parent(s), one team reportedly had not yet experienced noncompliance from parent(s), and one program accepted that parent(s) struggle with transportation and cannot always participate so it does not sanction for nonparticipation.

Approximately half of the courts (N=5) hold status review hearings biweekly for participants in early stages, and the other six courts hold hearings weekly for newer participants.

Monitoring and Evaluation

Periodic evaluations of program design and results are important in understanding whether a drug court program is meeting its long- and short-term goals. A process evaluation monitors how and whether a program delivered proper services to the targeted population according to its implementation design. From this information, teams can identify areas where revisions to procedures may result in more effective services for the youths. Some measures may include identifying whether all participants met the legal and clinical criteria; whether participants were screened, assessed, and admitted in a timely fashion and received appropriate treatment services; and whether drug testing and monitoring met the level of intensity according to the program's design. An outcomes evaluation looks at the results of the program's activities and whether those activities had the intended effect on the problem. Measures of performance include the rate of

successful discharges from the program, rates of improved education level, retention rate, and rates of reconvictions. According to Strategy #5, to assess a program effectively, both process and outcomes evaluations should be conducted, and preferably by an independent evaluator. Michigan has a statewide case management system with an analytic component that drug courts must use, and with which they can monitor their own program's operations.

Biannual program reporting requires that courts use DCAS to monitor, evaluate, and submit data on the goals and objectives of their program, and assess how their court's operations compare to other similar courts statewide. Essentially, courts are required to use data to take a critical look at their program design and evaluate whether changes are necessary. Few courts, however, have had an outcomes evaluation performed on their program. Programs cannot pay for evaluations with MDCGP grant funds and programs often have difficulty finding independent evaluators to perform evaluations free of charge. Courts were encouraged to solicit doctoral students from surrounding universities who may perform the evaluations without a fee as a means to completing their dissertation. Some courts have been able to secure various federal funding toward evaluations. Unfortunately, however, not all courts have been successful in finding pro bono evaluators or receiving other sources of funding that paid for outcomes evaluations of their programs.

There were four courts that had an independent outcome evaluation. C06 partnered with Oakland University in 2000 and with NPC in 2005 and 2009 toward an outcomes and process evaluations, and the team compared recidivism rates for participants with co-occurring disorders to those without. C20 had an evaluation conducted in 2008 by Grand Valley State University and the judge expressed the desire to have another conducted. C21 has periodic evaluations conducted by evaluators from Central Michigan University. Lastly, C03 had an outside evaluation completed in 2010 by Wayne State University.

Other courts have sought different methods of evaluating their program's performance, such as C05, which had an evaluator from its original planning team evaluate the program after two years of operation. The coordinator at C18 periodically evaluates the data in DCAS and consistently reviews performance measures with the board of directors to discuss potential changes to program structure; and C33 uses data from various internal sources to evaluate cost-benefit, school performance, and new offenses.

Two programs were using surveys of participants and families to elicit feedback on program success and structure. C13 gave exit surveys to youths and families, and C20 conducted quarterly surveys with participants and families while in the program. C44 had an evaluation conducted in the past that resulted in the team closing down the program to revamp the entire program structure. The program became operational again in 2012 and thus, an outcome evaluation is only now becoming timely. During the C44 visit, the team indicated they would be reinstating exit surveys on participants and families.

Community Partnerships

Strategy #6 states, “Build partnerships with community organizations to expand the range of opportunities available to youth and their families.” Building community partnerships is important in establishing resources toward network support while in the program and post-program. Connecting youths with social activities of their interest can not only provide a safe haven to counter negative peer influence, but can encourage youths to exercise positive behavior, while providing a supportive environment. Also, ancillary services provided should include vocational training, tutoring, job skills, transportation, and peer mentoring. Although courts have been innovative in the types of services they provide their participants, some judges expressed a concern that the availability of community resources was lacking.

A breakdown of the various social and ancillary services each court provided is listed below. It should be noted that teams are innovative in finding activities for their participants and resources are dynamic; thus, descriptions of services listed are not exhaustive.

- C13: The probation officer taught guitar and drum lessons to interested participants and the team has partnered with a community boxing program. Also, the team utilized a volunteer services division of the probate court that provided tutoring and mentoring.
- C16: The team uses the Selfridge Air National Guard Base to “adopt a plane,” where participants wash a plane two times per year. Also, the team sends participants as volunteers to the Historical Society to help out during Frontier Days. Since the PSC visit, the team has partnered with the Michigan State University Cooperative Extension to build a vegetable garden on the grounds of the juvenile court to provide community service and educational opportunities for the participants.
- C18: Youths are required to choose and participate in an extracurricular activity while participating in the program, which can include sewing, cooking, art, and guitar classes. List Psychological provides peer recovery support services and education on drug and alcohol prevention; Sacred Heart provides a male peer counselor that engages youths by taking them to AA/NA sessions and meeting them at the YMCA for activities.
- C20: Youth are required to participate in “community connections” activities, which can be completed at various local organizations such as the humane society, Café 58, thrift stores, or the onsite community garden; the leader of group activities leads rope building classes and backpacking activities, and helps the youth in finding employment; and Catholic Charities assists with arranging independent living, teaching life skills, and obtaining clothing for families in need.

- C21: The program has utilized the Hopewell Ranch to offer participants equine therapy; the local athletics building offers hockey, basketball, and other sports to the participants that costs one dollar during after school hours. Other community services utilized by the program include a skate park and a youth center. Participants could fulfill community service obligations at Habitat for Humanity or the community garden, and the program has utilized a speaker to present on the effects of K2 to the participants. Lastly, the team had an intern from Central Michigan University who assists with monitoring participants in the program.
- C26: The program utilized the youth center, where youths could participate in activities such as games and sports, religious education, and exercise to occupy their time after school. Participants and families are required to attend Decisions to Actions weekly at the youth center, where parents have separate group sessions and the youths review their journals and goals. The Youth Volunteer Corp is an after-school program where youths could play Bingo with the elderly and learn recycling. Participants could fulfill community service obligations through the Youth Academy Program by clearing community areas of debris. The Teen Sobriety Group leader and past director of the Boys and Girls Club offered participants weekly AA meetings that were tailored for teens and used the Cooperation with the Professional Community (CPC) guidelines.
- C33: The program utilized 12-step programs in the community and referred participants/families to food banks, homeless shelters, economic housing, and educational programs; training programs offered included culinary arts and mentoring; activities include attending baseball games, painting, and photography; and car washes and gardening are used as community service. The drug court coordinator indicated that incentives have been funded by the prosecutor's office by using fees obtained from drunk driving offenses.
- C03: Ancillary services that the program offered included educational training, applying for college tuition assistance, and gaining employment. The team noted that it had lost many community resources due to the struggling economy of their county. Team members were moving toward seeking other sources of social activities.
- C44: The program partnered with the Youth Arts Alliance and a local church that creates community service projects for participants and offers girls' and boys' mentoring groups. Social activities were available to the participants, but generally through individual classes or participation in school activities. The team plans trips to the Howell Nature Center for the participants.
- C05: The program utilized funds from a 501(c)(3) to assist in daily operations and in the creation of social activities. Social activities available for participants included various court-ordered outings such as rope class, attending plays and movies, and pizza nights. Further activities included attending Tigers games, playing kickball and basketball, and sailing.

- C06: The program partnered with the Restore Foundation, a nonprofit organization. Social activities available for participants include skateboarding, theater, coffee shops for youths, exposure to the culinary arts through job shadowing, yoga, and live bands. The team garnered support for its program through press releases and public invitations to showings of the participants' artwork.

Comprehensive Treatment Planning

Strategy #7 states, “An effective juvenile drug court provides a continuum of treatments for substance abuse that is based on harm reduction and geared to the goal of abstinence.” It further states, “In addition to their substance-abuse problems, many participants have mental disorders and many lack the basic social skills necessary to function well at school and at home.” Adolescents differ from adults emotionally and physiologically and treatment must address issues that play a significant role in youths' lives, such as moral, cognitive, and emotional development, and family and peer environments. There are many types of evidence-based treatments (EBT) that courts provided their youths and are described below.

- CBT: “Cognitive Behavioral Therapy (CBT) is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping.”⁸
- TF-CBT: “Trauma-Focused Cognitive Behavioral Therapy is a components-based model of psychotherapy that addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences.”⁹
- DBT: Dialectical Behavioral Therapy is a modification of CBT geared toward treating individuals that are self-injurious or chronically suicidal, and have borderline personality disorder. The therapist and patient work toward an acceptance of uncomfortable feelings, thoughts, and behaviors instead of struggling with them. “Through this practice, an individual develops the ability to accept distressing thoughts without self-criticism and to tolerate self-destructive urges (e.g., the desire to cut oneself) without acting upon them.”¹⁰
- MRT: “Moral Reconciliation Therapy is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs,

attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.”¹¹

- MI: “Motivational interviewing is a goal-oriented, client-centered counseling style for facilitating behavior change by helping clients to resolve ambivalence across a range of problematic behaviors.”¹²
- MET: “Motivational Enhancement Therapy is an adaptation of motivational interviewing” and “uses an empathic and strategic approach in which the therapist provides feedback that is intended to strengthen and consolidate the client’s commitment to change and promote a sense of self-efficacy.”¹³ The goal is to evoke from the client a motivation and commitment to change harmful behavior, while responding in a manner that discourages resistance.
- CM: Contingency Management intervention involves reinforcing positive behavior such as abstinence by giving patients tangible rewards.¹⁴
- CYT: Cannabis Youth Treatment is a combination of two or more adolescent treatment models used on adolescent marijuana users. It is an outpatient level of care, and one of five combinations of various treatment models may be applied.¹⁵
- Seven Challenges: This model targets adolescents with substance abuse and other behavioral problems by casually incorporating a set of concepts (seven challenges) into the conversation. The challenges include being honest about drugs; why they use; how drugs impact their lives; what responsibility they and others have for their problems; thinking about their future and goals; making thoughtful decisions on quitting drug use; and following through with their decision-making.¹⁶
- T4C: Thinking for a Change “is a cognitive–behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders. T4C is a cognitive–behavioral therapy (CBT) program that includes cognitive restructuring, social skills development, and the development of problem-solving skills.”¹⁷
- FFT: Functional Family Therapy is delivered as outpatient therapy and designed to engage families toward improving communication, parenting skills, and youth compliance.¹⁸
- MST: Multisystemic Therapy is an outpatient level of care treatment that is short but intense, and is designed to build independent skills in youths, while engaging their families in learning how to cope with issues in school, neighborhood, and peer environments.¹⁹

- **BSFT:** Brief Strategic Family Therapy focuses on the structure and interaction between family members and how interaction occurs. It treats families by recognizing that all members are emotionally interdependent and thus, may become reactive to others' distress. It addresses the issues that are viewed as being directly related to the youth problem behavior.²⁰
- **Art Therapy:** Defined as an expressive therapy group by the Substance Abuse and Mental Health Services Administration (SAMHSA), this therapeutic activity is an alternative to the clients expressing their thoughts and feelings verbally, and can help in resolving trauma. It can also improve socialization skills and allow the client to explore further creative interests.²¹

Additional treatment services used by the programs included relaxation techniques, reality therapy, equine therapy, Bowens Family Systems theory, and PRIME For Life (PFL), which is a “motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention.”²² Table 8 demonstrates the different types of services that courts provide their participants.

Table 8: Continuum of Services

Court	Residential	Intensive Out-patient	Out-patient	Day Treatment	Aftercare	EBT Models Used
C13	Yes	No	Yes	Yes	Yes	CBT, Seven Challenges, T4C
C16	Yes	Yes	Yes	No	No	CBT
C18	Yes	No	Yes	Yes	No	CBT, T4C
C20	Yes	Yes	Yes	Yes	Yes	Seven Challenges, MI, CBT
C21	Yes	Yes	Yes	Yes	Yes	CBT, MET, DBT
C26	No	No	Yes	No	No	CBT - TF, MRT, MST,
C33	Yes	Yes	Yes	Yes	Yes	CM, DBT, CBT-TF, FFT, MST
C03	Yes	Yes	Yes	No	No	CBT, MI, CYT
C44	Yes	Yes	Yes	No	Yes	CBT - TF, MRT, MST,
C05	Yes	Yes	Yes	No	Yes	BSFT, CBT, DBT, MI
C06	Yes	Yes	Yes	No	Yes	CBT, MRT, Art Therapy

The overall average number of residential treatment hours that active participants received among the 11 courts was 150 hours. Participants received an average 71 intensive outpatient hours, and 27 outpatient hours.

Developmentally Appropriate Services, and Gender-Appropriate Services

The concept of Strategy #8 is to ensure that treatment for participants is tailored to the developmental needs of adolescents. *The 16 Strategies in Practice* states, “Drug court programs that attempt to replicate an adult service approach for juveniles - for example, using only an addiction model - will be less successful than programs that tailor their treatment to the unique needs and issues of adolescents.” Also, “In its early stages, adolescent substance abuse generally occurs in a social context and is strongly related to other problem behaviors.” For these reasons, treatment interventions must be individually developed to address the unique problems of each youth, and should consider the emotional, psychological, and chronological age of each youth. Further, periodic assessments should be conducted in response to the developmental changes that may occur while participating in the program. When treatment is developmentally appropriate and addresses all aspects that influence adolescent behavior, it is more likely to have an impact on behavioral change.

Strategy #9 states that each treatment should be designed “to address the unique needs of each gender.” Males and females have different characteristics and experiences that determine program needs. Females are more likely to be victims of physical or sexual abuse and more often attempt suicide. Males frequently repress emotions and outnumber females in learning disabilities, thus increasing the likelihood of dropping out of school. Specializing treatment can address the different needs of females and males. Table 9 shows which programs developed individual treatment plans for their participants, the frequency of treatment plan review, and whether they offered gender-specific services.

Table 9: Treatment Services by Court

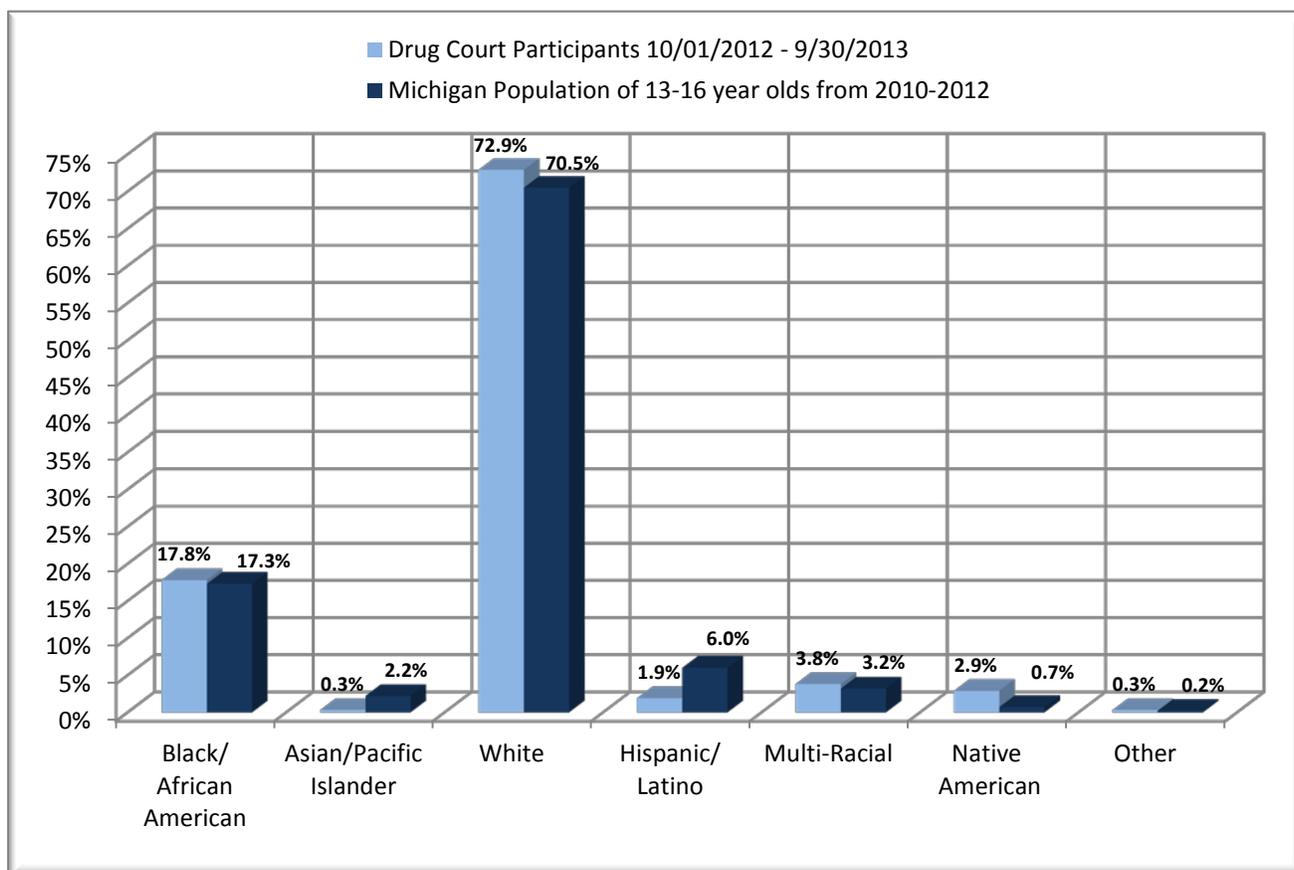
Court	Individualized Treatment Plan Developed	Frequency of Treatment Plan Review	Gender-Specific Services Available
C13	Yes	Upon Phase Advancement	Yes
C16	Yes	Monthly	Yes
C18	Yes	Monthly or More Frequently	Yes
C20	Yes	Monthly	Yes
C21	Yes	60-90 Days	Yes
C26	Yes	Minimum 60 Days	No
C33	Yes	Weekly	No
C03	Yes	30-60 Days	Yes

C44	Yes	Assessed Twice Early in Program, then Minimum Every 90 Days	Yes
C05	Yes	Every 2 Weeks	No
C06	Yes	30-45 Days	Yes

Cultural Competence

According to the National Institutes of Health, “Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.”²³ Being culturally competent does not mean that you are an expert in every belief and value of races other than your own. What it does mean is that you are willing to accept that cultural differences exist, to learn and understand others’ values and preserve the dignity of each, and to treat others fairly and with respect.

When ranking diversity among states nationwide, Michigan has been considered average. There are states with more ethnicities per their population density and states with less diversity. The ages of active participants in JDTCs ranged from 13 to 16 years. The 2010-2012 Michigan census²⁴ identified youths between the ages of 13 and 16 years as 70.5 percent White, 17.3 percent Black, 6.0 percent Hispanic, 3.2 percent as Multiracial, 2.2 percent Asian/Pacific Islander, and less than one percent as either Native American or “Other”. The ethnicity of active juvenile drug treatment court participants among the 11 courts in fiscal year 2013 was 72.9 percent White, 17.8 percent Black, 3.8 percent Multiracial, 2.9 percent Native American, and 1.9 percent Hispanic. Those that identified themselves as Asian/Pacific Islander or “Other “ race comprised less than one percent of participants.



The Native American population is slightly overrepresented in JDTCs. Statewide, natives between the ages of 13 and 16 years comprise less than one percent of the population, yet in JDTCs they comprise nearly three percent of the population. Conversely, Hispanics appear to be underrepresented in JDTCs, as statewide they comprise six percent of the population, and nearly two percent in JDTCs, and Asian/Pacific Islander statewide were more than two percent of the population and less than one percent among JDTC populations. The ethnic composition of other races is similar to Michigan’s overall population.

Table 10 shows the diversity among the 11 courts.

Table 10: Ethnicity by Court*

Court	African American	White	Hispanic/Latino	Multi-Racial	Native American	Asian/Pacific Islander or Other
C13	0.0% (N=0)	75.0% (N=18)	4.2% (N=1)	8.3% (N=2)	12.5% (N=3)	0.0% (N=0)
C16	3.6% (N=2)	94.5% (N=52)	0.0% (N=0)	1.8% (N=1)	0.0% (N=0)	0.0% (N=0)

C18	10.0% (N=1)	70.0% (N=7)	0.0% (N=0)	20.0% (N=2)	0.0% (N=0)	0.0% (N=0)
C20	0.0% (N=0)	74.1% (N=20)	11.1% (N=3)	11.1% (N=3)	0.0% (N=0)	3.7% (N=1)
C21	0.0% (N=0)	81.0% (N=17)	0.0% (N=0)	0.0% (N=0)	19.0% (N=4)	0.0% (N=0)
C26	0.0% (N=0)	85% (N=17)	0.0% (N=0)	15.0% (N=3)	0.0% (N=0)	0.0% (N=0)
C33	0.0% (N=0)	85.7% (N=12)	0.0% (N=0)	0.0% (N=0)	14.3% (N=2)	1.3% (N=1)
C03	61.5% (N=48)	35.9% (N=28)	1.3% (N=1)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)
C44	5.6% (N=1)	94.4% (N=17)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)
C05	13.3% (N=2)	86.7% (N=13)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)	0.0% (N=0)
C06	6.3% (N=2)	87.5% (N=28)	3.1% (N=1)	3.1% (N=1)	0.0% (N=0)	0.0% (N=0)

*Percentages that do not add to 100 percent are due to rounding.

C03 had a majority of African American participants, and more than 94 percent of participants in C16 and C44 were White; C13, C20, and C06 all had representation from the most numerous ethnicities; and six courts had participants that identified themselves as Multi-Racial. Most teams indicated that one or more members of the team had received some type of training on cultural sensitivity.

C21, which serves the largest Native American population, has visited the Saginaw Chippewa Indian Tribe of Michigan several times and tribal members sit in on staffing meetings. The school liaison and law enforcement on the team have attended cultural sensitivity training. The team at C33 works closely with the Little Traverse Bay Band of Odawa Indians in offering services to their Native participants, and C13 frequently refers Natives to Great Lakes Recovery for peer support. C06 has reached out to the National Association for the Advancement of Colored People (NAACP) in an effort to expand services for their minority participants; all probation officers at C03 are required by the court to attend training on cultural diversity; and C16 has a team member that has attended training and now works with a language access group. Some team members among the courts have attended cultural trainings at MADCP conferences.

Focus on Strengths

The old approach to responding to youths and families was the deficit-approach that focused on what families were doing wrong rather than right, which inadvertently communicated to them a sense of failure and minimal expectations. The approach was often punitive and stigmatizing, revealing individual weaknesses and disorders, and instead of developing opportunities to take control of ones challenges, it led to a reliance

on experts to fix it. Conversely, the more widely used strength-based approach focuses on the individual strengths of parents and youths, and empowers them to take the lead in resolving their problems. It recognizes that families and youths are resilient in using their strengths and resources to recover from or overcome adversity, and focuses on hope and resolution rather than accepting limitations.²⁵

JDTCs adopt a strength-based approach, and according to *The 16 Strategies in Practice*, a focus on strengths includes using motivational interviewing to elicit information from the youth about their interests, accomplishments, and strengths, and sharing them among all team members. The team should help youths identify their strengths and recognize that strengths come in all forms, such as being helpful at home, doing well in school, or overcoming an obstacle to remain compliant with court orders. Judges should open the discussion at review hearings by focusing on positive behavior or activities of each youth that occurred since the last hearing.

Measuring whether a program incorporates a strength-based philosophy can be challenging, as “strength-based” may be viewed as an intangible concept rather than a quantifiable, concrete action. Observing staffing meetings and review hearings can indicate if the team focuses on youths’ strengths during discussion of their progress/struggles or while addressing them. All teams considered participant strengths during discussion in staffing meetings, and some teams had documented the strengths to share with team members. Additionally, participants in some programs were required to write a letter that described their accomplishments and goals before advancing to the next phase.

The judges and referees of the JDTCs were knowledgeable about each youth’s hobbies, interests, and recent accomplishments, and incorporated them into discussion at the review hearings. Additionally, judges were skilled in using motivational interviewing techniques to elicit feedback from participants, were empathetic in their approach to youths receiving sanctions, and ended discussions on a positive note, whether the youth was doing well or struggling. JDTC judges engaged parents by asking them to talk about their child’s positive behaviors and achievements.

- C13: Participants were required to write a letter for their first status review hearing that described their families and themselves, their accomplishments and goals, and three things for which they are most proud. Particular strengths of each participant do not appear to be documented and were not discussed among the team in the staffing meetings.

C16: Participant strengths were identified at intake using motivational interviewing techniques, and probation officers kept a list of the identified strengths for reference. Participants were required to write a letter for phase advancement and include their accomplishments and goals.

- C18: The judge kept notes on the participants’ strengths and the case manager provided her with reports that identify the number of points each participant

earned for the week. Participants earned points by making progress in treatment, at home, in school, and in their chosen extracurricular activity.

- C20: The team focused on the strengths of each participant while discussing participant progress in the staffing meeting. The judge was knowledgeable about participants' hobbies and interests and discussed them during status review hearings. Recovery plans were developed by the family therapist with the participant and the parents, and were reviewed by the team. The recovery plans included setting goals and ways the parents could help support their child.
- C21: The coordinator met with the participants twice per week and documented the strengths and interests of each youth, sharing them with the team at the staffing meetings. The team reviewed and considered them when determining appropriate incentives. Family members were encouraged to focus on their youth's strengths during status review hearings.
- C26: Strengths of participants were identified and verbally shared by therapists, the wraparound coordinator, and the probation officer during staffing meetings; parents were asked to speak to their child's progress at home during review hearings.
- C33: The team documented each participant's strengths and accomplishments and discussed them during the status review hearings. Team members cited accomplishments the youth achieved each week. When speaking about a negative situation that a youth had encountered, the team members addressed the negative behavior, but ended their statement on a positive note.
- C44: Strengths of the youths were considered when determining sanctions and incentives. All team members focused on the strengths of each participant during the status review hearing. The judge engaged the parent(s) during status review hearings, eliciting feedback on their child's progress at home.
- C05: The probation officer detailed and documented each youth's progress and strengths, which the team referenced when deciding incentives and sanctions. The referee and team also discussed youths' strengths during the review hearing.
- C06: The probation officer and judge focused on the strengths of each participant during the status review hearing. The judge verbally expressed investment in each participant's success in the program during review hearings and elicited parental feedback on their child's progress at home.

Family Engagement

Public Act 224 of 2004, section 1070 (2) states, “In the case of a juvenile participant, the court may obtain jurisdiction over any parents or guardians of the juvenile in order to assist in ensuring the juvenile’s continued participation and successful completion of the drug treatment court, and may issue and enforce any appropriate and necessary order regarding the parent or guardian of a juvenile participant.”

It is not uncommon for families to appear resistant to youths entering a JDTC program. Parents may have had past negative experiences with the court system, or are too “fed-up” with their child’s behavior and have succumbed to feelings of helplessness. Families may feel they lack the time and resources to assist in their child’s participation in the program, and are overwhelmed with raising other children and maintaining employment. Thus, getting families engaged can be a challenging task for the team. Team members must build relationships with parents at or prior to adjudication, and identify and remove participation barriers. *The 16 Strategies in Practice* states, “By building alliances with families, recognizing their strengths, and helping them address possible barriers to change in their children’s lives, the drug court team increases the likelihood of youth success in the program.”

Some ways to encourage family engagement include requiring parent(s) to attend review hearings, participate in parent group sessions, and agree to communicate to the court any noncompliance by their child. In all programs, parents were required to sign an agreement that they would participate in treatment, attend status review hearings, and support their child in the program. Most courts included in the agreement that home checks will be conducted, and that parents are responsible for maintaining a clean environment.

- C13: The probation officer spoke with each of the youths’ parents about their child’s behavior at home prior to status review hearings. Parents were expected to attend a support group meeting following status review hearings monthly; however, the team was increasing the requirement to weekly. Parents received a \$10 gift card for attending parent support group meetings.
- C16: Parents were required to sign an agreement that they would participate in all requirements of the court and provide or arrange transportation for counseling sessions. The probation officers built a rapport with family members and were largely responsible for keeping them engaged.
- C18: Judge Tighe conducted an orientation for new participants and their parents, describing program requirements and expectations of the family. The program only accepted participants who have parents that are willing to adhere to program requirements. She encouraged the families to cultivate their hobbies and interests. The peer counselor engaged the parents when interacting with and providing services to the youths.

- C20: Parents must complete a form that asks how their child is progressing in the program, what improvements can be made, and whether their child is ready for phase advancement. The parent must also list two accomplishments their child has made each week. The team conducted periodic meetings to discuss family concerns and engaged disinterested parents by ordering extra therapy sessions and conducting home checks.
- C21: Parental engagement began when potential participants were referred to the program. The probation officer met with the family to discuss participation, and the coordinator interviewed youths and parents separately to assess their needs. The judge engaged parents at status review hearings by asking them to name something positive that the youth did in the past week.
- C26: The program used wraparound services as a means to engage the families. The wraparound coordinator and probation officer were largely responsible for keeping families engaged, and the coordinator visited families in their homes on a regular basis.
- C33: In addition to signing an agreement to participate in counseling and status review hearings and to allowing home visits, parents also signed a pledge that they supported their child in living a substance-free lifestyle. An orientation was held for parents new to the program. Subsequent weekly contact between the probation officer or coordinator and the parents was made to discuss the strengths of the family.
- C03: Probation officers made immediate contact with family members once a participant was referred. Probation officers frequently visited the homes of the youths and strongly encouraged parents to participate in their child's recovery and program requirements.
- C44: The court engaged family members through home checks, and conducted a monthly drawing for incentives for those parents that were actively participating. Therapists offered extra services through phone calls or individual contact with those parents who could not attend the weekly therapy sessions. Treatment was expanded to include treatment for the whole family, rather than parents only.
- C05: Parents were provided a family handbook that gave a detailed explanation of the program and the expected role of the parents and family members. The probation officer and treatment provider engaged reluctant parents upon referral, and treatment provided therapy for the entire family. Biweekly family therapy reports were provided to the team to keep members abreast of family participation.
- C06: Parents were provided a comprehensive orientation handbook outlining the requirements of the program. The judge addressed resistant parents from the bench, and defense counsel met with the parents to encourage participation. The

team also approached other family members when the parents were not engaged. Treatment identified family strengths and builds upon them.

Educational Linkages

Education plays a significant role in preparing youths for positive futures. Curriculums should be tailored to meet the developmental needs of youths, as some may have learning disabilities. To stay abreast of how youths are progressing and behaving in school, courts should forge a relationship with school officials, communicating frequently on youths' grades, attendance, and behavior. Having an educational liaison on the team can facilitate that exchange of information from the school to the court. Programs that do not have a designated school representative as a team member instead use probation officers and case managers to establish a rapport with school officials.

- C13: The drug court probation officer visited the different schools on a weekly basis and spoke with the secretaries and/or principals about the participants' attendance, grades, and any missed assignments. He also conducted drug testing while at the schools. The principal from the Traverse City Alternative Public Schools attended staffing meetings and provided insight into participants' progress in school.
- C16: The judge and probation officers encouraged schools to enroll participants or lift suspensions of participants. The team strongly encouraged participants enroll only temporarily in alternative school, and instead set a goal of graduating from their home school.
- C18: The probation officers monitored participants in school with random school checks. The team utilized a weekly point system where participants received points for progress in school, good behavior at home, and engaging in extracurricular activities. Youths received incentives for earning ten points.
- C20: The drug court probation officer and sheriff's deputy acted as liaisons to participants' schools, visiting the different schools regularly and accessing the "parent portals" to view participants' grades. School reports were included in the staffing reports for all team members. Most participants attended alternative education and the team has built a good rapport with the staff.
- C21: The coordinator and probation officer spoke to the school liaison about the youths' academic performance and behavior two to three times per week. The school liaison coordinated transition from detention to school or transitions from one school to another. Team members had access to the school's electronic grading system and the judge referenced the youths' grades during status review hearings. The team used a point system to monitor positive activities, attendance, and participation. Tutoring was provided for the youths.

- C26: The team included two persons from the educational field; one helped the youths with academics and the other served as the liaison between the schools and the court. The liaison also helped parents by referring them to community resources that could address their needs. Team members had access to the schools' electronic grading system and the judge referenced the youths' grades during status-review hearings.
- C33: The program sends participants to two schools in two counties that were originally developed as a collaborative effort among the court, local school systems, and a government entity to provide education to kids in detention. These schools, referred to by the team as court schools, offered therapy, academic classes that help participants catch up in credits so they can graduate, drug testing, and extracurricular activities. Both court schools used staff provided by the intermediate school district, and upon graduation, participants could either accept their high school diploma from the court school or from their home school. Court schools allow the team to create a positive, sober environment and the judge credited program success to having court schools in the community.
- C03: The probation officers spoke to the school counselors about academic performance and behavior at least weekly. The team had a tutor who attended status review hearings, rotating among judge and referees, and met with participants after the hearings to schedule tutoring sessions.
- C44: At the time of the court visit, the counselor from Hartland Public Schools had recently agreed to be part of the team as a school liaison. The probation officer had been conducting school visits, and the team had open communication with participants' counselors and teachers. The probation officer also conducted study hall at the court. Some of the participants attended Widening Advancement for Youth (WAY), an online learning curriculum. School reports about each participant were provided at staffing meetings.
- C05: School administration was supportive of the program and reported to the probation officer any problems. Additionally, weekly school progress reports were filled out by teachers, signed by the participant and parent, and shared with the team at staffing meetings. The probation officer also utilized the schools' online program to access grades and provide updates to the team on participant progress. The team added a school liaison officer who will assist in drug testing participants while at school and report progress and problems to the court.
- C06: Probation officers frequented the participants' schools and had open communication with counselors and teachers. School reports were provided for all team members at the staffing meetings. Participants were required to have their parents sign a weekly progress report and submit it to their PO.

Drug Testing

It is important from a treatment standpoint that participants who relapse admit to use so they can identify triggers, learn new coping strategies, and move forward in their recovery. Drug testing to monitor abstinence is essential to a program's success in that it can be used to confront a youth who may be denying use. Drug testing includes testing for alcohol as well as drugs, and according to *The 16 Strategies in Practice*, "All testing should be randomized, observed, and frequent." Also, Public Act 224 of 2004, section 1072 (1)(b) states that a drug treatment court shall provide "Mandatory periodic and random testing for the presence of any controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods." Best practices for drug courts say that testing should be conducted a minimum of twice per week in early phases.²⁶ A signed consent form for drug tests should be obtained from participants, and drug-testing protocols should be documented and reviewed with participants and families prior to or upon admission into a program. Lastly, it is important that programs test for a wide variety of drug types, and that teams are knowledgeable about shifts in common drugs in their community.

All eleven courts visited had documented drug-testing protocols that participants and parents received. Most programs included documentation that parents or guardians may be drug tested as well. Not all courts complied with the statute's random testing requirement. However, those courts that did not have randomized testing answered with a corrective action plan detailing the method they were implementing to ensure randomization. Courts that lacked personnel to observe testing frequently used oral swabs to counter the need for observation.

C13: Drug testing was conducted randomly in school, and parents were subjected to random testing as well. The contracted drug-testing agency did conduct observed testing; however, participants had a 24-hour advance notice of when they would test. Tests included Dextromethorphan (DXM), a drug found in cough medicines that is commonly abused by younger people.

C16: The team had set days during the week that participants were tested at the court by court personnel. Although the frequency of testing was in line with best practices, it was neither random nor observed. The team expressed concern that observed testing may negatively impact the relationship that the team had built with the participants.

C18: Testing was conducted randomly, was observed, and the frequency aligned with best practices. Urine tests included DXM, baths salts, and synthetic marijuana, and oral swabs may be used. Weekly tests for ethyl glucuronide (ETG), a byproduct of alcohol, were conducted. Parents signed an agreement that they will drug test upon request.

C20: Random and observed testing was conducted for a wide variety of drugs, including DXM and synthetic marijuana. Breathalyzers were administered periodically also. The frequency of testing fell below the minimum per best practices for some participants. Testing was conducted in school and homes, and parents could be tested also.

C21: The team tested for a wide variety of drugs, including DXM, synthetic marijuana, and inhalants, and ran multipanel tests on participants new to the program. The team used urine, oral, and tethers for testing. Testing was not random and the frequency fell below best practices according to data in DCAS; however, the coordinator was in the process of establishing a randomized system using Excel formulas that would also increase frequency of testing to align with best practices. Parents of participants were drug tested also.

C26: The team reported testing as random and observed, and participants were tested frequently for a wide variety of drugs, including methadone, synthetic marijuana, ecstasy, and bath salts. Parents were also drug tested while their youth participated in the program.

C03: Testing was not randomized and the coordinator implemented a call-in color-coded system toward randomization so that testing was in accordance with statute. The frequency of testing, according to data in DCAS, fell below best practices; however, the coordinator attributed this to lack of data entry. The team administered breathalyzers during weekend home checks, and urinalyses tests for multiple types of drugs.

C33: Drug tests were conducted randomly and were observed, and the frequency of testing met best practices. The team frequently conducted random testing in school, and parents were tested also. In addition to urinalyses, the team used oral swabs and tested for a wide variety of drugs including synthetic marijuana. Youths carried court phones when not at home to receive calls for testing, and the court contracted with individuals who would meet participants at their location to test. Night and weekend testing was conducted also.

C44: Testing was random and observed, and drug tests included testing for synthetic bath salts and marijuana. The frequency of testing fell below best practices and did not appear to be conducted on weekends; however, the coordinator was in the process of changing testing agencies to increase the frequency and include weekend testing. Drug testing was conducted during home visits and parents could be tested.

C05: Although the probation officer was diligent and thorough in testing participants, testing was not randomized. Testing was conducted frequently in the court, schools, and the homes of youths, and a wide variety of drugs were tested, including synthetic marijuana and psilocybin, a psychedelic compound found in hallucinogenic mushrooms. The team has since implemented a method to randomize testing.

C06: Testing was frequent, random, and observed. In the process of evaluating their program, the team discovered that participants were relapsing in later phases and responded by increasing the number of tests participants received in later phases.

Goal-Oriented Incentives and Sanctions

Incentives and sanctions should be individualized and tailored to reinforce or modify participant and family behavior. Goals and strengths specific to each youth that were identified by therapists and the court need to be assessed when deciding appropriate incentives and sanctions in order to elicit a positive change in behavior. Incentives and sanctions should be therapeutically sound and constructed to build on the skills and competencies of each youth. For example, providing art supplies to youths with artistic abilities can encourage them to develop and refine their talents. Similarly, ordering an artistic youth to write a lengthy essay on their favorite artist as a sanction can keep the youth engaged while being held accountable for noncompliance.

Courts used a wide array of incentives and sanctions for their participants and sometimes for parents. Examples of incentives that were frequently used include phase advancement, extended curfew hours, gift cards, allowing the youth time outside the home, and judicial praise. Some common sanctions used included writing essays, community service, home detention, and secured detention. Using detention as a sanction should be a last resort, as recent findings suggest that confining youths can increase the probability that they will be incarcerated as an adult.²⁷

Below is a brief description of various incentives and sanctions that were given during the observed status review hearings that team members reported during interviewing, or that were entered by team members into the DCCMIS. They are by no means an exhaustive list of what each program provides their participants. All teams were adept at creating and individualizing incentives and most teams awarded incentives to parents also.

C13: Incentives included drawing from a fish bowl, judicial appraisal, and “out time,” which allowed the participant some hours outside of their home; incentives in the form of \$10 gift cards were given to the parents “for their time” in attending parent-support meetings when meetings were not ordered. Sanctions most commonly included community service, tether, detention, or jail. Creative sanctioning included ordering the youth to watch an educational movie and present an oral report to the team, and writing letters of apology. Other sanctions included boot camp, Mid Course Challenge camp, early curfew, and continued house arrest.

C16: Incentives included gift cards, judicial appraisal, less restrictive curfews, and removal of house restrictions. Sanctions most commonly used included detention, curfew reduction, and tethers. The team also used the extension of phase time and attendance in a school program for missing school assignments or being disrespectful at home.

C18: Incentives included judicial praise, candy bars, gift cards, and decreased court appearances. The team had also provided manicure gift cards for females. Commonly used sanctions included writing assignments, detention, and increased court appearances.

The team also required participants to report to the court house for missing therapy, and imposed court watches.

C20: The team relied heavily on judicial praise from the bench and applause from the team, and youths may receive candy from the judge. Additional incentives included curfew extensions and allowing youths to leave review hearings early. Common sanctions included writing letters of apology or essays, extending phase time, reducing curfew, and community service. Additional sanctions used were verbal warnings, tether or home detention, and not receiving an incentive such as applause.

C21: The program used a ten-point system for incentives that each participant strived to achieve weekly by attending and performing well in school, behaving appropriately at home, and complying with program requirements. Incentives included applause for a good school report, candy bars, movie passes, and gift cards. Additionally, incentives were individualized around strengths, such as music lessons, running shoes, or sports camp. Nonsecure and secure detentions were used as sanctions, as well as day treatment, curfews, increased drug testing, community service, and writing letters. The judge used nonsecured weekend detention as a means to create time for the youths to get caught up in their school work.

C26: Incentives came in the form of permission to travel, extended curfews, gift cards, or permission to attend dances. When eligible for phase advancement, participants were required to write and read aloud a letter to the court detailing why they feel they should advance. Sanctions included community service, tether, home detention, writing essays, forbidding internet usage, fines for missing counseling, and phase demotion.

C03: The team used movie passes, gift cards, candy, judicial praise, and curfew extensions as incentives. Sanctions included judicial admonishment, book reports on Josh Hamilton's "Beyond Belief" or a topic of interest for each youth, writing letters to the judge, curfews, and detention.

C33: Incentives such as movie passes, tickets to sporting events, or pizza to encourage the families to spend time together were used. The team required the participants to submit a written request when asking for permission to participate in an activity outside the realm of the program. Types of activities requested included allowing the participant to stay overnight outside their home or ride a bicycle. Activities that were granted were considered incentives. Sanctions included writing essays, attending day treatment, grounding from riding a bike, detention, and withholding applause.

C44: The coordinator reported that incentives used include candy, reduced community service hours, certificate of recognition, and being granted a leadership role in the program. Also, parents who were engaged in their child's participation and compliant with any requirements were entered into a drawing to earn reductions in participation fees. Team members reported that a wide variety of sanctions were used, including admonishment from the bench, curfews, writing letters, increased supervision, home detention, and detention.

C05: The coordinator reported that multiple types of incentives were used, including gift cards, fee reductions, and overnight stay approvals. Sanctions that the team used included admonishment from the bench, grounding, tether, writing assignments, community service, social media lockdowns, and detention. The team relied on a point system to guide them in rewarding incentives.

C06: The team used a weekly points system to help determine incentives, which included fast food certificates, curfew extension, edible treats, movie passes, judicial praise, and applause. Further incentives included writing the youth's name on the board in the courtroom for perfect attendance at school. Sanctions included admonishment from the bench, writing assignments, letters of apology, curfews, home detention, attending a set number of AA meetings, and attending Short Term Rapid Intervention and Diversion Effort (STRIDE), a weekend long program that provided ancillary services, didactic sessions, and work details.

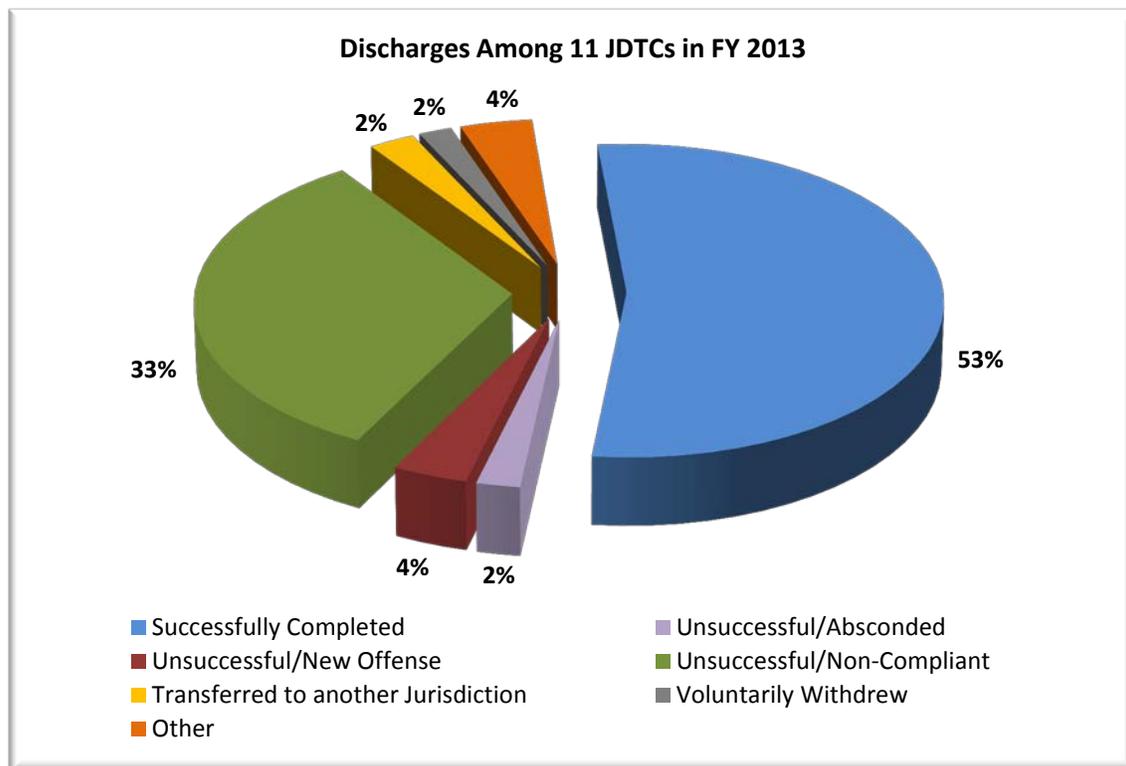
Confidentiality and 42 CFR Part 2

Drug court files in all courts were found to be organized and properly maintained, and all files contained signed confidentiality forms and agreement by participants and parents that they would adhere to the programs requirements. Additionally, participants and parents signed consent for disclosure forms that referenced 42 CFR Part 2. Several courts had referenced "juvenile drug treatment court" in participants' legal files. Although juvenile legal files are closed to the public, courts were required to either remove references to drug treatment court or include language in the waiver of rights in which a participant acknowledges these references and permits their disclosure, in order to maintain the spirit of 42 CFR Part 2.

Performance Measures

Although the intent of this report is to identify the similarities and differences in program operations, it is also helpful to identify the services that participants received while working the program, and the overall performance of juvenile drug treatment courts to understand their importance in our justice system.

The success rate of participants is one measure of whether a program is achieving its desired effect. Michigan's 11 juvenile drug treatment courts discharged 280 participants in fiscal year FY 2013, and more than half (53 percent) of the participants successfully completed the program. Just over one third of participants were unsuccessfully discharged due to noncompliance, and four percent were either discharged due to a new offense or had been discharged for some "Other" reason.

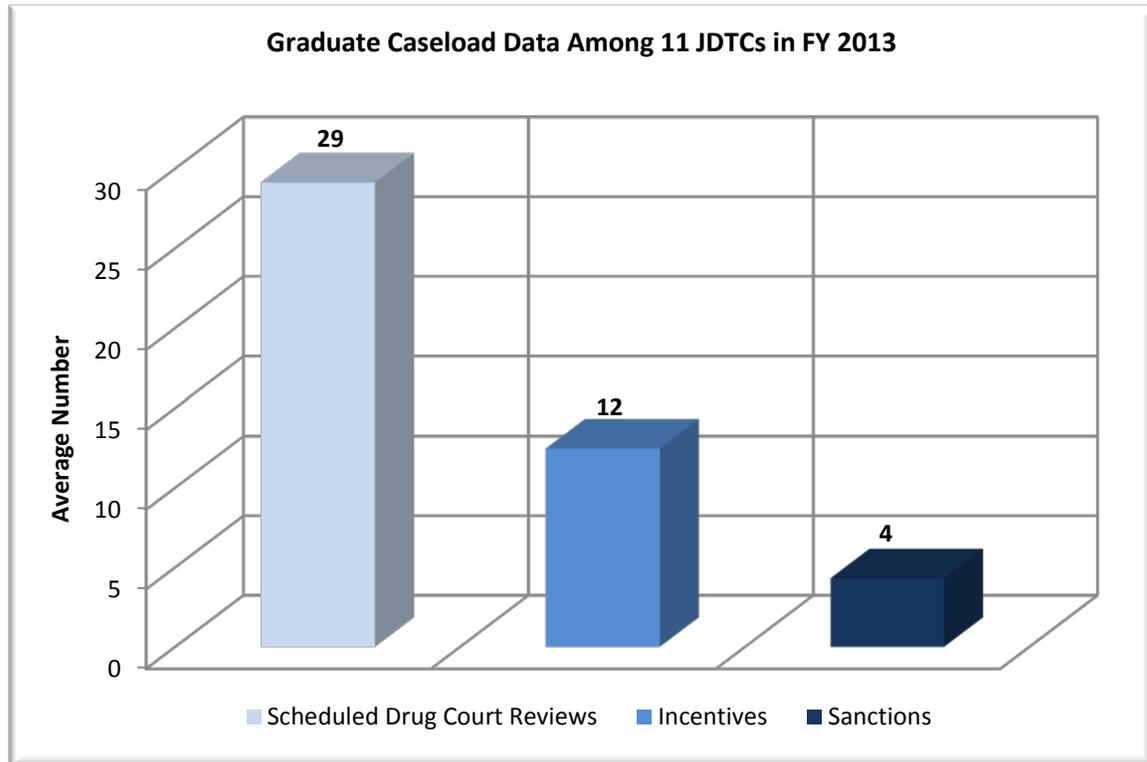


Little information was found to compare Michigan JDTCs' success rates with other states or to a national average. Some states, however, have had evaluations done on their JDTCs and the success rates found in those studies are listed below.

- An evaluation of 6 Utah Juvenile Drug Courts²⁸ showed an average success rate of 70 percent, ranging from just under 50 percent in some courts to 80 percent in others.
- In Ohio, a study of three programs in three counties²⁹ showed a 49 percent success rate.
- An evaluation of Maine's statewide JDTC program³⁰ showed that just under 30 percent of participants successfully completed the program.
- A review of the Delaware Juvenile Diversion Program³¹ showed participants had a 65 percent completion rate.
- Iowa had an evaluation conducted on participants from 2006 and 2009³² and had an overall success rate of 61 percent.

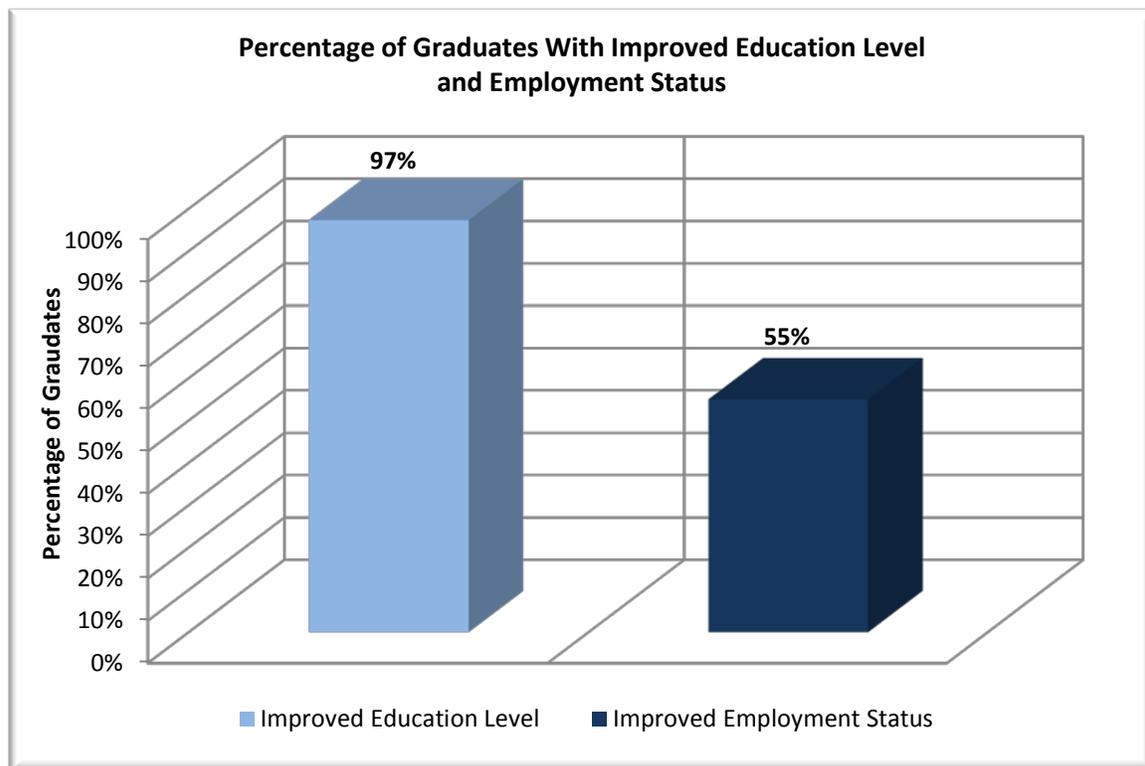
Further data about Michigan graduates showed that the 149 participants who graduated a program in FY 2013 spent an average of 373 days in a program. Graduates averaged 211 substance abuse treatment contact hours, and received an average of 120 drug or alcohol tests. Upon graduation, the participants had achieved an average of 192 consecutive days of abstinence from drugs and alcohol.

Frequent judicial monitoring in the form of status review hearings is a major component to drug courts where participants meet with the judge to report on progress or struggles, and can receive incentives and sanctions. Graduates averaged nearly 30 status review hearings and received an average of 12 incentives and four sanctions while working the program.



In addition to judicial review hearings and incentives and sanctions, graduates received on average 120 drug tests, and 211 substance abuse treatment contact hours while active in a JDTC program.

JDTCs place a heavy emphasis on the educational success of participants, and many additional services are offered to keep the youths in school and progressing through grade levels. Although school is a priority, older youths who are approaching adulthood are offered employment services, which can include resume building, learning interviewing skills, and other social skills. Ninety-seven percent of graduates were able to improve the educational level, while 55 percent improved their employment status.



Recidivism is another performance measure that determines whether programs are having the desired effect of reducing crime. Michigan defines recidivism broadly and narrowly under two different definitions:

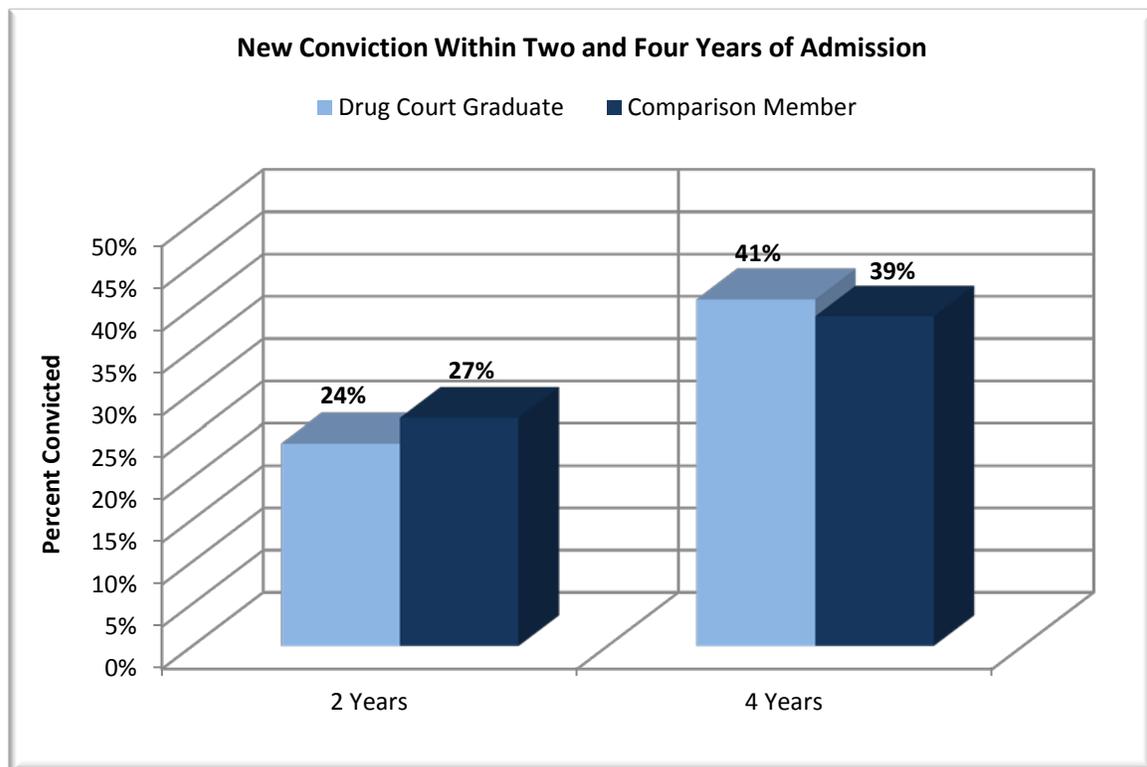
1. Recidivism is broadly/narrowly defined as any new conviction within the categories of violent offenses; controlled substance use or possession; controlled substance manufacturing or distribution; other drug offenses; driving under the influence of drugs or alcohol first offense; driving under the influence of drugs or alcohol second offense; driving under the influence of drugs or alcohol third offense; other alcohol offenses; property offenses; breaking and entering or home invasion; nonviolent sex offenses; juvenile status offenses, including incorrigible, runaway, truancy, or curfew violations; neglect and abuse civil; and neglect and abuse criminal. This definition excludes traffic offenses and offenses that fall outside the above categories.

2. Recidivism is narrowly/broadly defined as any new drug or alcohol conviction, including controlled substance use or possession; controlled substance manufacturing or distribution; other drug offenses; driving under the influence of drugs or alcohol first offense; driving under the influence of drugs or alcohol second offense; driving under the influence of drugs or alcohol third offense; and other alcohol offenses.

In order to calculate recidivism rates, specific time frames were selected. This report is based on new convictions under both definitions occurring within two and four years of admission. In order for recidivism to be evaluated over the two-year period, the

drug court graduate had to have been admitted into drug court at least two years prior to the time of this evaluation, and their comparison member had to have had their case opened in the case management system at least two years prior to this evaluation. Similarly, when evaluating over the four-year period, only those matched pairs where the drug court graduate had been admitted into a drug court program at least four years prior to the time of this evaluation and their comparison member had their case opened in the case management system at least four years prior to this evaluation were the pair eligible for evaluation.

When evaluating for any new conviction, JDTC graduates had a 24 percent recidivism rate after two years of admission, and their matched comparison member had a 27 percent recidivism rate.¹ After four years of admission, however, the comparison member had a slightly lower recidivism rate (39 percent) when compared to the drug court graduate (41 percent).²



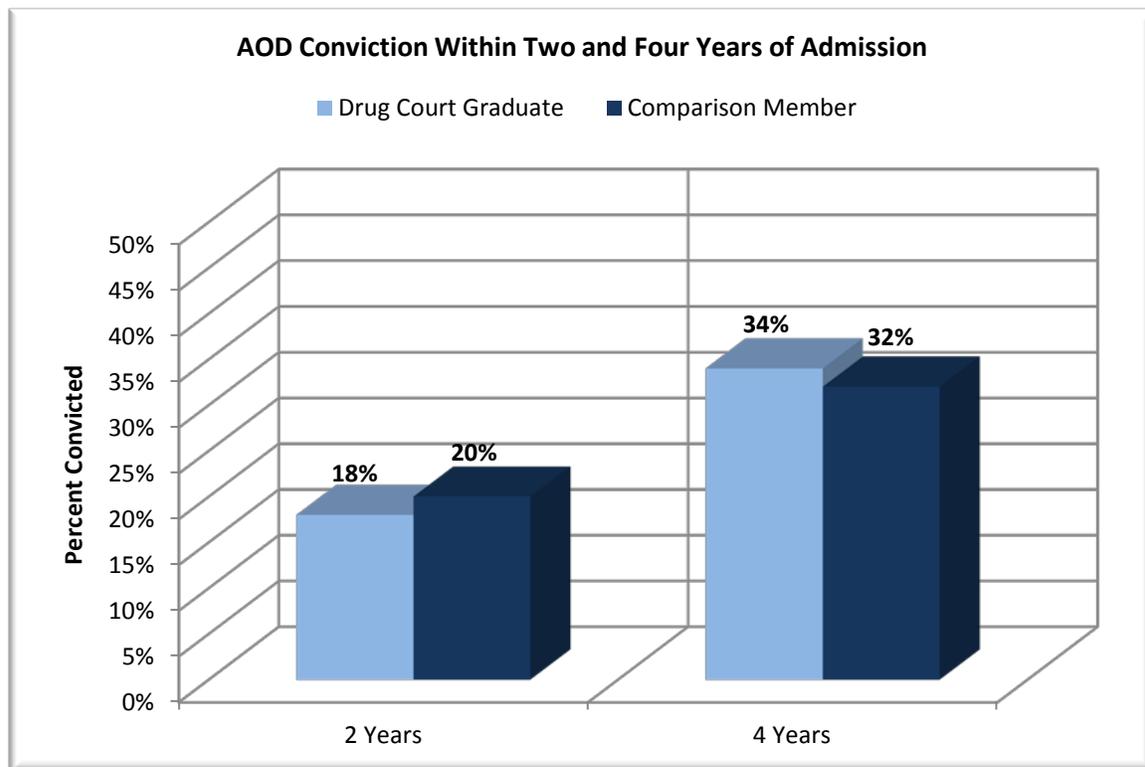
When evaluating recidivism defined as a new alcohol or drug (AOD) conviction, drug court graduates had an 18 percent recidivism rate after two years of admission, and their matched comparison member had a 20 percent recidivism rate.³ After four years of admission; however, comparison members had a slightly lower recidivism rate (32

¹ $t(1, 547) = 1.200, p > 0.05$

² $t(1, 405) = .632, p > 0.05$

³ $t(1, 547) = .785, p > 0.05$

percent) when compared to their matched drug court graduate recidivism rate (34 percent).⁴



When comparing the recidivism rates of Michigan juvenile drug courts with programs in other states, one must use caution in interpreting the differences. There is no standardized definition of recidivism, as some methodologies may define rearrest as a recidivating event while others, like Michigan, consider new convictions as recidivism. Additional differences in methodologies include comparing recidivism rates of graduates to participants that had not completed the program successfully, or analyzing the recidivism rates of graduates to matched comparison groups. Varying time periods in the different analyses were also used, as well as evaluating recidivism based on specific offenses. With much variation in methodologies, it can be difficult to compile an accurate picture of where Michigan's JDTCs fall in relation to other states.

A comprehensive 2010 study conducted on six JDTCs in Utah,³³ defined recidivism as new incidents such as alcohol, property, or status offenses while in the program and also while out of the program. The study did not limit recidivism evaluations to those participants that successfully completed the program, but rather all participants that had been discharged. The statewide postprogram participant recidivism rate was 18 percent three months after program exit, 32 percent six months postprogram, 40 percent at nine months, and 48 percent after one year of leaving the program.

⁴ $t(1, 405) = .907, p > 0.05$

The study further evaluated recidivism by developing a comparison group of nonprogram probationers that had received an alcohol or drug (AOD) offense and compared their overall rates of recidivism to JDTC participant overall rates. The authors noted that the comparison group was not ideal because they were more likely to be minority, younger at age of first incident, and have more prior juvenile incidents than the drug court participants, but the evaluators had no alternative resources. Here, they defined recidivism as either a new arrest or a new incident that was referred to juvenile court. The two groups were evaluated for recidivism after 30 months postprogram, and showed that 39 percent of the nonprogram probationers recidivated, while 42 percent of the drug court participants recidivated. Although it is questionable if the comparison group is a good measure against the participants, it is fair to note that Utah's drug court participants had recidivated at a similar rate as Michigan JDTC participants over a like time period.

Similarly, Iowa combined two previously conducted evaluations from 2001 and 2006³⁴ and analyzed long-term recidivism for juveniles moving into adulthood. Approximately 40 percent of participants had a new conviction two years after the study tracking start date, which was "either the individual's 18th birthday or the offense date for a conviction as a result of being waived from juvenile to adult court, whichever occurred first." At four years, participant reconviction rate was over 50 percent.

When looking at other studies that compared participant recidivism rates to another group of offenders' recidivism rates, an outcome evaluation of Maine's juvenile drug treatment courts³⁵ showed that 40 percent of graduates had postprogram rearrests compared to the control group at 49 percent. A Delaware evaluation in 1999³⁶ showed that 18 months after treatment was completed or terminated, the successful participants had a rearrest rate of nearly 48 percent, those noncompliant with treatment had a rearrest rate of just over 60 percent, and 67 percent of the comparison group was rearrested. A study of three juvenile drug treatment courts in Ohio³⁷ showed that 56 percent of drug court participants were rearrested, while 75 percent of the comparison group was rearrested. And finally, a meta-analysis of 60 outcome evaluations from 76 drug courts and six multiple-site evaluations was conducted in 2006 and showed JDTCs averaged an overall five percent decrease in recidivism when compared to nonprogram offenders.³⁸

There is a multitude of meta-analysis studies that evaluate whether juvenile drug courts are effective, with some studies showing relatively little effect on recidivism and others showing JDTC participants have lower recidivism rates when compared to nonprogram probationers or participants who did not succeed in the program. A particularly interesting study conducted on nine juvenile drug courts in five states measured whether drug court participation helped to reduce recidivism, whether participation in a drug court program increased the social functioning of participants, and whether programs were using evidence-based interventions.³⁹ Programs and their referral agencies (i.e., those who provide treatment and services) were rated by whether they have the capability to deliver evidence-based treatment interventions and to what extent the team identified risk and needs of participants and applied the appropriate level of services. Programs were rated as either highly effective, effective, needs

improvement, or ineffective based on whether they were using effective interventions. The findings showed that of the 35 referral agencies used by the nine courts assessed, four were rated as “highly effective,” six were rated as “effective” and the remaining 25 were rated as either “needs improvement” or “ineffective.” Overall, only two of the nine courts were rated as “effective”, and none were rated as “highly effective.” Not surprisingly, recidivism rates were favorable only among the two “effective” courts. The authors of the study noted that the lack of reduced recidivism may be a result of the lack of adherence to *The 16 Strategies in Practice*.

Recommendations

The lack of two evidence-based concepts emerged from the information gathered during the court visits. To enhance operations of the programs and strengthen the effectiveness of outcomes, all teams should apply the Risk-Need-Responsivity (RNR) model, which involves assessing participant criminogenic risk and needs in order to provide the appropriate level of treatment services and monitoring; and all programs should adhere to the *16 Strategies in Practice*.

RNR and Use of Criminogenic Risk Assessment Instrument

The Risk-Need-Responsivity (RNR) model assesses and rehabilitates offenders using three principles: the risk principle, which predicts criminal behavior and then matches level of service to the offenders likelihood of reoffending; the need principle, which assesses and targets criminogenic needs through treatment; and the responsivity principle, which outlines how the treatment should be provided using evidence-based treatment such as CBT, and tailoring the services to meet the strengths, motivation, and abilities of the individual. The RNR model has led to better risk assessment instruments to predict criminal behavior, and better treatment programs that match services to the level of risk and needs. As a result, the RNR model, when properly applied, has led to a reduction in recidivism.⁴⁰ Programs must be able to assess criminogenic risk and needs in order to match participants to appropriate treatment services to improve their outcomes and reduce recidivism. The majority of the assessment tools used by courts assessed for substance-use disorder only and did not include measures of criminogenic risk, with the exception of the YLS/CMI and the LSI-R. A criminogenic risk assessment identifies the likelihood for reoffending and dictates the level of treatment services and monitoring necessary for each participant.

Also, according to the NCJFCJ, JDTCs “should serve youth who are moderate/high in both substance abuse/use need and criminogenic risk.”⁴¹ Programs that are well-implemented and target moderate- to high-risk youths reduce recidivism and improve other outcomes more than programs that target low-risk youth.⁴² Without an instrument to assess criminal behavior, teams cannot know whether they are accepting populations that will benefit from the intensity of their programs. This reiterates the need for a risk assessment tool.

Studies show that mixing low- and high-risk offenders can have negative consequences on the low-risk population, and providing intensive treatment to a low-risk offender can increase their likelihood of reoffending.⁴³ The Juvenile Justice Vision 20/20 Strategic Focus Action Team 2⁴⁴ has identified four risk assessment tools that courts can use to assess juveniles for criminal reoffending. The LSI-R, YLS/CMI, Structured Assessment of Violence Risk in Youth (SAVRY), and Michigan Juvenile Justice Assessment System (MJJAS) were found to be reliable and validated instruments. Teams should incorporate a risk assessment into their process of determining who is appropriate for their programs.

Adherence to the 16 Strategies in Practice

“Each of the 16 Strategies was built from evidence-based and promising practices and should be considered an important road map for courts to utilize.”⁴⁵ Also, “each strategy must be fully implemented and maintained, to avoid running a program as a ‘business as usual’ model.”⁴⁶ Many of Michigan’s programs were not implementing all strategies or adhering to all components of each strategy. The following sections detail which strategies programs were not adhering to, and provides evidence as to why courts should make program adjustments to align with the strategies.

Drug Testing:

According to *The 16 Strategies in Practice*, “All testing should be randomized, observed, and frequent,” and best practices state, “programs should drug test two to three times per week, obtain test results back within forty-eight hours, and require participants to have no positive drug tests for at least ninety days before graduation.”⁴⁷ When testing is not random or frequent, participants can predict when they will be tested and can find times to use that will avoid detection. Similarly, participants may resort to using hidden devices that hold clean specimens when testing is unobserved.

Testing participants is necessary to gauge abstinence and determine whether the program is having a positive impact on behavior change. It should be used for accountability, but more importantly, it identifies relapses that are met with rapid therapeutic intervention toward achieving recovery goals.⁴⁸ Testing according to best practices is the only way teams can determine whether treatment and court services are effective in participants’ recovery.

Sanctioning:

Although the teams provided a wide variety of incentives and sanctions, the average number of jail days that active participants received for a drug court sanction was more than 32 days, and more than a quarter of the participants had received 20 days or more. Research shows that confinement can sometimes have negative effects on youth outcomes⁴⁹ and “exposes youth to high levels of violence and abuse, provides no overall benefit to public safety”, and that youth incarceration wastes taxpayer dollars.⁵⁰ Further, research shows that programs and practices that focus on promoting positive development of youths are the most effective types of intervention.⁵¹ Finally “it is not uncommon to see drug courts fall back on the use of detention due to frustration with the

client, lack of alternatives, or because they utilize a standardized response system. Juvenile drug courts that use detention as a last resort will experience greater cost savings over time.”⁵² According to the *16 Strategies in Practice*, teams should “respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families,” and incentives and sanctions should be used to “build youth competencies and skills.”

Monitoring and Evaluation:

“Courts that use their data in an ongoing manner to monitor for effectiveness and make necessary adjustments have stronger program outcomes and greater cost savings.”⁵³ Best practices state, “data should be maintained electronically and programs should participate in evaluation and use program statistics to make program improvements.”⁵⁴ Process evaluations provide “the information needed to make adjustments to strategy implementation in order to strengthen effectiveness” and “provide data for program improvements efforts.”⁵⁵ They are useful because it “allows programs to evaluate how well their plan, procedures, activities, and materials are working and to make adjustments before logistical or administrative weaknesses become entrenched.”⁵⁶ Process evaluations can be conducted by team members using DCAS data and can identify areas for improvement, enhance existing requirements, and determine if the program’s current design needs refining. Documenting any changes to program design in the policy and procedures manual can assist in ensuring fidelity to the goals and mission of the program, and serves as a roadmap in cases of staff turnover.

Outcome evaluations, which measure the direct effects that program activities have on the target population, are equally necessary because they “provide evidence of success for use in future requests for funding.”⁵⁷ Thus, teams should use their program data in DCAS to annually review program outcomes to align with the annual allocation of MDCGP grant funding. As noted earlier, MDCGP funding does not provide for independent outcomes evaluations, and exploring other avenues of funding, such as federal grants, may provide monies toward independent evaluations.

Team Participation:

Teams should require all members to be present at staffing meetings and court review hearings. “Drug court teams that have all team members present at both staffing and in court (judge, prosecutor, defense attorney, probation, treatment, and case management) experience stronger graduation rates and better cost-savings.”⁵⁸ Additionally, having all team members present at staffing meetings and court hearings offers a holistic approach toward decision-making regarding the youths. Each team member offers their area of expertise, and differing perspectives adds many layers of support for the youths. Lastly, treatment participation is essential to ensuring that youth sanctioning is therapeutically sound and consists of behavior modification strategies.

Trainings:

There were many types of trainings that teams felt would benefit their programs. Continual training and education in a dynamic field such as drug courts is necessary to ensure programs are offering the best services for our youths. All team members should

be trained in the *16 Strategies in Practice* and adolescent development, and training should be ongoing. “Drug courts that provided ongoing formalized training also experienced strong cost-benefits. In essence, team members with greater amounts of training are more likely to accurately and realistically reflect on the true operations of drug courts. This reflection will allow team members and courts to better position themselves to control for drug court drift and mission creep.”⁵⁹

Conclusion

Although adolescence is an exciting time of growth and potential, it is often accompanied by risk-taking and experimentation, including drug and alcohol use. Most youths weather this developmental period without having any contact with the juvenile justice system. However, trend data shows that alcohol and drug use among teens has increased over the past years, and that American adolescents are at greater risk than adults of developing a substance-use disorder.⁶⁰ Fifty to seventy-five percent of the youths that have come into contact with the juvenile justice system committed their offense while under the influence of alcohol or drugs.⁶¹ Juvenile drug treatment courts positively affect juvenile justice processes by offering treatment services for youths with substance-abuse and/or mental-health disorders, as well as addressing family issues and educational needs.

Michigan’s JDTCs are comprised of dedicated people that sincerely care about the recovery of adolescents struggling with substance-use disorders. Team members from each drug court showed a real passion for making a positive change in our youth today, and should be applauded for their efforts. Michigan’s juvenile drug treatment court teams have real potential for vaulting this state to national recognition as a leader in successful programs. All team members showed a sincere interest in finding ways to improve their programs and were amenable to suggestions received while on site. With continued training and collaborative efforts between the problem-solving courts team and the JDTC teams for further research and implementation of best practices, these very important and necessary programs will continue to serve our struggling youths.

Endnotes

- ¹ Juvenile Justice Vision 20/20 Strategic Focus Action Team 2: Effective Outcomes for Youth, Families & Communities. *Michigan Juvenile Offender Risk Assessment Survey Report*. Retrieved August 13, 2014, from <http://www.gvsu.edu/juvenilejusticevision2020/publications-8.htm>
- ² National Center for Biotechnology Information. *Brief Description: Adolescent Chemical Dependency Inventory (ACDI) - Corrections Version*. Retrieved August 13, 2014 from <http://www.ncbi.nlm.nih.gov/books/NBK64476/>
- ³ Hazeldon Betty Ford Foundation. *Comprehensive Health Assessment for Teens*. Retrieved September 15, 2014, from http://www.hazelden.org/web/public/asimv_chat.page#About_Chat
- ⁴ National Training and Technical Assistance Center, a Program of the Office of Juvenile Justice and Delinquency Prevention. *List of Instruments*. Retrieved September 15, 2014, from <https://www.nttac.org/index.cfm?event=gsg.WebtoolSearchResultsInstrumentDetails&id=63>
- ⁵ National Institute on Alcohol Abuse and Alcoholism. *Michigan Alcoholism Screening Test*. Retrieved September 15, 2014, from http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/42_MAST.pdf
- ⁶ Substance Abuse and Mental Health Services Administration. *Screening Tools*. Retrieved September 15, 2014, from <http://www.integration.samhsa.gov/clinical-practice/sbirt/DAST.pdf>
- ⁷ Shannon Carey, et. al. *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices. Drug Court Review, Volume VIII, Issue I*. National Drug Court Institute.
- ⁸ National Alliance on Mental Illness. *Treatment and Services*. Retrieved September 16, 2014, from http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Treatments_and_Supports/Cognitive_Behavioral_Therapy1.htm
- ⁹ The National Child Traumatic Stress Network. *How to Implement Trauma-Focused Cognitive Behavioral Therapy*. Retrieved September 16, 2014, from http://www.nctsn.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf
- ¹⁰ National Alliance on Mental Illness. *Treatment and Services*. Retrieved September 16, 2014, from [http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Treatments_and_Supports/Dialectical_Behavior_Therapy_\(DBT\).htm](http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Treatments_and_Supports/Dialectical_Behavior_Therapy_(DBT).htm)
- ¹¹ SAMHSA's National Registry of Evidence-based Programs and Practices. *Moral Reconciliation Therapy*. Retrieved September 16, 2014, from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=34>
- ¹² SAMHSA's National Registry of Evidence-based Programs and Practices. *Motivational Interviewing*. Retrieved September 16, 2014, from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=347>
- ¹³ SAMHSA's National Registry of Evidence-based Programs and Practices. *Motivational Enhancement Therapy*. Retrieved September 16, 2014, from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=347>
- ¹⁴ National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*. Retrieved September 16, 2014, from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-0>
- ¹⁵ Sampl, S., & Kadden, R. *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions*. U.S. Department of Health and Human Services. Retrieved September 24, 2014, from http://www.chestnut.org/Portals/14/PDF_Documents/Lighthouse/CYT/Products/MCB5_CYT_v1.pdf
- ¹⁶ SAMHSA's National Registry of Evidence-based Programs and Practices. *The Seven Challenges*. Retrieved September 16, 2014, from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=159>
- ¹⁷ National Institute of Justice. *Thinking for a Change*. Retrieved September 16, 2014, from <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=242>
- ¹⁸ Hills, H., Shufelt, J., & Coccozza, J. (2009). *Evidence-Based Recommendations for Juvenile Drug Courts*. Delmar NY: National Center for Mental Health and Juvenile Justice.
- ¹⁹ Hills, H., Shufelt, J., & Coccozza, J. (2009). *Evidence-Based Recommendations for Juvenile Drug Courts*. Delmar NY: National Center for Mental Health and Juvenile Justice.

- ²⁰ Robbins, M., & Szapocznik, J. (2000). *Brief Strategic Family Therapy*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved August 28, 2014, from <https://www.ncjrs.gov/pdffiles1/ojjdp/179285.pdf>
- ²¹ Flores, P., & Georgi, J. (2005). *Substance Abuse Treatment: Group Therapy. A Treatment Improvement Protocol TIP 41*. Retrieved August 28, 2014, from <http://www.ncbi.nlm.nih.gov/books/NBK64220/pdf/TOC.pdf>
- ²² SAMHSA's National Registry of Evidence-based Programs and Practices. PRIME For Life. Retrieved September 16, 2014, from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=12>
- ²³ National Institutes of Health. Office of Communications & Public Liaison. Clear Communication. Cultural Competency. Retrieved August 29, 2014, from <http://www.nih.gov/clearcommunication/culturalcompetency.htm>
- ²⁴ Michigan Department of Technology, Management and Budget. Census and Demographic Data Highlights. *Estimated Population of Michigan by Age, Race, and Hispanic Origin: 2010-2012*. Retrieved September 3, 2014, from <http://www.mi.gov/cgi>
- ²⁵ Hammond, W. (2010). *Principles of Strength-Based Practice*. Retrieved October 7, 2014, from <http://www.ayscbc.org/Principles%20of%20Strength-2.pdf>
- ²⁶ Carey, supra.
- ²⁷ Aizer, A., & Doyle, Jr., J. (2013). *Juvenile Incarceration, Human Capital and Future Crime*. Retrieved October 20, 2014, from http://www.mit.edu/~jjdoyle/aizer_doyle_judges_06242013.pdf
- ²⁸ Hickert, A., Becker, E., & Prospero, M. (2010). *Evaluation of Utah Juvenile Drug Courts*. Retrieved November 12, 2014, from <http://ucjc.utah.edu/alt-to-incar/jdc>
- ²⁹ Latessa, E., Shaffer, & D., Lowenkamp, C. (2002). *Outcome Evaluation of Ohio's Drug Court Efforts*. Retrieved November 10, 2014, from
- ³⁰ Anspach, D., Ferguson, A. & Phillips, L. (2003). *Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program*. Retrieved November 12, 2014, from <http://www.maine.gov/dhhs/samhs/osa/pubs/correct/2003/mainejdtc03.pdf>
- ³¹ O'Connell, J., Nestlerode, E., & Miller, M. (1999). *Evaluation of the Delaware Juvenile Drug Court Diversion Program*. Retrieved November 12, 2014, from http://cjc.delaware.gov/pdf/juvenile_drug_court_diversion_eval_oct1999.pdf
- ³² Adkins, G., Blood, P., Cook, M., & Watson, L. (2011). *Iowa Adult and Juvenile Drug Court Extended Recidivism Outcomes*. Retrieved November 4, 2014, from <http://www.humanrights.iowa.gov/cjjp/images/pdf/Extended%20Drug%20Court%20Study-Final.pdf>
- ³³ Hickert et. al., supra.
- ³⁴ Adkins et. al., supra.
- ³⁵ Anspach et. al., supra.
- ³⁶ O'Connell, et. al., supra.
- ³⁷ Latessa et. al., supra.
- ³⁸ Shaffer, D. (2006) *Reconsidering Drug Court Effectiveness: A Meta-Analytic Review*. (Electronic Thesis or Dissertation). Retrieved November 10, 2014, from <https://etd.ohiolink.edu/>
- ³⁹ Latessa, E., Sullivan, Carrie, Blair, L. & Sullivan, Christopher. (2013). *Final Report Outcome and Process Evaluation of Juvenile Drug Courts*.
- ⁴⁰ Bonta, J., & Andrews D.A. (2007) Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation 2007-06. Retrieved November 11, 2014, from <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>
- ⁴¹ NCJFCJ. In-Practice Tip Sheet Series: *Clearly Defined Target Population and Eligibility Criteria*. Retrieved October 1, 2014, from http://www.ncjfcj.org/sites/default/files/3_Target%20%26%20Eligibility_TIP_SHEET.pdf
- ⁴² Seigle, E., Walsh, N., & Weber, J. (2014). *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*. (New York: Council of State Governments Justice Center).
- ⁴³ Bonta supra. http://people.uncw.edu/imperialm/UNCW/PLS_506/Criminal_Justice_Quasi_experimental_312.full.pdf
- ⁴⁴ Juvenile Justice Vision 20/20 Strategic Focus Action Team 2: Effective Outcomes for Youth, Families & Communities. *Michigan Juvenile Offender Risk Assessment Survey Report*. Retrieved August 13, 2014, from <http://www.gvsu.edu/juvenilejusticevision2020/publications-8.htm>.

-
- ⁴⁵ Retrieved November 4, 2014, from, <http://ncjfcj.webfactional.com/sites/default/files/scale.pdf>
- ⁴⁶ Retrieved November 4, 2014, from, <http://ncjfcj.webfactional.com/sites/default/files/scale.pdf>
- ⁴⁷ Carey, supra.
- ⁴⁸ National Drug Court Institute. (2011) *The Drug Court Judicial Benchbook*.
- ⁴⁹ Lipsey, et al. (2010). *Improving the Effectiveness of Juvenile Justice Programs*.
- ⁵⁰ The Annie E. Casey Foundation. Issue Brief. *No Place For Kids. The Case for Reducing Juvenile Incarceration*.
- ⁵¹ Lipsey, et. Al. supra.
- ⁵² Wormer, J. & Lutz, F. (2011). *Exploring the Evidence :The Value of Juvenile Drug Courts*. Retrieved August 15, 2014, from, <http://www.courtsww.gov/lower-courts/juvenile-drug/Exploring-the-Evidence.pdf>
- ⁵³ NCJFCJ. In-Practice Tip Sheet Series: *Collaborative Planning*. Retrieved October 1, 2014, from http://www.ncjfcj.org/sites/default/files/1_Collaborative%20Planning_TIP_SHEET.pdf
- ⁵⁴ Carey et al., supra.
- ⁵⁵ SAMHSA. *Using Process Evaluation to Monitor Program Implementation*. Retrieved November 10, 2014 from <http://captus.samhsa.gov/access-resources/using-process-evaluation-monitor-program-implementation>
- ⁵⁶ Thompson, N., & McClintock, H. (2000). *Demonstrating Your Program's Worth*. Retrieved November 12, 2014, from http://www.cdc.gov/ncipc/pub-res/dypw/03_stages.htm
- ⁵⁷ Thompson et. al., supra.
- ⁵⁸ Wormer et al., supra.
- ⁵⁹ Wormer et al., supra.
- ⁶⁰ Meyers, Kathleen, et al. (2014). *Paving the Way to Change*.
- ⁶¹ National Institute on Drug Abuse. Retrieved November 14, 2014, from <http://www.drugabuse.gov/researchers/justice-system-research-initiatives>