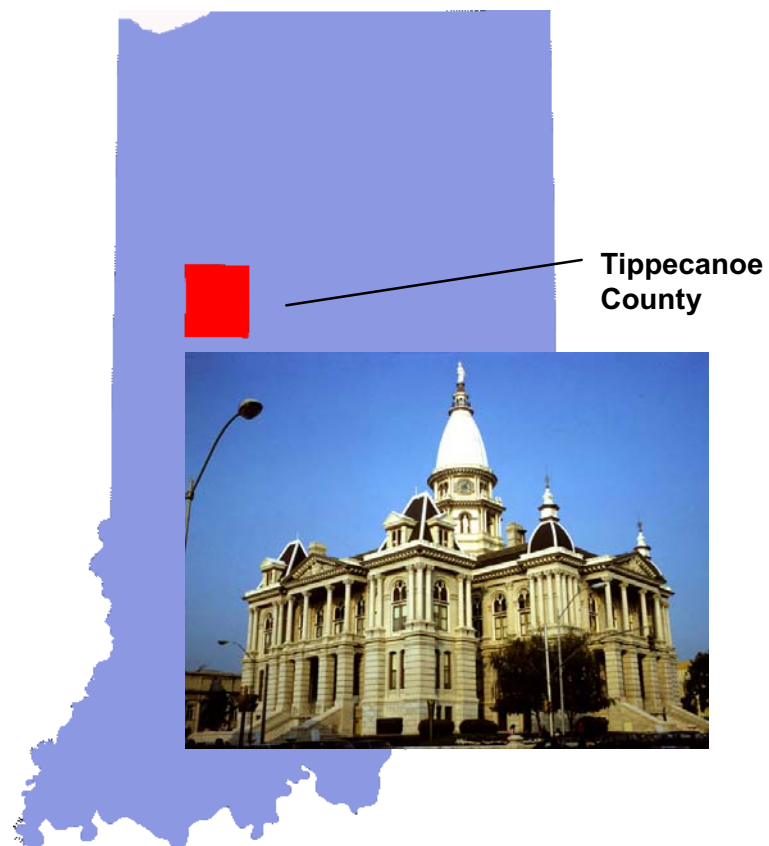


Indiana Drug Courts:
TIPPECANOE COUNTY
JUVENILE DRUG
TREATMENT COURT
Process Evaluation
FINAL REPORT



Submitted to:

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Submitted by:

NPC Research

April 2007



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Indiana Drug Court Evaluation Team

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April 2007



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BACKGROUND

IN the last 18 years, one of the most dramatic developments in the movement to reduce substance abuse among the U.S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. Now, there are over 1700 adult and juvenile drug courts operating in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2006).

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. Benefits to society take the form of reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, district/state's attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. District/state's attorneys and public defenders hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2003; Carey et al., 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2003; Crumpton et al., 2004; Carey et al., 2005).

Indiana began providing Alcohol and Drug (A&D) court services in the mid-1970s (codified under IC 12-23-14). The Indiana Judicial Center (IJC) was awarded oversight of the Court A&D programs in 1997. The success of the A&D programs laid the foundation for the subsequent evolution of Indiana drug courts. The first drug courts in Indiana began in 1996 in Gary City Court and then in Vigo County. As the number of drug courts increased, several of these programs sought support from the Indiana Judicial Center (IJC) similar to the support provided to Court Alcohol and Drug Programs operating under IC 12-23-14. In 2001, a subcommittee was formed to conduct a pilot project to examine the possibility of developing a certification program for drug courts. The pilot project was completed in 2001 and provided the subcommittee with a framework for drafting drug court legislation and drug court rules.

In 2002, the Indiana General Assembly enacted drug court legislation under IC 12-23-14.5. Adult and juvenile drug courts that seek to operate under this chapter are required to submit to certification procedures overseen by the Indiana Judicial Center (IJC). In the spring of 2003, the Judicial Conference of Indiana adopted drug court rules, which provide a framework for certification of drug courts operating under the statute. In addition to certification, the Indiana Judicial Center provides training, technical assistance, and support to existing drug courts and those in the planning stages. In 2006, the Judicial Conference established the Problem-Solving Courts Committee to guide drug court and other problem-solving court activities at the state level. As of

January 2007, there are 28 operational drug courts in Indiana with an additional five in the planning stages.

In 2005, NPC Research was selected by the IJC for a multi-site drug court evaluation. Located in Portland, Oregon, NPC Research has conducted research and program evaluation for 17 years. Its clients have included the Department of Justice (including the National Institute of Justice and the Bureau of Justice Assistance); the Substance Abuse and Mental Health Services Administration (CSAP and CSAT in particular); state court administrative offices in Oregon, California, Maryland, Michigan, and Minnesota; the Robert Wood Johnson Foundation; and many other local and state government agencies.

NPC Research has conducted process, outcome and cost evaluations of drug courts in Oregon, Arizona, California, Maryland, Michigan, Minnesota, New York, Indiana, and Guam. Having completed over 40 drug court evaluations (including adult, juvenile, DUI and family treatment drug courts), NPC is one of the most experienced firms in this area of evaluation research. NPC has published more than 35 drug court evaluation final reports. These reports contain substantive findings that have affected both practices and policy through use by clients, program managers, policymakers, the research community, and the public. Additionally, NPC frequently presents at national and international criminal justice, evaluative research, and public health meetings.

NPC Research conducted process, outcome and cost evaluations of five adult drug courts in the counties of Marion, Monroe, St. Joseph, Vanderburgh, and Vigo and performed process only evaluations on three juvenile drug courts in the counties of Vanderburgh, Vigo and Tippecanoe. This report contains the process evaluation for the Tippecanoe County Juvenile Drug Treatment Court (TCJDTC) performed by NPC.

METHODS

Information was acquired for the process evaluation from several sources, including observations of court hearings and team meetings during site visits, key informant interviews, focus groups and the Tippecanoe County Juvenile Drug Treatment Court's database. The methods used to gather information from each source are described below.

SITE VISITS

NPC evaluation staff traveled to Tippecanoe County for a site visit in July 2006. The visit included an observation of juvenile drug treatment court hearings and drug treatment court team meetings; interviews with key drug treatment court staff; and the facilitation of focus groups with drug treatment court participants (current and former) and their parents. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug treatment court.

KEY INFORMANT INTERVIEWS

Key informant interviews, conducted in person or by telephone, were a critical component of the TCJDTC process study. NPC staff interviewed five individuals involved in the administration of the drug treatment court, including the Tippecanoe County Juvenile Drug Treatment Court judge, coordinator, public defender, and prosecutor.

NPC has designed a *Drug Court Typology Interview Guide*¹, which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug treatment court. The information gathered through the use of this guide assisted the evaluation team in focusing on the both the day-to-day operations as well as the most important and unique characteristics of the Tippecanoe County Juvenile Drug Treatment Court.

For the process interviews, key individuals involved with TCJDTC administration were asked many of the questions in the *Typology Interview Guide* during telephone calls, site visits and follow-up telephone calls. This approach allowed us to keep track of changes that occurred in the drug treatment court process from the beginning of the project to the end.

FOCUS GROUPS AND PARTICIPANT INTERVIEWS

NPC conducted two focus groups in the offices of the Tippecanoe County Juvenile Drug Treatment Court in July 2006. Current drug treatment court participants, a graduate and a recent unsuccessful participant were included in one of these groups, and parents were included in the other. There were five individuals in each group. The focus groups provided the current and former participants and parents with an opportunity to share their experiences and perceptions regarding the drug treatment court process. Select results from these focus groups are incorporated into the process discussion below and the full results can be found in Appendix A.

¹ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at [http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf).

DOCUMENT REVIEW

In order to better understand the operations and practices of the drug treatment court, the evaluation team reviewed the *Tippecanoe County Juvenile Drug Treatment Court Policy and Procedures Manual* and *Youth/Parent Handbook*.

RESULTS

Tippecanoe County Juvenile Drug Treatment Court Program Description

The following information was gathered from interviews, program documents (such as the *Indiana Judicial Center Drug Courts Document*)²⁻⁴, and observations of the Tippecanoe County Drug Treatment Court. The majority of the information was gathered from the interviews and, as much as possible, the evaluators have attempted to represent the information in the same words in which it was given.

TIPPECANOE COUNTY, INDIANA

Tippecanoe County, located in northwestern Indiana, is primarily urban. The county includes two cities (Lafayette and West Lafayette) and several smaller towns and townships. As of the 2000 census, it had a population of 148,955, with more than 79% over the age of 18 and a median age of 27. Tippecanoe County's racial breakdown consisted of 89% White, 5% Asian, 3% African American, and 3% other. There were 55,226 households reported in 2000; 25,918 of those were married couple households and 16,794 were households with children under the age of 18. The Census also found that the median household income in the county was \$38,652 and the median family income was \$51,791. The county's unemployment rate was 4.6% with 15.4% of individuals and 7.3% of families were living below poverty level. Lastly, the main industry category reported was educational services, health care, and social assistance; followed by manufacturing. Lafayette, the county seat had a population of 56,397 in 2000 (estimated at 60,459 in 2005).¹

TIPPECANOE COUNTY JUVENILE DRUG TREATMENT COURT OVERVIEW

The Tippecanoe County Juvenile Drug Treatment Court (TCJDTC) is located in Lafayette. The program began operations in February 2005 and was certified in August of that year by the IJC. A variety of local agencies contribute to the drug treatment court. The TCJDTC operations team is made up of the judge, magistrate, coordinator, probation officer, deputy prosecutor, public defender, case managers, education representatives, juvenile programs coordinator, evaluator, police officer, pharmacy consultant and treatment providers. The TCJDTC targets juvenile delinquents with substance abuse problems. TCJDTC combines treatment, education, case management, and court supervision, for 12 to 18 months, in order to reduce juvenile crime and substance abuse.

IMPLEMENTATION

The move to implement a juvenile drug treatment court in Tippecanoe County began after Superior Court Judge, Loretta Rush, realized the severity of the substance abuse problem in the

² *Indiana Judicial Center Drug Courts document*

³ *Tippecanoe County Juvenile Drug Treatment Court Youth/Parent Handbook*

⁴ *Tippecanoe County Juvenile Drug Treatment Court Policy and Procedures Manual*

¹ Retrieved on January 29, 2007, from the U.S. Census Bureau website:

http://factfinder.census.gov/servlet/SAFFacts?_event=&geo_id=05000US18163&_geoContext=01000US%7C04000US18%7C05000US18163&_street=&_county=Tippecanoe+County&_cityTown=Tippecanoe+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=&_useEV=&pctxt=fph&pgsl=050&_submenuId=factsheet_1&ds_name=ACS_2005_SAFF&_ci_nbr=null&qtr_name=null®=&_keyword=&_industry=

county and identified drug courts as a possible solution. The judge worked with the current coordinator of the program, Kathy Timberlake, to design a local juvenile drug court program, including bringing in a team of representatives from community agencies. At that time, an intensive outpatient program (IOP) designed specifically for juveniles with substance abuse problems was not available in the community; Judge Rush spoke with local treatment providers about the need for this service. Two local treatment providers, Alpine Clinic and Wabash Valley, agreed to establish IOP programs to meet the drug treatment court's specific needs. During this same period, Kathy Timberlake spoke with the Tippecanoe Public Defender and Prosecutor's Office to gain their support for the program and become an active part of the drug court team.

After the TCJDTC team was created, the program applied for--and received--a Bureau of Justice Assistance (BJA) federal drug court planning grant. All team members then went to national drug court conference. Information they acquired from trainings held at the conference assisted them in the creation of the program's policy and procedures manual. The general program design was developed around the 40 Developmental Assets model created by the Search Institute (<http://www.search-institute.org/assets/forty.html>). Through their research on adolescents, the Search Institute developed a list of "40 building blocks of development that help young people grow up healthy, caring, and responsible," which include external assets (e.g., support, empowerment, boundaries and expectations, and constructive use of time) and internal assets (e.g., commitment to learning, positive values, social competencies, and positive identity). In February of 2005, the TCJDTC officially began operations.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

At capacity the TCJDTC program is designed to serve 25 participants. Since the drug treatment court program has been operational, it has been able to accommodate all eligible participants. As of February 2007, 28 individuals have enrolled in the drug treatment court; 25% of these participants graduated, 18% were unsuccessful at completing the program, and 68% are currently active. Of the total number of prospective participants referred to the program, 23 did not make it through the initial (legal) screening process and 16 were not accepted after being screened and formally assessed. The assessment process will be described in the section on program screening below.

All but one of the Program's current participants is White (95%) and the majority are male (79%). The average age of active participants is 16.7 years. Drugs of choice for participants of the TCJDTC program in order of most used are alcohol, marijuana, amphetamines, and prescription medication. The majority of participants also use tobacco.

DRUG TREATMENT COURT GOALS

The TCJDTC program works to reduce juvenile crime and drug use by participants. Currently, the program has five specific goals listed in their *Policy and Procedure Manual*:

1. Provide immediate intervention, treatment and structure to participants through ongoing, active oversight and monitoring by the judge.
2. Improve participants' level of functioning in their environment, address problems that may be contributing to their use of drugs, and develop/strengthen their ability to lead crime-and drug-free lives.

3. Provide juveniles with skills that will aid them in leading productive substance-free and crime-free lives – including skills that relate to their educational development, sense of self-worth, and capacity to develop positive relationships in the community.
4. Strengthen families of drug-involved youth by improving their capability to provide structure and guidance to their children.
5. Promote accountability of both juvenile offenders and those who provide services to them.

ELIGIBILITY CRITERIA

“Juvenile delinquents” may be eligible for the Tippecanoe County Juvenile Drug Treatment Court if they:

- Have an adjudication pending
- Are an adjudicated delinquent for a drug-related offense (directly or indirectly)
- Are not a violent offender
- Do not have (or history of) dealing conviction(s)

Eligible participants may be court ordered into the program after violating traditional probation or as a condition of probation. The individual’s charge(s) does not have to be directly drug-related; for example, individuals committing forgery or theft are accepted into the program. However, they must have a history of substance abuse, which must be documented by their school, treatment agency, Informal Adjustment, diversion program, or probation records. The offense must not be for dealing or manufacturing illegal substances, or for a sexual or violent offense. Individuals with sexual, violent or dealing/manufacturing criminal records are not eligible for the program. A complete list of charges that are included and excluded from program entry is in Appendix B.

DRUG TREATMENT COURT PROGRAM SCREENING

The following description explains the process that potential TCJDTC participants go through before entering the program; a visual outline of this process is provided in the Tippecanoe County Pre-Juvenile Drug Treatment Court flow chart, located below. When youth are arrested, they are taken to the Tippecanoe County Probation Department; the charge received will be determined by the Prosecutor’s Office. The juvenile will then either be placed in detention or released. If the youth is placed in detention, by law, he/she must have a detention hearing within 48 hours. The hearing will determine if the juvenile will remain in detention or be released.

The Tippecanoe County Superior Court-Division Three will hear the youth’s case and a disposition will be determined. Possible dispositions from this hearing that may lead to drug treatment court participation include traditional probation or drug treatment court as a condition of probation. Individuals who are court ordered into traditional probation might later be ordered into drug treatment court as a result of violating the conditions of that probation. If the youth is on probation and in treatment, the treatment provider can make a recommendation to the court for the individual to enter the drug treatment court program. A referral may also come from the judge, defense counsel, prosecutor, or juvenile probation officer. The referral is presented to the drug court screening committee, which includes the drug court prosecutor, probation officer, coordinator, and intake probation officer. The prosecutor will determine legal eligibility based on the current charge(s) and criminal history.

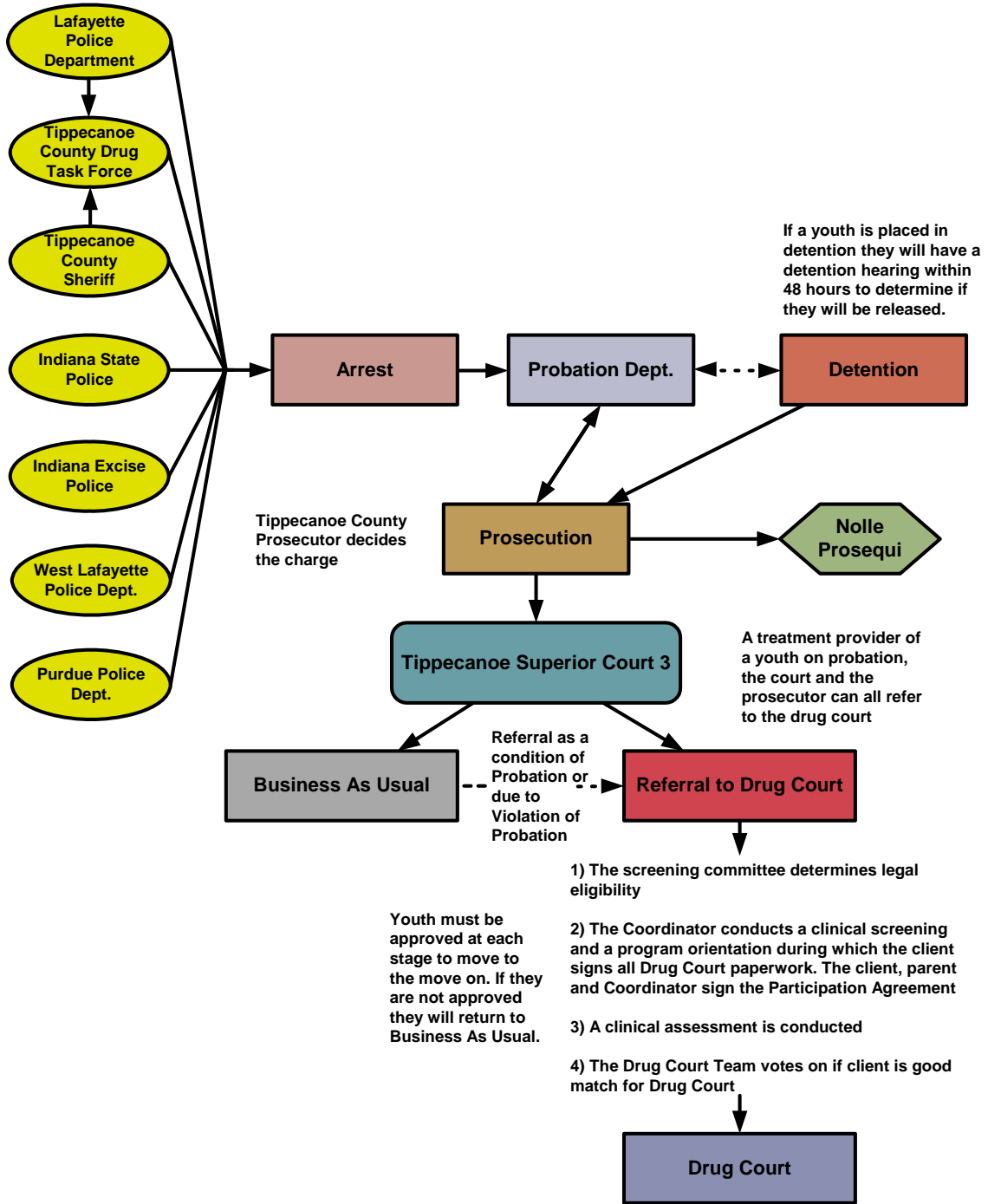
Once legal eligibility is determined, the drug court coordinator completes a clinical screening process. The clinical screen is a personal interview that is recorded in EQUEST (an electronic database). Questions included on the tool relate to the youth's history of substance abuse and treatment as well as social history including family, mental health status and history, medical, educational, and social/environmental situation. The information gathered from this screening tool will inform the coordinator's recommendation to the drug court team as to whether the youth is appropriate for the program.

The coordinator refers the youth and his/her family to Turning Point Counseling for an in-depth clinical assessment to determine the degree of addiction and general level of family functioning. Based on this assessment, a final recommendation regarding the individual's appropriateness for the program is then made to the drug court team.

Following the clinical screening and assessment, the coordinator facilitates drug treatment court orientation with the juvenile and their family. The orientation informs the potential participant and their family members about the details and requirements of the program. If they decide to participate, the youth and their parents/guardians sign a participation agreement (guided by their legal counsel).

Finally, the drug treatment court team will review all of the information gathered on the potential participant to decide whether or not he or she is an appropriate candidate for the program. The team will then vote to determine whether or not the youth should be accepted into the drug treatment court program. Generally, the process from a youth's referral to the program until he/she enters the program takes one to 2 months.

Figure 1. Tippecanoe County Juvenile Pre-Drug Treatment Court



INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE TCJDTC PROGRAM

The TCJDTC is a post-adjudication program that can be court ordered as a condition of probation or after a violation of probation occurs. Upon a participant's successful completion of the program, the charge that led to participation in drug treatment court is expunged from the youth's record. Additional incentives for offenders to enter and complete the drug treatment court program include: support in their recovery with treatment and case management, avoiding incarceration; receiving praise from the judge and material rewards for successfully completing the program (e.g., gift cards).

Potential participants are not asked whether or not they want to participate in the drug treatment court program, as TCJDTC is a court ordered program. However, the level of acceptance on the part of the parents/guardians of prospective participants is taken into consideration during the screening process before a final decision is made regarding entry (as the program looks for an appropriate level of fit regarding both the participant and the family). It was reported that 90-95% of parents have a buy-in to the program.

DRUG TREATMENT COURT PROGRAM PHASES

This section describes the TCJDTC program. A visual representation of the drug treatment court process is provided in the following flow chart titled, "Tippecanoe County Juvenile Drug Treatment Court Process." The TCJDTC program has four phases and takes a total of 12 to 18 months to complete. The length of each phase is dependant upon the participant's compliance with drug treatment court requirements in that particular phase. The first phase lasts between two to four months; the second phase takes between 6 weeks and 4 months; the third phase lasts from 1 to 4 months; and the fourth phase can take between 6 and 12 months to complete.

In order to advance to each subsequent phase of the program, participants must be making progress in school (with no unexcused absences) or working towards a GED and must meet specific promotion criteria for each phase, which are detailed in the phase requirement descriptions below. Participants must also complete a narrative questionnaire, in which they formally request the phase promotion and describe their goals for the next phase.

Treatment plans are individualized; therefore the number of treatment sessions per phase varies for each participant. The first three phases require participation in an individualized treatment plan (created by the treatment provider) and the fourth phase requires participation in a relapse prevention program through the Community and Family Resource Center (CFRC).

At the time of the original team interviews, participants in all phases of the program were required to wear a pager at all times except during school hours. These pagers were used to notify participants about when to report for random drug screens and to monitor compliance with curfew requirements. However, since the original staff interviews were conducted, the program has changed the drug test reporting process. Participants are now no longer required to wear pagers; they are, instead, assigned a number and told to call the drug screen "hotline" each day to see if their number has been pulled that day for a drug screen. If it has, they then have a choice of reporting to one of three different testing locations (depending on day and time) to obtain their drug screen.

While in Phase I (also referred to as the "Beginning Level" by program staff), participants must comply with a minimum of three random drug screens per week and at least three visits a week with their case manager, two of which are face-to-face meetings. Three school contacts will also be made by the case manager to check on participants' compliance with school related responsi-

bilities. Phase I participants must also attend weekly drug court hearings and meetings with the drug court probation officer. They must participate in program sponsored community enrichment activities, which are explained in detail under the “Community Liaisons” section of this report. Phase I participants are held to a 6:00 p.m. curfew unless otherwise ordered. If the participant smokes, he/she is also required to begin a plan for smoking cessation.

In addition to completing the Phase I requirements, these youth must complete specific phase promotion criteria in order to progress to Phase II in the program. These criteria include a requirement that participants maintain negative drug tests for eight consecutive weeks and meet their individualized program goals for at least 8 weeks. Participants must be employed (if it is appropriate), volunteer, be involved in outside activities, or have completed one community enrichment activity during this period.

Phase II is referred to as the “transition phase” of the drug treatment court program. During this phase participants are required to submit at least two random drug screens per week and visit with their case manager a minimum of two times per week, with one of those being a face-to-face meeting. The case manager makes weekly school visits to ensure that the participant is actively participating in school and complying with educational requirements. Phase II participants are required to attend drug court hearings and office visits with the drug court probation officer on a biweekly schedule. In addition, transition phase participants must complete a minimum of 2 hours per week of community enrichment activity participation and adhere to an 8:00 p.m. curfew, unless otherwise ordered. If applicable, these youth must also participate in a smoking cessation program.

In order to move to Phase III, participants must complete Phase II requirements along with meeting phase promotion criteria; this includes maintaining clean drug tests for 16 consecutive weeks (may include weeks in Phase I), meeting their individualized goals for at least 9 weeks, and being currently employed (if appropriate) or involved in outside activities (including volunteering). Also, the youth should have spent a minimum of 2 hours per week participating in community enrichment activities and, if applicable, completed a smoking cessation class, declared a quit date, and developed a relapse plan.

During Phase III, the “graduate phase,” participants are required to have drug screens three times per month and visit with their case manager at least two times per week, with one of those being a face-to-face meeting. Monthly drug court appearances and office visits with the drug court probation officer are also required. As needed, the case manager will make school visits to ensure active participation in school and compliance with educational goals. Community enrichment activity requirements are increased to a minimum of 4 hours per week during this phase and curfew is extended to 10:00 p.m., unless otherwise ordered. If applicable, participation in nicotine relapse prevention is mandatory.

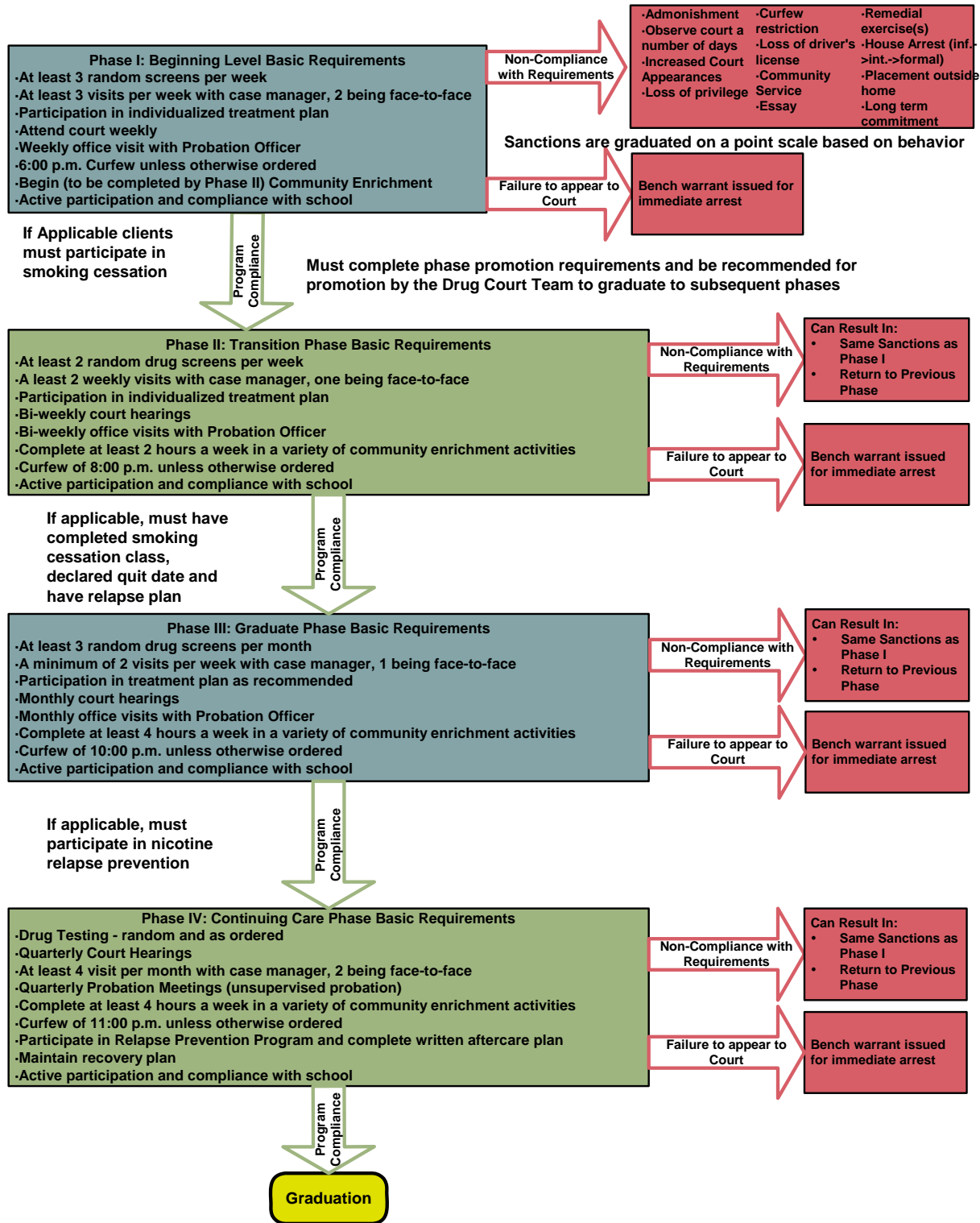
For promotion to Phase IV, participants must complete Phase III requirements and maintain clean drug screens for 12 consecutive weeks (this may include Phase II testing) and have three consecutive negative drug screens for nicotine. Individual goals must also be maintained for at least 12 weeks and participants must be employed or involved in outside activities (or as a volunteer). A minimum of 4 hours per week must be spent participating in community enrichment activities and, if applicable, individuals must participate in a nicotine relapse prevention program.

Phase IV, the “continuing care phase,” is the final phase of the TCJDTC program. During Phase IV, participants must submit to drug screens when ordered (i.e., at random) and attend quarterly drug court hearings. They must meet with their case manager a minimum of four times per

month, with two of these being face-to-face meetings. Continuing phase participants are considered on unsupervised probation and therefore only need to attend quarterly meetings with their probation officer. They must also complete a minimum of 4 hours per week participating in community enrichment activities. The case manager makes quarterly school contacts and curfew is extended to 11:00 p.m., unless otherwise ordered. Phase IV participants must also participate in a relapse prevention program offered through CFRC, complete a written aftercare plan, and maintain their recovery plan.

Once the requirements for Phase IV are completed, participants must meet graduation requirements before completing the program. Graduation requirements are described in the Graduation section of this report.

Figure 2. Tippecanoe County Juvenile Drug Treatment Court Process



TREATMENT OVERVIEW

During the eligibility determination process, Turning Point Counseling completes the intake clinical assessment and makes a recommendation to the drug treatment court team regarding whether the potential participant is appropriate for the program. Once participants are officially enrolled in the program they are referred to a treatment provider, who will work with them to create an individualized treatment plan that includes case management and substance abuse treatment services. The four main treatment providers working with TCJDTC are Wabash Valley Hospital (WVH), Community Family Resource Center (CFRC), Alpine Clinic and Turning Point Counseling. Additional treatment services are available through Cary Home for Children and Group Homes for Children. The decision regarding which of the four main treatment providers a family uses is related to whether they are covered by Medicaid or private insurance; all Medicaid clients go to the Wabash Valley Hospital's program; private pay clients for therapy and or IOP can choose from Alpine Clinic, Wabash Valley Hospital or Turning Point Counseling; case management for private pay can be either CFRC or WVH depending on the sex of the participant and the current caseload of the case managers (the program tries to balance out provider caseloads as much as it can). When conducting the initial intake with the participant and his/her family, the case manager describes the providers, including IOP times, locations, and other relevant issues, so that an informed decision can be made by the family regarding which provider to use.

The types of treatment related services available to participants and their families include educational programming, intensive outpatient (IOP) treatment, individual therapy, family therapy, group counseling (e.g., process, psycho-educational), substance abuse specific counseling, case management, and psychological and psychiatric evaluations/consultation. All of the treatment facilities, aside from Turning Point, are able to address mental health related needs, including assisting participants psychotropic medication needs.

The Alpine Clinic and Wabash Valley Hospital use the "Cannabis Youth Treatment" manualized treatment program in their work with drug treatment court youth. The WVH program is 14-16 weeks in duration, while the Alpine program is shorter but offers more sessions per week. In addition, the drug treatment court, in conjunction with the Alpine Clinic, has created a teen Narcotics Anonymous (NA) group, which is available to program participants (though not mandatory) and open to all youth the community. The cost of this group is supported by local grant monies and is held at Wabash Family Hospital.

THE DRUG TREATMENT COURT TEAM

Judge/Magistrate

As described earlier, Judge Rush was the driving force around TCJDTC implementation and has presided over the drug treatment court since its inception. The position of drug treatment court judge is voluntary and the duties performed are in addition to her responsibilities as the Tippecanoe County Superior Court III Judge. The judge supervises the drug treatment court coordinator and chairs the planning and operations teams. In February 2006, Judge Rush appointed a magistrate to share her drug treatment court related judicial duties. The judge presides over the majority (75%) of drug treatment court hearings with the magistrate presiding over the remaining hearings. Generally, the sanctions and incentives that they give out during court have been decided upon by the whole operations team during the pre-court staffing meeting (described below). The judge and magistrate attend these staffing meetings when they are available to do so.

Since this the original interviews for this evaluation were conducted, TCJDTC experienced a change in judicial representation, transitioning in a judicial magistrate (in June 2006) to take the place of Judge Rush. Prior to joining the juvenile drug treatment court, the incoming magistrate presided over the adult drug treatment court in Tippecanoe County. As there have been other changes in other drug treatment staff in addition to the new magistrate, the whole TCJDTC team is actively working together to address the types of challenges that typically arise when a critical staff members are added to an existing drug court program (e.g., negotiating differences in philosophies and different perceptions regarding program goals), in order to make sure that the program maintains its strength-based focus.

Coordinator

The TCJDTC coordinator supervises the drug treatment court team - ensuring that the policies, procedures and certification rules are being followed. She administers all of the program's grants, and acts as a resource to the team for training and workshop opportunities. The coordinator also orients and trains new drug treatment court staff. During the participant screening process, the coordinator serves on the screening committee and administers the clinical screenings. Each week, the coordinator reviews the status of all participants on the drug treatment court docket and creates the agenda for the staffing meeting and court session. In addition, she is the EQUEST database administrator, making sure that the participant database is kept up-to-date. The coordinator also facilitates the monthly policy—and other internal—meetings, serves as the central contact person for the program, and makes presentations in the community to promote TCJDTC.

Probation Officer

The drug treatment court probation officer is the chief deputy for juvenile probation and is a member of the planning and operation teams. He supervises and monitors all juveniles assigned to the drug treatment court program and ensures their compliance with participation requirements. He meets with participants on a regularly scheduled basis and reports on participants' compliance status, which he enters (prior to status meetings) into the EQUEST database to inform the rest of the team. The probation officer also relates—to the team during staffings—any special requests from participants, such as phase promotion or travel. In addition, he participates in the internal meetings with the coordinator and case managers and is responsible for random drug screen pulls.

Treatment Providers

In their role as members of the planning and operation teams, therapists from the Community and Family Resource Center, Wabash Valley Hospital, and Alpine Clinic and Turning Point Counseling attend program policy and staffing meetings. During these meetings, this group serves in an advisory capacity, consulting with the team on specific client treatment issues helping the team to decide on the most appropriate incentives and sanctions. In addition to providing treatment for participants, the treatment providers are also responsible for entering treatment progress data into the EQUEST database in order to inform the rest of the team about participants' attendance and participation in treatment services. During the participant screening process, Turning Point Counseling conducts a clinical assessment with potential participants and their families and then reports to the team their recommendation on whether or not they are appropriate candidates for the program.

Public Defender

There are two public defenders working with the drug treatment court. The chief public defender serves on the policy and operations teams and the deputy public defender represents participants in modification hearings that result from program violations. The chief public defender attends drug treatment court hearings, policy meetings and staffing meetings, assisting the team in decision making related to program policies and rewards, sanctions and treatment issues.

Deputy Prosecutor

The TCJDTC deputy prosecutor is a member of the drug court screening committee. He assists the team in determining which participants are eligible for entry into the program. He also participates in staffing and policy meetings and attends the drug treatment court status hearings. During staffing meetings, the deputy prosecutor assists the team in making decisions about appropriate incentives and sanctions. He prepares pleadings documents and does legal research for the drug treatment court. In addition, the prosecutor communicates with probation, treatment providers, and defense attorneys on a regular basis about participant issues.

Law Enforcement Agencies

As a member of the planning and operation teams, an officer from the Lafayette Police Department, juvenile division, participates in policy and staffing meetings.

Education Representative

The Juvenile Alternative Management Sessions (JAMS) Director at Cary Home for Children is a member of the operations and planning teams and serves as a liaison between the drug treatment court and local schools. She also ensures that educational assessments are completed on participants and that recommendations from these assessments are considered during staffing meetings. The JAMS director also identifies appropriate and available educational resources for the drug treatment court.

Juvenile Programs Coordinator

The director of Juvenile Alternatives is a member of the operations and planning teams. At the time of staff interviews, she was in charge of overseeing the community enrichment activities as well as applicable community programs used for sanctions, reporting back to the team on participants' compliance with those activities and programs. In addition, the juvenile programs coordinator develops partnerships with community agencies for needed participant services and incentives (Note: Since the team interviews were conducted, this staff member is still responsible for acquiring incentives through businesses in the community and she oversees house arrest program, but she is no longer responsible for oversight of the community enrichment activities since there is now a program director—hired through a grant—who is responsible for that task).

Pharmacy Consultant

A consultant from Purdue School of Pharmacy attends staffing meetings as a member of the operations team. She provides consultation and education support to team members, participants and families, specifically related to narcotic contact, prescription and over-the-counter medications.

Case Managers

The Community and Family Resource Center and Wabash Valley Hospital provide case management services for TCJDTC. Case managers meet with participants on a regular basis to check

on their compliance with the program. Their responsibilities include conducting drug screens, and verifying attendance at school and at appointments with service agencies required by the drug treatment court. They support participants in their recovery throughout the duration of the program and assist in the development of participant assets. Case managers document participant progress and issues of concern—discussed during their meetings with participants—in the EQUEST database. In addition, they participate in the internal meetings with the coordinator and probation officer and assist in the decision making process during policy and staffing meetings.

DRUG TREATMENT COURT TEAM TRAINING

Under Indiana Judicial Center (IJC) rules, anyone who works directly with drug treatment court participants (e.g., case managers, probation officers, program coordinator) must have 30 hours in screening and assessment training and 30 hours in addictions education, offered at Fairbanks Hospital. Treatment staff do not need to attend these trainings as they have already received the necessary training and support to prepare them to work effectively with drug treatment court youth. Essentially, each (treatment) agency puts new staff through their own in-house training, with every new counselor being required to observe drug court and “shadow” another case manager for a period of time before being assigned their own caseload. Over the past 3 years, most of the team has attended the National Association for Drug Court Professionals yearly conference trainings. Additionally, the IJC holds a drug court conference every year, which the team attends. Trainings received by drug treatment court staff include development, cultural and gender-based competencies. All team members receive training in implementing drug tests.

TEAM MEETINGS

The TCJDTC planning team meets to discuss drug treatment court policies and procedures on a monthly basis. The planning team includes the TCJDTC judge and/or magistrate (depending on their availability), chief juvenile probation officer, coordinator, an evaluator from a local university, Juvenile Alternatives director, executive director of Cary Home for Children, executive director of CFRC, case managers from CFRC and Wabash Valley, Alpine Clinic treatment provider, Wabash Valley treatment provider, deputy prosecutor, chief public defender, and a representative from the Lafayette Police Department, Juvenile Division.

A case management meeting, comprised of the drug treatment court coordinator, case managers and the program’s probation officer, is usually held the day after policy meetings. During this meeting the implementation of new procedures is discussed and explored. (Note: It was recently reported that case management meetings are now held quarterly).

Operations team staffing meetings are held every Tuesday at 2:45 p.m. The TCJDTC judge or magistrate (depending on their availability), coordinator, probation officer, deputy prosecutor, chief public defender, Juvenile Alternatives director, executive director of Cary Home for Children, executive director of CFRC, case managers of CFRC and Wabash Valley, Alpine Clinic treatment provider, and Wabash Valley treatment provider all attend the staffing meetings. During these meetings the team discusses participants’ progress and any relevant issues/concerns. The team also decides on sanctions, rewards, graduations and terminations through the use of a team voting process.

Prior to the staffing meetings, the team offers “family staffing meetings” for interested parties. This meeting time gives families who sign up the opportunity to voice their concerns to the team, discuss challenges occurring within the family, and provide input regarding “next steps” for the participant being discussed. A maximum of four participant families are allowed to attend a fam-

ily staffing; they are accepted on a first come, first serve basis. All of the operations team members listed above, except the judge/magistrate, prosecutor, and public defender, participate in these meetings. These team members do not attend with the intention of creating an informal setting for the meeting.

PROVIDER AND TEAM COMMUNICATION WITH COURT

Treatment providers and other team members are able to communicate with the court (judge and magistrate) every week during the staffing meetings. Between staffing meetings the operations team is able to communicate with one another and address issues that arise predominately through emails, however, phone and in-person contacts are also used.

The operations team is also able to communicate about participant issues and progress through the EQUEST database as each team member has access to the database. Case managers enter information on each contact they have with participants, within 24 hours of the contact, into the database. Treatment providers also enter updates on such things as participant attendance and their level of participation in treatment sessions into the database. Team members can then read through this information before meetings in order to be informed on issues that need to be addressed.

DRUG TREATMENT COURT HEARINGS

Tippecanoe County Juvenile Drug Treatment Court hearings are held every Tuesday at 4:00 pm. Depending on the program population (i.e., number of participants in Phases I, II, III, and IV), between 6 and 11 participants will attend a given drug treatment court session. Phase I participants are required to attend court weekly, Phase II participants attend court every other week, Phase III participants attend monthly, and Phase IV participants attend quarterly. Court is open to anyone who wishes to attend including all participants, family members and drug treatment court team members. If a sensitive issue arises, such as a participant being removed from a parent's custody, it will be discussed in the pre-court staffing meetings rather than in open court. At the time of the team interviews, the TCJDTC judge presided over the majority (75%) of drug treatment court hearings and the magistrate presides over the remaining hearings (Note: This changed in June 2006; the magistrate now presides over all hearings unless there is a conflict or she is sick or on vacation). The coordinator, deputy prosecutor, public defender, drug treatment court probation officer, Juvenile Alternatives director, executive director of Cary Home for Children, executive director of CFRC, case managers of CFRC and Wabash Valley, Alpine Clinic treatment provider, and Wabash Valley treatment provider also attend the drug treatment court hearings.

The courtroom contains three large tables that face the judge's bench. The drug court probation officer and prosecutor sit at one table, the participant's family members sit at the second, and the participant sits at the third. Other participants and their family members sit in the audience behind the tables. The other team members sit in the jury box, except for case managers, who sit directly behind the participant's table (as each participant comes up, their case manager sits next to them so that they have someone who knows them close by for support). Each family is called up from the audience separately and the judge/magistrate speaks directly with each participant and their family member(s). The conversation is personalized for each participant and focuses on his or her successes or problems that have developed since his/her last court appearance. Team members also have an opportunity to provide input regarding each participant. The judge/magistrate then imposes a sanction or reward that has been previously determined by the

team during the staffing meeting (Note: Some participants may not receive a sanction or a reward during the hearing).

FAMILY INVOLVEMENT

Under Indiana law, juvenile court judges have the authority to require parental participation for youth involved in the justice system. Therefore, parents of participants are court ordered, as necessary, to comply with drug treatment court requirements. Before prospective participants are accepted into the program, their parents/guardians must participate in a clinical psychosocial assessment. Based on the results of that assessment, parents may be required to participate in services such as family counseling, parent education and support classes, drug screens, and substance abuse treatment. If necessary, parents are sanctioned by the court for non-compliance with court-imposed requirements or for continued drug use.

Parents are required to attend drug treatment court status hearings and any treatment session that their child's treatment provider recommends. They are also invited to family staffing meetings, held prior to the status hearings, to voice their concerns and provide input regarding drug court team intervention decisions (e.g., incentives and sanctions).

DRUG TREATMENT COURT FEES

Participants are required to pay a \$250 drug court fee to help cover the program costs. This must be paid in full before a participant is allowed to graduate from the drug treatment court. As an incentive to complete the program successfully, the drug treatment court team may waive the drug court docket fees. Participating families are also responsible for probation fees, including a \$100 Administrative Probation User Fee, a \$50 initial Probation User Fee and an additional \$10 per month Probation User Fee. If participants are sanctioned to participate in electronic monitoring, they must pay \$7 each day they are being monitored. Participants cover the costs of drug testing; a urine screen with a negative result costs participants \$12.50; a urine screen with a positive result costs \$25.00; an oral screen costs \$35.00, regardless of the result; and a hair drug screen costs \$75.00. In the past, the program had received grants that paid for drug testing, but those monies have since run out. Because the responsibility for paying for drug testing has shifted to participants, the program tries to use mostly urine screens, as they are the least expensive.

Participating families are also responsible for paying for any treatment services they receive. Some participants are able to pay with private insurance or Medicaid. For other low income participants, treatment providers have been able to offset the treatment fees on a sliding scale based on the participants' income with financial assistance from the Hoosier Assurance Plan (HAP). HAP is a program of the Indiana Family and Social Services Administration – Division of Mental Health and Addiction that helps fund mental health and addiction services. Also, the program can request a treatment waiver or non-waiver treatment services slot through federal funding from the Department of Child Services.

DRUG TESTING

Urine drug screens (UDS), oral fluid, hair and breathalyzer tests are used to check for participants' compliance with the program. In almost all case, a UDS is the preferred method of testing. However, an oral test will be conducted in some instances; for example, when a same-sex screener is not available to test a participant or if there is a need for a quick turnaround for test results (the initial oral test results come back within 24 hours versus UDS results, which come back between 3-7 days). A hair screen is conducted when it is suspected that a participant is us-

ing a drug the leaves the system quickly (e.g., cocaine) and also just before a participant is allowed to graduate. All TCJDTC team members have been thoroughly trained and certified to conduct drug tests, as required by the IJC. The drug lab used by the program provides the trainings for free.

The frequency in which participants are tested depends on the phase they are in and their overall progress in the program (e.g., whether they are seen as “at risk” for relapse). If participants are doing well, the frequency of their drug screens is reduced; likewise, the number of drug screens is increased in response to non-compliant behaviors. Participants in Phase I are tested at least three times per week and Phase II participants are tested at least two times per week. Drug screens are reduced to three per month for participants in Phase III, with individuals in Phase IV tested based on their progress in the program rather than being held to a minimum number of drug screens.

As mentioned earlier, at the time of team interviews participants were required to carry pagers with them at all times (except during school); these were used by the case managers to summon participants for random drug screens. After being paged, participants had 15 minutes to respond (i.e. call their case manager) and an additional 30 minutes to come in and provide a drug screen sample. For the newly implemented testing process, participants are assigned a number and told to call the drug screen “hotline” each day to see if their number has been pulled that day for a drug screen. If it has, they then have a choice of reporting to one of three different testing locations (depending on day and time) to obtain their drug screen. If a participant fails to report for a test, the drug screen is considered positive and the individual is subject to a sanction.

The 10-panel urine screen samples are sent to Witham Toxicology Lab, Inc., via courier for analysis. If a test result is positive, the sample is tested again using either an immunoassay method or Gas Chromatography/Mass Spectrometry (GC/MS) confirmation testing. The cost of the drug screens were covered by a grant; however, if a participant wished to split a sample for analysis by another approved lab they may do so, but they must cover that cost if the test result is positive. If a participant refuses to submit to a urine drug screen or breathalyzer test, it is considered by the court to be a positive test and they will, as a result, receive a sanction. Diluted or adulterated UDS are also considered positive by the drug treatment court and may result in the tested participant receiving a sanction. As described in the program fees section, the program covers the costs of drug testing through grant monies. However, the funding from that grant has run out and participants must now pay the costs of drug testing. The judge sanctions participants who test positive during the drug court hearing following the positive test.

REWARDS/INCENTIVES

TCJDTC participants receive rewards (or incentives) from the program for doing well, for example, when they have successfully completed their treatment program requirements or maintained sobriety for a year. Incentives are also given out for accomplishments in participants’ personal lives, such as successfully completing a General Equivalency Diploma (GED). Program requirements may be reduced as participants progress through the different phases of the program, like a decrease in the number of required drug treatment court appearances and a reduction in drug testing frequency; this is regarded by many as a strong incentive for participants to work toward completing phases in a timely manner.

Appropriate incentives are determined through discussion and, ultimately, a team vote during drug treatment court staffing meetings. A list of possible incentives is provided below, however,

other individualized rewards/incentives may be used (for example, lunch with a drug treatment court team member or tickets to a cultural event).

Incentives may include:

- Verbal praise
- Decreased drug testing
- A later curfew
- Food Coupons/Gift Certificates
- Movie Pass
- Free Activity Pass
- Sports or Concert tickets
- Reduction of Community Service hours
- Early termination or Probation/Graduation

Participating family members are rewarded through coupons—given to participants—for family activities such as bowling or dinners out. Court costs can also be waived as an incentive.

SANCTIONS

Possible sanctions are listed in the *Parent Youth Handbook*. Participants who violate TCJDTC rules and requirements are subject to sanctions. The following behaviors are subject to sanctions:

- Missing scheduled program events
- Missing individual or family therapy sessions
- Failure to participate in case management or treatment services
- Testing positive for drugs/alcohol
- Missing a mandatory drug screen
- Failure to attend court hearings
- Committing a crime
- Failure to follow court orders or rules of probation or treatment

After a non-compliant act occurs, the TCJDTC team will discuss the relevant issue related to the infraction at the next team meeting and decide—through a team vote—on an appropriate sanction. For consistency, a presumptive scale (see Appendix B) is used as a guide to assist the team in deciding on appropriate sanctions. The judge will then impose the agreed upon sanction at the next court date. Sanctions are usually imposed within a week for participants in Phase I and within 2 weeks for Phase II and III participants.

Participants who violate program rules and requirements are subject to the following sanctions:

- Verbal admonishment
- Increased supervision
- Increased drug testing

- Written reports assigned on relevant topics (to be presented either during their treatment group or in court)
- Receiving a stricter curfew
- Community service
- House arrest with/without electronic monitoring
- Detention
- Suspension or loss of driver's license
- Revocation of Drug Court Agreement

Participants' parents are also held accountable for their actions under a statewide Parental Participation Law. Parents are required to abstain from drugs and attend treatment (if needed) in order for their child to be accepted into the drug treatment court program. Upon program entry, it is stressed to them that their child's ultimate success is directly related to their involvement and their willingness to supervise and provide structure for their child. If a parent continues to use drugs or discontinues any required therapy they can be court ordered to receive jail time, mandated to be part of a road crew or put on house arrest.

TERMINATION

Participants may be terminated from program participation for various reasons including, but not limited to:

- Failure to comply with program rules and requirements
- Exhibiting violent behavior or threats of violence towards self or others
- Displaying inappropriate, disruptive or non-compliant behavior
- Receiving an arrest and/or conviction on new charges (case by case basis)
- Failure to appear as scheduled for court, jail or treatment
- Absconding from the program and the court
- Voluntarily deciding to petition court for termination

If termination from program participation is a result of a failure to appear in court, the juvenile drug treatment court judge will issue a Writ; the participant is then taken into custody immediately. Once a participant is terminated, the drug treatment court judge will determine an appropriate sentence; usually that sentence involves time in the Juvenile Detention Center in Muncie, Indiana. If participants are terminated because of a new charge, the case may be transferred to adult court (depending on the participant's age) or he/she may spend some time with the Department of Corrections.

GRADUATION

In order to graduate from TCJDTC, participants must satisfy program requirements for all four phases and complete a minimum of 10 ½ months of treatment services. In addition, they must receive a recommendation for graduation from the drug treatment court team after meeting the following requirements:

- Remain clean and sober for 52 consecutive weeks;
- Be nicotine free;
- Pass a hair drug screen;
- Not have any charges for the last 6 months;
- Not have any probation/court order violations for the last 6 months (i.e. formal modification having been filed and disposition received);
- Be in school or working towards GED (if appropriate) with no unexcused (defined by court) absences;
- Have three consecutive months of consistent progress and present education plan for after graduation;
- Be employed (if appropriate) or must be involved in outside activities or a volunteer agency;
- Complete a continuing care/relapse prevention criteria;
- Complete a (written) post graduation plan;
- Have paid all fees and costs associated with drug court;
- Complete an application for graduation and present it to the whole drug treatment court team for their approval 1 week prior to graduation.

As a participant approaches graduation, the case manager and/or treatment provider will work with him/her to develop a post-graduation plan. This plan focuses on relapse prevention and includes a list of behavioral indicators that may signify the need to return to or increase treatment services. Participants are encouraged to participate in follow-up contacts with drug treatment court staff on a 3-month and 6-month basis as a “check-in” support (e.g., to assess whether additional interventions/services might be needed).

The first graduation occurred in August 2005. The graduate is currently attending school in Vincennes and the case manager was able to assist in the transition to college for him.

Graduations are held on an as needed basis and occur in the court after the status hearing is completed. The program offers food to those attending (e.g., cake, Subway sandwich trays, and cupcakes). Commissioners and Tippecanoe County Council members are invited, as well as the press (if participants are okay with that). Participants are also allowed to invite individuals that are special to them (e.g., teachers, family members, mentors). During the ceremony, the judge provides a description of the participant’s accomplishments while in the program, and then all of the program staff who have worked with the youth will stand up and say something positive about him/her (e.g., change that have occurred, accomplishments). Then, the judge gets up from the bench and directly hands the participant a certificate of graduation and an expungement order (for the initial charge).

DATA COLLECTED BY THE DRUG TREATMENT COURT FOR TRACKING AND EVALUATION PURPOSES

The EQUEST data management system is used by TCJDTC to track participant related information. This system stores data collected during the program screening process, such as drug use and treatment history. Ongoing progress in the program is also tracked in the system, in-

cluding the number of days participants are abstinent from drugs, number of relapses experienced, community service hours completed, and the participants' sanction history. Treatment recommendations and brief progress notes are also input and tracked in the EQUEST system.

Currently, a professor from Purdue University is working with the TCJDTC Coordinator to evaluate the drug treatment court program. He is conducting an outcome evaluation on data collected from the EQUEST database using measurable goals and objectives. This evaluation is being directed by a member of the drug treatment court team, who is also a statistics professor at Purdue University. Demographic information used for this study is being input and managed through an excel spreadsheet program.

DRUG TREATMENT COURT FUNDING

The Tippecanoe County Juvenile Drug Treatment Court is a grant funded program. A Formula Grant from the Indiana Criminal Justice Institute pays for the program's drug screens, the Quest software licenses, and equipment (this was a one time grant received in 2005). A Supreme Court Family Court Grant and Byrne Grant (through the Indiana Criminal Justice Institute) helped to pay for assessments, incentives and community enrichment programs in addition to case management services. A third grant that TCJDTC receives comes from a Safe and Drug Free Tippecanoe County program; this grant has paid in the past for pagers (that the kids wear), drug testing, and assessment costs. Other grants received include a Tobacco Coalition Grant (which pays for smoking cessation classes), \$1000 Chamber of Commerce Grant, \$1000 Kiwanis Grant, in addition to a number of other community organization-based grants.

Because federal funding is becoming more and more scarce, the program has been looking into other opportunities for bringing in money (e.g., starting a small business, opening up a drug testing lab), in an effort to support sustainability and eventually increase capacity to 50 participants. Currently, the majority of program costs are related to the therapeutic case management services offered to participants. In most programs, case management is done by probation officers, but the TCJDTC uses case managers trained in therapeutic methods. The Bureau of Justice Assistance will also be providing technical support, helping the program figure out ways to sustain itself, and helping drug treatment court staff to change the program without losing the "heart" of what they have.

COMMUNITY LIAISONS

TCJDTC has partnered with a number of community agencies in Tippecanoe County, in a concerted effort to provide needed services to its participants. Drug treatment court participants are required to become involved in various community enrichment activities throughout their time in the program. These activities, some of which are mandatory (e.g., life skills groups), are tailored to the individual as assessed through an interests survey. Activities can be individual or group-based and include salsa dancing lessons, cooking classes, sewing classes, a challenge course program, sexual awareness classes, and attendance at sporting events, among others. Recently, the drug treatment court program hired a director for the Community Enrichment Program. Her job is to go out into the community and identify additional resources, in an effort to increase the number of activities available to participants. It is felt that this component, which includes seven categories that are based on the "40 Developmental Assets" model, is representative of how the program strives to be structured, evidence based and developmentally appropriate.

In terms of other valuable skill development support, a local auto mechanic offers Car 101 classes for individuals learning to drive and has even provided an apprenticeship opportunity for

one participant. Other community professionals and agencies have allowed youth to participate in “job shadowing;” these individuals/institutions include a local veterinarian, law enforcement and fire departments, radio stations, the TCJDTC judge, and the Mayor of Lafayette. Additionally, several churches have opened up their facilities for drug treatment court participants; one of the churches is building a skateboard park and has invited selected youth to participate in the project’s development.

Numerous local businesses have provided the program with services and/or donations (e.g., movie coupons). The Purdue University statistics department has offered tutoring services for drug treatment court participants, and the county’s Mental Health Clinic has provided physicals, dental and eye check ups for participants lacking insurance or a family physician.

Other community agencies that provide support services for drug treatment court participants and their family members include the Greater Lafayette Area Special Services, which offers participants educational assessments. The Youth Services Coordinator, Work Force Development Office, and Lafayette Adult Resource Academy offer employment assistance and/or vocational and career assessments to participants. The Community and Family Resource Center provides primary health and medical information evaluations. Lastly, life skills education is offered through Community and Family Resource Center and Juvenile Alternatives and Cary Home for Children offers Parent Education and Support Classes in Spanish and English.

Ten Key Components of Drug Courts and 16 Juvenile Drug Court Strategies: TCJDTC Results

This section lists the Ten Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997) and, incorporated into these ten components, the 16 juvenile drug court strategies, described by the National Drug Court Institute (NDCI, 2003).² Also listed are research questions developed by NPC for evaluation purposes, which were designed to determine whether and how well each key component is demonstrated by the drug court. Each question is followed by a discussion of the practices of this drug court in relation to the key component of interest. Some questions require a comparison to other drug courts. In these cases, results from the National Drug Court Survey performed by Caroline Cooper at American University (2000) are used as a benchmark.

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

Research Question: Has an integrated drug court team emerged?

Juvenile Strategy #1: Collaborative Planning

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Juvenile Strategy #2: Teamwork

- Develop and maintain an interdisciplinary, non-adversarial work team.

² NPC felt that both the Ten Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. We have retained the numbering of the juvenile strategies as they appear in the source document (NDCI, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

This key component focuses on creating a drug court team that integrates substance abuse treatment services with juvenile justice system processing and supervision. The Tippecanoe County Juvenile Drug Treatment Court has an integrated treatment and judicial team—larger in composition than most drug court programs—that includes the judge/judicial magistrate, drug court coordinator, representatives from the Public Defender’s Office, a representative from the District Attorney’s Office, an education liaison, treatment case managers, juvenile probation officers, treatment providers, a pharmacy consultant, law enforcement, an evaluator from Purdue University, and program interns.

Previous research (Carey et al., 2005) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court sessions is correlated with positive outcomes for clients, including recidivism and, consequently, reduced costs at follow-up. It is apparent that this is a fully integrated team and that there is a great deal of “buy-in” (i.e., regarding the program’s practices and general philosophy) from a wide range of agencies. Everyone on the drug court team attends policy team meetings, which have been taking place every 4 weeks (though they are currently held weekly). During this meeting, the team discusses specific issues related to drug court policies and procedures, to ensure that they adequately reflect the program’s general philosophical approach to working with youth (e.g., maintaining a strengths-based perspective when identifying service delivery options for participants).

The majority of drug court team members, aside from the judge/magistrate (who doesn’t want to create a conflict of interest by being present), participate in recently implemented family treatment team meetings, which are designed to bring families more fully into treatment planning discussions. During these meetings, families have an opportunity to spend 15 minutes in front of the whole drug court team to discuss any issues of concern, request team support, etc. This new program component reflects positively on the program because it demonstrates that the team is interested in hearing families’ feedback/input and in working together to make the program better for everyone involved. Regarding the family treatment team meetings, one parent commented:

“I went to the family meeting last week and it’s very intimidating at first; you walk in and there’s this huge group of people. But I think it’s a wonderful idea; you have a chance to address everybody.”

Treatment providers working with the program (both private providers and those representing public agencies) share progress reports with the drug court team during pre-court meetings; these reports are also available throughout the week in the team’s drug court database. Providers input information regarding each contact made (e.g., level of participation by the youth, services provided, whether the youth showed up) following each scheduled appointment. Treatment progress reports are included in the court record.

In addition to treatment data, all other information related to participant contact is entered into the program’s client database, which facilitates information sharing. Parents generally perceive communication between team members as good, and most feel that if something happens with their child, the team will know about it (“Even minor infractions are shared and all the relevant staff members find out about it”). This was definitely seen as a positive support. Further, drug court staff’s communication of support for participants was also seen as having a profound and positive impact on the youth in the program. According to one parent:

“There’s just so much praise from the judge, probation officers, caseworkers. They all encourage him and he feels better about himself.”

Over the past several months, TCJDTC experienced a significant amount of staff turnover (reportedly, an estimated 50% of core drug court staff is new), so the program is currently working to integrate its new members into the team. The judge, who was the first to preside over the drug court, has also stepped down recently in order to spend more time on other judicial responsibilities; the new magistrate that replaced her has experience in the adult drug court system. In an effort to support the transition, the program has increased the number of policy meetings from monthly to weekly, in order to ensure that all team members are “on the same page” with regard to the program’s general philosophy, policies and practices. One staff commented about this recent change:

“We are going back through a process to re-evaluate our policies, mission and goals. We need to keep evaluating what we’re doing. We were doing policy meetings about six months ago every month and now we’re meeting every week to make sure that we are all on the same page and focus because we have new people.”

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS’ DUE PROCESS RIGHTS.

Research Question: Are the Office of the Public Defender and the State’s Attorney’s office satisfied that the mission of each has not been compromised by drug court?

Juvenile Strategy #1: Collaborative planning

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Juvenile Strategy #2: Teamwork

- Develop and maintain an interdisciplinary, non-adversarial work team.

Respondents indicated that all agencies involved in this drug court are fully committed to the program. The TCJDTC’s public defender and deputy prosecutor, who both feel that the program supports their office’s mission, work well together and agree on the final decisions made by the team in the majority of cases. These two team members communicate frequently with one another and are able to put aside their traditionally adversarial roles as they work together openly and collaboratively (with the best interest of the youth in mind).

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

Research Question: Are the eligibility requirements being implemented successfully? Is the original target population being served?

Juvenile Strategy #3: Clearly defined target population and eligibility criteria

- Define a target population and eligibility criteria that are aligned with the program’s goal and objectives.

The TCJDTC exhibits strong collaboration among juvenile justice system agencies regarding the identification of adolescents who may be appropriate for the program. Several agencies and individuals may refer juveniles to drug court. These include juvenile probation, the Office of Public

Defender, the Prosecutor's Office, treatment providers, and the judge. *The Tippecanoe County Drug Treatment Court Policy and Procedures Manual* clearly states eligibility requirements, and is available to those who make referrals to the program.

TCJDTC is a post-adjudication court, so the length of time between initial contact (i.e., arrest) and a participant's signing the drug court contract must wait for adjudication to occur, involving a wait to get on the court's schedule. Working with referring agencies, the drug court program has been able to decrease the amount of time from arrest to referral drug court entry so that it is currently approximately 2-3 months (prior to this it was 3-4 months); however, the time is still longer than national average. The program currently conducts eligibility screening and a range of assessments before enrolling youth in drug court services, which contribute to the time from referral to program entry (1-2 months).

TCJDTC is currently looking to expand program capacity to between 50 and 75 participants. The Indiana Judicial Center is assisting the program in this effort, specifically in helping the drug court to determine the most effective process to increase capacity while maintaining the quality of the services.

Regarding accepting youth into the program with mental health-related difficulties, one team member admitted that the program should probably focus more attention on identifying youth with mental health concerns prior to program entry. She felt that information obtained through a more extensive mental health assessment process would help the team make more informed decisions regarding placement (and services needed):

“We need to do more assessing mental health at the front end. We've had some children who have had some significant mental health issues that they might have been more effective in a different program than the drug court. We need to make sure that they're appropriate and are going to be a good fit in the drug court.”

Program staff reported some concerns related to accepting older participants into the program, specifically individuals closer to 18 years of age were seen as more difficult to work with. In fact, at the time of the team interviews (in May/June 2006), it was reported that the program was in the process narrowing its eligibility age range to 13-15 years.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICE.

Research Question: Are diverse specialized treatment services available?

Juvenile Strategy #7: Comprehensive treatment planning

- Tailor interventions to the complex and varied needs of youth and their families.

Juvenile Strategy #8: Developmentally appropriate services

- Tailor treatment to the developmental needs of adolescents.

Juvenile Strategy #9: Gender-appropriate services

- Design treatment to address the unique needs of each gender.

Juvenile Strategy #10: Cultural competence

- Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

Juvenile Strategy #11: Focus on strengths

- Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

Juvenile Strategy #12: Family engagement

- Recognize and engage the family as a valued partner in all components of the program.

Juvenile Strategy #13: Educational linkages

- Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

TCJDTC is a strengths-based program that has four phases. The phases allow participants to feel they are making progress over time. Aside from time spent in the program, there are clear requirements that must be satisfied in order for a participant to move from one phase to the next. The *TCJDTC Program Participant Handbook* informs participants about the phases and other requirements of the program, and the program's *Policy and Procedures Manual* informs the drug court team of those requirements, as well. While in the program, participants are offered a wide range of treatment services.

According to one team member, what sets this drug court apart from others is its Therapeutic Case Management model, which is also the most expensive component of the program. The therapeutic case managers, described as “both mentors and a second conscience,” all have degrees in social work (In most other Indiana juvenile courts, case managers come from juvenile probation). They spend the majority of their time out in the field talking with drug court youth, giving drug tests, going to the schools, and even working with participants' siblings. Therapeutic case managers are in contact with participants in the first phase 3 times/week (at least 2 of these are face-to-face meetings), 2 times/week in phase II (with at least 1 face-to-face meeting), 2 times/week in phase III (with at least 1 face-to-face meeting), and a minimum of 4 contacts per month in Phase IV (with at least 2 face-to-face meetings).

The drug court, in conjunction with the Alpine Clinic (a private provider), has created a teen NA group. The program has obtained local grant money to support the group and a local hospital provides space for conducting meetings. Several months ago, a parent took over the facilitator position (however, the facilitator changes depending on the participants present).

The program conducts a broad range of assessments, including a Developmental Assets checklist. This survey, which measures the extent of participants' positive developmental environment, is completed by drug court youth and family members after every treatment plan is completed (5 or 6 surveys are completed over the duration of the program) and just before they graduate.

Parents/guardians are required to participate actively in the drug court program. They are involved in team meetings and are viewed as consultants in the planning process. Parents/guardians are required to submit to drug tests and, if they are identified as substance abusers, they can be court ordered to stay drug free during the youth's participation. During the intake process, they also participate in a family needs (psycho-social) assessment, which informs the case plan and helps to identify the range of family services needed. Parents/guardians are expected to attend education-related groups and treatment groups with their child.

Parents/guardians who were interviewed generally had positive things to say about the program, especially in terms of the level of support they receive through the drug court. One parent commented:

“I see [drug court] as a big support group, because I’m a single mom and sometimes I feel like I’m fighting against his [her son’s] dad too. Teenagers can be real difficult to deal with and this has been a big support group for me. It’s been wonderful.”

However, some of the parents who were interviewed pointed out that there are times when they feel over-burdened by all of their responsibilities associated with being the parent/guardian of a drug court participant (e.g., paying program related fees, getting the youth to meetings). Regarding the need for support, especially early on in the process, one parent recommended:

“There should be more advocates for the parents in the program. Someone who could go along with them and help them understand what’s going on throughout the time the kid’s in the program. The parents are so overwhelmed by what’s going on, which is why you need someone on the outside to help out.

The extensive community partnerships that have been developed through TCJDTC provide additional support to the program and its participants; services offered through these partnerships include tutoring (through Purdue University), educational assessments, community enrichment activity support, employment assistance and workforce development.

The TCJDTC program links youth and families up with a very comprehensive list of treatment services. Providers offering a wide range of treatment services are available depending on the needs of the youth. Services include intensive outpatient treatment, individual therapy, family therapy, group counseling (process, psycho-educational), substance abuse specific counseling, case management, psychological and psychiatric evaluations, and family counseling.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

Research Question: Compared to other drug courts, does this court test frequently?

Juvenile Strategy #14: Drug testing

- Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

Based on information from the American University National Drug Court Survey (Cooper, 2000), the number of urinalyses administered in all phases of the TCJDTC program is comparable to most drug courts nationally. The random administration of three UAs each week in the first program phase, two UAs each week in the second phase, three UAs per month in the third phase, and random testing—as ordered—in the fourth phase is consistent with national experience. Drug testing can also be increased or decreased by program staff based on the youth’s success—or lack of success—in the program. Participants in all phases of the program were required to wear a pager at all times except during school hours. These are used in part to notify participants of when to report for random drug screens.

The screening tools used by TCJDTC include urine testing, oral fluid, hair and breathalyzer (PBT). The drugs that the screens test for include: Marijuana, opiates, benzodiazepines, amphetamines (including methamphetamines), cocaine, heroine, over-the-counter medications, nicotine and alcohol. (Although, since the grant funding has run out and participants have assumed the burden of drug testing costs, the most commonly used drug tests are urine drug screens.)

Drug tests can be performed by any service provider or judicial representative approved by the drug court team, which includes the drug court probation officer, program coordinator, surveil-

lance officer, case manager, therapists/treatment providers, and law enforcement. All drug testing must be observed by an authorized service provider or judicial representative. Testing procedures are documented in the program's policies and procedures manual.

Test results are processed by the drug court coordinator, who enters the related data (drug test given, results, and fee assessment, if applicable) into the program's case management system (EQUEST database). All test results will be maintained in the probation case file and will be reported to the drug court treatment team each week, prior to the next drug court status hearing.

A review of sample client records indicated a possible duplication of results entered into the drug court database (i.e. the same test results recorded more than once). This review also found that a large number of tests—maybe a higher frequency than warranted—were conducted for a youth who had been drug-free in the program for a significant period of time.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

Research Question: Does this court work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court's sanctions and rewards compare to what other drug courts are doing nationally?

Juvenile Strategy #15: Goal-oriented incentives and sanctions

- Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

Nationally, experience shows that the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed said they had established guidelines for their sanction and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

TCJDTC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. This information is included in the *TCJDTC Policy and Procedures Manual* and in the *Participant Handbook*. Staff and participants are aware of these guidelines. The program also has clear written guidelines regarding graduated sanctions and program responses to infractions (which are only included in the policy and procedures manual). However, there appears to be flexibility in practice and implementation of the actual responses to client behavior. While it is important to match the most meaningful sanction to an individual and to be appropriate to client circumstances, it is also important that youth and families know what to expect from the program and can rely on consistent responses both across youth and for the same youth over time.

The drug court team works closely together, basing decisions on weekly reports, to decide appropriate responses to behaviors. After a non-compliant act occurs, the TCJDTC team will discuss the relevant issue related to the infraction at the next team meeting and decide—through a team vote—on an appropriate sanction. For consistency, a presumptive scale is used as a guide to assist the team in deciding on appropriate sanctions (Note: This scale is currently under review for modifications). The judge will then impose the agreed upon sanction in court. Decisions on sanctions—and rewards—are recorded in the drug court database.

The most common rewards for good participant progress in drug courts nationally are praise from the judge at court hearings, promotion to the next phase, reduced frequency of court hearings, praise from other drug court participants, special tokens or gifts, and decreased frequency of UAs.

A small percentage of courts allow participants to graduate early, and a small percentage has parties, distributes gift certificates, and reduces the drug court program fee (Cooper, 2000). TCJDTC has provided practically all of the above-mentioned rewards at one time or another.

Drug court staff who were interviewed generally felt comfortable with the sanction/reward process, with one interviewee admitting that there were probably more rewards than sanctions given out during a given court session (“I think that our drug court has completely found where we are on the continuum of incentives and sanctions”). During the participant focus group, several individuals reported an appreciation for the rewards they’d received while in the program:

“I like how they reward you for good stuff instead of punishing you for what you do wrong. Normally, in court they won’t recognize the good things; but in drug court they look at the whole picture.”

The TCJDTC has done unusually well in balancing rewards and sanctions. The team appears to have a clear understanding of the behavioral modification axiom, “*Rewarded behavior is likely to recur*” (Meyers, 2004, 323).

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

Research Question: Compared to other drug courts, does this court’s participants have frequent contact with the judge? What is the nature of this contact?

Juvenile Strategy #4: Judicial involvement and supervision

- Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

From its national data the American University Drug Court Survey reported that most drug court programs require weekly contact with the Judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey et al., 2005) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes.

Participants in TCJDTC have weekly interaction with the judge during Phase I, biweekly in Phase 2, once a month in Phase III, and one quarterly in Phase IV. This level of interaction is consistent with common practices nationally and is slightly more frequent than that for courts that showed positive outcomes in prior research. However, the research was focused on adult courts. It is possible that more frequent sessions are more appropriate for juveniles.

Judge Rush was the driving force around TCJDTC implementation and, until recently, had presided over the drug treatment court—voluntarily—since its inception. Both parents and participants had a number of positive things to say about their experiences in front of the judge and in the community. According to one parent:

“[The] judge has assumed a huge burden for this program and the kids in this town. She’s been to our church (to talk about the program), asking for people in the congregation that

would be willing to be a court-appointed advocate. I have tremendous respect for the judge.”

A program participant, who had interacted with Judge Rush in both drug court and regular court, commented:

“I’ve definitely had her [the judge] a few times before I made it to drug court and before I wouldn’t have had anything good to say about her. But now she’s really cool. If you’re in trouble, she’s going to let you know-she’s real strict about stuff-but if you’re doing good, she’s going to let you know about that too.”

In June 2006 the TCJDTC transitioned a new judicial magistrate into the program. As there have been other changes in other drug treatment staff in addition to the new magistrate, the whole TCJDTC team is actively working together to address the types of challenges that typically arise when critical staff members are added to an existing drug court program. Aside the above-mentioned challenges, the new magistrate must work to develop relationships with the drug court participants and their parents/guardians, as well as with community and agency partners.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

Research Question: Is evaluation and monitoring integral to the program?

Juvenile Strategy #5: Monitoring and evaluation

- Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to the knowledge in the field.

Juvenile Strategy #16: Confidentiality

- Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team [and evaluators] to access key information.

Implementing and using a database that tracks detailed information on participants, their progress through the program and their use of services is key for program monitoring and evaluation. TCJDTC keeps program records in an electronic (EQUEST) database. The drug court has a data manager (the program coordinator) who maintains this database, which includes demographic information and program/service information (such as referrals to services and drug court status). This same database can also be accessed by drug court treatment providers and other team members, who have the ability to enter contact related information or review client information entered by other team members. The program coordinator uses the database software to create weekly participant progress summaries, which are used in team meetings to make decisions about each participant (e.g., sanctions, rewards, and need for specific services). Team members are expected to review the data system prior to meeting with another team member, to make sure that they are up to date on the participant they are discussing. It appears that the data management system is well used by all team members and helps to facilitate communication and information sharing.

The program has made a great effort to institute an ongoing process of self-review. Policy meetings offer the team an opportunity to explore what elements of the program are working well and where changes can be made to make the program better. This program component is even more critical currently because of the recent staff turnover.

An outside evaluator from Purdue University (also a statistics professor at the school) has been providing support to the team to assist with monitoring and measuring the program's goals, objectives, and outcomes. This team member, who has created measurable objectives and goals to be studied, has even attended drug court trainings in the past because he wanted to be better informed regarding the program.

Prior to graduating, participants and parents/guardians are asked to complete a confidential questionnaire. The survey provides outgoing drug court youth and their families an opportunity to provide feedback regarding the various components of the drug court program, including services provided to them and drug court staff.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

Research Question: Is this program continuing to advance its training and knowledge?

TCJDTC team members participate in annual trainings at the Indiana Judicial Center and federal trainings. Probation staff are required to obtain specialized training in addictions. The program also includes informal shadowing as part of the staff training structure. Several TCJDTC team members have had the opportunity to participate in national drug court conferences/trainings, in addition to local agency related trainings (e.g., drug abuse issues).

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

Research Question: Compared to other drug courts, has this court developed effective partnerships across the community?

Juvenile Strategy #6: Community partnerships

- Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

Responses to American University's National Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include: AA/NA groups, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

The TCJDTC program receives an extensive amount of support for ancillary services through its partnerships with numerous community organizations. The following is a list of agencies working with the drug court and the types of services they provide: educational assessment by Greater Lafayette Area Special Services; employment assistance from Lafayette Adult Resource Academy, Work Force Development, Purdue University, and Juvenile Alternatives; vocational and career assessments by Youth Services Coordinator, Work Force Development, and Lafayette Adult Resource Academy; primary health and medical information evaluated by Family Needs Assessment, Community and Family Resource Center; life skills education through Community and Family Resource Center and Juvenile Alternatives; Parent Education and Support Classes in Spanish and English offered by Cary Home for Children, Wabash Valley, Community and Family Resource Center; Family Needs Assessment by Community and Family Resource Center; Case management by Cary Home for Children, Community and Family Resource Center and

Wabash Valley; mediation services for families with high-conflict divorce situations through Community and Family Resource Center and Tippecanoe County Mediation.

It is apparent that the TCJDTC has a favorable image in the community. Team members—in particular, the program coordinator, judge and Community Enrichment Program director—have networked extensively in the community in order to acquire support for program participants. The success of the Community Enrichment Program is partly a result of the strong commitment the drug court has gotten from community agencies, which provide a wide variety of activity alternatives for youth (based on their interest). The Community Enrichment Program director continues to develop community connections, and to identify new placements for youth if new interest areas emerge.

As youth approach graduation, case management and/or treatment providers will work with each participant to develop a post graduation care plan. The post graduation plan can encompass such services as individual therapy, group therapy, family therapy, specialized groups, case management, extracurricular or volunteer activities as well as other client-centered activities. The plan also includes a list of behavioral indicators that may indicate the need for return to or an increase in services and a list of resources to call upon. Participants are encouraged to participate in follow up contacts on a 3-month and 6-month basis as a “check in” to determine if additional interventions are needed.

SUGGESTIONS AND RECOMMENDATIONS

Although the HCJDC has many positive and notable practices, and is demonstrating the 10 Key Components in a commendable fashion, there are always ways that any program can be improved. The areas in which HCJDC may wish to implement changes to enhance their services are as follows:

- The drug court team, in collaboration with the partner agencies, should ensure that all new team members receive initial and continuing drug court training. There should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the results of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.
- Since there are so many new team members, it may be advisable to take a short period away from the court (e.g., a half-day or full-day retreat) where the team can come together to re-examine and discuss priorities/practices and (possibly) participate in team building activities to help build and strengthen connections/relationships.
- The program will want to make sure the new magistrate has an opportunity to receive training on the *juvenile* drug court model and the philosophy of this program, and that time is spent with all team members to develop interagency relationships.
- Previous research (Carey et al., 2005; Finigan, Carey, & Cox, 2007) has demonstrated that youth have more positive outcomes when the magistrate has a longer tenure. Because of the recent turnover in this drug court's judge/magistrate, it would be advisable to maintain this staffing for a minimum of 2 years to maximize positive relationship building with the participating youth.
- Consider increasing the level/intensity of the program's mental health assessment given to prospective participants—prior to program entry—to better identify potential or existing mental health concerns. Also, the drug court team should identify which mental health issues can be supported through drug court and which would be better served through a different program, and clarify the program eligibility criteria and enrollment process as needed.
- Continue to work to reduce the time from referral to drug court entry (which is estimated to be between 1 and 2 months). The program could analyze where efficiencies in the assessment process could be made to engage youth and families in the program more quickly.
- It is a positive sign that parents/guardians have become involved in the self-help (NA) group for teens. The program may want to offer parent-facilitators a brief training to assess and/or enhance their facilitation skills and to ensure they have an understanding of confidentiality issues, etc., to maximize the effectiveness of this group. The program may also want to review the guidelines regarding who would be an appropriate facilitator for a given group, specifically whether it is okay for a parent/guardian to facilitate a group that includes their own child (some youth may not be willing to share fully if their parent/guardian is present).

- Research in other juvenile drug treatment courts (e.g., Carey, Marchand, & Waller, 2005) has shown that older youth tend to have better outcomes than younger youth including higher graduation rates and lower criminal justice recidivism. Since the TCJDTC is planning a shift in its age range requirements to younger participants, the program may want to consider reviewing the outcomes of its younger youth to determine whether younger participants really are doing better and to ensure that the program model is developmentally appropriate for the age group being served.
- Monitor participant progress and completion as youth graduate and/or are released unsuccessfully from the program, as well as the duration of time youth are in the program, to ensure that the program requirements are realistic and not creating undue burden on youth and families. One example is to review the frequency of drug testing for participants who have been drug-free for a long period of time, in an effort to reduce drug testing related expenses for participants who are not using.
- Both youth and parents/guardians provided feedback that the fees and costs associated with this program are burdensome. Monitor whether graduation is being delayed due to families' inability to pay off program-related bills/expenses. [One youth stated, "The money part is a disadvantage. By the time I get out of here I'm going to owe so much money it's scary"—all participants of the focus group agreed with this comment]. Consider a more generous sliding fee policy for court and drug-testing related costs for families based on financial need. While responsibility for paying some costs is appropriate to some degree, as it promotes youth responsibility and accountability, there can be a point of diminishing returns if the stress of repayment becomes too extreme. To address this issue, during the case planning process the team should consider ways that participants can contribute to paying for treatment and other fees, either through community service work or, if feasible, through money received from regular employment.
- The large amount of community support for the TCJDTC may be a resource to assist families who are unable to pay program fees. Work with agency partners to identify additional grants and other funding streams that can help to cover program costs [such as drug tests], particularly for lower income youth/families.
- Continue to develop community partnerships to support youth employment opportunities so that more youth [who desire it] are able to obtain jobs.
- Consider adding an advocate role to assist parents/guardians and youth without a supportive parent/guardian to help them understand and navigate the program's requirements. Look into the possibility of using former participants and their families who would be strong mentors for youth in the program.

SUMMARY AND CONCLUSIONS

The Tippecanoe County Juvenile Drug Treatment Court should be commended on the quality of the implementation of its program. The program meets the majority of the 10 key components and 16 strategies guidelines through its current policies and program structure. The program appropriately integrates substance abuse treatment services with juvenile justice system processing and supervision; maintains a strong collaborative relationship among team members (including the relationship between the public defender and prosecutor) and includes a very comprehensive team from a broad range of community agencies; provides participants—and their family members—access to a wide range of treatment and ancillary services; conducts frequent, random drug testing consistent with drug court best practices; utilizes a variety of sanctions and rewards to encourage compliance with program and participant goals; maintains ongoing judicial interaction with participants; and has established a system for program monitoring and evaluation to maintain quality of service and assess program impact.

In terms of enhancements, the program is working to decrease the time it takes from arrest to program entry. As the program gains experience and data, it may want to review which program requirements are helping participants to reach their goals and which may be creating barriers to completion/success. Some participants and family members feel burdened and stressed by the expenses associated with the program; the program may want to look at options for additional funding that can offset some of the costs for youth/families. As the team works together to transition in its new staff, it will be important to continue to meet frequently (e.g., in Policy Team meetings) to make sure that the program’s overarching goals/philosophy is maintained.

Overall, the TCJDTC is doing exceptionally well in implementing their drug court program. Taken together these findings indicate that the TCJDTC is both beneficial to participants and to their families.

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APPENDIX A: FOCUS GROUP SUMMARY

Focus Group Summary

As described in the methodology section of this report, two focus group interviews were conducted in May 2006, the first group with three active participants [representing the different program phases of the program], a graduate from the program, and one individual who did not successfully complete drug court. The second group consisted of parents/guardians of currently active drug court participants and parents of a participant who did not successfully complete the program [five respondents in all].

The topics discussed during the interviews included what focus group participants liked about the drug court program, what they disliked, general feelings about the program [including program staff], the program's effect on personal relationships, why youth were referred to the program, [for parents] how the participant has changed since starting the program, perceptions regarding family treatment team meetings, advice participants would give someone considering entering the drug court program, and recommendations for the program.

What they liked

Active participants/graduate/unsuccessful participant:

- Keeping me drug free [also said this in court when talking to the judge]. If I weren't in DC, I would probably still be using drugs and wouldn't be in sports.
- It gives you a positive attitude and gets you involved. You've never been able to do some of this stuff [the activities are really fun, too]. Hardly anyone we know has the money to do the stuff we do. The grants that pay for it help out a lot.
- I like how they reward you for good stuff instead of punishing you for what you do wrong. Normally, in court they won't recognize the good things; but in drug court, they look at the whole picture.
- They show a lot of sincere feelings for us and that's really great. You don't want to have people who are just in it for the money and they really don't care about you. The people here are really kind and show a lot of support.
- Helped me stay out of trouble by keeping track of me and what I'm doing.
- The incentives have worked real well. The sanctions keep you out of trouble. It teaches you what to do right the next time.
- The extra community enrichment activities. We just went on a canoe trip Saturday. We have a lot of fun doing those sorts of things as a group. It keeps us out of trouble, at least for that day, and it helps us get community enrichment hours. It's fun and we always do something that we don't normally do.

Parents/Guardians:

- I've been very pleased with the services.
- I see [drug court] as a big support group, because I'm a single mom and sometimes I feel like I'm fighting against his [her son's] dad too. Teenagers can be real difficult to deal with and this has been a big support group for me. It's been wonderful.
- When they took my son away [for a detention sanction], I just fell apart. I had so many people from the drug court come up to me to provide support; not just staff but also other participants' family members.
- I feel there's a bond among drug court family members, and between staff and family members.

- My daughter's mother chose not to participate, so it's nice to have other parents be so supportive, and to see the support that the drug court provides to the kids.
- The emphasis on accountability [is a very effective program component]. It's not all the parent's fault; a lot of it has to do with this younger generation not feeling like they are accountable. This program does that though leveling, which is the best way to modify behavior.
- This program just reinforces [the youth being accountable]; this will happen if you make this choice...I really think it's beneficial that the kids see the other kid in the same position and see what happens to them. I think that having everyone in the courtroom together is wonderful, because they don't feel alone, and they see that other people get punishment and rewards according to what they do; that's really helpful
- Drug court is a backup for our authority. It also holds the parents accountable.
- I don't have anything to hide, so I welcome it. It felt like a support group; like an extended family. I don't have any real family that lives close by. Some people might feel it's intrusive, but it has never felt that way to me.
- Awhile back, I was having a hard time getting my son to an appointment and the CM said, "You should have told me; I could have taken him."
- Our CM is taking my son to football practice at 5:15am three days a week because I can't do it (I'm a single parent with another child to take care of). He's like my guardian angel.

What they didn't like

Active participants/graduate/unsuccessful participant:

- The whole smoking thing is going to be a big challenge. It's a rule that you have to quit smoking before you can move to Phase III [and get out of the program].
- I don't like how much stuff they have you doing. You are always going to these classes or different appointments. I think the number of drug tests they make you take in the beginning is outrageous. Related to that, the money part is a disadvantage. By the time I get out of here, I'm going to owe so much money it's scary [everyone agreed with this comment].
- The money charged is to show that we are responsible [to pay it back]. That's what the incentives are for, to help pay for some of the costs [deduct fees].
- They've helped pay for drug test related fees too.
- In those five minutes [during the court session] they only focus on bad things and don't notice the good stuff.
- [An obstacle is] waiting for it to end. I get frustrated because it's just so long, with so much to do.
- I don't like having any "space" in my life; they know everything about you.

Parents/Guardians:

- If your kid is under house arrest, you have to continuously watch him; you have to fill out a lot of paperwork; you have to sign away your 5th Amendment rights; you have to agree to be drug tested [as a parent]. I had to get a letter from my physician stating what medicines I was on. It [drug court] basically controls your life.
- It's like you're on house arrest with them, in a sense.
- Scheduling [is difficult]. There is so much stuff to do.

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- They try but don't always succeed. This [the focus group] was not advertised to the whole parent group. You would have had a much bigger group...it kind of concerns me that everybody was not notified.
 - It can be expensive [all attending agreed]. All of the drug tests are expensive and if they get sent away, it's very expensive.
 - I learned yesterday that if a child is sent away to Muncie [correctional facility] and they turn 18 while there, the parent still has to pay the fees.
 - Anybody can ask, with the kid at any age, that their responsibility for payment be a part of their punishment. You can maybe sign something to that effect through the court.
 - My son agreed to be responsible for paying 60% when he found a job. However, he's having trouble finding a job. I thought that the program's case workers were supposed to help with that and it hasn't happened. They had the names of places where kids could get jobs but that hasn't helped.
 - They fill out applications with kids and drive them to interviews, but I don't think that they have input...
 - We were told that they do have partnerships with some organizations who hire kids. I think it's because they're so new still that they might not have developed those partnerships yet (or fully enough).

General feedback regarding the program (including DC staff)

Active participants/graduate/unsuccessful participant:

- Participating in "the community enrichment (activities) is teaching you how you can have fun without going to parties." There are others things you can do to have fun.
- [Drug court staff treat him] pretty good. I feel like they respect me.
- There are people that I don't really like, but there's some people, you can tell, think of you when they go home. [The program coordinator is] awesome; she kept me and [another participant] an extra couple hours at Riverfest one time, and drove us around in her car...she's really cool and really into what she does.
- Actually, when I was a little girl, [the judge] came over to my house when my parents were splitting up; that's kind of how I know her. Seeing her now is a little weird. I like her a lot, she's nice. Before I came here, I heard [from MRDC kids] that she's really scary and not a good judge, but she's good.
- I've definitely had her [the judge] a few times before I made it to drug court and before I wouldn't have had anything good to say about her. But now she's really cool. If you're in trouble, she's going to let you know-she's real strict about stuff-but if you're doing good, she's going to let you know about that too. So, I think she's fair.
- One focus group attendee had been kicked out of drug court but was still receiving services, even though he is on house arrest and no longer officially enrolled in the drug court program. He commented:

When you're not in drug court, you don't get any feedback about how your doing [good or bad]. If you're doing something wrong, but don't know you are, and you keep doing it, you eventually get in trouble [digging a hole].
- I definitely don't like regular probation. So many cases and each kid comes in for five minutes. They don't understand. They're making decisions about us, so I think it should take longer than that.

- [IOP] is going real well. My counselor is really cool and is involved in drug court.
- It's been real hard on my family. My mom's going through a divorce right now, and she has to come up with the money for that in addition to drug court fees; it's real hard. My dad can't get a decent job because he has to come here once a month. That's hard because he can't help pay the fees, and I can't work [at my age] to help with the costs. They expect my family to pay, but there's nothing there.
- [Terminated client]: They've told my mom if she doesn't pay my house arrest fees, she's going to have to go to jail. I've been looking for a job to help out.

Parents/Guardians:

- All focus group participants felt that drug court staff was responsive to their needs.
- I think that they communicate well with one another about what's going on with the kid, specifically the caseworkers getting information back to the team.
- My son missed a drug screen because they set it up for 4:30pm. We didn't have enough time to get here and I didn't know that the court closed at 4:30. He didn't get in trouble that time but he was told if he ever missed one again he'd get 6 hours of community service...so that was fair. That's another good thing about drug court: It's fair across the board.
- The parents of drug court kids are also required to take a parenting class. Some of that has been good, but the group is quite large now, but it has turned into a complaining session. The book that is used [for the class] is very good. Peter D [from counseling services] is the facilitator. I think the group should be split up.
- When we were there, there were a number of people in the group but we got through it. The book is excellent.
- You have to get him to his appointments [counseling, drug court, probation], set up rules that he has to follow at home, and set a good example. You have to get rid of mouthwash, any alcohol, and any firearms in the home. You don't think about mouthwash.
- We had to literally lock up all of our medications [even Tylenol]. It's kind of a pain but...you just never think of having to do that in your own house.
- I was very happy with drug court, except for the fact that it took up a lot of time. Unfortunately, our child was terminated from drug court. I was very sad about it but could understand why the decision was made. I feel that it would have been more beneficial if he were allowed to continue with drug court, instead of being released from the program and put on house arrest [stepfather stated that drug court is a good program].
- We have to do a contract before we leave the parenting class, and that's a good thing too. The motives behind the class are good; it's just that the interactions are not helpful right now. I could speak up...but I don't feel comfortable doing that.
- I think because I was required to turn my son in when I found out that [he broke on of the program's rules]...I'm not sure that I would have normally done that. Because I was required to report it, I believe that it stopped him from doing anything more and maybe even saved him.

Drug court's affect on personal relationships

Active participants/graduate/unsuccessful participant:

- Family counseling was considered for us but my dad started doing his counseling and I was getting better, so...all of a sudden things are much better [and the judge is saying

that we're strong] and that hasn't happened since I was 7. So, I don't think we have to go to counseling [but this participant knows that it's available to her].

- With my mom, we have a flip flop, and now there's something going on with her. So, now I have been in Cary Home for a month because of it. If we would have been better prepared, maybe there was somewhere else I could have gone [like with a family member]. They get all in your family; like, drug court rules everything that's going on in your life. That's the worst part about it, is that everybody knows everything about you and wherever you go you have to have it approved though them.
- It's put a lot of stress on my family.
- My family isn't what it used to be but it's coming back together. With all the money [drug court fees] and all of the appointments, my mother has had to take a lot of time off of work and it puts stress on her and my family.
- That's kind of like it is with my mom. She has a warrant out for her arrest because she couldn't make it in for work, and she barely has a home right now, and has two kids that she is taking care of, and a crappy car. She's a manager at her job and it's hard for her to take time off. Before I got into trouble she would counsel me; we were like best friends and did things that a mother and daughter are supposed to do. Since all of this has happened, we rarely see each other anymore; I can go see her and she really can't come and see me because of her situation. It's put a damper on our relationship and it hurts [she lives with her dad]
- Before drug court, my mother would tell me what to do and I wouldn't listen to her. If she said that I couldn't go someplace, I'd just go anyway. Now that I'm in drug court, I respect her more and listen to her; it's improved our relationship. It has put some stress on her. You know, she just lost her car. All of the fees that she has to pay; it makes me feel bad. She has to waste her money on me because I was doing some stupid stuff].

How is your child different now than when he/she first entered DC?

Parents/Guardians:

- My daughter's a lot different. Her attitude is different. Instead of spending all of her time planning what to do with her girlfriends and going out (and see how far they will go), her life has a lot more meaning to it. She's got a job and become a lot more responsible.
- There's just so much praise from the judge, probation officers, caseworkers. They all encourage him and he feels better about himself. It's not like I never told him good things, but...there's that friction going on.
- It really takes just one person who says...it's not because you're my kid. You are great. And that should be a big part of drug court: building self-concept.
- Our son has found ways to say know when approached by kids at the alternative school that he goes to. He can say no now with conviction and mean it.
- My child turned around a lot. He seems more grown up [when he first went into drug court he was 15 and now he's 16]. He sees what everyone else goes through [including himself], the choices that they make, and the consequences. He gets feedback from other kids, staff and family. My son's a shy person and drug court knew that from the beginning and now he's more open.

Why they were referred to drug court

Active participants/graduate/unsuccessful participant:

- I had been in so much trouble in the past. I felt that if I did drug court my record would be clean.
- My principal at my school referred me.
- I was referred by my probation officer. She said that it would be the right program for me and, after she explained what it was, I said “I definitely want to do that.”
- I came into the program to get my life back again and not have this huge mistake haunt me the rest of my life. It’s a huge incentive [to complete the program successfully]; it’s gone and you can start all over again. Hopefully, after I graduate I can keep clean the rest of my life and have a good life.
- This is the first time that I’ve been in trouble so I didn’t know what drug court was. I guess we signed papers for it when someone suggested it. Because I really wasn’t in trouble...I guess I was in trouble...I didn’t want to quit, but they just stuck with me...and I started doing good.

Perceptions regarding the Family Treatment Team meetings

Parents/guardians

- I think it’s great.
- I have found the communication between surveillance, case workers, and probation to be very good. If something happens [even a minor infraction] it’s known by everyone. It’s on the computer, everybody reads about it and then it’s known by everyone.
- I went to the family meeting last week and it’s very intimidating at first; you walk in and there’s this huge group of people. But I think it’s a wonderful idea; you have a chance to address everybody.
- The only that I was concerned about was hearing that, last week (when her sister addressed the group by herself), she was given about 10 minutes to meet with the group (which is the rule, so 4 families get a chance to come in) and they spent a lot of time addressing the good things that were going on...then when she started talking about things that she was concerned about, there wasn’t enough time left (because another family was waiting). That’s why I came this week.
- [During the meeting] I think there were quite a few people taking notes. And it wasn’t just a “b... session.” I felt I was providing important feedback.
- There’s going to be quite a few kids going through this system in the future, so if we can help make it better now for them, it’s a good thing. They were receptive to our feedback.
- I was overwhelmed when I went into the [Family Treatment] meeting and saw how many people were there. I thought, “Hey, this is a top notch program.”

Parents/Guardians:

What advice would you give someone considering DC (a prospective participant or parent)?

Active participants/graduate/unsuccessful participant:

- You have to really be sure that you want to do it, because if you don’t and you screw up, it really sucks.
- If they had a lot of money I’d tell them to do it.

Recommendations for the program

Active participants/graduate/unsuccessful participant:

- I've been clean for about 8 months and they still give me a drug test three times a week. I wish they would limit it to 1, so I wouldn't have to waste the extra money.
- They need to communicate better to parents and between each other. Different people know different things.
- I think they're working on the whole communication, because they're doing a new thing now where the parents meet with the whole staff beforehand (before court). I think that will change things for the good, because there's more feedback for the family.
- [Participant who attended family treatment meeting earlier today]: Yeah, I think that's why I'm leaving Cary Home next week, because of our meeting today.
- Instead of having parents paying for the fees, they should have insurance pay for it. Like, if you get put in foster care/a group home, they should have Medicaid pay for that. I'm in a group home right now (for 5 months now) and it's real expensive; my parents can't afford to pay that.

Parents/Guardians:

- There should be more advocates for the parents in the program. Someone who could go along with them and help them understand what's going on throughout the time the kid's in the program. The parents are so overwhelmed by what's going on, which is why you need someone on the outside to help out.
- Some of the kids don't really have parents, so they need someone to advocate for them.
- They're doing a good job.
- They could use all of the funding that they can get, because they're responsible with it.
- We do need juvenile corrections long-term placement here in Lafayette, rather than Muncie.

APPENDIX B: TCJDTC ELIGIBILITY CRITERIA

TCJDTC Eligibility Criteria

The offenses that are eligible for inclusion in TCJDTC are as follows:

1. USING AN OVERPRESSURE DEVICE A MISD
2. POSSESSION OF PRODUCT WITH ALTERED ID
3. ASSISTING A CRIMINAL, CLASS D FELONY
4. ASSISTING A CRIMINAL, CLASS A MISDEMEANOR
5. ATTEMPTED BURGLARY, CLASS C FELONY
6. ATTEMPTED COMPUTER TRESPASS, MA
7. ATTEMPTED CONVERSION, CLASS A MISDEMEANOR
8. ATTEMPTED CREDIT CARD FRAUD, CLASS D FEL
9. ATTEMPTED BURGLARY, CLASS B FELONY
10. ATTEMPTED ESCAPE, CLASS D FELONY
11. ATTEMPTED RESIDENTIAL ENTRY, CLASS D FEL
12. ATTEMPTED THEFT, CLASS C FELONY
13. ATTEMPTED THEFT, CLASS D FELONY
14. AUTOTHEFT: RECEIVING STOLEN AUTO PARTS FD
15. AUTOTHEFT, CLASS D FELONY
16. BURGLARY, CLASS B FELONY
17. BURGLARY, CLASS C FELONY
18. RESIDENTIAL ENTRY, CLASS D FELONY
19. CHECK DECEPTION, CLASS A MISDEMEANOR
20. COMPUTER TAMPERING, CLASS D FELONY
21. CONSPIRACY: COMPUTER TAMPERING, FD
22. COMPUTER TRESPASS, CLASS A MISDEMEANOR
23. CONSPIRACY: CRIMINAL MISCHIEF, DF
24. CONSPIRACY: FORGERY, CLASS C FELONY
25. CONSPIRACY: CREDIT CARD FRAUD, FD
26. CONSPIRACY: ESCAPE, CLASS D FELONY
27. CONSPIRACY: BURGLARY, CLASS B FELONY
28. CONSPIRACY: BURGLARY, CLASS C FELONY
29. CONSPIRACY: THEFT, CLASS C FELONY
30. CONSPIRACY: THEFT, CLASS P FELONY
31. CONSPIRACY: AUTOTHEFT: RECEIVE PARTS, FD
32. CONSPIRACY: AUTOTHEFT: FD
33. CONVERSION, CLASS A MISDEMEANOR
34. AIDING CONVERSION, CLASS A MISPEMEANOR
35. POSSESSION LOOK-A-LIKE, CLASS C MISD
36. POSSESSION OF A LEGEND DRUG, FD
37. DECEPTION, CLASS A MISDEMEANOR
38. DISORDERLY CONDUCT, CLASS B MISDEMEANOR
39. DRIVING WHILE SUSPENDED, CLASS A MISD
40. ESCAPE, CLASS D FELONY
41. FAILURE TO STOP: VEHICLE DAMAGE MB
42. FAILURE TO STOP: INJURY ACCIDENT, MB
43. FAILURE ATTENDED VEHICLE ACCIDENT, MB
44. FAILURE UNATTENDED VEHICLE ACCIDENT, MB

45. FAILURE TO STOP: PROPERTY ACCIDENT, MB
46. FALSE REPORTING, CLASS D FELONY
47. CONSPIRACY TO FALSE REPORTING, D FELONY
48. FALSE REPORTING, CLASS A MISDEMEANOR
49. FALSE REPORTING, CLASS B MISDEMEANOR
50. FORGERY, CLASS C FELONY
51. CREDIT CARD FRAUD, CLASS D FELONY
52. FRAUD ON A FINANCIAL INSTITUTION, CLASS C
53. GAMBLING, CLASS B MISDEMEANOR
54. GLUE SNIFFING, CLASS B MISDEMEANOR
55. HARASSMENT, CLASS B MISDEMEANOR
56. IMPERSONATION OF A PUBLIC SERVANT, MA
57. OBSTRUCTION OF JUSTICE, CLASS D FELONY
58. OBSTRUCTION OF TRAFFIC, CLASS B MISD
59. OPER. WHILE INTOX/IMPAIRED CLASS C MISD
60. OPER. WHILE INTOXICATED, CLASS C MISD
61. OPER WHILE INTOXICATED, CLASS A MISD
62. OPER. WHILE INTOX. ENDANGER A PERS A MISD
63. SALE OR POSS. OF FALSE REG. CLASS C MISD
64. DRIVING WITHOUT PROOF OF FINANCIAL RESP
65. DRIVING WITHOUT LICENSE
66. PATRONIZING A PROSTITUTE, CLASS A MISD
67. PERJURY, CLASS D FELONY
68. POSSESSION OF COCAINE/NARCOTIC, FC
69. POSSESSION OF COCAINE/NARCOTIC, FD
70. POSSESSION OF CONTROLLED SUBSTANCE, FC
71. POSSESSION OF CONTROLLED SUBSTANCE, FD
72. USING AN OVERPRESSURE DEVICE
73. USING AN OVERPRESSURE DEVICE
74. POSSESSION OF MARIJUANA/HASHISH, FP
75. POSSESSION OF MARIJUANA/HASHISH, MA
76. POSSESSION OF PARAPHENALIA, FD
77. POSSESSION OF PARAPHENALIA, IA
78. POSSESSION OF PARAPHERNALIA, MA
79. POSSESSION OF FIREWORKS, CLASS A MISD
80. POSSESSION OF A SWITCHBLADE KNIFE, MB
81. POSSESSION OF A CHINESE THROWING STAR, MC
82. ALTERING THE ID OF A MOTOR VEHICLE, FC
83. PROSTITUTION, CLASS A MISDEMEANOR
84. PUBLIC INTOXICATION, CLASS B MISDEMEANOR
85. CRIMINAL RECKLESSNESS, CLASS D FELONY
86. CRIMINAL RECKLESSNESS, CLASS A MISD
87. CRIMINAL RECKLESSNESS, CLASS B MISD
88. RESISTING LAW ENFORCEMENT, CLASS D FEL
89. RESISTING LAW ENFORCEMENT, CLASS A MISD
90. FLEEING LAW ENFORCEMENT, CLASS D FELONY
91. FLEEING LAW ENFORCEMENT, CLASS A MISD

92. RIOTING, CLASS A MISPEMEANOR
93. THEFT, CLASS C FELONY
94. THEFT: RECEIVING STOLEN PROPERTY, FC
95. THEFT, CLASS D FELONY
96. THEFT: RECEIVING STOLEN PROPERTY, FD
97. THEFT, AIDING, INDUCING OR CAUSING, FD
98. CRIMINAL TRESPASS, CLASS D FELONY
99. CRIMINAL TRESPASS, CLASS A MISDEMEANOR
100. CRIMINAL TRESPASS RAILROAD PROPERTY, MA
101. CRIMINAL TRESPASS RAILROAD PROPERTY, MB
102. UNLAWFUL USE OF A POLICE RADIO, MB
103. VISITING A COMMON NUISANCE, CLASS B MISP
104. MAINTAINING A COMMON NUISANCE, D FELONY
105. CURFEW, STATUS OFFENSE
106. MINOR IN TAVERN, STATUS OFFENSE
107. CONSUMPTION OF ALCOHOL, CLASS C MISD
108. RUNAWAY, STATUS OFFENSE
109. INCORRIGIBLE, STATUS OFFENSE
110. TRUANCY, STATUS OFFENSE
111. INVASION OF PRIVACY, CLASS A MISDEMEANOR
112. INVASION OF PRIVACY, CLASS B MISDEMEANOR

The offenses that are excluded from participation in TCJDTC are as follows:

1. ATTEMPTED ARSON, CLASS C, D FELONY
2. BATTERY- AIDING, CAUSING OR INDUCING B MISD
3. ATTEMPTED BATTERY, CLASS C, D FELONY, A, B MISDEMEAEOR
4. ATTEMPTED BURGLARY, CLASS A FELONY
5. ATTEMPTED ESCAPE, CLASS B, C FELONY
6. ATTEMPTED MURDER, CLASS A FELONY
7. ATTEMPTED CRIMINAL DEVIATE CONDUCT, B FELONY
8. ATTEMPTED RAPE, CLASS A, B FELONY
9. ATTEMPTED ROBBERY, CLASS A, B, C FELONY
10. CARJACKING, CLASS B FELONY
11. AGGRAVATED BATTERY, CLASS B FELONY
12. BATTERY, CLASS C, D FELONY, A, B MISDEMEANOR
13. BATTERY OF POLICE OFFICER, CLASS D FELONY, A MISD
14. BATTERY BY BODILY WASTE A MISD
15. BURGLARY, CLASS A FELONY
16. CONFINEMENT, CLASS B FELONY
17. CONFINEMENT, CLASS C, D FELONY
18. CRIMINAL GANG ACTIVITY, CLASS D FELONY
19. CRIMINAL GANG INTIMIDATION, CLASS C FEL
20. CONSPIRACY: ARSON, CLASS A, B, C, D FELONY
21. CONSPIRACY: BATTERY, CLASS C FELONY
22. CONSPIRACY: BURGLARY, CLASS A FELONY
23. CONSPIRACY: ESCAPE, CLASS B, C FELONY
24. CONSPIRACY: MURDER, CLASS A FELONY

25. CONSPIRACY: RAPE, CLASS A, B FELONY
26. CONSPIRACY: ROBBERY, CLASS A, B, C FELONY
27. CONSPIRACY: DEALING IN COCAINE, A FELONY
28. CONSPIRACY: DEALING LOOK-A-LIKE, C FELONY
29. CONSPIRACY: DEALING IN I, II or III, FB
30. CONSPIRACY: DEALING IN CONTROLLED SUB.
31. CONSPIRACY: DEALING IN COCAINE, FB
32. DEALING IN COCAINE, CLASS A, B FELONY
33. DEALING IN I, II OR III, CLASS A FELONY
34. ATTEMPT DEALING IN I, II OR III, A FELONY
35. DEALING IN I, II OR III, CLASS B FELONY
36. DEALING /IN TO DELIVER AT SCHOOL A FELONY
37. DEALING IN SCHEDULE IV, CLASS B, C FELONY
38. DEALING IN SCHEDULE V, CLASS B FELONY
39. DEALING IN SCHEDULE V, CLASS D FELONY
40. DEALING IN SCHEDULE V, CLASS D FELONY
41. DEALING A LEGEND DRUG, CLASS D FELONY
42. DEALING COUNTERFEIT, CLASS D FELONY
43. DEALING IN MARIJUANA, CLASS C, D FELONY, A MISDEMEANOR
44. DEALING IN REPRESENTED CONTROLLED, FD
45. ATTEMPT DEALING IN REPRESENTED CONTROLLED, FD
46. DEALING LOOK-A-LIKE, CLASS C FELONY
47. UNLAWFUL SALE OF A LEGEND DRUG, FD
48. CRIMINAL DEVIATE CONDUCT, CLASS A, B FELONY
49. ESCAPE, CLASS B, C FELONY
50. FAILURE TO STOP: DEATH/SBI ACCIDENT, FD
51. CARRYING A HANDGUN WITHOUT A LICENSE, FD
52. POSSESSION OF A FIREARM IN SCHOOL, FD
53. CARRYING HANDGUN W/O LICENSE SCHOOL, FC
54. CARRYING A HANDGUN WITHOUT A LICENSE, MA
55. ATT CARRYING A HANDGUN W/O A LICENSE, MA
56. DANGEROUS POSSESSION OF A FIREARM, MA
57. HANDGUN OBLITERATED IN, FC
58. USE MACHINE GUN/FIREBOMB, CLASS B FELONY
59. INTIMIDATION, CLASS C, D FELONY, A MISDEMEANOR
60. KIDNAPPING, CLASS A FELONY
61. VOLUNTARY MANSLAUGHTER, CLASS A, B FELONY
62. INVOLUNTARY MANSLAUGHTER, CLASS C, D FEL
63. CHILD MOLESTING, CLASS A, B FELONY
64. CHILD EXPLOITATION
65. CHILD MOLESTING, CLASS C FELONY
66. CHILD EXPLOITATION-POSS OF PORNOGRAPHY
67. MURDER
68. NEGLECT OF A DEPENDENT, CLASS B, D FELONY
69. DRIVING INTOXICATED INJURY, CLASS D FEL
70. DRIVING INTOXICATED DEATH, CLASS C FEL
71. POSSESSION OF COCAINE/NARCOTIC, A, B FELONY

- 72. POSSESSION MACHINE GUN/FIREBOMB, FC
- 73. PUBLIC INDECENCY, CLASS A MISDEMEANOR
- 74. PUBLIC NUDITY, CLASS B MISDEMEANOR
- 75. PUBLIC INDECENCY, CLASS D FELONY
- 76. RAPE, CLASS A, B FELONY
- 77. CRIMINAL DEVIATE CONDUCT
- 78. RECKLESS HOMICIDE, CLASS C FELONY
- 79. FLEEING LAW ENFORCEMENT, CLASS B, C FELONY
- 80. ROBBERY, CLASS A, B, C FELONY
- 81. SAWED-OFF SHOTGUN, FD
- 82. SEXUAL BATTERY, CLASS C, D FELONY

APPENDIX C: GLOSSARY OF DRUG COURT TERMS

Glossary of Drug Court Terms

Active: The drug court participant is currently attending drug court sessions and treatment (and has not already completed/graduated or been terminated). This includes those who are on bench warrant for failure to appear if they have not been officially terminated from the program.

Actual Expenditures: Taken from a county or agency's budget report, actual expenditures are a line in the budget that lists a particular agency's total budget spending for a previous year. The "actual" refers to the actual amount that the agency spent (not just the estimated or budgeted amount set aside).

Arrest: An arrest of an offender (drug court participant or comparison group member) by local law enforcement such as a sheriff or police officer. Each arrest has an associated cost, which goes into the investment and outcome costs. For arrest, typically a city police department serves as the activity/cost model.

Benefits: The portion of an employee's pay that is not direct salary paid to the employee. Benefits include health or other medical insurance, retirement, dental, vision, disability insurance, etc. Benefits can be obtained as either a dollar amount (per hour, month, or year) or as a percentage of the salary (for example, 33% of the hourly rate).

Booking Episode: After each arrest, an offender is booked into the law enforcement's system. Each booking episode has an associated cost, which goes into the outcome costs. Bookings are most frequently performed by sheriff's departments, but can also be performed by correction divisions, detention departments, etc. as is customary for the local circumstance.

Cohort: A cohort consists of all eligible offenders who entered a drug court program during a defined time period, regardless of their graduation status. If they opted-in but did not attend any drug court activities, they have not used any program resources and therefore are excluded from the cost evaluation. The comparison group also forms a cohort.

Drug Court Session: A drug court session is when drug court participants make their court appearance in front of the judge. Multiple participants attend each drug court session, but an individual's drug court session time is only the time that the individual spends in front of the judge (from the time their name is called until the time they are excused). For the drug court team members, the drug court session includes the entire amount of time they spend in court discussing the participants.

Drug of Choice: The specific drug that the drug court participant or comparison group individual reports as their preferred drug (and/or the drug that the participant has the most severe addiction issues with). Most drug court databases have primary drug of choice as a data field. Some comparison groups' databases also provide drug of choice or this information may be available in probation records.

Graduated: The drug court participant successfully completed all requirements of the drug court program and is no longer subject to the requirements or supervision of drug court. Some comparison groups also participate in treatment programs, such as DAPS in Vanderburgh County. These individuals will also have a graduation status.

Graduation Rate: The program graduation (completion) rate is the percentage of participants who graduated the program (graduates/total number in drug court).

Group Treatment Session: A treatment session with multiple clients and one or more counselors/therapists. This is one of the transactions for which a cost was found. Group treatment sessions commonly last an hour or more and can cover a broad range of topics (parenting skills, anger management, processing, drug education, etc.). Alcoholics Anonymous/Narcotics Anonymous (AA/NA) sessions ARE NOT considered group treatment sessions.

Individual Treatment Session: A treatment session with one counselor/therapist and one client. This is one of the transactions for which a cost was found. Individual treatment sessions usually last about an hour and can cover a broad range of topics including mental health treatment.

Jail (as a) Sanction: Penalty consisting of jail time imposed by a judge on an offender for a violation of a court rule. In drug court, a jail sanction consists of time spent in jail by a participant in response to a violation of a drug court rule (such as testing positive for drug use, failure to attend court or treatment, etc.).

Jail Time Served: The number of days a drug court participant spent in jail after the date of drug court entry up to the current date. This includes time spent in jail while the offender was participating in drug court.

Overhead Rate (Cost): The indirect costs associated with the county's oversight and support of a particular agency (facilities management, county counsel costs, auditor costs, utilities, treasury/tax costs, internal audits, building or equipment depreciation, etc.). It is usually given as a percentage of direct costs. To get the overhead rate percentage, divide those costs that are considered overhead costs by the direct costs (salary and benefit costs).

Some city agencies such as police departments would not be listed in the county's Cost Allocation Plan, and the county would not have any oversight and support costs for such city agencies. In these cases, the city's costs to support and oversee the agency should be used. If there is no city Cost Allocation Plan, the city agency will sometimes have a combined support and overhead rate, which they may call their indirect overhead rate. The financial officer may know if this rate includes support rate items (the indirect costs associated with agency operations—the agency's management and support staff costs, IT, human resources, supplies and services, etc.).

Prison: The number of days that an offender served in prison. The Indiana Department of Corrections (IDOC) provided the number of days served and the specific prison for the DOC sentences.

Probation: Probation time served (the number of days spent on Probation) after the drug court exit date up to the present date. In the case of Probation only, we use the exit date instead of the entry date because the Probation agency costs for drug court are counted in other drug court program specific calculations.

Probation Annual Caseload: The number of cases that the entire adult probation department has in 1 year, including case-bank and other low supervision cases. As the annual caseload will go into an equation to determine the cost of probation per person per day, the caseload you ask for should be for the whole adult probation department, not just for drug court cases.

ProsLink: A database containing arrests for which charges were filed with the courts (regardless of outcome) for 90 of 92 Indiana counties. ProsLink is administered by the Indiana Prosecuting Attorney's Council.

Proxy: An estimate used in place of more detailed or specific data when the detailed data is not available or is too difficult (or time intensive) to collect.

Re-arrest: Each instance of arrest from the time the participant entered drug court up to the current date. This includes arrests that occur while the participant is still in drug court or the comparison group program. For this IJC project, re-arrests were defined as arrests that lead to cases in which charges are filed with the courts regardless of outcome.

Recidivism: Re-arrests that led to new court cases for misdemeanor or felony arrests. In Indiana, felony cases were identified primarily in ProsLink (used with grateful permission from the Indiana Prosecuting Attorneys' Council). Misdemeanor cases were identified in CourtView (Vanderburgh County) and DoxPop (Monroe County).

Residential Treatment: Treatment in which the client lives 24 hours a day at a treatment facility while receiving drug and/or alcohol (or mental health) treatment services.

Retention Rate: the program retention rate is the percentage of individuals who have either graduated or are still active out of the total number who have entered the program active + graduates/total enrolled in drug court).

Session: One distinct instance of a certain transaction or activity, such as a group treatment session, an individual treatment session, or a drug court session. A session may include only one drug court participant (such as an individual treatment session), or it could include several participants (such as a group treatment session or drug court session).

Subsequent Court Cases: New court cases that arise from an incident (such as an arrest) that occurred after the drug court entry date. Each court case will have a separate court case number. Subsequent court cases are only those cases that occur after the participant entered drug court up to the current date. This includes new court cases that occur while the participant is still in drug court.

Support Rate (Cost): The indirect costs associated with agency operations, usually given as a percentage of direct costs. The rate includes an agency's management and support staff costs, IT (information technology), human resources, supplies and services, etc. Generally, this is nearly every agency cost except for the direct salary and benefit costs. To calculate the support rate percentage, divide those costs that are considered support costs by the direct costs (salary and benefit costs).

Terminated: The drug court participant was officially removed from participation. For purposes of analyses, this category includes those participants that withdrew or were removed from the program during a "window" or "probationary" period (usually the first 2 weeks of a program) as long as the participant had at least one treatment session or one drug court session.

Withdrawn: Drug court participants who chose to leave the program before completion/graduation and were therefore officially removed from drug court participation. This includes those who withdrew during the early "window" or "decision" period, as long as they participated in at least one treatment or one drug court session.