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**SUMMARY AND ANALYSIS OF THE  
FIRST JUVENILE DRUG COURT EVALUA-  
TIONS:  
THE SANTA CLARA COUNTY DRUG  
TREATMENT COURT AND THE DELA-  
WARE JUVENILE  
DRUG COURT DIVERSION PROGRAM**  
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*Until now, there has been little research coming out of the scientific community relating to the juvenile drug court field. Now comes the first two published evaluations on juvenile drug courts.*

*Though the programs are relatively new, the study periods short and the number of participants few, there is a good deal that we can learn from these evaluations about juvenile drug courts in general and juvenile drug court evaluation design in particular.*

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## ARTICLE SUMMARIES

### **JUVENILE DRUG COURT (JDC)-COST SAVINGS- SANTA CLARA**

[19] The average drug court program cost per individual was compared to the cost of the California Youth Authority's residential and outpatient treatment.

### **JDC- SANTA CLARA RETEN- TION**

[20] Though many consider it more difficult to work with juveniles, the retention rate for the Santa Clara Juvenile Drug Court program was similar to the national average for adult drug courts.

### **JDC-WILMINGTON RECIDIVISM**

[21] Participants had 30% fewer rearrests than the comparison group during a four-month "treatment period."

### **JDC-WILMINGTON POST-PROGRAM RECIDIVISM**

[22] Rearrest rates of compliant, non-compliant and comparison groups are examined.

## INTRODUCTION

Juvenile drug courts have begun to address the distinct substance abuse needs of the youthful offender with programs designed to identify the special issues of this population. While these juvenile drug courts have only recently come into existence, two initial evaluations have been completed. These early evaluations are our first glimpse at the effectiveness of the juvenile drug court. Both evaluations suggest that juvenile drug courts are providing a positive impact on the recidivism and retention rates of substance abusing juvenile offenders. In the Santa Clara County Drug Treatment Court evaluation, the retention rate is almost on par with the national average for adult drug courts. In the Delaware Juvenile Drug Court Diversion Program evaluation, the rearrest rate for juveniles who have entered the program is lower than that

of the comparison group. The outcome data covers only one year's time, and the sample of participants in the programs is small. However, these evaluations offer significant insights into the dynamics of juvenile drug court programs and their potential impact.

## **BACKGROUND**

The Santa Clara County evaluation, performed by Doctors Ellison and Ellis, incorporated both process information and outcome data in its methodology. The process evaluation examines seven critical questions on the success of the drug treatment court. The outcome evaluation describes the numbers of youths served, demographic characteristics, criminal justice history, substance abuse history and the average cost of delivering the drug treatment court for each youth.

There is limited data showing the extent of drug and alcohol abuse among juveniles in Santa Clara County. This data shows there were 535 juvenile offenders admitted into the juvenile detention facility for a drug or drug-related offense during fiscal year 1995-1996, while there were 703 offenders admitted for fiscal year 1996-1997, a 24% increase.

Due to this extraordinary increase in juvenile crime, the key stakeholders sought a proven approach to reduce illicit drug use and decrease the criminality of juvenile offenders. As a result, in August of 1996, the Santa Clara Drug Treatment Court was implemented under the direction of Judge Thomas Edwards, presiding judge of the Santa Clara County Juvenile Court. The drug treatment court was a voluntary experiment, with no additional budget augmentation for the development and implementation of the project.

The Santa Clara County Drug Court Treatment program is designed for juvenile offenders, 13-17 years of

age, who have met pre-established drug court criteria. The juvenile offender must have a history of alcohol or other drug abuse problems, have committed an offense pursuant to Section 602 of the California Welfare and Institutions Code, have no prior or pending drug sale convictions, have had no prior referrals to the juvenile drug treatment court and have been charged with a nonviolent offense.

### **DEMOGRAPHICS:**

The evaluators reviewed demographic and outcome data on 61 juveniles who participated in the drug treatment court from its implementation in August 1996 to December 1997. The program participants were mostly male (74%). The age of the 61 program participants ranged from 14 to 17 years of age. Forty-nine percent of the juvenile population were Hispanic, 41% Caucasian, 5% African-American, 3% Asian and 2% Persian.

## **PROCESS EVALUATION**

Drs. Ellison and Ellis' evaluation study was designed to answer seven questions rating the performance of the Santa Clara Drug Treatment Court. They are: have program participants made progress toward program goals and objectives as measured by criminal activity and recurring substance abuse as measured by drug tests? Have program participants made progress towards program goals and objectives as indicated by their success at home, school and the community? Are the costs of the program justified when compared to the costs of the old system? Was there a difference in residential placement outcomes when compared to those of community placement outcomes? How did program participants perceive the effectiveness of the drug court program? How did the drug treatment court strategies compare with adult standards

recommended by the National Association of Drug Court Professionals and the U.S. Department of Justice? Which of the drug court program characteristics did participants perceive as having the greatest impact on trying to stay drug free?<sup>1</sup>

*Have the program participants made progress towards program goals and objectives as measured by criminal activity and recurring substance abuse as measured by drug tests?* The nine youths that graduated from the program had 9.5 months of continuously clean urine drug screens. Furthermore, these participants averaged 0.44 citations during the year that the juveniles participated in the program. The juveniles who dropped out or flunked the program had almost twice as many citations as their counterparts.<sup>1</sup>

*Have program participants made progress toward program goals and objectives as indicated by success at home, school and the community?* There was no data collected by the program on this issue, and the evaluators and the authors suggest collection of this data on new program clients.<sup>1</sup>

**[19] *Are the costs of the program justified when compared to the costs of the old system?*** The evaluators gathered direct cost analysis information on 50 juveniles. It is estimated that the average program cost per individual (50 juveniles, 8 youths in residential placement and 42 youths in non-placement) was \$13,449. The average cost per juvenile for residential treatment (The average stay in residential treatment is 10 months) was estimated at \$43,639. To incarcerate a juvenile for one year in the State of California Youth Authority costs approximately \$38,000. The average cost per juvenile for outpatient care was estimated at \$7,699

*Was there a difference in residential placement outcomes when compared to those of community placement?* The evaluators were unable to answer this question

because they did not feel there was a significant sample size. Only eight juveniles were committed into residential placement (for an average of 10 months) during the study. However, the single largest expense of the Santa Clara Drug Treatment Court was for long-term residential placements costing \$304,000 per year. One of the concerns of the evaluation team was the program's inability to access affordable residential bed space (short or long-term) for appropriate juvenile offenders. In the cases where residential treatment was considered necessary, the drug court team was forced to place juveniles outside the county at a cost of \$3,500 to \$5,000 per month. According to the study, the resources spent in 1997 could have provided 60-day short-term treatment for 40 juveniles.

***How did program participants perceive the effectiveness of the drug court program?*** The evaluators held focus groups to assess the participants' viewpoints on the drug treatment court program. The participants were asked questions about the drug court to examine what they liked best and what they felt could be improved upon.

**What did you like most about the drug treatment court?** (*Top responses*)

1. The positive reinforcement by the drug treatment team.
2. The consistency in the team's efforts to hold participants accountable.
3. Being acknowledged and rewarded when doing well.
4. The participant retreat. Feel both participants and staff should be involved.

**How could we improve the program?** (*Top responses*)

1. Have local residential treatment facility for most severe cases.
2. Have closer supervision and monitoring.

3. Make participants live up to the conditions set by the court.
4. Place more recognition on progress and accomplishments.
5. Better define treatment phases.
6. More group outings.

After observing the drug court treatment team, the evaluators concluded that the staff worked well together as a team, despite resource limitations (e.g., short-term residential treatment). It was felt that there was a need for a drug court coordinator to handle policies, procedures and guidelines and to act as a liaison between the departments and bring cohesion to the team.

***How did the drug treatment court strategies compare with adult standards recommended by the National Association of Drug Court Professionals and the U.S. Department of Justice?*** The evaluators found that the Santa Clara County Drug Treatment Court substantially implemented the “ten key components” as part of the program. The evaluators did note, however, that there was more structure needed in alcohol, drug and other treatment and rehabilitation services. The evaluators also commented on the need for forging partnerships among drug courts, public agencies and community-based organizations to enhance drug court effectiveness and generate local support.

***Which of the drug court program characteristics did participants perceive as having the greatest impact on trying to stay drug-free?*** The evaluators held a focus group and received the following answers:

- ❖ Constant monitoring and support by the probation officer;
- ❖ Having to face the judge and explain my behavior
- ❖ Urine testing;
- ❖ Positive reinforcement by the drug treatment team;
- ❖ Expectations from the court;

- ❖ Not wanting to let the staff down;
- ❖ Sense of humor by the drug treatment team.

## **OUTCOME EVALUATION**

### **CLINICAL PROGRESS MEASURED:**

[20] During the 17-month evaluation period, 9 program participants (15%) graduated; 20 clients (33%) did not complete the program (this includes those who dropped out, were arrested for new offenses or were transferred out of the program); 32 clients (52%) were actively participating and in compliance with the program. Though many consider it more demanding to work with juveniles, the retention<sup>2</sup> rate for the Santa Clara County Juvenile Drug Court program was 67%, only 4 percentage points lower than the national average for the adult drug courts programs (71%).<sup>3</sup>

The clinical progress of participants was measured using the Adolescent Drug Abuse Diagnosis (ADAD) instrument. This unique tool measures the interviewers' (Santa Clara County Drug and Alcohol Services Staff) assessment of participant needs for additional treatment in the areas of medical, schooling, employment, social, family, psychological, legal and, alcohol and drug issues rather than the participants self-assessments. Scoring ranges from zero (no real problem, no treatment necessary) to eight (extreme problems, treatment necessary). Due to the small sample of participants and the unreliability of multiple interviewers, neither the evaluator nor the author could find statistical significance from the data. However, it is important to note that the drug court graduates scored lowest on the scale (no or little treatment necessary) in eight of the nine categories.<sup>1</sup>

Clinical progress of the juvenile clients was also documented by measuring the number of months spent in the drug treatment court program, the number of months

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spent continuously clean, the number of citations received, the age of first drug use, the motivational level of participants and the level of clients' self disclosure. Results show that drug court graduates spent more time in the program, had longer periods of clean time, were older overall, had a higher motivation level and a higher level of self disclosure than those still in the program or those who had dropped out of the program.

## **RECOMMENDATIONS**

The evaluators recommended that Santa Clara County Drug Treatment Court should expand to serve a capacity of 100 juveniles over the next 12 months. That a formal personnel budget be established and that the assessment process be strengthened and structured to insure a more comprehensive assessment of each incoming juvenile client. Evaluators made specific recommendations involving the programmatic operation of the Santa Clara County Drug Treatment Court; (1) That a time limit be set for a juvenile to complete the drug court program, encouraging completion in a timely manner, (2) that the Santa Clara County judge should be tougher in holding offenders accountable for their actions and impose swift sanctions when the juvenile participant violates program rules, (3) that the court incorporate the use of incentives into the operations of the court, (4) that a short-term residential treatment/day program for initial detoxification be developed, providing greater access to a continuum of alcohol, drug and other related treatment and rehabilitation services, and (5) that a drug court coordinator be added to the program.

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## **THE DELAWARE JUVENILE DRUG COURT DIVERSION PROGRAM**

### **BACKGROUND**

In 1995, the State of Delaware Family Court, in cooperation with the city of Wilmington, began a diversion/treatment program for juveniles. In order for a juvenile to be eligible, they must have no prior record and the arrest must be for a misdemeanor drug charge. The city of Wilmington contracted with SODAT, a nonprofit agency specializing in outpatient substance abuse treatment, to provide treatment for the juvenile drug court. SODAT provides case management services and a treatment program that includes physical exams, random, monthly urinalyses for illicit drug use and group, individual and family counseling for the juvenile substance abusing offender. In addition, extra measures were taken to keep youths in school and employment wherever possible.<sup>4</sup> Juvenile offenders could avoid criminal adjudication by successfully completing the drug court treatment program.

#### **DEMOGRAPHICS:**

The program participants were mostly male (80.6%). The average age of the participants was 16 years, ranging from 11 to 19 years of age. Fifty-nine percent of the population was Caucasian, 37% African-American and 3% Hispanic. Over half of the juveniles lived inside the city or suburbs of Wilmington. The drug of choice reported by 92% of the juvenile participants was marijuana. Six percent claimed alcohol as their drug of choice but also admitted to having used marijuana in the past. Two percent of the juveniles claimed heroin was their drug of choice. Interestingly, there was no self-

reporting of cocaine use or cocaine as the drug of choice for the juvenile participants.

The Wilmington, Delaware Juvenile Drug Court Diversion Program evaluation was conducted by John P. O'Connell, Marsha L. Miller, Ph.D. and Evelyn A. Scocas. A database recording demographic and programmatic information was created using 144 juveniles admitted into the diversion program from the time of implementation in 1995 to the summer of 1997. The evaluators created a comparison group consisting of all misdemeanor juveniles arrested in the county, not receiving treatment for the first six months of 1995. Ninety juveniles were randomly chosen for this comparison group using a stratified technique.<sup>10</sup>

## **OUTCOME EVALUATION**

### **RECIDIVISM DURING TREATMENT :**

[21] A study was conducted to compare the recidivism<sup>vi</sup> rate of juveniles who receive treatment versus juveniles who do not. At the time the evaluation was conducted, 81 juveniles had been discharged from the drug court treatment program either through graduation or unsuccessful termination. All participants had received some level of treatment services. The 81 treated juveniles were matched against a comparison group of 90 untreated juveniles as described previously. The treatment group spent an average of 4 months in treatment services. The untreated group was designated a "treatment period" beginning at initial arrest, spanning four months, the same amount of time as the treatment group. During the treatment period the treatment group had a recidivism rate of 21%. During the comparison treatment period, the non-treatment group had a recidivism rate of 30%, reflecting a

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<sup>vi</sup> Recidivism was defined by the evaluator as any new arrest.

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30% reduction in recidivism for the treatment group over the non-treated group.

**POST-PROGRAM RECIDIVISM:**

[22] Evaluators conducted a study to determine the recidivism rate of juveniles who were compliant (following the rules of the treatment program and had graduated), juveniles who were non-compliant (not following the rules of the treatment program and were terminated) and juveniles who never received services. The evaluators examined the post-program recidivism of the three groups. After 12 months from graduation/termination the compliant group had a recidivism rate of 23 %. The non-compliant group had a recidivism rate of 75 % and the non-treated comparison group had a recidivism rate of 51%.

The fact that the non-compliant group was more likely to reoffend than those who never entered the treatment program may be a significant finding, although not representative of adult drug courts, where the literature reflects that participants who enter treatment and are unsuccessful are likely to have lower recidivism rates than participants who have received no services. Still, it should be noted that when the compliant group and the non-compliant group are combined, the recidivism rate is 33%, still substantially lower than the comparison group.

**CONCLUSION**

These initial evaluations appear to support the proposition that juvenile drug courts are having a positive impact in Santa Clara County, California and Wilmington, Delaware. It should be noted however, that both of these evaluations examined fairly new juvenile courts and small numbers of juveniles over short time periods.

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These evaluations are, of course, only the beginning of the exploration and assessment of the juvenile drug court model. Future juvenile drug court evaluations may wish to review how such issues as religious background, problems/success in school, family concerns (e.g., substance abuse or physical abuse within the home), employment issues and drugs of choice effect drug court outcomes. By collecting more data variables on juveniles, we can design drug court programs that better fit the needs of our communities.

## **REFERENCES**

<sup>1</sup> Community Crime Prevention Associates. *Santa Clara County Juvenile Drug Treatment Court Evaluation*. San Jose, CA: 1998

<sup>2</sup> The formula for retention can be found by dividing the total number of program participants by the number of graduates and the number of current participants.

<sup>3</sup> National Association of Drug Court Professionals

<sup>4</sup> O'Connell, J., Miller, M., Scocas, E. *Evaluation of the Juvenile Drug Court Diversion Program*. Wilmington, DE: 1998

<sup>5</sup> Grouping of units by composing a population into homogenous groups before sampling. This improves the representation of the sample. Babbie, Earl. *The Practice of Social Research*. Wadsworth Publishing Co., Belmont, CA: 1992