



OJJDP Working for Youth Justice and Safety JUVENILE JUSTICE BULLETIN

May 2015

Robert L. Listenbee, Administrator

From the Administrator

As an alternative to traditional juvenile courts, juvenile drug courts attempt to provide substance abuse treatment, sanctions, and incentives to rehabilitate nonviolent drug-involved youth, empower families to support them in this process, and prevent recidivism. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) sponsored a multisite study of juvenile drug courts to examine the ability of these courts to reduce recidivism and improve youth's social functioning, and to determine whether these programs use evidence-based practices in their treatment services. This bulletin provides an overview of the findings.

Although some juvenile drug courts have reduced recidivism and responded to serious substance abuse needs of youth, this study highlights that there is still cause for concern about whether these courts follow evidence-based practices and how they may lead to counterproductive outcomes, such as increased referral and detention rates. OJJDP is using the study findings, along with the growing literature on juvenile drug courts, to examine evidence-based court and treatment practices and establish clear guidance on when these courts work and how they can help youth lead productive and drug-free lives.

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Administrator

Juvenile Drug Courts: A Process, Outcome, and Impact Evaluation

Lesli Blair, Carrie Sullivan, Edward Latessa, and Christopher J. Sullivan

Highlights

This bulletin provides an overview of an Office of Juvenile Justice and Delinquency Prevention-sponsored evaluation of drug court intervention programs, their processes, and key outcome features. The authors evaluated nine juvenile drug courts from three regions nationwide, assessing the relative effect of each court and the courts' combined effectiveness in reducing recidivism and improving youth's social functioning. Some of the authors' key findings follow below.

- Seven of nine sites saw higher rates of new referrals for drug court youth when compared with youth on traditional probation, and six of nine sites saw higher rates of new adjudications for drug court youth when compared with youth on traditional probation.
- Only one of nine sites evidenced significant reductions for both new referrals and new adjudications. These positive outcomes may be due to the referral agencies providing treatment on the court's behalf adhering more closely to evidence-based practices.
- Many of the juvenile drug courts were not adequately assessing their clients for risk, needs, and barriers to treatment success.
- Juvenile drug courts in general were not adhering to evidence-based practices. Only two of the nine courts performed well in the process evaluation that measured adherence to evidence-based correctional treatment practices, and only one court's referral agencies performed well in the process evaluation.





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The first juvenile drug court was implemented in 1995 (Sloan and Smykla, 2003); since then, their use has grown considerably. According to the Office of National Drug Control Policy, 447 juvenile drug courts were in operation as of June 30, 2013 (National Institute of Justice, 2014). Despite the rapid growth of juvenile drug courts, studies concerning their effectiveness have yielded inconsistent results. Some studies have failed to find significant differences or have yielded mixed results (Anspach, Ferguson, and Phillips, 2003; Hartmann and Rhineberger, 2003; Koetzle-Shaffer, 2006; O'Connell, Wright, and Clymer, 2003), whereas others have found significant differences in key outcomes, including reduced recidivism rates (Latessa, Shaffer, and Lowenkamp, 2002; Rodriguez and Webb, 2004; Thompson, 2002), for drug court youth and those going through normal juvenile court processing. Recent meta-analyses of drug court studies found that juvenile drug courts have a slight positive effect on some outcomes for juveniles but not as strong an effect as their counterparts in the adult justice system (Drake, 2012; Koetzle-Shaffer, 2006; Latimer, Morton-Bourgon, and Chretien, 2006; Mitchell et al., 2012).

These mixed results, coupled with methodological limitations of juvenile drug court research, have hindered the field in drawing conclusive evidence of the courts' effectiveness. Even when evaluations have found the courts to be effective, researchers frequently have not been able to sufficiently explain which aspects of the courts' programming led to the positive outcomes. Given the existing findings, further research would help to better distinguish between models of successful and unsuccessful juvenile drug courts, resulting in:

- Evidence-based blueprints for guiding the development of new programs.
- A higher quality of programming.

- More efficient methods for finding funding and targeting resources.
- More effective juvenile drug court processes.

The Juvenile Drug Court Study

This bulletin summarizes key findings from a multisite study of juvenile drug courts that the Office of Juvenile Justice and Delinquency Prevention funded. The study had two main goals: (1) to update the research regarding the ability of juvenile drug courts to reduce recidivism and (2) to determine whether the selected juvenile drug courts were using evidence-based approaches, the characteristics of which might result in more positive outcomes and serve as models for drug court professionals and policymakers. The researchers conducted both an outcome evaluation and a process evaluation to consider youth outcomes relative to the quality of juvenile drug courts and their programming.

Methods

This section provides a brief overview of the authors' methods. Additional, detailed information about the authors' methods and statistical analysis can be found in the final report: www.ncjrs.gov/pdffiles1/ojdp/grants/241643.pdf.

Participants and Sampling Procedures

Nine drug courts, representing different regions and populations nationwide, participated in the study (see table 1). Two courts are located on the west coast, three are in the Pacific Northwest, three are in the Midwest, and one is in the Northeast. The authors chose small, medium, and large localities, each served by three courts, for the

study. The courts represented a mix of preadjudication and postadjudication drug court models. Over a 3½-year recruitment period, the authors asked all of the youth who participated in these juvenile drug courts to take part in the study. The youth and their parents or guardians provided informed consent. The authors matched each youth in drug court with a youth on probation from the same jurisdiction to form the study’s drug court and control comparison groups. Youth were matched on gender, race, level of risk, and level of need for substance abuse treatment. Enrollment at each of the sites ranged from 72 to 296 youth, which was split evenly between the drug court group and the comparison group. The authors then compared outcomes for juveniles in drug court with outcomes for youth on traditional probation.

The researchers reviewed each youth’s court file to complete the data collection for both groups. They collected data concerning sociodemographics, current offense, criminal history, assessments, education, family, employment, substance abuse, mental health, and other topics (e.g., gang involvement, abuse history) and additional data on drug tests, violations, incentives, treatment referrals, and case closures.

Measures

Data collected during the process evaluation measured the effectiveness of the drug court structure, procedures, and treatment programming. The authors used the Evidence-Based Correctional Program Checklist–Drug Court (CPC–DC) to evaluate the programs. The CPC–DC is a tool that researchers at the University of Cincinnati developed to assess drug court programs; it measures how closely drug and other therapeutic courts adhere to known principles of evidence-based, effective intervention.

The researchers constructed the CPC–DC using previous studies of both adult and juvenile drug courts and items from previously validated process evaluation tools (e.g., Lowenkamp, Holsinger, and Latessa, 2005; Koetzle-Shaffer, 2006; Shaffer et al., 2008). Although the CPC–DC itself was not validated within this study due to limited sample sizes, it highlighted the extent to which the studied juvenile drug courts’ practices were in line with the literature on effective juvenile courts and drug courts.

To measure adherence to evidence-based practices, the researchers administered the CPC–DC during a 5-month period between months 13 and 17 of the active recruitment phase. The CPC–DC consists of two instruments: one for the formal drug court (CPC–DC) (see table 1) and another for the major referral agencies providing treatment and services to the drug court clients (CPC–DC: RA). Researchers assessed 35 referral and treatment agencies using the CPC–DC: RA.

The CPC–DC and CPC–DC: RA are divided into two categories: capacity and content. The capacity measures assess whether the drug court and its referral agencies have the foundation to deliver evidence-based interventions and services for offenders and consist of two domains: (1) development, coordination, staff and support, and (2) quality assurance.

The content measures focus on the substantive aspects of the drug court and its referral agencies and also consist of two domains: (1) assessment practices and (2) treatment characteristics. The content measures the extent to which the drug court and its referral agencies adhere to the principles of risk, need, and responsivity (RNR) and treatment.

Table 1. Scores on the Correctional Program Checklist–Drug Court

Court	Overall	Development, Coordination, Staff and Support	Quality Assurance	Capacity	Assessment Practices	Treatment	Content
1	55.8%	66.7%	28.6%	50.0%	88.9%	44.4%	59.3%
2	46.5	66.7	42.9	56.3	55.6	33.3	40.7
3	46.5	77.8	42.9	62.5	44.4	33.3	37.0
4	44.2	77.8	0.0	43.8	33.3	50.0	44.4
5	37.2	55.6	0.0	31.3	44.4	38.9	40.7
6	60.5	77.8	28.6	56.3	88.9	50.0	63.0
7	25.6	22.2	28.6	25.0	22.2	27.8	25.9
8	51.2	55.6	42.9	50.0	66.7	44.4	51.9
9	46.5	44.4	42.9	43.8	55.5	44.4	48.1

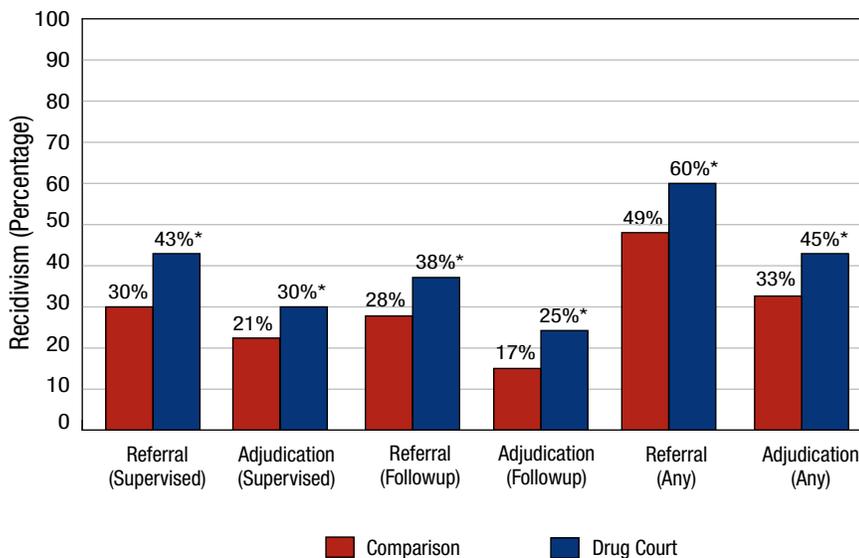
Note: The Correctional Program Checklist–Drug Court measures drug courts’ adherence to evidence-based practices. Each area and all domains are scored and are rated as highly effective (65–100 percent), effective (55–64 percent), needs improvement (46–54 percent), or ineffective (45 percent or less).

“Most sites lacked adequate youth risk/needs assessments, effective treatment practices, sufficient staff training, and quality assurance.”

The drug court tool consists of 41 indicators, and the referral agency tool has 49 indicators. Each category and each domain is scored and is rated as highly effective (65 to 100 percent), effective (55 to 64 percent), needs improvement (46 to 54 percent), or ineffective (45 percent or less). The authors totaled scores in all domains and then calculated the overall assessment score using the same scale. Not all of the domains are given equal weight, and some items do not apply to this study and, thus, were not scored. Data collection is carried out by a minimum of two trained evaluators and comprises the following:

- Conducting structured interviews with program staff, youth, and family members.
- Observing drug court staff meetings, court sessions, and treatment groups and the services provided to them.
- Reviewing related program information—such as participant files, policy and procedure manuals, schedules, and treatment materials.

Figure 1. Overall Recidivism Outcomes: Drug Court Youth Versus Comparison Youth



* Percentages are significant at $p < .05$.

After the researchers reviewed the data, they scored the program and provided a narrative summary to the program staff.

Findings

As shown in figure 1, youth who attended drug court fared worse than the probation (comparison) group regarding new referrals and adjudications during both the supervision and post-supervision stages. Only three of the nine drug courts showed evidence of lower recidivism rates for drug court youth when compared with probation youth, and only one drug court evidenced significantly lower recidivism rates for drug court youth when compared with probation youth. These findings suggest that, overall, the juvenile drug courts studied did not have a significant impact on outcomes, given their objectives; instead, youth in juvenile drug courts generally had a significantly greater likelihood of recidivism than youth on probation. This was true even when the multivariate analyses controlled for time at risk, risk

level, need for substance abuse, and key sociodemographic variables. These findings also held when accounting for site-level effects in multilevel regression models.

The researchers also analyzed outcome measures across different characteristics of drug court participants, including risk level, length of supervision period, race/ethnicity, gender, and age. For example, there were statistically significant differences between drug court youth and probation youth in the likelihood of a new referral or adjudication for youth who were in the moderate- and high-risk categories (see figures 2 and 3).

Table 1 (p. 3) and table 2 (p. 6) report the CPC–DC percentage scores for the drug courts and an average score for their affiliated referral agencies. Past research on the CPC indicates that when agencies attain a score in the “effective–highly



Figure 2. New Referral Following Program Entry by Risk Level: Drug Court Youth Versus Comparison Youth

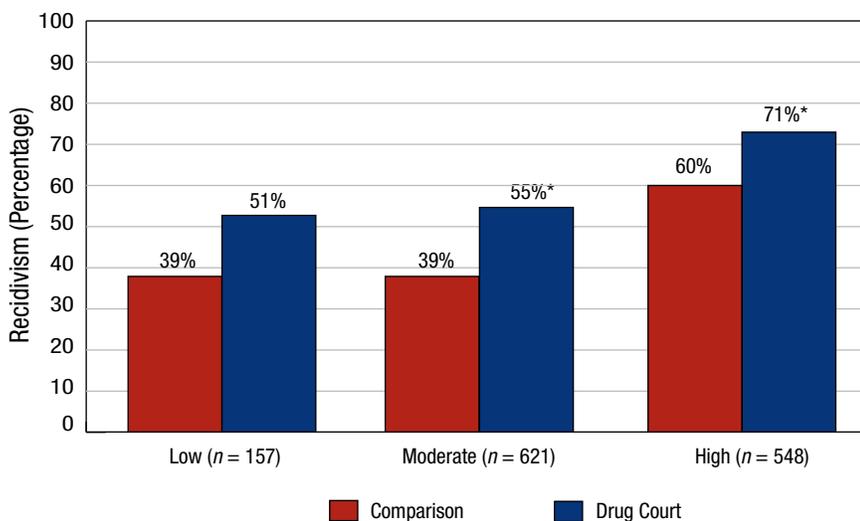
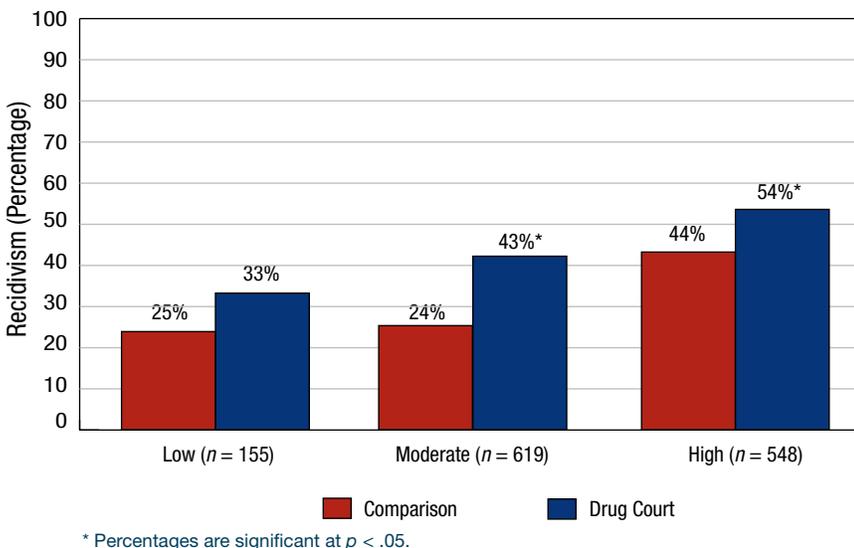


Figure 3. Adjudication Following Program Entry by Risk Level: Drug Court Youth Versus Comparison Youth



effective” range, recidivism rates decline. Only two of the drug courts scored in the “effective” category, and only one drug court’s referral agencies had an average score in the “highly effective” category. These results indicate that the drug courts and referral agencies in general were not adhering to evidence-based practices. However, the one drug court that evidenced significant findings in favor of the drug court group was the drug court whose referral agencies averaged in the “highly effective” category. Otherwise, there was little correlation between the CPC–DC scores and overall outcomes.

The results for the content categories of the CPC–DC and CPC–DC: RA suggest that, overall, the sites were not adhering to the RNR principles in a way that is consistent with evidence-based practices. Many of the juvenile drug courts were not adequately assessing their clients for risk, needs, and barriers to treatment success. Even when conducted, the courts often did not share these assessments with the referral agencies that provided treatment. This is cause for concern because assessment and treatment practices are the foundation for delivering evidence-based practices. Treatment practices were also generally lacking in adherence to evidence-based recommendations. For example, treatment for drug court youth predominantly involved talk therapy and was based on educational precepts (i.e., general counseling techniques). These approaches have proved to be relatively ineffective in changing young offenders’



behavior (Lipsey, 2009). Alternatively, the desirability of high-quality treatment services is illustrated by the fact that the one court that achieved significant reductions in recidivism had referral agencies that averaged a “highly effective” overall score on the CPC–DC: RA, which captured the adherence of treatment agencies to evidence-based practices. Quality assurance was also a major area in need of improvement. In fact, all nine drug courts scored in the “ineffective” category in this area, and only half of the referral agencies scored in the “effective” or “highly effective” category.

After the authors completed site visits, they also examined whether the drug courts were adhering to the 16 strategies that the National Drug Court Institute recommends (Bureau of Justice Assistance, 2003). Each of the 16 strategies has multiple associated recommendations for implementation, for a grand total of 152 recommendations. However, as this was an ad hoc comparison, the authors found relatively little

overlap between the items of the CPC–DC and the 16 strategies and their accompanying recommendations. Only 31 of the 152 recommendations paralleled CPC–DC or CPC–DC: RA indicators. Despite this, the courts routinely implemented only 22 of the 31 matched recommendations, examples of which follow:

- Holding regular meetings to discuss each drug court youth.
- Involving the necessary court and treatment staff in these meetings.
- Providing sufficient case management and supervision.
- Requiring a sufficient frequency of drug tests.
- Rewarding progress in the drug court (youth receiving reinforcement for their positive behavior).

Areas the courts were not meeting the recommendations included:

- Instituting sufficient quality assurance processes (e.g., having a program evaluator or participating in an outcome study).

Table 2. Average Referral Agency Scores on the Correctional Program Checklist–Drug Court

Court	Overall	Leadership, Staff and Support	Quality Assurance	Capacity	Assessment Practices	Treatment	Content
1 (n = 1)	35.3%	50.0%	50.0%	50.0%	75.0%	20.7%	27.3%
2 (n = 2)	38.6	75.0	0.0	56.3	0.0	32.6	29.4
3 (n = 4)	47.5	75.0	37.5	66.7	12.5	39.9	37.5
4 (n = 5)	65.7	75.7	50.0	71.1	65.0	63.3	63.5
5 (n = 1)	60.8	78.6	75.0	77.8	25.0	55.2	51.5
6 (n = 3)	42.7	64.3	25.0	55.6	58.3	32.0	35.4
7 (n = 9)	48.2	72.0	38.9	63.9	5.6	45.5	40.5
8 (n = 6)	54.1	75.0	37.5	65.8	8.3	53.1	47.7
9 (n = 4)	47.0	69.7	56.3	66.7	25.0	37.7	36.2

Note: The Correctional Program Checklist–Drug Court: Referral Agency instrument measures treatment referral agencies’ adherence to evidence-based practices. Each area and all domains are scored and are rated as highly effective (65–100 percent), effective (55–64 percent), needs improvement (46–54 percent), or ineffective (45 percent or less).

“Overall, the juvenile drug courts studied did not have a significant impact on youth outcomes.”

- Implementing effective treatment practices (e.g., offender reassessment, specific responsivity matching, evidence-based treatment, aftercare).
- Providing adequate staff training.

Recommendations for Improving Juvenile Drug Courts

The authors offer the following suggestions, based on the process evaluation findings, for improving juvenile drug courts:

- Staff who work in the drug court or provide treatment should be trained and required to use core correctional practices in their work with youth. These practices include effective reinforcement, effective disapproval, effective use of authority, anticriminal modeling, problem solving, and relationship skills. These staff should also be required to use evidence-based approaches, namely, cognitive-behavioral interventions and structured social learning.
- Drug courts should conduct a standardized risk and needs assessment with every client and share the results with all of their referral agencies. These results should be used to ensure that low-risk youth are not admitted to drug court, that areas of criminogenic need are being targeted, and that a sufficient dosage of treatment is provided.
- Youth should be screened into and out of these programs on the basis of validated substance abuse assessments. The program should accept only youth with a clear need for substance abuse treatment.
- Drug court and treatment staff should use the results of each client’s assessments (risk, needs, and responsivity) to create an individualized case plan to avoid a one-size-fits-all approach. Drug court staff and treatment staff should operate from the same set of goals and objectives for each youth.
- In addition to focusing on substance abuse, drug courts should target other central criminogenic factors for change. These include antisocial attitudes, thoughts, values, and beliefs; antisocial peers and a lack of prosocial peers; antisocial personality characteristics; coping and problem-solving skills; school and work performance; and family risks (e.g., supervision and consistent discipline).
- Drug courts should have established completion standards that are progress based, not time based. Youth should exhibit reductions in substance use and increases in knowledge and skills, which will help them remain substance free and crime free.
- Drug courts should ensure that their internal practices and the practices of their referral agencies adhere to the principles of effective intervention, namely, RNR and fidelity. Supervisors should regularly observe staff delivering case management and treatment services to drug court participants and coach these staff to improve their service delivery, as needed.
- Drug court programs should regularly collect and analyze data on key indicators, such as changes in risk and needs scores, completion rates, recidivism rates, and other areas youth should be improving based on the services delivered (e.g., school attendance and performance, changes in behavior at home).
- Drug court programs should be evaluated using a risk-controlled comparison group to ensure that the program is reducing recidivism when compared with other practices within the same jurisdiction. For example, drug court youth should be compared with similarly situated (in terms of risk/needs) youth on probation or youth placed in other local court programs.

Study Limitations

Analyses that combined CPC–DC and CPC–DC: RA scores with recidivism outcomes revealed no clear pattern between the overall CPC–DC or the CPC–DC: RA scores and the main effect-size values for new referrals or



adjudications. This may be a result of the small variation in scores on the CPC–DC and CPC–DC: RA across the sites and minor differences in the effectiveness and program fidelity among the nine drug courts. As such, the CPC–DC has not been established as a valid instrument to measure the effectiveness of drug courts. However, the measures of the CPC–DC are based on empirically derived best-practices.

Another limitation to this study is the use of official data as the main outcome measure. Although the authors administered a self-report followup survey, the response rate was too low to add any insight to the findings. As such, they used official referral and adjudication data to measure the success of the drug courts. These data do not capture all offenses that participants may have committed during followup, nor are they able to capture the extent of other outcomes that may have resulted from participation in drug court (e.g., reduction in drug use).

Conclusion

Although numerous studies have examined the effectiveness of juvenile drug courts, this research offers a fairly well-controlled outcome study and a review of key intervention features within these programs. The study's findings do not generally support juvenile drug courts; most sites saw higher rates of recidivism for drug court youth when compared with youth on probation. These findings were also valid across key subgroups when multivariate analyses included important controls. However, the drug courts studied generally did not adhere closely to evidence-based practices, which might explain the findings in part. The process evaluation does offer some suggestions for improvement. Juvenile drug courts could improve by following the recommendations of evidence-based practices, as measured by the CPC–DC.

However, given previous literature and the findings of the current study, there are still unanswered questions

about whether, and under which circumstances, juvenile drug courts can be an effective intervention for substance-using youth. It is possible that the drug court model, as currently implemented, may not be an optimal fit for some youth. These juveniles may naturally age out of substance-using behavior with few negative consequences, suggesting that they may not benefit from drug court practices that were designed for serious addicts in the adult justice system. Juveniles are still developing cognitively and socially (see Cauffman and Steinberg, 2012; National Research Council, 2013), so they may not weigh risks and consequences the same way as adult drug court participants. This may contribute to the general success of adult drug courts and the mixed success of juvenile drug courts. The study suggests that researchers, policymakers, and practitioners must pay more attention to questions regarding (1) the target population involved in the juvenile drug court system (Who), (2) the nature of the drug court process in relation to the target population (How), and (3) the quality of the programming that youth receive within the drug court system (What).

For More Information

This bulletin was adapted from Latessa, E.J., Sullivan, C., Blair, L., Sullivan, C.J., and Smith, P. 2013. Outcome and Process Evaluation of Juvenile Drug Courts. Final report submitted to the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Available online: www.ncjrs.gov/pdffiles1/ojjdp/grants/241643.pdf.

Endnote

1. In all but one site, the comparison group comprised the youth on probation. At this site, some youth participated in a diversionary drug court program, and appropriate comparison cases were obtained from a non-drug court diversion program ($n = 26$ for both the drug court group and the comparison group).

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Acknowledgments

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The authors are thankful for staff at the drug court sites who spent numerous hours collecting data, including Michael Clarke, Bryan Glasrud, LaTonya Harris, Doug Knight, Rebecca Larsen, Claryce Manweiler, Jennifer McCombs, Kristyn Soltis, Thomas Underwood, and Dormica Waters.

We also thank the research team from the University of Cincinnati, including Beth Ellefson, Angela Estes, Samantha Frederick, Lia Gormsen, Clair Green, Gabrielle Isaza, Lydie Loth, Brian Lovins, Jennifer Lux, Jaclyn Marsh, Julia Mesler, A.J. Myer, Stephanie Spiegel, Myrinda Smith, Cara Thompson, and Jess Warner.

This bulletin was prepared under grant number 2007-DC-BX-0016 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.