

Delaware County Juvenile Drug Court Process Evaluation

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Introduction

Drug use and related crime remain a consistent policy 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 Delaware 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 a juvenile completes the program?*
- *What sanctions or rewards are used in the program?*

Site Description

The Delaware County Juvenile Drug Court program is a voluntary court-supervised program designed for non-violent offenders referred to court for substance abuse related behavior. The program offers two main services. The first is a traditional drug court program which requires participants to fulfill several requirements including status review hearings, random urine screens, substance abuse treatment and the compliance with a recovery plan. The second component of the drug court is aimed at juveniles used drugs or alcohol but have had no, or very limited, contact with the juvenile justice system. This component, the Risk Reduction program, requires participants and their parents to complete two four-hour educational sessions.

While the traditional drug court serves juveniles who have been adjudicated and placed on probation, the risk reduction group program is diversionary. Thus, the case is generally held open for 90 days. The case is then dismissed assuming the juvenile completed the risk reduction groups and stayed out of trouble during the 6-month time period.

The Drug Court Team

The drug court team consists of several essential members including the magistrate, attorneys, treatment personnel, the drug court coordinator, a drug court clinician, and the drug court probation officer. The team works together to make decisions regarding treatment recommendations, the administration of rewards and sanctions, and other aspects of case management for drug court participants. While many of the decisions are made jointly by the drug court team, the magistrate is the leader of the program and oversees the entire drug court process.

The drug court coordinator is responsible for the coordinating of treatment services for participants in addition to being responsible for urine testing. Moreover, the coordinator

organizes the drug court docket, attends all staffings and hearings, and monitors the use of sanctions and rewards.

Supervision and case management of drug court participants is provided by a probation officer assigned to the drug court team. The probation officer also is responsible for ensuring compliance with court orders. Finally, the probation officer participates in staffings, hearings, and the planning and design of the drug court program.

The Drug Court Clinician is responsible for assessing youth and providing treatment to the participants and their families. As expected, the clinician also consults with the probation officer on a regular basis and participates in the planning and design of the program. It should be noted that while some participants are referred to outside treatment providers, the majority of youth receive treatment services from the drug court clinician.

In contrast, the prosecutor and public defender have less of a role in the day-to-day drug court operations. Instead, they are part of the Drug Court Advisory Committee and assist in drafting drug court policies and procedures. Moreover, the prosecutor is responsible for presenting violations to the court while the public defender acts as an advocate for the youth making certain that youth are advised of the rights and that all legal documents are filed appropriately. Moreover, the public defender works as an advocate for the youth, ensuring that the appropriate resources and services are provided to the youth.

Drug Court Process

Referrals to the drug court program come from Juvenile Court Intake Department. The intake department conducts prescreening of all potential participants to determine eligibility. Once youth have been deemed eligible, they are referred to the drug court team for further screening. During this time period, potential participants and their parents are notified of the requirements

and assessed for willingness to participate in the program. Enrollment into the traditional drug court requires that the youth meet a number of criteria including being between the ages of 14 and 17 ½ years. Moreover, youth must have a substance abuse related or motivated offense, and must have a responsible adult willing to support the youth throughout the program. Upon referral to the program, youth are typically assessed a number of domains. Both a psychosocial evaluation and the Youthful Level of Service Inventory (Y-LSI) are completed on all youth. Moreover, many youth completed a self-report on drug and alcohol use. In addition to receiving information from the youth, the court attempts to gain information from the school, the Department of Human Services, and the youth's parents or guardians

Once accepted into the drug court, youth begin participating in a variety of activities including drug court review hearings. Hearings are scheduled according to the participants' phase in the program. The drug court team meets prior to each review in order to make decisions regarding rewards, sanctions, or adjustments to the treatment plans. Following the staffings, the youth and their families appear before the magistrate for review.

Treatment is an essential component of the Delaware County Juvenile Drug Court. The assessment information is used to determine the most appropriate referrals for treatment. The majority of youth participate in either outpatient or intensive outpatient services. Few juveniles are referred to residential services. The reasons for this are twofold: first, the program strives to keep juveniles in the home¹ in an effort to work within the family structure. Secondly, Delaware County does not have residential treatment facilities for juveniles. Thus, the ability to make referrals for residential services is limited.

Families are required to be involved in the program throughout the entire process. The drug court team relies on family members during the screening process and continue to seek

¹ At a minimum, the program attempts to keep juveniles in the local community.

assistance from the family members when developing treatment plans. Moreover, family members are expected to follow court orders and report probation violations to the program. Additionally, when substance use is found to be a problem among the parents, they may be required to engage in treatment themselves.

Throughout the program, families and participants have a variety of services available to them including family advocacy, mentoring, tutoring, recreational activities, parent training, and community service. Additionally, the use of random drug screenings is a key part of the drug court process. Finally, school is a priority for the drug court and all members are required to attend some form of school. While participants typically attend traditional school, the Juvenile Court has managed a Suspension Alternative Program (SAP) and has made it available to drug court participants who are suspended out of school. Alternative schools are also available in the community.

Throughout all phases of the program, rewards and sanctions are used to support and punish behavior. Rewards are usually given as praise for positive behavior and include graduation to the next treatment phase, reduction of community service hours, decreased drug testing, fewer court appearances, and extended curfew. Moreover, special rewards such as tickets to sporting events and gift certificates are utilized. Finally, some juveniles may receive driving privileges while all juveniles participate in graduation upon successful completion of the program. While rewards are an integral part of the program, sanctions are also utilized for non-compliance. Examples of sanctions include repeating a previous treatment phase, writing an essay, increased AA/NA meetings, house arrest and electronic monitoring, increased drug testing, increased review hearings, earlier curfew, increased community service hours, boot camp, time in the Juvenile Detention Center. Finally, participants who fail to comply with

treatment, have repeated positive drug screens, are rearrested for a new offense, fail to attend school, fail to comply with the drug court contract, leave a residential facility without permission, or violate conditions of probation may be unsuccessfully terminated from the drug court program.

Treatment Program Phases

The Drug Court Program has three tracks each consisting of three phases. Track I is the Outpatient Abuse Criteria and is provided for youth who are abusing drugs or alcohol but are not in need of intensive outpatient services. Track II is the Intensive Outpatient Dependence Criteria and is designed for youth who are substantially abusing drugs or alcohol, or who are in the beginning stages of alcohol or drug addiction. Finally, Track III is the Intensive Outpatient Dependence/Mental Health Criteria. Similarly to Track II, youth in this track are substantially abusing drugs or alcohol, or are determined to be in the beginning stages of alcohol or drug addiction. Additionally, youth assigned to this track have significant mental health issues.

While the length of phase varies according to track, each phase has the same basic requirements. During phase I, which lasts between one and three months, participants are required to attend weekly status review hearings, follow court orders, complete a drug and alcohol assessment if ordered, and provide random urinalysis. Phase II typically lasts between two and five months and requires participants to attend bi-weekly status review hearings and comply with their treatment plan. Moreover, participants continue to provide random urinalysis and are expected to comply with all court orders. Finally, participants in phase III attend monthly status review hearings and are expected to comply with a recovery plan. Similar to the earlier phases, participants continue to submit to random drug screens and are expected to follow all court orders. Phase III lasts between 3 and 10 months depending on the track.

Risk Reduction Group

Many juveniles come into contact with the criminal justice system for drug or alcohol related offenses but are not deemed to be appropriate for the traditional drug court program. These juveniles are instead routed through the risk reduction program. As previously mentioned, this track is a diversionary track, thus juveniles are not on probation and receive very few services. Often the cases are dismissed after 90 days assuming the youth have completed all requirements and have stayed out of trouble during the diversionary period. The risk reduction group consists of two four-hour sessions held on consecutive Saturdays. Both teens and parents are required to participate. The groups are not designed to be treatment but instead are educational sessions focusing on the effects of drugs and alcohol, drug laws, peer pressure, the risks of teenage driving under the influence, and how drugs and alcohol affect the family. Additionally, teens learn skills related to problem-solving and discuss why people use drugs and alcohol. Finally, parents receive information on the symptoms of teen drug and alcohol usage in addition to learning about skills related to communication and parenting.

The assessment process for youth in this group is limited. Unlike the traditional drug court group which utilizes a number of assessments prior to entry into the program, risk reduction youth do not receive any formal assessments until the end of the second session. Prior to beginning the groups, a "Short Screen" is completed which is a one page form collecting information on employment, school, criminal history, and parental concerns. During the end of the second session, participants complete the SASSI, a standardized drug/alcohol assessment.

Youth who are diagnosed to be abusing drugs or alcohol or to have chemical dependency are then referred to the traditional drug court group. Youth who are assessed as not having any drug or alcohol problems are then placed into Track I, phase III of the traditional

drug court program. Although youth are considered to be in phase III, they do not attend review hearings or submit to random urinalysis with the same frequency as traditional drug court participants.

Methods

Sample

The Delaware County Juvenile Drug Court began accepting clients in June, 2000 and targets juveniles between the ages of 14 and 17 and half years who have a substance abuse related or motivated offense. Between, June 2000 and July 20002, 41 youth entered the traditional drug court program and 73 youth entered the risk reduction group. Of the traditional drug court participants, 27 graduated from the program, 7 were unsuccessfully terminated, and 7 were still active in the program at the time of the evaluation. Forty-five of the risk reduction group successfully completed both sessions while the remaining youth had yet to complete both sessions. This report analyzes two samples: the traditional drug court sample (N=41) and the risk reduction sample (N=73).

Data Collection

Data collection was the responsibility of Delaware County Juvenile Drug Court personnel and was slated to occur between June 1, 2000 and December 31, 2001. However, unforeseen circumstances resulted in incomplete data collection. Thus, University of Cincinnati personnel assisted drug court staff in collecting the data from case files. The data collected included: basic offender demographics, current offense, criminal history, drug and alcohol use, treatment placement, and termination status of drug court participants. Data were entered into SPSS for analysis.

Additionally, eight drug court team members were surveyed in an effort to capture team members' descriptions and perceptions of the drug court process. Team members were asked about areas including eligibility criteria, exclusionary criteria, screening, treatment services, 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 participants, treatment activities, and termination information. Moreover, the surveys 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, current offense characteristics, and criminal history. This section will address the following questions:

- *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, and employment status. As indicated by the data, the majority of drug court participants were white (95%) and male (80.5%). Similarly, the majority of the risk reduction participants were also white (95.7%) and male (68.1%). For both groups, the majority of participants were between the ages of 16 and 17 with the average age of 16. Moreover, the majority of both groups were in

Table 1. Demographic Characteristics of Drug Court Participants

Characteristics	Traditional (N= 41)		Risk Reduction (N=73)	
	N	%	N	%
Race				
White	38	95.0	66	95.7
Non-white	2	5.0	3	4.3
Gender				
Male	33	80.5	49	68.1
Female	8	19.5	23	31.9
Age				
Less than 12	1	2.5	1	1.5
12-13	0	0.0	1	1.5
14-15	10	25.0	15	23.1
16-17	26	65.0	26	40.0
Over 17	3	7.5	22	33.8
Mean	15.93		16.49	
Current Grade Level				
Less than 9 th	9	24.3	9	13.8
9 th – 10 th	23	62.2	28	43.1
11 th – 12 th	5	13.5	28	43.1
Employed				
Yes	9	30.0	22	40.7
No	21	70.0	32	59.3

school with the bulk of traditional drug court participants in 9th or 10th grades and only 13 percent in 11th or 12th grade. In contrast, over 40 percent of the risk reduction participants were in 11th or 12th grade with another 40 percent in 9th or 10th grade. Finally, the majority in each group were not likely to be employed. Specifically, 70 percent of the traditional group were unemployed while 60 percent of the risk reduction group were unemployed.

Offense Information

Table 2 describes the charges bringing juveniles into the drug court programs and the sanctions meted out. As expected, the majority of drug court participants were arrested on drug charges (58.8%). A number of participants (17.6%) were also referred for probation violations. Moreover, the majority of offenders were charged with misdemeanor level 1 or delinquent charges. As expected, all of the participants were on probation and close to all (94.6%) had been adjudicated on the current charges. The typical participant received community service, court costs and fines, license suspension, drug testing, and drug treatment as part of the disposition.

Similar to the traditional drug court participants, the majority (95.7%) of the risk reduction group were also arrested for drug charges with the misdemeanor level 1 and misdemeanor level 4 charges being most common. Although the majority received treatment in lieu of adjudication (44.9%), a surprisingly large number of participants were reported as being formally adjudicated (37.7%). It is unclear why such a large number of participants in a diversion program were adjudicated. It is likely that this is a result of changes the program has undergone since its initial inception. As expected the majority of participants (75.%) were not on community supervision. However, typical sanctions included community service, court costs and fines, drug testing, and drug education.

Table 2. Current Charge and Disposition

Characteristics	Traditional (N= 41)		Risk Reduction (N=73)	
	N	%	N	%
Current Charge				
Drug	20	58.8	63	91.3
Property	2	5.9	2	2.9
Probation Violation	6	17.6	0	0.0
Other	6	17.6	4	5.7
Current Charge Offense Level				
F1	1	3.4	0	0.0
F3	0	0.0	1	1.5
F4	1	3.4	0	0.0
F5	0	0.0	3	4.5
M1	11	37.9	29	43.3
M2	1	3.4	0	0.0
M3	0	0.0	1	1.5
M4	1	3.4	25	37.3
MM	4	13.8	0	0.0
Delinquent	10	34.5	8	11.9
Legal Status				
Adjudicated	35	94.6	26	37.7
Treatment in Lieu	2	5.4	31	44.9
Pre-adjudication	0	0.0	12	17.4
Sentence				
Community Supervision	37	100.0	14	24.1
Diversion	0	0.0	44	75.9
Community Service				
Yes	27	84.4	52	76.5
No	5	15.6	16	23.5
Court Costs and Fines				
Yes	28	87.5	66	95.7
No	4	12.5	3	4.3
Restitution				
Yes	4	12.5	1	1.4
No	28	87.5	68	98.6

Table 2 con't. Current Charge and Disposition

Characteristics	Traditional (N= 41)		Risk Reduction (N=73)	
	N	%	N	%
Fees				
Yes	5	15.6	3	4.3
No	27	84.4	66	95.7
License Suspension				
Yes	28	87.5	17	24.6
No	4	12.5	52	75.4
Drug Testing				
Yes	26	81.3	57	82.6
No	6	18.8	12	17.4
Electronic Monitoring				
Yes	2	6.3	0	0.0
No	30	93.8	69	100.0
Intensive Supervision				
Yes	9	28.1	0	0.0
No	23	71.9	69	100.0
Drug Treatment				
Yes	21	65.6	1	1.4
No	11	34.4	69	98.6
Drug Education				
Yes	0	0.0	67	95.7
No	32	100.0	3	4.3

Criminal History

Although drug courts generally began as diversionary programs, recent studies indicate they tend to serve more serious offenders. The participants in the traditional drug court group tend to fit this pattern. As indicated in Table 3, the majority of participants had been previously arrested. Moreover, of those who had been previously arrested, the majority of participants were first arrested between the ages of 14 and 15 with the average age of first arrest just under 15. Additionally, the majority of this group were also adjudicated, and placed on probation. However, only 3 participants were reported to have been previously committed to a secure facility as the result of an adjudication. Finally, the majority of those who had been previously arrested had been arrested on at least one prior drug charge.

In addition to the criminal involvement, the majority of participants were likely to experience difficulties in school. Specifically, 58 percent of the drug court participants had a history of out of school suspensions and 61 percent had a history of truancy. Somewhat surprisingly, given the educational difficulties and criminal history, the majority of these participants did not have a history of running away from home.

While the majority of the traditional drug court participants were likely to have a criminal history, the majority of the risk reduction group did not have a criminal history. This finding appears to be reflective of the fact that this aspect of the drug court was designed to be a diversion program. Of those participants that had been previously arrested, the average age of first arrest was 14 and ½ years. Similarly to the traditional drug court participants, those who had been previously arrested were likely to be adjudicated and have been placed on probation. However, only 3 participants had previously been committed to a secure facility. Finally, the majority of those who had been arrested had been arrested at least once on a prior drug charge.

Table 3. Criminal History

Characteristics	Traditional (N= 41)		Risk Reduction (N=73)	
	N	%	N	%
Prior Juvenile Arrests				
Yes	29	74.4	17	27.4
No	10	25.6	45	72.6
Age of First Arrest				
12-13	4	16.7	2	50.0
14-15	15	62.5	0	0.0
16-17	5	20.8	2	50.0
Mean	14.54		14.50	
Prior Juvenile Adjudication				
Yes	24	85.7	11	68.8
No	4	13.8	5	31.3
Prior Probation				
Yes	21	75.0	10	62.5
No	7	25.0	6	37.5
Prior Commitments				
Yes	3	10.3	3	20.0
No	26	89.7	12	80.0
Prior Drug Charge				
Yes	18	64.3	6	54.5
No	10	35.7	5	45.5
History of Running Away				
Yes	6	16.7	3	5.6
No	30	83.3	51	94.4
History of Out of School Suspensions				
Yes	19	57.6	7	13.0
No	14	42.4	47	87.0
History of Truancy				
Yes	20	60.6	10	17.9
No	13	39.4	46	82.1

Unlike the traditional group, members of this group were not likely to have a history of suspensions or truancy. Finally, only 3 members of this group had a history of running away from home.

Substance Abuse History²

Participants were asked several questions regarding their substance use. As indicated in Table 4, the average participant in the traditional drug court began using alcohol around the age of 12 and drugs around the age of 16. Furthermore, the majority of the participants used alcohol (74.3%) and drugs (52.9%) less than once a week. Moreover, 20 percent of the participants reported using alcohol on a weekly basis while 30 percent reported using drugs on a daily basis. While the majority of participants reported having a family member with a drug or alcohol problem, the majority had not received prior drug/alcohol treatment. Finally, only 2 participants (5.6%) were reported to be dual diagnosed with substance use and mental illness.

Similar to the traditional group, the majority of the participants in the risk reduction group were most likely to use drugs and alcohol on a less than weekly basis. While a sizable number of drug court participants reported using drugs on a daily basis, only one risk reduction participant reported using drugs on a daily basis. Moreover, members of the risk reduction group were slightly older when they began using alcohol, with the average age of first use reported as 14. However, they reported using drugs at an earlier age, with the average age of first drug use also reported as 14. Over 75 percent of this group reported having a family member with a drug or alcohol problem but one 1 participant (2.6%) reported receiving prior treatment. Finally, roughly 12 percent of this group were reported to have been dual diagnosed with substance abuse and mental illness.

² Data for this section were taken from case files. In many cases, the data were not available. Thus, results should be interpreted with caution.

Table 4. Substance Abuse History

Characteristics	Traditional		Risk Reduction	
	N	%	N	%
	(N=41)		(N=73)	
Age of First Alcohol Use				
Less than 12	9	27.3	3	8.6
12-13	14	42.2	13	37.1
14-15	9	27.3	12	34.3
16-17	1	3.0	7	21.6
Mean	12.27		13.66	
Frequency of Alcohol Use				
Daily	2	5.7	1	2.6
Once a week or more	7	20.0	4	10.3
Less than once a week	26	74.3	32	82.1
Age of First Drug Use				
Less than 12	3	9.7	1	2.7
12-13	13	41.9	14	37.8
14-15	13	41.9	14	37.8
16-17	1	3.2	8	21.6
Over 17	1	3.2		
Mean	15.78		14.16	
Frequency of Drug Use				
Daily	10	29.4	1	2.4
Once a week or more	5	14.7	15	36.6
Less than once a week	18	52.9	22	53.7
Family Member has Drug Problem				
Yes	24	64.9	22	78.6
No	13	35.1	6	21.4
Prior Drug/Alcohol Treatment				
Yes	8	21.6	1	2.6
No	29	78.4	37	97.4
Offender Dual Diagnosed				
Yes	2	5.6	5	11.6
No	34	94.4	38	88.4

Drug Court Process

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

- *How many juveniles are referred and accepted to the court each month? What screening tools are used to assess juveniles for eligibility?*
- *How many are placed in treatment? Of those placed in treatment, what services were received? What is the average length of time until a juvenile completes 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 screening

On average, the traditional drug court program accepts two new participants per month with a range of one to six referrals and acceptances monthly. Prospective clients are screened during intake to determine eligible. If deemed eligible, they are screened using the Youthful Level of Service Inventory (Y-LSI). Screening occurs after referral to the program and is the responsibility of the drug court clinician. A final decision regarding entry into the drug court is typically made prior to disposition.

As indicated by Table 5, the majority (72.2%) of participants in the traditional drug court group were assessed using the Y-LSI. It was reported that the Y-LSI was not fully implemented into the process until several months after the drug court began accepting clients. Thus, those that were not assessed on the Y-LSI were likely accepted into the program during the first few

Table 5. Screening and Assessment

Characteristics	Traditional		Risk Reduction	
	N	%	N	%
	(N=41)		(N=73)	
LSI Completed				
Yes	26	72.2	17	23.6
No	10	27.8	55	76.4
Risk Classification (Y-LSI)				
Low	0	0.0	2	11.8
Moderate	12	46.2	12	70.6
High	14	53.8	3	17.6
SASSI completed				
Yes	0	0.0	73	100.0
No	41	100.0	0	0.0
SASSI Diagnosis				
Abuse	--	--	6	8.2
Dependent	--	--	14	19.2
Probable	--	--	10	13.7
Non-dependent	--	--	43	58.9

months of its implementation. Of those that were assessed, over 50 percent were determined to be high risk while 46 percent were considered moderate risk. None of the participants in this group were assessed with the SASSI.

In contrast, all of the participants in the risk reduction group were assessed on the SASSI. The majority of this group were assessed as non-dependent while close to 20 percent were diagnosed as dependent. Over 20 percent of this group also were assessed with the Y-LSI. The majority of this group were moderate while only three participants were high risk and two were low risk. Assessments for both groups were completed by drug court staff.

Treatment activity

While the Delaware County Juvenile Drug Court works with a number of treatment providers, the majority of youth receive services in-house. All of the traditional drug court participants receive some type of treatment while all of the risk reduction participants receive drug education. Table 6 illustrates that the majority (73.2%) of participants receive services through the drug court, followed by the Delaware County Recovery Resources (DARR) (15%), and private providers (6.2%). Participants receive essentially the same services regardless of placement with over 95 percent receiving outpatient services. Only one participant was reported to be receiving long-term residential services and no participants were referred to intensive outpatient services³. Finally, all but one of the risk reduction participants received drug education services provided by the drug court clinician.

A review of the Delaware County Juvenile Drug Court Policies and Procedures provides further insight into the treatment services being offered to drug court participants. The drug court views alcoholism and drug dependency as “diseases caused by many factors.” Thus, the

³ Drug Court staff reported that several participants had received intensive outpatient services prior to their participation in the drug court.

Table 6. Treatment Activity

Characteristics	Traditional		Risk Reduction	
	N	%	N	%
	(N= 41)		(N=73)	
Referred to				
D/A Treatment	41	100.0	1	1.4
D/A Education	0	0.0	69	98.6
Treatment Provider				
DARR	6	14.6	0	0.0
In-house	30	73.2	69	100.0
Kids Helping Kids	1	2.4	0	0.0
Marion Area	1	2.4	0	0.0
Private Provider	3	6.2	0	0.0
Initial Treatment Setting				
Long-term residential	1	2.4	0	0.0
Outpatient	40	97.6	0	0.0
Risk Reduction	0	0.0	69	100.0

treatment reflects this viewpoint and seeks to include the family in the treatment process. Specifically, the drug court offers four specific groups. The first, Foundations for Sobriety Group, is designed to provide participants with an understanding of the concepts and skills of recovery. The second group, the First Step Group, “provides ongoing peer and professional support in a therapeutic setting...” This group is designed for teens who have made a “commitment to sobriety” and largely consists of processing. The Continuing Care Group occurs during the third phase of the program and is designed to provide support for participants until graduation from the program. Finally, a Parent Education Group is offered to parents and guardians. The goal of the group is to education family members on substance use, abuse, and dependency and its impact on the family system.

In addition to substance abuse needs, participants are likely to have a number of other problems. The Delaware County Juvenile Drug Court offers its participants a variety of other services as needed. Specifically, it was reported that communication skills, anger management, and life skills are available to clients. Moreover, groups focusing on understanding choices and consequences, and positive activities are also available. Additionally, health and nutrition in addition to HIV course are available. Tutoring and educational services are available for those who indicate a need. Finally, parenting skills are offered to parents/guardians of drug court participants.

Termination Information

Table 7 reports termination from the traditional drug court program and the risk reduction program. On average, those who successfully complete the traditional drug court program take just over one year to do so. In contrast, those that are terminated unsuccessfully typically spend more time in the program than those who successfully complete the program. Specifically, those

Table 7. Termination Information

Characteristics	Traditional		Risk Reduction	
	N	%	N	%
	(N= 41)		(N=73)	
Average Days to Release From Drug Court				
Successful	383.63		146.02	
Unsuccessful	457.00			
Reasons for Termination From Drug Court				
Successful	27	61.4	45	100.0
Unsuccessful	7	15.9	0	0.0
Other	1	2.3	0	0.0

who are terminated spend an average of 15 months in the program. Given that data regarding reasons for termination were unavailable, it is not clear why unsuccessful participants spend longer amounts of time in the program. However, it may be that the drug court is hesitant to terminate individuals and may try several other sanctions and options prior to termination from the program. Indeed, only 15 percent of the participants were unsuccessfully terminated suggesting that the court is hesitant to terminate participants. In contrast, over 60 percent of the participants successfully graduated from the program.

Finally, there are relatively little data regarding the termination information for the risk reduction group. However, on average, participants complete the risk reduction program in roughly 5 months. Forty-five participants were reported to have successfully completed the program. The remaining 28 participants were still active in the program. Thus, there were not any unsuccessful terminations reported for this group.

Sanctions and Rewards⁴

Sanctions and rewards are an integral part of any drug court program. The Delaware County Juvenile Drug Court utilizes a variety of sanctions and rewards as determined by the Judge or Magistrate. Complete data on sanctions and rewards were unavailable; however the Juvenile Drug Court Participant Handbook lists many of the possible rewards and sanctions. Possible rewards include graduation, decreased monitoring, a reduction of community service hours, and an extended curfew. Moreover, some individualized rewards such as gift certificates or tickets to events are used when appropriate. Possible sanctions include losing a level, AA/NA attendance, increased monitoring, writing a book report or essay, earlier curfew, and boot camps.

⁴ Information in this section and the Status Review Hearings section are limited to the traditional drug court.

Status Review Hearings

Similarly to the sanctions and rewards, data were not available regarding review hearings. However, literature distributed by the drug court 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 on a monthly basis during Phase III.

Team Members Perceptions

The purpose of the surveys 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 results⁵.

Team Members

The Delaware County Juvenile Drug Court team is comprised of two intake officers, a drug court coordinator, a drug court clinician, a family assessor/clinician, magistrate, probation officer, and program director. The members have been at their current position for an average of 5 years but with the drug court for only an average of 1.6 years⁶. 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 10.3 years.

Eligibility and Exclusionary Requirements

As previously noted, eligibility criteria for the Delaware County Juvenile Drug Court requires that offenders must be juveniles between the ages of 14 and 17½ years with a prior

⁵ See the Appendix for tables detailing the findings discussed in this section.

⁶ This discrepancy is largely the result of individuals who have held the same type of position outside of the drug court (i.e. magistrate, probation officer, etc.)

adjudication or pending complaint related to drug or alcohol use. Exclusionary criteria that would prevent an offender from being placed in the drug court are a pending violent offense or a history of violent behavior. Moreover, juveniles with sex offending or drug trafficking offenses are also excluded from the program. All team members reported that they feel the eligibility criteria are appropriate and either “completely” or “mostly” adhered to. Furthermore, all team members reported feeling the exclusionary criteria are appropriate and either “mostly” or “very much so” adhered to. Even though team members felt that exclusionary criteria were appropriate, some team members reported they would like to see some changes made to the exclusionary criteria. For example, one team member suggested looking at severe mental health issues differently while another team member suggested that some drug traffickers be admitted into the program dependent upon offense details.

Level of Collaboration Between Drug Court Team Members

Team members were also asked about the level of collaboration among the drug court team. Five team members reported moderate levels of collaboration while two team members reported the level of collaboration as “high.” The majority reported that changes should be made to improve collaboration and specifically suggested that improved communication between team members would help improve this issue. Finally, team members suggested that a better understanding of their individual roles would also lead to increased collaboration.

Adequacy of Probation Supervision and Case Management

The majority of team members reported probation supervision as “adequate” or “very adequate.” Moreover, the majority of team members rated case management as also being “adequate” or “very adequate.” Again, members were asked how these areas could be improved. Whereas the majority reported adequate supervision, all but one team member reported that

improvements would be beneficial. The most common suggestions were to increase the probation staff in an effort to decrease caseloads so that better monitoring could occur. Similarly, some reported the need for more monitoring during the evening hours, which would be more likely with increased staff. Finally, it was suggested that increase support services would be helpful while one staff member suggested that probation supervision be reduced and returned to the family or “natural supports.” In terms of case management, team members reported better follow-up with outside treatment providers and better streamlining of resources would improve case management services.

Adequacy and Collaboration of Alcohol and Drug Treatment

Three team members reported that the alcohol and drug treatment were “adequate” whereas four team members rated the alcohol and drug treatment as “very inadequate” or “inadequate.” Additionally, only one team member reported the level of collaboration between the treatment provider and drug court as “high,” while the majority reported it as “moderate.” When asked what changes could improve the alcohol and drug treatment, the majority responded that more resources need to be made available. Specifically, it was suggested that the county needs to recognize the need for intensive outpatient services and residential services and allocate resources accordingly. Similarly, it was suggested that local providers need to become equipped to serve dependent youth. Finally, it was suggested that aftercare needs to become an integral part of the treatment process.

Adequacy and Collaboration of Other Treatment Services

Aside from alcohol and drug treatment, juveniles participating in the Delaware Juvenile Drug Court may receive additional services. For example, they receive mental health services, anger management, family counseling, employment services, educational services, and

acupuncture. Team members were asked to rate the adequacy of these services. All of the team members who responded reported these treatment services as “adequate.” Furthermore, respondents unanimously reported the level of cooperation with treatment providers as “moderate.” Team members were also asked how to improve such services. Responses included increasing the number of providers, improved communication, and improved assessment of offenders. It was suggested that timelier assessments need to be conducted so that participants can be placed into appropriate services more quickly.

Adequacy of Aftercare Services

Drug court participants are placed on aftercare for a six month period during which time they check in with the treatment provider and court on a 30 to 45 day basis. The drug court team members were asked to rate the adequacy of these services. Four team members reported it as “inadequate” while two team members rated aftercare as “adequate.” Finally, two members reported that they did not know the adequacy of aftercare.

When asked how aftercare could be improved, several reported that outside treatment providers needed to be utilized for aftercare. Specifically, it was suggested that youth are fearful of reporting to the drug court clinician for aftercare services because of her involvement with the drug court. Other suggestions included required attendance to 12-step programming, improved relapse prevention plans, the creation of an alumni group, and increased monitoring.

Adequacy of Drug Testing

Drug court juveniles are drug tested by the drug court probation officer. The testing process is random and not all screens are actually tested. However, juveniles are not made aware when a drug screen is being conducted or not. Half of the team members reported the drug testing procedures as being “inadequate” while two team members reported it as being

“adequate.” The remaining two team members were not familiar enough with the process to rate it. All but one team member suggested that the drug testing process needs to be improved and specified the need for increased frequency of drug testing. Moreover, one member suggested that multiple forms of drug testing needs to be tried so that screens are more likely to be valid.

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 hearings and reported the frequency of hearings vary depending on the phase level. Specifically, a juvenile in phase I will have a review hearing every week, whereas a juvenile in phase II will have a hearing every other week. Finally, a juvenile in phase III will attend a review hearing on a monthly basis.

Additionally, drug court team members were asked about team member attendance at the review hearings. All but one team member reported that one half or fewer of the drug court team members consistently attend hearings. The remaining team member did not know what proportion of the team members consistently attended the meetings. Although the review hearings are not consistently attended by the majority of the drug court team, all but one team member reported that review hearings as “very useful.” When asked about suggestions for improving the review hearings, only two team members had specific recommendations. They suggested that keeping parents of 18 year olds involved, having a podium for youth to speak from, and be better prepared for hearings would be helpful. Furthermore, it was suggested that review hearings would be more useful if there was more time to for the different parties (i.e. parents, school) to be able to speak.

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 surveys. When asked about the adequacy of the quality assurance mechanisms, 5 members said they were “adequate” whereas two members said they were “inadequate.”

Team members were asked how to improve the quality assurance mechanisms. Only 50 percent of the respondents felt that improvements needed to be made. They suggested improving the pre- and post-testing of offenders, including specific drug court related questions in termination interviews, improved data collection and evaluation processes, and having a single person head up the quality assurance processes.

Adequacy of Data Collection Process

The majority (50%) of drug court team members did not have any knowledge of the collection of recidivism data. When asked about the adequacy of the data collection process, the team members were evenly split between “very inadequate,” “inadequate,” and “adequate.” When asked how satisfied they were with the data collection process, two team members reported being “not satisfied,” one reported being “somewhat satisfied,” one reported being “satisfied,” and two reported not knowing.

The drug court team members were also asked how the data collection process could be improved. Only 38 percent of the respondents offered suggestions for improving the data collection process. Two of the respondents reported the need for a formal data collection process and system to be put into place while a third respondent suggested the need to keep track of probation violations and positive drug tests during and after the drug court program.

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 reported the initial funding as “adequate” or “very adequate” while one respondent reported it as being “inadequate.” Four team members were not sure of the adequacy of the initial funding. Second, members were asked to rate the current level of funding. Three team members reported current funding as being “somewhat adequate” while one team member reported it as “inadequate.” An additional team member rated current funding as “adequate” while two members were unsure of the adequacy of current funding. Finally, drug court team members were asked to rate the adequacy of future funding. Two members rated future funding as “not adequate,” while another two members rated it as “somewhat adequate.” Finally, four members reported being uncertain about future funding.

Team members were also asked about the types of barriers that prevent adequate funding for the future. The biggest problem reported was the lack of funds resulting from the economic downturn. Members were concerned about budget cuts, a lack of local funds, and fewer grants being made available. An additional concern was the role of politics. More specifically, members were concerned that the pending constitutional amendment (Issue 1) will affect drug court budgets. Finally, some drug court team members were concerned that local county officials did not see the value in the program making it less likely that the county would provide funding for the program.

Drug court team members were also surveyed about changes that could possibly remove the barriers of future funding. Only two respondents had any suggestions for improving the likelihood of future funding. Specifically, they suggested that state and local governments need

to make drug courts a priority and commit to funding them. Moreover, it was suggested that informing the public of the benefits of drug courts would make it more likely for a greater commitment from the local government.

Summary, Recommendations, and Conclusions

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

- The typical drug court participant is male, white, and around the age of 16. Moreover, he is likely to be in the 9th or 10th grade and does not work. Similarly, the typical risk reduction participant is male, white, and around the age of 16 and a half. He is typically in high school and unemployed.
- The majority of drug court participants were charged with a drug offense, adjudicated, and placed on community supervision. Moreover, they are typically charged with a first degree misdemeanor or delinquent offense. Finally, they are likely to receive community service, court costs and fines, license suspension, drug testing, and drug treatment as part of their disposition.
- The typical risk reduction participant was also charged with a drug offense. The majority of these participants receive treatment in lieu of adjudication and were charged with first or fourth degree misdemeanors. Community service, court costs and fines, drug testing, and drug education were all typical sanctions meted out during the disposition.
- On average, the typical drug court participant was first arrested around the age of 15 and had been arrested previously on drug charges. The typical risk reduction participant was also first arrested around the age of 15. However, the typical risk reduction participant had not been previously arrested.
- The average drug court participant first used alcohol around the age of 12 and drugs around the age of 16. Both drugs and alcohol were most likely to be used less than weekly. The majority of participants had not previously participated in drug/alcohol treatment.
- The average risk reduction participant began using both drugs and alcohol around the age or 14 and reported using on a less than weekly basis. Similar to the drug court group, the majority of this group had not previously attended treatment.
- The majority of drug court participants were assessed using the Y-LSI. Over 50 percent were determined to be high risk with the remaining participants determined to be moderate risk. None of the drug court participants were assessed using the SASSI.
- The majority of the risk reduction participants were assessed using the SASSI and were found to be non-dependent. Roughly one-quarter of these participants were assessed using the Y-LSI. The typical participant was found to be moderate risk.

- The vast majority of drug court participants received treatment services through the drug court while a small minority were referred to outside treatment providers. All of the risk reduction group received drug education from the drug court team.
- Substance abuse treatment appears to be largely based on the disease model and education. Participants in the risk reduction group receive drug education.
- Additional treatment services offered include mental health referrals, family counseling, anger management, education services, employment services, and acupuncture.
- On average, participants who complete the drug court program do so within approximately 12 months, while those who are terminated unsuccessfully tend to stay in the program for 14 months. Risk reduction participants tend to complete the program in roughly 5 months. The drug court successfully graduated 61 percent of the participants during the time period of this study.
- The interviews suggested that drug court team members were in general agreement about many of the policies and procedures used by the drug court. Additionally, drug court team members appeared to largely agree that the policies and procedures were adhered to. However, many of the drug court team members reported the need for improvement in several areas. Specifically, improvements were reportedly needed for treatment services, aftercare, drug testing procedures, data collection processes, and funding.

Overall, the evaluation appears to indicate that the drug court is, for the most part, operating as designed. The findings indicate participants generally match the eligibility and exclusionary criteria and are receiving treatment services. Data regarding sanctions and rewards, an integral component of drug courts were incomplete. Moreover, data regarding drug testing were also incomplete. However, drug team members consistently reported that while drug testing is occurring, it is not being done as frequently as the team desires.

Given the popularity of the drug court model across the county 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 adhered to, it is not possible to determine whether the Delaware 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). The Y-LSI should consistently be used for both the traditional drug court group and the risk reduction group. The results should then be used to determine appropriate treatment targets.
2. The SASSI should be used to determine substance use severity among the traditional drug court group. While the Y-LSI provides an overall risk/need score, it does not differentiate between abusing and chemically dependent youth. Given the intensity of the drug court program, efforts should be made to systematically assess youth in terms of their substance use.
3. 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 thorough reinforcement for appropriate behavior. While the court utilizes Moral Reconciliation Therapy (MRT), it is not clear that all participants receive such treatment. Thus, the court could increase its effectiveness by consistently emphasizing these treatment models in treatment programming.
4. The Delaware County Juvenile Drug Court program 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.
5. Efforts should be made to improve the collaboration among drug court staff. Increased communication, consistent attendance at staffings and status review hearings, and a better understanding of the drug court processes and team member roles will likely improve collaboration. Collaboration and communication among drug court team members is important for ensuring the drug court is operating as designed.
6. Finally, in order to conduct a more thorough evaluation of the Delaware 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 supervision activity (i.e. technical violation), drug testing, services received, review hearings, sanctions and rewards, and recidivism data. Moreover, a sufficient follow-up period must be employed to determine if the effects

of the drug court are long-lasting. These data would allow the research to further explore the characteristics and activities of drug court participants, determine the effectiveness of the program, and examine factors related to success or failure of drug court participants.

References

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Appendix

Table A. Characteristics of Delaware County Juvenile Drug Court Team

Characteristic	N	%
	(N=8)	
Position:		
Coordinator	1	12.5
DC Clinician	1	12.5
Family Assessor/Clinician	1	12.5
Intake	2	25.0
Magistrate	1	12.5
Probation Officer	1	12.5
Program Director	1	12.5
Years in Current Position		
0-1	2	25.0
2-3	1	12.5
4 or more	5	62.5
Mean	5.38	
Years in Drug Court		
Less than 2	1	20.0
More than 2	4	80.0
Mean	1.60	
Years in Criminal Justice System		
0-5	3	37.5
6-10	3	37.5
11-20	1	12.5
21 or more	2	25.0
Mean	10.25	

Table B. Responses to Interviews of Delaware County Juvenile Drug Court Team

Item	N (N= 8)	%
Adherence to target population		
Mostly	5	62.5
Completely	3	37.5
Adherence to eligibility criteria		
Mostly	4	50.0
Completely	4	50.0
Feelings about eligibility criteria		
Appropriate	8	100.0
Adherence to exclusionary criteria		
Mostly	2	25.0
Very much so	6	75.0
Feelings about exclusionary criteria		
Appropriate	8	100.0
Level of collaboration between DC team		
Moderate	5	71.4
High	2	28.6
Adequacy of probation supervision		
Very inadequate	1	14.3
Adequate	2	33.3
Very adequate	3	37.5
Adequacy of case management		
Very inadequate	1	14.3
Inadequate	1	14.3
Adequate	4	57.1
Very adequate	1	14.3
Adequacy of alcohol/drug treatment		
Very inadequate	1	14.3
Inadequate	3	42.9
Adequate	3	42.9

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

Item	N	%
(N= 8)		
Level of collaboration between DC and treatment provider		
Low	2	28.6
Moderate	4	57.1
High	1	14.3
Adequacy of other treatment services		
Adequate	5	100.0
Level of cooperation with other treatment providers		
Moderate	7	100.0
Adequacy of aftercare		
Inadequate	4	57.1
Adequate	2	28.6
Do not know	1	14.3
Level of cooperation with Aftercare providers		
Low	1	33.3
Very high	1	33.3
Do not know	1	33.3
Adequacy of drug testing		
Inadequate	4	57.1
Adequate	2	28.6
Do not know	1	14.3
Team Member attendance at Review Hearings		
Less than ¼ attend consistently	2	33.3
¼ attend consistently	2	33.3
½ attend consistently	1	16.7
Do not know	1	16.7
Usefulness of Review Hearings		
Very Much	5	71.4
Do not know	2	28.6
Adequacy of quality assurance mechanisms		
Inadequate	2	28.6
Adequate	5	71.4

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

Item	N	%
	(N=8)	
Adequacy of recidivism collection process		
Very inadequate	1	16.7
Inadequate	1	16.7
Adequate	1	16.7
Do not know	3	50.0
Satisfaction with data collection process		
Not satisfied	2	33.3
Somewhat satisfied	1	16.7
Satisfied	1	16.7
Do not know	2	33.3
Adequacy of initial funding		
Somewhat adequate	1	12.5
Adequate	2	25.0
Very adequate	1	12.5
Do not know	4	50.0
Adequacy of current funding		
Not adequate	1	14.3
Somewhat adequate	3	42.9
Adequate	1	14.3
Do not know	2	28.6
Adequacy of future funding		
Not adequate	2	25.0
Somewhat adequate	2	25.0
Do not know	4	50.0