Spring 2018

PATH2 Services Court: A Process Evaluation

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Recommended Citation

Jimenez, Octavio, "PATH2 Services Court: A Process Evaluation" (2018). *Master's Projects*. 585.
DOI: <https://doi.org/10.31979/etd.a556-rsq>
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PATH2 Services Court: A Process Evaluation

By

Octavio Jimenez

A Thesis Quality Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master's Degree
in

PUBLIC ADMINISTRATION

Prof. Frances Edwards, Ph.D.

The Graduate School

San Jose State University

Spring 2018

ACKNOWLEDGMENTS

This project would not have been possible without the support of many people. To my advisor, Dr. Frances Edwards, who provided me with the guidance and assistance to complete this project. To the Honorable Judge Lucero and my colleagues, who believed in me to achieve my academic goals. To my love, who provided me with the positive encouragement and inspiration I needed to finish this project. To my siblings, nephews, and family, who were my motivation to succeed. Y a mis padres, gracias por su apoyo. Esto no hubiera sido posible sin tus sacrificios. Estoy muy orgulloso de ser tu hijo.

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PHASE I – PROBLEM IDENTIFICATION

INTRODUCTION

This research analyzed whether the Santa Clara County Superior Court successfully integrated the JTC and CITA programs when it established PATH2 Services. In addition it determined whether PATH2 Services achieved its goal of integrating court-based processes to provide therapeutic services to the juvenile offenders who participated in the program in its first year of operation in 2015.

The Superior Court of California, County of Santa Clara, operates many specialty court programs that focus on breaking the cycle of criminal activity for adult and youth offenders by treating their substance use and mental health disorders. Since the early 1990s, the Superior Court has adopted this public health approach in its specialty courts by collaborating with interagency teams of criminal justice, social service, mental health, and substance use treatment professionals to address the illnesses and needs of offenders to prevent them from reoffending. For instance, the Superior Court's adult specialty court system includes an adult drug court, mental health treatment court, veterans' treatment court, parolee reentry court, and community court. In the juvenile court system, juvenile specialty courts include a domestic violence court, dual status court, drug treatment court, referred to as the Juvenile Treatment Court (JTC), and a mental health treatment court, known as the Court for the Individualized Treatment of Adolescents (CITA) (Judicial Council of California, 2017; Ochoa, 2018).

In 2014, the Santa Clara County Superior Court received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to improve the efficacy of the JTC and CITA programs by streamlining the referral, screening, and court hearing processes. Receipt of the grant allowed the Superior Court to integrate JTC and CITA to establish the Progress Achieved

Through Hope and Holistic Services (PATH2 Services) Court. The goal of the new program was to provide integrated treatment and recovery support services for a new target population of participants with co-occurring substance use and mental health disorders (Santa Clara Superior Court [SCSC], 2014).

PROBLEM STATEMENT

Like most juvenile treatment courts throughout the United States (U.S.), the Santa Clara County Superior Court established JTC and CITA over “concerns about lengthy delays in processing cases, the lack of individualized and appropriate treatment and sanctioning, and the lack of sustained and consistent monitoring of the progress youth make while under court supervision” (Harris & Seltzer, 2004, p.2). Specifically, these programs sought to provide the county’s adolescent and transitional aged youth offender population suffering from substance use and mental health disorders with better access to treatment, educational services, consistent monitoring and supervision, and support to strengthen family relationships (California Department of Health Care Services, 2008; Ochoa, 2018).

Made up of two multidisciplinary court teams from Santa Clara County’s District Attorney’s Office, Probation Department, Public Defender’s Office, Department of Alcohol and Drug Services (DADS), and Mental Health Department (MHD), JTC and CITA identified youth offenders who repeatedly cycled in and out of the county’s juvenile detention facility (Juvenile Hall) because of an underlying substance use or mental health disorder (Ochoa, 2018). JTC and CITA diverted these offenders out of the mainstream juvenile justice system and placed them into either the JTC or the CITA program, where the multidisciplinary court teams focused on providing treatment. Because an estimated 65 to 75 percent of youth offenders in juvenile detention facilities have a diagnosable mental health disorder (Wasserman, Ko, & McReynolds,

2004), and 49 percent have a substance use disorder (Abram, Teplin, McClelland, & Dulcan, 2003), JTC and CITA sought to target these offender groups and address health issues that may have gone untreated while in custody in order to reduce delinquencies among them.

To be eligible for JTC or CITA, prospective participants had to be free of convictions from violent felonies, be diagnosed with a substance use or mental health disorder, and admit to the criminal charges that brought them into the juvenile system (Trudeau, 2005). Upon fulfilling these requirements, prospective participants were referred to JTC or CITA by juvenile criminal justice professionals. They then underwent clinical and supervision assessments and were screened for program suitability to enter either JTC or CITA. Although the charges remained on the participants' juvenile record, these were sealed once they completed JTC or CITA (Ochoa, 2018).

Once admitted, participants received community-based treatment services from DADS or MHD and their contracted community treatment providers. DADS and MHD matched treatment services based on the needs of participants and their families. Depending on the court program, participants also received a support team consisting of a drug and alcohol or mental health clinician, probation officer, defense attorney, and an adult mentor. Together, the support team coordinated participants' treatment services and provided complimentary services to help participants remain in the community and out of Juvenile Hall. Throughout treatment, participants appeared before the JTC or CITA judge on separate specialized court dockets. The judges then monitored participants' progress in treatment, gave praise for completion of treatment goals, and provided appropriate sanctions for program noncompliance (Ochoa, 2018).

At first, JTC was designed to serve youth offenders with substance use disorders, whereas CITA was intended to serve youth offenders with mental health disorders. However, as

prospective participants progressively began being diagnosed with both disorders, the Santa Clara County Superior Court realized that JTC and CITA might not have addressed all their participants' needs because the initial structure of the programs inadvertently made the coordination of treatment services more difficult for participants with co-occurring substance use and mental health disorders. As a result, participants with co-occurring disorders were entering a program that was unable to address all their needs because the county's system of care required them to participate in either JTC or CITA, but not both (SCSC, 2014).

Although JTC addressed substance use disorders under DADS, and CITA addressed mental health disorders under MHD, neither program was initially set up to treat co-occurring disorders under one coordinated system. The county system, with DADS and MHD in separate departments, created service gaps for participants with co-occurring disorders because participants with these disorders required integrated substance use and mental health services (SCSC, 2014). Moreover, the JTCs and CITAs referral, screening, and court processes added to the fragmentation of services, because each program had distinct teams set up to serve different populations. Therefore, these programs' processes needed improvements if they were going to provide coordinated treatment services to the estimated 20 to 30 percent of participants with serious mental health issues who also had a history of drug and alcohol abuse (SCSC, 2014).

BACKGROUND

Juvenile Treatment Court (JTC)

Launched in 1996, JTC was one of the first juvenile drug treatment courts in the U.S. to serve youth offenders suffering from substance use disorders (SCSC, 2014). The program targeted youth offenders at high-risk of reoffending and at high-need for treatment due to their drug and alcohol dependence. Specifically, it addressed participants' substance use, educational,

social, and complementary needs that may have led to their delinquent behaviors (Juvenile Justice Court Policy and Procedures Manual [JJCPPM], 2014). JTC supported its high-risk and high-needs participants—ages 13 to 18—to abstain from the use of illegal substances while achieving academic success and completing the conditions of their probation (Hubbs, 2012). Furthermore, JTC focused on treatment and recovery, increased personal accountability and self-esteem, improved family and community relations, and connected participants with pro-social activities and peer groups while maintaining community safety (JJCPPM, 2014).

Participants engaged in a minimum seven-month, three-phase program, and advanced from one phase to another based on completion of treatment goals and length of sobriety. For instance, phase I was a minimum of six weeks and required 14 consecutive days of sobriety. Phase II was a minimum of 12 weeks and required 20 consecutive days of sobriety while phase III was a minimum of eight weeks and required 42 consecutive days of sobriety to graduate (JJCPPM, 2014). Moreover, throughout participants' advancement through the phases, they received community-based substance use treatment, group and family counseling, outpatient services, and residential treatment (Ochoa, 2018; SCSC, 2014).

Court for the Individualized Treatment of Adolescents (CITA)

Founded in 2001, CITA was the first juvenile mental health court in the U.S. (Behnken, Arredondo, & Pakman, 2009). The program served youth offenders with severe mental health disorders such as “brain conditions with a genetic component (major depression, bipolar disorder, schizophrenia, severe mood or anxiety disorder, and ADHD), developmental disabilities, organic brain syndromes (severe head injury and cognitive deficit, and degenerative diseases), and fetal alcohol syndrome” (Juvenile Mental Health Court Manual and Protocol [JMHCM], 2011, p.22). CITA addressed the participants’—ages 13 to 17—psychological,

educational, social, and complementary needs that may have led to their involvement in the juvenile system by providing them with access to mental health services (JMHCMP, 2011).

CITA aimed to establish comprehensive mental health services, increase participant accountability, and improve family and community relations while maintaining community safety (JMHCMP, 2011). Specifically, it focused on stabilizing, rather than curing, participants' mental health disorders, so that they could live productive lives without reoffending as adults (JMHCMP, 2011). Participants received community-based mental health treatments and advanced in CITA based on the completion of treatment goals (Harris & Seltzer, 2004).

Participants with a history of psychiatric hospitalization and who self-medicated for attempted suicide, cutting, severe depression, bipolar disorder or anxiety, received services such as trauma-based services, psychotherapy, psychotropic medication evaluation, prescription monitoring, and individualized educational programs (SCSC, 2014).

JTC and CITA Referral Processes

Prospective participants in the juvenile court system who exhibited signs of substance use and mental health disorders were referred to JTC or CITA through multiple sources, including psychiatric social workers, county drug and alcohol therapists, deputy district attorneys, defense lawyers, and probation officers. Prospective participants initially underwent clinical screenings for substance use and mental health disorders upon arrival at Juvenile Hall. While in custody, county mental health psychiatric social workers assessed prospective CITA participants' psychological, behavioral, educational, social, and family needs to determine appropriate treatment services (JMHCMP, 2011). In contrast, county drug and alcohol therapists, rather than psychiatric social workers, clinically assessed prospective JTC participants for substance use disorders to determine appropriate treatment needs (JJCPPM, 2014). Within several days of entry into custody, prospective participants appeared before a juvenile court judge for detention

hearings. At these hearings, judges reviewed prospective participants' assessed needs, referrals to JTC or CITA, and also determined if the youth should remain in custody (Ochoa, 2018).

Moreover, juvenile criminal justice professionals, including deputy district attorneys, defense lawyers, and probation officers, also served as a source of referrals. At any time during youth offenders' involvement in the justice system, these professionals could make referral requests during any juvenile court hearings, such as jurisdictional or dispositional hearings. Thereafter, once in receipt of a referral notice, DADS, MHD, and the probation department completed clinical and supervision assessments (Ochoa, 2018).

JTC and CITA Screening Processes

Each program consisted of a screening team that was comprised of representatives from their multidisciplinary court team who screened referral cases (youth) for program suitability. For example, JTC's screening team consisted of a deputy district attorney, probation officers, and DADS therapists. CITA's screening team consisted of a deputy district attorney, probation officers, and MHD therapists. Following referral notices, each team met on different days to review the prospective participants' assessments, law violations, community ties, family support, and motivation to seek help for their illnesses before voting for them to take part in JTC or CITA (JJCPPM, 2014; JMHCMP, 2011; Ochoa, 2018).

JTC and CITA Hearing Processes

Upon program entry, participants voluntarily took part in a community-based treatment plan tailored to their assessed needs. Participants frequently appeared before a JTC judicial officer, who specialized in substance use disorders, or a CITA judicial officer, who specialized in mental health disorders. JTC participants attended weekly hearings on a specialized court docket on Thursdays, whereas CITA participants attended hearings on a different court docket on the second and fourth Wednesday of each month (JJCPPM, 2014; JMHCMP, 2011; Ochoa, 2018).

During review hearings, the judges maintained oversight of participants' treatment progress and spoke with each participant to evaluate their performance in the program. Specifically, judges would assess participants' engagement at home, in the community, and in school. The participants' support team would then comment on participants' progress in treatment, home and community environment, academic achievement, and adherence to probation conditions. Both the judges and the support teams would then provide participants with input for improvement, offered appropriate incentives for completion of treatment goals or sanctions for program noncompliance. Participants who completed their treatment program graduated and had their criminal cases dismissed and records sealed. However, participants unable to complete their treatment returned to regular juvenile court, served any deferred sanctions upon entering JTC or CITA, and did not have their records sealed (JJCPPM, 2014; JMHCMF, 2011; Ochoa, 2018).

PHASE II – SOLUTION DEVELOPMENT

SOLUTION

To close the service gaps between the JTC and the CITA programs, in a nine-month span from 2014 to 2015, Santa Clara County Superior Court integrated both programs to create PATH2 Services Court—a new court program that provided integrated and comprehensive services to participants with co-occurring disorders. The Superior Court used a multi-agency collaborative approach not only to integrate JTC's and CITA's referral, screening, and review hearing processes but also to consolidate the two multidisciplinary court teams into one. Because the county had previously integrated DADS and MHD to establish the Department of Behavioral Health Services in 2014, PATH2 Services aligned with the county's vision of providing a coordinated system of assessments, treatment services, and recovery support ("Integration Plan for a New Department of Behavioral Health Services," 2014; SCSC, 2014).

Through the collaborative approach, the District Attorney's Office, the Probation Department, Behavioral Health Services, the Public Defender's Office, the Alternate Defender's Office, the Independent Defense Office, Legal Advocates for Children and Youth (LACY), and Fresh Lifelines for Youth (FLY) helped the Superior Court form PATH2 Services.

Representatives from these agencies held monthly steering and implementation meetings to develop new memorandums of understanding and policies and procedures to integrate JTCs and CITAs court-based processes. For example, a judge, program managers, supervisors, and rank-and-file staff provided oversight and implementation feedback in these meetings while aiming to expand access to therapeutic interventions that have been scientifically tested and proven useful in treating participants with co-occurring disorders (SCSC, 2014).

PHASE III – IMPLEMENTATION

INTRODUCTION TO PATH2 SERVICES COURT

Founded in January 2015, PATH2 Services is Santa Clara County Superior Court's new juvenile specialty court program that serves youth offenders with co-occurring substance use and mental health disorders. It is an intensive four-phase treatment program that targets youth offenders at high-risk for reoffending and in high-need for treatment. The program addresses the underlying causes of delinquent behaviors that have lead participants to commit offenses and enter the juvenile justice system (PATH2 Services Policy and Procedure Manual [PATH2 Services], 2015).

As one alternative to Juvenile Hall, the program gives participants a second chance to take responsibility for their actions by taking advantage of integrated treatments, drug testing, probation supervision, educational and complementary services, pro-social activities, and frequent court appearances to support their healing and recovery. Specifically, it focuses on providing them with long-term sobriety, rehabilitation, wellness, and renewed family support while ensuring community safety (PATH2 Services, 2015).

MULTIDISCIPLINARY TEAM

As Figure 1 illustrates, the new court team is composed of various government and community agencies. These stakeholders include Santa Clara County Superior Court, District Attorney's Office, Public Defender's Office, Alternate Defender's Office, Independent Defense Office, Probation Department, Department of Behavioral Health Services (Behavioral Health), Legal Advocates for Children and Youth (LACY), Bay Area Legal Aid (BayLegal), and Fresh Lifelines for Youth (FLY). Once participants enter PATH2 Services, court team members, each with distinct roles, support them in their rehabilitation. Each professional brings expertise, is

trained in co-occurring disorders, and works toward a common goal of ensuring participants succeed in treatment (Ochoa, 2018; PATH2 Services, 2015).

Figure 1: PATH2 Services Multidisciplinary Team

Source: PATH2 Services, 2015

For instance, the judge from the Superior Court provides leadership and guidance on policies and procedures. The judge maintains close oversight on participants' progress and is responsible for making final decisions on administering incentives or sanctions after receiving feedback from the court team. Additionally, the judge balances the interests of public safety and of the victim(s) in determining how to serve participants best while they are in the program. The court coordinator from the Superior Court assists the judge and the court team in the implementation and execution of the program's goals. The court coordinator's duties range from collecting participant data for program monitoring and evaluation purposes, scheduling monthly staff meetings, and maintaining the judge's confidential participant court files (PATH2 Services, 2015).

A deputy district attorney (prosecutor) from the District Attorney's Office advocates on behalf of public safety and victim interests, and represents the county and its people. The prosecutor holds participants accountable and ensures that they uphold their end of the bargain by attending treatment and staying out of trouble. In contrast, defense attorneys from the Public Defender, Alternate Defender, and Independent Defense Offices communicate with and protect participants' constitutional rights and advocate for their legal interests. Defense attorneys inform participants of the benefits and consequences of opting to participate in PATH2 Services and that the program has more stringent requirements than the standard conditions of probation (Ochoa, 2018; PATH2 Services, 2015).

Probation officers from the Probation Department's Special Programs Unit supervise and connect participants with community resources, perform frequent drug and alcohol testing, and monitor the conditions of probation and program compliance (Ochoa, 2018). Probation officers provide weekly status reports and updates to the judge and the court team. These reports cover school attendance, adherence to treatment appointments, home and family environment, and community engagement (Ochoa, 2018). Probation officers also provide recommendations to tighten or loosen supervision conditions. Recommendations that tighten supervision may range from imposing stricter home curfew hours, electronic monitoring, and weekend incarceration at Juvenile Hall for noncompliance (PATH2 Services, 2015).

In contrast to the supervisory role of probation officers, clinicians from Behavioral Health assess and diagnose participants with disorders. As licensed therapists specializing in co-occurring disorders, they develop individualized treatment plans and match participants with community treatment providers to receive appropriate treatment. In addition to coordinating with community providers, clinicians also provide weekly court updates to the judge and the court

team on participants' progress to treatment, recommendations for adjustment and may even advocate for treatment services (PATH2 Services, 2015).

An education attorney from LACY coordinates participants' educational services and helps them to achieve their educational goals. The education attorney ensures school districts develop Individualized Educational Plans (IEPs) to prepare participants for long-term academic success. In addition to the services of the education attorney, civil attorneys from BayLegal help participants with public benefits and immigration issues. Civil attorneys help participants and their families navigate the areas of housing, health insurance, disability rights, and Social Security funds (PATH2 Services, 2015).

FLY mentors organize community field trips and accompany participants to appointments. However, mentors primarily engage participants in weekly pro-social and community activities and support positive peer interactions (PATH2 Services, 2015).

REFERRAL PROCESS

As Figures 2 and 3 illustrate, the PATH2 Services referral process may proceed as an in-court or an out-of-court process. In an in-court proceeding, judges, prosecutors, defense attorneys, or probation officers can make referral requests for prospective participants to join the program from any of the four courtrooms at the Juvenile Justice Courthouse. Specifically, these juvenile criminal justice professionals identify youth offenders who may have committed law offenses or probation violations because of their substance use or mental health disorders (Ochoa, 2018; PATH2 Services, 2015).

Figure 2: In-court Referral Process

Source: PATH2 Services, 2015

In a non-court setting, probation officers identify and refer prospective participants who are at high-risk of reoffending and who are at high-need for treatment while supervising them in the community. Although any juvenile criminal justice professional may refer prospective participants to the program, only probation officers can complete a referral to the program using the Universal Referral Form (URF)—an electronic computer referral system (Ochoa, 2018).

Figure 3: Out-of-court Referral Process

Source: PATH2 Services, 2015

Upon completing a URF, both the Probation Department and Behavioral Health receive referral notices. The supervising probation officer of the Special Programs Unit and the supervising clinician of the PATH2 Services court treatment team assign probation officers and clinicians to these cases. Probation officers and clinicians individually interview minors and their parents or guardians to determine program and clinical eligibility. Both probation officers and clinicians review minors' law offenses, mental health and substance use history, education, family, and community background (PATH2 Services, 2015).

During intake assessments with prospective participants in the community or while in custody at Juvenile Hall, probation officers and clinicians explain the program and gauge the level of interest and motivation that prospective participants should display. Probation officers and clinicians also obtain consent from prospective participants and their parents or guardians to assess the minors' past and current treatment history, obtain academic records, and to contact relevant agencies for additional information (PATH2 Services, 2015). Upon compiling a profile of the prospective participant, probation officers and clinicians conduct evidence-based assessments to determine appropriate treatment and community supervision plans. For example, probation officers use the Juvenile Assessment and Intervention System (JAIS) assessment tool, whereas clinicians use a modified American Society of Addiction Medicine (ASAM) Patient Placement Criteria assessment tool (Ochoa, 2018; PATH2 Services, 2015).

According to Ore and Baird (2014), the JAIS is a web-based assessment tool that produces a comprehensive report for appropriate supervision strategies, determines minors' risk level, and identifies needs and strengths. Ore and Baird (2014) note that the JAIS is designed to protect the community while helping probation officers develop supervision case plans based on the behavioral characteristics of minors. According to Etheridge (2013), the ASAM is a substance use and mental health needs assessment tool that matches youth to substance use and mental health treatments based on their individual needs. Stallvik and Nordahl (2014) state that the ASAM assesses minors' prior treatment, duration and frequency of substance use, severity of addiction, substance use disorder diagnosis, withdrawal symptoms, relapse potential, psychiatric symptoms, motivation for treatment, and environmental factors. Clinicians complete the ASAM within eight court days for in-custody minors, twelve court days for out-of-custody minors, and diagnose minors with appropriate disorders (Ochoa, 2018; PATH2 Services, 2015).

SCREENING PROCESS

As Figure 4 illustrates, representatives of the new multidisciplinary court team conduct screenings. Voting members include a prosecutor, defense attorneys, behavioral health clinicians, and probation officers (PATH2 Services, 2015). These members meet on Tuesdays and speak off the record to determine program suitability for referred cases (Ochoa, 2018).

Figure 4: PATH2 Services Screening Process

Source: PATH2 Services, 2015

Before voting on program admittance, team members review and discuss each prospective participant's integrated clinical and supervision assessment reports, weigh past and current criminal offenses, behavioral health history, family participation, educational history, and self-motivation (PATH2 Services, 2015). Upon accepting new participants into the program,

representatives assign participants with substance use and mental health treatment services from community treatment providers. Representatives also schedule a PATH2 Services Dispositional Hearing two weeks after the screening date. Conversely, if representatives cannot agree on accepting prospective participants into PATH2 Services, the “tie-breaking” vote goes to the judge to determine whether a minor should enter the program (PATH2 Services, 2015).

DISPOSITIONAL HEARING

Following the screenings, newly accepted participants appear before the PATH2 Services judge for a dispositional hearing. The Superior Court and its court-system partners modified and implemented this type of juvenile hearing in which the judge formally accepts participants into the program, adopts probation recommendations for supervision, and orders participants to engage in treatment and adhere to the treatment plan (Ochoa, 2018; PATH2 Services, 2015).

As Figure 5 illustrates, before dispositional hearings, defense attorneys individually meet with participants and their parents or guardians for the first time to discuss any pending criminal violations and program expectations. They review program rules with participants and inform them of their rights and responsibilities associated with opting to receive rehabilitation services instead of serving the sentence for the offense they had already pled guilty to. Participants then sign the PATH2 Services Agreement. Upon signing, participants acknowledge that if they opt into PATH2 Services, they will have to attend more review hearings and consent to more oversight of their daily lives than if they opted out and received a standard probation sentence. Moreover, participants receive a PATH2 Services Handbook further explaining the program and their expectations towards it (PATH2 Services, 2015).

Figure 5: PATH2 Services Dispositional Hearing

Source: PATH2 Services, 2015

During dispositional hearings on Tuesday or Wednesday mornings, the judge welcomes new participants and their parents or guardians into the program. The judge reiterates program requirements, expectations of participants in treatment, school, and in the community. The judge also communicates that the expectation of parents is that they will support their child's rehabilitation efforts. The judge also addresses incentives for successful program completion and consequences for program noncompliance. Participants are then given the opportunity to state the goals they wish to achieve while in the program and provide a sobriety date for the continuing monitoring of substance use in subsequent court review hearings (Ochoa, 2018; PATH2 Services, 2015).

SCOPE OF THERAPEUTIC TREATMENTS

In meeting the individualized treatment needs of participants with co-occurring disorders, the program provides integrated and comprehensive holistic treatment approaches for substance use, mental health, and recovery support. For each participant, PATH2 Services works in conjunction with Behavioral Health to coordinate their community-based services and aftercare planning for continuing care. Upon program entry, Behavioral Health clinicians inform participants and their parents or guardians about the available treatment options (PATH2 Services, 2015). Participants with public health insurance are referred to Behavioral Health's contracted licensed community treatment providers to receive treatment services (PATH2 Services, 2015). Conversely, participants with private health insurance select a private treatment provider of their choice for treatment services (PATH2 Services, 2015). Some of the community providers that Behavioral Health refers to are Rebekah Children's Services, Starlight Community Services, Unity Care, Uplift Family Services, Momentum for Mental Health, Community Solutions, Gardner Family Care, Seneca Family of Agencies, and Advent Group Ministries (Ochoa, 2018).

Community providers conduct supplemental clinical assessments and develop individualized treatment plans with participants and their parents or guardians. The community providers offer gender-specific services that foster positive gender identity development; culturally competent services specific to participants' social and cultural needs; and trauma-informed services to help participants understand the impacts of trauma, recognize its signs, and respond appropriately to traumatic events that participants may have experienced as children or adolescents (SCSC, 2014). Moreover, PATH2 Services ensures that community providers engage participants in different levels of care based on their assessed needs, which may range

from outpatient services, to intensive outpatient, to residential treatment (Ochoa, 2018; PATH2 Services, 2015).

During treatment planning, community treatment providers match participants with appropriate evidence-based treatments (PATH2 Services, 2015). Community providers use a variety of treatments such as Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, The Seven Challenges, Full Service Partnership, Wraparound, and residential treatment (SCSC, 2014). These integrated treatments aim to assist participants in abstaining from drug and alcohol use, stabilizing their mental health disorders, and in preventing them from reoffending (PATH2 Services, 2015; SCSC, 2014).

Motivational Interviewing (MI)

MI is a counseling approach that draws out an individual's internal motivation and empowers him or her to take control of the treatment. MI promotes change through meaningful conversation meant to evoke an internal desire to change on the part of the client, as opposed to having change imposed by outside forces (Moyers, 2014). MI strengthens a client's desire to change by emphasizing the freedom to choose and control changes (Moyers, 2014). Moreover, MI relies on the empathy and compassion of the therapist to establish a relationship that encourages the client to adopt changes for themselves (Moyers, 2014).

The PATH2 Services clinicians and community providers use MI strategies with participants in their therapy sessions and other treatment contexts to assist clients in building positive relationships with their family and peers. Both clinicians and community providers use MI in their communication with participants before and after court hearings, while conducting home visits, or at weekly office meetings. They build rapport using active listening and by being

attentive to participants' feelings of ambivalence about changing their criminal behaviors. They also use reflective listening to clarify participant's views and positions about making changes. Additionally, MI allows participants to decide for themselves how to make changes as they advance through the program phases and helps minimize any resistance to change so that participants can develop the capacity to achieve treatment goals (Moyers, 2014).

Cognitive-Behavioral Therapy (CBT):

CBT is a psychotherapy approach that explores an individual's relationship with their thoughts, feelings, and behaviors (National Alliance on Mental Illness [NAMI], 2017). This approach encourages clients to challenge and control unhelpful thought patterns based on misconceptions, test the reliability of their thoughts, and to replace unhelpful thoughts with more appropriate perceptions of reality (Hofmann & Asmundson, 2008). Moreover, CBT addresses poor interpersonal skills and improves problem-solving and coping skills to deal with stress and anger (National Mental Health Association [NMHA], 2004).

During therapy sessions, therapists use CBT strategies for a variety of mental health disorders that include anxiety and mood disorders, schizophrenia, and personality disorders (Hofmann & Asmundson, 2008). Therapists structure individual and group therapy sessions in ways that help clients recognize false beliefs and engage in healthier behaviors (NAMI, 2017). Clients also learn to identify unhealthy or harmful feelings and determine how these feelings can lead to self-destructive behaviors if not addressed (NAMI, 2017). Moreover, CBT teaches youth offenders the behavioral link between thought and emotion and works to change their thinking patterns to improve behavior in challenging situations (NMHA, 2004).

Trauma-Focused Cognitive Behavioral Treatment (TF-CBT)

TF-CBT is a trauma-informed cognitive behavioral treatment that addresses symptoms of post-traumatic stress disorder among children and adolescents (Black, Woodworth, Tremblay, & Carpenter, 2012). Based on CBT strategies, TF-CBT teaches youth the skills to master trauma-related triggers that incite stress throughout their daily activities (Black et al., 2012). TF-CBT focuses on helping youth adapt to the stress and any adverse effects of being victims of traumatic experiences, such as physical and sexual abuse, childhood neglect, rape, witnessing of a crime, attempted suicide, or domestic abuse (Black et al., 2012). Participants learn how to cope with distress without resorting to substance use, and instead engage in constructive activities to help prevent them from becoming re-traumatized (NADCP, 2015).

Therapists use this approach in individual or family therapy sessions (Black et al., 2012), where therapy sessions are carefully structured to reduce the risk of re-traumatization. Many youth experience trauma either from a single devastating event or continuous exposure to traumatizing situations (Bath, 2008). According to Black et al. (2012), therapy sessions consist of teaching youth relaxation skills and teaching them how to identify, modulate, and express emotions. Therapy sessions also include teaching youth cognitive coping skills to reduce symptoms of trauma to ultimately help them to overcome victimization (Black et al., 2012). Additionally, youth learn how to develop safety measures, manage their emotional impulses, and foster positive peer and family relationships to decrease the long-lasting effects of trauma (Bath, 2008).

Acceptance and Commitment Therapy (ACT)

ACT is a psychotherapy approach that encourages individuals to increase awareness of their unwanted thoughts, feelings, and behaviors to move toward living a meaningful life

(Hofmann & Asmundson, 2008). ACT accomplishes this by helping individuals “to stay aware of their private memories, negative thoughts, and feelings without the need to avoid or change them” (Bass, van Nevel, & Swart, 2014, p.4). ACT applies CBT strategies, but rather than challenging and controlling negative thoughts or feelings, ACT directs individuals to accept and embrace them (Bass et al., 2014).

Therapists use ACT for a variety of mental health disorders, from anxiety and mood disorders, substance use disorders, psychotic disorders, to compulsive disorders (Bass et al., 2014). During therapy sessions, therapists teach clients to open up about their uncomfortable thoughts and feelings such as anxiety, pain, or guilt, so that they can feel the overwhelming effects these have on their mind and body (Hofmann & Asmundson, 2008). Clients are then encouraged to not act upon their thoughts and feelings while simultaneously refraining from suppressing them (Hofmann & Asmundson, 2008). The acceptance of negative thoughts or feelings allows clients the opportunity to move forward by letting their feelings and thoughts occur without the impulse to act on them (Hofmann & Asmundson, 2008).

The Seven Challenges

The Seven Challenges is a counseling program designed to treat adolescents with substance use and mental health disorders (Korchmaros & Stevens, 2014). The Seven Challenges applies MI and CBT strategies to treat adolescents who deny having an alcohol and drug problem and who are not ready to abstain from substances upon entering treatment (Stevens, Schwebel, & Ruiz, 2007). The Seven Challenges helps adolescents reflect on why they use substances and motivates them to want to change voluntarily, even though most of them enter treatment feeling otherwise (Stevens et al., 2007). The Seven Challenges takes a hierarchical

decision-making approach to address seven specific challenges clients face in making healthy decisions and ultimately abstaining from drugs and alcohol (Korchmaros & Stevens, 2014).

Upon starting treatment, the first challenge client's face is building an open and honest relationship with their counselors (Korchmaros & Stevens, 2014). Clients are initially reluctant to open up and discuss their substance use, as they are legally obligated to enter treatment by a court order. They perceive their drug and alcohol use as a norm, and use these substances to cope with life (Stevens et al., 2007). Therefore, building rapport with counselors is vital so that clients are willing to disclose information about themselves and progress through the challenges that follow. The second challenge focuses specifically on why clients use substances (Korchmaros & Stevens, 2014). Clients discuss the reasons for their substance use, while counselors question their reasons to understand their motives, and to empower them to cope with life in positive ways without resorting to substance use. The third challenge explores the risks associated with being under the influence of substances (Stevens et al., 2007). Counselors help clients examine the effects of substance abuse and dependency on the mind and how these effects can lead to the commission of new offenses.

The fourth challenge focuses on client responsibility and the responsibility of others for their problems (Korchmaros & Stevens, 2014). Counselor's help clients externalize the stressors of life and show them that it is normal to feel and perceive life as unfair. Clients learn to take responsibility for their actions, which helps them understand their mistakes. The fifth challenge focuses on the clients' future (Korchmaros & Stevens, 2014). Counselors explore clients' dreams and where they envision themselves after completing treatment. Counselors help clients envision a future without the use of substances to move clients towards a productive life. The sixth challenge asks clients to abstain from alcohol and drugs. Counselors ask clients "to make their

own decisions about both their lives in general and about drug use” (Stevens et al., 2007, p.36). The final challenge client’s face is monitoring their progress to prevent relapses once treatment has ended (Korchmaros & Stevens, 2014). Additionally, as clients advance in the challenges, they receive the skills to cope with setbacks and experience the feeling of success when they remain sober (Korchmaros & Stevens, 2014).

Wraparound Services

Wraparound Services is a team-based service model aimed at developing individualized care plans for youth with severe behavioral and emotional disorders (Chitiyo, 2014).

Wraparound Services are client and family-centered and are delivered by an interagency team from probation, behavioral health, and community-based providers (Santa Clara Probation Department [SCPD], 2015) Services include housing and transportation assistance, community engagement activities to develop positive peer relationship skills, family education that includes parenting classes and parent advocacy, education and vocational support, mental health services, and around the clock crisis support (Social Services Agency, 2016).

Community providers use this model to develop care plans tailored (wrapped around) to the participant’s needs (Social Services Agency, 2016). Community providers provide intensive outpatient community-based services to participants in their homes, as opposed to providing services in a detention center. Wraparound Services also seeks to reduce the use of residential treatment and foster care group homes (SCPD, 2015). Moreover, Wraparound Services apply the “whatever it takes” approach to help youth remain in the community by using intensive case management to address identified family risk factors and needs at home and in the community (Chitiyo, 2014).

Full Service Partnership

FSP is an intensive mental health service model that addresses the needs of children and youth who experience physical, social, behavioral, and emotional distress (Behavioral Health Services, 2016). FSP is a team-based approach that provides comprehensive access to health and human and social services (Cordell and Snowden, 2017). Youth are assigned a case manager who develops individualized care plans and a community-based team that applies the Wraparound “whatever it takes” approach to provide client and family-centered services to meet recovery goals (Felton, Cashin, & Brown, 2010). These services include housing and employment assistance, peer support, medication and mental health services, and around the clock crisis support (Behavioral Health Services, 2016). FSP provides these services to clients who are either unserved or who are receiving inadequate services from the county to support their wellness and recovery (Felton et al., 2010). Community providers use this model to deliver services to participants, not only in the community, but also in cases of acute hospitalization and detention centers (Behavioral Health Services, 2016). By using Wraparound Services and other similar strategies, FSP seeks to provide services to help participants achieve their goals and increase functioning within their communities (Ochoa, 2018).

Residential Treatment

Residential treatment is provided at a live-in facility that offers a variety of services to youth with substance use, mental health, or behavioral problems (Longe, 2016). According to the American Academy of Child and Adolescent Psychiatry (2016), residential treatment is an intensive treatment approach where youth temporarily live away from their families and in a facility supervised and monitored by trained staff. After inpatient psychiatric treatment, residential treatment is the second most restrictive form of treatment (Longe, 2016). Residential

treatment targets youth who fail to respond to community-based treatment, or who need additional services following an inpatient psychiatric hospitalization (AACAP, 2016).

While in residential treatment, participants receive services that may include individual and group counseling, family counseling, live-in schooling, physical activities, substance use education, and 12-step recovery meetings (Advent Group Ministries, 2017). Residential treatment delivers these services in a structured manner based on participants' needs. Treatment begins with detoxing the human system of substances, followed by counseling and education, and ending with aftercare planning following program dismissal (Addiction Recovery Guide, 2017). During a three-month stay, participants engage in therapy that addresses the thought processes and traumatic experiences of abuse or neglect that may have led to their addictions (Advent Group Ministries, 2014). Residential treatment supports participants around the clock to help them manage their illness and live a clean and sober life.

REVIEW HEARING PROCESS

Pre-Court Case Discussions

Before court review hearings, the PATH2 Services court team meets to prepare for hearings by providing insight into participants' treatment progress. The court team also determines appropriate incentives, sanctions, and develops actions to improve participant outcomes. During pre-court case discussions, the judge facilitates roundtable discussions as the court team members report on each participant on the court calendar (Ochoa, 2018; PATH2 Services, 2015).

For instance, probation officers share information on compliance with school attendance, adherence to home curfews, probation violations or new law offenses, community engagement, and drug and alcohol test results. Clinicians share information on completion of treatment goals,

reductions in substance use cravings, improvements in behavior, and recommend treatment plan adjustments. Education and civil attorneys update the team on educational goals and status on public benefits. FLY mentors update the team on engagement in pro-social and community activities. The court coordinator collects participant outcome data from each court team member. Defense attorneys limit their sharing in the legal interests of their clients. However, they contribute to the discussions or advocate for services. The prosecutor, or other team members, hold participants accountable for non-compliance by recommending sanctions for refusal to follow program rules or treatment plans. Furthermore, team members recommend incentives for participants engaging in treatment and accomplishing goals (Ochoa, 2018; PATH2 Services, 2015).

Upon hearing the views of the prosecution, defense, probation, and treatment providers, the judge provides feedback on each participant to the court team. The judge then makes final decisions on recommendations which determine the nature of the proceedings with each participant during court review hearings (Ochoa, 2018; PATH2 Services, 2015).

Court Review Hearings

The Superior Court implemented PATH2 Services into a four-phase program: Freshmen, Sophomore, Junior, and Senior phase. As Figure 6 illustrates, participants take part in each phase and advance from one phase to another at their own pace and based on their performance in treatment and devotion to the requirements of each phase (PATH2 Services, 2015). Participants attend Thursday morning court review hearings from 10 a.m. to noon, or afternoon court review hearings from 1:30 p.m. to 4 p.m. in Department 78 at the Juvenile Justice Courthouse (Ochoa, 2018).

Figure 6: PATH2 Services Review Hearings

Source: PATH2 Services, 2015

Participants appear before the judge for evaluation of their progress in treatment and adherence to the conditions of the program. During all court appearances, the judge speaks with each participant to gauge their performance in the program and to get an update on their sobriety, school attendance, community engagement, drug and alcohol test results, payments in victim restitution, and unmet complementary service needs (PATH2 Services, 2015).

The judge speaks on behalf of the court team and recognizes participants for their efforts, administers treatment adjustments, provides incentives for successes, and sanctions for noncompliance. In turn, participants share their perspective on their treatment progress and raise concerns about how the program can further accommodate their needs. Upon program completion, participants petition the court for a phase promotion. At graduation, they are rewarded with the dismissal of criminal charges, and the sealing of their juvenile records.

Conversely, participants remain in the program until dismissal for continued non-compliance. Participants unable to complete their treatment program return to regular juvenile court, serve any deferred sanctions upon entering PATH2 Services, and do not have their records sealed (PATH2 Services, 2015).

Freshman Phase

In the Freshman phase, the program focuses on stabilizing participants and resolving conditions that are likely to interfere with their compliance in treatment. As participants enter the program, they may experience substance withdrawal, mental instability, or have conflicts at home and in school. Therefore, participants appear before the judge for weekly court review hearings for a minimum of two weeks so that the program can closely monitor them until their substance and mental health symptoms stabilize. During the Freshman phase, the program sets the foundation for participants to start engaging in treatment by providing them with basic needs. These needs may include transportation to get to appointments, educational assistance to enroll in or change schools, scheduling of medical appointments to receive medications, or safety checks of the home environment. Upon meeting basic needs, participants begin outpatient services or residential treatment and check-in with probation officers and clinicians weekly. Once participants have settled into the program and stabilized themselves at home and in the community, they can petition the court for phase promotion (PATH2 Services, 2015).

Sophomore Phase

In the Sophomore phase, the program focuses on giving participants the behavioral skills to maintain sobriety and mental stability to keep them in treatment. Participants receive a continuum of treatment that ranges from substance use, mental health, and recovery support services based on their assessed treatment needs. Participants engage with community providers weekly for treatment services and appear before the judge every two weeks for a minimum of

one month so that the program can continue to monitor, give hope, and adjust treatment plans to sustain treatment engagement. Participants check-in with probation officers and clinicians weekly in the community and can petition the court for phase promotion upon maintaining fifteen consecutive days of sobriety, engaging in treatment, and abstaining from new offenses or probation violations (PATH2 Services, 2015).

Junior Phase

In the Junior phase, the program focuses on developing participants' independence by reducing program oversight. The program encourages participants to engage in community activities, seek employment, or other endeavors as they demonstrate responsibility by attending appointments, abstaining from substance use, and maintaining school and treatment engagement. Participants appear before the judge every three weeks for a minimum of two months so that the program can continue to address unmet needs and provide complementary services, such as employment referrals, volunteer opportunities, and pro-social activities. The program monitors any disruptions that may affect the participant's ability to remain healthy. These may include poor peer and family relationships, substance use cravings, hygiene issues, and physical health problems. Participants check-in with probation officers and clinicians every two weeks and petition the court for phase promotion upon maintaining twenty consecutive days of sobriety, treatment engagement, and abstaining from new offenses or probation violations (PATH2 Services, 2015).

Senior Phase

In the Senior phase, the program focuses on sustaining participants' sobriety and mental stability with continuing care to maintain long-term success. Participants meet with clinicians and community providers to prepare aftercare plans to ensure that participants successfully transition into the community and remain connected with support groups without the eventual

oversight of the program. Participants in this phase appear before the judge monthly for a minimum of two to three months, and continue to demonstrate the behavioral and life skills they have learned in the process of completing treatment and educational goals, engaging in pro-social activities, and abstaining from substances. The program continues to give hope, monitor treatment disruptions and address unmet needs that may undermine treatment gains. Participants check-in with probation officers every two weeks and petition the court for graduation upon maintaining forty-five consecutive days of sobriety and abstaining from new offenses or probation violations (PATH2 Services, 2015).

METHODOLOGY

To determine whether PATH2 Services Court achieved its goal of integrating its court-based processes to provide therapeutic services to juvenile offenders enrolled in the program, this research project used Sylvia and Sylvia's (2004) four-phase process intervention method and the participant-observer approach.

For the process intervention method, as previously described, the four-phases included:

- 1) Problem Identification,
- 2) Solution Development,
- 3) Implementation, and concluded with,
- 4) Feedback Evaluation.

For the participant-observer approach, an anonymous online survey measured responses from PATH2 Services Court staff to determine whether the PATH2 Services referrals, screenings, and review hearings processes were effective, or if any changes needed to be made, and whether any processes should be discontinued. Survey responses and existing non-identifiable data of year-one participant demographics and outcomes regarding PATH2 Services (e.g., currently enrolled, graduated, and failed before completion) participation were analyzed to determine the level of successful integration of PATH2 Services Court.

This research also examined whether any relationships existed between the data collected from the participant-observer approach and the process-intervention method. The results of this research could lead to recommendations to the Superior Court regarding whether it was necessary to make changes to its new court-based processes.

LITERATURE REVIEW

Background Information

In the 1970s and 1980s, many offenders with drug-related crimes cycled through the justice system due to untreated substance use disorders (Peters, Kremling, Bekman, & Caudy, 2012). During that period, the justice system became a revolving door drug offenders, and it flooded the courts with drug cases and impacted county jails due to their lack of available treatment services (Belenko & Logan, 2003). Since then, two million people have been incarcerated in the U.S. and five million have been on probation (Peters et al., 2012). In response to the mass influx of drug-involved offenders, whose substance use disorders went untreated, state courts dedicated courtrooms to drug cases and incorporated drug treatment services into the justice process (Belenko & Logan, 2003). The 1962 U.S. Supreme Court case, *Robinson v. California*, was instrumental in the development of drug courts because it recognized narcotics addiction as an illness. According to Marlowe and Meyer (2011), the case gave rise to the drug court model and shifted the focus of the justice system from punishment to the treatment of offenders with substance abuse disorders.

Drug courts differ from the traditional adversarial court models in that they are problem-solving courts that treat the substance abuse disorder in the community, and view the disorder as the underlying cause of drug-addicted adult offender's criminal behaviors (Strong & Kyckelhahn, 2016). Drug courts work through a combination of judicial supervision offered during frequent hearings, counseling and services provided by an interagency team of criminal justice and treatment professionals, and the imposition of incentives for treatment compliance, and sanctions for noncompliance (Belenko & Logan, 2003; Peters et al., 2012). The goal of drug court is to reduce criminal recidivism (Tanner-Smith, Lipsey, & Wilson, 2016). According to

Tanner-Smith et al. (2016), to achieve the goal, drug courts address the individual's substance abuse and dependency problems by first conducting a risk assessment, which identifies treatment and supervision needs. Drug courts require individuals to be monitored and supervised through periodic interactions with a drug court judge, which allows the drug court program to monitor the individual's progress in treatment (Tanner-Smith et al., 2016).

According to the NADCP (2004), the drug court model is comprised of the following Ten Key Components:

- 1) Integrated alcohol and other drug treatment services with justice system case processing.
- 2) A nonadversarial approach, prosecution and defense counsel to 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 other 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 program 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.

In 1989, Miami-Dade County, Florida, became the first jurisdiction to operate a drug court program (Tanner-Smith et al., 2016). Miami-Dade County's drug court was implemented in response to the 1980s crack cocaine epidemic that hit the state and neighboring communities. Devall, Gregory, and Hartmann (2012) noted that at the time, county criminal justice professionals needed to develop new approaches for dealing with repeat offenders and their substance use problems, and reported that drug court was created as a solution to stop the cycle of substance abuse, the commission of crimes, and incarcerations. Since then, the number of drug courts grew to 2,326 in 2010 (Devall et al., 2012), and up to 2,533 across the U.S. by 2014

(Tanner-Smith et al., 2016). Throughout their 28 years of existence, research on drug courts indicates that they work in reducing recidivism and are successful in meeting the treatment needs of offenders (Tanner-Smith et al., 2016).

Devall et al. (2012) report that compared to similar groups, drug court participants have less contact with the justice system. Devall et al. (2012) also report reductions in recidivism rates of nine to 25 percent and a taxpayer return of \$3.50 for every \$1.00 invested in drug courts. The cost to provide services ranges from \$3,000 to \$13,000 per drug court participant (NADCP, n.d.), a figure far lower than the average annual cost of \$31,286 to house and treat an inmate in county jails (Henrichson & Delaney, 2012). Moreover, 75 percent of drug court graduates remain arrest-free for at least two years after leaving drug court (NADCP, n.d.), compared to the 67.8 percent of former inmates being rearrested within three years of release who do not participate in drug court ("National Statistics on Recidivism," 2014). With the cost-effectiveness of using drug courts to reduce recidivism, jurisdictions applied the model to other populations, particularly for juvenile offenders suffering from substance use and mental health disorders.

Juvenile Drug Courts (JDC)

JDCs emerged in the mid-1990s in response to the drug-related cases that flooded the juvenile justice system (Bureau of Justice Assistance, 2003). Belenko and Logan (2003), estimate that law enforcement made 406,000 substance-related arrests among juveniles, which represented 17.1 percent of the estimated 2.36 million juvenile arrests made in 2000. From 1989 to 1998, Belenko and Logan (2003) also found that the number of drug violation cases handled in juvenile courts increased by 148 percent, which represented 192,000 drug cases, up from the 132 percent in previous years. Additionally, multiple studies have shown that four out of five (78 percent) juvenile offenders are under the influence during the commission of a crime, and an estimated 40 percent exhibit symptoms of drug abuse upon entry into the juvenile system

(Mericle, Belenko, Festinger, Fairfax-Columbo, & McCart, 2013). These statistics were used to demonstrate the need for treatment interventions in juvenile courts to stop the cycle of substance use, juvenile offending and the subsequent detention of minors.

Unlike traditional juvenile courts, JDCs are judicially supervised problem-solving courts that provide community-based treatment services to juvenile offenders and their families (Cooper, 2001). JDCs incorporate components of the drug court model, such as regularly scheduled court hearings, a collaborative team-based approach that provides services and monitors treatment progress, drug and alcohol testing, incentives and sanctions, and community supervision. According to Cooper (2001), JDC goals include providing program participants with treatment under consistent judicial oversight, which is intended to improve the participants' functional level in their natural environments. Cooper (2001) notes that this enables participants to develop the ability to abstain from illegal substances, delinquency and strengthens the capacity of families to provide structure and guidance to participants. Furthermore, JDCs focus on "collaboration, integrated case management, and embraces a balanced approach between treatment and accountability, all while placing a special emphasis on adolescent development and peer and family dynamics" (van Wormer & Lutze, 2011, p.17).

Unlike drug courts, JDCs take into consideration the developing adolescent brain and how it continues to grow and change until it is fully developed at the age of 25 (Arain et al., 2013; van Wormer & Lutze, 2011). Because juvenile offenders appear to be more susceptible to negative influences than adult offenders, JDCs place a broader focus on behavioral modification, school-based support, and strengthening family and peer relationships (van Wormer & Lutze, 2011). Additionally, like adult drug courts with the Ten Key Components, JDCs follow the Bureau of Justice Assistance, the National Council of Juvenile and Family Court Judges, the

National Drug Court Institute, and the Office of Juvenile Justice and Delinquency Prevention's

16 Strategies of Practice (van Wormer & Lutze, 2011):

- 1) Engage all stakeholders in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families.
- 2) Develop and maintain an interdisciplinary, non-adversarial work team.
- 3) Define a target population and eligibility criteria that are aligned with the program's goals and objectives.
- 4) Schedule frequent judicial reviews and be sensitive to the effect that court proceeding can have on youth and their families.
- 5) Establish a system for program monitoring and evaluation to maintain the quality of service, assess program impact, and contribute to knowledge in the field.
- 6) Build partnerships with community organizations to expand the range of opportunities for support services, recreational opportunities, and treatment and educational programs for youth and their families.
- 7) Tailor interventions to the complex and varied needs of youth and their families.
- 8) Tailor treatment to the developmental needs of adolescents.
- 9) Design treatment to address the unique needs of each gender.
- 10) Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
- 11) Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
- 12) Recognize and engage the family as a valued partner in all components of the program.
- 13) Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his/her needs.
- 14) Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
- 15) Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
- 16) Establish a confidentiality policy and procedure that guards the privacy of the youth while allowing the drug court team to access key information.

Bacharach and Strobel (2017) report that the 16 Strategies of Practice was established so that JDCs can include the perspectives of each JDC stakeholder, including the courts, the prosecution, the defense, probation, and treatment providers. Bacharach and Strobel (2017) also note that the 16 Strategies of Practice extend to the dynamics between family and peers, and the development of adolescents. Although all jurisdictions follow the 16 Strategies of Practice when establishing JDCs, Bacharach and Strobel (2017) further report that each program operates

differently, and may vary on program eligibility criteria, program requirements, program length, incentives and sanctions, services provided, and program completion criteria.

In 1995, Tulare County, California, was the first jurisdiction to establish a JDC program (Mericle et al., 2013). By December 2002, there were 268 JDCs in operation (Peters et al. 2012), and by 2014, there were 433 JDCs across the U.S. (Tanner-Smith et al., 2016). California currently has 38 JDCs in 29 of its 58 counties (Bacharach & Strobel, 2017). Belenko and Logan (2003) estimate that 12,500 participants have since been enrolled in JDC programs, with over 4,000 graduating. In contrast to drug courts, research on JDCs is limited and has yet to identify which aspects of the programming lead to positive outcomes (Blair, Sullivan, Sullivan, & Latessa, 2015). However, available research is mixed, with some studies showing that JDCs can be successful in reducing substance use and delinquency, and other studies showing no significant differences or mixed results when comparing JDC participants and similar groups (Blair et al., 2015; Mericle et al., 2013). In studies that have shown that JDCs are effective, reductions in recidivism have been three to five percent higher than reductions in traditional juvenile courts (Marlowe, 2010). Other studies have shown that programs that use non-detention sanctions experience \$5,000 in cost savings per program participant compared with programs that use detention (van Wormer & Lutze, 2011).

Juvenile Mental Health Courts (JMHC)

For decades, the juvenile justice system was unable to adequately respond to the mental health needs of juvenile offenders who entered its detention facilities “simply because of a lack of community-based service options” (Cocozza & Shufelt, 2006, p.1). Studies have confirmed that many juvenile offenders have a diagnosable mental health disorder while in detention. For example, one study estimated that 65 to 75 percent of juvenile offenders had at least one diagnosable mental health disorder (Wasserman et al., 2004), compared to nine to 22 percent of

the general population (Development Services Group, Inc., 2017). Another study reported that 77 percent suffered from a severe mental health disorder that significantly impairs their ability to function (Cocozza & Shufelt, 2006), whereas another study indicated that 15 to 20 percent had multiple mental health disorders (Cocozza & Skowrya, 2000). The diagnoses that these juvenile offenders commonly experience include depression, psychotic disorders, anxiety disorders, behavior disorders, oppositional defiant disorder, attention-deficit hyperactivity disorder, and substance use disorders (Underwood & Washington, 2016). Because of the prevalence of mental health disorders among juvenile offenders, jurisdictions established JMHCs in the early 2000s to address and provide these offenders with access to mental health services intended to rehabilitate them back into their communities (Development Services Groups, Inc., 2010).

JMHCs incorporate components and processes of the JDC model but differ in their target population, focusing specifically on juvenile offenders with diagnosable mental health disorders. Like JDCs, nonviolent juvenile offenders are diverted from regular juvenile courts, screened and assessed to determine appropriate treatment plans, and voluntarily placed into treatment-oriented courtrooms that address their health needs (Development Services Groups, Inc., 2010). More specifically, according to Bacharach and Strobel (2017), juvenile offenders are commonly screened for both substance use and mental health disorders after an arrest so that the primary treatment need of the juvenile offender can be identified. Bacharach and Strobel (2017) state that, depending on the primary treatment need, either the defense, the prosecution, probation, or treatment provider normally refer the participant to either JMHCs or JDCs. Additionally, many JMHCs exclude juvenile offenders with co-occurring substance use and mental health disorders from program participation, while JDCs tends to accept them (Bacharach & Strobel, 2017).

In 2000, Santa Clara County, California, was the first jurisdiction in the U.S. to establish a JMHC (Behnken et al., 2009). Since then, the number of JMHCs has grown to 40 across the U.S. (Council of State Governments Justice Center, 2008). California currently has the largest number of JMHCs, with eight in seven of its 58 counties (Bacharach & Strobel, 2017; Callahan, Coccozza, Steadman, & Tillman, 2012). Coccozza and Shufelt (2006) report that the average JMHC program length ranges from 10 to 18 months. Coccozza and Shufelt (2006) further state that a program's caseload depends on the available resources, and whether the court or community-based mental health providers provide services to its participants. Moreover, like JDCs, JMHCs tend to accept youth with misdemeanors and felonies, but exclude youth with charges that involve gang involvement, serious violent offenses, and sex offenses (Bacharach & Strobel, 2017; Coccozza & Shufelt, 2006). Additionally, services provided by JMHCs vary across jurisdictions, but generally, services are tailored to the participants' needs, which include individual, group, and family therapy; medication and medication management; case management services; and evidenced-based treatments (Development Services Groups, Inc., 2010).

Similar to JDCs, research on JMHCs is also limited. However, Bacharach and Strobel (2017), report that "researchers have found that JMHC participants have access to services that they otherwise may not have had" (p.7). For example, in a study that reviewed Alameda County's Juvenile Collaborative Court in its first three years of operation between 2007 and 2009, researchers found that participants had greater access to inpatient, outpatient, and day treatment services (Bacharach & Strobel, 2017). The study also showed that Alameda County's program also increased complementary services, such as disability benefits, special education, health insurance, and housing assistance (Gardner, 2011). In another study that examined Santa

Clara County's CITA program, Behnken et al. (2009) found reductions in recidivism. The study found a decrease in recidivism rates amongst participants with violent, aggressive, and property offenses 23 months after entering CITA compared to the rates in the 18 months before participating in CITA (Bacharach & Strobel, 2017; Behnken et al., 2009).

Factors Associated with Program Effectiveness

Although research is limited regarding JDCs and JMHCs, the following literature review aims to identify and discuss several factors that contribute to programmatic success, participant success, and stakeholder perceptions about these programs.

One factor that problem-solving courts face is the effective case management of participants who suffer from co-occurring substance use and mental health disorders (Peters et al., 2012). Participants with co-occurring disorders often cycle between the justice system and problem-solving courts because they are not adequately diagnosed (Peters et al., 2012). These participants often struggle with the termination of public benefits while they are in custody, difficulties integrating back into the community, consistent access to psychotropic medications, lack of transportation, and stable housing which make appropriate case management more challenging (Peters et al., 2012). Mericle et al. (2013) also note that individuals are often unsheltered, lack education and vocational skills, and financial and social support to maintain self-sufficiency. Moreover, Peters et al. (2012) further report that it was not until the mid-2000s that court programs began to integrate substance use and mental health treatments to meet the needs of participants with co-occurring disorders.

A second factor that hinders program effectiveness is the demographic profile of participants. For example, Belenko and Logan (2003) assert that JDCs are more effective when gender-specific services are integrated during treatment, when incentives and sanctions are imposed, and when risks and protective factors of participants are identified. Belenko and Logan

(2003) report that female participants are more likely than male participants to report issues with self-esteem; weight concerns and eating disorders; physical and sexual abuse; anxiety and depression; and post-traumatic stress disorder. Furthermore, cultural competency also factors into program effectiveness. Belenko and Logan (2003) further report that programs are made up of more than 50 percent minority participants, of which 30 percent of are African-American youth, compared to the population between the ages 10 to 17. Given that JDCs and the juvenile system tend to fall behind in developing gender and culturally specific services (Belenko & Logan, 2003), JDCs and court staff should become more culturally competent if they want to build stronger relationships and improve participant outcomes.

A third factor that affects program effectiveness is participation. Even though these programs are voluntarily based, a participant's decision to opt into a program may often involve coercion (Maeder & Wiener, 2008). For example, before participating, juvenile offenders are ordinarily required to first admit (plead guilty) to their offenses (Callahan et al., 2012). Although they receive counsel from their attorneys upon opting in to a program, Coccozza and Shufelt (2006) report that "given the mental health status of youth participants, their status as minors, and the stress and uncertainty associated with their contact with the juvenile justice system, concerns have been raised about a youth's ability to make informed, independent decisions about whether to participate and whether participation is truly voluntary" (p.5). However, it is not clear whether coerced treatment for substance use or mental health is as effective as voluntary treatment (Bacharach & Strobel, 2017).

A fourth factor that determines the effectiveness of a program is the collaboration between the criminal justice and treatment professional staff in providing treatment and oversight. Henggeler et al. (2006) assert that if these professionals are under a drug court model,

then close collaboration between professionals would increase participant retention in treatment, provide more supervision of the juveniles, reduce substance use, and produce short-term cost savings. More specifically, a problem-solving court's effectiveness rests upon the collaboration and sharing of information among court staff, mental health and substance use treatment providers, schools, and other community service providers (Bacharach & Strobel, 2017; Edwards & Ray, 2005). Moreover, according to Edwards and Ray (2005), collaboration between these stakeholders on the coordination of the participant's treatment and service delivery is crucial to a participant's rehabilitation.

A Study on Stakeholder Perceptions

In a qualitative study that interviewed court staff from six JDCs in two southeastern states, Mericle et al. (2013) reported risk factors that lead to juvenile offenders' participation in problem-solving courts, factors and barriers to success during participation, and programmatic successes and challenges.

Through interviews and focus groups with 38 JDC staff, researchers found that factors such as parenting, societal, environmental, and peer associations lead to youth involvement in a JDC. Mericle et al. (2013) noted that judges identified the program participant, parental, and peer relationships as the primary risk factors that lead to involvement to JDCs, whereas staff mostly cited societal factors. Once a participant was in a JDC, the study identified elements such as judicial interventions to provide structure, improve participant self-esteem, parental program participation, school engagement, and treatment interventions to lead to participant program success. The study revealed that if a court team motivates, provides consistent court incentives and sanctions, and holds participants accountable for their actions, participants are more successful.

Mericle et al. (2013) further reported factors such as lack of parental support and poor parenting skills, for decreased program engagement. Lack of school engagement and negative family environments were also identified as barriers to participants' success in JDCs. This research found that if participants were not supported throughout their participation in JDCs, they often would not complete treatment. Moreover, the study found that parents' substance use undermined participants' motivation to do well in his/her treatment program.

The study also revealed programmatic successes and challenges. Mericle et al. (2013) reported that interagency collaboration and effective teamwork were critical to a successful court program operation. The judges and the focus groups emphasized that collaboration and teamwork were integral components in ensuring that court operations were successful and that one element could not work without the other. Additionally, collective team decision making further strengthened court operations and avoided problems with lone dissent. Although the study concluded that interagency collaboration and effective teamwork were crucial to court program success, respondents also considered cooperation and teamwork as causes of programmatic failures. Mericle et al. (2013) assert that the judges and the focus groups found collaborating with one another challenging. More specifically, they shared that a lack of cooperation between court partners in the continuing implementation of a JDC, issues agreeing on participant treatments, and limited community resources also hindered programmatic success.

PHASE IV – FEEDBACK EVALUATION

FINDINGS

This section of the study focuses on whether PATH2 Services Court achieved its goal of integrating its court-based processes in order to provide therapeutic services to juvenile offenders who were in the program during the first year of operation in 2015. Having identified the problem, explained the solution and the implementation of PATH2 Services Court, the study now shifts to the final phase of the process evaluation: reporting and analyzing feedback from the PATH2 Services court team on their perceptions of the referral, screening, and hearing processes. Without revealing the identity of program participants, the findings also report on demographics and program outcomes.

Between March 1, 2016, and April 1, 2016, an online anonymous Qualtrics survey was administered to 30 representatives of the PATH2 Services multidisciplinary team. The average response rate was 45 percent for court staff who voluntarily responded to the nine open-ended questions on the referral, screening, and review hearing processes. Survey questions included:

- 1) What's going well in the PATH2 Services referral process?
- 2) What should be changed in the PATH2 Services referral process?
- 3) What should be discontinued in the PATH2 Services referral process?
- 4) What's going well in the PATH2 Services screening process?
- 5) What should be changed in the PATH2 Services screening process?
- 6) What should be discontinued in the PATH2 Services screening process?
- 7) What's going well in the PATH2 Services review hearing process?
- 8) What should be changed in the PATH2 Services review hearing process?
- 9) What should be discontinued in the PATH2 Services review hearing process?

The PATH2 Services court coordinator sent the survey and followed up with court staff via a confidential email. With the approval of the PATH2 Services judicial officer (see Appendix B for Letter of Support), the court coordinator also provided demographic and outcome data for participants. The court coordinator further provided data on the type of diagnosis (i.e., substance use and/or mental health) and the level of treatment (i.e., Wraparound and Full Service Partnership) that participants received.

The qualitative data was manually coded using the Descriptive Coding methods approach which summarizes responses in a word or short phrase (Saldaña, 2009). Survey responses were analyzed by finding themes and grouping them into categories and subcategories and presenting responses based on the frequency of the response. Reported categories are presented in the following sections (i.e., Feedback Evaluation and Analysis) in bold font while subcategories are presented in bold and italicized font. Both the survey and the participant data were analyzed using Microsoft Excel.

Survey Respondents

The PATH2 Services Court staff who received the anonymous survey included a judge, a court employee, a prosecutor, five probation officers, six defense attorneys, six clinicians, and ten representatives from three community-based organizations. The court coordinator recruited (see Appendix A for Request to Participate) these court staff members based on their knowledge and experience of PATH2 Services' referral, screening, hearing processes, and their involvement in helping integrate the JTC and the CITA programs. The court coordinator also provided court staff demographics.

Figures 7-9 provide information on the characteristics of court staff. As Figure 7 illustrates, court staff come from diverse ethnic backgrounds. Close to half (45 percent) of the

court staff identified as Hispanic, a close second (40 percent) identified as White, and a smaller share identified as Asian/Pacific Islander (15 percent).

Figure 7: Ethnic Background of Survey Respondents

Source: Huelbig, 2016

Figure 8 illustrates that the majority (62 percent) of court staff spoke Spanish, a smaller share of staff reported speaking French (15 percent) and Arabic (eight percent), while the remaining 15 percent reported speaking some other language. These demographics are consistent with the diversity of Santa Clara County as a whole. For instance, according to Data USA (2016), the county's population is 34.6 percent Asian, 32.6 percent White, and 26.3 percent Hispanic. Additionally, over half of the county's population (52.7 percent) also speak a non-English language (Data USA, 2016).

Figure 8: Languages in Addition to English Spoken by Survey Respondents

Source: Huelbig, 2016

Figure 9: Years of Professional Experience of Survey Respondents

Source: Huelbig, 2016

Court staff also varied on years of professional experience, with most staff reporting over a decade of experience. As Figure 9 illustrates, the largest share (37 percent) reported 16 or more years of experience in their profession, and 26 percent had between 11 and 15 years. Among those with less experience, 33 percent had from zero to six years of experience.

Program Participant Data

In 2015, 51 juvenile offenders participated in PATH2 Services Court. Combining both male and female participants enrolled in the program, Figure 10 illustrates the majority (68 percent) were Hispanic and the remainder (32 percent) were non-Hispanic. Male participants both Hispanic and non-Hispanic were 82 percent of participants and far outnumbered female participants (18 percent). The average age of both male and female participants was 17.5 years.

Source: PATH2 Services Survey 2016

Tables 1-3 illustrates additional comparisons between male and female participants with program status, being on Wraparound and Full-Services Partnership (FSP), and by type of diagnosis but excludes seven of the 51 participants because of missing data. For instance, Table 1 shows both currently enrolled male and female participants equally (five percent) received FSP services and suffered from co-occurring disorders but differed in Wraparound services and types of diagnosis. For example, female participants (two percent) with Wraparound services suffered

less from co-occurring disorders compared to a greater share of male participants (18 percent) who received Wraparound and had co-occurring disorders. However, these male participants suffered more from multiple types of diagnoses that included a large share of them (11 percent) suffered only from mental health disorders, a smaller share (five percent) suffered from co-occurring disorders, and the smallest (two percent) suffered only from substance abuse disorders.

Table 1: Currently Enrolled Program Participants by Gender, Program Status, and Diagnosis

Currently Enrolled Youth	n	%
Female	3	7%
Full Service Partnership		
Co-Occurring	2	5%
Wraparound		
Co-Occurring	1	2%
Male	10	23%
Full Service Partnership		
Co-Occurring	2	5%
Wraparound		
Co-Occurring	2	5%
Mental Health only	5	11%
Substance Use only	1	2%
Total	13	30%

Source: PATH2 Services Survey 2016

Combining participants who failed before completing the program, Table 2 illustrates that no female participants had failed to complete PATH2 Services compared to 27 percent of male participants who did fail. In fact, more male participants (18 percent) with Wraparound services who suffered from multiple disorders had failed compared to participants (nine percent) with FSP who had fewer disorders. More specifically, within male participants with Wraparound, a greater share (nine percent) with co-occurring disorders failed before completing the program, a smaller share (seven percent) with only mental health disorders failed, and the smallest (two percent) with only substance use disorders failed to complete PATH2 Services.

**Table 2: Failed Before Completion Program Participant
by Gender, Program Status, and Diagnosis**

Failed Before Completion	n	%
Male	12	27%
Full Service Partnership		
Co-Occurring	3	7%
Substance Use	1	2%
Wraparound		
Co-Occurring	4	9%
Mental Health only	3	7%
Substance Use only	1	2%
Total	12	27%

Source: PATH2 Services Survey 2016

Table 3 shows that more male (32 percent) than female participants (11 percent) have graduated from PATH2 Services. Among the male and female participants who received FSP services, an equal share (five percent) of them graduated but differed in the type of diagnosis. For instance, two male participants who graduated suffered from only substance use disorders, whereas two female participants suffered from co-occurring disorders. Male and female participants who received Wraparound services also differed. For example, a higher share (27 percent) of male participants who graduated had suffered from multiple disorders compared to a lesser share (seven percent) of female participants. Specifically, within male participants with Wraparound services, an equal share (11 percent) who graduated suffered from co-occurring and mental health disorders, while a few (five percent) of them graduated suffering only from substance use disorders. Compared to female participants with Wraparound, a small portion (five percent) had graduated with co-occurring disorders, while a smaller share (two percent) graduated having only mental health disorders.

**Table 3: Graduated Youth Program Participants
by Gender, Program Status, and Diagnosis**

Graduated Youth	n	%
Female	5	11%
Full Service Partnership		
Co-Occurring	2	5%
Wraparound		
Co-Occurring	2	5%
Mental Health only	1	2%
Male	14	32%
Full Service Partnership		
Substance Use only	2	5%
Wraparound		
Co-Occurring	5	11%
Mental Health only	5	11%
Substance Use only	2	5%
Total	19	43%

Source: PATH2 Services Survey 2016

Feedback Evaluation

When asked what was going well in the referral process (Question 1), responses were clustered into three major categories: **Collaboration**, **Referral Process**, and **Process**

Timeframe. Figure 11 shows nearly half (43 percent) of respondents reported that

Collaboration among court staff was going well within the referral process. The following comments from respondents illustrate this point:

“I think the collaborative function of the referral program is going well.”
-Respondent 1

“Collaboration of different stakeholders [is going well].”
-Respondent 5

Twenty-nine percent reported that the overall **Referral Process** was also going well. For instance, Respondent 10 noted, “The referral process for PATH2 Services is very effective. Most, if not all, of staff, appear to be at an understanding of how the process works.” Moreover,

twenty-one percent reported that the **Process Timeframe** to complete referrals for the program was also going well. For example, Respondent 2 commented:

“Referrals appear to be properly made, and the timeline that it takes from referring youth to screening appears to be working.”

Figure 11: What’s going well in the referral process? (Survey Question 1)

Source: PATH2 Services Survey 2016

When asked what should be changed in the referral process (Question 2), responses were clustered into four major categories that needed change: **Eligibility Criteria**, **Program Outreach**, **Referral Source**, and **Process Timeframe**. Table 4 shows close to half (42 percent) of respondents reported that the programs **Eligibility Criteria** and the **Program Outreach** methods should be changed, compared to 21 percent who reported that **No Change** in the referral process was necessary.

Within the **Eligibility Criteria** category, responses fell into three subcategories relating to the eligibility of participants with **Drug Cases**, those with **Prior Probation Placements**, and those with **Specific Prior Offenses**. For example, respondents wanted to change the program entrance criteria so that all drug cases would qualify. Respondents also recommended disqualifying referrals for youth with a **Prior Probation Placement**. Additionally, respondents indicated wanting to eliminate **Prior Offense Disqualifications** so that all referrals would be accepted. The following comments from respondents are examples that reflect these points:

“Any case that comes in as a drug case should automatically be referred [to PATH2 Services].”
-Respondent 3

“I think having [the youth previously] been to [probation] placement should be a disqualifier.”
-Respondent 1

“All minors should be eligible, with no [prior] offense disqualification.”
-Respondent 12

Within the **Program Outreach** category, responses about the need for change fell into three subcategories: **Recruitment Methods**, **Outreach Material**, **Non-Court Staff Training**. For instance, respondents wanted to modify the program **Recruitment Methods** to determine prospective participant interest, wanted to alter **Outreach Materials**, and improve **non-Court Staff Training**. The following comments from respondents are some examples that illustrate these points:

“[Provide] a handout/flier (simple break down of [the] program) to the youth and family directly after referring minor to [the] program. On first contact, most youth do not know much about the program they are being referred to.” -Respondent 9

“...need further education regarding PATH2 [Services]. There have been some assumptions about specialty court[s] that may be generalizations that are false. A new program takes time to establish credibility. Once this is achieved maybe non-staff would be more likely to refer [youth].” -Respondent 4

Within 14 percent of the **Referral Source** category, responses fell into two subcategories regarding court staff types: **Judicial Officer** and **Juvenile Hall Intake Staff**. For example, one respondent reported that the program’s **Judicial Officer** should not be a referral source for PATH2 Services Court, whereas another respondent reported including **Juvenile Hall Intake Staff** as a referral source for them to refer participants. The following comments from respondents are examples that prove these points:

“I don't think the judge should be able to refer kids. The judge does not explain the program [in-depth] to the families and sometimes refers them even when they are not interested.”
-Respondent 6

“Cases should be [pre] screened by the detention intake staff to determine if the youth would benefit and they should be referred immediately to PATH2 [Services].”

-Respondent 3

Within 14 percent of the **Process Timeframe** category, two subcategories emerged:

Referral Timeframe and ***Clinical Assessment Timeframe***. Specifically, respondents suggested changing the ***Referral Timeframe*** for referring a case to PATH2 Services and also suggested extending the ***Clinical Assessment Timeframe*** for clinicians to complete treatment assessments for referred cases. The following comments from respondents are examples that illustrate these points:

“Referrals take too long.”

-Respondent 5

“...consider re-evaluating the timeframe it takes for a clinician to complete the PATH2 [Services] assessment, as it appears that they may not have the appropriate time to finish the assessments in time for screenings.”

-Respondent 10

Table 4: What should be changed in the referral process? (Survey Question 2)

What should be changed in the referral process?	n = 14	%
No Change	3	21%
Eligibility Criteria	3	21%
<i>Prior Offense Disqualification</i>		
<i>No Prior Probation Placement</i>		
<i>Qualify all Drug Cases</i>		
Program Outreach	3	21%
<i>Recruitment Methods</i>		
<i>Outreach material</i>		
<i>Non-Court Staff Training</i>		
Referral Sources	2	14%
<i>Judicial Officer</i>		
<i>Juvenile Hall Intake Staff</i>		
Process Timeframe	2	14%
<i>Referral Timeframe</i>		
<i>Clinical Assessment Timeframe</i>		
Not Applicable	1	9%

Source: PATH2 Services Survey 2016

When asked what should be discontinued in the referral process (Question 3), respondents overwhelmingly (83 percent) in Table 5 reported **No Suggestions**. However, a distant second (eight percent) reported discontinuing a subcategory within the **Referral Process** category. For instance, one respondent reported discontinuing the *Duplicative Referral Submission* process of the program that probation officers complete when processing referrals. The following comment from this respondent shows this point:

“The Universal Referral Form used to send a referral to PATHS2 [Services] or a referral for a DADS assessment, which is a substance abuse assessment at [the] juvenile hall, is a process that needed to be changed and allow for the integration of the agency's assessing the youth has taken months to change. This is still not completed. As a result, the P.O.'s [probation officers] send two separate [referral] forms because PATHS2 [Services] has not established a specific stand-alone referral form and there still lies much confusion.”
-Respondent 4

Table 5: What should be discontinued in the referral process? (Survey Question 3)

What should be discontinued in the referral process?	n = 12	%
No Suggestion	10	83%
Referral Process	1	8%
<i>Duplicative Referral Submission</i>		
No Applicable	1	8%

Source: PATH2 Services Survey 2016

When asked what was going well in the screening process (Question 4), responses were clustered into six categories: **Collaboration, Teamwork, Respect, Diversity, Knowledge and Experience, and Cooperation**. Figure 12 shows that more than half (58 percent) of respondents reported the **Collaboration** and **Teamwork** among the screening team were going well within the screening process. The following comments from respondents are examples reflect these points:

“[There is] a very good collaborative effort by all parties [in the screening process].”
-Respondent 6

“The [screening] team is meeting without the judge and working together to have youth join the court.”

-Respondent 3

More than one-third of respondents (36 percent) reported that the **Respect, Diversity**, and the **Knowledge and Experience** among the screening team was also going well. For instance, respondents equally reported (12 percent) that each of these categories was going well, whereas one respondent (six percent) reported **Cooperation** between the screening team was also going well. The following comments from respondents are examples that demonstrate these points:

“The [screening] team members work well together and are respectful of each other's opinions.”

-Respondent 8

“The strength of the [screening] committee appears to be the diversity of professionals that weigh why youth should be accepted.”

-Respondent 10

“Experienced staff trained in mental health/drug and alcohol treatment.”

-Respondent 9

Figure 12: What's going well in the screening process? (Survey Question 4)

Source: PATH2 Services Survey 2016

When asked what should be changed in the screening process (Question 5), responses were clustered into three categories that needed change: **Eligibility Criteria**, **Voting Members**, and **Information Sharing**. Table 6 shows that half (50 percent) of respondents reported that the program's **Eligibility Criteria** and **Voting Members** of the screening team should be changed compared to 33 percent who reported **No Change** in the screening process was necessary.

Within the **Eligibility Criteria** category, responses fell into three subcategories. For instance, similar to Question 2 of the referral process, respondents wanted to change PATH2 Services' entrance criteria so that referrals with *Prior Offense Disqualifications* and, who have *Serious Criminal Cases*, can be allowed to be screened for program suitability. Conversely, one respondent reported changing *Prior Treatment and Probation History* in the screening process to exclude these referrals from being screened. The following comments from respondents are examples that illustrate these points:

"All minors should be eligible for screening, with no offense disqualification."
-Respondent 12

"[The] focus of screenings and acceptance into the PATHS program should be based on [the] history of drug/alcohol and mental health issues. Most serious offenders have high mental health and drug and alcohol needs. Therefore, screenings should not exclude serious offenders."
-Respondent 9

"The minor must have a history [being] on Probation and have participated in services prior to being screened."
-Respondent 6

Within the **Voting Member** category, responses fell into two subcategories regarding the screening team: include the *Judicial Officer* and not to include *Judicial Officer*. For example, 17 percent of respondents wanted to change the screening team to involve the programs' *Judicial Officer* in the screening process, whereas one respondent (eight percent) reported not to include the judge. The following comments from respondents are examples that reflect these points:

“The screening team is eliminating too many cases. The judge should review each rejected case and concur before the youth is rejected.”

-Respondent 3

“The judge should not be the tie-breaker in the screening process.”

-Respondent 1

Within 17 percent of the **Information Sharing** category, two subcategories emerged between screening members: ***Referral Case Information*** and ***Submission of Assessments***. For instance, one respondent wanted to change how the ***Referral Case Information*** is shared among screening members, while another wanted to alter the ***Submission of Assessments*** so that members receive assessments in advance. The following comments from respondents are examples that illustrate these points:

“It would be helpful if the youths' probation file and all the assessments they've undergone be forwarded to behavioral health for the assessment to move more rapidly before [a] screening.”

-Respondent 4

“Have clinicians submit the PATH [Services] assessments to the committee either a day before or the morning of the screenings, so staff can have ample time to read the assessments. Additionally, it can probably make for more fruitful discussions.”

-Respondent 10

Table 6: What should be changed in the screening process? (Survey Question 5)

What should be changed in the screening process?	n = 12	%
No Change	4	33%
Eligibility Criteria	3	25%
<i>Prior Offense Disqualifications</i>		
<i>Prior Treatment and Probation History</i>		
<i>Serious Criminal Cases</i>		
Voting Members		
<i>Include Judicial Officer</i>	2	17%
<i>Do not include Judicial Officer</i>	1	8%
Information Sharing	2	17%
<i>Referral Case Information</i>		
<i>Submission of Assessments</i>		

Source: PATH2 Services Survey 2016

When asked what should be discontinued in the screening process (Question 6), more than half (64 percent) of respondents in Table 7 reported **No Suggestions**. However, close to one-third (27 percent) reported discontinuing a subcategory within the **Voting Member** category. For instance, one respondent (nine percent) reported discontinuing the absence of the **Judicial Officer** to include the judge in the screening voting process compared to 18 percent who reported continuing not to involve the judge in the screening process. The following comments from respondents reflect these points:

“The judge should be included in the screening process.”

-Respondent 4

“I do not think the judge should continue to be a tie-breaker if the team cannot come to an agreement when deciding on a case. If they can’t come to an agreement then the case should not be accepted.”

-Respondent 1

Table 7: What should be discontinued in the screening process? (Survey Question 6)

What should be discontinued in the screening process?	n = 11	%
No Suggestions	7	64%
Voting Members		
<i>Do not include Judicial Officer</i>	2	18%
<i>Include Judicial Officer</i>	1	9%
Not Applicable	1	9%

Source: PATH2 Services Survey 2016

When asked what was going well in the review hearing process (Question 7), responses were clustered into four major categories: **Pre-Court Case Discussions**, **Court Review Hearings**, **Court Staff**, and **Participant Recognition**. For instance, Table 8 illustrates that less than half (39 percent) of respondents reported that the **Pre-Court Case Discussions** was going well and a smaller share (28 percent) of respondents reported **Court Review Hearings** was going well within the review hearing process. Seventeen percent of respondents also reported

that the program's **Court Staff** was going well, while 16 percent reported that the Participant **Recognition** was going well.

Within the **Pre-Court Case Discussions** category, responses fell into three subcategories that were going well. For example, respondents reported their *Ability to be Heard*, *Ability to Address Participant Needs*, and the *Ability to Share Participant Information* among court staff during case discussions were elements that were going well within the review hearing process.

The following comments from respondents are examples that illustrate these points:

[Court] team members all have [the] opportunity for input."
-Respondent 2

"I think having case discussions prior to the hearing works really well. Having all the stakeholders present for case discussions and hearings helps to identify [participant] needs as well as the best way to meet them."
-Respondent 1

"The court gets all the necessary information from the various parties in the morning so the judge can address all the needs/issues of the minors when they appear in court."
-Respondent 8

Within the **Court Review Hearing** category, responses that were working well fell into three subcategories: *Frequency of Hearings*, *Program Incentives*, and the *Schedule of Hearings*. For instance, respondents reported that the program's *Frequency of Hearings*, *Program Incentives*, and the *Schedule of Hearings* were elements within the review hearing process that were going well. The following comments from respondents reflect these points:

"The youth come to court regularly and check in with the judge. That works well."
-Respondent 3

"The youth are rewarded for their accomplishments."
-Respondent 7

"The [program's] time frame regarding Thursday's schedule appears to be adequate."
-Respondent 10

Within the **Court Staff** category, responses that were working well fell into two subcategories regarding team members: the *Diversity of Staff* and *Judicial Leadership*. For example, respondents indicated that the programs' *Diversity of Staff* and *Judicial Leadership* were going well within the review hearing process. The following comments from respondents demonstrate these points:

"[The] ability to collaborate with the diverse PATHS [2 Services] Team and discuss needs of [the] client from different perspectives."

-Respondent 9

"The judicial leadership of the team [is going well]."

-Respondent 12

Furthermore, respondents also reported how the program provided **Participant Recognition** was going well. The following comment from Respondent 4 reflects this point:

"The constant recognition of the youth's successes no matter how small [is going well]."

Table 8: What's going well in the review hearing process? (Survey Question 7)

What's going well in the review hearing process?	n = 18	%
Pre-Court Case Discussions		
<i>Ability to be Heard</i>	3	17%
<i>Ability to Address Participant Needs</i>	2	11%
<i>Ability to Share Participant Information</i>	2	11%
Court Review Hearings		
<i>Frequency of Hearings</i>	2	11%
<i>Program Incentives</i>	2	11%
<i>Schedule of Hearings</i>	1	6%
Court Staff		
<i>Diversity of Staff</i>	2	11%
<i>Judicial Leadership</i>	1	6%
Participant Recognition	3	16%

Source: PATH2 Services Survey 2016

When asked what should be changed in the review hearing process (Survey Question 8), responses were clustered into four categories that needed change: **Pre-Court Case Discussions**, **Court Review Hearings**, **Participant Voice**, and **Participant Recognition**. Table 9 shows that more than one-third (35 percent) of respondents reported that the program's **Pre-Court Case Discussions** should be changed, and a smaller share (28 percent) of respondents reported that the **Court Review Hearings** should be changed, compared to 14 percent who reported that **No Change** in the review hearing process was necessary. Fourteen percent of respondents also reported that the program's **Participant Voice** should be changed, while nine percent reported that **Participant Recognition** should be changed within the review hearing process.

Within the **Pre-Court Case Discussion** category, responses about the need for change fell into three subcategories: *Team Inclusion*, *Time Management*, and *Case Coordination*. For instance, several respondents wanted to change who gets to participate in case discussions to allow for more *Team Inclusion* for input within the discussions, while other respondents, reported wanting better *Time Management* so that the *Coordination* of cases are equally discussed before court hearings. The following comments from respondents are examples that illustrate these points:

“There should be consideration of all respective parties’ input. It appears that some parties are allowed more time and consideration, and their opinion is valued more than others.”

-Respondent 4

“When there are many youth [on calendar], [case] discussions are not organized enough so that each youth has a similar amount of time.”

-Respondent 7

“There is not enough communication among the team, so we end up hashing out details in the mornings before [the] court [review hearings].”

-Respondent 5

Within the **Court Review Hearing** category, responses about the need for change fell into three subcategories: *Scheduling of Cases*, *Morning Hearings*, and the *Continuity* of review hearings. For example, respondents wanted to change the program's *Scheduling of Cases* of weekly hearings and the *Morning Hearing* court calendar so that it does not impede participants' education. Additionally, one respondent indicated changing the *Continuity* of review hearings to increase consistency of incentives and sanctions among participants. The following comments from respondents are examples that illustrate these points for these subcategories:

"In some days, way too many youths are scheduled, while other days very few are."
-Respondent 10

"Ideally the review [hearings] would occur after school or only on school breaks."
-Respondent 3

"I think the [review] hearings are working well, but sometimes I wish we had a more structured process to ensure compliance, participation, and more certain application of incentives and sanctions. I'm not sure we are consistent with all of the minors."
-Respondent 8

Within the **Participant Voice** category, responses about the need for change fell into one subcategory: *Program Input*. For example, respondents reported wanting to change the review hearing process to include more of participants' voices for *Program Input*. A comment from Respondent 6 demonstrates this point:

"[The] minors should be asked to speak more and describe what is working and [what is] not working."

Moreover, within the **Participant Recognition** category, a response about the need for change fell into one subcategory: *Focus on Strengths*. For instance, Respondent 9 reported wanting to change how the program delivers recognition during review hearings so that it can *Focus on Strengths* of participants. The following comment from Respondent 9 reflects this point:

“Focus on youth’s strengths and how we can improve what they already do well and work with their strengths to evoke change.”

Table 9: What should be changed in the review hearing process? (Survey Question 8)

What should be changed in the review hearing process?	n = 14	%
Pre-Court Case Discussions		
<i>More Team Inclusion</i>	2	14%
<i>Time Management</i>	2	14%
<i>Case Coordination</i>	1	7%
Court Review Hearings		
<i>Scheduling of Cases</i>	2	14%
<i>Morning Hearings</i>	1	7%
<i>Continuity</i>	1	7%
Participants Voice		
<i>More Program Input</i>	2	14%
No Change	2	14%
Participant Recognition		
<i>Focus on Strengths</i>	1	9%

Source: PATH2 Services Survey 2016

When asked what should be discontinued in the review hearing process (Question 9), responses were clustered into three categories that should be discontinued: **Court Review Hearings**, **Program Services**, and **Pre-Court Case Discussions**. For instance, Table 10 shows that 22 percent of respondents reported discontinuing elements of the program’s **Court Review Hearing** process, and a smaller share (11 percent) of respondents each reported discontinuing **Program Services** and **Pre-Court Case Discussions** compared to more than half (56 percent) of respondents reported **No Suggestions**.

Within the **Court Review Hearing** category, responses fell into two subcategories. For example, one respondent reported discontinuing discussing victim *Restitution Matters* during review hearings while another reported discontinuing the *Morning Hearing* court calendar so that it does not interfere with participants’ school schedule. The following comments from these respondents are some examples that illustrate these points:

“The restitution process and hearings should be addressed on another date than the weekly scheduled appearance date.”

-Respondent 4

“Morning hearings [should be discontinued] so that our youth can stay in school.”

-Respondent 7

Additionally, Respondents 2 and 10 who reported discontinuing **Program Services** and **Pre-Court Case Discussions** commented that the program was, “Over-programming kids with too many services,” while the other shared, “...I would discontinue case discussions that drag on.”

Table 10: What should be discontinued in the review hearing process? (Survey Question 9)

What should be discontinued in the review hearing process?	n = 9	%
No Suggestions	5	56%
Court Review Hearings	2	22%
<i>Restitution Matters</i>		
<i>Morning Hearings</i>		
Program Services	1	11%
Pre-Court Case Discussions	1	11%

Source: PATH2 Services Survey 2016

ANALYSIS

Referral Process

Based on responses to the questions of what was working well in the referral process, it appears that the Superior Court was able to integrate the referral process effectively. Most respondents (43 percent) indicated that **Collaboration** was working well, fewer reported that the **Referral Process** (29 percent) was working well, and the least (21 percent) reported that the **Process Timeframe** was working well. The conclusion that the Superior Court was able to improve the referral process is consistent with the fact that referrals to PATH2 Services increased by seven percent between 2014 and 2015 from when it formally was JTC and CITA (SCPD, 2014; SCPD, 2015). However, respondents' feedback about changing the program's **Eligibility Criteria, Program Outreach, Referral Source, and Process Timeframe** suggests that the program still needs adjusting to integrate the referral process further.

For example, concerning the **Eligibility Criteria**, 21 percent of respondents reported that a change was needed in the referral process. Respondents indicated that amending the entrance criteria would make the program more accessible to prospective youth offenders who could benefit from the additional treatment services. The program could also manage better the number of incoming referrals. Based on the 14 percent of respondents who indicated that a change in the **Process Timeframe** was needed, and more specifically on the *Clinical Assessment Timeframe* subcategory, it appears that court staff may not have enough time to complete clinician assessments for all referred cases. Because it takes up to eight days to complete a modified American Society of Addiction Medicine (ASAM) Patient Placement Criteria assessment for detained youth, and twelve days for non-detained youth, the researcher assumes that the **Process Timeframe** may not be as flexible if the program receives more referrals than can be managed.

Based on this research, county staff could improve on the dissemination of PATH2 Services program information. For instance, 21 percent of respondents indicated that the **Program's Outreach** methods need improvement, so that non-court staff can be better informed of problem-solving courts, as well as on PATH2 Services' new referral process. So, upon receiving proper information, non-court staff can then target and refer interested youth to participate in the program.

Another factor that PATH2 Services could improve on is the re-evaluation of its **Referral Sources**, since 14 percent of respondents reported that a change was needed. This finding appears to show that non-judicial court staff could be better suited to refer appropriate youth to the program, because such court staff have more frequent contact and engagement with youth in their daily lives. For instance, probation and clinical staff supervise and provide treatment services to prospective youth offenders in the community, whereas a judge can only communicate with them during scheduled court appearances. Therefore, non-judicial staff may be better suited to refer prospective participants to PATH2 Services.

Additionally, it is unclear whether PATH2 Services has a **Duplicative Referral Submission** method, as one respondent suggested discontinuing this subcategory within the **Referral Process** (Question 3). However, the program could improve if it consolidates the **Duplicative Referral Submission** with the electronic referral system (i.e., the Universal Referral Form referenced on page 16) that the Probation Department uses to refer cases to PATH2 Services. This research examined this subcategory, and although no data was available, it is a research topic that could be explored to determine which referral system method is more efficient.

Screening Process

The diversity of the screening responses (Question 4) in Figure 12 indicate that this process is working well. For example, respondents indicated that **Collaboration** (29 percent), **Teamwork** (29 percent), **Respect** (12 percent), **Diversity** (12 percent), **Knowledge and Experience** (12 percent), and **Cooperation** (six percent) were operating adequately. Therefore, the responses show that PATH2 Services' new screening team were able to collaborate and share their expertise to screen referred cases. This conclusion is supported by the fact that the screening team accepted 29 referred cases in 2015, up from previous years when it was JTC and CITA (SCPD, 2014; SCPD 2015). Moreover, the responses received on what was working well in the screening process (Question 4) relate to the responses on what was working well in the referral process (Question 1). Therefore, the researcher further concludes that the screening process is also effective because the reported categories made up crucial elements of the multidisciplinary screening team. However, respondents' feedback about changing the program's **Eligibility Criteria**, **Voting Members**, and **Information Sharing** suggest that the program still needs adjusting to integrate the screening process further.

Like the referral process, PATH2 Services' **Eligibility Criteria** could be improved. The findings from this study indicate that the entrance criteria may not be targeting its intended population because respondents suggested changing the **Eligibility Criteria** in both the referral and screening process. For example, 25 percent of respondents suggested changing the **Eligibility Criteria** in the screening process, while 21 percent of respondents suggested a change in the referral process. Therefore, this research concludes that the **Eligibility Criteria** needs revision to ensure that the program is more inclusive of youth offenders, including those with serious charges and those with prior offenses. This research examined this category, and

although no data were available, it could also be further examined to clarify whether the criteria regarding the severity of charges needs revision.

The composition of the PATH2 Services' screening team (**Voting Members**) which decides to admit a case (youth) into the program might also be adjusted. For instance, 17 percent of respondents suggested a change in the screening process to include the judge (Question 5), whereas 18 percent reported discontinuing the inclusion of the judge (Question 6). However, based on the mixed results regarding whether to include the PATH2 Services' judicial officer in the screening process as a voting member, the researcher is unsure whether changing the screening team composition would improve the effectiveness of the screening process. On one side, not including the judge to cast the “tie-breaking” vote could give the screening team the independence to accept and work with youth who not only can succeed but should also be in the program. On the other side, amending voting rights may create disparities in who gets accepted into the program, especially if a judge or other designee is not involved in providing administrative oversight and guidance to the screening team. Because the screening team did not accept 36 (55 percent) of the 65 referred cases in 2015 into PATH2 Services (SCPD, 2015), including the judge in the screening process might help to increase the acceptance rate.

Additionally, as in the referral process where PATH2 Services could improve on the dissemination of its program information, sharing of its internal information could also use improvement. For example, the finding appears to show that information sharing among court staff could be better coordinated before the occurrence of screenings. One respondent in Table 6 reported that the ***Referral Case Information***, specifically sharing of past assessment history and related information, is difficult to obtain because the information is not available upon receipt of a case referral to the program. Although it is unclear why there is a delay in sharing of the

Referral Case Information, the researcher assumes that not having the necessary case information to conduct an ASAM assessment reduces the time a clinician has to complete the ASAM of the referred cases by the screening date. Moreover, a respondent reported that the **Submission of Assessments** delays the opportunity for the screening team to review completed ASAM assessments before discussion to admit a prospective participant in the program. This further supports the researcher's assumption that the **Process Timeframe** within the referral process may not be as flexible if the program receives more referrals than it can manage.

Review Hearing Process

The diversity in the review hearing responses (Question 7) in Table 8 indicates that this process also works well. For instance, most respondents (39 percent) indicated that holding **Pre-Court Case Discussions** was working well, a close second (28 percent) reported that holding **Court Review Hearings** was working well, but fewer reported (17 percent) that **Court Staff** were working well, and the fewest (16 percent) reported that **Participant Recognition** was working well. These responses suggest that the PATH2 Services' new multidisciplinary court team was able to collaborate in the discussion and hearing of cases. This conclusion is supported by literature, as it states that a problem-solving court's effectiveness rests upon the collaboration and sharing of participant information among the court team (Bacharach & Strobel, 2017; Edwards & Ray, 2005).

Moreover, because more than one-third (39 percent) of respondents indicated that holding **Pre-Court Case Discussions** was going well, specifically on their *Ability to be Heard*, *Ability to Address Participant Needs*, and *Ability to Share Participant Information* reflecting that of the literature previously noted, it further appears that the review hearing process is also effective. Additionally, the researcher believes that the program's graduation rate (43 percent) compared to

the rate of youth who failed before program completion (27 percent) is a result of the overall responses on what is going well in the review hearing process (Question 7). However, respondents' feedback about changing the program's **Pre-Court Case Discussions**, **Court Review Hearings**, **Participants Voice**, and **Participant Recognition** suggests that the program still needs adjusting to integrate the review hearing process further.

For example, PATH2 Services could improve on its **Pre-Court Case Discussions**, as more than one-third (36 percent) of respondents suggested changes in this category. This finding indicates that the program could manage better case discussions, as some court staff members have the opportunity to speak while others do not because of the large size of the court team, which may limit the chances for them to report on cases during discussions. This conclusion is supported by the 14 percent of respondents who felt that they were not being included in discussions, while another 14 percent of respondents that felt the program was mismanaging the time when court staff reported on participants' treatment progress (Question 8). Therefore, the researcher further concludes that it is unproductive to have every court member present during discussions, as it might hinder the communication and coordination of the **Pre-Court Case Discussions**.

PATH2 Services could also re-evaluate its **Court Review Hearings**. For instance, more respondents (29 percent) suggested changing the **Court Review Hearings** (Question 8) compared to respondents (28 percent) who reported that this category was performing well in its existing form (Question 7). This finding suggests that the review hearings have yet to find the stability and consistency of the review hearing process. This conclusion is supported by the fact that these respondents in Table 9 suggested changing the *Scheduling of Cases*, *Morning Hearings*, and the *Continuity* subcategories of the **Court Review Hearings**. Because

respondents not only suggested changing *Morning Hearings* but also discontinuing *Morning Hearings* and *Restitution Matters* altogether, the data seem to support the researcher's conclusion that the review hearing process has yet to find the foundation to review participants' treatment process efficiently as they advance through the program.

Additionally, the findings on what should be discontinued in the review hearing process (Question 9) indicate that the program could be reviewing too many matters per case (i.e., **Court Review Hearings** referenced on page 30). If so, this might move the focus from reviewing participants' treatment progress if non-treatment matters are discussed during review hearings. These responses suggest that the review hearings could further be explored to determine whether hearing non-treatment matters during review hearings interferes with participants' treatment progress.

Moreover, the program could improve by seeking more input from participants. Respondents indicated that incorporating a *Participant Voice* within the review hearing process would be an improvement, so it appears that PATH2 Services excluded the consumer (i.e., the participant) from providing feedback on the overall implementation process. Therefore, the researcher assumes that the failure to allow respondents to provide feedback might be one reason why 27 percent of participants failed before program completion. However, because only one respondent reported discontinuing **Program Services** for participants from the review hearing process (Question 9), the researcher cannot show whether a lack of a *Participant Voice*, the over-programming of **Program Services**, or other factors led to participants being discharged early from the program.

Program Participant Data

Based on the limited participant data that the court coordinator could provide from 2015, Figure 10 shows that PATH2 Services had an over-representation of Hispanic participants (68 percent) compared to non-Hispanic participants (32 percent). Although the ethnic breakdown shows that the number of Hispanic participants was larger than the number of non-Hispanics, the program's census reflected that of the juvenile youth population in Santa Clara County from 2015. For example, according to the Santa Clara Probation Department (2015), 67 percent of the county's youth population was Hispanic. Therefore, the researcher concludes that PATH2 Services was equitable in allowing minority groups the opportunity to participate in a program to lessen their criminal status while in the juvenile justice system, even though Hispanic probationers made up the majority of the juvenile population. Additionally, more could be done to involve more representation of non-Hispanic youth in the program.

Based on Tables 1-3, the data indicates that males were over-represented compared to female participants in the currently enrolled, failed before completion, and graduation cohorts. For example, a greater share (23 percent) of male than female (seven percent) participants were currently enrolled, only male participants (27 percent) had failed before program completion, and a larger share (32 percent) of male than female participants (eleven percent) graduated from PATH2 Services. Because less female (18 percent) than male participants (82 percent) participated in PATH2 Services, the researcher believes that the program could target and enroll more female participants to better represent this population. However, the lack of female participants is consistent with drug court program census across the U.S., as more male than female participants enroll in problem-solving courts (NADCP, 2015).

Additionally, based on the data, it appears that more male participants with Wraparound and Full Services Partnership (FSP) services graduated with multiple disorders compared to female participants with fewer disorders. Because the data is skewed towards male participants, the researcher cannot properly assess who (male or female participants) did better during the first year of operation, as no data from previous years was available from when it formerly was JTC and CITA. Furthermore, based on the limited participant data, the researcher was unable to determine whether Wraparound, FSP, other treatments or other variables helped participants succeed or fail while in PATH2 Services. Since the study did not consist of a comparison group to compare outcomes with a comparable group, and because recidivism data was unavailable, it is a research topic that could be explored to determine why 43 percent of participants succeeded compared to the 27 percent who failed. Such comparisons might be valid once the program has operated for several years and has a larger pool of data to access.

CONCLUSION AND RECOMMENDATIONS

Despite the fact that half of the PATH2 Services Court team responded to the anonymous survey, these findings indicate that Santa Clara County Superior Court and its court-system partners, to a reasonable degree, successfully integrated both the JTC and the CITA court-based processes into the new co-occurring court program. Although more refinements could be made to the PATH2 Services' referral, screening, and review hearing processes, various stakeholders from two previously separate juvenile treatment courts were able to collaborate and work together to establish PATH2 Services Court.

Based on this analysis, the researcher recommends the following:

1. Review the eligibility criteria to ensure that potential youth participants are not unintentionally excluded from participation.
2. Develop a Pre-Screening Tool for referred cases. The tool could help identify youth who are interested in joining the program and motivated to succeed. The implementation of a prescreening tool would likely save court staff time and program resources by eliminating the need to complete necessary ASAM assessments.
3. Re-evaluate whether the process timeframe to complete the ASAM assessment is workable.
4. Create and administer a Participant Exit Survey. The information gained upon the exit of a participant can help assess what should be improved, changed, or discontinued from a consumer lens.
5. Develop regular non-court staff training on PATH2 Services for court system partners. Training can assist with program changes and provide non-court staff with educational material about the program.
6. Provide program pamphlets describing the program's benefits to Juvenile Hall staff, police departments, and relevant at-risk community programs so that more female and non-Hispanic youth can be aware of the program opportunity, if they would become justice-involved youth.
7. Limit the court docket (calendar) to a maximum number of cases to be heard during review hearings. Setting a case limit to review participants' progress in treatment may assist with the case coordination during pre-court case discussions, in turn, allowing court staff the time to discuss and report on cases.

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APPENDICES

APPENDIX A: REQUEST TO PARTICIPATE

Title of Study:

PATH2 Services: A Process Evaluation

Name of Researchers:

Octavio Jimenez, SJSU Graduate Student

Frances Edwards, M.U.P., Ph.D., CEM

Department of Political Sciences -- Masters in Public Administration

The Purpose of this Study:

You are being asked to participate in a research study investigating the processes of PATH2 Services Court in its first year of implementation. The findings will be analyzed to determine if the PATH2 Court staff believes that the services being provided during several elements of the PATH2 Services court-based processes are working well, whether there are changes needed and whether any processes should be terminated. If you decide to participate in the study, you will complete a few short questions about the PATH2 Services Referrals, Screenings, and Review Hearings processes that you have experienced.

Potential Risk:

There are no direct foreseeable risks anticipated other than those encountered in your daily life.

Potential Benefits:

Research indicates that juvenile drug courts can be successful in reducing drug use and delinquency; however, it has yet to examine which aspects of the juvenile drug courts' programming lead to positive outcomes. This study will directly benefit and provide generalized knowledge of the PATH2 Services Court.

Compensation:

There is no compensation for participation of in this study.

Confidentiality:

Although the results of this study may be published, no information that could identify you will be included. Your responses will remain anonymous, coded, and kept in a password protected computer.

Your Rights:

Your participation in this study is voluntary. If you choose to participate, you may quit the survey at any time without negative consequences. You can also choose not to answer any survey questions that you do not wish to answer. No service to which you are otherwise entitled will be lost or jeopardized if you choose not to participate in the study or quit partway through the study.

Contact Information:

Questions about this research may be addressed to SJSU graduate student, Octavio Jimenez (octavio.jimenez@sjsu.edu). Complaints and about the research may be addressed to faculty sponsor, Frances Edwards (Department of Political Science, San Jose State University, KC6THM@yahoo.com). For questions about research subjects' rights or to report research related injuries contact Dr. Pamela Stacks (Associate Vice President, Office of Research, 408-924-2479).

Agreement to Participate:

By agreeing to participate in the study, it is implied that you have read and understand the above information. Please do not write any identifying information on the survey/questionnaire.

- Accept to Participate
- Decline to participate

- Q1)** What's going well in the PATH2 Services referral process?
- Q2)** What should be changed in the PATH2 Services referral process?
- Q3)** What should be discontinued in the PATH2 Services referral process?
- Q4)** What's going well in the PATH2 Services screening process?
- Q5)** What should be changed in the PATH2 Services screening process?
- Q6)** What should be discontinued in the PATH2 Services screening process?
- Q7)** What's going well in the PATH2 Services review hearing process?
- Q8)** What should be changed in the PATH2 Services review hearing process?
- Q9)** What should be discontinued in the PATH2 Services review hearing process?

APPENDIX B: LETTER OF SUPPORT FROM THE PATH2 SERVICES COURT

Superior Court of California County of Santa Clara

191 North First Street
San Jose, California 95113
(408) 882-2700

Chambers of
HON. KATHERINE LUCERO, Judge

December 7th, 2015

Octavio Jimenez, MPA Graduate Student
Frances Edwards, M.U.P., Ph.D., CEM
San Jose State University
One Washington Square Hall
San Jose, CA 95192

RE: Support of Research Project – PATH2 Services Court: A Process Evaluation

Dear Mr. Jimenez and Dr. Edwards:

I am pleased to write this letter of support for the PATH2 Services Court: A Process Evaluation. PATH2 Services Court is eager to provide support to Mr. Jimenez in his 298 Special Projects course to provide the program with generalizable knowledge in understanding reasons why past and current participants successfully graduated. As well as provide feedback from Court staff professionals on the services being provided during several of elements of the PATH2 Services processes.

PATH2 Services supports providing existing non-identifiable data regarding participant demographics (e.g., currently enrolled, graduated, and failed before completion), outcome in regards to completion of PATH2 Services, and the level of treatment used to determine if PATH2 Services was successful in achieving its goal of providing integrated court-based services to juvenile offenders in the first year of the program. Additionally, PATH2 Services supports the distribution of an anonymous and optional online survey to Court staff, which will provide their professional descriptive comments regarding several of the PATH2 Services court-based processes. To that end, PATH2 Services will provide the estimated 35 Court staff emails to Mr. Jimenez so he, in turn, can distribute the survey for responses.

If you have any questions regarding our support in this project, please feel free to contact me at the following number 408-882-2700.

Sincerely,

Katherine Lucero
Presiding Judge of the PATH2 Services Court
Supervising Judge of the Juvenile Justice Court