

**Self-Evaluation Toolkit
For
Juvenile Drug Courts**

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May 2002

This self-evaluation toolkit and the Juvenile Drug Court MIS 2002 were developed under Grant No. SJI-00-N-046 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.

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Part I:
Self-Evaluation Guide

Chapter 1: Introduction

This manual and accompanying management information system on CD are intended to provide juvenile drug court practitioners with a set of tools to manage information, monitor cases, prepare reports, and evaluate drug court processes and outcomes. This Self-Evaluation Tool Kit for Juvenile Drug Courts consists of:

- *A Self-Evaluation Guide for Juvenile Drug Courts* (Part I of this volume), which provides straightforward information on how to plan and carry out a comprehensive evaluation of a juvenile drug court, using information available from the Juvenile Drug Court Management Information System 2002 and other sources.
- The Juvenile Drug Court Management Information System 2002 (MIS 2002), an information management system developed with Microsoft Access, accompanied by an *MIS Manual* (Part II of this volume) which contains instructions and guidelines on how to use the MIS for case management, program monitoring and routine reporting.

A report published by the Drug Courts Program Office in May, 1998, stressed “the importance of data collection and management information systems to drug court daily operation, as well as to drug court process and impact evaluations” (Mahoney *et al.*, 1998, p iii). The report, reflecting the views of drug court practitioners, researchers, and others who were convened for two focus group meetings in 1997, also emphasized the need for drug courts to conduct rigorous evaluation--both process evaluation to assess how the program is operating, and impact evaluation to determine whether the program is making a difference.

Drug courts began a decade ago with the establishment of the Dade County Diversion and Treatment Program in Miami, Florida. In the years since, hundreds of drug courts have been established throughout the United States. By March, 2001, there were more than 650 drug courts in operation, almost half of them over two years old, and another 449 were being planned (OJP Drug Court Clearinghouse, Summary of Drug Court Activity by State and County, March 23, 2001). While it’s still the case that the majority of drug courts serve adult offenders, the number of juvenile drug courts is increasing rapidly as well. In February, 2001, the Clearinghouse reported a total of 131 juvenile drug courts already operating and another 114 being planned.

As is true of adult drug courts, many juvenile drug courts are fairly small, with limited staffing and resources. The MIS 2002 and the *Self-Evaluation Guide* have been designed with these limitations in mind. Our goal has been to make it possible for juvenile drug court practitioners to take on essential information management and evaluation tasks themselves with the help of some tools that are uncomplicated and easy to use, but comprehensive enough to address the full range of juvenile drug court evaluation and information management needs.

Juvenile Drug Court Information Needs

Everyone with responsibilities for operating or managing a juvenile drug court needs accurate information for one or more of the following purposes.

- **Case management:** having current information readily available in order to make decisions about individual cases.
- **Program management:** having the means to summarize information about cases to generate useful and informative reports on program operations.
- **Evaluation:** having the information needed to answer questions about how well the program is being implemented (process evaluation) and whether it is effective and cost-effective (impact evaluation).

To a considerable extent, the same information is needed for more than one purpose. For example, having urinalysis test results for a particular juvenile allows the judge to make informed decisions at status hearings. For program management purposes, tabulating the number of positive and negative results each month enables the program coordinator to monitor and report regularly on this aspect of drug court operations. And for evaluation purposes, test results are important both for documenting program processes and analyzing outcomes.

Case management. A fundamental requirement for any juvenile drug court is the accurate tracking and monitoring of participants' progress. This process begins at intake and assessment, when, along with basic identification, descriptive, and contact information, staff members obtain background data on substance abuse, delinquency, family circumstances, performance at school, and other information needed for diagnosis and referral to treatment. Once enrolled in drug court, each juvenile's progress must be closely monitored and reported.

This requires keeping track of a great deal of information, including participation in treatment and 12-step meetings, drug court appearances, urinalysis test results, transgressions and sanctions, advancement from one phase to the next, all the way through program termination or graduation. The MIS is designed to make it easy and convenient to enter the data that juvenile drug courts need to maintain on each participant, and to produce individual progress reports and status reports for specific court dates.

Program management. Drug court practitioners must also be able to examine their program with a broad view, shifting the focus from each individual participant to summaries of information about all cases or groups of them. Periodic caseload summaries, often required by governing boards, steering committees, or funding agencies, are an essential tool for program management and accountability. The MIS produces three caseload summary reports -- a "snapshot" report which provides a quick view of the status of current cases, a summary of caseload statistics for time periods

specified by the user, and the data required for the regular DCPO Grantee Data Collection Surveys.

The MIS also produces two reports needed for both program and case management, a Contact Sheet for all current participants and contact and status information for treatment providers providing services to current participants. The MIS may also be customized to fit the particular needs of your court.

Evaluation. Everyone with a stake in the juvenile drug court has an interest in knowing whether the program is operating as intended and whether it is effective and worthwhile. Accurate documentation of how the juvenile drug program is organized, how it operates, who participates, etc., is a prerequisite to any understanding of program success or failure, and is essential information for anyone wanting to replicate a program that works, or fix one that doesn't. Although some of the information required to document program implementation is descriptive in nature, statistical summaries of quantitative data are also an important part of the whole picture.

Documentation of program implementation and assessment of the program's operations and administration are the foundations of *process evaluation*. *Impact evaluation* focuses on questions of effectiveness and cost-effectiveness. A *comprehensive evaluation* encompasses information from process and impact

CONFIDENTIALITY ISSUES IN JUVENILE DRUG COURT

Juvenile drug courts require the sharing and integration of information on juveniles from a variety of agencies, including law enforcement, the courts, schools, public health agencies, social services, and treatment providers. Juvenile drug courts must also follow state and federal confidentiality requirements regarding juvenile records. The most significant federal law governing the disclosure of information is Section 290dd-2 of title 42 of the United Code, which states that valid consent from program participants is required prior to information disclosure.

Generally, state laws govern access to juvenile records. Juvenile drug courts must examine state laws to see where they may impose burdens or restrictions beyond federal laws. For example, information that a minor sought treatment is confidential under federal law, but some states require parental consent for a minor to enter treatment. Tauber, Weinstein, & Taube (1999) and Holland (1999) suggest, however, that most conflict between confidentiality laws and drug court information needs can be resolved via carefully (1) memoranda of understanding (MOUs) among drug court participating agencies covering all aspects of information sharing, storage, and access, and (2) consent forms signed by juveniles and parents agreeing to disclosures of certain information. These agreements should be made during the planning of the juvenile drug court; both Tauber et al. (1999) and Holland (1999) provide criteria for these agreements and sample MOUs and participant consent forms.

evaluations. Audiences for such comprehensive evaluation reports include the full range of stakeholders--the juvenile drug court judge, staff, board members, the community, etc., as well as researchers, policy-makers and funding agencies.

Using the *Self-Evaluation Guide* and MIS 2002

The *Self-Evaluation Guide* gives you specific step-by-step instructions for self-evaluation, while explaining them in the larger context of evaluation principles and procedures. It assumes that you are not a professional evaluator, but that you want to do evaluation that measures up to professional standards. Since the majority of the information to be collected and analyzed in a juvenile drug court evaluation encompasses the information gathered on individual participants from referral to final disposition, many of the self-evaluation steps are grounded in the use of the MIS that accompanies the *Self-Evaluation Guide*. Your drug court may have its own MIS or may still rely on paper files, but the information and analysis needs remain the same.

The MIS 2002 is a simple, menu-driven system that can be used by anyone who is familiar with Access, or willing to learn. The MIS is designed to serve as a repository of much of the information you need for the multiple purposes of individual case management, program management, and evaluation. Some information needed for case management, such as names and phone numbers, is not needed for an evaluation. Conversely, some data needed for evaluation purposes will not be available from the MIS, such as recidivism data for a control or comparison group and much of the non-quantitative information included in a process evaluation.

An Overview of the MIS 2002

Let's sort this out by taking a brief tour of the MIS to see what it contains, how it works and what its limits are. The tour will be more informative if you have the MIS running and can follow along while viewing the screens. Instructions for getting started are on page 5 of the *MIS Manual*, Part II of this Toolkit.

The Database

Upon opening the database you will see the Main Menu. Selecting the first button, labeled "Enter, View and Edit Records," causes a screen to appear with a computerized version of an intake form. (A paper version of the form is included in Appendix A.) What you see initially is only the first "page" of the intake form, labeled "General Info." The data contained in this form include:

General Info (screen contents): Case Number, Name, Gender, Social Security Number, Age, Date of Birth, Ethnicity, Language, Marital Status, Employment Status (including whether full- or part-time), Employer's name and phone number, School status and contact information, Attorney's name and phone number, and a checkbox asking whether the juvenile was ever previously enrolled in Juvenile Drug Treatment Court.

A row of buttons near the top of the screen identifies the other pages of the intake form (paper versions of these are also in Appendix A and a listing of detailed information contained within each screen appears in Table 1 (p.8)):

- Family
- Drug Use
- Treatment History
- Health
- Delinquency
- Assessment Results

Clicking on one of these buttons brings that page up on the screen for entering, viewing, or editing additional intake data.

A second row of buttons identifies another series of pages for recording case management information on current participants, as well as a follow-up form:

- Court
- Court Dates
- Progress and Compliance
- Treatment/Services
- Outcome
- Follow-up

These are used to update participants' files as they progress through drug court (see Table 1 for details of the content of each screen). The follow-up form is used to record information on participants after they have left the program.

All together then, the MIS provides 13 “pages” of data entry forms for entering potentially hundreds of items of information on each drug court participant. Table 1 summarizes the information in each of the forms (see page 8).

The MIS 2002 Reports

Entering case data into a computer database that otherwise would be kept only in various kinds of paper files makes it much easier to retrieve and review information about individual cases and update files. With the MIS 2002, if you want to review or update a particular juvenile's file, instead of opening a file drawer and pulling out the folder you need (assuming it hasn't been left on someone's desk, or misfiled), you simply click on the “find” button (identified by the binoculars icon) to locate the individual's records.

Keeping data in a computerized form also makes it easier to prepare the kinds of written reports that are needed for the purposes of case management and program management, and it is vital to the data analysis involved in evaluation. The MIS 2002 contains nine built-in reports that summarize information from the database. Three of the reports generate lists of participants, three provide summaries of individual progress, and

three produce summary statistics on cases and case processing. All reports are available from the Main Menu, and all are described below and appear in the *MIS Manual*.

Individual Progress. The *Individual Progress Report* presents a concise history of the juvenile's participation in drug court to date. It shows dates of enrollment and admission to each phase, 12-step requirement, and current status. For each court date, it shows if the juvenile was present, if a parent was present, if the juvenile had been arrested, convicted, or issued a bench warrant, and what sanctions were imposed. It also lists the dates and results of all drug tests. Additional details on individual progress may be produced through the more detailed *Individual Progress and Compliance Reports* (the *MIS Manual* includes an example of a *Progress and Compliance Report* presenting a summary of a participant's drug tests).

Participant Contact List. The *Participant Contact List* is an alphabetical list of all current participants. It includes name, case number and admission date, and for each one the names of primary and other guardians, along with their addresses and phone numbers.

Treatment Contact Sheets. Two reports provide lists of participants grouped by treatment provider. In *Treatment Contact Sheet*, each provider is listed in alphabetical order, along with a contact person and phone number. Under each provider is a list of participants currently receiving services, along with guardians' names, addresses, and phone numbers.

In the *Treatment Contact Sheet (query by court date)*, the listing of participants in treatment is identical in format to the first, except that it limits the listing to participants scheduled for a specified court date. Both of these *Treatment Contact Sheet* reports include a place for recording handwritten notes.

Status Report for Court. The *Status Report for Court* summarizes progress made by the juvenile since his or her last court appearance. It informs the judge and others on the drug court team of the status of current treatment, number of prior positive drug tests (by phase), and compliance with the drug court contract (attendance at NA/AA, counseling, drug testing, etc.). It also includes any notes on progress or recommendations to the judge that have been entered on the Court Dates page.

Caseload statistics. The *Caseload Statistics* report provides summary information for cases during a designated time period. It shows how many people were referred to drug court during the specified period (for example, the past month, or six months), and how many were assessed, admitted, and rejected. For the same period, it shows the number who completed drug court, were terminated, withdrew, or died. Statistics are also presented on the current caseload: the number in each phase; the numbers who are currently active in the program, in custody, and on bench warrant status; the numbers regarding drug testing -- number tested, total number of tests, number of negative and positive tests, number sent to the lab; and the number in each kind of treatment -- 12-step, aftercare, anger management, community service, etc.

The *Snapshot Report* summarizes the status of all current cases at the present time, indicating how many are in each phase, the number in custody or on bench warrant status, and the number receiving different treatment services.

For those drug courts receiving funding from the Drug Courts Program Office, U.S. Department of Justice, the MIS includes a report (*DCPO Bi-Annual Report*) presenting the statistics required for the DCPO bi-annual survey, including admissions, completions, terminations, withdrawals, deaths, the number in various age and ethnic groups, positive outcomes such as earning a GED or having a drug-free baby, and information regarding bench warrant status.

The Rest of the *Self-Evaluation Guide*

Part I of this document is the *Self-Evaluation Guide* for planning and conducting a comprehensive evaluation. The following chapter explains how to plan a juvenile drug court evaluation based on program goals and objectives. Chapters 3 and 4 cover process and outcome evaluation, respectively, and Chapter 5 shows you how to “put it all together” in an evaluation report.

Part II is the *MIS Manual*, providing detailed instructions and technical information on the contents, use, and modification of the MIS. Appendix A contains hard-copy versions of the MIS forms.

Table 1: Summary of Information Contained in the MIS 2002

NAME OF MIS SCREEN	CONTENTS
General Info	<ul style="list-style-type: none"> • Case number • Name • Gender, SSN, age, date of birth, ethnicity, language, marital status • Employment: full or part-time, employer's name and phone number • School and vocational training status, school name, number, and person to contact • Attorney's name and phone number • Whether previously enrolled in juvenile drug court
Family	<ul style="list-style-type: none"> • For primary or other guardian: • Names, employers, work phones, relationship to juvenile, custody information, home address • Siblings • Whether father or mother is in prison • Child Protective Services information: Social worker name and phone number
Drug Use	<ul style="list-style-type: none"> • For 13 drugs: Age of first use, whether ever overdosed or experienced withdrawal, frequency of use, last use, route of ingestion • First and second drugs of choice
Treatment History	<ul style="list-style-type: none"> • For each prior treatment experience: Type of treatment, provider's name and phone number, length of treatment, end date, and outcome
Health	<ul style="list-style-type: none"> • Type of health insurance (if any), general health needs, mental health needs, medications, whether pregnant, prenatal care, children's health • Whether juvenile exhibits suicidal tendencies or excessive anger/violent behavior • Whether juvenile was physically or sexually abused as a child
Delinquency	<ul style="list-style-type: none"> • Referring court and judge, referral date • Number of court cases pending • Number of times in Juvenile Hall • Current charges: offense, drug involved, misdemeanor/felony, status of disposition
Assessment Results	<ul style="list-style-type: none"> • When assessment was completed and by whom • Eligibility for drug court, whether admitted, why rejected if rejected • Comments/Notes
Court	<ul style="list-style-type: none"> • Dates entered Phase 1, Phase 2, and Phase 3 • Graduation date • Date entered aftercare, completion of aftercare • 12-step requirement, sponsor • Current phase (Phase 1, 2, or 3; aftercare; discharged) • Current status (active, bench warrant status, completed,

	terminated, withdrew, death)
Court Dates	<ul style="list-style-type: none"> • For each court date: Date, current phase • Complied with contract re. NA/AA, counseling, drug testing, probation, school, community service, and other (yes/no/NA, comments) • Progress since last court date (notes) • Recommendation • Whether juvenile and/or guardian attended • Actions taken today: Issued bench warrant, bench warrant still active, noted new arrest or conviction, sanctions and reasons for applying
Progress and Compliance	<ul style="list-style-type: none"> • For each contact with or about the juvenile participant, records: Date, current phase, type of contact (telephone, drug test, office visit (no drug test), home visit, treatment contact, school contact, JH/Jail contact, employment contact, other • Includes notes for each contact • For urinalysis tests: Whether participant submitted, results, drug present, whether sent to lab
Treatment/Services	<ul style="list-style-type: none"> • For each treatment or service provider: Type of treatment/service; status (enrolled, completed, etc.); name, contact person, and phone numbers of provider; referral, start, and end dates
Outcome	<ul style="list-style-type: none"> • Graduation date and completed aftercare date • Discharge date, discharge completed by whom, reason for discharge • Whether participant had drug-free baby while in DTC, whether employed at graduation, whether earned GED, whether earned vocational training credential • Comments/notes
Follow-up	<ul style="list-style-type: none"> • Date of follow-up interview, months since leaving drug court • Employment, school, vocational training status and progress • Continued treatment: 12-step, aftercare, counseling, residential, mental health, other • Self-report of substance use, length of sobriety • Comments and notes • Charges: Whether drug related, misdemeanor/felony, offense, status

Chapter 2: Planning a Juvenile Drug Court Evaluation

Evaluation of drug courts is necessary to determine whether they are being implemented and administered as intended, and whether they are effective and cost-effective. A review of 30 evaluations of 24 drug courts reported positive and promising results (Belenko, 1998). Belenko found that drug use and criminal behavior are reduced while offenders are participating in drug court, that their criminal behavior is lower after participation, particularly for graduates, and that cost savings are realized from reduced incarceration, reduced criminality, and lower justice system costs. He concluded, "there is reason to be sanguine that future research findings on drug courts will continue to be positive."

Other studies (see, for example, the series of evaluation summaries presented by Shaw and Robinson (1998, 1999, etc.) in issues of the *National Drug Court Institute Review*), along with the experiences of drug court practitioners, have supported Belenko's optimism. Still, many questions remain, including the long-term impact of drug courts, their costs and cost savings, factors associated with retention rates and treatment success, and the effects of different drug court dynamics and approaches (Belenko, 1998).

The process of asking and answering these questions goes on at both the national and the local level. Published evaluations, including multi-site studies, serve as a continually growing body of knowledge concerning policy, practices and costs. This information, much of it produced by professional evaluators, is a resource for juvenile drug court practitioners, policy makers, and funding agencies. But each individual drug court also has reasons to evaluate its own program. At the local level, evaluation is a management tool as well as an instrument of policy analysis. Drug court practitioners can use evaluation to understand and improve program operations, to assess the effectiveness and cost of the program, to be accountable to funding agencies, and to replicate program components that have proven to be effective and cost-beneficial. However, many smaller drug courts have neither the in-house expertise to do evaluations themselves nor the resources to hire consultants to do the work. This manual has been written for practitioners who want or need to evaluate their own programs.

Some professional researchers would argue that program evaluation ought to be conducted only by neutral outside observers to ensure that the findings are objective and unbiased. But in recent years the idea of "empowerment evaluation" has emerged, defined as "the use of evaluation concepts, techniques and findings to foster improvement and self-determination" (Fetterman, Kaftarian, & Wandersman, 1996, p. 4). While there are advantages to having evaluation conducted by trained professionals, there is no reason why the principles of objectivity can't be followed by program practitioners engaged in self-evaluation. Such is the aim of this manual -- to empower practitioners by providing the knowledge and tools needed to maintain accurate information and use it to monitor and evaluate the drug court program.

The approach we take is pragmatic and eclectic, our aim being to provide you with a set of useful tools that will meet your evaluation needs. Much of evaluation is

fairly straightforward and not very mysterious, similar to what is done routinely on a daily basis by drug court staff in the course of their regular duties. Other aspects of evaluation are more difficult and complicated, such as the selection of an appropriate group of comparison cases for impact evaluation, gathering recidivism data, and doing cost-benefit analysis. We hope the manual will serve as a useful guide as you find improved ways to do the routine things and work your way through some of the more difficult tasks.

Program evaluation requires careful planning to ensure that the data collection, analysis, and presentation provide the information needed to answer the questions being asked. This chapter shows you how to design a juvenile drug court evaluation so that the results are useful and satisfy the intended purposes of the evaluation.

Asking the Right Questions

Evaluation is really just a systematic process of asking and answering questions, questions like: How many people are being served by this juvenile drug court? What happens to them during the program? Is it an effective way of treating addiction; of preventing criminal recidivism? How is the drug court organized? Who runs it? How is the judge involved? How much does it cost? What are its benefits?

The first step in planning an evaluation is to identify the questions that it is intended to answer. In general, these will fall into three categories: questions about the juvenile drug court's history, procedures, services and organization; questions about the participants and what happens to them during their time in the program; and questions about outcomes. The questions listed below, grouped into those three categories, are representative of the questions that should be addressed in a comprehensive juvenile drug court evaluation.

A. Questions about the juvenile drug court

1. Program history and background. How was the juvenile drug court developed? Who was involved; what were their aims and agendas? How and why were initial decisions made concerning drug court policies and procedures? What were the original goals and objectives; have these changed? What bearing has local conditions such as court caseloads, community attitudes, and the local legal culture had on the development of the juvenile drug court?
2. Policies and procedures. What are the drug court policies and procedures regarding the following:
 - how referrals are made, and at what point in the criminal justice process.
 - intake and assessment procedures, eligibility criteria, and instruments.
 - operational model (e.g., pre-plea, post-adjudication, etc.).
 - standard length of program, options for early completion, length of each phase, criteria for advancement.

- judicial supervision: frequency of appearance, team members' participation during and prior to hearings, information available to judge and team members.
 - attendance at 12-step meetings.
 - urinalysis testing: who conducts it, how frequently, random or otherwise.
 - sanctions and incentives.
 - expulsion criteria.
 - graduation requirements, disposition of charges, aftercare.
3. Available treatment and services. What treatment and other services are provided? How does the need for services compare to existing capacity? Are services less available for some subgroups?
 4. Organization and interagency relations. Who are the members of the juvenile drug court team and what are their roles and responsibilities? If there is an advisory board, task force, or steering committee, what is its composition and responsibilities? What is the relationship between juvenile drug court and the schools? What information is shared regarding attendance, performance and problems? What is the nature and extent of family involvement? What is the extent of collaboration and coordination with other agencies (public health and welfare, churches, recreational and social services, etc.)?

B. Questions about the participants

1. Characteristics of the target population and participants. What is the size and nature of the total population eligible for juvenile drug court? How many juveniles are referred to drug court, how many are accepted, and what are the reasons for rejection? What are the characteristics of the juveniles who are accepted into drug court in terms of demographics, criminal history, substance abuse and other problems?
2. The participation process. What happens to participants in each stage of the process? How many are assigned to particular treatments? What are the levels of compliance with various requirements? How long does it take to complete each phase? What is the incidence of positive urinalysis results for various drugs? What kinds of improvements in family, school and social functioning are indicated during participation in drug court? How many drop out, at what point, and why? How many graduate; how do they compare with those who don't graduate? What is the relationship between type of treatment and other program components (e.g., varied sanctions) and immediate outcomes?

C. Questions about the outcomes and impacts of the drug court

1. Effectiveness. Is the juvenile drug court achieving its program objectives? What improvements are observed in drug court participants after the program (in school attendance and achievement, completion of training, family functioning, etc.)? How do their rates of recovery and recidivism compare to those of juveniles with similar drug use, delinquency, and criminal involvement who have not participated in drug court?
2. Cost-effectiveness. Is the juvenile drug court achieving its financial objectives? What is the cost of the juvenile drug court? Are the benefits worth the costs? Is juvenile drug court more cost-effective than alternatives?

Process and Impact Evaluation Questions

In Chapter 1, it was pointed out that a comprehensive evaluation combines process and impact evaluation. Generally speaking, categories A and B above include process evaluation questions, and the questions in category C are primarily impact evaluation questions. Again, the best evaluation addresses both kinds of questions in a coordinated way, because process information is needed to interpret findings about outcomes and to make use of such findings for program development, modification, and replication.

As you can see from the sample questions listed above, some evaluation questions are straightforward, aimed rather directly at certain factual information to be retrieved from a file or obtained from a knowledgeable source. Others, however, can involve more complex, difficult, and expensive data collection. This is particularly true of impact evaluation. Determining the effectiveness of a juvenile drug court requires being able to conclude that there is a cause and effect relationship, that observed outcomes are the result of participation in drug court rather than something else. As will be discussed in more detail in Chapter 4, solving this logical puzzle requires careful attention to research design. The ideal solution is an experimental design, but that solution is often not feasible, and a somewhat less rigorous alternative design may have to suffice. In any event, whatever the design, in order to answer impact questions you will have to obtain additional information from some kind of control or comparison group.

Linking Evaluation Questions and Measures to Program Goals and Objectives

One of the evaluation questions listed above was: "Is the juvenile drug court achieving its program objectives?" Knowing the program objectives is key to asking the right questions in an evaluation and obtaining the data that show whether the objectives are being achieved.

So an important step in planning your evaluation is to specify the goals and objectives of the juvenile drug court. These -- at least some of them -- may be written down in official program documents, such as a mission statement. But if they are not, that doesn't mean that the program has no goals or objectives, only that you will have to do some work to make them explicit. Even if program goals and objectives are already explicit, it's still a good idea to ask whether the written, official version is complete and current, and whether it reflects the consensus of the drug court team and stakeholders.

Goals are broad statements of a drug court's principal aims, such as "to provide children with an opportunity to be clean and sober" or to support juveniles "to perform well in school and develop positive relationships in the community" (Drug Court Clearinghouse and Technical Assistance Project, 1998). By their nature, goals tend to use lofty language that is not directly amenable to scientific scrutiny (e.g., "provide an opportunity", "develop positive relationships"), and in order to use evaluation to see if the drug court is achieving its goals, we need something firmer to grasp.

DEFINITIONS

Goals: Broad statements of the drug court's principal aims or purposes.

Objectives: Measurable, operational specifications of goals, likely to be multiple.

Stakeholders: Individuals representing organizations, agencies, or groups affected by the implementation or results of the drug court.

Objectives translate goals into more specific terms that can be operationally defined, and thus measured. For example, juvenile drug court objectives under the "provide an opportunity to be clean and sober" goal may be to provide early and comprehensive intake assessments, link youth and their families to community-based drug treatment services, address other individual needs, increase the number of random drug tests to monitor recovery, reduce public health costs of addicted youth and families, and reduce drug-related crime.

The most important thing about objectives is that they are measurable: they make a statement that can be verified by factual evidence. Objectives may or may not be specified in quantitative terms (e.g., to obtain residential placements for 25% of the juveniles referred to the drug court and to reduce juvenile crime by 10% each year). Setting such benchmarks is a laudable practice, but one that program administrators should approach with caution. If the drug court in this example arranges for residential treatment for 18% of its participants and reduces juvenile crime by 8%, you might conclude the drug court has had positive impact, only to wake up to read the local headline "Juvenile Drug Court Fails to Meet Annual Goals."

Even if an objective is not put in quantitative terms, doing an evaluation typically generates quantitative data, such as the percentage of participants who graduate, or the average number of positive drug tests, or the average length of time between admission and graduation. The program objectives may be stated only in terms of change -- for example, to increase the percentage of participants who graduate -- but how much of a change is needed before you would consider the objective to have been achieved? If the objective is for juvenile drug court graduates to do better than a comparison group in some regard, how much of a difference is significant? Notice also that objectives usually have an implied time element: Within what time period is the objective to be achieved? It is best to consider these "how much is enough?" questions in advance, as a part of planning your evaluation.

Where do goals and objectives come from? They may be specified by the drug court judge, the drug court coordinator, or, preferably, by the stakeholders of the drug court. Stakeholders are organizations, agencies, and individuals who are directly or indirectly affected by the implementation or results of a program. For drug courts,

stakeholders include policy and decision makers (judges, district attorneys, public defenders, private attorneys, probation officers, city and county elected officials, etc.), service providers, recovering and reformed drug-involved juvenile offenders and their families, school officials, program staff, and members of the community. These stakeholders may comprise a drug court task force or advisory board tasked with the development and oversight of the drug court. The specification of goals and objectives may be informal, reached through a series of discussions of local problems, needs, and purposes, or may be quite formal.

Drug court objectives are always multiple, and different stakeholders will have varying, even competing, views of appropriate objectives. Substance abuse treatment professionals, for example, may promote objectives related to decreasing drug abuse and increasing individual productivity, while the district attorney may be more concerned with reducing felony caseloads, decreasing time to disposition, and reducing drug-related crime. These differences should not be viewed as detrimental to self-evaluation, but agreements must be reached regarding which outcomes to measure (e.g., former participants' current use of licit and illicit substances or the number of drug-related case filings per year, or both) and how much time, energy, and other resources should be devoted to their measurement.

One approach to formally specifying goals and objectives for evaluation purposes is a two-step process that begins with each stakeholder listing their own goals and objectives for the program, then compiling them in a non-redundant list. Goals and (separately) objectives may then be weighted by the stakeholders, according to each person's view of their importance. For example, 100 points are first distributed among Goals A, B, and C, according to each stakeholder's view of the importance of each goal. Within each goal, 100 points are then allocated to the objectives related to that goal, according to each stakeholder's view of their importance. Once the weights are averaged, they provide guidance to the program staff and evaluators as to which goals and objectives should receive priority in program operations and have the most weight as evaluation measures.

Identifying Measures and Data Sources

Specifying program objectives is a way of identifying the evaluation measures, the "indicators" that will be relied on to assess program outcomes. For example, one of the objectives of all juvenile drug courts is to reduce recidivism. Common measures of recidivism include arrests and incarceration, and the validity of your findings will depend on having reliable data, probably criminal history records, for these measures. As you plan your evaluation, for each question you want to answer, consider the following:

1. What do I need to measure?
2. What data will be used?
3. Where can I get that data?

For each program objective, you should begin by identifying what information you need to assess progress toward the objective and where you can obtain it. An example is provided below, and additional information is presented in the next two chapters.

PROGRAM OBJECTIVES	INDICATORS/MEASURES	DATA SOURCES
<p><i>Provide youth with the opportunity to become and stay clean and sober:</i></p> <ol style="list-style-type: none"> 1. Conduct thorough intake assessments within seven days of referral. 2. Match individual needs to treatment and other services. 3. Monitor substance abuse during drug court. 	<ol style="list-style-type: none"> 1. Median number of days between referral and assessments. 2. Number of placements in residential and outpatient treatment programs and other services, retention of juveniles in treatment, number of successful completions. 3. Number of random urinalysis checks in each phase, number of positives and negatives. 	<ol style="list-style-type: none"> 1. Individual client records or management information system. 2. Individual client records or management information, treatment and service provider records and reporting systems. 3. Individual client records or management information, probation department records.

Summary of Planning Steps

1. Familiarize yourself with program goals and objectives. Clarify and specify as necessary.
2. List evaluation questions, organizing them into the three categories of questions about the juvenile drug court, questions about participants, and questions about the impact of the drug court.
3. Identify measures and data sources.

Chapter 3: Evaluating Juvenile Drug Court Processes

A thorough process evaluation will document and assess your drug court's operations, from its creation through the immediate outcomes of the current caseload. As noted in the first chapter, there is a considerable amount of overlap between the use of information for program management and evaluation purposes. Because of this overlap, what some people call evaluation, and more specifically, process evaluation, others will call program management or program monitoring. For example, Mahoney *et al.* (1998) write:

Program monitoring is closely related to evaluation, but it is not the same thing. *Monitoring* is fundamentally a management activity. Effective leaders of a program monitor the program's operations to ensure that the program stays on course and that operational procedures are revised if necessary. Monitoring data should enable program managers to describe the scope of the program and its major activities, assess operations and performance in relation to goals, identify potential problems and make any necessary changes, and use available resources effectively (p. 2).

In that report, program monitoring is defined as an *internal* activity and evaluation as an *external* one:

Optimally, drug courts should be able to monitor their own operations internally, routinely producing information that enables them to assess their performance in relation to their goals. Additionally, however, it may be desirable to arrange for a process evaluation to be conducted by an independent--external--evaluator. A process evaluation uses much of the same information needed for effective internal program monitoring, focusing mainly on assessing the program's effectiveness in meeting its operational and administrative goals. A process evaluation supplements good internal management and monitoring, providing an independent and objective appraisal of operational performance (Ibid., p. 3).

This distinction between internal program monitoring and external evaluation is related to the issues of neutrality and objectivity in evaluation. As was mentioned in Chapter 2, some evaluators would insist that evaluation should always be conducted by independent outsiders who have no stake in the program in order to avoid bias. From that point of view, "self-evaluation" would be an oxymoron.

We prefer to accept some blurriness in these definitions in the interest of encouraging self-evaluation as an extension of the program management function and in view of the fact that resources for external evaluation may not always be available. As we see it, program monitoring is an ongoing process, part of the management routine; evaluation is a project, an occasion to stand back and take a comprehensive look at all aspects of the juvenile drug court program and to present all the pertinent information in a single report. Because the potential for bias is greater when evaluation is conducted internally by people with a stake in the program, it is especially important that the procedures used in self-evaluation include safeguards against bias.

Documenting Program Implementation and Operations¹

Your self-evaluation should begin with a basic description and assessment of the history, implementation, and current operations of the juvenile drug court. Knowledge of the drug court's development, early history, and current day-to-day operations is likely to be held by a small number of people, perhaps even a single person (possibly yourself). A process evaluation of the drug court, however, should go beyond the factual reconstruction of early events and current activities, to include the views of key stakeholders on important drug court issues and a critical analysis of program functioning. This step is an important safeguard against the bias that might result from one person's take on things. However, it also presents another kind of challenge for the inside evaluator, since stakeholders may be hesitant to provide their open and honest opinions to someone vested in the program.

Three sources of information are recommended for putting together an assessment of the drug court's implementation and operations: existing program documents, the memory of long-term staff or involved policy-makers, and interviews or surveys of key stakeholders. With luck, the documents will be readily available, the memories will be good (and in the best case, will have already been put to use in recording the drug court's development and early days), and the stakeholders will be eager to participate. We suggest you use these sources as follows.

Step 1. Gather and review program documents:

1. Minutes of meetings of early developers or task force members.
2. Documents that put in writing the juvenile drug court's purpose and objectives, such as mission statements and formal goals and objectives.
3. Descriptive accounts of the drug court's history, such as funding proposals, grant applications, media coverage (e.g., local newspaper articles), annual reports, etc.
4. Program documents that relate to how the drug court operates. These may include eligibility criteria, program rules and standards, roles and responsibilities of key agencies, systems for collecting points for progress from one phase to another or graduation, sanctions, sample contracts for participants, information provided to participants, and the program's budget.
5. Existing caseload summary reports, if available.

Step 2. The second step in the process assessment is to build a factual account of the program's history and current operations. If you have been involved with the drug

¹Information has been included here, and in the outcome sections, from JRC's self-evaluation manual for adult drug courts (Roehl & Guertin, 2000), due to the similarity of self-evaluation approaches.

court since its inception, you may simply be able to write up a short historical description. Alternatively, informal interviews with a few key individuals who helped develop the drug court (the juvenile drug court judge and chief probation officer, for example) can provide an objective summary of key events. If one person compiles the drug court history, it is important to have one or more others who have been involved in your drug court since the beginning review the narrative for accuracy and completeness.

The description of the program's history and current operations should include the following information:

- When the juvenile drug court was established.
- Jurisdiction served: name of city or county, population demographics (size, ethnicity, income level), drug problems.
- A description of the target population universe for drug court and the number of juveniles potentially eligible offenders.
- Purpose or mission of the juvenile drug court and its goals and objectives.
- Key agencies involved in the drug court -- organizational sponsorship and role of various agencies (court, district attorney, law enforcement, probation, public defenders, schools, treatment providers), task force or steering committee membership.
- Past and current staffing and facilities.
- Eligibility criteria, referral, screening, and substance abuse assessment procedures.
- Current program processes -- description of each program phase, average length of time spent in each phase, components and requirements of each phase (treatment and 12-step requirements, urinalysis testing, etc.). Describe major changes in processes since the drug court was established.
- Participant obligations and sanctions for non-compliance.
- Treatment and other services (a brief description of all available and used).
- Past and current caseload statistics (number of referrals, number of graduates, and information on nature of substance abuse problems of participants (e.g., long-term heroin users vs. first-time offenders)). Information on compiling and reporting this information is covered later in this chapter.

Step 3. The third step is to identify and interview key stakeholders. Some stakeholders will be obvious, such as the juvenile drug court judge and task force members, if any. Potential stakeholders are listed in the side bar as a starting place; another strategy is to ask known stakeholders, such as the judge, who else should be included in this process.

We recommend gathering stakeholder views in one of three ways, whichever is most comfortable given the inter-relationships of the self-evaluator and key stakeholders (this is also a good time to recruit an outside evaluator for a single task²). The three ways are (1) in-person or telephone interviews, (2) a brief written survey, or (3) an informal group interview. A group interview is suggested if the stakeholders are comfortable with one another and no one person or point-of-view will dominate.

POTENTIAL STAKEHOLDERS

Juvenile drug court judge
 District attorney or deputy district attorneys
 Public defender or deputy public defenders
 Probation officers
 Drug court staff, director or coordinator
 Court administrator
 Law enforcement officers from the county sheriff's department or municipal police departments
 Public health officials, particularly those in alcohol and drug divisions
 Treatment and aftercare service providers
 Community representatives (may include individuals from civic organizations, activist groups such as Mothers Against Drunk Driving, AA and NA, etc.)
 Youth and family representatives
 Local elected officials (e.g., members of the county Board of supervisors, the mayor)
 School officials
 Family welfare advocates

Regardless of method, it will be difficult if not impossible to guarantee complete confidentiality to stakeholders, as their views will be gathered by an insider and the respondents are a small group of known people. While written surveys would seem to lend respondents anonymity, their responses may reveal their identities (the questions to be asked will surely require open-ended answers -- an obstacle to written surveys). Stress that no one will be individually identified in any written report, and that the information you are seeking is for program improvement purposes only.

The following topics should be discussed periodically with stakeholders. You may want to incorporate additional areas suggested by your program's objectives and information needs:

- Respondent's role in the development of the juvenile drug court, particularly in setting policy (eligibility criteria, program rules, point system, etc.).
- Views of key components and policies, including eligibility criteria, screening procedures, program requirements, applications of sanctions, permissiveness or strictness of staff and judge, etc.).

²Local sources include colleges, private organizations, and individuals. If no local sources are known to you, ask others (directors of programs like yours, government human services or planning staff, directors of service and community organizations) for recommendations. College interns or other paid students may be quite capable of conducting stakeholder and follow-up (see Chapter 4) interviews under your direction or overseen by a faculty member.

- Local conditions, such as budget constraints and court caseload size, that impact the stakeholder's work with drug court.
- Impact on respondent's agency.
- Strengths and weaknesses of drug court.
- Suggestions for changes or improvements.

Step 4: Summary and analysis. The information on the juvenile drug court's implementation and operations will be useful to your drug courts in two ways. First, it should be turned into a concise, written narrative -- what evaluators would call a case study. Among other purposes, the narrative will serve as a preface for funding proposals and annual reports to sponsors and funders. It will also provide information to interested outsiders, including the media. Plan to update the narrative summary periodically -- at least annually -- as policies, procedures, and caseload figures change.

Organizing the writing. To organize the narrative case study, aim to answer the evaluation questions developed in Chapter 2 with the information listed under Step 2. Given the ubiquitousness of the “ten key components” of drug courts developed by the Drug Courts Program Office (DCPO, 1997), you might also organize your case study using them. In the final chapter of this manual, we also suggest an outline for a full report on your self-evaluation; information in sections I-IV should reflect your case study.

Reporting caseload statistics. Summary statistics on the juvenile drug court's caseload should be included in the narrative summary to round out the process evaluation. Summary caseload statistics provide (1) a snapshot of the current caseload, (2) a means to compare the current state of affairs with past times, and (3) a convenient way to report the characteristics and progress to participants.

Periodic caseload summaries let you answer a number of questions. At the most basic level, they present the number of currently active cases, and where they are in the juvenile drug court process (i.e., the number of juveniles in Phase 1 or in Phase 2, the number graduated, and so on). They also enable you to compare the current caseload with last month's, last quarter's, or last year's, and provide information related to achieving program goals concerning the number of cases referred to drug court, number of people accepted into the program, number graduating, etc. These benchmarks can be used to analyze whether the drug court program is progressing as you had envisioned or expected, and let you know when, if not what, something should be changed.

The MIS 2002 produces three reports that provide summary case information. The *Snapshot Report* summarizes the status of all cases at a given point in time (see the *MIS Manual*). The *Caseload Statistics* report provides a concise but reasonably comprehensive caseload summary on a single page; a sample is shown on the next page. The *Caseload Statistics* report may be generated to cover any specified time period, and includes information on the current status of referrals and assessments, number of drug

tests conducted, treatment status of participants, and discharge data. The other built-in caseload summary report in the MIS is designed to meet the annual reporting requirements of the Drug Courts Program Office.

If your reporting needs are consistently different from what is included in these built-in MIS reports, the report forms should be altered or alternative ones constructed (again, these require considerable experience with Access). If, however, you have only periodic needs for different statistics, these needs might be best met through the query function of the MIS' basic program. (Queries built into the MIS produce the information required in the DCPO bi-annual surveys for time periods defined by a date range specified by the user.) Having said that the query function may be used to produce data to answer questions of your choosing, we must again caution that experience in Access programming may be necessary. If you are using a different MIS or database program, there is undoubtedly a parallel to the query function that will enable you to ask any question you want -- assuming you have entered the raw data needed to answer it (if you failed to record whether each juvenile participant is male or female, for example, you cannot ask whether boys and girls succeed at equal rates or not).

A third way to answer questions drawn on information in your MIS or database is to transfer raw data from the MIS into a statistical software program such as SPSS or SAS and use the statistical software to produce more complex tables (such as the number and percentage of boys and girls in outpatient treatment for 1999 and 2000) and statistics (averages, percentages, significance tests, etc.). This step is most commonly used when writing an evaluation report, but can also be used for periodic questions not amenable to the query function. Additional information on analyzing and presenting case data is contained in Chapter 5.

Using the case study for program improvement. An important reason for this exercise in investigating your program's history, current operations, and the perceptions of stakeholders is to use this information to strengthen the program. The factual information on program processes you have compiled in the narrative summary must now be critically examined by key staff and policy makers, particularly the juvenile drug court judge and task force members, to see if revisions and mid-course changes are needed. The kinds of critical questions that this group should address have been suggested by Peters (1996, p. 8-9). For example, to assess whether the program is meeting its goals and objectives, Peters suggests answering questions such as:

- Have all of the intended services been provided?
- Have the services been provided as intended?
- What services not currently provided should be added to the program?
- Did the program reach the intended "target" population?
- Did the program widen the "net" of defendants who were supervised by the court, or
 - who received criminal justice sanctions?
- Was the program implemented within projected time frames?
- What problems were encountered in program implementation, operation, and performance? How were these problems resolved?

Juvenile Drug Treatment Court Caseload Statistics

Data from 1/01/01 to 7/01/01

Status of juveniles enrolled in drug treatment court

Juveniles enrolled in drug court	4
Promoted to phase 2	0
Promoted to phase 3	2
In phase 1	0
In phase 2	4
In phase 3	2
In aftercare	3

Referrals and Assessments

New referrals	2
Assessments completed	2
Cases admitted to drug court	2
Females Admitted	0
Males Admitted	2
Cases rejected	0
Did not appear	0
Ineligible	0
Not suitable	0

Treatment

12-step program	1
Aftercare	0
Anger management	1
Community service	0
Counseling	0
Detox	1
Mental health	0
Residential	0

Drug Testing

Juveniles tested	3
Total tests performed	7
Negative tests	1
Positive tests	6
Tests sent to lab	2

Discharge

Graduated from drug court	0
Terminated from drug court	0
Voluntarily withdrew	0
Died while in drug court	0

Printed on Wednesday, April 10, 2002

Similarly, once the characteristics of participants in the drug court are known, Peters suggests answering further critical questions: Is this an appropriate population to

receive drug court services? Is this the population that was intended to receive drug court services? Simply compiling and reviewing the information described above will provide you with insights into how, and how well, your program is operating. The discussion of critical issues by key stakeholders will should cover both strengths and weaknesses of the program, and identify areas needing improvement.

Depending on the intended audience, you may or may not include the perceptions of the stakeholders in the written summary, always keeping individual names out. If your audience is your drug court's task force, you will probably want to include them. The knowledge that (for example) the chief probation officer feels the juvenile drug court is too lenient on drug-involved offenders is very important to them. It need not, however, be shared with the media or potential funders.

Most importantly, the self-evaluation process should serve the drug court's needs. Carefully done, the case study will provide a basic descriptive account of the drug court suitable (with periodic updates) for multiple purposes. It should also provide systematic information to staff and policy-makers to improve and strengthen the drug court over time.

Chapter 4: Evaluating the Impact of Juvenile Drug Courts

Gathering accurate and unbiased data on outcomes is often the most difficult part of evaluating juvenile drug courts, for several reasons. One is the challenge of collecting follow-up information on participants after they've left the program. The goals of juvenile drug courts are to effect long term changes which can only be truly evaluated over a period of months and years. The MIS 2002 includes a follow-up form which is designed to capture data from periodic interviews with former juvenile drug court participants, school authorities, parents/guardians, and others, and to record data on post-drug court arrests. Collecting these follow-up data is necessary in order to assess juvenile drug court impacts on addiction, criminal behavior, and social functioning.

Some may consider the immediate outcomes of a juvenile drug court (e.g., how long juveniles stay in drug court, graduation and termination rates, etc.) to be considered as part of an impact evaluation. We argue that this question rightfully belongs in the process evaluation, as it relates to how the program operates and whether it is operating as intended. The impact evaluation described here assesses the impact of juvenile drug courts based on what happens *after* participants leave drug courts -- how they fare in terms of recovery and recidivism (compared, hopefully, to participants of alternative interventions), the costs and costs-savings of drug court to the criminal justice system and community, and the non-fiscal benefits of the drug court to the community.

Another challenge presented by impact evaluation arises from the need for appropriate comparison or control data. A juvenile drug court is an alternative to other ways of responding to the problems of juvenile substance abuse and criminal behavior. A sound evaluation should be able to show, with valid data, how well this intervention performs relative to other approaches, or to no intervention at all. The comparison may be to the old way of doing things or to one or more policy alternatives competing for the same funds. For your findings to be valid, you will need a research design that addresses the logical and methodological problems of comparing drug court outcomes to what would have happened without the drug court. This chapter includes a discussion of the principles of experimental and quasi-experimental research design and the particulars of selecting a control or comparison group.

Cost-effectiveness evaluation -- assessing the drug court's relative costs and benefits -- presents additional challenges. Some costs and benefits are not readily measurable in monetary terms, and comparative costs may be difficult or impossible to obtain. However, cost-effectiveness questions are at the heart of juvenile drug court evaluation, and the last part of this chapter includes a basic discussion of these issues.

Three evaluations of juvenile drug courts have been reported in the literature to date, all briefly. Two included very simple outcome evaluations (the third, conducted in the Santa Clara County Juvenile Drug Treatment Court, discusses outcome evaluation, but in terms of retention and clinical progress during a juvenile's tenure in drug court (Shaw & Robinson, 1998), which we would consider part of the process evaluation). In an evaluation of the Wilmington, Delaware, Juvenile Drug Court Diversion Program, John O'Connell, Marsha Miller, and Evelyn Soscas looked at recidivism (defined as any

new arrests) during treatment and recidivism during the twelve months following graduation or termination. The recidivism rate of a comparison group (juveniles randomly selected from all juveniles arrested in the county on misdemeanor charges during a particular period) was also assessed (Shaw & Robinson, 1998; O'Connell, Nestlerode, & Miller, 2000). In an evaluation of Utah's Juvenile Drug Court, the Social Research Institute at the University of Utah compared recidivism rates of drug court participants and a comparison group of offenders drawn from another city and matched to the drug court participants. Recidivism was defined as the number of new arrests for alcohol and drug offenses, and new arrests for all other criminal charges (Byrnes & Parsons, 1999).

Selecting a Research Design

Research design is an important part of planning the impact piece of your self-evaluation. In *non-experimental* research designs, there is no control or comparison group; data are collected only for the drug court participants. *Experimental* designs, which emulate the controlled conditions of a laboratory experiment, involve comparing the outcomes of (ideally) equivalent populations of individuals receiving different interventions (drug court vs. some alternative) to which they have been randomly assigned. While the controlled experiment is the most rigorous research design, it is often not feasible in the real world of evaluation research, particularly because true random assignment to experimental (drug court) and control groups is seldom possible. *Quasi-experimental* research designs are those in which there is no randomly assigned control group, but there is some other way of comparing outcomes of program participants to outcomes of comparable individuals who received some other treatment (usually the "traditional" approach of juvenile probation). These are usually the best possible designs for impact evaluation in the real world of social programs.

How you design your evaluation will be determined by your evaluation questions, but also by the resources you have available. More rigorous designs can yield more precise and definitive answers to evaluation questions, but they are also usually more expensive and sometimes impractical. Research design is something of a balancing act: you should try to design your evaluation so that it is the best it can possibly be, under the circumstances of budget, time and other limitations.

Non-experimental designs. In a non-experimental design, only the progress and outcomes of juvenile drug court participants are considered -- i.e., there is no control or comparison group. At the simplest level, a non-experimental design for juvenile drug courts is a simple narrative case study of the court's development, implementation, operations, participant characteristics and progress, and immediate outcomes. Such a case study is the likely result of the process evaluation outlined in Chapter 3. It is snapshot of a program at one point in time, and most of you have probably already written one as a part of submitting an annual report or writing a grant proposal for your juvenile drug court.

A more advanced non-experimental design for juvenile drug courts is to expand the case study to include longer-term participant outcomes. To turn the case study into a pre/post single group study, one would expand the case study to include the "post-test"

measures obtained by following up drug court participants to see how they fare after leaving drug court.

The pre/post case study is recommended if one of the stronger designs described below is not feasible. It is a simple evaluation design that provides critical information to practitioners, sponsors, and funders, and much of it is probably already done in the course of managing the program and individual progress. It is relatively uncomplicated and inexpensive to conduct and understandable to the non-scientific observer. The case study can be readily updated periodically, revising the narrative to incorporate any changes in procedures and updating the case statistics.

The main disadvantage to non-experimental designs is that they provide no information the *relative* worth of the juvenile drug court approach. They do not enable you to answer questions related to whether the juvenile drug court is "better" than alternative ways of handling similar juvenile offenders, such as placing them in a detention facility or under intensive supervision. These questions require experimental or quasi-experimental designs.

Experimental designs.

The experimental design is the most rigorous design you can implement, one that leads to the strongest conviction about the validity of outcomes. In an experimental design, juvenile offenders would be randomly assigned to two or more groups -- one group would be referred to the juvenile drug court and the other group(s) would be assigned to some alternative disposition (say short-term incarceration followed by intensive probation supervision). The outcomes of the experimental or treatment group (the juvenile drug court participants) are then compared to the outcomes of the comparison group (those who were incarcerated and then intensively supervised); any differences between them may be attributed with substantial confidence to the treatment they receive, either drug court or incarceration and intensive supervision. This is the main advantage to experimental designs -- they enable you to conclude, with confidence,

RANDOM ASSIGNMENT PROCEDURES

1. Use a table of random numbers. This is a time-honored approach to random assignment. First, obtain a computer-generated or textbook list of random numbers. Decide in advance (for example) that even numbers will mean referral to juvenile drug court and odd numbers will mean referral to adjudication as usual or an alternative intervention. As each case is judged eligible for drug court, go systematically down the list of random numbers -- if the next number is even, the juvenile is referred to drug court; if odd, the offender is referred to the alternative to drug court. Cross out that number and the next on the list determines the assignment of the next case. (One benefit of this procedure is that it provides a written record of the assignment process.)

2. Flip a coin. Decide in advance (for example) that heads will mean referral to juvenile drug court and tails will mean referral to the alternative. As each potential case is screened, a flip of a coin determines its route.

3. Alternate days, weeks, or months. On randomly selected days, weeks, or months, make referral to drug court unavailable but screen all potential cases anyway. All eligible cases forced into the alternative intervention become the control group. This strategy is weaker than the others, as it does not guard against seasonal or time of day or week differences in caseload and may raise concerns about denying services to offenders.

whether the drug court is "better" than alternative approaches to handling drug-involved juveniles. They guard against sources of bias and invalidity, and provide solid ground for answering any critics.

Random assignment to experimental conditions is the key, as it ensures that the experimental and comparison group subjects are not different from one another in systematic ways. Random assignment in the field is usually difficult to achieve and often impossible. First a pool of drug court-eligible juvenile offenders must be identified. Then each offender is assigned to drug court or alternatives, using random procedures (see sidebar). Once assigned to drug court or alternative processes, each participant's progress and outcomes are assessed in identical ways. This means, to the extent possible, the following information should be sought and recorded for comparison group: demographics (age, gender, marital status, etc.), family information, substance abuse history, prior delinquency, court processing, intervention information, and outcomes. We realize that some information, such as family data and substance abuse history, will not be available in comparison group court records.

Stakeholders may be reluctant to implement an experimental design because of the extra screening and tracking responsibilities, because of concerns of denying juveniles services (i.e., drug court) thought to be effective, or because (to look at the flip side) of concerns about putting juveniles in an unknown, untested program. Experimental designs are more palatable to stakeholders and others when the number of eligible juveniles exceeds the capacity of the drug court program and some method -- such as random assignment -- must be used to select those who will participate in drug court and those who will not. Because of the difficulties with random assignment, many evaluators turn to *quasi-experimental* designs to study program effectiveness.

Quasi-experimental designs. In quasi-experimental designs, the outcomes of juvenile drug court participants are compared to the outcomes of a comparison group of offenders, selected by non-random means to be as similar as possible to drug court participants. The key words here are *as similar as possible*. The comparison group individuals must fit the drug court eligibility requirements, and have criminal and substance abuse histories that are neither greater nor lesser than drug court participants.

The main advantage of quasi-experimental designs is that they are a respected alternative to experimental designs and guard against the most serious threats to validity. They do have several disadvantages as well. It is often time-consuming and tricky to develop an appropriate comparison group, and even when you do, the design remains vulnerable to criticisms that the comparison individuals are not a close enough match to the experimental group.

Selecting a comparison group. A common comparison group for drug court evaluations are drug-involved offenders who meet all criteria for drug court, but who were handled during the period immediately preceding the implementation of the drug court. In this situation, the comparison group is selected by first identifying the most common charges which result in referral to juvenile drug court (e.g., drug possession, possession of paraphernalia, etc.). Then you would request a list of all juveniles arrested on these charges during the year or six months immediately preceding the

implementation of the juvenile drug court (aim to get at least five times as many juvenile offenders as you think you will need in your comparison group).

The record of each offender on the list must be reviewed to see if the offender would have been eligible for juvenile drug court, had it existed when the offender was arrested. This screening is best done by whoever currently screens cases for the juvenile drug court. Those that remain on the list after eliminating ineligible offenders form your comparison pool. The comparison group is obtained by randomly selecting offenders from the pool (by selecting every *n*th offender, for example). The resultant list is your comparison group of juvenile offenders, and their progress through the system and outcomes can be compared to those of the drug court participants.

Caution is advised in selecting comparison group members. When constructing a comparison group from existing records, it is often difficult to know which juveniles are drug users and to have information on the severity of any individual's drug problem. Often, the neediest kids wind up in drug court, and in that case, any comparison group is likely to be populated with juveniles with less severe substance abuse problems. These issues must be carefully considered in choosing a comparison group.

Other comparison groups may be formed of individuals arrested on similar charges in a neighboring county or individuals who are judged eligible and referred to drug court but who do not participate, but both courses of action may have problems. Cases drawn from another jurisdiction may be different from those in your jurisdiction if the substance abuse problems of juveniles are generally different and/or law enforcement and court procedures vary widely. Individuals who do not participate in drug court may or may not be fundamentally different from the treatment/drug court group. If they *decline* to participate, they should not be included in the comparison group, as their motivations for ceasing substance use may not be similar. If individuals do not participate for extraneous reasons (ex., they missed the assessment appointment due to illness), they may make suitable comparison group members.

Our recommendation. The preferred evaluation design is the experimental design, but we also highly recommend a quasi-experimental design using a carefully screened and selected comparison group. If your evaluation resources are very limited, a pre/post case study design is a decent alternative. The pre/post case study will tell you whether the program is running as intended and whether individual outcomes indicate that drug court is effective in changing the lives of participants. As resources become available, a comparison group could be developed and added to the assessment of the drug court participants.

As described below, outcome measures for juvenile drug courts typically fall into two areas: (1) further recidivism, as measured through justice system records, and (2) changes in a juvenile's substance abuse, school performance, family life, and social functioning, as measured through follow-up interviews. We advocate collecting recidivism data on both the drug court participants and the comparison or control group members, and using them for assessments of outcome and cost-benefits. Follow-up interviews should be conducted with drug court participants, at minimum, and with comparison group members if feasible. If access to the juveniles in a comparison group

can be maintained (by probation officers or family service workers, for example), follow-up interviews with them will strengthen the outcome and cost-benefit analyses.

Following Up Juvenile Drug Court Participants

Perhaps the most important finding from an evaluation of your juvenile drug court is whether participation in the program leads young people away from drug abuse and criminal behavior and toward a drug-free, law-abiding, productive life. The effectiveness of the juvenile drug court can be suggested by graduation rates and data on participants while they are still in the program, such as school performance, the frequency of positive drug tests, or failures to appear for such tests. But the real test is what happens after the juvenile leaves drug court, and to make this assessment, you will have to obtain follow-up data.

Further criminal behavior -- or at least criminal behavior that results in attention from law enforcement -- can be objectively assessed by reviewing official records, *if* they are accurate and up-to-date. Some outcomes call for information available from other institutional sources -- school enrollment, attendance, and performance, for example. For other outcomes, such as employment status, drug use, and participation in treatment after drug court, you may have to rely on interviews with the juvenile, parents, and others.

For evaluation purposes, we recommend conducting telephone interviews with former participants at regular intervals (six months or one year, for example) after they have left the program, whether they have been terminated for non-compliance or have graduated. Ideally these interviews would be conducted by someone independent of the juvenile drug court who could guarantee confidentiality, in part by reporting results only in group form. If an outside evaluator conducts the follow-up interviews, it will help to inform the drug court participants about this, either during their tenure in drug court or in a separate phone call after they leave.

Having drug court staff conduct follow-up interviews is more problematic, since confidentiality cannot be maintained. This may not be a fatal flaw, however, if good rapport has been established and maintained and honest reporting is the norm. Staff may conduct follow-up interviews if done on a routine basis, informing participants during the program that this is a critical step in their recovery. When a staff person contacts the participant, the same procedures for confidentiality that were upheld during drug court should be maintained, minimally, or enhanced, which would be better. A policy that guarantees that the information received from the former drug court participant will not be used against them in any way, and will not be shared with law enforcement officials, encourages honest answers to sensitive questions.

Staff-conducted follow-ups serve two purposes. They enable drug court staff to monitor former participants and remain in a position to encourage and support continued abstinence and progress, or alternatively, to urge the former participants back into treatment or other helping services if needed. Thus, they serve monitoring and aftercare purposes while providing information for the self-evaluation. All summaries of the follow-up interviews should report information in group form only (unless permission has been granted to use someone's story in the report), and be very clear about who did

the interviews and what participants were told about confidentiality and use of the follow-up information.

We caution, however, that probation officers, who staff many juvenile drug courts, may not be the best choice for conducting follow-up interviews. Despite the rapport probation officers may have built up with their juvenile charges, they remain law enforcement figures to youth and are not likely to be seen as neutral or benign. If no neutral outside experts are available to conduct follow-up interviews, you might consider self-administered questionnaires. These certainly pose problems, including eliciting socially desirable answers and dealing with non-response, but have benefits as well. Self-administered surveys may be conducted often, can be anonymous, and are not expensive or difficult to implement.

CONFIDENTIALITY PROTECTIONS

Beyond their consent to have personal information shared among multiple agencies (discussed in Chapter 1), the subjects of your study -- the juvenile drug court participants and comparison group individuals -- must be fully informed about the purpose of the study, how the information gathered will be used, the risks and benefits of their participation, and that their participation is voluntary. This "informed consent" can be communicated in writing or orally. Most importantly, be honest about the degree of confidentiality you can guarantee about follow-up information, and *scrupulously maintain that degree of confidentiality*.

Additional safeguards should be taken to protect the privacy and rights of evaluation participants. These may include password protections for management information systems, reaching agreements with prosecutors regarding confidentiality of follow-up interviews, keeping identifying records in locked drawers, and shredding identifying information at the close of your study.

To assess thoroughly a juvenile's outcomes after drug court, it is likely that you will want to interview the juvenile, his or her parents or guardians, and perhaps significant others, such as the juvenile's school teacher or principal, employer, or others. Collecting specific information from these "significant others" may serve the same purpose. The following information may be collected via follow-up interviews or follow-up contacts;

additional information pertinent to your court's needs and interests should be added. Interviews with the juveniles should cover:

1. Motivations for entering and staying in juvenile drug court.
2. Perceptions of key elements of the juvenile drug court process.
3. Participation in treatment, 12-step meetings, other services.
4. Use of alcohol and illicit drugs.
5. Involvement in criminal activity.
6. Current family and living situation, changes since beginning drug court.
7. Current status in school, employment, vocational training.

8. Status of health, physical and mental; any emergency room or hospital visits.
9. Self-reports of community engagement, family functioning, self-esteem, etc.

Interviews with the juvenile's parent(s) or legal guardian(s) should cover:

1. The juvenile's current substance use and involvement in delinquent behaviors.
2. The juvenile's current behavior and functioning at home, at school, and other significant spheres of juvenile life.
3. Changes in the family since drug court participation, including changes in substance abuse, communication, family reunification, etc.

Interviews or contacts with school officials, employers, and others should be tailored to the respondent's specific area of knowledge. They would include asking about changes in the juvenile's behavior and actions and progress made (e.g., school performance, vocational training completion, good work habits, etc.).

Interviewing comparison group members. If there is no contact with or official supervision of the comparison group members, follow-up interviews may not be feasible, whether done by drug court staff or external interviewers. A "cold call" to a comparison group member -- assuming these juveniles can be reached -- would begin with an explanation of the study and the comparison group member providing informed consent (and possibly parental consent) to participate. Yet even consenting to the interview may not lead to honest answers to sensitive questions on substance use and criminal behavior.

If the criminal justice system has some kind of ongoing contact with or supervision of the comparison group members, however, follow-up interviews may be more easily conducted. While we still advise that probation officers *not* conduct follow-up interviews, probation officers may be helpful in locating the juvenile and persuading him or her to cooperate in an interview with another neutral person. Without this type of connection or access to comparison group members, we do not recommend trying to conduct these follow-up interviews with them. They are likely to be time-intensive, frustrating, and probably unsuccessful in the main. Your outcome assessment of the comparison group will then rely on what is available in criminal justice records concerning recidivism.

If you are able to implement a true experimental design and have developed a control group, these individuals should be followed up. Someone at the court will have already screened these individuals for drug court eligibility, informed them of the study in progress, and obtained informed consent and current contact information for them.

Obtaining Recidivism Data

The goal of most juvenile drug courts is to eliminate (or reduce) substance abuse and related criminal behavior, leading to positive benefits for the individual, family,

criminal justice system, and community. Thus, tracking the recidivism of drug court participants and comparison group members, and translating the recidivism data into dollar figures to analyze costs and cost savings, are key components of a juvenile drug court impact evaluation.

In most states, access to juvenile and adult criminal activity data is strictly enforced, and the confidentiality of juvenile records is especially strict. As discussed in Chapter 3, the key drug court stakeholders must resolve conflicts between confidentiality laws and drug court procedures and information needs through consent forms agreed to at the formation of drug court, and individual participants must also (sometimes with parental consent also) agree to certain disclosures. You may still have to work out special agreements to access criminal records on comparison group members, or obtain needed clearances (in California, for example, researchers may obtain permission from the state justice agency to access criminal records if they are sponsored by an approved criminal justice agency and pass a background check).

The standard recidivism data collected in most juvenile drug court evaluations, and required in the DCPO bi-annual surveys, are the number of arrests and convictions for:

- Drug offenses
- Other nonviolent offenses
- Violent offenses
- Traffic Offenses: DWI and others

The best source for these recidivism data is typically a state-level criminal justice information system which relies on both law enforcement and court data sources. For juveniles on probation during or after drug court or alternative programs, violations of probation terms are also good outcome measures. These will be available from the probation department, perhaps in individual files only.

Actual figures used for impact analyses vary, and include the percentage of drug court participants or comparison group members re-arrested, the number of arrests or convictions per person, and the length of time to first arrest. For each conviction, sentencing information should be sought, including whether a jail or prison term was imposed, if it was suspended, and the number of days served (if any); length and terms of probation; and the amount of fines, restitution, victim compensation, etc. This information should be obtained for the drug court participants and any comparison or control groups, for the time frames you determine based on the guidelines below.

Most of the statistics you will be using to make sense of your data are frequencies, averages, percentages, ranges, and row and column totals. Statistical tests assess whether differences between two or more groups are "real" (significant) differences or simply a matter of chance. A difference is considered statistically significant if the p (for probability) - level of the statistic is .05 or smaller; this means that there is a 95% probability that the differences noted are indeed real, and not an artifact of chance. The most common statistics you will encounter in reporting drug court caseload data are (1) the chi-square, which assesses differences in groups based on categorical data

(ethnicity, for example), (2) the t-test, which assesses differences between the means of two groups, and (3) the F-test, typically derived via analysis of variance, which assesses differences among two or more groups.

Entering follow-up and recidivism data into the MIS 2002. The MIS 2002 is not designed for the entry and analysis of data directly from questionnaires or criminal records; rather, the follow-up screens enable you to record summary information gathered from the interview. The MIS 2002 will hold follow-up information from interviews and recidivism data at three points in time (if you are a DCPO grantee, these points are probably 6, 12, and 18 months after each participant has graduated or left drug court). In addition to recidivism data, the follow-up screens record the date of follow-up, case worker notes, whether the participant reports abstinence or not, current treatment if any, and other significant outcomes (such as obtaining a GED). Through queries, summary data can be obtained from these screens.

Recidivism data have been left open-ended on the follow-up form. Entries, by follow-up date, present information on the type of offense and its disposition.

Time Frames for Outcome Assessments

We recommend following up juvenile drug court participants and comparison/control group members for at least one year; the DCPO survey calls for an eighteen-month follow-up, with contact every six months. We also advocate looking at criminal behavior, substance abuse, and other noteworthy behaviors for two time periods, beginning from the point of arrest. The first period is the time spent in drug court (for drug court participants, this is the period between arrest and termination or graduation at drug court) or in the alternative program (for comparison group individuals, this would be the period between arrest and the end of probation, or between arrest and the end of a diversion program). The second time period, the follow-up period, would begin at the end of drug court or end of alternative program, and proceed for at least one year.

These time frames should be adjusted to fit individual court circumstances. For example, if comparison group members are incarcerated for eight weeks following arrest and adjudication, and then put on probation, the eight weeks incarceration would not count as either time period. Rather, the "clock stops" until the individual re-enters everyday life. Also, if juvenile drug court typically lasts 18 months and a typical probation term for a similar charge is 36 months, it is likely that you will want to compare the drug court participant's outcomes while in drug court to the comparison individual's first 18 months on probation, then compare the participant's out-of-drug-court follow-up period to the second 18 months of probation, and finally compare the drug court participant's follow-up period to the comparison individual's follow-up period, after probation ends.

Cost-benefit Analysis

Assessing the costs and cost savings of juvenile drug courts is the most difficult part of an impact evaluation -- even most seasoned evaluators tend to avoid the complexities and cost of cost-benefit analyses. Finnegan (1999), for example, reports

that a thorough cost analysis can be "dauntingly expensive" (p.62). In this section, we will talk in general but comprehensive terms about what cost data might be collected and how it should be handled. For a thorough report covering the computation of drug court costs and cost-benefits, please see Roman, Woodard, Harrell, and Riggs (1998).

In its simplest form, a cost-benefit analysis requires computing the cost of the drug court operations and the benefits of drug court, defined as the cost savings due to drug court outcomes. Once these costs and benefits are calculated, the results are typically shown as a benefit/cost ratio, where the total cost savings are divided by the total costs of operation, or the net economic benefit, which is simply the total cost savings minus the costs of operations. In either case, drug courts aim for a ratio or net benefit figure as large as possible, and certainly larger than one. If your self-evaluation includes a comparison group, the benefit/cost ratio and net economic benefit figures of the drug court and alternative program(s) may be directly compared.

Juvenile drug courts adapt to the communities they serve, and it is not possible to mention every potential cost and benefit here. A broad description of the types of costs and benefits found in most jurisdictions will be provided. In addition, some cost figures may be available locally, while others will not and may have to be estimated from state or national figures.

Calculating program costs. The first step in a cost-benefit analysis is to document how much the drug court itself costs, over and above what the usual costs of handling drug-involved juvenile offenders may be. To compute juvenile drug court costs, collect information on the cost of the following program elements for a specified period (usually one operational year, excluding implementation costs):

Personnel costs (coordinator, treatment specialists, probation officers, administrative, etc.) and facilities costs (rent, utilities, phones, computers, drug tests, etc.). These costs may be covered by different involved agencies and although they may be contributed to the drug court, the costs are real and can be estimated by the finance office of your court or county.

Costs of treatment and other specific services, unless borne completely by the participants themselves. Individual local programs may have figures for the daily or per participant cost of their treatment services, or external figures may be available. In California, for example, a major study of the cost and cost-benefits of drug and alcohol treatment was completed in 1994 and offers the following estimates for treatment costs: \$61.47/day for residential treatment, \$34.41/day for social recovery, \$7.87/day for outpatient services, and \$6.79/day for methadone treatment. Treatment and other service costs should include in-kind resources devoted to the drug court and services paid for through Medicaid or other publicly funded systems.

Court and criminal justice time related to drug court, including the cost of the time of judges, prosecutors, public defenders, and staff (clerks, bailiffs, etc.), and jail costs for sanctioned participants.

Calculating program benefits (cost savings). The second step of a cost-benefit analysis is to document how much the juvenile drug court saves the court, criminal justice system, and community. Again, potential program benefits are many and may be locally defined. Generally, however, juvenile drug courts aim to reduce substance abuse among participants, leading to:

Reductions in crime, leading to reductions in victim, law enforcement, criminal justice system, probation, investigative and protective agency, and corrections costs. Finnegan (1999) suggests that cost savings in criminal justice system expenditures are the most important costs to capture in a cost analysis.

Improvements in health, leading to reductions in emergency room visits, hospitalizations, high-risk infant care, and substance abuse treatment. The General Accounting Office reports that post-natal care of cocaine-addicted babies costs between \$250,000 and \$1,000,000, paid primarily by Medicaid and hospitals.

Labor market gains through increased education and employment, tax payments, and productivity, and reductions in public assistance costs. For juveniles, these benefits are realized over the long-term -- *and* are likely to be figures that cannot be reliably estimated. Discrete information, such as the percentage of participants who are employed during the follow-up period or their average earnings per year, may be used to assess comparative gains.

Improvements in family life, leading to reductions in child welfare and foster care costs and increases in child support payments.

Non-monetary benefits of juvenile drug courts include the prevention of generational substance abuse. A cost-benefit analysis might focus on the drug court's operational costs for one year compared to one year's worth of public benefits, but it is also recognized that juvenile drug courts -- by intervening early in a delinquent's career -- may have long-reaching cost-benefit advantages.

Implicit in the majority of the cost savings categories is that a comparison group is included in the cost-benefit analysis. Reductions in crime costs, for example, result from *comparing* the cost of re-arrests and new convictions of drug court participants to those of offenders processed in the usual way. Measuring reductions in crime costs may require the collection of the following figures for both experimental and comparison groups:

1. The number of arrest and convictions for various crimes during a particular time period.
2. The average cost per arrest. This figure may be available from a county or regional law enforcement agency in your area. Gross state estimates may be derived from the national *Sourcebook of Criminal Justice Statistics* by dividing total local police expenditures by all arrests. Using the 1998 *Sourcebook*, the average cost per arrest in California was \$2,414 (Maguire & Pastore, 1999).

Finnegan (1999) appears to have used the same source for his evaluation of the Multnomah County, Oregon, drug court (his figure for Oregon was \$1,850/arrest).

Roman *et al.* (1998) report estimates for the cost of arrests for four crimes, compiled by Cohen, Miller, and Rossman (1994). These figures include the defendant's legal services and the system's costs of arrest, booking, jail, pretrial investigation and hearings, trial, sentencing, posttrial jail, and conditional release, and range from \$1,898 for robbery to \$8,954 for murder.

3. Cost of adjudication and sentencing per arrest. Gerstein *et al.* (1994) estimate these costs as expenditures on crime-related court and legal costs divided by total arrests. Using the 1998 *Sourcebook*, this 1998 cost in California was \$1,091 per arrest. Finnegan (1999) used data from a sample of local courts and Oregon data from the national Bureau of Justice Statistics (guessed to be the *Sourcebook of Criminal Justice Statistics*); the Oregon cost of adjudication without a conviction was \$1,192/arrest and \$4,230/arrest with a conviction).
4. Cost of corrections. State or local estimates of the costs of jail, prison, and probation terms should be available. 1998 data from the California Department of Corrections estimate annual costs of prison at \$21,098 per inmate, and the annual costs of parole as \$2,145 per parolee. In Monterey County, probation costs range from \$5 to \$63/month, depending on the level of supervision. In D.C., jail costs were estimated at \$65/day and probation/parole costs were \$2.40/day (Roman *et al.*, 1998). Finnegan (1999) gathered corrections cost estimates from county data sources and a previous cost savings study of drug and alcohol treatment in Oregon.
5. Victim costs. Lower victimization results in reductions in property loss, medical care, and lost work days to individual victims, and immeasurable savings in decreased fear and psychological trauma. Using National Crime Victimization Survey data and including costs related to property loss, medical care, mental health, police response, victim services, and lost productivity, Miller *et al.* estimate the cost of an assault incident at \$1,665, burglary at \$1,183, robbery at \$2,416, child abuse at \$7,350, and drunk driving at \$6,246.

An example of how to use recidivism data is drawn from our own evaluation of the Monterey County Adult Drug Treatment Court (Roehl, 1998). We found that the average number of arrests per drug court graduate for the year after graduation was .22, compared to 1.20 arrests, on average, of a comparison group of offenders. Using the average cost per arrest figure for California cited above, the cost savings to law enforcement based on the 18 graduates was \$42,583 $((18 \times 1.20 \times \$2414) - (18 \times .22 \times \$2414) = \$52,142 - \$9,559 = \$42,583)$. Costs were also attached to these probation and jail outcome figures: drug court graduates were placed on probation for an average of 10.7 months post-drug court, while comparison group members were placed on probation for an average of 33.0 months; likewise, drug court graduates served an average of 19 days in jail during the follow-up period while comparison group members serviced an average of 35 days.

It is likely that you will be able to produce credible figures on the drug court's main outcomes, particularly recidivism. Not all potential benefits can be quantified. Reporting outcomes in quantitative but nonmonetary terms (e.g., 42% of juveniles in the comparison group were re-arrested on drug charges in the six months following their adjudication, versus 12% of juvenile drug court participants) or in qualitative terms only (e.g., two of the female graduates, pregnant at the time of referral to drug court, gave birth to drug-free babies prior to graduation) may be some of your drug court's most powerful findings.

Chapter 5: Presenting the Evaluation Results

The results of your self-evaluation efforts represent important information for your drug court staff, policy makers, stakeholders, and funding agencies, and should be summarized in a concise, readily available form. In this final chapter, we offer some suggestions for organizing a comprehensive evaluation report and presenting your caseload figures.

A comprehensive evaluation report will begin with a summary of your program's history, development, and current operating procedures. This information, gathered as part of the process evaluation, forms a major part of the case study (see Chapter 3)...if you wrote one. The evaluation report would conclude with the findings from the outcome evaluation and conclusions and recommendations, if any. As you write a case study or final evaluation report, it would be wise to include information on how your juvenile drug court addresses the ten key components of drug courts, which are (DCPO, 1997):

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of programs goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

The following outline provides one option for organizing an evaluation report:

I. Background of the Juvenile Drug Court

- A. Date established and reason for creation (this might include a reference to jurisdiction-wide problems of youth involved in drugs and delinquency, the success of the adult drug court, or other local events and/or driving forces for the establishment of a juvenile drug court).
- B. Description of the jurisdiction served, including population demographics (size, ethnicity, etc.) and a summary of juvenile substance abuse problems and trends.
- C. A summary of the problems the juvenile drug court will address, including a description of the universe for the drug court (i.e., the number of potentially eligible youth, their characteristics, etc.).
- D. An overview of your evaluation methods.

II. Development and Implementation of the Juvenile Drug Court

- A. Purpose of mission of the drug court, including specific goals and objectives.
- B. A description of the sponsor and funding of the drug court, and how the drug court fits organizationally into the local court, probation, and corrections systems.
- C. Key agencies involved in the development of the Juvenile Drug Court, their roles in development, and current responsibilities. Agencies to include are likely the court, district attorney's office, public defender's office, probation department, schools, family and social service agencies, and treatment providers.

III. Current Functioning of the Juvenile Drug Court

- A. Eligibility criteria, referral, screening, and intake assessment procedures.
- B. Current program processes -- descriptions of the components and requirements for each phase (treatment and 12-step requirements, urinalysis testing, etc.), average length of time spent in each phase.
- C. Participant obligations and sanctions for non-compliance.
- D. Treatment and other services (include a brief description of each major treatment and service provider's services).
- E. Staffing and facilities.

IV. Caseload Statistics

- A. Number of referrals to date, characteristics of drug court participants.
- B. Summary of drug court processes (e.g., time between referral and assessment, number of drug court appearances or urinalysis tests, treatment received, etc.).
- C. Immediate outcomes (graduated, terminated, withdrew) of participants to date.

V. Outcome Findings

- A. Results of follow-up interviews with drug court participants and comparison group members.
- B. Recidivism statistics for drug court participants and comparison group members.
- C. Cost and cost-savings analyses.

VI. Conclusions and Recommendations

- A. Strengths of the Juvenile Drug Court, drawn from stakeholder interviews, immediate outcomes figures, and impact analyses.
- B. Weaknesses of the Juvenile Drug Court, drawn from the same sources.
- C. Recommendations for changes in Juvenile Drug Court criteria, operations, procedures, etc., based on evaluation findings.

The background information on your drug court (sections A-B) will not change much over time, obviously, and the operations of the court (section C) needs only to be updated periodically as key elements change. It is the juvenile drug court's caseload that provides the best picture of the drug court's current functioning, and it is the caseload that is ever-changing, changing literally every day. Presenting caseload statistics on a regular basis is an integral part of self-evaluation.

Presenting Caseload Statistics

Caseload analyses provide a wealth of information on the juvenile drug court. The information contained in your case files or MIS can tell you who participates in drug court (and is it the population you *intended* to reach?), how they progress through the program (e.g., time spent in each phase, number of positive urinalysis tests and subsequent sanctions, treatment outcomes, etc.), and whether the drug court operates as planned. This information simply needs to be summarized, extracted, and presented in usable form. You can do this with a series of queries of the MIS, the creation of new reports produced by the MIS, or by exporting the caseload data to a statistical analysis program in order to analyze case characteristics, process, and outcomes.

The first step in presenting caseload statistics is deciding how you want to treat the groups of interest. For example, if your drug court is very new, you may want to treat all participants as one group. If your program is more mature, it is informative to break

the caseload into specific groups of interest, and in particular, to look at graduates and those who have dropped out or been dismissed separately. This comparison can provide insight into who is succeeding and who is not.

The table below illustrates one way to present the characteristics of juvenile drug court participants, broken down by both immediate outcome (graduated, Phase 2/3 dropouts, and Phase 1 dropouts) and the participant characteristics of gender, ethnicity, and primary language.

	OUTCOME				Graduation Rate
	Graduates	Dropouts		Total	
		Phase 2/3	Phase 1		
Gender					
Female (%)	44 (44.0)	46 (32.2)	96 (36.4)	186 (36.7)	23.7%
Male (%)	56 (56.0)	97 (67.8)	168 (63.6)	321 (63.3)	17.4%
Ethnicity					
White (%)	58 (56.2)	58 (50.6)	92 (35.0)	208 (41.3)	27.9%
Hispanic (%)	24 (24.5)	57 (39.9)	120 (45.6)	201 (39.9)	11.9%
African-American (%)	10 (10.2)	9 (6.3)	25 (9.5)	44 (8.7)	22.7%
Other (%)	6 (6.1)	19 (13.3)	26 (9.9)	51 (10.1)	11.8%
Primary language					
English (%)	82 (82.0)	124 (86.7)	220 (83.7)	426 (84.4)	19.2%
Spanish (%)	16 (16.0)	18 (12.6)	42 (16.0)	76 (15.2)	21.1%
Other (%)	2 (2.0)	1 (0.7)	1 (0.4)	4 (0.8)	50.0%

The bottom row also illustrates the problems of reporting small numbers. Two of the four participants whose primary language is not English or Spanish graduated, and because the numbers are so small their 50% graduation rate (compared to 19.7% overall) is misleading.

We are unabashed fans of tables and graphs for presenting quantitative data. Not everyone is. We recommend presenting caseload data in tables or graphs *and* covering the main points in a narrative. Tabular presentations such as that presented on the previous page provide data to answer key questions such as Do boys and girls succeed at similar rates? Do language barriers appear related to dropping out? In the narrative accompanying the table, you may write that there were more boys than girls enrolled in juvenile drug court (63.3% of the participants were boys), yet girls had a higher graduation rate (23.7% vs. 17.4% for boys). Similarly, non-English speaking participants

did as well as or perhaps better than English speaking participants -- Spanish speakers had a graduation rate of 21.1% versus 19.2% for English speakers (and, you might add, two of four participants whose primary language was neither English or Spanish graduated as well, but these numbers are too small to draw any significant conclusions).

Tables are useful ways to present data on drug court processes as well, as illustrated below:

JUVENILE DRUG COURT EVENTS (Averages and ranges are presented)	GRADUATES	PHASE 2/3 DROPOUTS
No. of days between referral and assessment	1.4 (0-5)	2.9 (0-13)
No. of days between first drug court appearance and signing of contract	20.9 (5-95)	31.7 (0-98)
No. of days between first and last drug court dates	361.1 (273-498)	141.0 (35-448)
No. of Juvenile Drug Court appearances	12.4 (2-22)	8.5 (3-26)
No. of urinalysis tests given	19.5 (11-29)	9.3 (1-28)
No. of positive urinalysis tests	1.0 (0-3)	3.4 (0-12)
No. of days in detention due to juvenile drug court sanctions	.11 (0-2)	1.2 (0-14)

Statistics such as those presented above may be extracted from your MIS in three ways: (1) by running a series of queries, (2) by developing reports to be produced by the MIS, and (3) by exporting your data to a statistical analysis program. Queries could be used to produce the table on the previous page, but counting the numbers of girls and boys, then the number of girls and boys leaving drug court in each phase, then the number of Whites, Hispanics, African-Americans, and others, and so on. Converting the numbers to percentages -- assuming you have enough in each group for this to not be misleading -- helps examine and make sense of the data.

Developing reports to produce summary caseload information requires expertise in Access. But once done, updated information can be readily obtained by re-running the report, much as the *Snapshot Report* produces updated information each time it is produced.

The third way to analyze case statistics is to export data from the MIS to a statistical software program and use the statistical program to produce comprehensive tables. Programs such as SPSS or SAS not only produce the information in the format desired, they can also be used to run statistical tests -- to see, for example, if the 23.7%

graduation rate for girls is *statistically significantly* greater than the 17.4% graduation rate for boys. If this difference is statistically significant, you should expect these differences to remain if you had an expanded number of cases; if it is not statistically significant, it means the graduation rate differences were a matter of chance, and a new group of participants might produce opposite results.

If the specific data (e.g., age or ethnicity of the participants) you are looking at is continuous -- like age, or years of education, or months spent in juvenile drug court -- report averages (means) and ranges (juveniles in drug court may range from 13 to 17 years old, for example, with an average age of 16.2 years). If the data are not continuous -- like gender, or ethnicity, or immediate outcome in juvenile drug court -- report raw numbers (frequencies) and percentages.

If you have implemented an experimental or quasi-experimental design, include the control or comparison group's data in your tables wherever appropriate. Although your random assignment or comparison group selection procedures *should* have produced groups similar to the juvenile drug court participants, compare their characteristics (age, gender, etc., -- particularly criminal history prior to arrest) to the drug court participants.

Outcome data should be handled in the same way as the case characteristic and drug court processing information. It is likely that you will want to use statistical tests of differences for the recidivism data, although expressing results in simple terms works well also. In the table on the next page, for example, a fairly complex analysis of the outcomes of adult drug court participants and comparison group members is presented (drawn from Roehl (1998)). The table presents recidivism data for drug court graduates, those who dropped out in Phase 2 or 3, and comparison group members (in this case, randomly selected offenders arrested the year prior to the creation of the drug court, who were arrested on charges that would have gotten them referred to drug court had it existed then), in terms of the average number of arrests or convictions per person. The last three columns present the results of F-tests of significance, comparing the recidivism rates of graduates and dropouts (Column D), graduates and comparison group members (Column E), and dropouts and comparison group members (Column F). Roehl (1998) concluded that drug court graduates "do better" than comparison group members in terms of post-intervention recidivism, while drug court dropouts "do worse" on average than comparison group members. Can you see the data to support this conclusion in the significance tests and the direction of different means of the three groups?

(A)	(B)	(C)	(D)	(F)
Arrests and convictions post drug court or arrest (average per person)	Drug court cases	Comparison group cases	Differences ³ between graduates and dropouts	Differences between dropouts and comparison cases

³Ordinarily, a difference is considered statistically significant if the p (for probability)-level of the statistics is .05 or smaller, which means that there is a 95% probability that the differences noted between groups are indeed real, not an artifact of chance. As in this table, however, statistical differences of .10 or smaller are sometimes reported, and ns means "not significant," that the differences are simply a matter of chance.

	Graduates	Phase 2/3 dropouts		(oneway anovas, F-tests)	(oneway anovas, F-tests)	(oneway anovas, F-tests)
Misdemeanor arrests:						
Drug-related	.17	.95	.59	.003	.10	.05
Violent	.06	0	.08	ns	ns	ns
Property	.11	.27	.27	ns	ns	ns
Felony arrests:						
Drug-related	.06	.91	.71	.003	.008	ns
Violent	0	0	0	--	--	--
Property	0	.09	.02	ns	ns	ns
Misdemeanor convictions:						
Drug-related	.06	.68	.47	.01	.02	ns
Violent	.06	0	0	ns	.09	--
Property	.11	.24	.14	ns	ns	ns
Felony convictions:						
Drug-related	.06	.59	.32	.003	.06	.07
Violent	0	0	0	--	--	--
Property	0	.09	.06	ns	ns	ns
Sentences (total, all convictions):						
Probation (avg. months)	10.7	49.4	33.0	.001	.02	ns
Prison (avg. days)	0	76.8	136.0	ns	ns	ns
Jail (avg. days)	23.8	161.2	72.1	.002	.06	.006

The information gathered during follow-up interviews should be summarized in narrative fashion. This summary may be organized in any way that highlights the information you want to relate to your audience. Sections on participant views of the juvenile drug court, self-reported substance abuse and criminal behavior since drug court, and participants' schooling, employment, and family life would be appropriate. Individual anecdotes may also provide a human touch to your evaluation findings. The story of a juvenile delinquent who has become sober after years of drug use, been reunited with his family, and received his GED while in drug court, for example, paints a positive picture that may not be readily apparent in a table of numbers or summary of interview responses.

End your evaluation report with a summary of the strengths and weakness of your juvenile drug court, based on the stakeholders' perceptions and process and outcome results. Your report may also include recommendations for changes in drug court criteria, specific procedures, or operations.

Small numbers also affect significance tests -- obviously the number of prison and jail days for each group are quite different, but are apparently based on such small numbers cannot be considered statistically significant.

We hope that your self-evaluation journey will be an enjoyable and informative experience. Along the way, remember to celebrate your successes and keep that MIS current. Good luck.

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Part II:

MIS Manual

Part II: Using the Juvenile Drug Court Management Information System 2002

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Appendix A: Copies of all MIS “pages”

OVERVIEW

Summary of MIS Components and Uses

The Juvenile Drug Court Management Information System 2002 (MIS 2002) is a simple, menu-driven Microsoft Access database developed primarily for use by small drug courts. An on-screen form with multiple pages mimics those typically used to record information on drug court clients from intake through to their termination or graduation. Paper forms are also attached (and included on the compact disk), giving you the option of entering data directly into the MIS from the start or capturing information on paper forms and entering it into the MIS at a later date.

SYSTEM REQUIREMENTS

You will need Windows 95 or higher and Access 97 or higher to run the MIS. Your computer should have at least 32K of RAM and a mouse. The capacity of the MIS is limited only by the capacity of your own hard disk and back-up device.

The MIS is viewed best when the screen resolution is set to 800 by 600 pixels.

The MIS contains nine built-in reports to summarize and print case file information. Three of the reports produce caseload statistics, three provide lists of current participants, and three provide summaries of individual progress:

- The *Caseload Statistics* report produces statistics for a period of time specified by the user (a certain week, month, quarter, etc.), including the number of juveniles enrolled, the number of juveniles promoted to phase two and phase three, the number of juveniles in each phase, referrals, assessments and admission to drug court, drug testing, the number of juveniles in each type of treatment, and discharge status.
- The *Snapshot Report* presents a “snapshot” view of the status of all current cases at the time of printing. Statistics include the number of juveniles in each phase, the number of juveniles who are active-in the program, active-in custody, or on bench warrant status, and the number of juveniles enrolled in each type of treatment (12-step, aftercare, etc.).
- For those drug courts that receive funding from the Drug Courts Program Office, U.S. Department of Justice, the *DCPO Report* produces case statistics (ex., number of admissions, graduations, terminations, withdrawals, and deaths; ethnic descent of those admitted) required for the DCPO bi-annual survey.
- Lists of current participants are available in two formats: a contact list of participants in alphabetical order, and a list of participants in treatment grouped by treatment providers. The *Participant Contact List* includes the admission date and case number, “primary guardian” address and telephone numbers, and “other guardian address” and telephone numbers.

The *Treatment Contact Sheets* (there are two reports - one lists all juveniles in treatment, and one lists all juveniles scheduled to appear on a court date specified by the user) include a treatment provider name, branch, contact person and phone number; juvenile names, admission dates to drug treatment court, and current phases; primary guardian names and phone numbers; and a space for handwritten notes.

- The *Individual Progress Report* presents information on a participant's current status, outcomes of each drug treatment court date, and drug test results.
- The *Status Report for Court* summarizes progress made by an individual since his or her last court appearance (compliance with contract, progress notes), and lists current treatment and/or programs, number of positive drug tests in each phase, and specific recommendations to the court.
- The *Progress and Compliance Reports* are a series of reports that list, for the category you choose, all recorded notes and comments on that topic. The categories include: telephone contacts, drug tests, office visits (no drug tests), home visits, contact with treatment providers, contact with schools, contact with juvenile hall or jail, contact with employers, "other" contacts, case notes, and all contacts and notes. You can print, for example, a summary of all urinalysis results for one individual.

Expertise Needed to Use the MIS 2002

Every person using the MIS, whether entering data, viewing case records, or printing reports, should have a rudimentary knowledge of Microsoft Access, the database program

underlying the MIS. All the standard Access functions, such as deleting records, using filters, and finding records, work in this database, and incorrectly using Access may lead to problems with the MIS 2002.

KNOWLEDGE REQUIREMENTS

Familiarity with Access is needed to enter data, move among fields, print reports, make back-ups, etc. An intermediate knowledge of Access is needed to make routine changes to fields, menus, etc. Expertise in Access is required to make major changes such as altering reports or queries, or creating new reports.

Access to the MIS may be controlled by the database administrator, who should also make or approve all changes to the system.

We assume that a particular person in your court (the court's database administrator, drug court coordinator, etc.) will be in charge of the MIS. This database administrator controls access to the MIS through passwords and/or the designation of workgroups that limit user access to specific information and protect the structure of the database. Simple changes, such as adding another option to a drop-down menu or adding a field to a form, are relatively easy to make and instructions for doing so have been included in this guide. Please note, however, that changes made in fields that are tied to the built-in reports may result in these reports being inaccurate.

These fields are listed under the description of each report in this manual.

Expertise in Access is needed to customize the built-in reporting functions, generate new or different reports, incorporate new queries, or produce caseload graphics. Instructions for these types of advanced programming are beyond the scope of this guide, but may be found in a detailed Access manual.

“Dear Drug Court Coordinator”

The first decisions that need to be made before beginning to use the MIS concern how the database will be used, how data will be entered, and what modifications, if any, should be made to the MIS. For example, your court may want to use the entire MIS and enter information in “real-time,” as intakes are performed, contacts are made with participants, etc., using the entire MIS. Or, you may want to use pieces of the MIS, leaving out particular sections (treatment history, for example), and enter only needed data on a weekly basis. It is highly likely that customizing drop-down menus and specific fields will be needed to fit your drug court’s population and procedures. One person, or a few experienced staff, should enter a few cases and test the MIS vis-à-vis the court’s case management and information needs.

Once these initial decisions are made, we recommend that one person – the court’s database administrator, drug court coordinator, or other designated person (if your drug court is very small, these may all be one person, you) – be charged with the responsibility of maintaining the MIS’ security, customizing the MIS as desired, and training and monitoring all staff using the MIS. This person should be familiar with Microsoft Access and the MIS, and make all modifications (or as many as possible) before data are entered. All users not familiar with Microsoft Access or your court’s case files and procedures will need initial training followed by close supervision and monitoring until it is clear that information is being entered appropriately and accurately. Periodic verifications are recommended to ensure the quality of data entry.

Security and Networking

The MIS opens in a secure mode, with the database window hidden and menus partially hidden. Changes to the basic structure and design are relatively easy to make, however, and the ability to do so should be limited to the database administrator or other designated staff.

There are two methods used in Access to protect a database: (1) set a single password for opening the database, or (2) establish user-level security, which limits access to different parts of the database to different users. Setting a single password is the simplest method; it requires each MIS user to type in the same password to open the database. Lost passwords cannot be recovered, so the password should be recorded in a secure place. The user-level security method, although a bit more time consuming to establish, can be used to prevent users from accidentally damaging the structure of the database. More information on these methods may be found on the Access Help Menu by typing in “secure a database.”

The Juvenile Drug Court MIS 2002 is intended for use within the drug court itself, and is not designed to link to, or electronically exchange information with, other agencies such as treatment programs and probation departments. However, if you have multiple computers networked within the drug court office, more than one person may use the MIS at the same time. Adding, changing, and deleting information from juvenile records in this situation is simple – by default, Microsoft Access will save changes you make to one record when you move to another juvenile’s record (there is no need to click the Save icon on the toolbar). Within a few seconds, Microsoft Access will also “synchronize” the information. That is, the changes will appear on every open version of the MIS.

The user-level security method allows you to assign passwords to different users and limit their access or the ability to enter or change data. Unless you have experience with the maintenance of a multi-user environment, you may want to seek professional assistance in installing the MIS on a network. There are specific decisions to be made prior to the installation regarding user access, editing data, and editing database objects.

Backups

As with any database or computer file, you should back up the MIS often to avoid the loss of information due to computer or power failures. The MIS may be saved in compacted or compressed form to save space. Compact your database frequently, especially after making changes to the structure or entering and deleting data. As the database file will exceed the size of a floppy disk, you must use Microsoft Backup or backup software to copy the file onto more than one disk, or copy the entire MIS using a Zip drive or CD burner. While data are saved automatically as they are entered, we cannot stress enough the need for frequent backups. Please backup your MIS at least daily.

If You Need Assistance

Assistance in installing the MIS on your computer, using Access, or making changes to the MIS must be obtained from your court’s computer department. If you have specific questions regarding the use of the MIS, please contact Kristin Guertin at kguertin@redshift.com.

GETTING STARTED

Loading the MIS 2002

The Juvenile Drug Court MIS 2002 is a database built with Microsoft Access 97, and thus cannot be installed by "Adding software" or running a program through Windows. Please note that the MIS cannot be read or used directly from the CD. The MIS is fully functional only after it is copied onto your hard drive *and* after you remove the check mark from "Read only" in the Properties dialog box (as described in step eight below). To begin, copy the MIS database from the CD to your computer:

1. Insert the MIS CD.
2. Open Windows Explorer.
3. Double-click on your CD-ROM drive letter.
4. Highlight (click once) the folder titled Juvenile Drug Court Toolkit, right click the mouse, and choose Copy.
5. Highlight the c:/ drive (or a folder you choose within the c:/ drive), right click the mouse, and choose Paste. Alternatively, you may simply click and drag the MIS from your CD-ROM drive to your hard drive in the same way you may move word processing documents.
6. In your c:/ drive, open the folder you've just copied. There are three items in the folder: the MIS 2002 (an Access database), the MIS 2002 sample data, and the Self-Evaluation Toolkit for Juvenile Drug Courts (a Word document).
7. Highlight (click on once) the words MIS 2002, right click on the mouse, and choose Properties.
8. In the Properties dialog box remove the check mark from "Read-only" and click Apply.
9. Click OK. Repeat this process for any Word document you wish to alter.
10. Open the MIS you copied into the c:/ drive by clicking on it twice. If the MIS does not open, repeat steps 2 –9. (Note: If Access 2000 is installed on your computer, a message will appear asking if you want to convert the MIS to Access 2000. Although the MIS was developed on Access 97, it will also operate after being converted to Access 2000.)
11. Remove the MIS CD.

The Main Menu

Upon opening the MIS 2002, the Main Menu appears, displaying all possible options. The first option, *Enter, View and Edit Records*, leads you to the form used for entering new cases into the MIS, editing data, and viewing data. The second option, *Exit Access*, closes both the database and Microsoft Access. All other options allow you to print reports. Note that the menu titles appear at the top left corner of the screen, following the words "Microsoft Access."

Personalizing Your MIS

You will want to change the current name of the database, "JRC Juvenile Drug Court, Pacific Grove, CA" (found on the upper left of the opening menu), to the name and location of your drug court. Instructions for personalizing your MIS are included in the section of this manual titled Customizing the MIS: For Administrator Use Only.

ENTERING AND VIEWING CLIENT DATA

Entering New Cases

The Enter, View and Edit Records form is used for entering new cases into the MIS, editing data and viewing data. Upon opening this form, the user will see two rows of “buttons” near the top of the screen. By clicking once on a button, the information displayed on that “page” comes to the front of the screen. The seven buttons on the top row (General Info, Family, Drug Use, Treatment History, Health, Delinquency, Assessment Results) are related to intake information. The first five buttons on the bottom row (Court, Court Dates, Progress and Compliance, Treatment/Services, Outcome) are related to case management information, and the last button (Follow-up) displays a page used to capture post-graduation or termination information on each participant.

The Form is designed so the user may tab through from the first field on a page to the last field on a page. To tab out of a subform (if you keep pressing tab but are not moving on, you are probably in a subform) to the next field, press Ctl + Tab. You will encounter a number of fields with built-in answers on drop-down menus. Use these built-in answers whenever possible to ensure accurate reporting. If the built-in answers are not adequate for your needs you can either (1) type a different answer into the field, or (2) change the built-in answers. Instructions for customizing drop-down menus and setting a default value for a field can be found in the section of this manual titled: Customizing the MIS: For Administrator Use Only.

Follow these steps to enter a new record into the database:

1. Choose *Enter, View and Edit Records* from the Main Menu.
2. The cursor will automatically appear in the CASE NUMBER field on the page labeled General Info. Type the participant’s case number (assigned by your court) into this field.

*Important: this field **must** be filled in for the system to operate properly.*

3. Continue to tab through the page and enter information. When you reach the last field on the General Info page (Attorney Phone), move to the next page by clicking the button labeled Family. Continue to work through each page in this manner.
4. To obtain a blank record to input another case, click the New Record button on the toolbar.

You may notice that some fields appear more than once, such as current phase and current status. When you enter data (or make changes to the data) in one of these fields, the same data appears in each copy of the field. The only fields you cannot enter data into are the case number and name fields at the very top of the Enter, View and Edit Records form.

Following is a brief description of each page of the MIS:

General Info

Records juvenile's name, case #, social security number, demographic information, employment and school status and contacts, attorney name and contact information, and whether the juvenile was previously enrolled in drug treatment court.

Family

Records the names and addresses of primary and secondary parents and/or guardians, and information about them including employment, home and work contacts, custody/living arrangements, other children, CPS status, and whether the parents/guardians are incarcerated.

Drug Use

Records the juvenile's history of involvement with drugs: for each drug, when use began, frequency of use, last use, route (IV, oral, etc.), and withdrawal and overdose experience. Also has fields for primary and secondary drugs of choice.

Treatment History

For each prior treatment attempt, the MIS can record the name and phone number of the treatment provider, the type and length of treatment, the end date, and the outcome.

Health

Includes descriptions of general and mental health needs, medication, children of the juvenile, current pregnancy, prenatal care, insurance, and a check list indicating suicidal or violent tendencies, and history of physical or sexual abuse.

Delinquency

Records the name of the referring court, judge and date, pending cases, number of times in juvenile hall, and all current charges.

Assessment Results

Records the date of the intake assessment and who completed it, whether the juvenile was found eligible for drug court, whether the juvenile was admitted to drug court, the reason for rejection, and room for notes and comments.

Court

Records the dates of entry into each phase, date of graduation, date the juvenile completes aftercare, date of discharge from drug court, current phase and status, 12-step requirement and 12-step sponsorship.

Court Dates

A subform on this page records information on each court date and phase, whether juvenile complied with his or her contract since the last court date (NA/AA, counseling, drug testing, probation, school, service, other), notes on progress since last court date, recommendations to the judge, whether the juvenile and guardian appeared, arrests and convictions, and sanctions.

If you wish to use the Court Dates page to produce progress reports for court appearances, you must fill in some fields on this page, and other pages, prior to the court date. See Status Report for Court on page 20 for more information.

Progress and Compliance

Use this page to record multiple case notes, contacts, and drug test results. For each subform entry, record a date, the type of entry (telephone contact, school contact, drug test, case notes, etc.), drug test results, comments, and the initials of the staff member who entered the information. To view the entries by category, choose one of the buttons on the right side of the page. For example, to see all entries that involved a drug test, click on the Drug Tests button.

Treatment/Services

A subform on this page records multiple current treatment attempts, including the type of treatment (out-patient, residential, etc.), the name of the provider, contact information, current status (enrolled-in compliance, enrolled-not in compliance, on waiting list, etc.), and start and end dates.

Outcome

Includes copies of select fields from the Court page (current status, and graduation, aftercare completion and discharge dates), reason for discharge, whether the birth of a drug-free baby occurred while the juvenile was enrolled in drug court, employment status at graduation, whether the juvenile completed a GED or vocational training during drug court, and an area for comments or notes.

Follow-up

A subform allows you to record multiple follow-up dates, for one juvenile, and covers the following topics: employment, education and school status, treatment, sobriety, and charges.

Repeat Enrollments

When a juvenile enrolls in Drug Court a second time, create a second “file” for him in the MIS. However, if the Case Number your court uses to identify the juvenile is a number that remains with this juvenile throughout youth, and was used to identify the juvenile in the MIS when he was previously enrolled in drug court, you cannot use the same number in the MIS again. We recommend that you use the original case number, adding a “2” at the end. For example, if John Smith entered drug court with the case number “jsmith”, but was terminated from the drug court program and enrolled again 10 months later, enter John Smith into the MIS with the Case Number “jsmith2”.

Using Subforms

Embedded in the Enter, View and Edit Records form are subforms that record multiple data, on one topic, for one participant. On the Treatment History page, for example, you can record all prior treatment attempts by one participant, including the type of treatment, agency name and phone number, length of treatment, end date, and outcome.

Other subforms are found on the Delinquency page (records current charges), the Court Dates page (records information on all court dates), the Progress and Compliance page (records all types of progress and contacts), and the Treatment/Services page (records all current treatment attempts). In addition, a Recommendations subform is embedded in the Court Dates subform, allowing you to record multiple recommendations to the court, for one participant, for one court date.

The Follow-up page contains a subform that records multiple interviews, for one participant, at specified intervals after the participant leaves drug court. Embedded within the follow-up subform is an arrests subform, which can record multiple arrests reported to the interviewer on one interview date (or record multiple arrests extracted from the juvenile’s records for a specific period of time following graduation or termination).

To move among records within a subform, use the record numbers at the bottom left of the subform. These allow you to move through one record at a time, go directly to the first record, or go directly to the last record. These record numbers are separate from the record numbers at the bottom left of the *screen*, which are used to move among *case records* (for example, from Jose Barreras to Karen Crowley, etc.).

Navigation

To move among individual case records, you may use the record selector at the bottom left of each screen, and either click through records one by one, move directly to the first case, or move directly to the last case. A more efficient way of locating a record is to place the cursor in the Case Number field or Last Name field, click the binoculars on the toolbar, and type in the case number or last name you are looking for in the box titled Find What. In the same way, you may find specific contents of any field (say the city of Denver), by placing the cursor in that field (in this case, City), clicking the binoculars, and typing in Denver.

Sorting Data

To sort MIS records quickly by last name (or first name), place the cursor in the field labeled Last Name on the Enter, View and Edit Records form and press the button labeled A=>Z, or the button labeled Z=>A, on the toolbar.

PREPARING AND PRINTING REPORTS

The MIS contains nine built-in reports that summarize and print case file information. The reports may be used for day-to-day case management, preparing for court dates, and providing statistics for routine reporting, mandatory DCPO reporting, and evaluation of the drug treatment court program.

Participant Contact List

This report produces a list, in alphabetical order, of all current participants (those who are marked as admitted, but not discharged, at the time you generate the report). Included on the report are full names of participants, case numbers, dates of intake, and primary guardian and other guardian addresses and telephone numbers.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
General Info	First and Last Name
Family	Primary/other guardian names, addresses, and phone numbers
Assessment Results	Date of assessment Admitted to drug court?
Outcome	Drug treatment court discharge date

To produce a Participant Contact List:

1. On the Main Menu, select Participant Contact List.
2. With the report on screen, choose either Print Report, or Return to Menu (without printing).

Contact List for all Current Juvenile Drug Treatment Court Participants

(Includes those marked as admitted but not discharged at the time of printing)

<i>Name, Case#, Date Admitted</i>	<i>Primary Guardian(s)/Residence</i>	<i>Primary Phone Numbers</i>	<i>Other Guardian(s)/Residence</i>	<i>Other Phone Numbers</i>
1. Dublin, Sarah E J54874 09/16/2001	Dory Andrewson 321 Springer Circle Marina, CA 93933	W: (831) 455-5464 x W: x H: (831) 455-5464	Dorothy DeClue 2134 Jordan St. Apt. 54 Salinas, CA 93905	W: x W: x H: (831) 225-4651
2. Fields, Jennifer R J23238 06/05/2000	Matthew Parker June Parker 222 Milton Ave. #21 B Monterey, CA 94905	W: x W: (831) 233-4353 x 3 H: (831) 655-4576		W: x W: x H:
3. Hargis, Mark J31245 03/05/2001	Pete Hargis Joy Hargis 187 Bruce Street Seaside, CA 93955	W: x W: (831) 254-8786 x 21 H: (831) 584-5642		W: x W: x H:
4. Miller, Jeffrey O J45467 08/12/2001	Harriet Under 45 Second Street Salinas, CA 93943	W: (831) 384-5842 x 12 W: x H: (831) 244-8484	Kelly Miller 321 Kennedy St. #3 Molinero, NM 39472	W: x W: x H: (543) 981-2980
5. Ruelas, Jorge J74858 10/12/2001	Manilla Ruelas 327 First St. Apt. 6D Salinas, CA 93955	W: x W: x H: (831) 249-8725	Pedro Ruelas Lives in Mexico	W: x W: x H:
6. Smith, George D J58465 01/05/2001	Richard Smith Sally Smith 3421 Mackaw Street Seaside, CA 93955	W: (831) 655-9000 x 21 W: (831) 384-5521 x 1444 H: (831) 884-7834	Fred Smith Trudy Smith 59 Broadway Ave. Seaside, CA 93955	W: x W: x H: (831) 855-4562

Treatment Contact Sheet

Used to identify which juveniles are enrolled with which treatment providers, the Treatment Contact Sheet can be produced for all participants currently in treatment. Sorted first by treatment provider, and second by the branch of the provider, the report also lists each provider contact person and phone number. Following provider information is a list of all juveniles currently enrolled with that provider, including dates of admission to drug treatment court, current phases, and primary guardian names and phone numbers. Each report also includes a space for note taking.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
Family	Primary guardian names and phone numbers
Assessment Results	Date of assessment Admitted to drug court?
Court	Current status Current phase
Treatment/Services	<u>For each treatment listed:</u> Status Contact person Provider Main office telephone # Branch Branch telephone #
Outcome	Drug treatment court discharge date

To produce a Treatment Contact Sheet for all current participants:

1. On the Main Menu, select Treatment Contact Sheet.
2. With a report on screen, choose either Print Report, or Return to Menu (without printing).

Juvenile Drug Treatment Court Participants in Treatment

Printed on 04/10/2002

<i>Treatment Provider</i>	<i>Treatment Phone Numbers</i>	<i>Participant, Admission to DTC, Phase</i>	<i>Primary Guardian(s)</i>	<i>Guardian Phone Numbers</i>	<i>Notes</i>
Dr. Frink	(831) 578-4564 x 2				
Branch:	x	Jeffrey O Miller	Harriet Under	W: (831) 384-5842 x12	
Contact:		08/12/2001		W: x	
Status: enrolled-in compliance		Phase 1		H: (831) 244-8484	
Dr. Gory	(831) 546-4540 x				
Branch:	x Mark Hargis	Pete Hargis	W:	x	
Contact:		03/05/2001	Joy Hargis	W: (831) 254-8786 x21	
Status: enrolled-in compliance		Phase 2		H: (831) 584-5642	
Dr. Vera	(831) 582-4564 x 2				
Branch:	x	George D Smith	Richard Smith	W: (831) 655-9000 x21	
Contact: Dr. Vera		01/05/2001	Sally Smith	W: (831) 384-5521 x1444	
Status: enrolled-in compliance		Phase 3		H: (831) 884-7834	
Exodus House	(831) 456-7894 x45				
Branch:	x	George D Smith	Richard Smith	W: (831) 655-9000 x21	
Contact:		01/05/2001	Sally Smith	W: (831) 384-5521 x1444	
Status: referred-not yet enrolled		Phase 3		H: (831) 884-7834	
Start Anew	(831) 552-1000 x				
Branch:	x	Jennifer R Fields	Matthew Parker	W: x	
Contact:		06/05/2000	June Parker	W: (831) 233-4353 x3	
Status: enrolled-in compliance		Phase 2		H: (831) 655-4576	
Branch:	x	Jorge Ruelas	Manilla Ruelas	W: x	
Contact: Mary Cuevas		10/12/2001		W: x	
Status: enrolled-in compliance		Phase 1		H: (831) 249-8725	

Individual Progress Report

This report presents a summary of an individual's current status in drug court, including an overview of his or her progress as measured by urinalysis results, court appearances, and sanctions applied.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
Assessment Results	Date of assessment Admitted to drug court?
Court	Current phase Current status
Court Dates	<u>For each court date listed:</u> Court date Juvenile appeared Guardian appeared Bench warrant issued today Bench warrant issued > 60 days and not picked up Has been arrested/convicted of crime Sanction(s)
Progress and Compliance	<u>For each progress and compliance entry:</u> Date Drug test (check box) Submitted Tox Drugs present Sent to lab

To produce an Individual Progress Report for one participant:

1. On the Main Menu, choose Individual Progress Report.
2. A prompt will appear asking for a Case Number. Type in the case number of the person whose report you want to produce. Click OK.
3. With the report on screen, choose Print Report, or Return to Menu (without printing).

Individual Progress Report

Juvenile Drug Treatment Court

NAME	Dublin, Sarah E	Date entered phase 1	09/16/2001
Case number	J54874	Date entered phase 2	
Date of birth	08/02/1987	Date entered phase 3	
Drug Court assessment	09/16/2001	Date entered aftercare	02/01/2001
Current Status	active, in program	12-step requirement	2x/week

COURT DATES

Court Dates	Juvenile Present	Parent Present	BW issued	BW>60 days	Arrested/ Convicted	Sanction 1	Sanction 2	Sanction 3
09/20/2001	yes	yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
09/27/2001	yes	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	demerits		
10/04/2001			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

URINALYSIS RESULTS

Date	Submitted?	Tox	Sent to lab?	Drugs Present
09/15/2001	no-show			
9/16/2001	yes	neg		None

Individual Progress and Compliance Reports

This report was designed to print out summaries of all entries, for one individual and by category or all together, made on the Progress and Compliance page.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
Progress and Compliance	<u>For each entry:</u> Date Current phase Check all boxes (categories) that apply Urinalysis information, if applicable Any case notes or comments Staff initials, if desired

To produce a Progress and Compliance Report for one participant:

1. On the Main Menu, click the button labeled Individual Progress and Compliance Reports.
2. Choose (click) a category. At the prompt, type in a case number, and click OK. The report will print.

Summary of Drug Tests Progress and Compliance Report

Name Ruelas, Jorge
Case number J74858

Date, Phase	Urinalysis	All contacts and notes recorded for this entry		Comments/Notes
10/16/2001 Phase 1 Staff: EMS	Submitted: yes Tox: pos Sent to lab: no Drugs present: THC	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Drug test <input checked="" type="checkbox"/> Office visit <input type="checkbox"/> Home visit <input type="checkbox"/> Treatment	<input type="checkbox"/> School <input type="checkbox"/> JH/Jail <input type="checkbox"/> Employment <input type="checkbox"/> Notes <input type="checkbox"/> Other	Minor admitted smoking marijuana on 10/15/01. He should test clean by 11/15/01.
10/23/2001 Phase 1 Staff: EMS	Submitted: yes Tox: pos Sent to lab: no Drugs present: THC	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Drug test <input type="checkbox"/> Office visit <input type="checkbox"/> Home visit <input checked="" type="checkbox"/> Treatment	<input type="checkbox"/> School <input type="checkbox"/> JH/Jail <input type="checkbox"/> Employment <input type="checkbox"/> Notes <input type="checkbox"/> Other	Minor should test clean by 11/15/01. He has enrolled in Start Anew and is doing much better.

Status Report for Court

The Status Report was designed to help coordinators prepare for court by gathering and presenting information on the progress of each juvenile since his or her last court appearance. The top section of the report includes general information such as case number, status, current phase and intake date, and the number of positive drug tests in phases one, two and three (calculated from drug test information entered on the Progress and Compliance page). This is followed by the provider name and status of all treatment programs the juvenile is referred to or enrolled in, whether or not the juvenile complied with his or her contract since the last court date, notes on the juvenile's progress since the last court date, and specific recommendations to the court. Information on the latter three, compliance with contract, progress notes and recommendations, are taken directly from the Court Dates page. When you run this report, you will be prompted for a court date. A report for every juvenile scheduled to appear on that court date will appear on your screen.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
General Info	Case number First name Middle initial Last name
Assessment Results	Admitted to drug court?
Court	Current phase Current status Date entered phase 1 Date entered phase 2 Date entered phase 3 Date entered aftercare
Court Dates	Court date Complied with contract (entire section) Progress since last court date Recommendations
Progress and Compliance	Date Current phase Drug test (check box) Tox
Treatment/Services	Provider Status

To produce the Status Report for Court:

1. Make a new entry under Court Dates for each juvenile scheduled to appear in court the following day (or however many days you prepare in advance). Fill in the court date, current phase, whether or not they complied with the conditions of their contract, write notes related to those conditions, summarize progress made since the last court appearance, and list specific recommendations. All Complied with Contract headings (such as NA/AA, Counseling, etc.) appear on the report. You have the option of choosing “yes”, “no”, or “N/A” to indicate if the juvenile complied (or was asked to comply) with these conditions. Someone with intermediate Access skills could easily alter these headings as they appear on both the Court Date page and the Status Report. You could, for example, change “other” to “journal” or “curfew”.

The remaining fields on the Court Date page are filled in after the juvenile has Appeared (or has failed to appear) in court.

2. Using the Treatment Contact List (after verifying treatment status), update the Treatment/Services page of each juvenile. (See instructions under Treatment Contact List on page 23).
3. On the Main Menu, click the button labeled Status Report for Court.
4. At the prompt, type in the upcoming court date and click OK.
5. One report for each juvenile scheduled to appear in court on the day you indicated will appear on screen. You can browse through the reports one by one using the arrows at the bottom left corner of the screen.
6. With the report on screen, choose either Print Report, or Return to Menu (without printing).

Status Report for Court Date 10/25/2001

JUVENILE DRUG TREATMENT COURT
PRINTED ON 04/10/2002

NAME	Ruelas, Jorge	ASSESSMENT DATE	10/12/2001	#PHASE 1 POS. TESTS	2
CASE #	J74858	ENTERED PHASE 1	10/12/2001	#PHASE 2 POS. TESTS	
STATUS	active, in program	ENTERED PHASE 2		#PHASE 3 POS. TESTS	
PHASE	Phase 1	ENTERED PHASE 3			
		ENTERED AFTERCARE	04/24/2001		

TREATMENT STATUS

PROGRAM	STATUS
Start Anew	enrolled-in compliance

COMPLIED WITH CONTRACT

CONDITION	YES/NO	NOTES
NA/AA	yes	Start Anew program
Counseling	yes	Start Anew-Dr. Mary Cuevas
Drug Testing	yes	Pos. THC 10/23/01 (should be clean by 11/15/01)
Probation	yes	Program visit 10/23/01
School	yes	Start Anew
Community Service	n/a	
Other	n/a	

PROGRESS

The minor is doing considerably better since his last Court Review. Since enrolling in Start Anew, Jorge is getting one on one counseling plus small group NA/AA meetings with sole Spanish speakers. He is also attending classes with Start Anew to learn English.

RECOMMENDATIONS

Program Coordinator

Date

Treatment Contact Sheet (query by court date)

Identical in format to the other Treatment Contact Sheet, this report lists those participants appearing on a court date defined by the user, and can be used to verify treatment progress prior to court appearances. Sorted first by treatment provider, and second by the branch of the provider, the report also lists each provider contact person and phone number. Following provider information is a list of all juveniles currently enrolled with that provider, including dates of admission to drug treatment court, current phases, and primary guardian names and phone numbers. Each report also includes a space for taking notes while verifying progress and compliance on the telephone with treatment providers.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
Assessment Results	Date of assessment Admitted to drug court?
Court	Current status Current phase
Treatment/Services	<u>For each treatment listed:</u> Status Contact person Provider Main office telephone # Branch Branch telephone #
Outcome	Date discharged from DTC

To produce a Treatment Contact Sheet for an upcoming court date:

1. For each individual who will appear in court on this date, create a new record for the upcoming court date on the Court Dates page. You may have done this already while preparing the Status Report for Court (see step 1 under Status Report for Court on page 20). If not, go to the Court Dates page for each juvenile, create a new record by clicking the New Records button on the toolbar, and enter the date into the Court Date field.
2. On the Main Menu, select Treatment Contact Sheet (query by court date).
3. With a report on screen, choose either Print Report, or Return to Menu (without printing).

Juvenile Drug Treatment Court Participants in Treatment

Printed on 04/10/2002 for court date 3/6/01

<i>Treatment Provider</i>	<i>Treatment Phone Numbers</i>	<i>Participant, Admission to DTC, Phase</i>	<i>Primary Guardian(s)</i>	<i>Guardian Phone Numbers</i>	<i>Notes</i>
Dr. Gory	(831) 546-4540 x				
Branch:	x	Mark Hargis	Pete Hargis	W: x	
Contact:		03/05/2001	Joy Hargis	W: (831) 254-8786 x 21	
Status: enrolled-in compliance		Phase 2		H: (831) 584-5642	
Dr. Vera	(831) 582-4564 x 2				
Branch:	x	George D Smith	Richard Smith	W: (831) 655-9000 x 21	
Contact: Dr. Vera		01/05/2001			

Caseload Statistics

The Caseload Statistics report produces a set of statistics for a period of time specified by the user. The first section of the report shows the number of juveniles in drug court during this time, how many were promoted to phase 2 and phase 3, and how many passed through phase 1, 2, 3 and aftercare. Because more than one juvenile could be in more than one phase during the time specified, the total number of juveniles in phases 1, 2, 3, and aftercare will not equal the number of juveniles enrolled in drug court. The remaining sections of the report provide information on referrals, assessments and admission to the drug court program, drug testing, the number of juveniles enrolled in different types of treatment, and the status of all juveniles who left the program (graduations, terminations, voluntary withdrawals, and deaths).

The following fields must be kept up-to-date for your report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
General Info	Case number Gender
Delinquency	Referral Date
Assessment Results	Date of assessment Admitted to drug court? If rejected, why?
Court	Date entered phase 1 Date entered phase 2 Date entered phase 3 Date entered aftercare Graduation date
Progress and Compliance	<u>For each progress and compliance entry:</u> Date Drug test (check box) Tox Sent to lab
Treatment/Services	<u>For each treatment listed:</u> Type Status Start date End date (if applicable)
Outcome	Drug treatment court discharge date Current status/reason for discharge

To produce the Caseload Statistics report:

1. On the Main Menu, click the button labeled Caseload Statistics.
2. You will be prompted for a beginning date and an ending date. Type in the beginning date and click OK. Type in the ending date and click OK.
3. With the report on screen, choose either Print Report, or click or Return to Menu (without printing).

Juvenile Drug Treatment Court

Caseload Statistics

Data from 1/01/01 to 7/01/01

Status of juveniles enrolled in drug treatment court

Juveniles enrolled in drug court	4
Promoted to phase 2	0
Promoted to phase 3	2
In phase 1	0
In phase 2	4
In phase 3	2
In aftercare	3

Referrals and Assessments

New referrals	2
Assessments completed	2
Cases admitted to drug court	2
Females Admitted	0
Males Admitted	2
Cases rejected	0
Did not appear	0
Ineligible	0
Not suitable	0

Treatment

12-step program	1
Aftercare	0
Anger management	1
Community service	0
Counseling	0
Detox	1
Mental health	0
Residential	0

Drug Testing

Juveniles tested	3
Total tests performed	7
Negative tests	1
Positive tests	6
Tests sent to lab	2

Discharge

Graduated from drug court	0
Terminated from drug court	0
Voluntarily withdrew	0
Died while in drug court	0

Printed on Wednesday, April 10, 2002

Snapshot Report

The Snapshot Report allows the user to determine the status of all current cases (whether they are active-in the program, active-in custody, or on bench warrant status), the total current caseload (broken down by phase), and the number of participants currently in treatment (broken down by treatment area). All statistics reflect the status of cases at the time report is produced, thus presenting a “snapshot” in time of the current caseload. The number of juveniles in Phase 1, for example, reflects the number of juveniles who are marked in the MIS as being in Phase 1 in the *Current phase* field at the time the report is produced.

The following fields must be kept up-to-date for your report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
General Info	Case number
Assessment Results	Date of assessment Admitted to drug court?
Court	Graduation date Current phase Current status
Treatment/Services	Type Status
Outcome	Drug treatment court discharge date

To produce a Snapshot Report:

1. On the Main Menu, click the button labeled Snapshot Report.
2. With the report on screen, choose either Print Report, or click or Return to Menu (without printing).

SNAPSHOT REPORT

Status of all cases at the time of printing

Juvenile Drug Treatment Court

CURRENT CASELOAD		STATUS OF CURRENT TREATMENT	
Phase 1	6	12-Step Program	1
Phase 2	3	Aftercare	0
Phase 3	2	Anger Management	1
Aftercare	1	Community Service	1
STATUS OF CURRENT CASES		Counseling	1
Active, in program	4	Detox	1
Active, in custody	1	Mental Health	0
Bench warrant status	1	Residential	1

DCPO Bi-Annual Report

This report is designed to produce information requested on DCPO (Drug Court Program Office) bi-annual surveys, including admissions and discharge information, ages, gender and ethnic descent of juveniles admitted to drug treatment court, bench warrant status while participating in drug treatment court, and outcomes at graduation.

The following fields must be kept current for this report to be accurate:

<u>PAGE</u>	<u>FIELD</u>
General Info	Case number Gender Age Ethnicity
Assessment Results	Date of assessment Admitted to drug court? If rejected, why?
Court	Graduation date Current status
Court Dates	<u>For each court date entry:</u> Court date Bench warrant status > 60 days and not picked up
Outcome	Drug treatment court discharge date Had drug-free baby while participating in DTC Date (below drug-free baby field) Employed at graduation Earned GED while participating in DTC Date (below GED field) Earned vocational training credential while participating in DTC Date (below vocational training field)

To produce the DCPO report:

1. On the Main Menu, click the button labeled DCPO Bi-Annual Report.
2. You will be prompted for a beginning date and an ending date. Type in the beginning date and click OK. Type in the ending date and click OK.
3. You will see a print preview of the report. Click either Print Report, or click on Return to Menu (without printing).

Data for the DCPO Grantee Data Collection Survey

For the time period: 1/01/01 to 1/01/02

Admissions and Discharge

Admitted to the drug treatment court program	5
Females Admitted	1
Males Admitted	4
Completed the drug treatment court program	1
Terminated	0
Voluntarily withdrew	0
Died while in the program	0

Ages of Juveniles Admitted to Program

Ages 12 to 16	3
Ages 17 to 18	2
Ages 19 to 21	0

Ethnic Descent of Juveniles Admitted to Program

African American	0
Alaskan Native	0
Asian or Pacific Islander	0
Caucasian	2
Hispanic/Latino	1
Native American	2
Other Ethnicities	0

Outcomes

Earned GED while participating in the drug treatment court program	1
Earned vocational credential while participating in the drug treatment court program	0
Drug free babies born to participants	1
Employed at graduation	1

Other

Bench warrant status for over 60 days and not picked up	
---------------------------------------------------------	--

CUSTOMIZING THE MIS: FOR ADMINISTRATOR USE ONLY

Introduction

In this section, instructions are given for overriding the built-in security in order to make changes to the database. For this reason, you may want to make this section of the manual unavailable to users.

Built in Security. To make changes to the structure of the MIS, you must first override built in security. To do this, open the database while holding down the Shift key. The MIS will open in Design View, displaying the database window.

Compact the MIS. For maximum efficiency and speed, you should compact the database on a regular basis (every other week, once a month), and always after making changes to the structure or deleting groups of records. To compact the database: 1) override built in security, and 2) from the drop-down menus at the top of the screen choose Tools => Database Utilities => Compact Database.

Customizing your MIS. Below, five types of changes for customizing your MIS are described step-by-step. They provide the user with relatively simple ways to tailor the information system to meet local needs. The five types of customization are:

1. Personalizing the MIS. Place the name and location of your drug court on the Main Menu.
2. Defining a default value for a field. Use default values to ensure accurate reporting and speed up the data entry process. An example of using a default value would be to automatically assign the value "CA" (for California) to the state field on the Enter, View and Edit Records form for every new record.
3. Creating a new or modifying an existing "combo box," or drop-down menu. Examples of combo boxes or drop-down menus are the choices listed under the Ethnicity and Language fields.
4. Adding new fields or pages to the Enter, View and Edit Records form. Fields are discrete pieces of information, such as the participant's First Name, Middle Initial, and Last Name. Pages refer to a whole screen, such as the Family or Drug Use pages of the Enter, View and Edit Records Form.
5. Creating a new or modifying an existing subform. Subforms refer to forms within forms that enable you to enter multiple pieces of like information -- such as information on each child of the participant or all prior treatment attempts.

Before reading the customization instructions, please review the following key definitions and instructions.

Key Definitions and Instructions

Database window. The Database Window automatically appears on screen when you open the MIS while holding down the Shift key. If you “lose” this window while working in the non-secure mode, press F11 to bring it to the front of the screen. The Database window provides the user with options for viewing and manipulating database objects, the underlying structures, and design of the MIS. Database objects include tables, queries, forms, reports, macros, and modules. Do not close the database window unless you are finished with the MIS. Closing the database window closes the database.

Forms vs. subforms. A form is used for entering information into a database, and to view data already entered. A subform is a form within a form. A user can work with a form or subform in both Form View and Design View.

Form View vs. Design View. Users “view” forms, subforms, and reports in either Form View or Design View. Form View is used to enter data or to view previously entered data. Design View is used only to make changes to tables, forms, queries, and reports. To open a form in Design View: click the Forms tab on the database window, highlight the name of the form, and click the button labeled Design. To change between Form View and Design View while a form is open on the screen: select Form View or Design View from the drop-down menu on the View button on the toolbar.

Text boxes and fields. A text box is a box that holds a label for a field on a form. A field is a box into which the user types information. On the Enter, View and Edit Records Form, for example, a text box holds the label First Name. Following the First Name text box is a field that holds the participant’s first name.

To size and position a text box or field:

1. Go to Design View of the form containing the boxes.
2. Select (highlight) the box by clicking on it once.
3. To move the entire box, place the cursor on the largest black box appearing in the upper right corner of the text/field box. When the cursor turns into a hand, click and drag the box.
4. To size the box, place the cursor over one of the small, black boxes appearing in the middle of each side of the text/field box, and drag the edges out or in.

Data types. Every field in a table must be assigned a data type. The following definitions of data types are taken from the Access Help Menu:

Data types	Definition
------------	------------

Text	Text or combinations of text and numbers, such as addresses. Also numbers that do not require calculations, such as phone numbers, part numbers, or postal codes. Holds up to 255 characters.
Memo	Lengthy text and numbers, such as notes or descriptions. Holds up to 64,000 characters.
Number	Numeric data to be used for mathematical calculations, except calculations involving money (use Currency type). Set the FieldSize property to define the specific Number type. 1,2,4, or 8 bytes.
Date/Time	Dates and times. 8 bytes.
Currency	Currency values. Use the Currency data type to prevent rounding off during calculations. Accurate to 15 digits to the left of the decimal point and 4 digits to the right. 8 bytes.
AutoNumber	Unique sequential (incrementing by 1) or random numbers automatically inserted when a record is added. 4 bytes.
Yes/No	Fields that will contain only one of two values, such as Yes/No, True/False, On/Off.

More information on these and other, more advanced, data types may be found by clicking on the Office Assistant button on the toolbar and typing in “data type.”

List of Fields. To generate and print a list of all fields in the database, open the MIS while holding down the Shift key. Choose Tools => Analyze => Documenter and click on the tab labeled Tables. Click Select All, and click OK. A list of all fields will appear on screen, organized by table.

Tables. All data you enter into the MIS are stored in tables. Tables, which the general user does not see, are made of fields. You can find out what fields are in a table by either producing a list of fields (see above), or clicking on the “tables” tab on the Database Window, and opening a table in Design View. The MIS contains the following tables:

<u>Table Name</u>	<u>Holds all information typed into....</u>
tblCourt	the Court Dates subform (page), except recommendations
tblCurrentCharges	the Current charges subform on the Delinquency page
tblCurrentTreatment	the Treatment/Services subform (page)
tblFollowUp	the Follow-up subform (page), except follow-up charges
tblFollowUpCharges	the Follow-up charges subform on the Follow-up page

tblMain	all fields not in a subform
tblRecommendations	the Recommendations subform on the Court Dates page
tblTreatmentHistory	the Treatment History subform (page)
tblUrinalysis	the Progress and Compliance subform (page)

Personalize your MIS

To change the current name of the database to the name of your drug court:

1. Click on the Forms tab of the Database Window. Highlight the word Switchboard on the Forms tab and click the Design button.
2. In Design View of the Switchboard, place cursor inside the box that says JRC Juvenile Drug Court and backspace over these words.
3. Type in the name of your drug court.
4. Place cursor inside the box that says Pacific Grove, CA and backspace over these words.
5. Type in your own city and state.
6. Click Save button on toolbar.
7. Close the Switchboard by clicking on the lower "x" in the upper-right corner of the screen.

Any changes you make to the Main Menu usually appear after you close and re-open the database.

Define a Default Value for a Field

You may specify a default value for any field. If your drug court is in California, for example, you may want "CA" to automatically appear in the State field of all addresses. Setting a default value for a field has no impact on existing data. To set a default value for a field:

1. Determine which table holds the field for which you want to define a default value. See above for instructions on producing a list of all tables and their fields.
2. On the Database Window, click on the tab labeled Tables.
3. Highlight (click once) on the table, and click the button labeled Design on the right side of the screen.

4. In the upper portion of the Design View of the table, click on the name of the field.
5. In the lower portion of the Design View of the table, click the Default Value property box and type in the default value (such as California or CA).
6. Click Save on the toolbar.
7. Close the form by clicking on the lower “x” in the upper-right corner of the screen.

Create or Modify a Combo Box (drop-down menu)

To create a combo box (or drop-down menu of responses), first:

1. Go to Design View of the form. On the Forms tab of the database window, highlight the name of the form and click the button labeled Design.
2. Click once on the field, right click the mouse, and select Change To => Combo Box.

To create or modify the drop-down list of selections:

3. Double-click on the field to open its Properties box. (Or highlight the field, right click the mouse, and choose Properties.)
4. Under the Data tab, select Value List from the drop-down menu under Row Source Type.
5. Under Row Source on the Data tab type in the drop-down options in the following format: “option A”; “option B”; “option C”. For example: “married”; “separated”; “divorced”; “widowed”, etc.
6. Close the Properties box.
7. Click Save on the toolbar.
8. Go back to Form View to test the new combo box.

Adding New Fields to the Enter, View and Edit Records Form

First, create the new field in the main table:

1. In the database window, click the tab labeled Tables.
2. Highlight the table named tblMain to add a field to the Enter, View and Edit Records form (but not to a subform within this form).

3. Click the button labeled Design.
4. Scroll down to the end of the list of field names.
5. Type in a name, without spaces, for your new field (you may later alter the name on the form).
6. Enter a data type (See chart on page 31 to determine data type).
7. Click Save on the toolbar and close the table.

Next, place the new field on the form:

8. Click on Forms tab of database window.
9. Highlight the name of the form: frmAddNewRecords.
10. Click the button labeled Design.
11. Click Field List button on toolbar. (Or, choose View from drop-down menus at the top of the screen, and choose Field List.)
12. Scroll down to the bottom of field list.
13. Click on the new field, drag it onto the form, and release the button to place it on the form.
14. Close the Field List box.
15. Label the field by clicking inside the text box.
16. Position and size the new field.
17. Click save button on toolbar.
18. Go to form view to review the changes.

Adding New Pages to the Enter, View and Edit Records Form.

1. Go to Design View of the form labeled frmAddNewRecords: In the Database Window, highlight the name of the form and click the button labeled Design.
2. Right click the mouse and choose Insert Page.

Name the page:

3. Double-click on the tab to see the Properties box for that page.

4. Under the All tab in the Properties box, type in a name under Name. Type it again under Caption.
5. Close Properties box.

Change the order of pages as they appear on the form:

6. Right click on page and select Page Order from the drop-down menu that appears.
7. Follow the instructions to change the page order for that form.
8. Click OK, click Save on the toolbar, and go back to Form View.

Creating or Altering Subforms

The following directions guide the user through the process of creating a subform in Datasheet View (see the Current Charges subform on the Delinquency page for an example) that is used for inputting and viewing multiple entries on one topic for one participant

Create a subform. First, create a new table for the subform:

1. Determine the names of your new fields for the subform.
2. In database window, click on Tables tab, and click New button.
3. In New Table box, select Design View and click OK.
4. Type "JuvenileID" in Field name, and choose "Text" from drop-down list in Data Type.
5. Type "(TableName)ID" in Field name on the next line. For example, if your table pertains to the participant's spouse you would type in "SpouseID." Choose "Auto Number" from drop-down list in Data Type.
6. With the cursor still in the box containing the words Auto Number, hold down the control key, and click the row selector for each field. With both rows highlighted, click the Primary Key button on the toolbar. A picture of a key should appear to the left of both field names.
7. Type in new field names and data types.
8. Click the Save button on the toolbar.
9. In Save As box, type in a Table Name and Click OK.
10. Close table.

To connect the new table to the main table:

11. With the database window on screen, click the Relationships button on the toolbar.
12. Click Show Table button on toolbar.
13. Find and highlight name of your new table in Show Table box.
14. Click Add button.
15. Close Show Table box.
16. Click on JuvenileID in box labeled tblMain, drag to the box with the label of your new table, and drop on JuvenileID. A Relationships dialogue box should appear.
17. In the Relationships box, click on Join Type.
18. Click Option 2 and click OK.
19. In the Relationships box, check Enforce Referential Integrity.
20. In the Relationships box at the bottom, the relationship type should be One-To-Many.
21. Click the Create button.
22. Click the Save button on toolbar, and close the relationships window.

Create the new subform:

23. In the Database Window, click on the Forms tab, and highlight the form on which you want to place the new subform. (If you want to place it on one of the pages of the Enter, View and Edit Records form – but not on a subform within this form – highlight tblAddNewRecords.
24. Click the button labeled Design.
25. Click the Toolbox button on the toolbar.
26. Select (click on) Control Wizards button in the Toolbox. (You may need to install the Wizards feature from your Microsoft Access CD.)
27. Click on Subform/Subreport button on toolbox bar.
28. Click on form to place the subform.

29. On the first screen of the Subform/Subreport Wizard, choose Table/Query and click Next.
30. On the second screen of the Subform/Subreport Wizard, select the name of your new table from the drop-down list of tables. Move all fields listed under Available Fields to Selected Fields and click Next.
31. On the third screen of the Subform/Subreport Wizard, choose Define my own. Choose JuvenileID for Form/report fields, choose JuvenileID for Subform/subreport fields, and click Next.
32. On the fourth screen of the Subform/Subreport Wizard, type in a name for the new subform. (Hint: begin with the abbreviation “sbfrm” in the name for easier identification later, and do not use spaces).
33. Click Finish.

Modify the new subform:

34. Double click on subform (appears as a white box) to open it in Design View.
35. Choose Datasheet View from drop-down menu of View button on toolbar. This view will produce a subform in the style of the Current Charges subform on the Delinquency page.

[If you would like to create a subform in the style of the subforms on the Treatment History Page or Progress and Compliance page, you need to instead choose Design View from the drop-down menu of the View button on the toolbar. Skip steps 36 – 47, and instead design your subform by placing and labeling fields on the subform. Follow steps 8 – 18 under add a new field to a form on page 34.]
36. Click on JuvenileID to highlight column.
37. Choose Format => Hide column.
38. Repeat steps 36 and 37 for other “ID” field.
39. Click on a field name (any) to highlight column.
40. Choose Format => Font. Set Font at Arial, Font Style at Regular, and Size at 8.
41. Choose Design View from drop-down menu of view button on toolbar.
42. To change the name of a column heading, highlight (click on) the field under the Detail section, right click the mouse, and choose Properties.
43. In the Properties box under All, type in the column heading as you would like it to appear under the row titled Name.

44. Repeat steps 42 and 43 to change other column headings in the subform.
45. Save and close subform.
46. Go to Form View of form that contains your new subform.
47. Change column size by placing cursor on line between column titles, clicking and dragging.

Alter an existing subform. To remove an existing field, make changes to test, or alter a drop-down menu on a subform:

1. In the Database Window, click Forms, highlight the name of the form (used as a subform) you wish to alter, and click the Design button. A list of all field names can be produced. See page 32.
2. In Design View, make changes to the form.

Remove a field:	Select (click on) a field, and choose Edit => Delete.
Add a field:	Follow instructions on page 34.
Change text:	Select (click on) a text box, click inside the box, and alter the text.
Alter a drop-down menu:	Follow instructions on page 33.
3. Click the save button, and go to Form View to look over your changes.

Permanently delete the full record of a participant.

As a precaution, general users cannot permanently delete participants from the MIS without taking the time and effort to prepare the system to accept deletions:

1. Open the database while holding down the Shift key to override the built-in security.
2. Choose Tools, then Relationships.
3. In the Relationships window, double click on the black line connecting tblMain and tblFamily. Check the box titled Cascade Delete Related Records. Click OK. Repeat this process for every other relationship (boxes connected by black lines).
4. Click Save.

To delete the full record of a participant:

1. Place the cursor in the Case Number field (on the Enter, View and Edit Records Form) of the participant whose record you want to delete.

2. Click on the Delete Record button on the toolbar, or choose Edit => Delete Record from the drop-down menu.
3. Microsoft Access will ask if you are sure you want to delete the record of this participant. Click Yes to permanently delete the record; click No to restore and save the record.
4. Compact the database. Tools => Database Utilities => Compact Database.

After the deletions have been made, you will need to return to the Relationships window to uncheck all the boxes labeled Cascade Delete Related Records. This step is necessary only if you decide to maintain this extra level of security.

Appendix A

Copies of MIS Forms

Intake Form

Case Number: _____

General Information

First name	_____	MI	_____	Last name	_____
Gender	_____	Date of birth	_____		
SSN	_____	Primary language	_____		
Age	_____	Marital status	_____		
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		Currently employed?	<input type="checkbox"/> yes <input type="checkbox"/> no	
			Part time or full time?	<input type="checkbox"/> P/T <input type="checkbox"/> F/T	
			Current employer	_____	
			Employer phone number	_____	
Middle/high school status	<input type="checkbox"/> Enrolled in grade 6 <input type="checkbox"/> Enrolled in grade 7 <input type="checkbox"/> Enrolled in grade 8 <input type="checkbox"/> Enrolled in grade 9 <input type="checkbox"/> Enrolled in grade 10 <input type="checkbox"/> Enrolled in grade 11 <input type="checkbox"/> Enrolled in grade 12 <input type="checkbox"/> Working toward GED <input type="checkbox"/> High school graduate <input type="checkbox"/> Expelled <input type="checkbox"/> Dropped out		Enrolled in vocational training?	<input type="checkbox"/> yes <input type="checkbox"/> no	
			Name of current school	_____	
			School phone number	_____	
			Contact person at school	_____	
			Attorney name	_____	
			Attorney phone number	_____	
			Previously enrolled in drug court?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Family

Primary Guardians/Residence

Name	1) _____	2) _____
Employer	1) _____	2) _____
Work phone	1) _____	2) _____
Relationship to juvenile	_____	
Custody/visitation	_____	
Home address	_____	
Home phone	_____	Father in prison? <input type="checkbox"/> yes <input type="checkbox"/> no
Juvenile resides at this address?	<input type="checkbox"/> yes <input type="checkbox"/> no	Mother in prison? <input type="checkbox"/> yes <input type="checkbox"/> no
		CPS case? <input type="checkbox"/> yes <input type="checkbox"/> no
Siblings	_____	CPS social worker name _____
	_____	CPS social worker phone _____

Other Guardians/Residence

Name 1) _____ 2) _____

Employer 1) _____ 2) _____

Work phone 1) _____ 2) _____

Relationship to juvenile _____

Custody/visitation _____

Home address _____

Home phone _____

Juvenile resides at this address? ☐ yes ☐ no

Siblings _____

Drug Use

Drug	Age Began	OD?	W/drawal	Frequency of Use (1)	Last Use (2)	Route/Comments3
Alcohol		<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates		<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine		<input type="checkbox"/>	<input type="checkbox"/>			
Crack		<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogen		<input type="checkbox"/>	<input type="checkbox"/>			
Heroin		<input type="checkbox"/>	<input type="checkbox"/>			
Inhalant		<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana		<input type="checkbox"/>	<input type="checkbox"/>			
Methamphet-amine		<input type="checkbox"/>	<input type="checkbox"/>			
Methadone		<input type="checkbox"/>	<input type="checkbox"/>			
Other Amphetamine		<input type="checkbox"/>	<input type="checkbox"/>			
PCP		<input type="checkbox"/>	<input type="checkbox"/>			
RX Drugs		<input type="checkbox"/>	<input type="checkbox"/>			

1) Choose one: occasional, daily, 5-6 days/week, 3-4 days/week, 2x a week, 1x a week, bi-monthly, monthly, 3-5x a year, <3x a year, denies use.

2) Choose one: same day, 1 day ago, 2 days ago, 3-4 days ago, 5-6 days ago, 1 wk ago, 2 weeks ago, in last month, in last 2-3 months, in last year, > 1 year ago.

3) Choose one for route: IV, oral, smoke, snort.

1st drug of choice _____ 2nd drug of choice _____

Treatment History

Treatment attempts prior to drug court:

Treatment Type (4)	Treatment Provider	Phone	Length	End Date	Outcome (5)

Health

Participant's insurance

☐ private ☐ federal ☐ state ☐ none

Currently pregnant?

☐ yes ☐ no ☐ maybe ☐ N/A

General health needs:

If yes, prenatal care:

Mental health needs:

Children of juvenile:

Medications:

Check all that apply:

- ☐ Currently exhibits suicidal tendencies
- ☐ Currently exhibits anger/violent behavior toward others
- ☐ Physically abused as a child
- ☐ Sexually abused as a child

-
- 4) Choose one: 12-step, aftercare, anger management, community service, counseling, detox, mental health, residential.
5) Choose one: successful completion, discharge – unsuccessful.

Delinquency

Referring court _____ Pending case # _____

Referring judge _____ Pending case # _____

Referral date _____ Pending case # _____

Number of times in juvenile hall _____

Current charges

Offenses	Drug	Mis or Fel	Dismissed (6)

Assessment Results

Intake completed by _____ Found eligible for DC? ☐ yes ☐ noDate of intake _____ Admitted to DC? ☐ yes ☐ noIf rejected, why?
☐ no-show
☐ ineligible
☐ not suitable

Comments/Notes on intake assessment:

<div></div>

6 Choose one: admitted, dismissed, dismissed with facts to be considered, found true, no contest.

Case Management Form

Case Number: _____

Court

Date entered phase 1	_____	12-step requirement	_____
Date entered phase 2	_____	Has 12-step sponsor?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date entered phase 3	_____	Current phase (7)	_____
Graduation date	_____	Current status (8)	_____
Date entered aftercare	_____		
Completed aftercare?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Date completed aftercare	_____		

Court Dates

Court date	_____	Recommendations:	
Current phase	_____	1.	_____
COMPLIED WITH CONTRACT (check if yes) :		2.	_____
NA/AA <input type="checkbox"/>	_____	3.	_____
Counseling <input type="checkbox"/>	_____	4.	_____
Drug Testing <input type="checkbox"/>	_____	<input type="checkbox"/> Juvenile appeared	
Probation <input type="checkbox"/>	_____	<input type="checkbox"/> Guardian appeared	
School <input type="checkbox"/>	_____	<input type="checkbox"/> Bench warrant issued today	
Service <input type="checkbox"/>	_____	<input type="checkbox"/> Bench warrant status > 60 days and not picked up	
Other <input type="checkbox"/>	_____	<input type="checkbox"/> Has been arrested/convicted of crime. Describe:	

Progress made since last court date:

Sanctions (9)

1. _____

2. _____

3. _____

Reason(s):

7) Choose one: phase 1, phase 2, phase 3, aftercare, discharged (includes withdrew, completed, or terminated).

8) Choose one: active, in program; active, in custody; bench warrant status; completed dc; terminated; withdrew; death.

9) Choose one: community service hours, curfew, demerits, essay/journal, extra chores at home, increased drug testing, increased 12-step meetings, petition filed, phase demotion, weekend commitment.

Court date _____

Current phase _____

COMPLIED WITH CONTRACT:

NA/AA ☐ _____

Counseling ☐ _____

Drug Testing ☐ _____

Probation ☐ _____

School ☐ _____

Service ☐ _____

Other ☐ _____

Progress made since last court date:

Recommendations:

1. _____

2. _____

3. _____

4. _____

☐ Juvenile appeared

☐ Guardian appeared

☐ Bench warrant issued today

☐ Bench warrant status > 60 days and not picked up

☐ Has been arrested/convicted of crime. Describe:

SANCTIONS

1. _____

2. _____

3. _____

Reason(s):

Court date _____

Current phase _____

COMPLIED WITH CONTRACT

NA/AA ☐ _____

Counseling ☐ _____

Drug Testing ☐ _____

Probation ☐ _____

School ☐ _____

Service ☐ _____

Other ☐ _____

Progress made since last court date:

Recommendations:

1. _____

2. _____

3. _____

4. _____

☐ Juvenile appeared

☐ Guardian appeared

☐ Bench warrant issued today

☐ Bench warrant status > 60 days and not picked up

☐ Has been arrested/convicted of crime. Describe:

SANCTIONS

1. _____

2. _____

3. _____

Reason(s):

Progress and Compliance

Date _____

Current phase _____

TYPE OF CONTACT/PROGRESS:

- ☐ Telephone contact
- ☐ Drug test
- ☐ Office visit (no drug test)
- ☐ Home visit
- ☐ Treatment contact
- ☐ School contact
- ☐ JH/Jail contact
- ☐ Employment contact
- ☐ Notes
- ☐ Other

URINALYSIS RESULTS:

Submitted to urinalysis? ☐ yes ☐ no

Tox ☐ pos ☐ neg

Sent to lab? ☐ yes ☐ no

Drugs present _____

Staff initials:

Comments and Notes:

Date _____

Current phase _____

TYPE OF CONTACT/PROGRESS:

- ☐ Telephone contact
- ☐ Drug test
- ☐ Office visit (no drug test)
- ☐ Home visit
- ☐ Treatment contact
- ☐ School contact
- ☐ JH/Jail contact
- ☐ Employment contact
- ☐ Notes
- ☐ Other

URINALYSIS RESULTS

Submitted to urinalysis? ☐ yes ☐ no

Tox ☐ pos ☐ neg

Sent to lab? ☐ yes ☐ no

Drugs present _____

Staff initials:

Comments and Notes:

Treatment During Drug Court

Treatment type (10)	_____	Branch name	_____
Current status (11)	_____	Branch phone	_____
Contact person	_____	Referral date	_____
Provider name	_____	Start date	_____
Provider phone	_____	End date	_____

Treatment type	_____	Branch name	_____
Current status	_____	Branch phone	_____
Contact person	_____	Referral date	_____
Provider name	_____	Start date	_____
Provider phone	_____	End date	_____

Treatment type	_____	Branch name	_____
Current status	_____	Branch phone	_____
Contact person	_____	Referral date	_____
Provider name	_____	Start date	_____
Provider phone	_____	End date	_____

Treatment type	_____	Branch name	_____
Current status	_____	Branch phone	_____
Contact person	_____	Referral date	_____
Provider name	_____	Start date	_____
Provider phone	_____	End date	_____

-
- 10) Choose one: 12-step, aftercare, anger mgmt., community service, counseling, detox, family therapy, mental health, residential.
- 11) Choose one: enrolled-in compliance, enrolled-not in compliance, successfully completed, dismissed, referred-not yet enrolled, referred to another agency.

Outcome

Graduation date	_____	Other outcomes that occurred during Drug Treatment Court:	
Date completed aftercare	_____	<input type="checkbox"/> had a drug-free baby	Date _____
Drug Treatment Court discharge date	_____	<input type="checkbox"/> employed at graduation	
Status/Reason for discharge		<input type="checkbox"/> earned GED	Date _____
		<input type="checkbox"/> earned vocational training credential	Date _____
<input type="checkbox"/> completed drug court			
<input type="checkbox"/> terminated			
<input type="checkbox"/> withdrew			
<input type="checkbox"/> death			

Comments regarding participant's discharge from drug court:

Follow-up Form

Case number: _____

Follow-up Interview

All questions refer to either the span of time between discharge from drug court and the first follow-up interview, or the span of time between one follow-up interview and the next.

Date of follow-up interview _____

Months after discharge:

- ☐ 0-6 months
☐ 7-12 months
☐ 13-18 months
☐ 19+ months

Currently employed? ☐ yes ☐ no

Middle/High school status (12) _____

Enrolled in vocational training/college? ☐ yes ☐ no ☐ N/A

Progress in school since discharge or last follow-up:

Continued treatment after leaving drug treatment court?
Yes/No (circle one). If yes, check all that apply:

- ☐ 12-step program
☐ aftercare
☐ counseling
☐ mental health
☐ residential
☐ other

Juvenile reported that s/he is abstaining from
drugs/alcohol. Yes/no (circle one). If yes, length of
sobriety:

Comment and notes on follow-up interview:

Truancy since discharge or last follow-up:

Charges after graduation or termination:

Arrest Date	Offenses	Drugs	Mis or Fel	Dismissed

12) Choose one: enrolled in grade 6, enrolled in grade 7, enrolled in grade 8, enrolled in grade 9, enrolled in grade 10, enrolled in grade 11, enrolled in grade 12, working toward GED, graduated, expelled, dropped out.
