

# The Nassau Juvenile Treatment Court

Program Outcomes and Impact Evaluation

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## Executive Summary

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The Nassau County Juvenile Treatment Court (NCJTC) was founded in September 2008 as part of the national multi-site Reclaiming Futures demonstration project. The NCJTC was developed to achieve three primary goals for each participant: abstinence from illegal drugs, improvement in family relationships and school performance, and reduced recidivism. The NCJTC screened more than 150 candidates and enrolled 62 participants over a three-year evaluation period from April 2008 through March 2011.

The current study is an outcome and impact evaluation of the Nassau County Juvenile Treatment Court. The study summarizes the goals and overall structure of the NCJTC and describes participant characteristics, program outcomes, and retention rates for participants who enrolled in the first three years of program operations. The study also provides an impact evaluation, comparing re-arrest rates between NCJTC participants and a matched comparison sample of similarly situated juveniles who did not participate in the court.

The NCJTC's jurisdiction included all juveniles in Nassau County, a diverse suburb of New York City, which is home to a population of more than 1.3 million (United States Census Bureau, 2011). NCJTC was a voluntary, post-adjudication drug court. Candidates were typically referred by probation officers. In order to be eligible for the treatment court, candidates had to be between the ages of 13 and 17 and charged with juvenile delinquency (JD) or as a person in need of supervision (PINS). Juveniles charged with a designated felony as defined in the Family Court Act, a sex offense or a violent offense were excluded from participation. Eligible youths had to reveal symptoms of an addiction or substance use disorder. Finally, potential participants were required to formally accept treatment court participation as an alternative disposition and to have the active support of parents or guardians prior to participating.

Beginning in 2009, the Nassau County Juvenile Treatment Court (NCJTC) suffered from significant political and economic upheaval within Nassau County and an external economic crisis in New York State. Due in large part to a lack of court system resources for the juvenile drug court, the NCJTC could not be sustained beyond March 2012 (after one additional year of operations beyond the evaluation period).

The initial program design included strategies for addressing Reclaiming Futures priorities: linking more youth to evidence-based treatment and building a continuum of community-based partners for the juvenile justice system. Some evidence-based initiatives began a year after the Court opened, and others were never begun at all. The court ultimately faced major implementation challenges, including resource shortfalls and resistance to evidence-based strategies by treatment and supportive services agencies.

### **Participant Characteristics**

From April 1, 2008 through March 30, 2011, 152 juvenile delinquency cases were screened for the NCJTC. Of these cases, 41% (62) became drug court participants, representing an average of 21 new participants per year. A large majority of the participants were male (81%) and the median age of participants was 15. The caseload was diverse, with 39% Caucasian, 32% Latino,

26% African American, and 3% from other racial/ethnic subgroups. The overwhelming majority of participants were enrolled in school full or part-time at the point of program intake (90%). Sixty-three percent of participants were living with one or more parents at the time they entered the program, with the rest living with other family members (37%). The primary drug of choice amongst the vast majority of participants was marijuana (87%), with a relatively low prevalence of “serious” drug use.

### **Program Outcomes**

- Retention: The 90-day retention rate (defined as the percentage of participants who had graduated or were still actively participating 90 days after enrolling) was 79%. After six months, the retention rate dropped to 63%, and by one year, the retention rate dropped to 42%.
- Graduation: Among participants whose cases were closed as of September 2011, 30% graduated, whereas 70% failed the program or had incomplete status (e.g., due to mental or physical illness).

### **Impact on Future Offending**

All 49 drug court participants who entered the program through November 2010 were included in the impact evaluation. The comparison group was drawn from a contemporaneous sample, using a two-to-one propensity score matching algorithm resulting in a final comparison sample of 98 youth. Results include:

- Re-arrest on Any Charge: Participation in the NCJTC did not affect the likelihood of re-arrest up to two years following the initial case filing.
- Re-arrest on Violent Charges: Participants in the NCJTC were significantly *less* likely than the comparison to have a re-arrest on a violent charge such as assault, a weapons-related charge, or arson (zero vs. 12% two years following the initial case filing).

### **Conclusion**

The equivocal findings presented here are not particularly unusual within the evaluation literature on juvenile drug courts. Findings from the previous literature that show a more positive impact of the juvenile treatment court model have mostly been attributed to the incorporation of evidence-based strategies targeted for adolescents. Although the NCJTC was designed to provide such evidence-based treatment, it experienced significant implementation problems. Thus, these results should not be interpreted as a reflection on the potential effectiveness of the emerging, evidence-based, juvenile treatment court model.

# Chapter One

## Introduction

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Persistent substance abuse among adolescents has been linked with a range of negative outcomes, including delinquency and justice system involvement (Mulvey, Schubert and Chassin, 2010). Juvenile drug arrests have been on the rise since the mid-1990s, and a 2002 national survey conducted by Columbia University's Center on Addiction and Substance Abuse found that up to 85% of adolescents arrested for any type of delinquency report some level of alcohol or substance use (CASA, 2002). Importantly, juvenile justice system involvement is also independently associated with future substance abuse problems (Mulvey et. al, 2010), underscoring the mutually reinforcing relationship between adolescent substance abuse and delinquency and the need for effective intervention.

A growing body of research suggests that substance abuse interventions for adolescents must be uniquely tailored to their needs in order to be effective (Belenko and Logan, 2003; Marlowe, 2010(a); Muck et al., 2011; SAMSHA 1999). More specifically, the evaluation literature has found that some interventions designed for adults are less successful with adolescents (Alford et al., 1991; Jainchill, 1997). In particular, adolescents respond well to cognitive behavioral therapy (CBT) and multi-system interventions, such as family therapy. Both CBT and family therapy have been demonstrated to have a positive impact on an array of adolescent behavioral outcomes, including substance use, educational outcomes, future criminality and family relationships (Azrin et al, 1994; Borduin, 1999; Henggeler et al., 1991; Henggeler et al, 2006).

In addition to the use of evidence-based treatment modalities, components of the adult drug court model, such as intensive judicial monitoring and certain non-detention sanctions for noncompliance, have been independently found effective with juvenile offenders (Marlowe, 2010b).

### **The Juvenile Treatment Court Model**

The first juvenile treatment court was established in Florida in 1994, in the wake the early success of the adult drug court model (see Belenko and Logan, 2003). Between 1995 and 2000, more than 150 juvenile treatment courts were founded across the states (Bureau of Justice Assistance, 2003) and by 2011 there were more than 450 operating nationally (Huddleston and Marlowe, 2011). Like adult drug courts, the primary components of the model are the provision of drug treatment services combined with intensive judicial monitoring. However, juvenile treatment courts often take a broader perspective, providing services that address the needs of participants' families, in addition to the individual substance abuse recovery needs of participants. This approach is grounded in the literature, which finds that developmental, family and peer group factors are particularly influential on adolescent substance use (Henggeler et al., 2006; Marlowe, 2010b).

The effectiveness of the adult drug court model in reducing recidivism among drug-involved offenders is well-documented (Mitchell et al 2012; Rossman et al., 2011; Shaffer, 2011). Research specific to juvenile treatment courts has been slower to emerge than those of adult drug courts, with the previous impact evaluations showing mixed results (see Kralstein, 2008; Mitchell et al., 2011). As some have observed, drug court interventions with juveniles may be particularly challenging given the implications of adolescent brain development in spawning low

impulse control; the role of parental substance abuse; parental disciplinary practices; and antisocial peers in shaping adolescent behavior, as well as the complex educational and therapeutic needs of adolescents (Butts and Roman, 2003; Halliday-Boykins, et al., 2010; Marlowe, 2010a).

Nonetheless, over the past decade a growing body of empirically sound juvenile drug court literature has revealed two themes of particular note. First, several meta-analyses have concluded that although the juvenile treatment court model has the potential to reduce recidivism, the magnitude of these reductions are considerably lower than in the adult drug court context (Marlowe, 2010a; Mitchell et al., 2012). Second, more recent individual evaluations suggest that the magnitude of juvenile treatment court effects can be increased significantly through the use of evidence-based practices tailored to the adolescent population (Henggeler et al., 2006; Hickert et al., 2010).

### **About This Evaluation**

The current study is an outcome and impact evaluation of the Nassau County Juvenile Treatment Court (NCJTC). The report summarizes the goals and overall structure of the NCJTC, describes participant characteristics, program outcomes, and retention rates for a three-year sample of participants, and evaluates the impact of the program on participant recidivism when compared with a matched sample of juveniles who did not participate in the court. The Court's jurisdiction included all juveniles in Nassau County, a diverse suburb of New York City, which is home to a population of more than 1.3 million, approximately 23% of whom are under the age of 18 (United States Census Bureau, 2011).

Although this report does not include an in-depth process evaluation, Chapter Two provides an overview of the NCJTC model and includes data regarding participant characteristics and program outcomes. Such data was obtained from the New York State Juvenile Treatment Court Universal Treatment Application. The treatment application is used in all drug courts statewide and stores participation data for each respondent, including:

- Psychosocial assessment information, including demographics, socioeconomic status, family details, criminal and family court history, drug use and treatment history;
- Participant status and relevant dates, including final status (i.e. graduate or failure);
- Treatment information, including dates of attendance in treatment and drug test results; and
- Compliance information, including judicial status hearings.

Chapter Three provides the methodology and results of the impact evaluation. This evaluation examined criminal recidivism among drug court and comparison juveniles, considering juvenile re-offending processed both in the family court and the adult criminal court. Impact data was drawn from three different data sources. First, details of the original delinquency case and subsequent juvenile re-offending were obtained from the New York State Universal Case Management System, which is used to record family court data across the state. Data for subsequent adult offending was drawn from CRIMS, the information management system used in Nassau County to record adult criminal court activity. The Juvenile Treatment Court Universal Treatment Application was also consulted, to distinguish drug court participants from the potential comparison group cases.

## **Chapter Two**

### **Participant Characteristics and Program Outcomes**

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The Nassau County Juvenile Treatment Court was founded in September 2008 as a part of the national multi-site Reclaiming Futures demonstration project. Reclaiming Futures was developed by the Robert Wood Johnson Foundation to promote integrated, community-based systems for delivering substance abuse interventions in the juvenile justice system.<sup>1</sup> Since 2002, Reclaiming Futures has supported 29 sites in 16 states, each designed to work specifically with substance-abusing adolescents. The Nassau site was located on the first floor of the Nassau County Family Court building in Westbury, New York.

As part of the second wave of Reclaiming Futures sites, the Nassau County Juvenile Treatment Court was developed to help each participant to achieve three primary goals: abstinence from illegal drugs, improvement in family relationships and school performance, and reduced recidivism (OCA, 2007). The NCJTC screened more than 150 candidates and enrolled 62 participants over a three-year period from April 2008 through March 2011. The court continued to provide judicial supervision and treatment services to active participants through March 2012.

Planning of the Nassau Juvenile Treatment Court began in 2007 and involved the collaboration of several individual and organizational stakeholders, including the Honorable John G. Marks of the Nassau Family Court; Valerie Raine, Director of Drug Court Programs at the Center for Court Innovation; administrative staff from the Nassau County Family Court; the Nassau County Attorney's Office; and the Nassau County Department of Probation. Planning involved the development of policies and protocols for treatment court eligibility, clinical screening, treatment planning, judicial monitoring, program phases and graduation requirements. Elements of the NCJTC's structure and operations are described briefly below and summarized in a table in Appendix A.

#### **Nassau Juvenile Treatment Court: Structure and Operations**

The Nassau Juvenile Treatment Court was a voluntary, post-adjudication court that operated within the framework of the New York State Family Court Act. Candidates for admission were typically referred by probation officers, as probation is the initial recipient of most delinquency cases in Nassau County. In order to be eligible for the treatment court, candidates had to be between the ages of 13 and 17 and charged with juvenile delinquency (JD) or as a person in need of supervision (PINS). Juveniles charged with a designated felony as defined in the Family Court Act, a sex offense or a violent offense were excluded from participation.

Clinical screening was conducted at intake by NCJTC case management staff or community partners using either the assessment tool built into the Universal Treatment Application (New York's statewide drug court application) or the Global Assessment of Individual Needs Index (GAIN-I).<sup>2</sup> In order to become a NCJTC participant, screening results had to reveal symptoms of an addiction or substance use disorder. Finally, potential participants were required to

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<sup>1</sup> For further details about Reclaiming Futures, see [www.reclaimingfutures.org](http://www.reclaimingfutures.org).

<sup>2</sup> The GAIN-I is a validated risk and need assessment tool, developed by Chestnut Health Systems in Normal, Illinois.



formally accept treatment court participation as an alternative disposition and have the active support of parents or guardians prior to participating.

Similar to the adult drug court model, the NCJTC structure involved distinct treatment phases (orientation, implementation and completion), intensive judicial monitoring, frequent drug testing, sanctions in response to noncompliance, and positive incentives in response to progress. Also similar to the adult model, successful completion (or graduation) resulted in dismissal of the delinquency or PINS case. Additionally, successful treatment court participants had their delinquency records sealed. The court took a collaborative approach to treatment planning, often involving court staff, parents, clinical partners and probation officers in the final treatment plan. In addition to substance abuse treatment, court mandates for participants also included court-based case management, educational support and other cognitive-behavioral or family-oriented therapy where available through community providers.

The minimum mandate length in the NCJTC was eight months, although some youths spent considerably longer in the program due to setbacks following noncompliance.

A primary initial goal of the Nassau County Reclaiming Futures Initiative was to implement evidence-based screening and assessment practices for Nassau County juveniles with delinquency or PINS cases. Specifically, the original project proposal called for the screening of all such cases filed in Nassau County during the project period using a validated screening instrument, the GAIN-I. However, due to the time investment needed to train staff to conduct the screening, GAIN-I screening did not begin until April 2009, one year after the court began accepting participants. GAIN-I screening was ultimately conducted by a partner agency, the Vera Institute for Justice, on a sample of approximately 50 juveniles with delinquency charges in Nassau County, at least 25 of whom ultimately became NCJTC participants.

The initial proposal also called for the use of evidence-based treatment. Substantial implementation and resource obstacles were encountered, particularly with timely training of community treatment providers, which resulted in a delay providing these types of services to NCJTC participants. However, a portion of NCJTC participants received an evidence-based family therapy program known as the Strengthening Families Program (SFP), as well as cognitive behavioral treatment, including Moral Reconnection Therapy (MRT) or MET/CBT, the latter of which is a five-session program specifically targeted toward youth who are abusing marijuana. Unfortunately, a lack of available data on the exact sample of participants that received these evidence-based services makes analysis of their impact on treatment court participants outside the scope of this report.

### **NCJTC Eligibility and Participation**

Between April 1, 2008 and April 1, 2011, 152 juvenile delinquency cases were screened for the Nassau Juvenile Treatment Court. Of these cases, 41% (n =62) became drug court participants. Table 2.1 presents the annual screening and participant case volume for the court over the studied period. As the table shows, year one had the highest intake in terms of eligible cases screened and number of participants. During year two, there was a substantial dip in the number of cases screened and the number of participants, followed by a moderate increase in year three. The most common reason for nonparticipation was legal ineligibility or ineligibility for “other reasons” (50%), followed by refusal to participate (40%) and clinical ineligibility due to no discernible addiction or a history of mental health problems (10%).

**Table 2.1. Annual Eligibility and Participation Volume in Naussau Juvenile Treatment Court (JTC) 2008-2011**

	April, 2008- April, 2009	April, 2009- April, 2010	April, 2010- April, 2011	Total
Total Screened				
Cases Screened	70	34	48	152
Drug Court Participants	31	11	20	62
Nonparticipants	39	24	28	91
<i>Clinically Ineligible (%)</i>	15%	4%	7%	10%
<i>Declined Participation (%)</i>	33%	44%	49%	40%
<i>Nonparticipants for Legal or Other Reasons (%)</i>	52%	43%	34%	50%

### Participant Profile

Table 2.2 presents a demographic profile of the 62 enrolled NCJTC participants. As in most adult criminal and juvenile drug courts, a large majority of participants were male (81%). The median age of participants was 15, with most participants (70%) falling between the ages of 13 and 15. The population was diverse, with 39% Caucasian, 32% Latino, 26% African American, and 3% from other racial/ethnic subgroups. The overwhelming majority of participants were enrolled in school full or part-time at the point of program intake (90%), and most had completed ninth-grade (70%). Sixty-three percent of participants were living with one or more parents at the time they entered the program, with the rest living with other family members (37%). There were no participants with current involvement with Child Protective Services.

Table 2.3 displays the substance abuse and treatment history profile for the 62 participants. The median age of first drug use was 13 years, and the majority had been in drug treatment at least once previously. The primary drug of choice amongst the vast majority of participants was marijuana (87%), with a relatively low prevalence of “serious” drug use. None reported primary drugs of cocaine, crack or heroin, although they are common drugs of choice among adult drug court participants in New York.

**Table 2.2. Demographic Profile of Naussau Juvenile Drug Court Participants (April 2008 - April 2011)**

<i>Total Number of Participants</i>	62
	%
<b>Age</b>	
13 years	2%
14 years	18%
15 years	48%
16 years	21%
17 years	11%
<b>Sex</b>	
Male	81%
Female	19%
<b>Race</b>	
Black/African American	26%
Latino/Hispanic	32%
Caucasian	39%
Other	3%
<b>Educational Status</b>	
In school full-time	90%
In school part-time	7%
Not in school	3%
<b>Highest Grade Completed</b>	
Seventh-grade	3%
Eighth-grade	19%
Ninth-grade	48%
Tenth-grade	18%
Eleventh-grade	11%
<b>Employed (part- or full-time)</b>	<b>12%</b>
<b>Living Situation</b>	
Both parents	40%
Single parent	23%
Other family	37%

**Table 2.3. Substance Abuse Profile of Naussau Juvenile Drug Court Participants (April 2008-April 2011)**

<i>Total Number of Participants</i>	62	
<b>Average age at first drug use</b>	12.7 years	
<b>Primary drug of choice<sup>1</sup></b>	<b>%</b>	<b>#</b>
Alcohol	5%	3
Marijuana	87%	48
Other	7%	4
<b>Ever been in drug treatment?</b>		
No	34%	21
Yes	66%	41
<b>Ever used a "hard" drug (e.g., cocaine, pills, ecstasy)?</b>	13%	8

<sup>1</sup> Seven cases were missing data for primary drug of choice. Among those classified as "other", one participant reported primary drug as "ecstasy", one reported "benzodiazapines", and two reported "prescription drugs".

### Initial Treatment Recommendation

Following initial intake and assessment, NCJTC participants could be placed in a range of treatment modalities, including residential (i.e., “long-term inpatient”) treatment, intensive outpatient and standard outpatient. Residential treatment may be anywhere from 6-12 months in duration, intensive outpatient involves program attendance five days per week, and “standard outpatient” generally involves three days per week of outpatient program attendance. As Table 2.4 indicates, the majority of participants were referred to outpatient treatment (77%) or intensive outpatient treatment (17%). Only three participants (5%) were referred to residential treatment. This finding is in keeping with recommended practices for juvenile drug courts, which suggests keeping participants in community-based services whenever possible in order to preserve their connections with school and family. It may also reflect the low prevalence of the use of highly addictive drugs such as cocaine and heroin in the participant group, as shown in Table 2.3. It should be noted that the table reflects initial modality, meaning it is also possible that some participants were moved from one modality to the other during the course of their treatment.

**Table 2.4 Initial Treatment Modality for Nassau Juvenile Treatment Court Participants (April 2008-April 2011)**

<i>Total Number of Participants</i>	62	
<b>Treatment Modality</b>	#	%
Residential	3	5%
Intensive Outpatient	14	17%
Outpatient	42	77%
Total	59	99%

Note: Initial modality data missing in three cases (5%).

### Final Program Status

There were three distinct phases required of each NCJTC participant: orientation (minimum of three months), implementation (minimum of three months) and completion (minimum of two months). The focus of Phase I (orientation) is to establish a foundation of abstinence through referral to substance abuse and appropriate ancillary services and frequent random drug testing. Phase II, implementation, seeks to fully engage the juvenile in treatment and supportive services, and challenge him or her to confront underlying issues surrounding drug use and its impact. Finally, Phase III, completion, is focused on the promotion of continued abstinence and preparing participants for graduation and from NCJTC.

Table 2.5 displays the current program status of all participants as of September 2011. As the table shows, 24% of the court's participants were still open, 23% had graduated, and 48% had failed or were defined as incomplete for reasons, such as mental or physical illness, that precluded successful participation. Of the fifteen active participants, the majority (67%) were in phase one as of September 2011.

**Table 2.5. Program Status of all Nassau Juvenile Treatment Court Participants (2008-2011)<sup>1</sup>**

<i>Total Number of Participants</i>	62	
	%	#
<b>Active Participants</b>	<b>24%</b>	<b>15</b>
<i>Pre-placement or Phase One</i>	67%	10
<i>Phase Two</i>	26%	4
<i>Phase Three</i>	6%	1
<b>Graduated</b>	<b>23%</b>	<b>14</b>
<b>Failed</b>	<b>48%</b>	<b>30</b>
<b>Incomplete</b>	<b>5%</b>	<b>3</b>
<b>Total</b>	<b>100%</b>	<b>62</b>

<sup>1</sup> Status as of September 2011

## Retention

Previous drug court research has revealed that retention rates are an important predictor of long-term reductions in crime and drug use (Anglin, Brecht and Maddahian, 1999; Deleab, 1988). Retention rates represent participants who have either graduated or remained active in the drug court program as of key time markers, such as 90 days, one year, or two years. In this study, retention was measured only up to 18 months, since too few participants were available for analyses over a longer duration. Table 2.6 displays the results. As shown, the 90-day retention rate was moderately high (79%), suggesting that the majority of participants achieved early program engagement. After six months, the retention rate dropped to 63%, and by one year, the retention rates dropped to 42%. This drop suggests that while the court was achieving initial engagement, most participants failed to meet the requirements of the drug court. Ultimately, 70% of those who became NCJTC participants and were closed as of September 2011 were program failures or incompletes, while 30% were graduates (see table 2.5 above).

**Table 2.6. Retention Rates for Naussau Juvenile Treatment Court Participants (April 2008- April 2011)**

<b>Length of Time in Program</b>	<b>Participant open or graduated</b>
90 days	79%
6 months	63%
1 year	42%
18 months	37%

## Chapter Three

### Impact on Future Offending

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This chapter compares recidivism outcomes between participants in the Nassau County Juvenile Treatment Court (NCJTC) and youths processed in the Nassau County Family Court during a contemporaneous timeframe using conventional case processing methods.

#### Sampling Frame and Methodology

All 49 participants who entered the NCJTC from inception (May 1, 2008) through November 30, 2010 were included in the drug court participant sample. The comparison sample included similar youths that did not enter the drug court. Specifically, the initial comparison sample included all juvenile delinquency and Persons in Need of Supervision (PINS) cases<sup>3</sup> in Nassau County from May 1, 2008 through November 30, 2010 of youth that did not enroll in the drug court. To match the selection criteria of the drug court, potential comparison cases were only selected if the subject juvenile was ages 13 through 17 at the time of filing (age at arrest was 15 or younger). In addition, sex offense charges were excluded. Finally, only the first juvenile delinquency case or PINS case was selected for potential comparison youth. At this point, there were 49 treatment court subject children and 1,165 potential comparison children.

To address the significantly larger sample size for potential comparison children than participant ones, we randomly selected 310 potential comparison cases, privileging those with valid data on key variables of interest. A logistic regression was conducted to calculate the predictors of participation in the drug court among the 359 remaining petitions (49 participant and 310 comparison youth.)

Table 3.1 compares the sample on their baseline characteristics. There were significant differences between the two groups in several domains: outcome of instant case<sup>4</sup>, charge type of juvenile delinquency cases, charge severity of juvenile delinquency cases, and sex.

A propensity score matching adjustment was implemented (Rosenbaum and Rubin, 1983; Rubin, 1973.) Specifically, each drug court participant was matched to the two previously unmatched comparison youth with the nearest propensity scores (i.e., the most similar set of baseline characteristics). This two-to-one propensity score matching algorithm led to a final comparison sample of 98 youth, matched to the 49 drug court youth. Table 3.1 (right-most columns) compares the baseline characteristics of the final matched samples. Most of the significant differences were resolved with propensity score matching, but two remained – outcome of instant case, with participant children less likely to have their case withdrawn or dismissed, likely because of the opportunity to participate in drug court; and the charges on the juvenile delinquency cases, with participants more likely to have drug possession charges and comparison youth more likely to have weapons charges.

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<sup>3</sup> Persons in Need of Supervision are juveniles who were *not* arrested, but who are under the supervision of the court for potentially out-of-control delinquent behavior, such as continued truancy or disobedience at home. A parent, school, or law enforcement official will petition the court to assist in the supervision of the juvenile; probation then attempts to adjust the case and provide services out of court, but if that effort is unsuccessful, the court can agree to designate the youth as a Person in Need of Supervision and open a PINS petition in Family Court. Juveniles on PINS petitions are allowed to enter the drug court as a condition of their court and probation supervision.

<sup>4</sup> Outcome of the instant case is the *first* final disposition, thereby justifying its use as a baseline characteristic.

TABLE 3.1: Nassau Juvenile Treatment Court Participants and Potential Comparison Juveniles				
	Nassau Juvenile Drug Court Participants (N=49)	All Potential Comparison Juveniles (N = 1,165)	Randomly Selected Comparison Group (N = 310)	Final Comparison Group Juveniles (N = 98)
<b>I. PETITION INFORMATION</b>				
<i>Case Type</i>				
Persons in Need of Supervision, PINS (S)	18%	16%	17%	19%
Juvenile Delinquency (D)	82%	84%	84%	81%
<i>Original Petition</i>	78%	81%	81%	86%
<i>Supplemental Petition</i>	22%	19%	19%	14%
<i>Outcome of Instant Case</i> <sup>1</sup>		***	***	
Petition Withdrawn/Dismissed	6%	18%	19%*	15%+
ACD	0%	21%	20%***	0%
Probation	90%	30%	29%***	81%@
Placement / Placement Extended	4%	18%	18%***	3%
Other Outcome <sup>2</sup>	0%	13%	14%***	1%
<i>Charges (Only if <b>original</b> Juvenile Delinquency petition)</i>	(n = 29)	(n = 815)	(n = 211)	(n = 68)
Any Assault	14%	30%*	33%*	27%@
Any Petit Larceny	24%	31%	29%	28%
Any Other Property	45%	33%	28%+	34%
Any Drug Possession	17%	2%*	1%*	3%+
Any Drug Sales	3%	1%	1%	2%
Any Mischief, Trespass,	45%	34%	34%	44%
Any Arson	3%	3%	5%	6%
Any Weapons	3%	18%***	20%***	13%+
Any Misdemeanors	100%	97%***	99%@	100%
Any Felonies	52%	42%	36%@	37%@
<b>II. JUVENILE INFORMATION</b>				
Age at Petition Filing	15.61	15.33*	15.39@	15.37@
13 years old	2%	11%	9%	8%
14 years old	22%	25%	25%	27%
15 years old	51%	43%	45%	47%
16 years old	14%	14%	15%	13%
17 years old	10%	8%	7%	5%
Sex		*	*	
Female	17%	29%	30%	22%
Male	83%	71%	70%	78%
Race/Ethnicity <sup>3</sup>	69% missing	73% missing	71% missing	72% missing
White, Hispanic	13%	13%*	15%+	19%@
White, Non-Hispanic	60%	26%	27%	26%
Black, Hispanic	0%	2%	2%	0%
Black, Non-Hispanic	20%	56%	54%	52%
Other Race/Ethnicity	7%	3%	2%	4%
*** p<.001 ** p<.01 * p<.05 + p<.10 @p<.20				
<sup>1</sup> The outcome on the instant case is the <i>first</i> final disposition, thereby justifying its use as a baseline characteristic.				
<sup>2</sup> The most common "other" outcomes are probation terminated and a transfer to Family Court.				
<sup>3</sup> Not included in the logistic regression analysis predicting participation due to the large amount of missing data.				



## Results

In the first one year and 18 months following the original petition filing, more drug court than comparison youths were re-arrested, but the differences were not statistically significant (see Table 3.2.) By the two-year mark, the arrest rates were virtually identical (31% for drug court and 32% for comparison youth). When considering the total *number* of arrests, the two samples also look similar.

**TABLE 3.2: Future Offending - Nassau Juvenile Treatment Court Participant and Comparison Youth**

	Participants N = 49	Comparison N = 98
<b>1 YEAR POST-FILING</b>	<b>N = 44</b>	<b>N = 89</b>
<i>Any Arrests</i>	27%	23%
Any Family Court arrests	18%	12%
Any Adult arrests	9%	10%
<i># Arrests</i>	0.32	0.34
# Family Court arrests	0.20	0.15
# Adult arrests	0.11	0.19
<i>Charge Severity</i>		
Any Felony	9%	14%
# Felony	0.11	0.17
Any Misdemeanor	21%	16%
# Misdemeanor	0.20	0.24
<i>Charge Type</i>		
Any Property	23%+	18%
Any Drugs	2%	3%
Any crimes against persons	0%*	6%
Any Other	7%	7%

**TABLE 3.2: Future Offending - Nassau Juvenile Treatment Court Participant and Comparison Youth (CONT.)**

<b>18 MONTHS POST-FILING</b>	<b>Participants N = 40</b>	<b>Comparison N = 73</b>
<i>Any Arrests</i>	33%	25%
Any Family Court arrests	20%	10%
Any Adult arrests	15%	15%
<i># Arrests</i>	0.48	0.47
# Family Court arrests	0.25	0.12
# Adult arrests	0.22	0.34
<i>Charge Severity</i>		
Any Felony	13%	14%
# Felony	0.20	0.23
Any Misdemeanor	25%	19%
# Misdemeanor	0.28	0.30
<i>Charge Type</i>		
Any Property	31%*	19%
Any Drugs	3%	7%
Any Crimes Against Persons	0%*	7%
Any Other	10%	7%
<b>2 YEARS POST-FILING</b>	<b>Participants N = 35</b>	<b>Comparison N = 57</b>
<i>Any Arrests</i>	31%	32%
Any Family Court arrests	14%	7%
Any Adult arrests	20%	25%
<i># Arrests</i>	0.49	0.61
# Family Court arrests	0.20	0.11
# Adult arrests	0.29	0.51
<i>Charge Severity</i>		
Any Felony	14%	16%
# Felony	0.23	0.28
Any Misdemeanor	23%	26%
# Misdemeanor	0.26	0.40
<i>Charge Type</i>		
Any Property	31%*	20%
Any Drugs	3%	9%
Any Crimes Against Persons	0%**	12%
Any Other	6%	9%

\*\*\* p<.001 \*\* p<.01 \* p<.05 + p<.10

Table 3.2 also isolates the age and type of arrest for the two groups, comparing the samples on juvenile arrests processed in family court (those committed under the age of 16) and adult arrests processed in criminal court. Although results suggest that drug court participants may have been more likely to have had a juvenile re-arrest in all time periods none of these results was statistically significant.

Table 3.2 further dissects the arrest data by charge severity, showing the percentage of each group who had re-arrests at different charge severities (e.g., felony vs. misdemeanor) and for different types of charges (e.g., property, drug, crimes against persons). Most of the differences were non-significant with one notable exception: Comparison youths were significantly more likely to have had at least one crimes against persons re-arrest, which includes violent, arson and weapons arrests. Specifically, none of the participant youths were arrested for these charges in any follow-up period, but a number of comparison youths were (zero vs. 12% by the two-year mark).

## Chapter Four

### Discussion

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The Nassau Juvenile Treatment Court was originally designed as a comprehensive response to the Reclaiming Futures priorities, including the proposed use of a validated assessment tool (the GAIN-I) on a broad sample of delinquent youth; the integration of evidence-based treatment programs (e.g., Moral Reconation Therapy) into drug court mandates; and collaboration between community service providers and court staff. However, as discussed in Chapter One, the court ultimately faced major implementation issues, including resource shortfalls and limited implementation of evidence-based strategies by community partners. Despite significant challenges, the court screened more than 150 youth and enrolled 62 participants during its three-year tenure. The court achieved early engagement in the program for a majority of participants and ultimately about 30% of participants graduated. Although, juvenile treatment court graduation rates are somewhat lower than adult drug courts on average, they also vary a great deal from site to site—from lower than 25% to higher than 80% --and not all courts consistently report graduation rates (see Wilson et al., 2012).

In terms of impact, participation in the Nassau County Juvenile Drug Court does not decrease the likelihood of having at least one arrest in the post-petition filing periods. However, participation does seem to moderate the severity and type of arrest. More participants had at least one arrest than the comparison group, but the actual number of arrests was comparable among the two groups. Perhaps the finding that juvenile arrests were relatively higher in the comparison group can be interpreted as a positive effect of the greater judicial supervision of drug court participants. Further, participants were *less* likely than the comparison to have a felony or crimes against persons arrest, categories considered more serious than the property and mischief-related charges associated with the participant arrests. Lastly, drug court participants were more likely to have had one juvenile arrest, but the adult arrest rates were statistically similar.

In conclusion, it should be noted that the equivocal impact findings presented here are not particularly unusual within the evaluation literature on juvenile drug courts. Although the NCJTC was designed to provide such evidence-based treatment, implementation problems may have adversely affected their use. Thus, these results should not be interpreted as a reflection on the potential effectiveness of the emerging, evidence-based, juvenile treatment court model.<sup>5</sup>

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<sup>5</sup> **Note on the broader impact of the Nassau County Reclaiming Futures Initiative:** As part of the Nassau County Reclaiming Futures Initiative, staff from the Center for Court Innovation met regularly with the NCJTC staff, the Reclaiming Futures Change Team and community advisory boards to develop and guide implementation of a juvenile treatment court at Nassau County Family Court, with potentially substantial cost-savings for participants when compared with one year of detention (see OCFS report by NY Assembly member Rory Lancman at <http://www.scribd.com/doc/31491635/Ocfs-Report-lancman-Only>). The effort to enhance Nassau County's treatment system capacity resulted in the training of 31 clinicians in the GAIN-I and, since 2008, more than 1,000 GAIN screenings and assessments have been conducted with delinquent youth in Nassau County. Additionally, the project trained 113 Nassau County Youth Board providers and Probation officers in evidence-based interventions for juveniles, (e.g., Moral Reconation Therapy and Strengthening Families) and provided manuals to support implementation. Recently, the Reclaiming Futures team in Nassau County has used this foundation to support New York State Chief Judge Jonathan Lippman's initiative to divert 16 and 17 year olds out of the adult criminal justice system.

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## Appendix A

### Appendix A. Nassau County Juvenile Treatment Court: Summary of Policy and Procedures

Court Structure	
	Post-adjudication
	Separate docket that serves juvenile delinquents (JDs) or PINS ("person in need of supervision") family court disposition
	Record sealed for graduates
	Failures subject to further disposition to court
Eligibility Criteria	
	Between 13-17 years old, male or female
	Juvenile voluntarily accepts participation in JTC as an alternative family court disposition
	Presents with symptoms of substance abuse (GAIN-I or UTA screener)
	Formal support of parents
Program Structure	
	Eight-month minimum treatment mandate
	Court-based staff includes a dedicated judge, resource coordinator, and case manager; Treatment and planning decisions also often involve input from a law guardian, prosecutor, probation officer or community-based treatment provider.
	Regular judicial monitoring and drug testing
	Use of graduated sanctions for noncompliance
	Drug treatment and supportive services
	Court-based case management
	Educational support
	Three required phases: orientation, implementation, completion
Graduation Requirements	
	Abstinence from drugs and alcohol
	School enrollment in good standing
	Compliance with all orders and conditions including continuing care

Source: Nassau County Juvenile Treatment Court Policy and Procedure Manual (OCA, 2007).