

Evaluation of the Lexington (Fayette County) Kentucky Juvenile Drug Court Program

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Abstract

Juvenile offending remains a concern in society, whether the concern is real or perceived.

Although national data indicate that juvenile offending rose significantly in the 1980s through the mid-1990s, the rates of offending overall have since leveled off and decreased. According to Knoll and Sickmund (2010), this pattern is the result of the trends of various offense categories combined. However, one category, drug offenses, remains persistently high despite a recent decrease in the number of arrests and cases processed in the juvenile courts. The implications for these offenders and society are many, including academic difficulties, health-related consequences, poor peer and family relationships, mental health issues, violence, and economic costs (Council on Crime and Justice, 2000; McCollister, French, Sheidow, Henggeler, & Hallidy-Boykins, 2009). As a consequence, many jurisdictions have implemented juvenile drug courts (JDC) to provide comprehensive wrap-around services to reduce criminal behavior and co-occurring substance abuse. The purpose of this study was to examine these outcomes in criminal offending and substance use for one of the first juvenile drug courts in Kentucky, implemented in 2003 and located in Lexington, Fayette County. This program evaluation was conducted using records provided by the Kentucky Administrative Office of the Courts (AOC). Results revealed that the JDC was effective in meeting its primary objective of reducing recidivism in both criminal behavior and the use of illegal substances. Due to state and local budget issues, this JDC ended services on December 31, 2010. Therefore, the findings of this study not only add to the existing knowledge base concerning JDC, it provides outcomes for www.internetjournalofcriminology.com

policymakers to assess the usefulness of the JDC for determining future funding decisions.

Introduction

The Office of National Drug Control Policy (ONDCP, n.d.), reports that in 2007, 109,444 juveniles were arrested for drug offenses, which represents 10.6 percent of all drug arrests in which the age of the offender was known. These arrests are double the number of arrests for drug offenses in 1970 (Bureau of Justice Statistics, 2010). Similarly, the number of drug cases processed in juvenile courts was 190,100, which represents approximately 11.4 percent of all delinquency cases. Juvenile courts process a higher volume of cases today than at any time in the past. These statistics represent the trend in persistently high rates in use of illegal substances among adolescents in the United States and subsequent juvenile court involvement (Flanzer, 2005). In addition to substance abuse, many of these individuals also engage in other forms of criminal and status offending (Chen, Tyler, Whitbeck, and Hoyt, 2004; Flanzer, 2005; Henry, 2007; and Nissen, 2007).

Literature Review

Drug Courts

The rise in criminal offending and co-occurring substance abuse brought about a radical approach to address these issues in the adult criminal justice system beginning in the late 1980s. This approach, drug court, offered an alternative to the traditional justice processes used at that time, by combining substance abuse treatment with incentives and sanctions to encourage

sobriety and lawful behavior. Since the initial adult drug court appeared in Miami, Dade County, Florida, in 1989, drug courts have proliferated every state and several territories of the United States. According to data from the National Criminal Justice Reference Services (NCJRS, 2010), in 2009 there were 2,038 drug courts of various types (e.g., adult, juvenile, family, tribal) in operation in the United States and 226 in various planning stages. These drug courts are “specialized or problem-solving courts” designed to stop the abuse of alcohol and other drugs and related criminal activity (National Institute of Justice, NIJ, 2010).

Juvenile Drug Courts

Based on the successes of the adult drug court model, the first juvenile drug courts appeared beginning in 1993. Although the early juvenile drug courts mirrored the adult model, they have gradually adapted to approach these issues based on the unique challenges presented by juvenile offenders. According to Nissen (2006), the justice system has become an “unintended” service delivery system for individuals who face “multiple challenges of drug and alcohol abuse, mental health issues, and lack of resources for other types of assistance” (p. 299). For juveniles, these unique challenges often include involvement with multiple agencies such as juvenile justice and child welfare, family issues, motivation, developmental issues, peers and gang influences, confidentiality, and differing substance use and offending stages (McGee, Merrigan, Parnham, and Smith, 2000). Therefore, as noted by Goldkamp, White, and Robinson (2001), juvenile drug courts are designed to respond to these issues through earlier and more comprehensive assessments; increased focus on the functioning of the juvenile and family; closer integration of the assessment information; increased coordination between the drug court and

service providers; active and continuous judicial supervision; and incentives and sanctions based on progress or noncompliance for both the juvenile and family.

Kentucky Drug Courts

In 1993, Louisville (Jefferson County) established the first drug court in Kentucky. Three years later, the Administrative Office of the Courts (AOC) Drug Court program was established with the Drug Court Department overseeing the implementation and ongoing operations of both the adult and juvenile drug courts. The first juvenile drug (JDC) court became operational in Kentucky in 1999 in Covington (Campbell County) and has since expanded to 21 counties throughout Kentucky. The Lexington (Fayette County) JDC was originally implemented in 2001. There was a period when this JDC was inactive due to staffing issues; however, it was reestablished in September, 2006. Kentucky's JDCs incorporated the national strategies established by the Bureau of Justice Assistance (BJA), in 2003, commonly called the 16 Strategies (S. Wathen, JDC Regional Supervisor, personal communication, June 22, 2010). These strategies included the following: (1) Collaborative planning that engaged all stakeholders in creating an interdisciplinary, coordinated and systemic approach to working with youths and their families; (2) Teamwork that developed and maintained an interdisciplinary, non-adversarial JDC work team; (3) Clearly defined target population and eligibility criteria that were aligned with the program's goals and objectives; (4) Judicial involvement and supervision that included frequent judicial reviews and sensitivity to the affect that court proceedings had on youths and their families; (5) Monitoring and evaluation that included a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field; (6) Community partnerships that were built with community organizations to expand

the range of opportunities available to youths and their families; (7) Comprehensive treatment planning that tailored interventions to the complex and varied needs of youths and their families; (8) Developmentally appropriate services that tailored treatment to the needs of adolescents; (9) Gender appropriate services that were designed to address the unique needs of each gender; (10) Cultural competence in policies and procedures that was responsive to cultural differences, and training of personnel to be culturally competent; (11) Focus on strengths of youths and their families during program planning and in every interaction between the court and those it serves; (12) Family engagement that recognized and engaged the family as a valued partner in all components of the program; (13) Educational linkage that coordinated with the school system to ensure that each participant enrolled in and attended an educational program that was appropriate (14) Drug testing that was frequent, random, and observed, and documentation of testing policies and procedures in writing; (15) Goal-oriented incentives and sanctions that responded to compliance and noncompliance with incentives and sanctions designed to reinforce or modify the behavior of youths and their families; and (16) Confidentiality in policy and procedures that guarded the privacy of youths while allowing the JDC team to access necessary information.

Program goals

According to Hiller et al., (2004), the primary goals for all JDC participants included (a) stop illegal activity; (b) reduce/cease substance use; and (c) remain in school or some form of educational or vocational program. These goals are specified in each participant's Individual Program Plan (IPP). Additionally, other goals of the program included increasing participant accountability and responsibility, improving family relationships, promoting educational levels

and performance, and improving participant self-esteem and self-worth. Goals attainment was measured by school records, employer reviews, court attendance, drug testing, and intensive monitoring of program participants.

Eligibility criteria

In Kentucky, for an addiction assessment required for JDC, juveniles had to be eligible for diversion based on local judicial protocol. Local protocol included reliable transportation, presence of substance abuse issues, county residency, and juveniles' willingness to participate in the JDC program. Assessment results must show at least a low-to -moderate risk on the substance abuse and dependency assessment scales. Juveniles who had previously participated in a Kentucky JDC were not permitted to reenter the program unless an administrative discharge occurred. Certain juvenile offenders were automatically excluded from participation in the JDC and included those who were currently or previously convicted of a crime involving a sexual offense as defined by state statute¹, or violent offenders as defined by federal regulation².

Program requirements

To successfully complete the JDC program, juveniles had to complete three phases and aftercare, and remain drug-free throughout aftercare with no pending charges. Although each phase shared some similar components, others differed based on the progress expectations for participants. Successful completion of the JDC required a minimum of 12 months participation.

Phases

Phase I, referred to as the Stabilization Phase, was a minimum of four weeks and included the following components required from participants: (a) Provided at least three (3) random urine drug/alcohol screens weekly; (b) Attended at least three clinical contact hours per

week with assigned treatment providers; (c) Attended court sessions as required by the JDC team; (d) Be enrolled in an educational program at the appropriate level, or G.E.D. classes if court approved; (e) Made at least one weekly individual contact with JDC staff; (f) Attended at least one JDC education group per month; (g) Indicated an initial understanding of substance abuse treatment; (h) Enrolled in and attend a self-help program, such as a 12-step program if available; and, (i) Maintained a drug free status for at least 30 days before consideration for promotion to the next phase.

Phase II, referred to as the Education Phase, was a minimum of 20 weeks and included the following components: (a) Provided at least two weekly random urine drug/ alcohol screens; (b) Attended two (2) clinical contact hours per week with assigned treatment providers; (c) Attended one court session every two (2) weeks; (d) Be enrolled in an educational program at the appropriate level, or G.E.D classes if court approved; (e) Made at least one weekly individual contact with JDC staff; (f) Attend at least one JDC education group per month; (g) Indicated an appropriate understanding of recovery principles; (h) Continued self-help programs, such as a 12-step program if available; and, (i) Remained drug- free for a minimum of 60 days before consideration for promotion to the next phase.

Phase III, referred to as the Self-Motivational Phase, was a minimum of 12 weeks and included the following components: (a) Provided at least one weekly random urine/drug screen; (b) Attended one clinical contact hour per week with assigned treatment providers; (c) Attended one court session every three weeks; (d) Be enrolled in an educational program at the appropriate level, or G.E.D classes if court approved; (e) Attended at least one JDC education group per month; (f) Made at least one individual contact with JDC staff every three weeks; (g) Indicated an appropriate understanding of a recovery lifestyle; (h) Continued to attend self-help programs,

such as a 12-step program if available; and, (i) Remained drug-free for the entire 45 day phase period before consideration for graduation.

Aftercare services and monitoring lasted for three months. During aftercare, participants were required to provide at a minimum one drug screen, and attend one education group and individual meeting with case specialist each month. Aftercare programming was often individualized based on participants' needs. For example, some participants received visits from JDC staff at places of employment, school, and home (JDC staff were required to be accompanied by a law enforcement officer or a probation and parole officer for home visits); referrals were made to inpatient treatment facilities, or other types of counseling, as deemed necessary by the JDC team; curfews were established; and medical and/or mental health referrals and subsequent treatment recommendations were provided.

Sanctions

Each participant was expected to comply with all requirements and other conditions established by the JDC. Failure to comply could have resulted in the JDC judge imposing sanctions upon the participant. Typical sanctions included admonishments from the judge, increased level of outpatient treatment or residential drug treatment, community service, phase demotion, increased contacts with the Juvenile Drug Court staff, home incarceration, secured detention, and termination from the JDC. Graduated sanctions were used for continuous noncompliance; however, sanctions were to be appropriate, consistent, and immediately applied.

Staffing

The JDC team in Lexington (Fayette County) consisted of the judge, case specialist, program supervisor, treatment provider, juvenile court intake representative, Fayette County schools representative, and state child welfare agency representative. Individual/Group Sessions

were conducted by JDC staff and/or other AOC staff. Individual/Group Treatment was provided by a contracted treatment provider in the community. AOC also contracted with a private provider for drug testing services. Drug testing schedule protocols were developed by the provider but required random testing of participants.

JDC Evaluations

The evaluation of juvenile drug court programs is limited despite their presence for nearly two decades (Bryan, Hiller, & Leukefeld, 2006; Hiller et al., 2010; McCollister et al., 2009). According to the extant literature, outcomes for these programs are mixed. Positive outcomes were noted in several studies. Henggeler et al., (2006), found that drug court was more effective than family court services in decreasing rates of adolescent substance use and criminal behavior. Rodriguez and Webb (2004), determined that youths who participated in drug court were less likely overall to commit a subsequent delinquent act. Latessa, Schaffer, and Lowenkamp (2002), reported that juvenile drug courts had a 16 percent improvement in recidivism, and significantly lower rearrest rates for those who completed drug court programs compared to those who did not. In a study conducted by Hiller et al., (2004) of the Lexington (Fayette County) JDC, the authors found “clear impact on the drug use and criminal behavior of the participants while they [were] in the program. Overall, the majority of the youth (70%) did not receive a new criminal charge while they were in the program, and only 11% received a new felony charge... the program appear[ed] to reduce the likelihood that the youth will enter the adult criminal justice system after discharge” (p. 46).

On the other hand, some studies had less favorable results. A study conducted by Hickert, Becker, and Próspero (2010), found no differences in substance abuse recidivism

between drug court participants and drug probationers, although a significant difference was observed in delinquency recidivism between the two groups. Tappin and McGlashan (2007) determined that while recidivism for drug and criminal offenses decreased during participation in drug court, those rates increased within six months following the completion of drug court. The authors found that one-third of youths committed a new drug offense within one year following drug court participation. In a study of during-treatment outcomes in three drug court programs, Hiller et al., (2010), determined that 22 percent of participants received a new criminal charge while on probation, and only 17 percent had no new positive drug screen during the evaluation period.

Theoretical Perspectives

A number of theories are helpful to understand delinquency and substance abuse among juveniles including psychological, ecological, learning, and social control, to name a few. Bartollas and Schmallegger (2011) noted the importance of theory and research in formulating social policy, and simply to understand “why youngsters do what they do” (p. 79). This includes working with juveniles in the juvenile justice system, providing guidance for parents, and guiding research to further the knowledge base in these areas.

Psychological theories of crime focus on individuals’ thought processes and personality characteristics as explanations for these behaviors. According to Miller, Schreck, and Tewksbury (2011), psychological theories attribute errors in thought processes to socialization experiences, past traumatic events, and organic brain problems; at the core of psychological theories is the belief in rehabilitation.

Ecological theories focus on situations and places that juveniles encounter rather than on individual characteristics, often referred to as a person-in-environment perspective. These theories provide explanations for higher rates of crime based on the characteristics of communities where individuals reside. Higher rates of juvenile delinquency in impoverished, unstable, and culturally intolerant neighborhoods and communities may be explained by ecological theories.

Learning theories suggest that delinquency and substance abuse are like other forms of human behavior that are learned through social interactions. Social interactions form the basis for learning and occur in many contexts such as what individuals observe, situations encountered, and how one's values and beliefs differ from conventional norms. Based on learning theories, delinquency and substance abuse may be explained based on the learned behaviors that juveniles internalize from associations with family, friends, classmates, and others (Miller et al., 2011). Social control theories consider delinquency and substance abuse as natural behavior and, therefore, try to explain why individuals resist these behaviors. According to Andriot (2005, p. 1), "Social control theory is particularly attractive because it takes a more prosocial approach; it doesn't attempt to explain why individuals engage in criminal acts, but rather why individuals choose to conform to conventional norms." Further, "individuals tend to conform to norms that are salient to them; the fact that unintegrated individuals do not conform to a rejection of greater societal norms could indicate that they function as deviants within society, floating by with no strong awareness of a moral structure..." (p. 10).

Method

The program evaluation of the Lexington (Fayette County) JDC was selected as a common evaluation methodology. As noted by Priest (2001), program evaluations are www.internetjournalofcriminology.com

essential to (1) hold programs accountable for meeting objectives, and to make better decisions about program planning or operations; (2) improve programs by identifying strengths and areas of improvement, create safer practices, enhance competence, and establish quality assurance; and (3) market program effectiveness, develop a track record of success, and to advocate for social policy. This evaluation was conducted to assess if the JDC demonstrated an effective impact on the youths and the community as specified in the program's stated goals (Ristau, 2001).

Design and Procedure

The research design used for this study was a preexperimental, posttest-only design. This design was selected based on the data available from the agency that oversees the operations of the JDC in Kentucky, the Administrative Office of the Courts (AOC). Prior to collecting data, the study protocol was approved by an Institutional Review Board. Data for the JDC in Lexington were collected for the period between March 2005-June 2010, which represents the period that data were available¹. Data were analyzed using SPSS software, and the analyses consisted of descriptive and both parametric and nonparametric inferential statistics. These procedures were selected based on the distribution of the study variables. Since data pertained to all JDC participants, no sampling procedures were necessary.

Results

The JDC received 173 referrals for services during this period, of which 117 were screened eligible and accepted into the program. A total of 116 candidates entered JDC, of which 45 successfully completed the program. Participants included 78 males (67%) and 38 females (33%). Participants also included 64 Caucasians (55%) and 52 minorities (45%).

A majority of the participants was Caucasian males ($n = 43, 37\%$). The average age of participants was 16.02 years. Twenty-one (18%) of the participants were terminated due to either (a) failure to comply; (b) new offenses; (c) absconding; or (d) other issues not specified.

For all JDC participants ($N = 116$), data indicated eight new criminal convictions that included seven (7) misdemeanors and one (1) felony during the study period. No ($n = 0$) males had new criminal convictions, compared to eight ($n = 8, 7\%$) females. Five ($n = 5, 4\%$) African-American females had new criminal convictions, compared to three ($n = 3, 2\%$) females of other races. Data for new criminal convictions are presented in Table 1.

A Mann-Whitney U test was used to determine if statistically significant differences existed in the mean number of new criminal convictions based on gender and race. Results indicated that a significant difference existed based on gender ($U(114) = 1170.000, Z = -4.182, p = .000$), although no significant difference was observed based on race ($U(114) = 1582.500, Z = -1.037, p = .300$).

Table 1.
JDC Participants with New Convictions by Race and Gender (N = 116)

	Male ($n = 78$)		Female ($n = 38$)	
	<u>#Convictions</u>	<u>Percent</u>	<u>#Convictions</u>	<u>Percent</u>
Caucasian	0	0.00	3	0.02
African-American	0	0.00	5	0.04
Other	0	0.00	0	0.00
<i>Total</i>	0	0.00	8	0.06

Similarly, data indicated that 92 participants (79%) had at least one positive drug screen during the study period. Seventy-one males (61%) had positive drug screens, compared to 21 females (18%). Caucasians and minorities each had 46 positive drug screens respectively.

Twenty-four of the participants (21%) had no positive drug screens. Data indicated that 33,582 drug collections were made, resulting in 1,042 positive screens (3%).

A Mann-Whitney *U* test indicated that a significant difference existed in the number of positive drug screens based on gender ($U(114) = 952.000, Z = -4.443, p = .000$), and on race ($U(114) = 1388.000, Z = -2.184, p = .029$).

As seen in Table 2, the distribution for successful completions based on gender was nonnormal. Twenty-eight of the graduates (62%) were male, and 17 (38%) were female. However, the distribution for successful completions based on race was near normal. Twenty-four were Caucasian (53%), and 21 were minority (47%).

Table 2.

Number and Percentage of JDC Successful Completions by Race and Gender (N = 45)

	Male (<i>n</i> = 28)		Female (<i>n</i> = 17)	
	Number	Percent	Number	Percent
Caucasian	15	54.0	9	53.0
African-American	13	46.0	7	41.0
Other	0	0.0	1	6.0
<i>Total</i>	28	100.0	17	100.0

A Mann-Whitney *U* test was used to determine if statistically significant differences existed in the mean number of successful completions based on gender. Results indicated that no significant difference existed based on gender ($U(114) = 1351.000, Z = -.913, p = .361$).

An independent samples *t* was computed to determine if statistically significant differences existed in the mean number of successful completions based on race. Likewise, no significant difference was observed based on race ($t(114) = -3.14, p = .754$).

A Spearman's rank-order correlation was used to determine the significance of

associations between the number of new convictions, positive drug screens, successful completions, and age. A significant, negative, and weak relationship was found between new convictions and successful completions ($\rho(114) = -.217, p = .019$). A significant, negative, and weak relationship was found between positive drug screens and successful completions ($\rho(114) = -.205, p = .027$). This indicated that as new convictions and positive drug screens increased, successful completions in the JDC decreased. No other significant associations were found. Results are presented in Table 3.

Table 3.

Intercorrelations Between Number of New Convictions, Positive Drug Screens, Successful Completions, and Age (N = 116)

Variables	Convictions	Drug Screens	Completions	Age
Convictions	1.000	.139	-.217*	-.029
Drug Screens	.139	1.000	-.205*	-.013
Completions	-.217*	-.205*	1.000	.145
Age	-.029	-.013	.145	1.000

*Sig $p \leq .05$

Discussion

The Lexington (Fayette County), Kentucky JDC demonstrated that positive results can be achieved for juvenile offenders who participated in this specialized court program. Particularly noteworthy, based on these data, was the finding that the JDC was effective in meeting its primary objective to decrease recidivism in criminal offending and use of illegal substances among its participants. While 39 percent of the participants graduated the program during the study period, remarkably, only 7 percent of all participants encountered new criminal charges

during the same period. A surprising outcome was that only female participants encountered any new convictions during the study period. However, as reported by Cauffman (2008), female delinquency is on the rise. The author reported that, “In 1980 boys were four times as likely as girls to be arrested; today they are only twice as likely” (p. 119). On the other hand, a majority of participants with positive drug screens was male. This finding is contrary to national data that indicate females tend to abuse substances at greater rates than males (Young, Dembo, & Henderson, 2008). Outcomes for substance abuse based on race were not unexpected.

The positive results produced by this JDC are not uncommon. Similar results have been reported in the literature for overall effectiveness of JDC programs in lowering recidivism (see, for example, Balenko, 2002; Rodriguez & Webb, 2004; Ruiz, Stevens, Fuhrman, Bogart, & Korchmaros, 2009; and Sloan, Smykla, & Rush, 2004). Undoubtedly, the successes of this JDC are attributed to the intensive supervision of participants and the wrap-around services provided. Data indicate that 506 individual and 580 group casework sessions were provided to the participants during the study period. Participants also received 191 individual and 1001 group treatment sessions during the same period. In addition, other services such as family sessions, self-help, and ancillary sessions were provided to participants. Fifty-eight (58) of the participants were also referred to outside agencies for support and assistance, and 32 referred for more intensive, residential treatment.

The outcomes of the Lexington (Fayette County) JDC, and JDCs in general, demonstrate that successful programs do exist to address juvenile delinquency, which debunk the naysayers such as Martinson (1974) who have suggested that rehabilitation efforts have no appreciable effect on recidivism. In addition to decreasing recidivism, these programs have demonstrated

cost-savings versus traditional justice system approaches in the few studies that have examined this issue. For example, in a study conducted by McCollister, French, Sheidow, Henggeler, and Halliday-Boykins (2009), the authors determined that “Drug court conditions all generated reductions in crime costs that were greater than the average cost of treatment” (p. 124). Similarly, Cooper (2003) noted that “all sectors of the justice system have noted ‘cost avoidance’ results from the reduced recidivism” (p. 1692). Carey, Finigan, Crumpton, Waller (2006) likewise found cost-savings in their analysis of California drug court programs. According to the authors “...while drug courts generally cost a little more, they produce outcomes that cost less—in many cases significantly less. The benefits in terms of reduced crime, reduced use of prison beds, and reduced use of law enforcement and court resources more than outweigh the investment costs” (p. 353). Successful outcomes and cost-savings would be strong rationales to support JDCs, and are likely contributing factors to the proliferation of these programs across the United States.

This study examined outcomes of a JDC in Lexington (Fayette County) Kentucky. The program, in existence since 2003, was abruptly discontinued in December, 2010, due to state funding cuts. As the results indicated, overall, the program was successful in achieving its primary objective to reduce recidivism in both new offenses and illegal substance use. However, there are a number of limitations associated with this study.

First, the design was not rigorous. Ideally, a design with comparison or control group(s) should be used to compare treatment effects. Therefore, the design was susceptible to certain threats to internal validity that affect the generality of the study conclusions or its external validity (Campbell & Stanley, 1963). The design was selected based on data available and provided to the author by the AOC. Unfortunately, data were often inconsistent and incomplete.

Second, this study did not examine cost-benefits. Program evaluations are necessary “to demonstrate the effective impact they have on the communities they serve, and to be accountable for the efficient use of limited resources” (Ristau, 2001, p. 555). Given that this JDC was discontinued due to funding issues, demonstration of program savings compared to traditional justice system approaches could sway policymakers to fund this program in the future. Therefore, further cost-benefit analysis was needed.

Third, this program evaluation was based solely on recidivism as a measure of program success. Reoffending should be considered in context with other indicators of program success, such as the qualitative aspects of participants’ experiences and their perspectives on program successes and failures. As noted by Kidd and Kral (2002, ¶ The present study), qualitative approaches “guard against the researcher’s choice of measures that may limit the findings...[and] demonstrates the importance of...subjective experiences and contexts of the participants....”

Fourth, evaluation of specific interventions used with JDC participants was not within the scope of this study. It is probable that juveniles’ successes or failures are tied to specific services (e.g., intensive supervision, random drug screens, individual counseling, or group counseling), as well as individual circumstances (e.g., mental health issues). Therefore, analysis of these factors would be useful in determining impacts on overall program effectiveness.

In conclusion, practitioners should celebrate the successes of juvenile drug court, while policymakers should take a closer look at public policy and funding priorities. It is difficult to support the closure of a program that provides much-needed services to an underserved population, while also demonstrating successes in reducing recidivism. Unfortunately, public policy and priorities are often misaligned. According to Cooper (2007), public policy has failed

in many aspects relating to individuals with substance abuse issues. Although the majority of juvenile arrests involve substance abuse, most offenders go untreated in the juvenile justice system (Brown University, 2005). Closure of successful JDC programs can only exacerbate these failures.

Endnotes

¹ Data are not available prior to March, 2005 when the Management Information System (MIS) was implemented by AOC (S. Wathen, JDC Regional Supervisor, personal communication, October 21, 2010).

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FootNotes

¹K.R.S. 17.500 defines sex crimes as including any of the following:

- (a) A felony offense defined in KRS Chapter 510, or KRS 530.020, 530.064(1)(a), 531.310, or 531.320;
- (b) A felony attempt to commit a felony offense specified in paragraph (a) of this subsection; or
- (c) A federal felony offense, a felony offense subject to a court-martial of the United States Armed Forces, or a felony offense from another state or a territory where the felony offense is similar to a felony offense specified in paragraph (a) of this subsection (see, <http://lrc.ky.gov/KRS/017-00/500.PDF>).

²28 C.F.R. 93.3 defines a violent offender as any of the following:

- (a) is currently charged with or convicted of an offense during the course of which (i) the person carried, possessed, or used a firearm or other dangerous weapon; or (ii) there occurred the use of force against the person of another; or (iii) there occurred the death of or serious bodily injury to any person; without regard to whether proof of any of the elements described herein is required to convict; or
- (b) has previously been convicted of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm (see, http://edocket.access.gpo.gov/cfr_2008/julqtr/pdf/28cfr93.3.pdf).