

Cuyahoga County Juvenile Drug Court Process Evaluation

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Table of Contents

<u>Topic</u>	<u>Page</u>
Acknowledgements	i
List of Figures and Tables	iii
Introduction	1
Site Description	2
The Drug Court Team	2
Drug Court Process	4
Treatment Program Phases	6
Methods	8
Sample	8
Data Collection	9
Data Analysis	9
Results	9
Social Demographic Information	10
Offense Information	10
Criminal History	14
Substance Abuse History	16
Drug Court Processes	16
Referrals and Screening	18
Treatment Activity	20
Termination Information	23
Sanctions and Rewards	26
Status Review Hearings	26
Treatment Retention	27
Treatment Retention Characteristics	27
Team Members Perceptions	29
Team Members	29
Eligibility and Exclusionary Requirements	29
Level of Collaboration Between Drug Court Team Members	30
Adequacy of Probation Supervision and Case Management	30
Adequacy and Collaboration of Alcohol and Drug Treatment	31
Adequacy and Collaboration of Other Treatment Services	31
Adequacy of Aftercare Services	32
Adequacy of Drug Testing	33
Review Hearings	33
Adequacy of Quality Assurance	34
Adequacy of Data Collection Process	35
Adequacy of Funding	35
Summary, Recommendations, and Conclusions	37
Appendix	41

List of Figures and Tables

Table 1	Demographic Characteristics of Drug Court Participants	11
Table 2	Current Charge and Referral Information	13
Table 3	Criminal History	15
Table 4	Substance Abuse History	17
Table 5	Screening and Assessment	19
Table 6	Treatment Activity	21
Table 7	Characteristics of the Cuyahoga Juvenile Drug Court Treatment Services	22
Table 8	Characteristics of the Cuyahoga Juvenile Drug Court Supplemental Treatment Services	24
Table 9	Termination Information	25
Table 10	Characteristics of Individuals who Stay in Treatment vs. Non-Completers	28
Table A	Characteristics of the Drug Court Team Members	42
Table B	Responses to Interviews of Cuyahoga Juvenile Drug Court Team	43

Introduction

Drug use and related crime remains a consistent priority among policymakers, however, the treatment of drug abusing offenders has recently changed. The shift toward rehabilitative efforts came in the 1980s with the development of the drug court model. The typical drug court model provides community-based drug treatment and increased judicial involvement. Since 1989 with the inception of the first drug court in Miami, Florida, over 360 courts have emerged and approximately 220 more are in the planning process (National Association of Drug Court Professionals, 2000). Currently, drug courts exist in every state in the nation and have served over 140,000 individuals. The U.S. Department of Justice also placed a high priority on drug courts; since 1995, the Drug Courts Programs Office provided \$56 million in funding for development and research (Belenko, 1998). Given the degree of support and fiscal commitment, the implementation of these specialized courts will likely increase.

The Cuyahoga County Juvenile Drug Court Program contracted with the University of Cincinnati to provide a process evaluation of its program. The purpose of this study is to describe the program and its functioning. Specifically, this report aims to answer the following questions:

- *What are the characteristics of juveniles referred to the drug court?*
- *How many juveniles are referred to the court each month? What screening tools are used to assess juveniles for eligibility? How many are accepted?*
- *How many are placed in treatment? Of those placed in treatment, what services were received? How many juveniles complete treatment? What is the average length of time until juvenile complete the program?*
- *What sanctions or rewards are used in the program?*
- *How often do clients appear before the judge (e.g. status review hearings)?*

- *What are the characteristics of juveniles who remain in treatment and how do they compare with those who fail to complete treatment?*

Site Description

The Cuyahoga County Juvenile Drug Court Program is a voluntary, court-supervised program designed for non-violent offenders referred to court for substance abuse-related behavior. Participants in the program must fulfill several requirements including regularly scheduled court appearances, regular random urine screens, substance abuse treatment and family counseling.

Enrollment into the Drug Court Program requires participants to enter an admission to the charges against them. The Public Defender assists in making admission decisions, as well as informing participants of their rights. Following admission, the Drug Court Judge will adjudicate the participants as delinquent. Participants are then required to sign the Drug Court Contract and the Contract is entered into court records. The Drug Court Team then reviews all information (i.e., substance abuse assessment, family history, educational information, psychological and legal histories) and a final decision is made regarding entry into the program. Each case is reviewed regularly until the juvenile either successfully completes the program or is terminated. Upon successful completion of the program all charges on which the juvenile was admitted to the Drug Court Program will be dismissed. Failure to complete the program requires cases to go forward to disposition.

The Drug Court Team

The members of the Drug Court Team assist in creating treatment recommendations and goals, administering rewards and sanctions, and all other aspects of

case management for the participants of the program. The team is led by the Drug Court Judge who reviews all cases before program entry and makes final decision regarding acceptance into or termination from the Drug Court Program.

The Coordinator supervises Case Managers, reviews program referrals, conducts initial interviews for eligible candidate, and makes family referrals for substance abuse assessments. From a management standpoint, the Coordinator facilitates team meetings, reviews and authorizes program expenditures, manages data collection, and acts as a liaison for Court and community services.

Drug Court Case Managers more closely handle the supervision of program participants, their families, and treatment providers. In conjunction with the family, they develop goals and document progress, conduct weekly home visits during the first four months of program participation, identify risks for the entire family and make appropriate referrals. Case Managers also collect random urine screens and are responsible for maintaining participant files. Files contain information regarding program referrals, assessments, signed contracts, progress notes, urine screen results, participant and family goals, weekly school reports, and any other supporting documents.

The Prosecutor's role as a member of the Drug Court Team centers on reviewing the files of juveniles who are questionable for entry into the Drug Court Program, and providing support to the Team regarding reward and sanction decisions. The Public Defender operates to advise youth of their rights, review program contracts before signing and aid in the reward/sanction decision-making process.

Finally, the Drug Court Team includes the various Treatment Providers, whose obligations include completion of assessments, making recommendations for levels of

treatment, and providing additional services to the family as warranted. Treatment Providers also facilitate group and family counseling sessions in addition with providing individual counseling. As interested parties, they also provide relevant information for reward and sanction decisions during team meetings.

Drug Court Process

Entrance into the Drug Court Program begins with a referral of the juvenile to the program. Referrals can be initiated by the Detention Center Magistrate at the time a juvenile is arraigned, Juvenile Court intake officers, police departments located in Cuyahoga County, Juvenile Court Judges and Magistrates, treatment providers, the prosecutors' and public defenders' offices, private attorneys and other juvenile court programs.

Once a referral is received, the coordinator contacts the family to assess their level of interest. Interested families are brought in for intake and, if deemed appropriate, undergo an assessment. The assessment process consists of evaluations of both the juvenile and the family across a number of domains. The assessment packet includes information regarding family relationships, educational activity, criminal history and degree of substance abuse involvement. The assessment information is used to make diagnoses and treatment recommendations.

Once accepted to the program, participants must participate in drug court review hearings. Reviews are scheduled according to the participants' phase in the program. The drug court team meets prior to each review during which time decisions are made regarding any necessary rewards or sanctions, or adjustments to the treatment plans.

After decisions have been made, scheduled juveniles and their families appear before the Drug Court Judge for review.

Treatment is an essential component of the Cuyahoga County Juvenile Drug Court. Based on the assessment information, the juvenile is referred to the most appropriate treatment provider and modality. The Drug Court Program strives to keep juveniles in their own home and work within the family structure, thus most juveniles are referred to Intensive Outpatient or Outpatient services. Once the referral is made, a treatment plan is devised in cooperation with the treatment provider.

All families are required to actively participate in the treatment process. Thus, all treatment providers have included a family component to their treatment models. There are regularly scheduled family sessions designed to provide a forum to discuss family structure, relationships and interactions, and learn tools to create a healthy living environment for all family members. If substance abuse is found to be a problem for a family member, an appropriate assessment or referral is made by the treatment provider.

Throughout the program, Drug Court Case Managers provide family support and counseling, as well as adjust the treatment plan and program goals as changes occur. Random urine screens are given regularly and are crucial to successful completion of each phase of the Drug Court Program. Juveniles and their families must also participate in twelve-step recovery meeting as part of the program. Moreover, school enrollment and attendance is mandatory for graduation from the Drug Court Program. Regular reports on academic achievement, attendance and behavior are collected by Drug Court Case Managers and included for case management and review.

Through all phases of the program, rewards and sanctions are used to support and punish behavior. Rewards are usually given as praise for positive reports and upon graduation from a phase of the program. They can include verbal encouragement and applause, gift certificates from local restaurants, personalized gifts, certificates of acknowledgment, and dismissal of Drug Court criminal charges. Sanctions can be levied when the juvenile does not follow the contract or program regulations. Most often, sanctions are levied for positive urine screens. They can include community service hours, detention stays, filing of new charges, inpatient treatment or dismissal from the Drug Court Program. Violent offenses, refusal to participate in treatment, being AWOL for thirty days, and refusal of family to give consent for treatment are all grounds for immediate termination from the program.

Treatment Program Phases

The treatment component of the Drug Court Program last from nine to twelve months, depending on the participant's progress. Treatment may entail Intensive Out-Patient (IOP) or Inpatient/Residential care. Participants are also expected to attend twelve-step recovery meetings (AA/NA/CA), and family members are expected to attend Al-Anon or Families Anonymous groups. In some cases, juvenile and their families may also be required to use other specified recovery supports and community resources.

Phase I consists of a twelve-week intensive outpatient program during which the participant must receive three hours of group treatment three time per week. The participant must also attend one hour of individual counseling and two family sessions per month. During Phase I the participant is expected to attend and verify attendance at two twelve-step meetings pet week and obtain a sponsor. Twice weekly random urine

screens are also required as is a weekly appearance before the Drug Court Judge. To successfully complete Phase I, the juvenile must participate in all aspects of the Intensive OutPatient treatment, have four consecutive clean urine screens, and show overall improvement in home and school behavior.

Phase II also consists of twelve weeks of treatment wherein the participant is required to attend one three-hour group meeting per week, one hour of individual therapy per week, participate in intramural recreation and continue participation in multi-family group therapy meetings. Continued verifiable attendance at twelve-step meeting will also be expected. Random drug tests continue twice weekly and appearance before the Drug Court Judge are scheduled twice monthly. Successful completion of Phase II requires consistent attendance to all therapy sessions, two consecutive months of clean urine screens, and continued improvement in home and school behavior.

Phase III lasts from twelve to twenty-four weeks and primarily involves case management by the Drug Court Case Managers. Twice weekly random urine screens continue during this phase, as well as verifiable attendance to twelve-step meetings. Court appearances are scheduled monthly. Weekly case management visits focus on a review of the participant's progress through the program. Successful completion of this phase requires continued behavioral improvement, confirmation of 90% school attendance, verifiable twelve-step attendance and a minimum of two months of clean urine screens.

Finally, Phase IV is a follow-up phase and lasts for twelve months, post graduation. At three, six, and twelve month intervals the graduated family is contacted and progress is reviewed. During this time, court records are reviewed to determine if the

juvenile has accrued any new charges. However, the Drug Court has no formal jurisdiction over the family during this time period.

The initial assessment of some juveniles entering the program indicates no need for substance abuse treatment. These juveniles receive alternate programming referred to as the “Fast Track” program. The focus of this group is education and support as opposed to treatment. These participants are required to complete community service hours, educational activities, and other activities as identified by the Drug Court Team. The Fast Track Program is scheduled for three months and can be completed if the participant maintains sobriety and meet contracted goals. If it is determined that more services are needed, the youth can be required to complete the entire twelve month program.

Methods

Sample

The Cuyahoga Juvenile Drug Court began accepting clients in March 1998 and targets juveniles charged with drug related offenses (felony level 3 or 4) who have no prior felony level 1 or 2 violent offenses. Ninety-four juveniles entered the program between September 1999 and September 2001. Of these participants, 41 are currently active in the drug court, 18 successfully completed the program, 23 received an administrative discharge, and 4 were terminated unsuccessfully. The remaining participants were terminated for other reasons including voluntary removal, moving out of the county, or turning 18. All 94 participants were included in the sample.

Data Collection

Data collection was the responsibility of Cuyahoga County Juvenile Court Personnel and occurred between September 1999 and September 2001. An automated system, the Buffalo MIS, was utilized for data collection. The data collected include: basic offender demographics, current offense, criminal history, drug and alcohol use, treatment placement and outcome, and termination status of drug court participants.

Additionally, interviews were conducted with 9 drug court team members in January 2002. The interviews were designed to capture drug court team members descriptions and perceptions of the drug court process. Team members were asked about areas including eligibility criteria, exclusionary criteria, screening, treatment services, drug testing, and review hearings. Where appropriate, items on the interview were entered into SPSS for analysis.

Data Analysis

This study examines the characteristics of drug court participants and processing through the program. Descriptive statistics were used to illustrate the characteristics of clients, movement through treatment, and termination information. Moreover, the interviews were coded and analyzed to describe the drug court process. Finally, chi-square tests were employed to examine differences between participants who stay in or complete treatment and those who drop out.

Results

Social demographic data were collected in an effort to describe the drug court participants. This section profiles the participants based on basic demographic characteristics such as race, gender, age, education, employment, family relationships,

current offense characteristics, and criminal history. This section will address the following question:

- *What are the characteristics of juveniles referred to the drug court?*

Social Demographic Information

Table 1 illustrates the participants with regard to race, gender, age, education, employment, and family relationships. As indicated by the data, the majority of drug court participants were male (92.6%) and non white (63.8%). The majority of the participants were between the ages of 15 and 17 with the average age of 16. Moreover, the bulk of the clients were enrolled in school (71.1%) and were most likely to be in high school. Over 50 percent of the clients were passing their classes with at least a C average; however, the mean grade achieved hovered around a D plus. As expected, relatively few of the clients were employed. Finally, the typical drug court client reported fair or good relationships with both their mothers and fathers. It should be noted, however, that far more participants reported a good relationship with their mother (64.3%) than with their father (30%).

Offense Information

Table 2 describes the charges bringing clients into the drug court program and the methods of referral. As expected, the majority of participants were arrested on drug charges (57.4%). A number of participants were also arrested on theft charges (23.4%), with the most common theft charge being receiving stolen property. The charges indicate that the drug court is accepting individuals whose charges were drug related in addition to individuals whose crimes are drug or alcohol motivated. Moreover, the majority of participants were charged with felony level 4, 5, or misdemeanor level one charges.

Table 1. Demographic Characteristics of Drug Court Participants

Characteristics	N (n = 94)	%
Race		
Black	57	60.6
Hispanic	3	3.2
White	34	36.2
Gender		
Male	87	92.6
Female	7	7.4
Age		
12-14	6	6.5
15-17	75	81.5
18-19	11	12.0
Mean	16.41	
Currently Enrolled in School		
Yes	64	71.1
No	26	28.9
Current Grade Level		
Less than 9 th	7	8.2
9 th – 10 th	41	48.2
11 th -12 th	37	43.5
Average Grade		
A	5	6.5
B	12	15.6
C	24	31.2
D	18	23.4
F	18	23.4
Mean	D+	

Table 1 con't. Demographic Characteristics of Drug Court Participants

Characteristics	N	%
	(n = 94)	
Employed		
Yes	6	16.2
No	31	83.8
Relationship with Mother		
Good	54	64.3
Fair	20	23.8
Poor	10	11.9
Relationship with Father		
Good	21	30.0
Fair	18	25.7
Poor	31	44.3

Ns may not total 94 due to missing data.

Table 2. Current Charge and Referral Information

Characteristics	N (n = 94)	%
Current Charge		
Drug	54	57.4
Theft	22	23.4
Violence	3	3.2
System Violation	0	0.0
Other	1	1.1
Current Charge Offense Level		
F3	4	4.8
F4	18	21.7
F5	23	27.7
M1	16	19.3
M2	1	1.2
M4	9	10.8
MM	12	14.5
Probation Involved		
Yes	18	19.1
No	76	80.9
Reason for Referral		
Juvenile Court Charges	61	66.3
Charges Related to Use	19	20.7
Concerns Regarding Use	5	5.4
History of Drug/Alcohol Use	3	3.3
Other	4	4.3
Referral Source		
Juvenile Court	76	80.9
Judge	1	1.1
Police	9	9.6
Probation	1	1.1
Treatment Provider	2	2.1
Other	5	5.3

Finally, as indicated by the description of the drug court, the participants are generally not on probation. The data reflects this characteristic of the Cuyahoga Juvenile Drug Court as less than 20 percent of the participants are involved with probation.

An examination of the reasons for referrals appears to contradict the data regarding current charges. Specifically, it was reported that 21 percent of the clients were referred to the program because of charges relating to use, while close to 10 percent were referred to the drug court because of a history or concern regarding drug use. In contrast, 66 percent of the participants were referred simply because of juvenile court charges. Despite the apparent contradiction, it is likely that the juveniles referred because of court charges were charged with crimes related to their drug use as indicated by the current charges.

Criminal History

Although drug courts generally began as diversionary programs, recent studies indicate they tend to serve more serious offenders. The Cuyahoga Juvenile Drug Court program appears to fit this pattern. As indicated in Table 3, the majority of participants were first arrested between the ages of 14 and 15, with the average age of first arrest around 15. Moreover, most participants had at least one prior arrest with the average client having 3 prior arrests. Despite the likelihood of having been previously arrested, the exclusionary criteria regarding violence seems to be being followed. Specifically, only four (4.3%) participants had previously been arrested for assault and only one (1.1%) participant had previously been arrested on an arson charge. Although data were not available regarding previous incarcerations, participants were asked if they had been in a controlled environment during the 30 days prior to being interviewed. Twenty-two

Table 3. Criminal History

Characteristics	N	%
	(n = 94)	
Age of First Arrest		
Under 12	2	2.1
12-13	9	9.7
14-15	41	44.1
16-17	27	29.0
18 and Older	14	15.1
Mean	14.98	
Number of Prior Juvenile Arrests		
Zero	4	4.3
One	22	23.4
Two or More	68	72.3
Mean	3.13	
Prior Arrest for Assault		
Yes	4	4.3
No	89	95.7
Prior Arrest for Arson		
Yes	1	1.1
No	92	98.9
Controlled Environment During Past 30 days		
Yes	20	22.2
No	70	77.8

percent of the participants indicated they had spent time in a controlled environment during the month preceding entrance into the drug court.

Substance Abuse History

Participants were asked several questions regarding their substance use. As indicated in Table 4, marijuana was identified as the drug of choice for over 90 percent of the participants. Three (3.4%) participants named alcohol as their drug of choice while crack/cocaine, heroin, and psychotropic drugs were identified as the drug of choice for only one (1.1%) participant respectively. The specific age of first use was not identified; however, participants did report the age range they first used their drug of choice. The vast majority (94.3%) of participants reported they first used their drug of choice between the ages of 11 and 15. Frequency of use was also limited to their drug of choice. Respondents generally used at least weekly (54.7%) with 36 percent reporting daily use.

Clients were also asked to report on family substance use. Although the majority (56.3%) of participants reported no family members with a drug problem, it is noteworthy that close to 45 percent of the respondents identified at least one family member with a drug problem. Despite the relatively large number of participants reporting drug problems among family members, only 22 percent reported that family members had previously received drug treatment. Thus, it seems likely that family drug use should be addressed by the drug court.

Drug Court Processes

A crucial part of any process evaluation is describing the program and its procedures. Interviews were conducted to determine the number of referrals, screening and assessment tools, treatment services, and treatment hearings. Moreover, data were

Table 4. Substance Abuse History

Characteristics	N	%
	(n = 94)	
Drug of Choice		
Alcohol	3	3.4
Marijuana	82	93.2
Crack/Cocaine	1	1.1
Heroin	1	1.1
Psychotropic	1	1.1
Age of First Use*		
11-15	83	94.3
16-18	5	5.7
Frequency of Drug Use*		
Daily	31	36.0
Weekly	47	54.7
Less than Weekly	8	9.3
Family Member has Drug Problem		
Yes	38	43.7
No	49	56.3
Family Member has Prior Drug Treatment		
Yes	16	21.6
No	58	78.4

*Refers to primary drug of choice

collected on treatment activities and termination information. This section will address the following research questions:

- *How many juveniles are referred to the court each month? What screening tools are used to assess juveniles for eligibility? How many are accepted?*
- *How many participants are placed in treatment? Of those placed in treatment, what services were received? How many juveniles complete treatment? What is the average length of time until juvenile complete the program?*
- *What sanctions or rewards are used in the program?*
- *How often do clients appear before the judge (e.g. status review hearings)?*

Referrals and Screening¹

Roughly 40 juveniles are referred to the drug court each month. Of those referred, the majority are excluded from the program with an estimated 15-25 percent accepted into drug court program. Reasons for exclusion typically include charges, severe mental health, or an unwillingness to participate in the program. Prospective clients are screened using the Adolescent Drug Abuse Diagnosis computer assisted interview. An intake interview is also conducted during which time it is determined if individuals meet the eligibility criteria. Screening occurs after referral to the program and is the responsibility of the drug court coordinator. A final decision regarding entry into the drug court is typically made prior to the first court hearing.

As indicated by Table 5, almost all (90.4%) of the participants received an assessment.

On average, the assessment occurs roughly one month after acceptance into the program.

While 25 percent of the clients are assessed by the court, close to 70 percent of the participants are assessed by “other,” presumably the drug court

¹ Information regarding this section was drawn from interviews with drug court team members and conversations with the drug court coordinator

Table 5. Screening and Assessment

Characteristics	N	%
	(n = 94)	
Assessment Completed		
Yes	85	90.4
No	9	9.6
Average Number of Days to Assessment	34.3	
Assessment Completed by		
Catholic Charities	5	5.7
Court	22	25.0
Other	61	69.3
Diagnosis		
Dependency	69	78.4
Abuse	13	14.8
Dual Diagnosis	3	3.4

coordinator. As expected, the preponderance (78.4%) of clients were diagnosed as chemically dependent and 15% were diagnosed as having chemical abuse issues. A small minority (3.4%) of participants were dual diagnosed with chemical dependency and mental illness.

Treatment Activity

The Cuyahoga County Juvenile Drug Court works with a number of treatment providers. Drug court team members indicated an effort is made to match clients with treatment providers based on geographical proximity. All of the participants receive some type of treatment. However, roughly 5 percent of the clients are placed into the Fast Track program. Individuals in this program receive 3 months of services including education and prevention information as they failed to be diagnosed as needing substance abuse treatment. Table 6 illustrates that the majority (38.9%) of participants attend treatment at Catholic Charities, followed by New Directions (25%), and East Cleveland Straight Talk (13.9%). Participants attending these programs receive essentially the same services, generally beginning with intensive outpatient services. Participants (9.7%) attending Southwest General Oakview also receive intensive outpatient services, while those attending St. Anthony's Villa are placed in residential services. Drug court team members estimated that, on average, 14 percent of the participants receive residential services, 68 percent receive intensive outpatient and 16 percent receive outpatient services.

Drug court team members were questioned about the treatment services provided for drug court participants. As indicated in Table 7, team members reported residential treatment generally lasts for 40-45 days and is based largely on the disease model

Table 6. Treatment Activity

Characteristics	N	%
	(n = 94)	
Treatment Provider		
Catholic Charities	28	38.9
East Cleveland Straight Talk	10	13.9
New Directions	18	25.0
Southwest General Oakview	7	9.7
St. Anthony's Villa	2	2.8
Other	7	9.7
Estimate of Participants Receiving Each Type of Service ²		
Residential		14.2
Intensive Outpatient		68.1
Outpatient/Aftercare		16.1

² Estimates based on the average response by Drug Court Team Members

Table 7. Characteristics of the Cuyahoga Juvenile Drug Court Treatment Services

Residential Treatment:	
Provider(s)	Catholic Charities New Directions Saint Anthony's
Length	40 – 45 days
Types of treatment	12-step/disease model Cognitive behavioral Reality therapy
Intensive outpatient treatment:	
Provider(s)	Catholic Charities East Cleveland New Directions Oakview
Length	3 – 4 days a week for 35 sessions
Types of treatment	12-step/disease model Cognitive behavioral Reality therapy
Outpatient/Aftercare treatment:	
Provider(s)	Catholic Charities East Cleveland New Directions Oakview
Length	1 – 3 times a week for 30 sessions
Type of treatment	Cognitive behavioral Relapse prevention
Abuse Groups	
Provider(s)	Not reported
Length	8 sessions
Type of treatment	Eclectic approach

*Based on combined responses from interviews

supplemented by cognitive behavioral and reality therapy. Similarly, the intensive outpatient services are also based on the disease model with some cognitive behavioral and reality therapy. Participants meet three to four days a week and must attend 35 sessions to complete the intensive outpatient phase. Finally, each of the treatment providers reported providing aftercare services in the form of outpatient treatment. Participants meet one to three times weekly for up to 3 months. The focus of these groups is on relapse prevention with some cognitive therapy and disease model programming. None of the treatment providers reported using a specific curriculum but indicated the treatment was common across the various providers.

In addition to substance abuse needs, participants are likely to have a number of other problems. As indicated by Table 8, drug court clients may also receive a variety of other services as needed. Specifically, it was reported that an 8-week abuse group is available although it was not clear who provides this treatment. Moreover, anger management, individual and family counseling, mental health treatment, and multi-systemic therapy are available to clients. Additionally, education and employment services may be offered. Specifically, it was reported that both case managers and treatment providers may offer assistance to clients in terms of finding employment or getting back into school when necessary. Finally, parenting classes are offered by New Directions.

Termination Information

Table 9 reports termination information from both the primary treatment provider and the drug court. Individuals who successfully complete the first phase of treatment generally do so in roughly 3 months. Individuals who fail to successfully complete

Table 8. Characteristics of the Cuyahoga Juvenile Drug Court Treatment Services

Characteristics of Services
Additional services:
Abuse groups
Anger management
Counseling (individual & family) provided by: treatment providers
Employment provided by: treatment providers & caseworkers
Mental health provided by: treatment providers
Mentoring
Multisystemic therapy provided by: New Directions & Bellefaire
Parenting provided by: New Directions
Aftercare services:
Each treatment agency provides aftercare
Juveniles meet 1 to 2 times a week for a period of 2 – 3 months
Aftercare consists of: cognitive behavioral with a heavy emphasis on relapse prevention
Juveniles must also attend 12-step meetings

*Based on combined responses from interviews of the drug court team members

Table 9. Termination Information

Characteristics	N	%
	(n = 94)	
Average Days to Discharge from Primary Treatment		
Successful Completion	103.5	
Did Not Complete	74.4	
Reason for Discharge from Primary Treatment Provider		
Completion	15	51.7
Non-Compliance	12	41.4
Incarceration	2	6.9
Average Days to Release from Drug Court		
Successful Termination	195.3	
Other Terminations	124.3	
Reason for Termination from Drug Court		
Successful	12	28.6
Unsuccessful	2	4.8
Administrative Discharge	21	50.0
Voluntary Removal	2	4.8
Other	5	11.9

treatment tend to be terminated from treatment within roughly 2 and a half months. Half of the participants successfully completed their primary treatment, 41 percent failed to complete treatment because of non-compliance, and 7 percent were incarcerated prior to completing treatment. As expected, drug court clients tend to participate in the drug court program longer than they are in treatment. On average, the successful graduate completes the drug court program in 6 months. Participants who fail to successfully complete the drug court are terminated, on average, from the program in approximately 4 months. During the time period for which data were collected, 29 percent of the participants graduated from the drug court, 50 percent were removed as the result of an administrative discharge, and 5 percent were unsuccessfully terminated. Other participants were terminated because of turning 18, moving out of the county, or voluntarily quit the program.

Sanctions and Rewards

Sanctions and rewards are an integral part of any drug court. The Cuyahoga Juvenile Drug Court uses a variety of sanctions and rewards. Complete data on sanctions and rewards were unavailable; however a perusal of case notes found the most commonly used sanctions are home detention, community service, time in the detention hall, and the issuance of a reward. Reported rewards included removal from home detention, phase advancement, and gift certificates for completion of Phase II.

Status Review Hearings

Similarly to the sanctions and rewards, data were not available regarding review hearings. However, interviews with drug court team members provided information on this issue. Like other drug courts, the frequency of status review hearings varies with the

phase level. Specifically, participants are required to attend weekly status review hearings during Phase I and every other week during Phase II. Finally, status review hearings are held every third or fourth week for individuals in Phase III dependent on drug court team members' recommendations.

Treatment Retention

As with any process, it is important to know the characteristics of individuals who successfully complete a program and how they compare to those who fail to complete the program. Although the data are not available to complete such an analysis, it is possible to examine the characteristics of individuals who remain in treatment or successfully complete treatment compared to those who fail to remain in treatment. Thus, this section addresses the following question:

- *What are the characteristics of juveniles who remain in treatment and how do they compare with those who fail to complete treatment?*

Treatment Retention Characteristics

In order to determine what the differences are between individuals who stay in treatment and those who do not, it was important to focus the analysis on those individuals for which we had data on treatment completion. Thus, this section of the report is limited to 42 individuals who successfully completed or were still active in treatment and 15 participants who had been terminated unsuccessfully from treatment³. Table 10 reports the significant differences between the two groups. As indicated, there were few significant differences. In both groups, the typical participant was between the age of 15 and 17 and was non-white. However, individuals who failed to complete treatment were significantly more likely to be between the ages of 12 and 14 or 18 and

³ These findings must be interpreted with caution because of the small sample size.

Table 10. Characteristics of Individuals who Stay in Treatment vs. Non-Completers

Characteristics	Treatment		Non-Completers	
	N	%	N	%
	(n = 42)		(n = 15)	
Age				
12-14	2	4.8	2	13.3
15-17	36	85.7	8	53.3
18-19	4	9.5	5	33.3
Mean	17.0		16.6	
	$\chi=6.627$; $p=.036$			
Race				
White	17	40.5	1	6.7
Non-White	25	59.5	14	93.3
	$\chi=5.847$; $p=.016$			
Current Charge				
Felony	20	48.8	10	66.7
Misdemeanor	21	51.2	3	20.0
Statutory	0	0.0	2	13.3
	$\chi=6.627$; $p=.036$			

19. Moreover, individuals who stayed in treatment were significantly more likely to be white than non-completers. Finally, non-completers were significantly more likely to have been charged with felony level charges when compared to participants who remained in treatment.

Team Members Perceptions

The purpose of the interviews was to obtain descriptions of the drug courts and to collect data regarding team members' perceptions of the drug court and its procedures. Overall, the drug court team members were very experienced and had positive perceptions regarding the drug court. This section provides an overview of the interview results⁴.

Team Members

The Cuyahoga County Juvenile Drug Court team is comprised of two caseworkers, a drug court coordinator, a public defender, a prosecutor, magistrate, and three staff members from the treatment providers. The members have been at their current position for an average of three years but with the drug court for only an average of 1.9 years⁵. However, the team members have a great amount of experience with the criminal justice system. The average length of time spent working in the criminal justice system is 10.6 years.

Eligibility and Exclusionary Requirements

As previously noted, eligibility criteria for the Cuyahoga Juvenile Drug Court requires that offenders must be juveniles convicted of a nonviolent offense with a drug or alcohol problem. Exclusionary criteria that would prevent an offender from being placed

⁴ See the Appendix for a table detailing the findings discussed in this section.

⁵ This discrepancy is largely the result of individuals who have held the same type of position outside of the drug court (i.e. prosecutor, treatment provider, etc.)

in the drug court are a history of severe mental health, violent felonies, sexual offending, and Ohio Department of Youth Services (ODYS) commitments. All team members reported that they feel that the eligibility requirements are appropriate. Furthermore, all team members feel that the exclusionary criteria are appropriate and that the exclusionary criteria are either “mostly” (44.4%) or “very much so” (55.6%) adhered to. Even though team members feel that the exclusionary criteria are appropriate, some team members did report that they would like to see changes made to the exclusionary criteria. For example, some would like to see older offenders (up to age 25) accepted into the drug court, some would like to accept ODYS juveniles, and one team member reported that decisions should be made as a team and each decision should be on a case-by-case basis.

Level of Collaboration Between Drug Court Team Members

Team members were also asked about their level of collaboration among the drug court team. Only one team member reported that there was “moderate” collaboration, whereas the other team members reported that the level of collaboration was either “high” (33.3%) or “very high” (44.4%). The majority (66.7%) of the members reported that no changes should be made to improve collaboration. However, some members reported that meeting on a more regular basis and making more decisions as a team would improve the level of collaboration.

Adequacy of Probation Supervision and Case Management

The majority of the team members (88.8%) rated the probation supervision of the drug court juveniles as either “high” or “very high” whereas all team members rated the adequacy of case management as “adequate” (55.6%) or “very adequate” (44.4%). Again, members were asked how these areas could be improved. Whereas 33 percent of the team

members and 22 percent of the members reported that no improvements were needed for probation supervision and case management, respectively, others reported that these services could be enhanced by hiring more caseworkers, having smaller caseloads, having more resources, and having more flexible treatment hours.

Adequacy and Collaboration of Alcohol and Drug Treatment

Five team members (55.6%) reported that the alcohol and drug treatment were “adequate,” whereas four team members (44.4%) reported that alcohol and drug treatment were “very adequate.” In addition, an overwhelming majority (88.9%) reported that the level of collaboration between the drug court team and the alcohol and treatment providers were “very high.” When asked what changes could be made to improve alcohol and drug treatment, fifty percent of the members reported that more resources were needed. Other responses included more money, additional staff members, and specialized providers. In addition, transporting juveniles to treatment appeared to be a problem as 33.3 percent of the members reported that better transportation was needed. Finally, it was suggested that longer periods of time in treatment and mandating parental participation would improve alcohol and drug treatment.

Adequacy and Collaboration of Other Treatment Services

Aside from alcohol and drug treatment, juveniles participating in the Cuyahoga Juvenile Drug Court may receive additional services. For example, they receive anger management, educational and vocational services, parenting classes, and mental health treatment. Team members were asked to rate the adequacy of these services. Of the eight members responding, the majority (55.6%) reported that the services were “adequate,” two members (22.2%) reported that the services were “very adequate,” and one member

(11.1%) reported that the services were inadequate. When asked about the level of collaboration, four members either did not know or reported that the question was not applicable to them. Of the remaining five members, one member (20%) reported that there was a “low” level of collaboration between the drug court and other treatment provider, two members (40%) reported there was a “high” level of collaboration, and two members (40%) reported that there was a “very high” level of collaboration.

Team members were also asked how to improve the other treatment services. Responses included having more money for resources and additional personnel, improve the workings of the system such as making a seamless transition without a long waiting period, being part of the main court system, and improving the relationship between the drug board and the mental health board.

Adequacy of Aftercare Services

Drug court participants receive aftercare services from the treatment provider and from the drug court itself. The drug court team members were asked to rate the adequacy of these aftercare services.⁶ Two team members (22.2%) did not know the adequacy of aftercare. One member (11.1%) reported that the aftercare services were “inadequate,” whereas three members (33.3%) reported the services were “adequate” and three members (33.3%) reported that the services were “very adequate.”

When asked how aftercare services could be improved, 33 percent of the respondents reported that more aftercare was needed (i.e., longer stay and more frequent

⁶ Team members were also asked to report the level of collaboration between aftercare providers and the drug court team. The same alcohol and drug treatment providers provide aftercare. Thus, this question was not applicable.

meetings). Other responses included aftercare being more diverse in order to meet other needs, giving aftercare more resources, and hiring additional staff members. However, one respondent reported that the length of aftercare at one agency should be shortened.

Adequacy of Drug Testing

Drug court juveniles are drug tested by both the drug court caseworker and the treatment provider. The testing process is random but occurs at least twice a week. All team members reported that the drug testing process was at least “adequate” (22.2%) with the majority (66.7%) reporting the testing process was “very adequate.” While three members (33.3%) reported that no changes were needed to the drug testing process, other drug court team members reported that three changes were needed. First, it appears that the drug testing company is fairly new and some team members do not understand the different levels on the results. Thus, they reported that the company should explain the different levels of the results. Second, members reported that the turnaround on the results was too long. Thus, members suggested that the results could be provided more quickly. Finally, it was suggested that drug tests should occur more frequently.

Review Hearings

Team members were also asked to report the frequency of review hearings. All team members were in agreement about the number of times the juvenile is in court for review hearing and reported the frequency of review hearings vary depending on which phase level. Specifically, a juvenile in phase one will have a review hearing once a week, whereas a juvenile in phase two will have a review hearing once every two weeks. A juvenile in phase three will have a review hearing once every three or four weeks.

Additionally, drug court team members were asked about team member attendance at the review hearings. A majority (77.8%) reported that all team members consistently attend the review hearings. The remaining individuals (22.2%) reported that at least three-fourths of the team members consistently attend the review hearings. In addition, all members rated the review hearings as being “very useful.” Team members were also asked how the review hearing could be improved. Whereas five members reported that no improvements were needed, other members suggested that more time was need for the review hearings. Specific suggestions included devoting an additional day or afternoon to the review hearings, using the time that they currently have more efficiently, and having a specific drug court courtroom.

Adequacy of Quality Assurance

Team members were asked what quality assurance mechanisms were in place. Responses were varied on whether or not the following quality assurance mechanisms were in place: regular case file audits, observation of groups, regular reports on offender progress, pre and post testing of offenders, formal reassessments, and client satisfaction. When asked about the adequacy of the quality assurance mechanisms, four members (44.4%) did not know about the quality assurance mechanisms. Two members (22.2%) reported the quality assurance mechanisms were “inadequate,” whereas the remaining three members (33.3%) reported the quality assurance mechanisms were “adequate.”

Team members were asked how to improve the quality assurance mechanisms. Four respondents (44.4%) reported that they were “unsure” or “did not know” how to improve the quality assurance mechanisms. The most popular response was that there needed to be more client feedback into the drug court program. Other suggestions on how

to improve quality assurance included more involvement from everyone and more awareness about the program.

Adequacy of Data Collection Process

Recidivism data was reported to be collected on a regular basis and the information is stored in an automated database. Team members were asked about the adequacy of the data collection process. Of the four individuals that had knowledge regarding the data collection process, one (11.1%) reported that the process was “inadequate.” The remaining individuals reported that the process was “adequate” (22.2%) or “very adequate” (11.1%). When asked how satisfied they are with the data collection process, one (11.1%) reported being “not satisfied”, one member (11.1%) reported being “somewhat satisfied”, and two members (22.2%) reported being “satisfied” with the process.

The drug court team members were also asked how the data collection process could be improved. Five individuals were not sure how to improve the process. One individual reported that there were no changes needed. Suggestions for improvement included eliminating repetitive information being collected and hiring additional clerical staff.

Adequacy of Funding

Finally, drug court team members were asked questions regarding three areas of funding. First, members were asked about the adequacy of the initial funding. Three individuals (33.3%) reported that the initial funding was “adequate” whereas one member (11.1%) reported the initial funding was “inadequate.” Five members (55.6%) did not know or were unsure about the initial funding. Second, members were asked to rate the

current level of funding. One member did not know about the current level. Three members (33.3%) reported that the current level was “adequate” while five members (55.6%) reported that the current level of funding was “not adequate.” Finally, drug court team members were asked about the adequacy of future funding. Four members were not sure about the adequacy of future funds. One member (11.1%) reported that future funding was “very adequate,” one member (11.1%) reported that future funding was “adequate,” and one member (11.1%) reported future funding was “somewhat adequate.” However, two members (22.2%) reported that future funding was “not adequate.”

Team members were also questioned about the types of barriers that prevent adequate funding for the future. The biggest problem reported was the budget. Members were concerned about budget cuts, hiring freezes, and money not being available in the future. An additional concern was the role of politics. More specifically, members were concerned that with changes in legislators, governors, and presidents, drug courts may not be an important topic in corrections. The drug court program itself was also considered a barrier to future funding. For example, members reported that the program was underutilized, that there was a lack of commitment to progress, and inability to show that the program is effective. The last major concern that was a possible barrier for future funding was public opinion. Members were concerned that the public is not aware of the drug court and that the public may not hold a valuable opinion of the drug court.

Drug court members were also interviewed about changes that could possibly remove the barriers of future funding. Concerning the budget barrier, it was suggested that the drug court program be allowed to go after funds independently instead of using the current system-wide approach. Members also suggested that the value system of the

state needed to be changed and that drug courts should become more important to the governing body. They believed that if these changes were made, then the role of politics would be minimized. Concerning the program as a barrier, the members suggested that they needed to improve quality assurance and improve the tracking of the graduates to determine the effectiveness of the program. They also suggested that the court system as a whole needs to be more supportive of the drug court. The final barrier reported was public opinion. To overcome this barrier, drug court team members suggested that the public needed better education on the criminal justice and the drug court. Lastly, members reported that drug court should do a better job of reaching out into the community to promote public awareness.

Summary, Recommendations, and Conclusions

The purpose of this report is to describe the Cuyahoga County Juvenile Drug court and to determine how it has been implemented. The key findings can be summarized as follows:

- The typical program participant is male, around the age of 16, enrolled in school, and non-white. Moreover, the average client does not work, has a D+ grade average and reports at least a fair relationship with both parents.
- The majority of the drug court participants were charged with a drug offense and were referred to the program as the result of Juvenile Court charges. Participants were likely to have been charged with felony level 4, 5, or misdemeanor level 1 charges but were not involved with probation.
- On average, the typical participant was first arrested around the age of 15 and had at least 3 prior juvenile arrests. Despite the likelihood of previous arrests, the vast majority had not been previously arrested for violent offenses (i.e. assault, arson).
- Over 90 percent of the participants reported marijuana as their drug of choice and further reported first using marijuana between the ages of 11 and 15. Marijuana use was reported to be very frequent with over half of the sample reporting using weekly and 36 percent of the clients indicating daily use. Family members were

also likely to be reported as having a drug problem, with close to 50 percent of the participants responding affirmatively to this item.

- The vast majority of participants were assessed within an average of 34 days. The most common diagnosis was dependency (78.4%) with 3.4 percent of the clients being dual diagnosed with chemical dependency and mental illness.
- A variety of treatment providers are utilized with the majority of participants attending Catholic Charities, East Cleveland Straight Talk, and New Directions. Interviews with drug court team members reported programs were similar across treatment providers. Furthermore, team members estimated that 14 percent of the participants received residential services, 68 percent were enrolled in intensive outpatient services, and 16 percent received outpatient services. Finally, roughly 5 percent of the drug court participants are placed on the Fast Track path.
- Substance abuse treatment consists largely of disease model programming supplemented by cognitive behavioral and reality therapy. Participants in Fast Track receive substance use education services. Aftercare treatment focuses on relapse prevention.
- Additional treatment services offered include abuse groups, anger management, educational, employment, family services, mental health referrals, and multi-systemic therapy.
- Participants who successfully complete the primary treatment generally finish in 4 months while those who fail to complete are often terminated from treatment within two and a half months. Just over half of the treatment participants successfully complete treatment.
- On average, participants who successfully complete the drug court program do so in approximately 6 month while those who are terminated unsuccessfully tend to be terminated within roughly 4 months. The drug court graduated 29 percent of its participants during the time period data were collection.
- Commonly used sanctions included home detention, time in detention hall, community service hours, and warrants. Rewards noted included release from detention (both home and hall), phase movement, and certificates.
- Individuals who stayed in or successfully completed treatment differed from non-completers in terms of age, race, and current charge. Specifically, non-completers are more likely to be between the ages of 12 and 14 or 18 and 19. Moreover, completers were more likely to be white and less likely to be charged with a felony offense.
- The interviews suggested that drug court team members were in general agreement on the policies and procedures used by the drug court. Additionally,

the team members appeared to agree that the drug court policies and procedures were adhered to and were appropriate for the program. Finally, the areas of greatest concern among team members appeared to be quality assurance and funding. Overall, team members seemed unfamiliar with quality assurance mechanisms and were concerned that funding was inadequate.

Overall, the evaluation appears to indicate that the drug court is, for the most part, operating as designed. The findings indicate participants match the eligibility and exclusionary criteria and are generally receiving treatment services. Data regarding sanctions and rewards, an integral component of drug courts, were incomplete. However, a perusal of the case notes indicates that while sanctions are commonly being used, rewards do not appear to be used as frequently. Moreover, data regarding drug testing were incomplete. However, team members consistently reported that drug testing was occurring frequently and that frequency tended to vary with phase level.

Given the popularity of the drug court model across the country and in Ohio, their ability to reduce drug abuse and recidivism remains a key issue. While this evaluation suggests the drug court model is largely being adhered to, it is not possible to determine whether the Cuyahoga County Juvenile Drug Court is reducing recidivism and drug use. However, by providing treatment to its participants, it is likely that the court will be more effective at reducing recidivism than traditional policies that rely on incarceration and stricter sentences. In order to increase and assess the effectiveness of the program, the following recommendations can be made:

1. In addition to varying degrees of substance abuse problems, offenders will have varying degrees of other risk factors (e.g. antisocial values, antisocial peer associations, etc.). In order to improve the assessment of youth, the Cuyahoga County Juvenile Drug Court needs to adopt a standardized and objective risk/need assessment tool that measures a wide variety of factors.

2. Research is now indicating that the most effective programs aimed at changing offender behavior are those based on cognitive, social learning, multisystemic family, and radical behavioral (e.g. operant conditioning) strategies. These strategies attempt to change behavior by addressing thinking errors or values and attitudes supportive of crime, providing a means for the offender to observe and imitate prosocial behavior, including the family and community in the rehabilitation of the offender, and decreasing inappropriate behavior through reinforcement for appropriate behavior. The court could increase its effectiveness by emphasizing these treatment models in treatment programming.
3. The Cuyahoga County Juvenile Drug Court needs to develop formal quality assurance mechanisms to ensure that the treatment and services offered are high quality and of sufficient intensity and duration to be effective.
4. Finally, in order to conduct a more thorough evaluation of the Cuyahoga County Juvenile Drug Court, more detailed information needs to be collected. Furthermore, the development of a comparison group and collection of detailed data must be completed in order to determine what behavioral impact the drug court is having on its participants. In addition to basic demographic information, comprehensive data should be collected on risk assessment, supervision activity (i.e. technical violations), drug testing, services received, and recidivism data. Moreover, a sufficient follow-up period must be employed to allow the evaluation to determine if the effects of the drug court are long-lasting. These data would allow the researcher to further explore the characteristics and activities of drug court participants, determine the effectiveness of the program, and examine the factors related to success or failure of drug court participants.

Appendix

Table A. Characteristics of Drug Court Team Members

Characteristics	N	%
	(n = 9)	
Position		
Caseworker	2	22.2
Coordinator	1	11.1
Public Defender	1	11.1
Prosecutor	1	11.1
Magistrate	1	11.1
Treatment Provider	3	33.3
Years in Current Position		
0-1	2	22.2
2-3	5	55.5
4 or more	2	22.2
Mean	3.00	
Years in Drug Court		
0-1	4	44.4
2-3	5	55.5
Mean	1.89	
Years in Criminal Justice System		
0-5	2	22.2
6-10	3	33.3
11-20	3	33.3
21 or more	1	11.1
Mean	10.56	

Table B. Responses to Interviews of Cuyahoga Juvenile Drug Court Team

Characteristics	N	%
	(n = 9)	
Feelings about Eligibility Criteria		
Appropriate	9	100.0
Adherence to Exclusionary Criteria		
Mostly	4	44.4
Very Much So	5	55.6
Feelings about Exclusionary Criteria		
Appropriate	9	100.0
Level of Collaboration between Drug Court Team Members		
Moderate	1	11.1
High	3	33.3
Very High	5	55.6
Adequacy of Probation Supervision		
Moderate	1	11.1
High	4	44.4
Very High	4	44.4
Adequacy of Case Management		
Adequate	5	55.6
Very Adequate	4	44.4
Adequacy of Drug/Alcohol Treatment		
Adequate	5	55.6
Very Adequate	4	44.4
Level of Collaboration between Drug Court and Treatment Providers		
High	1	11.1
Very High	8	88.9
Adequacy of Other Treatment Services		
Inadequate	1	11.1
Adequate	5	55.6
Very Adequate	2	22.2
Do not know	1	11.1

Table B con't. Responses to Interviews of Cuyahoga Juvenile Drug Court Team

Characteristics	N (n = 9)	%
Level of Collaboration between Drug Court and other Treatment Providers		
Low	1	11.1
High	2	22.2
Very High	2	22.2
Do not know	1	11.1
Not applicable	3	33.3
Adequacy of Aftercare Services		
Inadequate	1	11.1
Adequate	3	33.3
Very Adequate	3	33.3
Do not know	2	22.2
Adequacy of Drug Testing		
Adequate	2	22.2
Very Adequate	6	66.7
Adequacy of Quality Assurance Mechanisms		
Inadequate	2	22.2
Adequate	3	33.3
Do not know	4	44.4
Adequacy of Data Collection Process		
Inadequate	1	11.1
Adequate	2	22.2
Very adequate	1	11.1
Do not know	5	55.6
Satisfaction with Data Collection Process		
Not Satisfied	1	11.1
Somewhat Satisfied	1	11.1
Satisfied	2	22.2
Do not know	5	55.6

Table B con't. Responses to Interviews of Cuyahoga Juvenile Drug Court Team

Characteristics	N	%
	(n = 9)	
<hr/>		
Adequacy of Initial Funding		
Not Adequate	1	11.1
Adequate	3	33.3
Do not know	5	55.6
Adequacy of Current Funding		
Not Adequate	5	55.6
Adequate	3	33.3
Do not know	1	11.1
Adequacy of Future Funding		
Not Adequate	2	22.2
Somewhat Adequate	1	11.1
Adequate	1	11.1
Very Adequate	1	11.1
Do not know	4	44.4
