Nebraska Young Adult Court Best Practice Standards

Nebraska Supreme Court
Administrative Office of the Courts and Probation
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Contents

Preamble to the Nebraska Young Adult Court Standards

This preamble serves to establish the need for Young Adult Problem-Solving Courts (YAC) in Nebraska as an alternative to traditional criminal courts in order to address the specialty needs of a well-defined and limited population, while adhering to the due process and equal protection requirements that all Nebraska courts must guarantee. The purpose of a problem-solving court is to address the underlying social and psychological needs that contribute to individuals repeatedly engaging in rule breaking criminal conduct. Problem-solving court judges are team leaders who form partnerships with community agencies, service providers, attorneys and court staff to assists clients in addressing the underlying problems that prevent them from leading normative, law-abiding lives (Wiener & Georges, 2014). Applying the twin techniques of social encouragement and close supervision, the problem-solving court team motivates clients to take advantage of the services that are available for mediation while holding clients accountable for their decisions and actions (Wiener & Georges, 2014). The problem-solving court judge requires the participants to complete services that address their underlying problems to reduce habitual criminogenic behavior so that clients do not fall into the revolving door of offending, being convicted, being released and then reoffending (Berman & Feinblatt, 2001; Winick & Wexler, 2003). The process requires the judge to go beyond the metaphor of calling balls and strikes in favor of adopting the team approach, in which the members of the team plan a strategy to address the particular needs of a specialty population of clients (Wiener & Georges, 2014).

Problem-solving courts modify the procedure in traditional criminal courts in order to address the special needs of problem populations such as substance users, veterans, individuals re-entering society after incarceration and individuals with mental health challenges. In order to justify deviation from the traditional court model, a problem-solving court must demonstrate that it will address the needs of a special population more effectively using the team approach, that it will do so in a way that guarantees to protect the rights of the accused, and that it will do so using state-of-the-science, evidenced-based practices that maximize the likelihood of reducing criminogenic risk. It follows that it is essential to establish from the outset that the court seeks to serve a population with specialized needs and that such a population exists in actuality.

The medical and psychological communities agree that adolescents are not simply little adults, but rather they are maturing humans that need ongoing attention and support (Mintz, 2015). After recognizing adolescence as a separate stage of development, educational, health, and social service institutions changed to accommodate adolescents, and law evolved to meet the needs of young people (Lapp, 2019). In particular, juvenile courts developed to address the special needs of children and adolescents with procedures that were developmentally appropriate, featuring treatments and services that reduced future offending, focused on rehabilitation and that promised to assist youths in maturing to become law-abiding and

productive adult members of the community (Tanenhaus, 2004). Although, the once high walls that separated juvenile and adult court proceedings show some weakening with transfer and waiver rules that allow juveniles to be tried as adults, and even allow some juvenile courts to extend jurisdiction to young adults (Fagan & Zimring, 2000; Lapp, 2019; Schiraldi, 2015; Slobogin, 2013), it is still the rule, and not the exception, that separate juvenile courts, or at least specialized court procedures, are in place to service children and youth. The justification for special treatment is the clear recognition that adolescents are a specialized and time-limited population with unique needs, abilities and social problems.

The Supreme Court of the United States, itself, agreed that adolescents have limited abilities and unique needs as reflected in the trio of recent cases that limit the punishments available for juveniles convicted of committing serious felonies. In *Roper v. Simmons*, 543 U.S. 551 (2005) the Court reviewed current psychological and neurological evidence and held that lack of maturity prevented adolescents from making responsible adult decisions and as a result they were not as culpable as adults in cases of first-degree murder, so that under the Eighth Amendment the death penalty is not available for youth under the age of 18. Also based upon a careful review of the scientific evidence that presents youth as a specialized population, the Supreme Court held in *Graham v. Florida,* 560 U.S. 48 (2010) that a juvenile could not serve life in prison without the possibility of parole if he or she had *not* committed a homicide and then extended that logic to juveniles who had committed a homicide in *Miller v. Alabama*, 567 U.S. 460 (2012). In all three cases, the Court based the decision, in part, on the scientific evidence, which showed that adolescents have limited decision-making ability, but that they can change and mature to become contributing members of society.

The extant psychological and neurological research shows that this period of adolescent development extends well beyond the age of majority. Neuroscience research has demonstrated that the human brain does not reach maturity at 18 or 19, but in fact continues to develop until the mid-twenties and perhaps beyond (Academy of Pediatrics, 2012; Giedd et al., 1999; Paus et al., 1999; Sowell et al., 2011; Konrad et al., 2011; Mulvey et al., 2004). Similarly, psychological research shows that young adults in their early 20s think more like adolescents than like mature adults and, in fact, show significant deficits in decision-making, which leads young adults to engage in higher levels of risky behavior and prevents them from effectively regulating their feelings in emotional situations as compared to mature adults (Farington et al., 2012; Hancock & Casey, 2010; Scott & Steinberg, 2003). In short, the same research that the Supreme Court relied on to limit adolescent culpability in *Roper*, *Graham*, and *Miller* now suggests that this period of time extending into the mid-twenties is a time of high malleability, and probably is the last time to have a significant impact on the developmental trajectory of a young person and assist her or him to grow into a mature and contributing member of society (Lapp et al., 2019: Monahan et al., 2005; Osgood et al., 2005). In fact, Lapp (2019, p. 357) reviewed the empirical literature to conclude, "… many of the cognitive features that distinguish juveniles from adults also distinguish young adults from adults." In other words, the scientific literature makes a strong case that young adults are a time-limited population

with specialized social and psychological needs that, if left unmet, can drive criminogenic behavior.

Furthermore, increased criminal sanctions are not an effective way to reduce recidivism among young adults. In one longitudinal study of youth between the ages of 14 and 25, comparisons between comparable samples of youth who were incarcerated versus those serving time on probation found no differences in recidivism rates as a function of the harshness of the penalties (Loughran et al., 2015). At the same time, there is evidence to show at least correlational associations between young adults' social environment, engagement in community services and lowered rates of recidivism (Schubert & Mulvey, 2014). As a result, in recent years, a number of jurisdictions introduced Young Adult Problem-Solving Courts to meet the needs of this specialized population of criminal offenders, and, in fact, as of 2017, there were at least 13 different Young Adult Courts in operation in 11 states, one of which, the Young Adult Court in operation in Douglas County Nebraska since 2004 (Stamm, 2017), was one of the first to come into being.

The purpose of the problem-solving court approach is to remediate the criminological needs of young justice-involved individuals using evidence-based practices rather than relying solely on punishment to bring about specific and general deterrence. A Young Adult Court develops a treatment plan for each young adult to addresses that individual's deficiencies in education, employment and decision-making skills, while working with the young person to improve the quality of her or his social environment and to address her or his mental health and substance use problems in order to assist in the transition to full adulthood and resolve the criminogenic risk factors that led to criminal behavior in the first place (Stamm, 2017). The goal of the current standards is to assure that the Young Adult Courts that operate in Nebraska follow best-practice procedures established for problem-solving courts in order to both protect public safety and the due process and equal protection rights of the courts' clients. Furthermore, because Young Adult Courts are a very new addition to the problem-solving court pantheon, very little research exists in the literature that measures their operations and virtually no evaluation data exists to demonstrate their effectiveness using rigorous, controlled research designs. Instead of relying on experimental evidence of effectiveness, these standards rest on a literature that documents the most successful interventions to use to address the needs of this specialized population. Therefore, Young Adult Problem-Solving Courts in Nebraska must employ evidence-based practices that evaluators have shown to be effective with this population, they must demonstrate through rigorous evaluation research that they are an effective means of addressing the criminogenic needs of the young adults that they serve, and they must show that they are successful in lowering recidivism among this population of justice-involved individuals. The Nebraska Young Adult Court Best-Practice Standards were designed to provide a framework that will permit the most effective interventions and that will measure the effect of the courts using state-of-the-art evaluation research.

Acknowledgement

These standards were prepared after extensive examination of existing studies, assessments, evaluations, and research literature on Young Adult Courts. The examination, synthesization, and articulation of the evidence from such research materials were used to develop concepts which were formulated into standards. The standards were then subjected to further analysis and editing. This intensive process was authoritative by reason of the expertise of the examiners and the developers of the standards, Dr. Richard Wiener, Ph.D., M.LS, Bessey Professor of Psychology at the University of Nebraska of Lincoln; Dustin E. Bartley, M.S., LIMHP, LADC, Adult Behavioral Health Specialist, Administrative Office of the Courts and Probation; Kim Grubb, M.S., LMHP, LADC, Problem-Solving Court Coordinator, District 4A Probation; Keirna Ostwald, M.S., Problem-Solving Court Special Populations Officer, Douglas County Young Adult Court; Taylor Petty, M.S., M.LS., Ph.D. (expected 8/2021); Molly R. Deters, B.A.; Robert Denton, M.S., Deputy Administrator, Administrative Office of the Courts and Probation; Adam Jorgensen, B.A., Nebraska Statewide Problem-Solving Court Director; Katie L. Benson, J.D., Deputy Douglas County Attorney; Shelly R. Stratman, District Judge and James E. Doyle, IV, District Judge.

Introduction

In April 2016, the Nebraska Legislature passed, and the Governor signed into law, legislation broadening the definitions of problem-solving courts. In response, the Nebraska Supreme Court's Problem-Solving Court Committee has appointed subcommittees to develop best-practice standards for Veterans Treatment, Reentry, Family Treatment, and Mental Health Courts.

The Douglas County Young Adult Court was implemented in 2004 to provide a sentencing alternative for individuals between the ages of 18 and 25 charged with a non-violent felony. At the time of implementation, no best practice standards had been developed for young adult courts in Nebraska nor were there national standards. In April 2020, the Nebraska Supreme Court's Problem-Solving Court Committee appointed a subcommittee to development best-practice standards for the young adult courts in Nebraska.

The subcommittee reviewed relevant evaluations and other research conducted of existing Young Adult Courts and literature concerning behavioral change in young adults engaged in the criminal justice system. References to such literature are set forth in the supporting evidence sections of this document. The subcommittee refers to such material when relevant to the standards. Despite continuing efforts to research and validate existing Young Adult Court practices, at the time of the completion of this introduction, no national standards for Young Adult Courts have been proposed or promulgated. Further, there was no entity or group pursuing the development of national standards for Young Adult Courts.

The subcommittee examined the research literature to determine whether there was sufficient evidentiary support for the promulgation of evidence-based standards. While whenever possible, the following standards rely on empirical research for their support, in the absence of applicable research, the committee turned to the professional judgments of the experts as integrated in the programs examined. These guidelines are recommended for adoption with a corresponding commitment to the collection and analyses of performance, fidelity and outcome data to assist in developing evidence-based standards to support or replace the existing guidelines.

As additional research produces evidence to support changes, the subcommittee will make recommendations for modifications to both the standards and guidelines.

I. The Young Adult Court Team

A. Program Planning and Oversight

A steering committee or advisory board composed of representatives from a wide range of agencies and disciplines shall conduct initial planning and implementation. After the court is established, the advisory board takes on the responsibilities of reviewing policies and procedures to ensure that they comply with the Nebraska Best-Practice Standards and assessing the need for changes in operations. The steering committee or advisory board shall represent all aspects of the criminal justice system, treatment and ancillary service providers, funding entities, and the community at large. All Young Adult Courts shall have a written procedure for modifying policies and procedures.

B. Team Composition

The Young Adult Court team shall include a judge, prosecutor, defense counsel, problem-solving court coordinator, probation-based community supervision officer, and licensed behavioral health professionals. It is highly recommended that each Young Adult Court team includes a law enforcement representative, employment and housing specialists, and other ancillary service providers, as needed. Every effort shall be made to assign members to the team for significant periods of time in order to maximize adherence to program tenets and to promote stability of the team.

C. Pre-Court Staffing Meetings

All team members shall attend pre-court staffing meetings and shall be afforded the opportunity to provide information and professional perspectives regarding program participants' progress and make recommendations for modifications to individual case plans, as well as incentives and sanctions.

D. In-Court Status Hearings

All team members shall attend in-court status hearings to demonstrate the collaborative nature of Young Adult Courts. Additionally, appearance by all team members enables a swift response when the court learns new information about the client.

E. Communication

Programs shall have written formal and informal procedures for information communication among team members that outline the frequency, timeliness and accurate dissemination of information. Team members shall regularly communicate with each other and the judge outside of pre-court staffing meetings. All team members shall follow confidentiality policy and procedure for all instances and means of communication.

F. Initial and Continuing Education

All programs shall have a written orientation plan for new team members. All team members shall attend ongoing education that shall address or concern the use of evidence-based research as it pertains to the formation of habits, cognitive-behavioral techniques, motivation to change or other areas of knowledge that pertain to the successful operation of effective problem-solving courts and effective treatment of young adult participants. All team members shall participate in training on the use of incentives and sanctions.

G. Roles and Responsibilities

Formal written agreements (e.g. Memoranda of Agreement/Understanding) among partner agencies/organizations and the court shall detail team member roles and responsibilities. Written protocols shall be in place to ensure the appropriate resolution of conflict among team members.

H. Supervision Caseloads

Current risk assessment instruments and caseload standards shall be used to guide officer caseloads. When supervision caseloads exceed twenty-four active participants per supervision officer, program operations shall be monitored carefully to ensure supervision officers can evaluate participant performance accurately, share significant observations with team members, and complete other supervisory duties, as assigned. When supervision caseloads exceed thirty active participants per supervision officer, the Young Adult Court team shall adopt a plan to lower caseloads.

II. Target Population, Eligibility, Referral, Entry, and Orientation

A. Objective Eligibility and Exclusion Criteria

Eligibility and exclusion criteria shall be defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The Young Adult Court teams shall not apply personal impressions to determine participant suitability for the program. Young adults, aged 18-26, charged with a felony are eligible for the Young Adult Court.

B. Validated Eligibility Assessments

Candidates for the Young Adult Court shall be assessed for eligibility using validated risk assessment and screening tools prior to program entry. The risk assessment tools shall be empirically demonstrated to predict criminal recidivism or the likelihood of failure on community supervision and shall show equivalent predictive validity for women and racial or ethnic minority groups that are represented in the local young adult population. The risk assessment tools shall include validated screening tools, which include symptoms of substance use and/or mental health disorders. Trained and qualified professionals proficient in the administration of the risk assessment tools and interpretation of the results shall conduct screenings and assessments. The subcommittee developed entry criteria using the Level of Service/Case Management Inventory (LS/CMI) as a validated instrument that predicts recidivism among probationers using the Nebraska Supreme Court's definition of recidivism. Appendix III describes the use of the LS/CMI to identify high-risk/high-need individuals to establish eligibility criteria. As more data become available, these criteria may change.

Candidates with substance use or co-occurring mental health indicators must be assessed by professionals trained and proficient in the *Standardized Model for the Delivery of Substance Use Services*, administration of the assessment tools and interpretation of the results.

C. Risk-Based Eligibility

The Young Adult Court shall admit defendants for admission who have indicators of sufficient risk for re-offending. Only young adults with a LS/CMI score of 20 or higher or young adults with a LS/CMI score of 16 or above and convicted of a Class IIA felony or above, but not sentenced, may be admitted to the Young Adult Court program.

D. Trauma-Informed Services

Participants shall be assessed using a validated instrument for trauma history, trauma-related symptoms and post-traumatic stress disorder (PTSD). Participants shall have access to best-practice treatment for trauma-related diagnoses.

All Young Adult Court team members, including court personnel and other criminal justice professionals, shall receive formal training on the delivery of trauma-informed services.

E. Identify and Consider Responsivity Factors

The Young Adult Court team shall develop individualized treatment plans for each participant based upon that participant's mental health, criminogenic and social needs, and such treatment plan shall rely upon evidence-based practices. The supervision officers shall use the participant's characteristics to develop a plan that is most likely to ensure the participant's ability to respond favorably to treatment goals.

F. Criminal History Disqualifications

Current convicted offense or criminal history shall not presumptively exclude candidates from participation in Young Adult Court. Any eligibility or admission policy or procedure which contains written criteria for a judicially monitored evaluation of the candidate's current offense or criminal history meets this standard.

G. Clinical Disqualifications

Candidates shall not be automatically disqualified from participation in the Young Adult Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication.

III. Program Structure

A. Program Capacity

All Young Adult Courts shall develop a plan to ensure that the Young Adult Court programs and services are provided to all participants consistent with evidence-based practices. Program capacity shall be in compliance with the caseload standard outlined in section I.H. Program capacity shall not exceed the availability of services in the community, probation supervision resources and court resources (e.g., judicial, courtroom personnel and physical facilities) needed to administer the Young Adult Court.

B. Program Entry

Programs shall minimize the time between arrest and entry into the Young Adult Court and the time between the Young Adult Court entry and first therapeutic programming efforts.

C. Successful and Unsuccessful Program Termination, and Program Duration

1. **Benefits of Program Participation** – Benefits of program participation shall be clearly articulated in a written document[1] and participants shall be made aware of these benefits prior to program entry.

2. **Responsibilities of Program Participation** – Responsibilities of program participation shall be clearly articulated in a written document and clients shall be made aware of their responsibilities as Young Adult Court participants prior to program entry.

3. **Consequences for Unsuccessful Program Exit** – Participants shall be given written notice of the potential consequences for failure to complete the Young Adult Court program prior to program entry.

4. **Program Length** – Program length shall be a minimum of twelve months. Twelve months is the minimum length needed to allow participants to initiate and maintain recovery; develop coping and relapse-prevention skills; transition to and maintain compliance with a continuing care plan; achieve consistently available housing; and transition to independent living, including adequate or necessary education and full-time employment.

5. **Program Progression Structure** – Programs shall adopt the *Young Adult Court Progression Plan* which defines the progress expected of participants during the program. The *Young Adult Court Progression Plan* shall be predicated on the

[1] Any written document, including contracts, manuals, policies and procedures, etc., delivered to a participant shall be written at a 6th grade comprehension level.

achievement of realistic and defined behavioral objectives. As participants advance through the program, sanctions for infractions may increase in magnitude, rewards for achievements may decrease, and supervision services may be reduced. If a client needs to participate in behavioral health treatment, reduction will occur only if a licensed professional clinically determines that a reduction in treatment is unlikely to precipitate a relapse to substance use or mental health instability.

6. **Successful Completion Requirements** – Participants shall meet specified requirements in order to "successfully complete" the Young Adult Court program. Programs shall define completion requirements to include those that focus on long-term success. These requirements should be an extension of the participants' progress in the program and shall incorporate a written post-program plan (i.e., a written sustained success plan) that focuses on skills to maintain the behavioral changes each participant accomplished during program participation. The Young Adult Court team shall implement this plan prior to program exit to allow the participant to practice learned behaviors and skills during participation in the program.

    a. **Period of Time Abstinent Prior to Program Exit** – For all participants, a minimum of 90 days of continuous abstinence shall be required for successful completion; however, each Young Adult Court may establish its own minimum standard that exceeds the established minimum in these standards.

    b. **Stable and Prosocial Activities and Environment** – Programs shall require participants to be involved in prosocial activities prior to completion. Programs shall require participants to have identified the elements of prosocial living environments prior to program completion. Participants, who are not suffering from documented disability, shall be required to have employment or be enrolled in an educational program prior to program completion. Programs shall require participants to establish a stable living residence prior to program completion. A stable residence shall mean a dwelling place with little change in its location or occupants from day to day and is exclusively occupied by the participant and the participants' immediate family, including the participant's spouse or partner and any dependents. Stable residence includes licensed halfway housing, ¾-way housing, single-family apartments, condominiums, duplexes and single-family houses. Stable housing excludes homeless shelters, boarding rooms, group residences, and hotels and motels.

    c. **Written Sustained Success Plan** – Each participant shall develop a written long-term success plan that shall be implemented prior to program completion. Programs shall require participants to demonstrate the ability to comply with the sustained success plan in preparation for transition out of the program.

7. **Unsuccessful Termination** Any time termination is recommended, the participants' due process right shall be honored. Participants who fail to meet the program requirements shall be terminated from the program by the Young Adult Court judge and immediately remanded to the sheriff in the county of the Young Adult Court for delivery to the sentencing court.

IV. Treatment

A. Young Adult Court Interventions

In the context of a Young Adult Court, treatment includes all efforts toward young adult personal adjustment to social and legal norms and is not limited to behavioral health interventions. The purpose of the treatments administered in a Young Adult Court are to reduce the criminogenic factors of justice-involved young adults using evidence-based practices. A Young Adult Court develops a treatment plan for each young adult to address that individual's deficiencies in education, employment and decision-making skills, while working with the young adult to improve the quality of her or his adjustment to the social environment to assist in the transition to full adulthood. Criminogenic factors are defined as social and psychological characteristics that contribute to actions which violate the law. All treatments, such as, MRT, Thinking for Change, cognitive-behavioral interventions, anger management, money management, employment preparation and restorative justice programs will adhere to evidence-based practices. The team will develop an individualized treatment plan for each participant tailored to the needs of that individual consistent with evidence-based interventions for young adults.

For treatments delivered to those whose primary diagnosis is a substance use disorder, the Young Adult Court programs shall include a continuum of care for substance use treatment consistent with the *Standardized Model for the Delivery of Substance Use Services*. The *Standardized Model for the Delivery of Substance Use Services* shall govern the level of care provided. For participants with a diagnosed mental health disorder, the Young Adult Court shall offer a continuum of care for treatment consistent with mental health disorders as found within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and consistent with current evidence-based practices for mental health treatment for young adults. Treatment for individuals with co-occurring disorders will apply standards and criteria from both the *Standardized Model for the Delivery of Substance Use Services* and the DSM-5 and be consistent with current evidence-based practices for mental health treatment for young adults. Adjustments to the level of care shall be predicated on each participant's needs and response to treatment and are not tied to the Young Adult Court's programmatic structure.

B. Limitations on the Use of Confinement

Participants shall not be incarcerated to achieve clinical, rehabilitative or social service treatment objectives. The court shall not be prohibited from utilizing incarceration to prevent harm to the participant or others.

C. Team Representation

Agencies or individuals that provide treatment shall use evidence-based practices. Licensed providers shall attend team meetings and status hearings when possible. When representatives are unable to attend team meetings, they shall send written feedback concerning the clients they are servicing to the Young Adult Court team. In the event that a Young Adult Court provider is not present at a pre-court staffing, no change in behavioral health treatment shall be imposed unless there is a written assessment specifically describing the change in treatment delivered to the team by the Young Adult Court provider or his or her designee.

D. Group Treatment Dosage and Duration

Each Young Adult Court shall refer participants to services aimed at reducing the risk of recidivism; compliance with these services shall be incorporated into the Young Adult Court requirements. The Young Adult Court shall match the frequency, duration and intensity of services to the participant's needs and criminogenic risk as determined by empirically validated assessment instruments.

Participants diagnosed with a substance use disorder shall participate in substance use treatment of sufficient frequency, duration, and intensity to achieve remission (long term abstinence and recovery from addiction). Treatment provided shall be consistent with the recommendations of the substance use evaluation and in compliance with the *Standardized Model for the Delivery of Substance Use Services*. All interventions shall be evidence-based and tailored to the needs of the young adult population. However, the Young Adult Court shall allow flexibility to accommodate individual differences in each participant's response to treatment.

For participants with mental health disorders, the Young Adult Court shall offer a continuum of treatment services sufficient to treat mental health disorders found within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Service providers shall use current evidence-based practices for young adults to deliver mental health treatment. Evidence-based treatment for individuals with co-occurring disorders will apply standards and criteria from both the *Standardized Model for the Delivery of Substance Use Services* and the DSM-5. Adjustments to the level of care shall be predicated on each participant's needs and response to treatment.

E. Treatment Modalities

For participants with a mental health disorder and for participants with a mental health disorder and a substance use disorder diagnosed using DSM-5 criteria, the Young Adult Court shall offer a continuum of care for treatment consistent with current evidence-based practices for young adults with mental illnesses and for young adults with a co-occurring substance use disorder. Frequency of treatment shall only be modified based upon the recommendations of a licensed treatment provider. Treatment for individuals with co-occurring disorders will apply standards and criteria from both the *Standardized Model for the Delivery of Substance Use*

Services and the DSM-5 and be consistent with current evidence-based practices for young adults with mental health and substance use needs.

Adjustments to the level of care shall be predicated on each participant's needs and response to treatment. All participants shall be screened for their suitability for group interventions. Group participation shall be guided by evidence-based selection criteria including participants' gender, trauma history and co-occurring psychiatric symptoms. Caseloads for individuals providing treatment (as defined in section IV. A. above) shall be small enough to provide them sufficient opportunities to assess participant needs and deliver adequate and effective dosages of evidence-based treatment for young adults as needed. Programs shall be monitored for fidelity to the treatment model to ensure adequate services are delivered for all participants. When there is evidence that a practice has departed from an evidence-based model, a plan shall be implemented to return to the use of the evidence-based practice.

F. Evidence-Based Treatment

Individuals providing treatment shall employ programs that are documented and have been demonstrated to improve outcomes for young adults whose personal adjustment to social and legal norms, including mental health and/or substance use disorders, have contributed to the participants' involvement in the criminal justice system. Individuals providing treatment shall be proficient in delivering the interventions and shall be monitored regularly to ensure continuous fidelity to the evidence-based treatment models and effective programming outcomes.

G. Identify Services in the Community to Target Participant Needs

Each Young Adult Court shall develop a continuum of services to target the criminogenic needs and responsivity factors of Young Adult Court participants. Services may include job skills training, family therapy, mental health treatment, trauma treatment and housing assistance.

H. Assess Changes in Participants' Needs and Responsivity Factors

Each Young Adult Court shall assess and document changes in needs in conjunction with responsivity factors at regular intervals using a validated assessment tool (e.g., LS/CMI). The Young Adult Court shall revise case plans to respond to changes in participants' needs and responsivity factors.

I. Medication Assisted Treatment

Participants may use prescribed psychotropic or addiction medications, based on medical necessity, when prescribed by a licensed, registered, treating medical provider (e.g. physician, advanced practice registered nurse (APRN-NP) or physician's assistant) with expertise in mental illness or addiction medicine, in collaboration with the Young Adult Court team. Such collaboration shall not vest the power in the Young Adult Court team to terminate, decline, or

refuse to permit the use of medication prescribed by a properly qualified and informed licensed prescriber.

J. Provider Training and Credentials

Providers of behavioral health treatment shall be Registered Service Providers with the Administrative Office of the Courts and Probation. Providers of services other than behavioral health treatment shall employ evidence-based practice models. All providers shall have substantial experience working with justice-involved young adults and be able to provide relevant outcome data and other treatment results demonstrating continuous fidelity to evidence-based practices with young adults. Providers shall be subject to the monitoring and evaluations criteria in Section IX of these standards.

K. Peer Support Groups

When recommended by a licensed provider, participants shall attend self-help or peer support groups in addition to professional counseling. Additionally, Young Adult Court participants shall have access to community support workers, mentors and other similar resources to assist with participation in court, treatment, finding housing and securing employment

L. Trauma-Informed Services

Participants diagnosed with PTSD or a related trauma-based mental disorder shall receive an evidence-based intervention designed to help participants manage distress without resorting to substance use or other avoidance behaviors. Participants with PTSD or another trauma-based mental disorder shall be evaluated for suitability for group interventions and shall be treated on an individual basis or in small groups when necessary to manage panic, dissociation or severe anxiety.

M. Criminal Thinking Interventions

Participants shall receive an evidence-based criminal-thinking intervention for young adults as part of their participation in the Young Adult Court. Staff members shall be trained to administer a standardized and validated cognitive-behavioral criminal-thinking intervention such as, but not limited to, Moral Reconation Therapy (MRT), Thinking for a Change or Reasoning and Rehabilitation.

N. Overdose Prevention and Referral

Participants with a substance use disorder diagnosis shall complete an evidence-based educational intervention describing specific and definite measures they can take to prevent or reverse drug overdose (c.f., Appendix V note N).

V. Court Sessions/Judicial Monitoring/Status Hearings

A. Professional Training

Prior to assuming the role of Young Adult Court judge, or as soon thereafter as practical, the judge shall attend a judicial training program such as those administered by the National Drug Court Institute or the National Judicial College. The judge shall attend training events at least every three years on topics such as legal and constitutional issues in Young Adult Court, judicial ethics, evidence-based substance use and mental health treatment, cognitive-behavioral theory and techniques, use of incentives and graduated sanctions, and community supervision.

B. Length of Term

The judge or judges shall preside over the Young Adult Court for no less than two consecutive years to maintain the continuity of the program and ensure knowledge of the Young Adult Court policies and procedures.

C. Consistent Docket

Participants shall appear before the same judge or judges throughout their enrollment in Young Adult Court. If more than one judge serves as a primary judge, the judges shall maintain consistency and accountability through frequent communication and status updates regarding participants.

D. Frequency of Status Hearings

Participants shall initially appear before the judge(s) for status hearings no less frequently than every two weeks. The frequency of status hearings may be reduced gradually after participants demonstrate sustained adherence to program requirements. The frequency of status hearings may be increased in the event the client departs from program requirements. In the event status hearings are gradually reduced, status hearing shall be scheduled no less frequently than once every four weeks for such participants.

E. Length of Court Interactions

The judge shall spend sufficient time during status hearings to review each participant's progress in the program. A minimum of three to seven minutes is recommended, but more time may be necessary to adequately deal with individual case issues. Ongoing research into or about problem-solving courts suggests that this minimum time may be insufficient; thus, monitoring of this standard is required to reflect evidence from ongoing studies in the Young Adult Court literature.

F. Judicial Demeanor

The judge shall offer supportive comments to participants, stress the importance of their commitment to treatment and other program requirements, and express optimism about their abilities to improve their health and behavior. The judge shall not humiliate participants or subject them to foul or abusive language. The judge shall allow participants, at an appropriate time, the opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives and therapeutic adjustments.

G. Judicial Decision-Making

The judge shall be the ultimate arbiter of factual controversies and shall make the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty. The judge shall make such decisions after taking into consideration the input of other Young Adult Court team members and shall discuss the decision in court with the participant. With respect to treatment-related conditions, the judge shall give substantial weight to the input of appropriately licensed, qualified and trained treatment professionals and licensed medical prescribers.

VI. Drug and Alcohol Testing

A. Policy and Procedures

All programs shall have written drug and alcohol testing policies and procedures that address: chain of custody protocols (including direct observation of sample collection); protocols for determination of sample validity addressing dilution, tampering and adulteration; the process of contesting a sample; and measures to ensure that all testing is scientifically reliable and valid. Programs shall use scientifically valid and reliable testing procedures and establish a chain of custody for each specimen. If a participant denies substance use in response to a positive screening test, a portion of the same specimen shall be subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry (LC/MS). Programs shall have a policy that addresses training requirements for all staff administering drug and alcohol testing. Upon entering the Young Adult Court, participants shall receive a clear and comprehensive explanation of their rights and responsibilities related to drug and alcohol testing. This information shall be described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.

B. Frequency of Testing

Upon entering the program, individuals shall be screened for their extent of substance use and frequency of testing shall be determined for the beginning of the program. For those individuals who have a diagnosed substance use disorder, random drug and alcohol testing shall occur at least twice weekly at the beginning of the program. The frequency of testing can only be reduced at the request of the Young Adult Court team and with the approval of the Young Adult Court judge. Testing may occur at any time, but shall also occur during non-traditional work hours, in evenings, and on weekends and holidays. Participants shall be required to deliver a test specimen as soon as practical after being notified that a test has been scheduled. All specimens shall be delivered no more than four hours after being notified that a test has been scheduled.

C. Random Testing

Drug and alcohol tests shall be administered randomly. Participants shall be required to submit samples within an appropriate time frame to detect drug and/or alcohol consumption.

D. Scope of Drugs Tested

Testing shall include a panel of substances in order to detect a broad array of possible substances known to be commonly used in the local Young Adult Court population and/or in

the population of all users in the area. Testing for the detection of alcohol consumption shall be a part of all drug testing programs.

E. Availability of Results

Initial drug and alcohol screening results shall be available to the team and to the court within 48 hours of test administration. Confirmation results shall be available within 48 hours after the receipt of results.

F. Licit, Addictive or Intoxicating Substances

Sanctions and/or therapeutic interventions shall be imposed for the non-medical use of intoxicating or addictive substances, including but not limited to alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. The Young Adult Court team shall consider expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. The Young Adult Court judge may request additional information from a licensed medical prescriber based upon a showing of reasonable, articulable suspicion of substance use or misuse.

VII. Incentives, Sanctions, and Therapeutic Adjustments

A. Advance Notice

The Young Adult Court team shall specify in writing and communicate in advance to Young Adult Court participants the policies and procedures concerning the administration of incentives, sanctions and therapeutic adjustments. The policies and procedures shall provide a clear indication of which behaviors may elicit an incentive, sanction or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase demotion and termination from the program; and the legal and collateral consequences that may ensue from termination. The Young Adult Court team shall reserve a reasonable degree of discretion to modify a presumptive consequence in light of the circumstances presented in each case. All Young Adult Court decisions, including incentives and sanctions, shall be based upon the individualized case plan for the participant.

B. Opportunity to Respond

Prior to the imposition of any non-custodial sanction or therapeutic adjustment, participants shall have an opportunity to explain their perspective concerning factual controversies and the imposition of sanctions and therapeutic adjustments. In the case of a custodial sanction, the participant shall have the right to request an evidentiary hearing with all the rights and protections that normally attach in order to resolve any factual controversy concerning the reason for the sanction.

C. Professional Demeanor

Interactions with participants from all service providers and team members shall always be professional and respectful in nature. Sanctions shall be delivered in a dignified and respectful manner. Participants shall not be shamed or subjected to foul, abusive or alienating language.

D. Progressive Sanctions

The Young Adult Court shall apply a range of sanctions of varying magnitudes that may be invoked in response to program infractions. The sanctions shall increase progressively in magnitude over successive violations if the individual participant is not deterred from additional violations. All sanctions shall be administered swiftly and with certainty. The Young Adult Court team shall exercise a reasonable degree of discretion to modify a presumptive sanction in light of the circumstances presented in each case. The sanctions shall be tailored to the responsiveness of individual participants.

E. Therapeutic Adjustments

Participants shall not receive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. Under such circumstances, the appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly. Adjustments to treatment plans shall be based on the recommendations of duly trained treatment professionals (e.g. participants are placed in the appropriate level of care or adjustments are made individually within a level of care).

F. Incentivizing Prosocial Behaviors

Empirical research demonstrates that the use of incentives motivates behavior change more effectively than the use of sanctions; specifically, four incentives should be applied for every one sanction. The Young Adult Court shall place more emphasis on swiftly rewarding productive and prosocial behaviors than it does on imposing sanctions. Criteria for phase advancement and successful program completion shall include objective evidence that participants are engaged in productive activities, including, but not limited to, employment, education or attendance at peer support groups. The reward shall be delivered as soon as possible after the observation of the desired behavior.

G. Use of Jail

Jail, for the purposes of this program, means the confinement of an individual in a facility, other than an inpatient psychiatric facility, from which he or she is not free to leave. Inpatient psychiatric facilities are those designed for the primary purpose of treating mental illness or other behavioral health disorders. Participants shall not be placed in jail as a means of ensuring initial or continued participation in the court program. Jail, as a sanction, shall be imposed judiciously, as a last resort, and only after notice to the participant and the opportunity for an evidentiary hearing with counsel present. The participant's right to waive a hearing does not eliminate the obligation to give notice to the participant and offer the opportunity for a hearing. Any use of jail, even a use that includes rehabilitative treatment, shall be definite in duration. No use of jail shall exceed five days unless accompanied by rehabilitative treatment that has been shown to be evidence-based. Even if the use of jail is accompanied by evidence based rehabilitative treatment, the incarceration shall be of a definite length determined at the time of imposition of the use of jail. A record shall be made in the court's data management system for each day or part thereof a participant spends in confinement.

VIII. Cultural Competence

A. Equivalent Access

Eligibility criteria for the Young Adult Court are non-discriminatory in intent and impact. If an eligibility requirement has the unintended effect of differentially restricting access for members of a historically disadvantaged group[2], the requirement shall be adjusted to increase the representation of such persons unless doing so would jeopardize public safety. The assessment tools used to determine participants' eligibility for the Young Adult Court shall be empirically validated for use with members of historically disadvantaged groups represented in the respective arrestee population.

B. Equivalent Retention

The Young Adult Court shall regularly monitor whether members of historically disadvantaged groups complete the program at rates equivalent to other participants. If completion rates are significantly lower for members of a historically disadvantaged group, the Young Adult Court team shall investigate the reasons for the disparity, develop a remedial action plan, if warranted, and evaluate the success of the remedial actions.

C. Equivalent Treatment

The Young Adult Court team will provide members of historically disadvantaged groups the same levels of care and quality of treatment as other participants with comparable needs. The Young Adult Court shall administer evidence-based treatments that are effective for use with members of historically disadvantaged groups represented in the Young Adult Court population.

D. Equivalent Incentives and Sanctions

Members of historically disadvantaged groups shall receive the same incentives and sanctions as other participants for comparable achievements or infractions. The Young Adult Court shall regularly monitor the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. This data will be collected, reviewed and analyzed for evidence of disparate administration of incentives and sanctions on an ongoing basis by the internal evaluation team and analyzed as part of the external evaluation.

[2] Members of historically disadvantaged groups are defined as those "who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status (The National Adult Drug Court Standards, Vol. 1)."

E. Equivalent Dispositions

Members of historically disadvantaged groups shall not receive a disparate legal disposition or sentence for completing or failing to complete the Young Adult Court program based on being a member of a historically disadvantaged group. Data pertaining to the treatment of historically disadvantaged groups will be collected and reviewed on an ongoing basis by the internal evaluation team, and analyzed as part of the external evaluation. Appropriate corrective actions shall be taken if disparate outcomes are found.

IX. Data and Evaluation

A. Electronic Case Management

Program operators and treatment providers shall regularly enter data into the designated Problem-Solving Court data management system for use in case and program management. Programs shall review statistics relevant to program performance and implement policy adjustments and training as the data require. To ensure that the data are accurate, the program shall utilize an independent research assistant or identify a Young Adult Court team member who is responsible for data quality assurance.

B. Timely and Reliable Data Entry

Staff members shall record information concerning the provision of services and in-program outcomes as soon as possible, but in any event no later than 48 hours after the respective events. Timely and reliable data entry shall be required of each staff member.

C. Recursive Evaluation

Programs, treatment providers and the Young Adult Courts themselves will engage in ongoing data analysis and program evaluation. Ongoing program evaluation shall consist of recursive (i.e. repeating) stages of evaluability assessment, process evaluation, outcome evaluation and feedback provision/utilization with the objectives of rigorously collecting and analyzing data to answer questions about how the court functions, whether the court is effective, and how the court procedures can change to improve functioning.

Evaluability Analysis (assessing the ability to complete a program evaluation). In this context, an evaluability analysis begins with the development of a logic model or program theory which ascertains the resources available to the court and how the court will utilize those resources to attain its objectives. Logic models are commonly represented as flowcharts that list program activities, mechanisms of change, internal changes in program participants, intended outcomes and unintended effects. The logic model connects the program components with causal links showing how activities activate mechanisms of change, which in turn lead to internal changes in participants and finally to program outcomes. The court, with the aid of an evaluator, will engage in discussions with staff, interview staff and stakeholders, review program materials, and review the literature pertaining to Problem-Solving Courts and especially Young Adult Courts to develop a logic model describing how the program ought to function (an example of a logic model of a typical Problem-Solving Court can be found in Appendix IX). Young Adult Court logic models in Nebraska must be consistent with the Nebraska Young Adult Court Standards and include the required activities and procedures described in the standards. The outcome of the evaluability analysis is a logic model that describes how the court intends to operate its program and that provides the court with a plan to evaluate the program.

Process Evaluation. A process analysis makes use of the logic model to identify the variables that the court must measure in order to determine whether the program is functioning in the manner that the logic model purports. As part of the process analysis, the evaluator or evaluation team must determine what data are needed to describe the program activities, mechanisms, internal changes and outcomes, and if those data are accessible through the Problem-Solving Court data management system or if additional data not included in that system must be collected to assess the components of the program logic model. After identifying the requisite data that the court needs to assess its functioning, the process evaluation gathers data on an ongoing basis to describe how the court staff implement the program and to determine the fidelity of the program as the staff enact it, comparing the descriptive data to both the logic model and the Nebraska Young Adult Court Standards. The goal of the process evaluation shall be to produce a statistical report that summarizes the manner in which the court actually functions; with that report, the evaluator or evaluation team shall present an implementation analysis that tests whether the court procedures and processes show fidelity to the logic model and to the Nebraska Young Adult Court Standards.

Outcome Evaluation. Determining whether Young Adult Courts are effective requires the evaluator to compare outcomes for Young Adult Court participants to those of an unbiased and equivalent comparison group. Thus, outcome evaluations shall be an experimental or quasi-experimental test that include relevant outcome measures. The outcome measures shall consist of, but not be limited to, performance measures including successful graduations, new arrests, new convictions, new incarcerations, recidivism rates, and indicators of quality of life (e.g., successful employment, abstinence and overall wellbeing). The evaluator will use the program logic model to assist in selecting relevant outcomes measures. The method to choose an equivalent comparison group shall be state-of–the-science at the time the comparison group is chosen. At the present time, choosing an equivalent comparison group in the absence of random assignment to treatment conditions involves carefully matching the treatment group and comparison group on selection factors. If a large data base is available, then the best method of matching involves a propensity modeling process. Individuals in the comparison group should meet legal and clinical eligibility criteria for participation in the Young Adult Court, but should not have entered the program for reasons having no relationship to their outcomes. Comparison groups shall not include individuals who were denied entry to the program because of their legal charges, criminal history or clinical assessment results. Participants in the Young Adult Court and comparison groups shall have an equivalent opportunity to engage in the positive and negative performance indicators such as criminal activity, substance use, employment, education, and any other activities contributing to quality of life. Ideally, outcomes for both groups shall be examined over an equivalent time period beginning from a comparable start date. However, if participants in either group were incarcerated or detained in a residential facility for a significantly longer period of time than participants in the other group, the length of time participants were incarcerated or detained shall be statistically accounted for in outcome comparisons using survival analysis or another suitable statistical control procedure involving an appropriate statistical regression technique. Outcomes shall be

examined for all eligible participants who entered the Young Adult Court regardless of whether they were successfully or unsuccessfully terminated from the program. The goal of the outcome analysis is to determine if participation in the program is responsible for positive outcomes for the participants; that is, whether the Young Adult Court brought about the change. The evaluator will conduct the outcome analyses in the most rigorous manner possible using state-of-the-science measures and methods for all aspects of the evaluation. Once an outcome analysis is completed, the evaluator can move on to measure the cost of participation in the Young Adult Court and compare it to the cost of participating in the comparison group and present the results in a benefit-to-cost ratio, which will measure the efficiency of participating in the Young Adult Court.

Feedback Provision and Utilization. Young Adult Courts shall use the results of the evaluability analyses, process evaluations and outcome evaluations on a regular basis to make evidence-based decisions about the need for program change. Whenever the court or other stakeholders make policy changes to alter a component of the program, the evaluator or evaluation team shall continue to conduct implementation, fidelity and outcome analyses to examine the effectiveness of the policy changes and make further adjustments as necessary. In this manner, program evaluation in Young Adult Courts will consist of a recursive cycle of evaluability analyses, process analyses (i.e. implementation and fidelity studies), outcome evaluations and feedback utilization. The enactment of this cycle will result in evidence-based policy-making for all Nebraska Young Adult Courts.

D. Ongoing Evaluations

Programs and treatment providers shall undergo process evaluations on an ongoing basis and shall submit reports on these evaluations on such schedules as established by the Administrative Office of the Courts and Probation. Outcome evaluations shall be an experimental or quasi-experimental test and will be conducted by an independent evaluator. The evaluation methodology shall be state-of-the-science at the time the evaluation is conducted. Programs shall work closely with the evaluator to ensure that the Young Adult Court team can utilize evaluation results to examine program effectiveness and cost-efficiency, make improvements to program practices, and inform data collection processes in preparation for future evaluations.

E. Internal Evaluations

Internal evaluation of programs and treatment providers shall be ongoing. Implementation, fidelity and outcome analyses shall be examined for all Young Adult Court participants regardless of whether they successfully completed or were terminated from the program. The Young Adult Court team shall monitor LS/CMI scores of eligible and ineligible individuals regularly to monitor eligibility determinations. Programs shall regularly examine and test standard compliance, program effectiveness and cost-efficiency, program practices, data collection processes, and case management quality assurance.

Appendix I
Nebraska Young Adult Court Progression Plan

The goal of the Young Adult Court is to assist individuals and their families in addressing criminogenic needs that are contributing to a cycle of criminal activity, and to provide an opportunity to reestablish law-abiding, productive lives within the community. This Progression Plan follows the Nebraska Supreme Court's Young Adult Court Best Practice Standards and was designed to provide objective, measurable and consistent progression through any Nebraska Young Adult Court program.

Young Adult Courts shall ensure the core requirements of the Progression Plan are completed in compliance with the Nebraska Young Adult Court Standards. Specific details including, but not limited to, program structure, delivery of services and programming details shall be determined by each individual Young Adult Court. Any individual Progression Plan may be modified based on the individual's circumstances and progress through the program. Therefore, the progression plan is a set of guideposts that specific Young Adult Court teams may need to modify for individual cases. The Young Adult Court team must develop an individualized treatment plan for each participant based upon this progression plan.

An individualized treatment plan shall include the following core elements:

- Housing
- Employment or education
- Abstinence
- Assess unmet physical and behavioral health needs
- Status hearings
- Cognitive-Behavioral Programming
- Establish personal participant goals
- Any additional needs

Eligible participants must complete the Screening Process before a decision is made on program entry, as follows:

Screening Stage/Process

Goal: The goal of the screening process is to ensure the admission of participants is in compliance with the Nebraska Best Practice Standards for Young Adult Courts.

The screening process requires the completion of:

- Validated Screens and Assessment(s) completed (e.g. LS/CMI, SSI, SRARF, Mental Health Screening Form III, and Financial Eligibility Screen).
- Evaluation(s) completed following the Nebraska Supreme Court's Standardized Model for the Delivery of Substance Use Services, as needed.

- A mental health evaluation completed by a licensed behavioral health or medical professional relying on some set of standardized and validated assessment tools, as needed.
- Baseline drug test.

Note: Collateral information obtained during the Screening Stage shall be used to determine eligibility for voucher access and utilized to determine if there is a need for additional assessment(s). Information obtained during this process can be utilized to access adult behavioral health services.

Phase 1: Stabilization

Goal: To establish a foundation of support through treatment, initial stabilization and ancillary services.

To show progress, a participant must adhere to their individualized treatment plan, which includes the following:

- Creation of individualized program plan
- Approved residence
- Drug testing, as determined necessary
- Referral for unmet medical needs
- Begin or continue treatment
- Creation of peer support group plan in consultation with treatment provider
- Begin or continue involvement in community-based services, as needed
- Status hearings

Young Adults shall complete objectives, display program compliance and demonstrate meaningful progress with the young adult's individual treatment and supervision plans to be eligible for advancement.

Phase 2: Community Transition

Goal: The major goals for phase 2 are to reduce criminogenic risk/needs, strengthen community supports and progress toward independence through the application of learned skills and behavior change. The participant must show continued progress with completing his or her individualized treatment plan.

Continued expectations from Stabilization:

- Creation of individualized program plan
- Approved residence
- Drug testing, as determined necessary
- Referral for unmet medical needs
- Begin or continue treatment

- Creation of peer support group plan in consultation with treatment provider
- Begin or continue involvement in community-based services, as needed
- Status hearings

Additional expectations for the young adult:

- Cognitive-Behavioral Programming (MRT/DBT)
- Progress in empathy awareness programming
- Life Skills (hygiene, budgeting, vocational rehabilitation)
- Healthy lifestyles (dental/medical, nutrition, exercise)
- Obtain/maintain employment and/or further education
- Obtain a valid driver's license or begin process of obtaining a valid driver's license

Young adults shall complete objectives, display program compliance and demonstrate meaningful progress with the young adult's individual treatment and supervision plans to be eligible for advancement.

Phase 3: Maintenance

Goal: The major goals in phase 3 are to establish sustainable strategies for healthy and prosocial community involvement, such as practicing coping skills to avoid relapse, sustaining behavior change and building healthy, prosocial relationships through the development of independent living skills, such as developing support systems, becoming economically self-sufficient and building a crime-free lifestyle.

Continued expectations from Stabilization:

- Creation of individualized program plan
- Approved residence
- Drug testing, as determined necessary
- Referral for unmet medical needs
- Begin or continue treatment
- Creation of peer support group plan in consultation with treatment provider
- Begin or continue involvement in community-based services, as needed
- Status hearings

Continued expectations from Community Transition:

- Cognitive-Behavioral Programming (MRT/DBT)
- Progress in empathy awareness programming
- Life Skills (hygiene, budgeting, vocational rehabilitation)
- Healthy lifestyles (dental/medical, nutrition, exercise)
- Obtain/maintain employment and/or further education
- Obtain a valid driver's license or begin process of obtaining a valid driver's license

Additional expectations for the young adult:

- Completing or demonstrating progress toward treatment goals
- Addressing financial obligations
- Gainful employment and/or education
- Complete Cognitive-Behavioral Programming
- Positive community involvement
- Complete Independent Living Plan for a healthy and law-abiding lifestyle

Young adults shall complete objectives, display program compliance and demonstrate meaningful progress with the young adult's individual treatment and supervision plans to be eligible for advancement, as assessed by the Young Adult Court team.

Program Completion Requirements

Goal: The major goal of graduation is demonstrating the skills to live an independent, sober, healthy and prosocial lifestyle.

Graduation Requirements

- 90 days sustained abstinence
- 90 days continuous employment or successful involvement in educational programs
- Sustained Success Plan
- Fees paid in full
- Positive community engagement
- Completion of all Young Adult Court programming requirements

Appendix II
Supporting Evidence for the Young Adult Court Team

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013), p.34-40; and (2015), p.38-58.

A. Program Planning and Oversight

Engaging the community in the planning and implementation of a new program such as a Young Adult Court has been consistently identified as essential to successful implementation (Fixsen, et al., 2005). Implementation literature across different domains (including business, education and criminal justice) consistently cites the importance of "stakeholder involvement" and "buy-in" throughout the implementation process (Fixsen, et. al., 2005). Rogers (2002) identified communication, a clear theory of change that makes the case for the intended changes (in this case, implementing the Young Adult Court model), and the development of champions who can consistently advocate as key to implementation. Adelman and Taylor (2003), in the context of education, described some early stages of preparation for adopting innovations that include developing a "big picture" context for the planned program or intervention (How is the problem currently addressed? How will the planned intervention add value to current efforts?), mobilizing interest, consensus, and support among key stakeholders, identifying champions, and clarifying how the functions of the intervention (Young Adult Court) can be institutionalized through existing, modified, or new resources. A 2010 national survey of drug court professionals (judges, prosecutors, defense attorneys, drug court coordinators, treatment providers, probation officers, law enforcement officers and others) found that focusing on procedures and consistently monitoring fidelity to the drug court model can prevent team and program drift (Van Wormer, 2010).

A localized study of a Mental Health Court in Brooklyn, New York, found that when the team, consisting of professionals, judges, defendants, prosecutors, defense attorneys, clinical staff, and community providers, worked closely, it allowed the court to take on difficult cases and work together more efficiently to provide stability and well-rounded assistance for their clients (Fisler, 2005). The close working proximity of these team members also allows for the team and the program to maintain a consistent plan for the clients.

B. Team Composition

Problem Solving Courts have found success when involving many different team members that aid in the diverse needs of the clients in these courts; these members could include: judges, public defenders, state attorneys, prosecutors, treatment providers, clinical staff, law enforcement officers, probation or parole officers, and community support staff, among others (Carey et al., 2005; Carey et al., 2008; Fisler, 2005; Hiday, et al., 2014; Redlich, et al., 2006; Rossman, et al., 2012; Watson, et al., 2001). A national study that examined 69 drug courts

found that when law enforcement officers were included on the team, there was an 87% reduction in recidivism and a 44% increase in cost savings when compared to courts that did not include these personnel (Carey et al., 2012). Furthermore, in their process evaluation of eight federally funded reentry courts, Lindquist, Hardison, Rempel & Carey (2013) found that the problem solving court teams almost always included a judge, case managers, supervision officers and treatment providers but did not frequently involve the participation of law enforcement agents.

More details on the benefits of diverse teams are covered in sections C and D below.

C. Pre-Court Staffing Meetings

Collaboration among team members is crucial for the success of the program and its participants. McGaha et al. (2002) found that with systematic collaboration by the Mental Health Court team, significantly reduced participant attrition. This level of collective effort can only be successful if all team members are regularly attending pre-court staffing meetings.

Recidivism and cost savings have also resulted from regular staff meeting attendance. Carey et al., (2012) found reduced recidivism and increased cost savings in a study of 69 drug courts; this study included key informant interviews, site visits, focus groups and document reviews. Compared to courts in which defense attorneys did not regularly attend pre-court, those courts where defense attorneys attended realized a 20% reduction in recidivism. In the same study, a 93% increase in cost savings resulted when a defense attorney was present, compared to courts in which such persons did not attend pre-court staffing meetings. When a coordinator was present in the meetings, there was a 58% reduction in recidivism and a 41% increase in cost savings compared to courts that did not have a coordinator present. As for law enforcement attending the same drug court staffing meetings, there was a 67% reduction in recidivism and an increase in cost savings of 42% compared to courts that did not have law enforcement present. Drug Courts in which treatment providers regularly attend meetings realized a 105%, a reduction in recidivism as compared to drug courts that did not have treatment providers regular present in these meetings. In courts where the judge, attorneys, treatment representative, coordinator, and probation officer, all attended staff meetings, cost savings was increased by 20% and recidivism was reduced by 50% as compared to drug courts where all of these individuals did not collectively attend.

D. In-Court Status Hearings

Collaboration among team members is crucial for the success of the program and its participants. McGaha et al. (2002) found that with systematic collaboration among the Mental Health Court team members during court procedures, that court realized significant reduction in attrition. This level of collective effort can only be successful if all team members are regularly attending court status hearings.

When members of the Problem-Solving Court team work collaboratively during status hearings, concerns about participants and their progress in the court or treatment can be addressed and rectified promptly. In a study of four Mental Health Courts across the United States, the quick responses and actions by the team (judges, public defenders, attorneys, family members, and treatment providers) allowed the team to collaborate more efficiently and for the team members and participants to feel greater satisfaction with the Mental Health Court (Watson et al., 2001). In this same study, one court was able to address the lack of certain types of services and was therefore able to add additional services to address this need. The same issues of lacking services was an issue that another court in this study became aware of due to the collaborative work of the Mental Health Court team during hearings with their clients. These concerns might not have been addressed as quickly, or at all, if all members of the Mental Health Court team were not present.

Additionally, Carey et al., (2012) looked at the impact of team member attendance in drug court status hearings and found that drug court hearings where treatment representatives were present had a reduction in recidivism of 105% as compared to courts where these individuals were not present. In addition the courts that had treatment representatives present enjoyed an 81% cost savings. The same study found that when law enforcement were present during status hearings, there was an 83% reduction in recidivism and 64% increase in cost savings compared to drug courts in which these individuals did not regularly attend. Additionally, when the judge, both attorneys, treatment representatives, probation officers, and a coordinator were all present for the status hearings, there was a 35% reduction in recidivism and a 36% increase in cost savings compared to drug courts in which these individuals did not regularly attend.

E. Communication

An important part of the effective and efficient processes of a Problem Solving Court is the communication between members of the team. Fisler (2005) assessed the communication within a Mental Health Court in Brooklyn, New York and found that when the communication was detailed, timely and candid, the treatment for participants was ultimately more effective.

Other problem-solving courts have emphasized the importance of communication in many aspects of the courts (Carey et al., 2008; Wolfe et al., 2004). Carey et al. (2012) assessed the impact of email communication in their study of 69 drug courts. When communication protocols (email, for example) were in place, there was a 119% reduction in recidivism and 39% cost savings. Additionally, research in interdisciplinary collaboration highlights the role of communication in enhancing collaboration on interdisciplinary teams (Stokols et al., 2008). Furthermore, in their process evaluation of 8 federally funded reentry courts, Lindquist, et al., (2014) showed that communication among team members is frequent and that there were no central hubs so that all team members interacted freely and openly with all other team members.

Finally, Van Wormer (2010) completed a process evaluation focusing on the team members in a drug court and found the highest levels of collaboration between case managers, drug and alcohol providers, judges and mental health treatment providers. Respondents attributed their ability to engage in creative problem solving, understanding and incorporating diverse views, obtaining mutually-established goals, responding to client needs and matching services to program needs to the high quality communication links that they had established.

F. Initial and Continuing Education

Epperson and Lurigio (2016) assessed how specialized mental health training would affect the relationships between probation officers and their clients. These researchers conducted interviews with the probation officers, staff and probationers, and collected data for 5-6 years on 864 clients involved in programs in a Chicago, Illinois county and found that that the probation officers were significantly more sensitive to the role that mental health plays in criminal behavior. Additionally, these officers with mental health training focused more on building their relationships with their clients and ensuring that those with mental health issues received the treatments they needed. In addition, the officers with mental health training used greater discretion and strategic deployment of sanctions and violations compared to the officers who had not had the training. Furthermore, in the same study, the clients viewed their experience in probation more favorably with officers who had had specialized mental health training than the officers who did not have the training. Overall, this study did not find significantly different outcomes for probationers in terms of post-probation arrest or recidivism when their officers did or did not have the mental health training, but the results did suggest that the officers with the specialized training cultivated better relationships with probationers and focused more heavily on treatment.

It is important to assess participants who might exhibit trauma-related symptoms who might require trauma-specific services (Bath, 2008). Bath (2008) focused on participants in drug court who required trauma services. This treatment began in the first phase of the drug court and continued, as necessary, throughout the client's time in the program. Bath (2008) concludes that all though not all participants with trauma histories require formal post-traumatic stress disorder (PTSD) treatment, all staff, including court personnel and criminal justice professionals, should be trauma-informed.

Carey et al. (2008) compared 18 different courts, some of which were business-as-usual courts, some were drug courts in which all staff received training, and other drug courts were those in which not all staff received training. Drug courts that had the entirety of their staff trained showed a 41% increase in cost savings compared to business-as-usual courts, and drug courts that did not have all of their staff trained. Furthermore, the courts with partial training showed an 8% cost savings compared to business-as-usual courts. When comparing graduation rates in the same study, drug courts that trained all their staff demonstrated a 63% graduation rate compared to a 40% graduation rate for drug courts that did not train all staff. In a follow-up

study, Carey et al. (2012) assessed 69 drug courts and found that when these courts trained staff before program implementation, recidivism fell by 55%, and there was a 238% greater cost savings compared to courts that did not train their staff before implementing the program. Van Wormer (2010) surveyed 295 drug court staff and found that to combat "team drift," it is essential to continue education for the staff. Many researchers have also found that training can improve implementation (Latessa & Lowenkamp, 2006, Melde et al., 2006; Rhine et al., 2006; Murphy & Lutze 2009).

G. Roles and Responsibilities

In their assessment of team decision-making across three problem solving courts, Crea et al. (2009) showed that fidelity to the program model is critical and that clear role definitions enhances program fidelity. The team drift literature points to the need for clear definitions of roles and ongoing education to keep programs focused on their mission (Van Wormer, 2010). Van Wormer (2010) also found that team members felt greater professional satisfaction when there was continued training and communication between team members. Continued collaboration allowed team members to recognize their role in the group and to contribute more to their team.

H. Supervision Caseloads

While few evaluations of Young Adult Courts can help inform the maximum number of clients served at a given time and the length of the program, two have published data from which one can infer some supervision load information. First, the Brooklyn Young Adult Court, recently expanded to include individuals aged 16 to 24 (known as the Young Adult Initiative) and served 1,057 defendants in 2016 (Pooler & Dalve, 2019). The average amount of time from arraignment to plea agreements was 3.5 months, and most interventions (82%) occurred in less than five days (Pooler & Dalve, 2019). The San Francisco Young Adult Court, alternatively, served 123 clients between 2015 and 2017 (Henderson-Frakes, Leshnick, & Diaz, 2017). The average time to complete the four-phase program is between 10 to 18 months (Henderson-Frakes, Leshnick, & Diaz, 2017). One YAC case manager serves clients on probation. During the evaluation period, there were 34 clients on probation (thus a client to supervisor ratio of 34 to 1.) The remaining clients receive services through the Felton Institute / Family Services Agency; however, the number of staff dedicated to the YAC clients was not clear (Henderson-Frakes, Leshnick, & Diaz, 2017). The San Francisco Court interviewed two additional Young Adult Courts in the country: Douglas County YAC in Nebraska and Kalamazoo Young Adult Diversion Court. The Kalamazoo YADC serves young adults aged 17 to 20 and has a maximum of 20 participants in the program at any given time (Henderson-Frakes, Leshnick, & Diaz, 2017). The program takes 6 to 8 months on average to complete, although some clients have taken the full 24 months allotted to the program (Henderson-Frakes, Leshnick, & Diaz, 2017). The San Francisco YAC format closely resembles Douglas County's Young Adult Court.

Other data not directly on point are instructive. For example, a nation-wide study of 86 Mental Health Courts in the United States found that the median number of clients in the court was 36 (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006). The same study found that as the number of clients increased, court appearances decreased, resulting in fewer interactions with the Mental Health Court team; therefore, clients might not be able to access or adjust their treatment as needed. Additionally, a localized study of two Mental Health Courts in New York stated that their case manager capacity ranges between 15 and 25 clients. These courts had experienced staffing cuts, which resulted in the higher range; these courts strive to keep their caseloads lower in order to assist clients more effectively. Arguably, the nature of the population served in Mental Health Courts requires a lower client to staff ratio than Young Adult Courts require.

The American Parole and Probation Association (APPA) introduced caseload guidelines in 2006, including guidelines regarding intensive supervised probation (ISP) (DeMichele, 2007). ISP serves high-risk, high-need probationers who are at a higher risk of failing probation and having elevated social service and treatment needs (Petersilia, 1999). The APPA's recommendation for caseloads is 50:1 for moderate-risk and high-risk probationers without serious social-service or treatment needs, and caseloads of 20:1 for high risk, high-need probationers (Byrne, 2012; DeMichele, 2007). A randomized experiment confirmed that clients on a 50:1 caseload received more services (substance abuse and mental health treatment, probation office sessions, telephone check-ins, employer contacts and field visits) compared to clients who were supervised by officers with higher caseloads (Jalbert & Rhodes, 2012). In the same study, the researchers found better probation outcomes for clients on a 50:1 caseload because they were receiving more services. These clients had fewer positive drug tests and fewer technical violations. Probation officers with caseloads substantially above the 50:1 recommendation had difficulty monitoring probationers closely and reducing technical violations (Jalbert & Rhodes, 2012).

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Appendix III
Supporting Evidence for Target Population, Eligibility, Referral, Entry and Orientation

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals, (2013), p.6 – 10, 13; and (2015) p.59-73.

A. Objective Eligibility and Exclusion Criteria

Research on problem-solving courts show that subjective eligibility criteria, including suitability determinations based on defendant motivation for change or readiness for treatment, have no impact on graduation or post-program recidivism rates (Carey & Perkins, 2008; Rossman et al., 2011). Standardized assessment tools are significantly more reliable and valid than professional judgment for predicting success in correctional supervision and matching participants to appropriate treatment and supervision services (Andrews et al., 2006; Bhati et al., 2008; Miller & Shutt, 2001; Shaffer, 2010; Sevigny et al., 2013; Wormith & Goldstone, 1984).

B. Validated Eligibility Assessments

Problem-solving courts should use validated assessment tools to assess risk and need. Research suggests that standardized assessment tools are significantly more reliable and valid than professional judgment for predicting success in correctional supervision and matching defendants to appropriate treatment and supervision services (Andrews et al., 2006; Miller & Shutt, 2001; Wormith & Goldstone, 1984). Courts that employ standardized assessment tools to determine candidates' eligibility for the program have significantly better outcomes than courts that do not use standardized tools (Shaffer, 2010).

Eligibility assessments should be performed along the dimensions of both risk and need to match defendants to appropriate levels of criminal justice supervision and treatment services, respectively (Andrews & Bonta, 2010; Casey et al., 2011; Marlowe, 2009). Most substance use screening tools are not sufficient for this purpose because they do not accurately differentiate substance dependence or addiction from lesser degrees of substance use or substance involvement (Greenfield & Hennessy, 2008; Stewart, 2009) nor do they assess risk for reoffending. Assessment tools used to determine candidates' eligibility for programs—which are often validated on samples of predominantly Caucasian males—should not be assumed to be valid for use with minorities, females, or members of other demographic subgroups (Burlew et al., 2011) Studies have found that women and racial or ethnic minorities interpreted assessment items differently than other test respondents, making the test items less valid for these groups (Carle, 2009; Perez & Wish, 2011; Wu et al., 2010).

While there is an extensive literature on the reliability and validity of some risk instruments (e.g., the LSI family of risk and need assessments), more generally, there is a need to verify that risk and need tools are valid in the populations in which professionals use them (Desmarais, Johnson, & Singh, 2016). That is, in order to verify that instruments are empirically valid and that they show no evidence of bias, researchers need to test them separately for specific populations. It is most important that validated instruments produce similar predictive results for minority and nonminority samples. Perhaps most importantly, practitioners should determine whether existing risk instruments give rise to minority disparities in predicting risk because of actual differences in participating populations, or alternatively, because of bias in the instruments, or bias in the ways practitioners utilize them (Monahan & Skeem, 2016). Furthermore, instruments should not confuse the concepts of risk (predicting future criminogenic behavior) and blame (explaining past criminogenic behavior) (Monahan & Skeem, 2016).

There is a specific literature that examines the use of risk tools for specific purposes. For example, in their evaluation of the eight NESCAARC reentry courts, Lindquist et al. (2013, 2014) point out the importance of utilizing risk and need as eligibility criteria for clients. They report each of the 8 federally funded reentry courts made use of one of several validated risk assessment instruments including the Level of Service Inventory- Revised (LSI-R), Level of Service/Case Management Inventory (LS/CMI), Risk and Needs Triage (RANT), Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), Ohio Risk Assessment System (ORAS), and the Wisconsin Risk Assessment tool.

Jimenez, Delgado, Vardsveen and Wiener (2018) studied the validity of the LS/CMI as probation officers in the state of Nebraska use it to evaluate risk and need in community corrections. The first study found the predictive validity of the LS/CMI in 19,344 probationers over a 5.5-year period (January 2007-July 2013) indicated that it was a valid predictor of recidivism (return to probation). However, the instrument did show some significant, but very small, differences (very small effect sizes) for non-minorities as compared to minorities. Minorities did show higher risk than did non-minorities on seven of the eight criminogenic factors. Study 2 employed a true randomized experiment to determine if these slight prediction differences were due to greater risk in the population or bias in the application of the instrument. The results of this experiment showed very little bias in the instrument and no evidence that officers demonstrated racial bias in how they administered the LS/CMI. Jimenez et al. (2018) verified that the LS/CMI was a valid and unbiased instrument for use with Nebraska probationers. The Nebraska Young Adult Courts will utilize LS/CMI for its inclusion eligibility criteria.

Description of LS/CMI

The Level of Service/Case Management Inventory (LS/CMI) is an assessment that measures the risk and need factors of late-adolescent and adult offenders (Andrews, Bonta, & Wormith, 2006). The LS/CMI is also a fully-functioning case management tool. This single application

provides all the essential tools needed to aid professionals in the treatment planning and management of offenders in justice, forensic, correctional, prevention and related agencies. The inventory consists of a commonly used set of scales with over 1 million administrations (internationally) in 2010 alone (Andrews & Bonta, 2010). Each scale includes a series of binary items that together measure one of the "Big Four" predictors of criminal behavior (i.e., criminal history, antisocial attitudes, antisocial associates, and antisocial personality) or one of the remaining four scales that make up the "Central Eight" criminogenic factors (i.e., education/employment, family/marital status, leisure recreation and substance abuse). Most recently, Olver, Stockdale, and Wormith (2011) conducted a large-scale meta-analysis of all LSI scales, which included 128 studies and 130,833 offenders and found a moderate effect size (r = .30) using a random effects model to predict general (not violent) community recidivism. In the U.S., the effect size was slightly lower, but still significant (r = .22). Wiener found the validity coefficient of the LS/CMI in Nebraska to be similar to the rest of the United States with an r-value of .21.

C. Risk-Based Eligibility

A substantial body of research shows that problem-solving courts that focus on high-risk/high-need defendants[3] reduce crime approximately twice as much as those serving less serious defendants (Cissner et al., 2013; Fielding et al., 2002; Lowenkamp et al., 2005) and return approximately 50% greater cost savings to their communities (Bhati et al., 2008; Carey et al., 2008, 2012; Downey & Roman, 2010). Often problem-solving courts use risk as the default eligibility criteria, this phenomenon was reviewed in reentry courts by Lindquist et al., (2013), also including moderate to high-risk clients. This risk and need eligibility assessment is the approach for Nebraska Problem-Solving Courts.

The RNR (risk, need, responsivity) model of intervention in the criminal justice system states that interventions should match risk so that high-intensity interventions are suitable only for high-risk individuals (Dowden & Andrews, 1999; Dowden & Andrews, 2000; Dowden, Antonowicz, & Andrews, 2003). The need principle refers to the fact that interventions should target the criminogenic needs as assessed through a valid and reliable assessment instrument and the responsivity principle states that treatments should use evidence-based interventions such as cognitive-behavioral therapy. Therefore, the criminal justice system should retain high-intensity case management and interventions like Young Adult Courts for individuals who score high in risk and high in need on a validated instrument, such as the LS/CMI that Nebraska Probation uses.

[3] Those who are (1) addicted to or dependent on illicit drugs or alcohol and (2) at high-risk for criminal recidivism or failure in less intensive rehabilitative dispositions.

D. Trauma-Informed Services

Evidence-based treatments for individuals diagnosed with PTSD are manualized, standardized, and cognitive-behavioral in orientation (Benish et al., 2008). Best practices for effective intervention focus on objectives including: creating a safe and dependable therapeutic relationship between participant and therapist; encouraging participants to cope with negative emotions without resorting to avoidance behaviors such as substance use; helping participants construct a "narrative" of their traumatic histories to facilitate a productive and healthy understanding of the traumatic events and to prevent future re-traumatization; and gradually exposing participants to memories and images of the event in order to reduce feelings of panic and anxiety associated with the event (Benish et al., 2008; Bisson et al., 2007; Bradley et al., 2005; Mills et al., 2012).

E. Criminal History Disqualifications

Research on criminal history disqualification focuses on disqualifying defendants who have been charged with, or have a history of, committing three classes of offenses: 1. felony theft and property crimes; 2. violent crimes; and 3. drug dealing. Research shows that not only are drug courts effective in reducing recidivism among individuals charged with felony theft and property crimes, but courts that serve these populations yielded almost twice the cost savings compared to those that did not (Carey et al., 2008, 2012). The additional costs savings were attributed to the fact that cost-savings associated with reduced recidivism for these more serious offenses were greater than those associated with reduced recidivism associated with simple drug possession cases (Downey & Roman, 2010). Research on defendants with a history of violent crime in drug courts show more mixed results. Some studies find they perform as well or better than nonviolent participants (Carey et al., 2008, 2012; Saum & Hiller, 2008; Saum et al., 2001) but two meta-analyses demonstrated that drug courts which include defendants charged with violent crimes are significantly less effective than those that do not (Mitchell et al., 2012; Shaffer, 2010). The most likely explanation for this discrepancy is that some of the drug courts might not have provided adequate services to meet the need and risk levels of violent defendants. Less research has been conducted on the inclusion of individuals charged with drug dealing. Existing studies suggested that these individuals can perform as well (Marlowe et al., 2008) or better (Cissner et al., 2013) than other participants in drug court programs.

One study looked at the relationship between index offense and recidivism for young adults with violent and non-violent offenses and concluded that the index offense is not a good predictor of recidivism (Brock et al., 2014). Therefore, it is not beneficial to a program to exclude potential participants based on index offense.

F. Clinical Disqualifications

Assuming that adequate services are available, there is no empirical justification for excluding addicted defendants with co-occurring mental health or medical problems from participation in problem-solving courts. Mental illness, in and of itself, is not recognized as being criminogenic (Skeem & Petersen, 2012). A national study of twenty-three adult drug courts found that drug courts were equivalently effective for a wide range of participants regardless of their mental health conditions (Rempel et al., 2012; Rossman et al., 2011; Zweig et al., 2012). Another study of approximately seventy drug courts found that programs that excluded defendants with serious mental health issues were significantly less cost-effective and had no better impact on recidivism than drug courts that did not exclude such individuals (Carey et al., 2012). Because mentally ill individuals are likely to cycle in and out of the criminal justice system and use expensive emergency room and crisis-management resources, intervening with these individuals in drug courts (assuming they are drug addicted and at high-risk for treatment failure) has the potential to produce substantial cost savings (Rossman et al., 2012; Skeem et al., 2011).

A valid prescription for medication to treat drug addiction should not serve as the basis for a blanket exclusion from a problem-solving court (Parrino, 2002). Numerous controlled studies have reported significantly better outcomes when addicted participants received medically assisted treatments including opioid antagonist medications such as naltrexone, opioid agonist medications such as methadone, and partial agonist medications such as buprenorphine (Chandler et al., 2009; Finigan et al., 2011; National Institute of Drug Abuse, 2006).

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Appendix IV
Supporting Evidence for Program Structure

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013), p.19-24, 40-51; and (2015), p.51-58.

A. Program Capacity

As the number of participants increases, supervision availability decreases. Redlich et al. (2006) found that as the number of clients increased, the frequency of their court appearances decreased, which resulted in fewer interactions with the court, and thus, less supervision by the team.

Recidivism reduction declines significantly as program size increases beyond the capabilities of the program. A study of 69 drug courts found that programs with less than 125 participants had over five times the reduction in recidivism compared to those with 125 or more participants (Carey et al., 2012). Research also suggests that to avoid the decrease in positive outcomes associated with a larger number of participants, larger programs should regularly monitor their practices to ensure that they maintain fidelity to the problem-solving court model and to best practices (Carey et al., 2012). It is unnecessary for problem-solving courts to place arbitrary restrictions on program size, and it should be a goal of drug courts to serve every drug addicted person in the criminal justice system who meets evidence based eligibility criteria for the programs (Fox & Berman, 2002). However, many courts are not equipped with the resources to increase capacity and continue to deliver quality services. A study of approximately seventy drug courts found a significant inverse relationship between the size of the drug court census and the effects on criminal recidivism (Carey et al., 2008b, 2012). Programs evidenced a steep decline in effectiveness when the census exceeded 125 participants, and drug courts with fewer than 125 participants were five times more effective in reducing recidivism than drug courts with more than 125 participants (Carey et al., 2012). Staff should monitor court operations, and if some operations are drifting away from best practices, a remedial action plan should be implemented to rectify the deficiencies, such as hiring additional staff, purchasing more drug and alcohol tests, providing continuing education for staff, or scheduling status hearings on more days of the week.

The American Parole and Probation Association (APPA) introduced caseload guidelines in 2006, including guidelines regarding intensive supervised probation (ISP) (DeMichele, 2007). ISP is designed for probationers that are both high-risk and high-need, and as such are at higher risk of failing probation and having serious social service and treatment needs (Petersilia, 1999). Mental Health Courts are comparable to ISP because they are intended for high-risk and high-need or moderate risk and severe need individuals. APPA recommends caseloads of 50:1 for moderate-risk and high-risk probationers without serious social service or treatment needs, and

caseloads of 20:1 for high-risk, high-need probationers (Byrne, 2012; DeMichele, 2007). A randomized experiment confirmed that probationers on a 50:1 caseload received more services, including substance use and mental health treatment, probation office sessions, telephone check-ins, employer contacts, and field visits than probationers supervised by officers with higher caseloads (Jalbert & Rhodes, 2012). As a result of receiving more services, probationers on a 50:1 caseload had better probation outcomes, including fewer positive drug tests as well of fewer technical violations (Jalbert & Rhodes, 2012). Probation officers with caseloads substantially above the 50:1 recommendation had difficulty monitoring probationers closely and reducing technical violations.

B. Program Entry

Carey et al. (2012) also found that programs in which the time between arrest and program entry was 50 days or less had a 63% greater reduction in recidivism when compared to programs in which the time between arrest and program entry was longer. A study of 18 drug courts found that a shorter time between arrest and entry into the program was associated with lower recidivism rates and greater cost savings (Carey et al., 2008a).

It is important for participants to receive necessary treatment as quickly as possible. Lowder, Demarais & Baucom (2016) found that each additional day between referral to the Mental Health Court and receipt of mental health services was associated with 1.03 fewer post-program jail days served.

SAMHSA's *Treatment Improvement Protocol 44* (Center for Substance Abuse Treatment, 2005) recommends providing screening and assessment at the earliest point possible and moving defendants into treatment as soon as possible.

C. Successful and Unsuccessful Program Termination, and Program Duration

1. Benefits of Program Participation AND 2. Consequences for Unsuccessful Program Exit

A national study of twenty-three adult drug courts, the NIJ-Multisite Adult Drug Court Evaluation (MADCE), finds better outcomes for courts that provide participants with a written schedule of rewards for participation and sanctions for non-compliance prior to beginning participation (Rossman et al., 2011). The same study found that programs in which clients perceived that courts had a higher degree of leverage over them (e.g. that they were being closely monitored and that the consequences of noncompliance would be negative) prevented more crimes than those with a low degree of leverage (Rossman et al., 2011).

A meta-analysis of approximately sixty studies including seventy drug courts examined the relationship between recidivism and the type of reward associated with graduation (Shaffer,

2006). Shaffer (2006) found that drug courts are more effective at reducing recidivism when graduation leads to charges and/or motions to revoke probation being dismissed than when it is linked to avoiding a sanction.

In a Young Adult Court population, it is important for participants to know the details of the program because it will allow them to make educated decisions and be aware of progress requirements. Redlich & Summers (2010) examined two Mental Health Courts in New York and Nevada and found that 9-27% of participants demonstrated clinically significant impairments in their understanding of legal terms and concepts. Mild impairments were seen in 5-25% of participants. With deficits like these seen in a Mental Health Court population, it is also possible to see some level of deficits in a Young Adult Court population, and it is imperative that participants understand the workings of the problem-solving court and what will be expected of them. It is also important that participants understand that the Young Adult Court is a voluntary program. More than half of the participants surveyed in Redlich & Summers' (2010) study claimed to have not been told that the decision to enroll in the court was voluntary and were not told of the requirements of the court prior to enrollment. More than half also did not know that the final enrollment decision was theirs to make, they did not know they could leave the court program if they decided, and they could not name one disadvantage to being in the court (Redlich & Summers, 2010). Keeping participants in the dark about the happenings of the court program is detrimental to the operations of the court and the success of the participant.

3. Program Length

The amount of time each participant spends under court supervision and treatment should be based on the needs and treatment plan for that individual, but should not exceed the typical sentence and probationary period for the criminal charge. There is no established "model" of a Young Adult Court; most courts operate on their own guided, but often unwritten, rules and procedures (Berstein & Seltzer, 2003).

The MADCE study found that it is important to provide substance use treatment of sufficient duration to allow participants to alter their behavior and attitudes (Rossman et al., 2011). In a meta-analysis including 60 studies covering 76 distinct drug courts and 6 aggregated drug court programs, programs that lasted 8-16 months were significantly more effective in reducing recidivism than programs that were shorter or longer (Shaffer, 2006). In a study of 69 drug courts, programs that were 12 months or longer had a 57% greater reduction in recidivism than shorter programs (Carey et al., 2012). As Marlowe, Dematteo & Festinger (2003) point out, 12 months in substance treatment is required to reduce the probability of relapse by 50 percent. As they point out, twelve months of drug treatment appears to be the "median point" on the dose-response curve; that is, approximately 50% of clients who complete twelve months or more of drug use treatment remain abstinent for an additional year following completion of treatment.

4. Program Progression Structure

Several studies have found that using a written schedule of graduated sanctions and incentives is most effective in producing positive outcomes (Cissner & Rempel, 2005; Cissner et al., 2013; Harrell et al., 2000; Rossman et al, 2011). In a meta-analysis of adult drug courts including 92 studies, Mitchell et al. (2012) specifically examined multi-phase programs and found that programs with more than three phases had a larger reduction in drug recidivism than programs with fewer phases.

5. Graduation Requirements

a. Period of Time Abstinent Prior to Program Exit

In a study of 69 drug courts, programs in which participants were required to have at least 90 days of negative drug tests prior to successfully exiting the program had 164% greater reduction in recidivism and 50% greater cost savings than programs that required fewer days of abstinence (Carey et al., 2012).

b. Stable and Prosocial Activities and Environment

It is important to have participants make progress in all areas of their lives in order to be successful outside of the Young Adult Court. The Young Adult Court team should be present for the participants to give support and assist in finding resources when needed. Carey et al. (2012) also found that programs which require participants to have sober housing prior to graduation have 48% greater cost savings than programs which do not. In addition, programs which require participants to have a job or be in school prior to graduation have an 83% greater cost-savings than programs that do not. Andrews & Bonta (2010), when defining their new widely-applied *Risk-Needs-Responsivity (RNR)* model identified "prosocial recreational activities" as a criminogenic need that, if not met, is associated, if weakly, with recidivism.

Research has shown that it can be important for young adults in a Young Adult Court program to have their family's support throughout their participation in the program. Maddel, Thom & McKenna (2013) assessed the effect familial support had on the participants' progress throughout the program, and found that when a family had a negative attitude towards a program, the participant had a higher risk of not completing the program. Additionally, these researchers assessed social factors such as illegal drug use by caregivers, parents, siblings, or peers and found that this could increase drug use and delinquent behavior of the participant (Maddel, Thom & McKenna, 2013). It is important to have the family engaged in the program when necessary to allow the young adult to have the best chance for success.

c. Written Sustained Recovery Plan

The provision of after care services is associated with reduced recidivism (Van Voorhis & Hurst, 2000). In a random-assignment study of 453 veterans receiving substance use treatment, Seigal et al. (2002) found that engagement in aftercare with continued supervision and case management after completing treatment significantly reduced negative behavior.

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Appendix V
Supporting Evidence for Treatment

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013) p.38 – 49; and (2015) p.5-25.

A. Young Adult Court Interventions

Research indicates that successful problem-solving courts offer a continuum of care to meet individualized client needs. Mental Health Courts have been successful in increasing access of services to clients (Boothroyd et al., 2005). Outcomes are significantly better in Mental Health Courts that offer a continuum of care, including housing, employment, outpatient and inpatient services, medication management and crisis services, among others (Gonzales & McNiel, 2018; Herinckx et al., 2005; Luskin, 2013). Other problem-solving courts have also found significantly better outcomes in courts that offer a continuum of care including residential treatment and recovery, housing, and outpatient treatment (Carey et al., 2012; Koob et al., 2011; McKee, 2010). Participants who are placed initially in residential treatment should be stepped down gradually to day treatment or intensive outpatient treatment and subsequently to outpatient treatment[4] (Krebs et al., 2009). Moving participants directly from residential treatment to a low frequency of standard outpatient treatment has been associated with poor outcomes in substance use treatment studies (McKay, 2009; Weiss et al., 2008).

Significantly better results are achieved when substance use participants are assigned to a level of care based on a standardized assessment of their treatment needs as opposed to relying on professional judgment or discretion (Andrews & Bonta, 2010; Babor & Del Boca, 2002; Karno & Longabaugh, 2007; Vieira et al., 2009). Studies have confirmed that participants who received the indicated level of care according to the *American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders*[5] (ASAM-PPC) had significantly higher treatment completion rates and fewer instances of relapse to substance use than participants who received a lower level of care than was indicated (De Leon et al., 2010; Gastfriend et al., 2000; Gregoire, 2000; Magura et al., 2003; Mee-Lee & Gastfriend, 2008) and had equivalent or worse outcomes than those receiving a higher level of care than what was indicated (Lovins et al., 2007; Lowenkamp & Latessa, 2005; Magura et al., 2003; Wexler et al., 2004). The negative impact of receiving an excessive level of care appears to be most pronounced for participants below the age of twenty-five (DeMatteo et al., 2006; Lowenkamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000; Szalavitz, 2010).

[4] Broadly speaking, standard outpatient treatment is typically less than nine hours per week of services, intensive outpatient treatment is typically between nine and nineteen hours, and day treatment is typically over twenty hours but does not include overnight stays (Mee-Lee & Gastfriend, 2008).

[5] The *American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders* (ASAM-PPC) is the most commonly used placement criteria (Mee-Lee et al., 2010).

PTSD may also co-occur with substance use and anxiety disorders, further complicating treatment decisions (Friedman, 2014). The National Survey on Drug Use and Health found that "7.0 percent of participants aged 18 or older experienced past year serious psychological distress (SPD), 7.1 percent met the criteria for a past year substance use disorder (SUD), and 1.5 percent had co-occurring SPD and SUD (based on combined 2004-2006 data, SAMHSA, 2007)." The more recent 2009 National Post-Deployment Adjustment Survey yielded a 20 percent PTSD occurrence and a 27 percent alcohol misuse occurrence for those participants that had been deployed (Elbogen et al., 2012). The physical and psychological conditions participants face as a result of their service may also relate or lead to secondary social issues. It should also be noted that these issues may co-occur. For example, homeless veterans are more likely to have chronic medical conditions and mental health needs than other homeless adults (O'Toole, Conde-Martel, Gibbon, Hanusa & Fine, 2003).

Evidence suggests racial and ethnic minority participants may be more likely than non-minorities to receive a lower level of care than is warranted from their assessment results (Integrated Substance Abuse Programs, 2007; Janku & Yan, 2009).

When dealing with a young adult population, it is important to address all factors contributing to the risks and needs of the individual. Fougere, Thomas & Daffern (2012) assessed criminogenic needs of a young adult population. These researchers found that low intellectual functioning and one or more mental health diagnoses contributed to increased criminogenic risk factors. These risk factors negatively influenced the likelihood of engaging in social service programs (Fougere, Thomas & Daffern, 2012; Lapp, 2019; Stamm, 2016). Young Adult Court participants can benefit greatly, in both the short- and long-term by addressing any potential mental health, educational, or criminogenic concerns that would prevent them from completing the program successfully. Lapp (2019) suggested programs that would be beneficial to Young Adult Court participants, based off of an individualized treatment plan; the suggested programs include life skills, counseling, educational and vocational training, and the use of other individualized, community-based, rehabilitative focused services. The main goal for these Young Adult Court participants is to give tools to the individual to lead an independent and productive adulthood.

B. Limitations on the Use of Confinement

Costs and involvement in the criminal justice system (arrests) are reduced significantly when individuals with serious mental illnesses are given stable, supervised housing and effective treatment (Clark, Ricketts, & McHugo, 1999). The same study found that the cost of an arrest and processing through the legal system was far greater than the treatment needed by these individuals, and when these individuals were compliant in their treatment, they were able to avoid involvement with the criminal justice system (Clark, Ricketts, & McHugo, 1999).

Studies looking at other problem-solving courts have found similar results. Relying on in-custody substance use treatment can reduce the cost-effectiveness of a drug court by as much as 45% (Carey et al., 2012). Also, research shows that substance use treatment provided in jails or prisons is not particularly effective (Pearson & Lipton, 1999; Pelissier et al., 2007; Wilson & Davis, 2006). Although specific types of in-custody programs, such as therapeutic communities (TCs), have been shown to improve outcomes for jail or prison inmates (Mitchell et al., 2007), most of the benefits of those programs were attributable to the fact that they increased the likelihood participants would complete outpatient treatment after their release from custody (Bahr et al., 2012; Martin et al., 1999; Wexler et al., 1999).

C. Team Representation

Engaging treatment providers as members of the problem-solving court team is critical for ensuring ongoing communication and collaboration that leads to improved participant outcomes. One assessment of a Mental Health Court in a Florida county found that the court utilized the state mental health agency and the largest mental health provider in the county to represent and manage treatment for participants. Having representatives from these agencies present during staff meetings and hearings allowed for quick responses during hearings and eased the processing through the court for participants; thus, participants had more effective treatment (Petrila et al., 2001).

Research on other problem-solving courts has found better outcomes when the number of treatment agencies used are limited. Outcomes are significantly better in problem-solving courts that rely on one or two primary treatment agencies to manage the provision of treatment services for participants (Carey et al., 2008, 2012; Shaffer, 2006; Wilson et al., 2006). In a study of 69 drug court programs, recidivism was reduced as much as two-fold in programs where representatives from these primary agencies are core members of the drug court team and regularly attend staff meetings and court hearings (Carey et al., 2012). This arrangement helps to ensure that timely information about participants' progress in treatment is communicated to the Young Adult Court team and treatment-related issues are taken into consideration when decisions are reached in staff meetings and status hearings. When courts are affiliated with large numbers of treatment providers, outcomes were enhanced for programs in which the treatment providers communicated frequently with the court via e-mail or similar electronic means (Carey et al., 2012).

D. Group Treatment Dosage and Duration

The longer participants remain in treatment and the more sessions they attend, the better their outcomes (Banks & Gottfredson, 2003; Gottfredson et al., 2007; Gottfredson et al., 2008; Peters et al., 2002; Shaffer, 2010; Taxman & Bouffard, 2005). A study of several Mental Health Courts found great variation between courts and even within each court. This allowed for treatment to be decided on a case-by-case basis, but treatment generally lasted between one and two years

(Bernstein & Seltzer, 2003). The same study also made a point to limit the length of supervision as not to exceed the typical sentence and probationary period for the charge (Bernstein & Seltzer, 2003).

For participants with substance use disorders, the best outcomes are achieved when the course of treatment extends over approximately nine to twelve months (270 to 360 days; Peters et al., 2002; Huebner & Cobbina, 2007). On average, for courts treating those addicted to drugs and at high risk of recidivism or treatment failure, participants will require approximately six to ten hours of counseling per week during the first phase of the program (Landenberger & Lipsey, 2005) and 200 hours of counseling over the course of treatment (Bourgon & Armstrong, 2005; Sperber et al., 2013). The most effective courts publish general guidelines concerning the anticipated length and dosage of treatment; but retain sufficient flexibility to accommodate individual differences in responses to treatment (Carey et al., 2012).

Significantly better results are achieved when substance use participants are assigned to a level of care based on a standardized assessment of their treatment needs as opposed to relying on professional judgment or discretion (Andrews & Bonta, 2010; Babor & Del Boca, 2002; Karno & Longabaugh, 2007; Vieira et al., 2009). Studies have confirmed that participants who received the indicated level of care according to the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders[6] (ASAM-PPC) had significantly higher treatment completion rates and fewer instances of relapse to substance use than participants who received a lower level of care than was indicated (De Leon et al., 2010; Gastfriend et al., 2000; Gregoire, 2000; Magura et al., 2003; Mee-Lee & Gastfriend, 2008) and had equivalent or worse outcomes than those receiving a higher level of care than what was indicated (Lovins et al., 2007; Lowenkamp & Latessa, 2005; Magura et al., 2003; Wexler et al., 2004). The negative impact of receiving an excessive level of care appears to be most pronounced for participants below the age of twenty-five (DeMatteo et al., 2006; Lowenkamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000; Szalavitz, 2010).

E. Treatment Modalities

Mental health and drug treatment can be provided in individual and group settings. Research shows that outcomes are significantly better in courts that require participants to attend individual sessions with a treatment provider or clinical case manager at least once per week during the first phase of the program (Carey et al., 2012; Rossman et al., 2011). Studies have shown that Mental Health Courts have significantly increased access to treatment needed by their participants (Boothroyd, et al., 2005; Luskin, 2013).

Group counseling can improve outcomes for Young Adult Court participants, but only under certain conditions. It is especially important that the groups apply evidence-based practices and

[6] The *American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders* (ASAM-PPC) is the most commonly used placement criteria (Mee-Lee et al., 2001).

that participants are screened for their suitability for group-based services (Andrews et al., 1990; Gendreau, 1996; Hollins, 1999; Lowenkamp et al., 2006). The size of the group also has implications for its effectiveness. Research indicates counseling groups are most effective with six to twelve participants and two facilitators (Brabender, 2002; Sobell & Sobell, 2011; Yalom, 2005). Groups with more than twelve members have fewer verbal interactions, spend insufficient time addressing individual members' concerns, are more likely to fragment into disruptive cliques or subgroups, and are more likely to be dominated by antisocial, forceful or aggressive members (Brabender, 2002; Yalom, 2005). Groups with fewer than four members commonly experience excessive attrition and instability (Yalom, 2005).

Evidence reveals group interventions may be contraindicated for certain participants, such as those suffering from serious brain injury, paranoia, sociopathy, major depression, or traumatic disorders (Yalom, 2005). Individuals with these characteristics may need to be treated on an individual basis or in specialized groups that can focus on their unique needs and vulnerabilities (Drake et al., 2008; Ross, 2008). Researchers have identified substantial percentages of drug court participants who may require specialized group services for comorbid mental illness (Mendoza et al., 2013; Peters, 2008; Peters et al., 2012) or trauma histories (Sartor et al., 2012). Better outcomes have been achieved, for example, in drug courts (Messina et al., 2012; Liang & Long, 2013) and other substance use treatment programs (Grella, 2008; Mills et al., 2012) that developed specialized groups for women with trauma histories.

When working with specific populations, like participants in Young Adult Court, it is important to consider needs of the participants that may not be as prevalent as in drug courts or reentry courts. Grieger et al. (2012) examined adolescents and young adults in detention facilities. During their research, they found that 24% of participants met the criteria for a severe conduct disorder. Additionally, these adolescents and young adult participants, aged 15 to 24 (average age was 20) were examined for symptoms of ADHD and their recidivism rates were tracked after leaving the program. These researchers found that participants with ADHD were not significantly more likely to reoffend compared to those without ADHD, but were reoffending sooner than those without the disorder (Grieger et al., 2012). Additionally, this study found that when participants were diagnosed with a severe conduct disorder before the age of 14, there was a 37% increase in the likelihood of violent recidivism in a 5-year follow-up. In a Young Adult Court, the participants might have certain needs that might be over-looked in other problem-solving courts, stressing the importance of an individualized treatment plan for each participant. Another study looked at young adults and their levels of development (Ishida, 2015). The study was based on the idea that young adults are developmentally more similar to juveniles than they are to adults. When engaging the young adults participating in a justice program in the study, the participants had increased successful outcomes and decreased recidivism when engaged in rehabilitative services and having adult responsibilities (employment, community engagement, etc.) (Ishida, 2015; Farrington, Loeber & Howell, 2012). It is important to address all of the needs of the Young Adult Court participants and encourage the transition into adulthood. Farrington, Loeber, & Howell (2012) stressed the importance of

providing programs to Young Adult Court participants that are essential to filling the conventional roles of adulthood, such as basic educational, social, and vocational skills.

Young Adult Courts must identify a range of complementary needs of its participants, refer them to indicated services, and ensure that the services are delivered in an effective sequence. This complex task must be informed by a professionally trained clinician or clinical case manager who can perform clinical and social service assessments, who understands how the services should be sequenced and matched to the participant, and who can monitor and report on participant progress (Monchick et al., 2006; Rodriguez, 2011). Generally, clinical case managers are social workers, psychologists or addiction counselors who have special training in identifying participant needs, referrals for indicated services, coordinating care between agencies, and reporting on participant progress in the program (Monchick et al., 2006; Rodriguez, 2011). Court case managers will generally administer a brief screening designed to identify participants who may require more substantial clinical assessments. Participants who score above a certain threshold on the screening instrument should be referred to a clinically-trained treatment professional for additional assessment.

F. Evidence-Based Treatments

A substantial body of research spanning several decades reveals that outcomes from correctional rehabilitation are significantly better when (1) individuals receive behavioral or cognitive-behavioral counseling interventions, (2) the interventions are carefully documented in treatment manuals, (3) treatment providers are trained to deliver the interventions reliably according to the manual, and (4) fidelity to the treatment model is maintained through continuous supervision of the treatment providers (Andrews et al., 1990; Andrews & Bonta, 2010; Gendreau, 1996; Hollins, 1999; Landenberger & Lipsey, 2005; Lowenkamp et al., 2006; Lowenkamp et al., 2010; Smith et al., 2009). Adherence to these principles has been associated with significantly better outcomes in problem-solving courts (Gutierrez & Bourgon, 2012) and in drug use treatment programs (Prendergast et al., 2013). Fidelity to the treatment model is maintained through continuous supervision of the treatment providers (Hollins, 1999; Landenberger & Lipsey, 2005; Lowenkamp et al., 2006; Lowenkamp et al., 2010; Lutze & Van Wormer, 2007; Smith et al., 2009).

Examples of manualized CBT curricula that have been proven to reduce criminal recidivism among prisoners include Moral Reconation Therapy (MRT), Reasoning and Rehabilitation (R&R), Thinking for a Change (T4C), Relapse Prevention Therapy (RPT) and the Matrix Model (Cullen et al., 2012; Dowden et al., 2003; Ferguson & Wormith, 2012; Landenberger & Lipsey, 2005; Lipsey et al., 2001; Lowenkamp et al., 2009; Marinelli-Casey et al., 2008; Milkman & Wanberg, 2007; Pearson et al., 2002; Wilson et al., 2005). The Matrix Model and RPT were developed for the treatment of addiction and MRT has been adapted successfully to treat drug-using prisoners (Bahr et al., 2012; Wanberg & Milkman, 2006) and problem-solving court participants (Cheesman & Kunkel, 2012; Heck, 2008; Kirchner & Goodman, 2007).

Researchers looking at the relationship between empathy and recidivism found that therapies and treatments focusing on empathy for victims had positive results with long term success in the program. This was the case for both violent and non-violent offenses (Bock et al., 2014).

G. Identify Services in Community to Target Participant Needs

Many successful Mental Health Courts have provided various ancillary services for their participants, such as parenting classes; individual, group and couples counseling (Luskin, 2013); trauma services; employment assistance (Herinckx, et al., 2005); and housing assistance (Gonzales & McNiel, 2018).

In a study of 69 drug court programs, Carey et al. (2012) found that programs that offered ancillary services had better outcomes than those that did not. Programs that offered mental health treatment had 80% greater recidivism reduction, those that offered parent classes had a 65% greater recidivism reduction and those that offered family/domestic relations counseling had 65% greater recidivism reduction, compared to programs that did not offer these services. Programs offering parenting classes reported 52% increase in cost savings and those offering anger management had 43% increase in cost savings compared to programs that did not offer these services.

I. Medication Assisted Treatment

Psychotropic medications have been found to provide significant short-term relief from distressing symptoms relating to mental health conditions (Hughes and Peak, 2013). A study by Hughes and Peak (2013) assessed the criminal justice system's reliance on psychotropic medications to treat those with mental illness in Mental Health Courts. These researchers stressed that clients can benefit from psychotropic medications, but this is not something that can be relied on heavily; other treatments and therapies can have better success in long-term contexts. This assessment suggests that psychotropic medications be available as a resource for clients, but not be the only resource available (Hughes and Peak, 2013).

Medications for Addition Treatment (MAT) can significantly improve outcomes for addicted persons (Chandler et al., 2009; National Center on Addiction & Substance Abuse, 2012; National Institute on Drug Abuse, 2006). Buprenorphine or methadone administered prior to and immediately after release from jail or prison has been shown to significantly increase opioid-addicted inmates' engagement in treatment; reduce illicit opioid use; reduce rearrests, technical parole violations, and re-incarceration rates; and reduce mortality and hepatitis C infections (Dolan et al., 2005; Gordon et al., 2008; Havnes et al., 2012; Kinlock et al., 2008; Magura et al., 2009). Positive outcomes have also been reported for antagonist medications, such as naltrexone, which are non-addictive and non-intoxicating. Studies have reported significant reductions in heroin use and rearrest rates for opioid-addicted probationers and

parolees who received naltrexone (Cornish et al., 1997; Coviello et al., 2012; O'Brien & Cornish, 2006). In addition, at least two small-scale studies reported better outcomes in DWI drug courts or DWI probation programs for alcohol-dependent participants who received an injectable form of naltrexone called Vivitrol (Finigan et al., 2011; Lapham & McMillan, 2011).

J. Provider Training and Credentials

Studies have found that clinicians with higher levels of education and clinical certification were more likely to hold favorable views toward the adoption of evidence-based practices (Arfken et al., 2005) and to deliver culturally competent treatments (Howard, 2003). A large-scale study found that clinically certified professionals significantly outperformed noncertified staff members in conducting standardized clinical assessments (Titus et al., 2012). Clinicians are also more likely to endorse treatment philosophies favorable to participant outcomes if they are educated about the neuroscience of addiction (Steenbergh et al., 2012). Providers are better able to administer evidence-based practices when they receive three days of pre-implementation training, periodic booster trainings and monthly individualized supervision and feedback (Bourgon et al., 2010; Edmunds et al., 2013; Robinson et al., 2012). Finally, research suggests treatment providers are more likely to be effective if they have substantial experience working with populations in criminal justice settings and are accustomed to functioning in a criminal justice environment (Lutze & Van Wormer, 2007).

K. Peer Support Groups

Research has found that individuals are very successful when they are involved in organized environments (in this case, peer support groups in mental health settings) that provide clear roles and expectations, professional autonomy and respect (Cronise et al., 2016; Davis 2013; Kuhn et al., 2015; Mancini, 2018; Moran et al., 2013; Myrick and del Vecchio, 2016).

Participation in self-help or peer-support groups is consistently associated with better long-term outcomes following a substance use treatment episode (Kelly et al., 2006; Moos & Timko, 2008; Witbrodt et al., 2012). Individuals who are court-mandated to attend self-help groups perform as well or better than non-mandated individuals (Humphreys et al., 1998). The critical variable appears to be how long the participants were exposed to the self-help interventions and not their original level of intrinsic motivation (Moos & Timko, 2008).

Successful outcomes for those with substance use disorders are more likely if participants attend self-help groups and also engage in recovery-relevant activities like developing a sober social support network (Kelly et al., 2011a), engaging in spiritual practices (Kelly et al., 2011b; Robinson et al., 2011), and learning effective coping skills from fellow group members (Kelly et al., 2009). Research has demonstrated that interventions can improve participant engagement in self-help groups and recovery activities. Examples include 12-step facilitation therapy (Ries et al., 2008), which teaches participants about what to expect and how to gain the most benefit

from 12-step meetings. In addition, intensive referrals improve outcomes by assertively linking participants with support-group volunteers who may escort them to the groups, answer any questions they might have, and provide them with support and camaraderie (Timko & DeBenedetti, 2007).

L. Trauma-Informed Services

Participants in problem-solving courts that exhibit trauma-related symptoms require specific, trauma-informed services beginning in the first phase of the program and continuing, as necessary, throughout the participant's enrollment in the program. Individuals in the criminal justice system with PTSD are nearly one and one-half times more likely to reoffend than individuals without PTSD (Sadeh & McNiel, 2015). Additionally, participants with PTSD are at a much greater risk of being discharged prematurely or dropping out of substance use treatment than participants without PTSD (Mills et al., 2012; Read et al., 2004; Saladin et al., 2014). Even though all participants with trauma histories may not require formal PTSD treatment, each staff member, including court personnel and criminal justice professionals, should receive trauma-informed training (Bath, 2008).

Trauma has been found to be a significant risk factor for the delinquency of young adult females (Wong, Slotboom & Bijleveld, 2010). The study examined risk factors for delinquency for males and females, aged 12 to 25 years old, and found that negative life events (trauma), negative maternal relationships and negative peer relationships were all significant risk factors for young adult females (Wong, Slotboom & Bijleveld, 2010). It is important for Young Adult Courts to consider trauma history for all participants, and how those traumas contribute both to their delinquency and success in the program.

M. Criminal Thinking Interventions

Problem-solving court participants frequently exhibit criminal thinking patterns that may lead to program failure and criminal recidivism (Gendreau et al., 1996; Helmond et al., 2015; Knight et al., 2006; Walters, 2003). Some Young Adult Court participants may hold counter-productive attitudes or values, have difficulty understanding their role in interpersonal conflict, as well as have difficulty anticipating consequences before they act. These anti-social sentiments can cause participants to be viewed as suspicious or manipulative and may lead to frequent conflict. There are several evidence-based cognitive-behavioral interventions to address criminal thinking patterns. Evidence-based programs that demonstrate improved outcomes for participants include Moral Reconation Therapy (Cheesman & Kunkel, 2012; Heck, 2008; Kirchner & Goodman, 2007), Thinking for a Change (Lowenkamp et al., 2009), and Reasoning & Rehabilitation (Cullen et al., 2012; Tong & Farrington, 2006). Studies suggest that the most beneficial time to introduce these interventions is after participants are stabilized in treatment and are no longer experiencing acute symptoms of withdrawal (Milkman & Wanberg, 2007).

Researchers have examined the behaviors that young adults exhibit that would trigger the need for participation in a Young Adult Court. Pope et al. (2020) and Judd et al. (2015) found that the developmental phase for young adults is incredibly important to their identity. Individuals who have high enough risk and need levels to participate in a Young Adult Court have taken on a deviant identity and have been labeled as criminals during this crucial developmental period, according to the researchers. This negative identity inhibits prosocial behaviors throughout the young adult's life and precipitates negative behaviors (Pope et al. 2020). A Young Adult Court is an intervention that would aid in the removal of the deviant identity through identity exploration and criminal thinking interventions. Additionally, Judd et al. (2015) concluded that when a Young Adult Court participant is supported by strong social networks (family, peers, employment, education, etc.) the individual feels a stronger need to develop a prosocial identity and move on from their past criminal justice involvement.

N. Overdose Prevention and Referral

Unintentional overdose deaths from illicit and prescribed opioids have tripled over the last fifteen years (Meyer et al., 2014), and individuals addicted to opioids are at a high risk for overdose immediately following their release from jail or prison because their tolerance to opioids reduces significantly during incarceration (Dolan et al., 2005; Strang, 2015; Strang et al., 2014). Young Adult Courts should educate participants and their family members about simple overdose prevention and reversal strategies. Young Adult Court personnel and other criminal justice professionals should be trained on the administration of overdose-reversal medications such as naloxone, a non-addictive, non-intoxicating medication that poses a minimal risk of medical side-effects (Barton et al., 2002; Kim et al., 2009). Studies in Scotland and the United States have demonstrated that educating at-risk persons and their significant others about how to prevent or reverse an overdose significantly reduces overdose deaths (National Institute on Drug Abuse, 2014; Strang, 2015).

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Appendix VI
Supporting Evidence for Court Sessions/Judicial Monitoring/Status Hearings

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013), p.20 – 25; and (2015) p.38-50.

A. Professional Training

In a specialized population such as that of a Young Adult Court, specific needs of each individual can arise and the Young Adult Court team should be trained to handle those needs. Epperson and Lurigio (2016) assessed the success of clients when working with team members that had received specialized training for offenders with serious mental illness (SMI). These researchers found that when these team members had undergone this training, they were significantly more sensitive to the role of mental health in criminal behavior. This training also encouraged team members to be more focused on their relationships with clients and getting their clients the mental health treatment services needed compared to team members who had not had this kind of specialized training (Epperson & Lurigio, 2016). Although participants of a Young Adult Court will likely not have serious mental illnesses, the role of specialized training for team members is just as important. These trainings allow the team members to be well-equipped for any needs of the participants and how those specific needs can attribute to criminal behavior and affect overall program success.

Research indicates the judge exerts a unique and substantial impact on outcomes in problem-solving courts (Carey et al., 2012; Jones, 2013; Jones & Kemp, 2013; Marlowe et al., 2006; Zweig et al., 2012). A national study of twenty-three adult drug courts found that programs produced significantly greater reductions in crime and substance use when the judges were rated by independent observers as being knowledgeable about substance use treatment (Zweig et al., 2012). Similarly, a statewide study of drug courts in New York reported significantly better outcomes when judges were perceived by the participants as being open to learning about the disease of addiction (Farole & Cissner, 2007). Focusing on training in particular, research shows that outcomes are significantly better when drug court judges attend annual training conferences on evidence-based practices in substance use and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2010).

B. Length of Term

Research on Young Adult Court judges is lacking, thus additional research is needed to support standards pertaining to Young Adult Court judges. However, research dealing with other problem-solving courts is available.

Evidence suggests many problem-solving court judges are significantly less effective at reducing crime during their first year on the bench than during ensuing years (Finigan et al., 2007). A study of approximately seventy drug courts found nearly three times greater cost savings and significantly lower recidivism when judges presided over drug courts for at least two consecutive years (Carey et al., 2008, 2012). Significantly greater reductions in crime were also found when judges were assigned to problem-solving courts on a voluntary basis and their term on the court bench was indefinite in duration (Carey et al., 2012).

C. Consistent Docket

Drug courts that rotated their judicial assignments or required participants to appear before alternating judges had the poorest outcomes in several research studies (Finigan et al., 2007; National Institute of Justice, 2006).

D. Frequency of Status Hearings

In a series of experiments, researchers randomly assigned drug court participants to either appear before the judge every two weeks for status hearings or to be brought into court only in response to repetitive rule violations. The results revealed that high-risk participants had significantly better counseling attendance, drug abstinence, and graduation rates when they were required to appear before the judge every two weeks (Festinger et al., 2002). This finding was replicated in misdemeanor and felony drug courts serving urban and rural communities (Jones, 2013; Marlowe et al., 2004a, 2004b). It was also confirmed in prospective matching studies in which the participants were assigned at entry to biweekly hearings if they were determined to be high risk (Marlowe et al., 2006, 2007, 2008, 2009, 2012).

Similarly, a meta-analysis involving ninety-two adult drug courts (Mitchell et al., 2012) and another study of nearly seventy drug courts (Carey et al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every two weeks during the first phase of the program. Scheduling status hearings at least once per month until the last phase of the program was also associated with significantly better outcomes and nearly three times greater cost savings (Carey et al., 2008, 2012).

E. Length of Court Interactions

In a study of nearly seventy adult drug courts, outcomes were significantly better when the judges spent an average of at least three minutes, and as much as seven minutes, interacting with the participants during court sessions (Carey et al., 2008, 2012). Lindquist et al. (2013) found that among the 8 NESCAARC reentry courts, hearings varied in length from a minimum of 32 minutes to 4 hours with the number of cases ranging from 2 to 25 per court session.

F. Judicial Demeanor

Young Adult Court participants are likely going to be lacking in full brain development, therefore, this population can have increased sensitivity to the demeanor of those around them, especially in an authoritative role, such as those in the Young Adult Court team. It is important that all team members speak to participants with kindness and encouragement, and if it is so, the participants can have increased treatment compliance and program success. Fisler (2005) assessed a Mental Health Court in Brooklyn, New York, and found successful outcomes when trust and respect were established between the judge and other team members and their clients. This was done by encouraging the judge to take the time during court sessions to encourage the participant to honor the agreements made to stay in treatment and refrain from committing any new offenses. This court found that the trust-building approach expected that the participants would feel that the court is fundamentally fair, and that they will be listened to and treated with respect (Fisler, 2005).

Studies have consistently found that drug court participants perceived quality of interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp et al., 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner et al., 1999). The NIJ Multi-site Adult Drug Court Evaluation (MADCE) found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012). Similarly, a statewide study in New York reported significantly better outcomes for judges who were perceived by the participants as being fair, sympathetic, caring, concerned, understanding and open to learning about the disease of addiction (Farole & Cissner, 2007). In contrast, outcomes were significantly poorer for judges who were perceived as being arbitrary, jumping to conclusions, or not giving participants an opportunity to explain their side of the controversies (Farole & Cissner, 2007; Zweig et al., 2012). Program evaluations have similarly reported that supportive comments from the judge were associated with significantly better outcomes in drug courts (Senjo & Leip, 2001) whereas stigmatizing, hostile, or shaming comments from the judge were associated with significantly poorer outcomes (Miethe et al., 2000).

These findings are consistent with a body of research on procedural fairness or procedural justice. The results of those studies indicated that criminal defendants and other litigants were more likely to have successful outcomes and favorable attitudes towards the court system when they were treated with respect by the judge, given an opportunity to explain their side of controversies, and perceived the judge as being unbiased and benevolent in intent (Burke, 2010; Burke & Leben, 2007; Frazer, 2006; Lee et al., 2013). In their randomized experimental evaluation of the Harlem Reentry Court, Ayoub & Pooler (2015) found that the clients in the reentry court perceived greater levels of procedural justice than did those in normal parole

supervision group. Perceptions of procedural justice are significant predictors of successful rehabilitation in the criminal justice literature.

G. Judicial Decision-Making

Research on the impact of a team approach to decision making is limited; however, research suggests that a collaborative team effort is beneficial for the court and for effective court processes (McGaha, et al., 2002; Watson, et al., 2001). Problem-solving courts have found success when members of the team work collectively and collaboratively in order to aid in the progress of the participants. McGaha et al. (2002) found that collaboration within the team during court procedures significantly reduced participant attrition. A study of four Mental Health Courts in the United States found that quick responses and actions by the team (judges, public defenders, attorneys, family members, and treatment providers) allowed the team to collaborate more efficiently and for the team members and participants to feel greater satisfaction with the court (Watson, et al., 2001).

Research on the impact of a team approach to decision-making is limited. In an evaluation of the Staten Island Treatment Court, respondents (judge, prosecutor, and defense attorney) cited the importance of strong relationships among the members of the problem-solving court team in overcoming implementation challenges (O'keefe & Rempel, 2005). In focus groups, experienced treatment courts judges from California and New York reported that a "team approach" was a key ingredient to success (Farole et al., 2005). A 2010 national survey of problem-solving court professionals (judges, prosecutors, defense attorneys, drug court coordinators, treatment providers, probation officers, law enforcement officers and others) found agreement that the collaborative efforts of team members provided benefits to the justice, public health, and education systems. (Van Wormer, 2010). In a study of nine drug courts in California, courts where more agency staff attended drug court meetings had more positive outcomes including fewer rearrests, court cases, jail days, and prison days (Carey et al., 2005).

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Appendix VII
Supporting Evidence for Drug and Alcohol Testing

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013), p.52-66; and (2015), p.26-37.

A. Policy and Procedures

Cary (2011) and McIntire, Lessenger & Roper (2007) describe techniques participants use to falsify samples including dilution, adulteration, substitution and tampering. Policies and procedures should focus on limiting opportunities to falsify samples (ASAM 2013, Cary 2011, Katz et al., 2007, Tsai et al, 1998). Chain of custody and reporting of results should also be focused on ensuring valid and reliable results (Meyer, 2011). Drug and alcohol test results must be derived from scientifically valid and reliable methods in order to be admissible as evidence in legal proceedings (Meyer, 2011). Appellate courts have confirmed the scientific validity of several methods for analyzing urine, such as the enzyme multiple immunoassay technique (EMIT), gas chromatography/mass spectrometry (GC/MS), liquid chromatography/mass spectrometry (LC/MS), as well as tests for sweat, oral fluid, and ankle-monitors (Meyer, 2011). Problem-solving courts must follow customary chain-of-custody procedures for test specimens, including establishing a paper trail identifying each individual in custody of the testing specimen, and to have adequate labeling and security measures to maintain the integrity of the testing specimen. Drug court outcomes are significantly better when policies and procedures are clearly outlined in a participant handbook or manual (Carey et al., 2012). Criminal defendants were much more likely to react favorably to an adverse judgement if given advance notice regarding how the judgement would be made (Burke & Leben, 2007; Frazer, 2006; Tyler, 2007). Young Adult Courts can improve participant's perceptions of fairness by detailing policies and procedures in a manual or handbook, and frequently reminding participants of testing procedures and participant requirements located in the contract or handbook.

B. Frequency of Testing

Although research of drug and alcohol testing in young adult populations is lacking, research for drug courts' substance testing is abundant and is relevant to policies and procedures due to all drug court participants having substance use disorders, whereas, not everyone in a Young Adult Court will have a substance use disorder. The drug court research is the most relevant to this subject matter. In a study of 69 drug courts Carey et al. (2012) found that programs that tested at least two times per week in phase one increased cost savings by 61% compared to programs that tested less frequently. Research has also shown the importance of testing on weekends and holidays because these are high-risk times for drug and alcohol use (Kirby et al, 1995; Marlatt & Gordon, 1985). Drug courts that perform urine drug testing more frequently experience better outcomes in terms of higher graduation rates, lower drug use, and lower criminal recidivism amongst participants (Banks & Gottfredson, 2003; Gottfredson et al., 2007;

Griffith et al., 2000; Harrell et al., 1998; Hawken & Kleiman, 2009; Kinlock et al., 2013; National Institute on Drug Abuse, 2006). Drug court participants consistently identified frequent drug and alcohol testing as being among the most influential factors for successful completion of the program (Gallagher et al., 2015; Goldkamp et al., 2002; Saum et al., 2002; Turner et al., 1999; Wolfer, 2006). For the first several months of the program, the most effective drug courts administer urine drug testing at least twice a week (Carey et al., 2008). A study of seventy drug courts demonstrated that programs that performed urine drug testing at least twice a week produced a 38% greater reduction in crime and were 61% more cost-effective than programs that performed urine drug testing less often (Carey et al., 2012). The metabolites of most drugs are detectable in urine for approximately two to four days, so testing less frequently could leave an unacceptable gap of time where participants can use drugs and avoid detection, leading to poorer outcomes (Stitzer & Kellogg, 2008). Auerbach (2007) and Cary (2011) suggest providing no more than an 8-hour notice that the test will be performed.

C. Random Testing

Research shows that drug testing is most effective when it is performed on a random basis (ASAM, 2013; ASAM, 2010; Auerbach, 2007; Carver, 2004; Cary, 2011; Harrell & Kleiman, 2002; McIntire et al., 2007). Auerbach (2007) and Cary (2011) suggest providing no more than an 8-hour notice that the test will be performed.

D. Scope of Drugs Tested

Research suggests that it is important to test for a broad array of drug types (Carey, 2011). Cary (2010) describes SPICE and K2, two synthetic cannabinoids that can be difficult to detect with standard drug testing. In a study including over 300 surveys and 25 interviews, Perrone et al. (2013) demonstrated that people switch from using marijuana to using synthetic cannabinoids to avoid detection during testing duration and switch back after the testing period.

E. Availability of Results

In a study of 69 drug courts, Carey et al. (2012) found that programs in which drug test results were available in two days or less had 73% greater reduction in recidivism and 68% increase in cost savings, compared to programs that took longer to receive results.

F. Licit, Addictive or Intoxicating Substances

Research has shown that the ingestion of alcohol and cannabis gives rise to further criminal activity (Bennett et al., 2008; Boden et al., 2013; Friedman et al., 2001; Pedersen & Skardhamar, 2010; Reynolds et al., 2011), precipitates relapse to other drugs (Aharonovich et al., 2005), increases the likelihood that participants will fail out of a problem-solving court

(Sechrest & Shicor, 2001), and reduces the efficacy of rewards and sanctions that are used in drug courts to improve participants' behaviors (Lane et al., 2004; Thompson et al., 2012).

If addiction medications may be helpful, their use should be authorized only if a physician with training in addiction psychiatry or medicine carefully monitors the participant. There is a serious risk of morbidity, mortality, or illegal diversion of medications when general medical practitioners prescribe addiction medications to this population (Bazazi et al., 2011; Bohnert et al., 2011; Daniulaityte et al., 2012; Johanson et al., 2012).

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Appendix VIII
Supporting Evidence for Incentives, Sanctions, and Therapeutic Adjustments

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013) p.26 – 37; and (2015) p.59-74.

A. Advance Notice

A national study of twenty-three adult drug courts, called the NIJ-Multisite Adult Drug Court Evaluation (MADCE), found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig et al., 2012). Another study of approximately forty-five drug courts found 72% greater cost savings for drug courts that shared their sanctioning regimen with all team members (Carey et al., 2008a, 2012). A meta-analysis of approximately sixty studies involving seventy drug courts found significantly better outcomes for drug courts that had a formal and predictable system of sanctions (Shaffer, 2010). Finally, statewide studies of eighty six adult drug courts in New York (Cissner et al., 2013) and twelve adult drug courts in Virginia (Cheesman & Kunkel, 2012) found significantly better outcomes for drug courts that provided participants with written sanctioning guidelines and followed the procedures in the guidelines. The most effective drug courts also described expectations for earning positive reinforcement and the manner in which rewards would be administered (Burdon et al., 2001; Stitzer, 2008).

Additionally, there has been research on procedural justice and advance notice in Mental Health Courts that stresses the importance of these factors in a problem-solving court. This research on Mental Health Court outcomes is consistent with established research on best-practices in other problem-solving courts, notably, drug courts. A nationwide study of four Mental Health Courts conducted as part of the MacArthur MHC Project suggests that Mental Health Court participant perceptions of voluntariness, procedural justice, and knowledge of Mental Health Court processes significantly predicted program performance, recidivism, and graduation (Redlich & Han, 2014). Redlich and Han (2014) concluded that the relationship between these procedural justice elements of therapeutic jurisprudence and outcomes suggests that, to the extent that participants are given advanced notice of court policies, the less likely they are to re-offend or be removed from the program. Similarly, Wales, Hiday & Ray (2010) conducted a study of eight Mental Health Court's which found evidence that elements of procedural justice, including full transparency of court practices, sanctions, and policies was linked to positive outcomes. Importantly, Wales et al. (2010) noted that judges play a particularly important role in improving participant perceptions of fairness by providing notice of court policies and full transparency on court decisions.

Additional research on participation and termination in problem-solving courts suggests that participants who received clear instruction regarding court policies, notice of expectations, and knowledge about sanctions and rewards perceived a greater degree of procedural justice, reported less coercion, and felt more respected during the process (Canada & Hiday, 2014; Canada & Watson, 2013; O'Keefe, 2006; Munetz, Ritter, Teller & Bonfine, 2014; Redlich & Han, 2014). Findings in these studies also suggests that perceptions of respect and procedural justice are linked to higher rates of completion and lower rates of recidivism or other negative outcomes (Canada & Hiday, 2014; Munetz et al., 2014; Redlich and Han, 2014; Wales et al., 2010).

Evidence from MADCE also suggests that problem-solving courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Significantly higher retention rates were produced when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would follow from graduation or termination (Young & Belenko, 2002).

Research shows that some flexibility improves outcomes, as well. Two of the above studies reported significantly better outcomes when the drug court team had some discretion to modify a presumptive consequence in light of the facts presented in each case (Carey et al., 2012; Zweig et al., 2012). Because certainty is a critical factor in behavior modification programs (Marlowe & Kirby, 1999), discretion should generally be limited to modifying the magnitude of the consequence as opposed to withholding a consequence altogether. Drug courts that intermittently failed to impose sanctions for infractions had significantly poorer outcomes in at least one large statewide study (Cissner et al., 2013).

B. Opportunity to Respond AND C. Professional Demeanor

A substantial body of research on procedural justice or procedural fairness reveals that criminal defendants are most likely to react favorably to an adverse judgment or punitive sanction if they believe fair procedures were followed in reaching the decision. The best outcomes were achieved when defendants were (1) given a reasonable opportunity to explain their side of the dispute, (2) treated in an equivalent manner to similar people in similar circumstances and (3) accorded respect and dignity throughout the process (Canada & Hiday, 2014; Petrila et al., 2001; Redlich, 2005; Redlich & Han, 2014; Burke & Leben, 2007; Frazer, 2006; Tyler, 2007; Watson et al., 2001; Wiener, Winick, Georges & Castro, 2010).

In the MADCE study, outcomes were significantly better when participants perceived the judge as fair and when independent observers rated the judge's interactions with the participants as respectful, fair, consistent, and predictable (Rossman et al., 2011). In contrast, outcomes were significantly poorer for judges who were rated as being arbitrary or not giving participants an opportunity to explain their side of the controversy (Canada & Hiday, 2014; Canada & Watson,

2013; Poythress, Petrila, McGaha & Boothroyd, 2002; Farole & Cissner, 2007; Rossman et al., 2011). Stigmatizing, hostile, and shaming comments from the judge have also been associated with significantly poorer outcomes in drug courts (Gallagher, 2013; Miethe et al., 2000).

Two separate outcome analyses conducted by Canada and Hiday (2014) and Redlich and Han (2014) concluded that program success and reduced recidivism were most prevalent when legal actors (judges, probation officers, attorneys, etc.) incorporated the principles of therapeutic jurisprudence by building a relationship with the participants, which includes providing participants with the opportunity to be heard and treating them with respect. Each study connected higher levels of procedural justice with greater levels of participant engagement, increased levels of program success, and lower rates of recidivism (Canada & Hiday, 2014; Redlich & Han, 2014).

D. Progressive Sanctions

In general, sanctions are less effective at low and high magnitudes than in the intermediate range (Marlowe & Kirby, 1999; Marlowe & Wong, 2008). The most effective problem-solving courts develop a wide and creative range of intermediate-magnitude sanctions that can be increased or decreased in response to participants' behaviors (Marlowe, 2007).

Research suggests that different approaches should be taken for easier, as compared to more difficult to accomplish goals. For difficult goals, significantly better outcomes are achieved when the sanctions increase progressively in magnitude over successive infractions (Harrell & Roman, 2001; Harrell et al., 1999; Hawken & Kleiman, 2009; Kilmer et al., 2012; National Institute on Drug Abuse, 2006). Providing gradually escalating sanctions for difficult goals gives treatment a chance to take effect and prepares participants to meet steadily increasing responsibilities in the program. For easier goals, on the other hand, applying higher-magnitude sanctions is more effective, as it prevents participants from getting accustomed to punishment and punishment becoming less effective (Marlowe, 2011).

E. Therapeutic Adjustments

It is important to differentiate between cases in which an individual is not engaging in treatment (non-compliance) and cases when an individual is not benefiting from the treatment that is being provided (non-responsiveness), because non-compliance and non-responsiveness suggest different responses (Marlowe, 2011). A series of studies have been conducted to assess an adaptive system used to help practitioners differentiate these cases and recommend enhanced supervision for non-compliance and enhanced clinical case management for non-responsiveness (Marlowe et al., 2008, 2009, 2012). Results show that that participants randomly assigned to the adaptive system were more than twice as likely to be drug abstinent in the first 18 weeks, than those who were not (Marlowe et al., 2012), though more recent

research suggests that this approach is less effective at later stages of participation (Marlowe et al., 2013).

Research in Mental Health Courts dealing with sanctions and non-responsiveness for treatment and program interventions suggest that adjustments to the individualized plan for each participant should be the first route of intervention rather than issuing sanctions; additionally, allowing adjustments to treatment plans to take place first, give the participant a higher chance at successfully addressing psychiatric symptoms, criminogenic needs, prosocial behaviors, reductions in recidivism, and increased relationships with team members (Canada & Hiday, 2014; Han, 2019; Kopelovich et al., 2013; Munetz et al., 2014; Petrila et al., 2001; Redlich et al., 2005; Redlich & Han, 2014; Campbell, Canales, Wei, Totten, Macaulay & Wershler, 2015; Carey et al., 2012; Gonzales & McNiel, 2018; Koob et al., 2011; McKee, 2010; Canada, Markway & Albright, 2016).

F. Incentivizing Prosocial Behaviors

Sanctions and positive reinforcement are most likely to be effective when administered in combination with each other (DeFulio et al., 2013). Problem-solving courts achieve significantly better outcomes when they focus as much on incentivizing productive behaviors as they do on reducing undesirable behaviors. In the MADCE, drug courts that offered higher and more consistent levels of praise and positive incentives from the judge achieved significantly better outcomes (Zweig et al., 2012). Several other studies found that a 4:1 ratio[7] of incentives to sanctions was associated with significantly better outcomes among problem-solving court participants (Gendreau, 1996; Senjo & Leip, 2001; Woodahl et al., 2011).

Studies have revealed that problem-solving courts achieved significantly greater reductions in recidivism, greater cost savings, and increased adherence to program requirements when they incentivized participants to participate in prosocial activities, like having a job, enrolling in school, or living in sober housing by requiring such participation as a condition of graduation from the program (Carey et al., 2012; Kopelovich et al., 2013; Munetz et al., 2014; Petrila et al., 2001; Redlich et al., 2005, 2006; Canada & Watson, 2013; Fisler, 2005; Frailing, 2010).

G. Use of Jail

Standard practice among problem-solving courts when using jail as a sanction, is that this type of sanction is used sparingly, and as a last resort. The certainty and immediacy of sanctions are

[7] Support for the 4:1 ratio must be viewed with caution because it was derived from post hoc (after the fact) correlations rather than from controlled studies. By design, sanctions are imposed for poor performance and incentives are provided for good performance; therefore, a greater proportion of incentives might not have caused better outcomes, but rather better outcomes might have elicited a greater proportion of incentives. Nevertheless, although this correlation does not prove causality, it does suggest that drug courts are more likely to be successful if they make positive incentives readily available to their participants.

far more influential to outcomes than the magnitude or severity of the sanctions (Harrell & Roman, 2001; Marlowe et al., 2005; Nagin & Pogarsky, 2011). Drug courts are significantly more effective and cost-effective when they use jail sanctions sparingly (Carey et al., 2008b; Hepburn & Harvey, 2007). Research in drug courts indicates that jail sanctions produce diminishing returns after approximately three to five days (Carey et al., 2012; Hawken & Kleiman, 2009). A multisite study found that drug courts that had a policy of applying jail sanctions of longer than one week were associated with increased recidivism and negative cost-benefits. Drug courts that relied on jail sanctions of longer than two weeks were two and a half times less effective at reducing crime and 45% less cost-effective than drug courts that tended to impose shorter jail sanctions (Carey et al., 2012).

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Appendix IX
Supporting Evidence for Cultural Competence

The supporting evidence is based on the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals (2013) p.11-19; and (2015) p.59-66.

Overview

While there are not specific studies documenting the need for cultural competence in Young Adult Courts there is a growing body of literature to show the importance of cultural competence more generally in problem solving courts focusing on race and ethnicity (Connor, 2020). This literature points to the disturbing finding that there are racial disparities in the manner in which problem solving courts function especially with regard to retention and success rates, where minority participants show stark disadvantages (Connor, 2020). The reality is that overall minority participants graduate from problem solving courts at lower rates than do non-minority participants (Breitenbucher, Bermejo, Killian, Duong, & DeCerchio, 2018). Disparities in problem solving courts in general and by extension in Young Adult Courts more specifically should concentrate on racial and ethnic equivalency in access, retention, treatment, incentives and dispositions.

A. Equivalent Access

As early as 2005, Steadman et al. (2005) showed that those who were more likely to be referred to the Mental Health Court were older, white, and female, as compared to offenders serving time in jail or prison. More recently in a review of 143 treatment courts Ho, Carey and Malsch (2018) reported that Whites were overrepresented in problem solving courts relative to non-whites given the distribution of Whites and Non-Whites in the general population with the exception of reentry courts where there were more Blacks than Whites proportionately. Thus, overall Whites seemed to have had greater access to these courts than do other populations. Most importantly, Blacks have lower graduation rates relative to Whites even after controlling for education, employment, prior arrests, substance use and age (Ho et al., 2018). Evidence suggests that in drug courts, African-American and Hispanic or Latino individuals may be underrepresented by about 3% to 7%. Nationwide studies suggest that about 21% of drug court participants are African American and 10% are Hispanic or Latino, whereas about 28% of arrestees and probationers were African American and about 13% were Hispanic or Latino (Bureau of Justice Assistance, 2012; Huddleston & Marlowe, 2011).

Research suggests that the disparity between Caucasian and minority representation in drug courts might be due to disproportionately restrictive eligibility criteria (Belenko et al., 2011; O'Hear, 2009). For example, African Americans or Hispanics may be more likely to have prior felony convictions or other charges on their criminal records compared to Caucasians, which could disqualify them from participating in some drug courts (National Association of Criminal Defense Lawyers [NACDL], 2009; O'Hear, 2009). Drug and DUI courts often use assessment tools

to determine an individual's eligibility; however, these tools are often validated on samples that consist predominately of Caucasian males. As a result, these tools may not be valid for use with minorities, females, or individuals of other demographic subgroups (Burlew et al., 2011; Huey & Polo, 2008). Research has shown that women and racial or ethnic minorities may interpret test items differently compared to other individuals, thus making the test items less valid for women or minorities (Carle, 2009; Perez & Wish, 2011; Wu et al., 2010).

B. Equivalent Retention

Once again the research pertaining to specific types of problem solving courts, other than drug courts has been lacking. A very recent representative study of a Kentucky drug court examined participant assessment at program entry and found that minorities were at much greater risk of dropping out of the program relative to minorities (Shannon, Jones, Nash, Newell & Payne, 2020). Shannon et al. (2020) found that the odds of graduating for Non-whites was half that of whites, which demonstrates significant retention hurdles for Black, Latinx and other minority populations. With regard to mental health courts, research has found no difference between the completion rates of men and women in the Mental Health Courts (Ennis, McLeod, Watt, Campbell, & Adams-Quackenbush, 2016; Hiday, Ray, & Wales, 2014) but has little to say about retention rates of minorities. Still, it is still important to monitor the retention rates of all participants to ensure that there are no inequalities among historically disadvantaged groups. Earlier work in drug courts, has found that successful graduation rates have been significantly smaller for African-American or Hispanic participants when compared to non-Hispanic Caucasians (Finigan, 2009, Marlowe, 2013). Some studies found this discrepancy to be as high as 25% to 40% (Belenko, 2001, Sechrest & Shicor, 2001). However, the research is mixed; a small number of studies have found no differences, and even some with better outcomes, for minorities as compared to Caucasians (Cissner et al., 2013; Saum et al., 2001; Vito & Tewksbury, 1998).

Some researchers have tried to explain these disparities within drug courts, suggesting that they might be explained by broader societal burdens that are often experienced more by minorities. These societal burdens could include lesser education or employment opportunities or an influx of drugs into minority communities (Belenko, 2001; Dannerbeck et al., 2006, Fosados, et al., 2007; Hartley & Phillips, 2001; Miller & Shutt, 2001). The racial disparities disappeared when the researchers controlled statistically for these societal factors (Dannerbeck et al., 2006). It is also important that sufficient attention is being given to employment and education problems that minority participants are experiencing; focus groups and interviews with minority participants suggested that this was an area that needed more attention by the drug court teams (Cresswell & Deschenes, 2001; DeVall & Lanier, 2012; Gallagher, 2013; Leukefeld et al., 2007). While the problem of insufficient education and under employment has not been well researched in the population of young adults, longitudinal research using the National Longitudinal Survey of Adolescent Health demonstrated that African American men's greater involvement in criminal and violent offending in young adulthood is tied directly to the reduced economic and employment success that they experience as juveniles (Haynie, Weiss and Piquero, 2008). Young

Adult Courts would do well to focus on developing education and employment opportunities for historically disadvantaged populations to make up for earlier deficiencies in these areas.

C. Equivalent Treatment

Of those who are involved in the criminal justice system, racial and ethnic minorities often receive treatment of lesser quality than non-minorities (Brocato, 2013; Janku & Yan, 2009; Fosados et al., 2007; Guerrero et al., 2013; Huey & Polo, 2008; Lawson & Lawson, 2013; Marsh et al., 2009; Schmidt et al., 2006). An example of this disparity is related to California Proposition 36, the Substance Abuse and Crime Prevention Act of 2000; this is a statewide diversion initiative for nonviolent drug possession defendants. Researchers wanted to study the effects of Proposition 36 over several years and found that, for similar patterns of drug abuse, Hispanic participants were significantly less likely to be placed in residential treatment compared to Caucasians (Nicosia et al., 2012; Integrated Substance Abuse Programs, 2007). In the same study, medically-assisted treatment for addiction was less likely to be given to African-Americans. However, in some treatment settings, such as those for addiction, women and racial minorities are often under-represented in clinical trials, thus the treatments are often less beneficial for these groups of individuals (Burlew et al., 2011; Calsyn et al., 2009). To combat the lack of beneficial treatment for some individuals, there are a few treatment approaches, and a continuously growing number, specifically tailored to the needs of women and to those of racial minorities. One study found that treatment outcomes increased significantly for young African-American male participants when the treatment program was delivered by an experienced African-American clinician, and when the treatment addressed issues these individuals faced, such as negative racial stereotypes (Vito & Tewksbury, 1998). More recently Marlowe et al. (2018) showed that a Kentucky drug court was able to graduate African American men at higher than normal rates using the Habilitation Empowerment Accountability Therapy or HEAT model, which features a culturally proficient, empowerment approach to group counseling that is trauma-informed and that targets 18 to 29 year old men with substance abuse and criminogenic needs. A similar program also focusing on trauma informed care called, Helping Men Recover (HMR) was effective with a Latinx population of male substance abusers in a Miami Dade problem solving court as evidenced through a randomized control trial study (Waters, Cochran, Lee, & Holt, 2018). Waters et al. (2018) were able to demonstrate that men in the HMR program showed higher retention, better social functioning, longer sobriety, and lower recidivism while in the program.

Other studies have shown that women with histories of trauma have significantly more success in gender- specific substance abuse treatment groups (Dannerbeck et al., 2002; Grella, 2008; Liang & Long, 2013; Powell et al., 2012). In one randomized, controlled trial, a gender-specific approach was demonstrated to significantly improve outcomes for female drug court participants (Messina et al., 2012). A national study of about 70 drug courts also found that programs that offered gender-specific treatments significantly reduced recidivism compared to those that did not (Carey et al., 2012). In relation to culturally-specific treatments, the success of

the program ultimately depends on the training and skill of the treatment providers (Castro et al., 2010; Hwang, 2006). Young Adult Courts should develop innovative programs to address the needs of historically disadvantaged men and women and test the effectiveness of those interventions with random control trials or quasi-experimental designs.

D. Equivalent Incentives and Sanctions

Currently, empirical research is lacking to determine whether Young Adult Courts distribute incentives and sanctions equally among their participants. Therefore, more research is needed in this area. However, there are anecdotal observations documented to support the concern of racial or ethnic minority participants receiving additional, or more severe sanctions (NACDL, 2009). One focus group of minority participants reported feeling more likely to be ridiculed or laughed at as a response to violations during court sessions (Gallagher, 2013). However, according to the little research that has been done on problem-solving courts' use of sanctions, distribution of sanctions appears racially and ethnically equal (Arabia et al., 2008; Callahan et al., 2013; Frazer, 2006; Guastaferro & Daigle, 2012; Jeffries & Bond, 2012). Additional research is needed to study the distribution of incentives and sanctions in operating Young Adult Courts.

E. Equivalent Dispositions

There is not currently any research that looks into the disparities of sentencing and dispositions for minority participants in Young Adult Courts. Additional research is needed in order to determine whether minority participants are experiencing these harsher sentences unjustly. In other problem-solving courts, there have been concerns about racial or ethnic minority participants being sentenced more harshly for failing to complete the court program when compared to non- minorities (Drug Policy Alliance, 2011; O'Hear, 2009). There is research from one study that suggests that those who were terminated from the drug court did receive harsher sentences compared to those who had been traditionally adjudicated with comparable offenses (Bowers, 2008). However, there is no evidence that would suggest that harsher sentences are impacting minorities and non-minorities differently. There is one study in Australia that suggests that indigenous minority participants of a drug court were less likely to be sentenced to prison than their non-minority counterparts (Jeffries & Bond, 2012).

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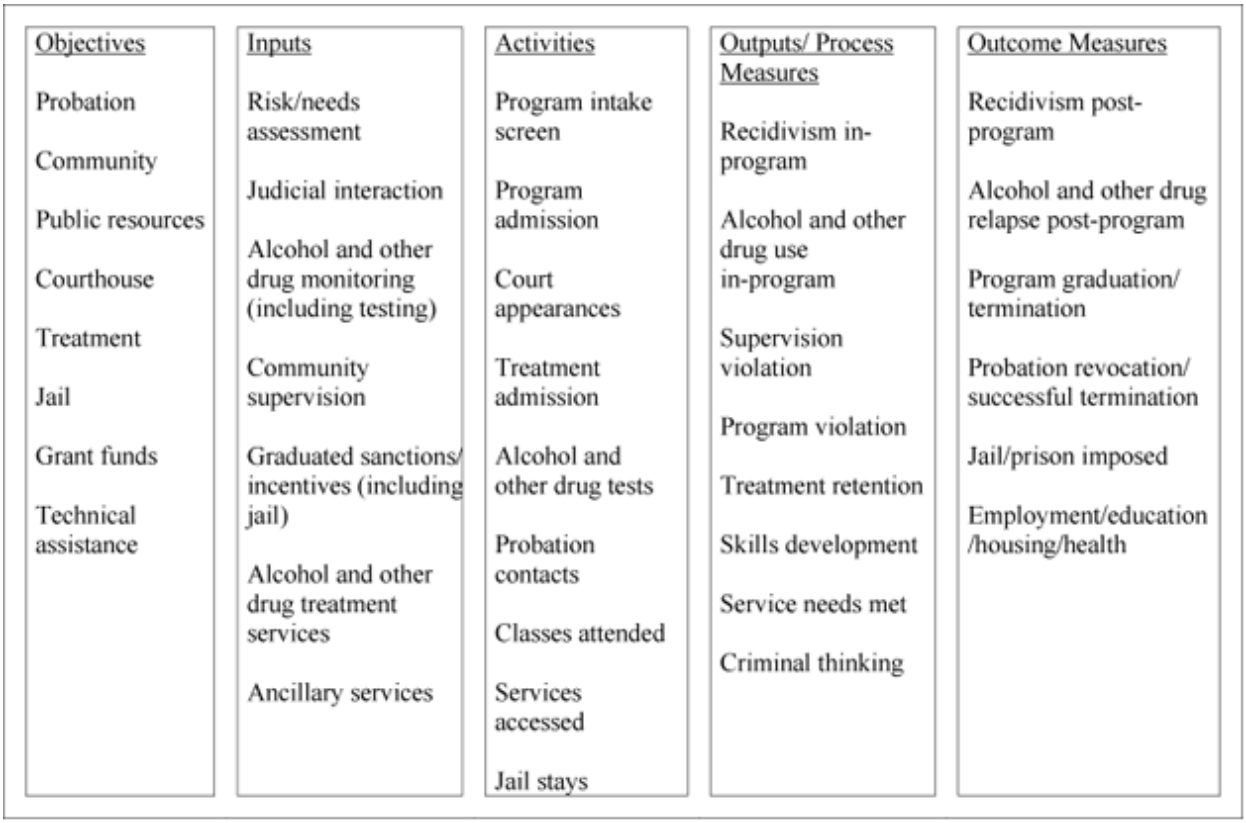
Appendix X
Supporting Evidence for Data and Evaluation

The supporting evidence is consistent with the National Adult Drug Court Standards developed by the National Association of Drug Court Professionals, (2013), p.34-40; and (2015), p.66-74, as well as more general discussions of program evaluation methods.

At the center of the evaluation model described in these standards is the development of a Young Adult Court Logic Model or Program Model. Below is an example of a generic Logic Model for Problem-Solving Courts (Bureau of Justice Assistance, 2017). It will be useful as a model for Nebraska Young Adult Courts to follow in developing their own logic models and procedural manuals. It will also be useful to the readers of this appendix as they look to this guide as a source of assistance in developing their data collection and evaluation methods.



Objectives	Inputs	Activities	Outputs/ Process Measures	Outcome Measures
Probation	Risk/needs assessment	Program intake screen	Recidivism in-program	Recidivism post-program
Community	Judicial interaction	Program admission	Alcohol and other drug use in-program	Alcohol and other drug relapse post-program
Public resources	Alcohol and other drug monitoring (including testing)	Court appearances	Supervision violation	Program graduation/ termination
Courthouse	Community supervision	Treatment admission	Program violation	Probation revocation/ successful termination
Treatment	Graduated sanctions/ incentives (including jail)	Alcohol and other drug tests	Treatment retention	Jail/prison imposed
Jail	Alcohol and other drug treatment services	Probation contacts	Skills development	Employment/education /housing/health
Grant funds	Ancillary services	Classes attended	Service needs met	
Technical assistance		Services accessed	Criminal thinking	
		Jail stays		

A. Electronic Case Management (Fidelity and Implementation

There is general agreement in the service provision field that a severe limitation on the use of existing evidence-based practices (EBP) is the lack of fidelity of service delivery (Williams, 2016). In other words, even the most successful EBP interventions are likely to fail if the delivery of the service fails to meet the standards developed when the program was first tested and shown to be effective (Linfield & Posavac, 2019). Implementation fidelity studies have as their goal to measure and document the degree to which a program adheres to the implementation

practices that the program developers intended and, as such, those measures moderate the relationship between interventions and program outcomes (Carroll, Patterson, Wood, Booth, Rick & Balain, 2007). These implementation studies require ongoing and sophisticated electronic databases that summarize the court's activities. Carroll et al. (2007) reviewed the existing implementation study literature and identified several measures that successful implementation studies include: 1) adherence – whether the program staff implement the program as it was originally intended, 2) dosage – the amount of intervention that the participants receive (e.g., duration and frequency), 3) quality – the manner in which the staff deliver the intervention, 4) participant responsiveness – the extent to which program participants are engaged in the services, and 5) program differentiation – establishing which parts of the program are necessary for successful outcomes.

Since Carroll et al.'s earlier work, program evaluators have generally agreed that implementation studies are essential to effective program functioning (Linfield & Posavac, 2019) and numerous published studies with the sole purpose of studying the implementation and fidelity of EBPs have continued to appear in the literature up until current times, continually growing ever more sophisticated (Bast, Andersen, Ersboll, Due, 2019). In fact, it has become standard operating procedure for programs to routinely collect implementation data and regularly review the ongoing fidelity of their interventions (Linfield & Posavac, 2019). This is especially true in areas of emerging practice. For example, researchers have conducted a number of implementation studies examining Mental Health Courts (Canada, Barrenger and Ray, 2019), which have only recently emerged as one of the members of the problem solving court family. Importantly, because evaluators conducted studies early on, they were able to return to the first generation Mental Health Courts to document changes in adherence, dosage, quality and participant responsiveness (Redlich, Steadman, Petrila, Monahan, and Griffin, 2005; Redlich, Steadman, Monahan, Robbins & Petrila, 2006). More recently, Canada, Barrenger and Ray (2019) reviewed the literature on the impact of Mental Health Courts and identified the need for more implementation scientists to develop instruments and checklists that document the components necessary for successful outcomes. These measures will be more successful to the extent to which researchers collect them electronically and store them in electronic databases.

Of the existing problem solving courts in the U.S. that classify themselves as Young Adult Courts (Brooklyn Young Adult Court - Young Adult Initiative – Brooklyn, New York; Douglas County Young Adult Court – Omaha, Nebraska; Kalamazoo County Young Adult Diversion Court – Kalamazoo County, Michigan; San Francisco Young Adult Court – San Francisco, California; and the Southern District of New York Young Adult Opportunity Program – Manhattan, White Plains, and Poughkeepsie, New York), two of them, the Brooklyn Young Adult Initiative Court (BYAC) and the San Francisco Young Adult Court (SFYAC) have conducted successful evaluation studies. First, the BYAC evaluation (Pooler & Dalve, 2019) relied on a mixed method approach (qualitative and quantitative analysis) to summarize the work of the program and provide a detailed description of the program participants. Pooler and Dalve (2019) reported that the program served 1,057 court participants aged 16 to 24 in 2016. The average amount of time

from arraignment to plea agreements was 3.5 months, and most interventions (82%) lasted less than five days (Pooler & Dalve, 2019). Among the most important conclusions were that the participants believed that the court treated them fairly and with respect. Participants also reported that they knew what the program expected of them in order to successfully graduate.

The San Francisco Young Adult Court implementation study documented the execution of the program model, described how it evolved over time, and described in detail the nature of the program participants (Henderson-Frakes, Leshnick, and Diaz, 2017). The researchers collected data through court observations, extracting data from the court database and reviewing the program documents. Henderson-Frakes, Leshnick and Diaz (2017) reported that the SFYAC served 123 clients between 2015 and 2017 and that the average time to complete the four-phase program was between 10 to 18 months. One case manager served the clients, all of whom were on probation. During the evaluation period. The report reports among other results that the team worked well together demonstrating strong fidelity to the program model in order to serve largely African American clients. Both the team collaborative efforts and the judge's ability to guide the participants fairly stood out as implementation strengths. Areas of concern eligibility issues, client accountability, determining when clients were ready to graduate and consolidating different models of case management. By collecting these data the evaluation team was able to assist the SFYAC to move forward and solve some of the early implementation problems. Both of these reports can serve as initial guides for the implementation evaluation of Nebraska Young Adult Courts.

While it is possible to conduct implementation evaluations without electronic databases (Redlich et al., 2005; 2006), most implementation studies that evaluators conduct in current times rely heavily on electronic record keeping because of its accuracy and efficiency. Most other problem-solving courts also rely on electronic record keeping to assess implementation and fidelity. A study including 18 drug courts found that programs that used paper files to keep records necessary to perform evaluations had higher investment costs, lower graduation rates and less improvement in outcome costs than programs that used electronic records for these purposes (Carey et al., 2008). In a study of 69 drug courts, keeping electronic records, as opposed to paper case files, was a critical step to allowing programs to track their own statistics and to participate in evaluations conducted by independent evaluators (Carey et al., 2012).

B. Timely and Reliable Data Entry

Poor data entry by staff is a substantial threat to a valid program evaluation. The optimum time to record information about services and events is when they occur, otherwise known as real-time recording. Real- time recording prevents lapses in memory from causing gaps in recorded information, and with such a wide variety of services and events in need of recording, it is the most reliable method. Basic texts on program evaluation recommend collecting data through electronic means when possible and collecting information as soon as possible after the event has transpired (Linfield and Posavac, 2019; Rossi, Lipsey, and Henry, 2019; Shadish, Cook, and

Campell,2002). Rossi et al. (2019), as well as Linfield and Posavac (2019) advocate that evaluators gather information from institutional records (i.e., a Young Adult Court database and the Nebraska Probation database) as well as from system-wide records (i.e., Nebraska JUSTICE database) in addition to surveys and interviews. Young Adult Courts should consider affiliating with local university, psychology, sociology, political science and criminology or other social science departments for assistance in developing a timely and reliable data collection system.

True real-time recording is challenging to accomplish, but in all circumstances, data should be recorded within forty-eight hours of events. After forty-eight hours, errors in data recording have been shown to increase significantly; after one week, the data is likely to be inaccurate, so much so that it would be more prudent to leave the data as missing rather than try to fill in the gaps from faulty memory (Marlowe, 2010). Failure to record service, performance and event information in a reliable and timely manner jeopardizes the effectiveness of the program and the quality of participant care.

C. Independent Evaluation AND D. Internal Evaluation

Internal and independent program evaluators have different advantages and disadvantages in conducting implementation and outcome evaluations. Internal evaluators work for the agencies they evaluate and external evaluators work for research firms, universities or government agencies who conduct evaluations of programs other than their own (Linfield & Posavac, 2019). Internal evaluators have the disadvantage of limited expertise, whereas external evaluators generally have greater expertise either within their agencies or they can easily obtain that expertise from colleagues and other evaluators in other agencies (Linfield & Posavac, 2019). However, internal evaluators generally possess greater and more detailed knowledge of the program under study as compared to external evaluators (Linfield & Posavac, 2019). Furthermore, staff are often more willing to share sensitive information with an internal evaluator because the internal evaluator can more easily establish a trusting relationship with program staff who are their fellow workers. On the other hand, internal evaluators are likely to be less objective than external evaluators because they ultimately report back to the organization that oversees the program (i.e., the Young Adult Court). External evaluators have less to lose by reporting problem findings and may have more to offer to ameliorate problems they uncover. This is true because external evaluators do not rely on the organizations they evaluate for continued employment and because they have greater access to the general literature in program development outside the agency they are evaluating (Linfield & Posavac, 2019). In general, internal evaluators have some advantage in conducting implementation studies, but are at a disadvantage for conducting outcome evaluations; therefore, collaboration between internal and external evaluators may work to offset the advantages and disadvantages of each (Linfield & Posavac, 2019).

With regard to drug courts, where there has been a large number of evaluation efforts, the literature demonstrates that independent evaluations make a valuable contribution to the

court's effectiveness. Carey et al. (2008) found that programs that participated in more than one evaluation conducted by an independent evaluator had improved outcome costs compared to those that did not (Carey et al., 2008). Drug courts that involved an independent evaluator and implemented at least some of their recommendations were twice as cost-effective and twice as effective at reducing crime as drug courts that did not involve an independent evaluator (Carey et al., 2008, 2012). Participant perceptions of the program are often highly predictive of outcomes, particularly perceptions of the manner in which incentives and sanctions are delivered (Goldkamp et al., 2002; Harrell & Roman, 2001; Marlowe et al., 2005); the quality of treatment services provided (Turner et al., 1999); and the procedural fairness of the program (Burke, 2010; McIvor, 2009). Participants are much more likely to be forthright with an independent evaluator about their perceptions than with program staff, who control their fate in the criminal justice system. Insights from independent evaluators could provide valuable remedies for program deficiencies that can lead to improved participant perceptions and outcomes.

More recently evaluators have focused their attention on a newer member of the family of problem solving courts, namely Mental Health Courts, where there is a growing literature of implementation and outcome evaluations. The internal evaluations often do not to find their way into the published literature, but they are sometimes available on state and problem-solving court websites. In summary of the available outcome studies, Lowder, Rade, and Desmaris (2016) conducted a meta-analysis of outcome studies of Mental Health Courts that included 17 experimental or quasi-experimental outcome studies of Mental Health Courts that mostly external evaluators completed between 2004 and 2015, which included over 16,000 court participants. Across these studies, Mental Health Courts reduced recidivism significantly (albeit with a small effect, a Cohen's d value of -.20) relative to traditional criminal courts. Across the 25 outcomes, there was significant heterogeneity of results, indicating that much more evaluation is necessary to specify differences in court implementation strategies, which are associated with differences in success. Overall, Canada et al. (2019) concluded that Mental Health Courts relative to "business as usual" courts, reduce recidivism, but that outcomes depended upon the type of court and treatment provided. More specifically, those studies that were rigorously conducted showed stronger results for mixed Mental Health Courts as compared to those that only served clients with misdemeanor charges.

Due to the relatively new status of Young Adult Diversion Programs, very little experimental evidence exists exploring the effectiveness of these programs and their interventions. However, there are existing programs utilizing evidence-based practices that have been shown to be successful with the population of young adults such as the Restorative Justice Community Court in Chicago and the Achieve Inspire Motivate (AIM) Court in Texas (Stein et al., 2017). The Restorative Justice Community Court implements restorative justice peace circles which increase victim and offender satisfaction of services and lower recidivism rates (Umbreit & Armour, 2011). The AIM Court uses the Thinking for a Change curriculum to improve young adult's problem-solving skills. Quasi-experimental research revealed young adult participants

who successfully completed the Thinking for a Change program recidivated at a significantly lower rate than participants who were not exposed to the program (Golden, 2002; Lowenkamp et al., 2009). Additional research has shown cognitive behavioral programs more generally focused on anger control and interpersonal problem-solving show larger recidivism reductions as compared to programs focusing on victim impact or behavior modification components (Landenberger & Lipsey, 2005). Lastly, diversion experts emphasize the importance of using trauma-informed interventions for this population (Stein et al., 2017). Thus, there is a growing source of evidence that the program planners, internal evaluators, and external evaluators will find useful in carrying out the mandate of Nebraska Young Adult Courts.

E. Comparison Groups

In order to measure the effectiveness of problem-solving court programs, it is important to address the question of whether the problem-solving court program is responsible for the favorable outcomes of some participants, or if those participants would have had equal success outside the program. The performance of problem-solving court participants must be compared to an unbiased and equivalent comparison group. Comparing the performance of the problem-solving courts to what most likely would have happened if the problem-solving court did not exist is referred to as testing the counterfactual hypothesis, and it helps determine whether the problem-solving court was effective (Shadish et al., 2002). There are acceptable and unacceptable methods of forming comparison groups and the validity of the results will vary depending on how the comparison group was formulated. The strongest inference of causality is reached with the random assignment method. Eligible participants are randomly assigned to either the problem-solving court program or to a comparison group. Random assignment provides the greatest likelihood that the groups started out with an equal chance of success, and is the best indicator of program effectiveness (Campbell & Stanley, 1963; Farrington, 2003; Farrington & Welsh, 2005; National Research Council, 2001; Reichardt, 2011; Shadish et al., 2002; Telep et al., 2015). Some problem-solving courts are reluctant to use the random assignment method as it denies potentially effective services to eligible participants. Nonetheless, random assignment is a strong choice for programs with insufficient capacity, and a number of courts with insufficient capacity have successfully used random assignment to form comparison groups (e.g., Gottfredson et al., 2003; Jones, 2011; Turner et al., 1999). Indeed, there is one study of a Mental Health Court in which researchers were able to randomly assign participants with felony or misdemeanor charges to either a Mental Health Treatment Court or to treatment as usual and then studied them for two years (Cosden, Ellens, Schnell, & Yamini-Diouf, 2005). Results showed that, relative to the control participants, those in the Mental Health Court developed stronger independent living skills and reduced their substance problems. Although graduates of both groups were equally likely to spend additional time in jail, those in the Mental Health Court group did so for less serious offenses. There have been no other random control trials published in the literature for Mental Health Courts and none at all for Young Adult Courts.

A second acceptable method to form comparison groups is the quasi-experimental comparison group. This group is formulated from individuals who were eligible for the drug court program, but did not enter for reasons unlikely to be related to their outcomes. A third method is the matched comparison group, where staff construct a comparison group from a large and heterogeneous pool, such as a statewide probation database. There are also unacceptable methods to forming a comparison group (Reichart, 2011; Shadish et al., 2002). Comparison groups should not be formulated from individuals who refused to enter the problem-solving court, were denied access to the problem-solving court because of criminal or clinical histories, individuals who dropped out of problem-solving court, or individuals who were terminated prematurely from the problem-solving court program. It is likely these individuals were disadvantaged from the outset, and their inclusion in comparison groups will bias the results of any comparison.

Digging deeper, there are taxonomies that classify applied research designs, which researchers use to evaluate interventions in order to determine if they are evidence-based programs. One of the best classification systems, titled the Scientific Method Scale, developed at the National Institute of Justice, dates back to 1997 (Sherman, Gottfredson, MacKenzie, Reuter & Bushway, 1997). It identifies five levels of research rigor ranging from simple correlations to randomized, controlled experiments. The levels are: Level 1) a simple connection between a crime intervention (i.e., across programs) and a measure of crime (i.e., recidivism); Level 2) a simple correlation between a crime intervention (i.e., across programs) and a measure of crime where the interventions occurred prior in time to the measure of crime; Level 3) comparing a group with the program to a group without the program on the measure of crime; Level 4) comparing a group with the program to a group without the program on the measure of crime where there is control over irrelevant factors usually demonstrated by showing that the non-equivalent comparison group is similar to the treatment group on all but minor factors that are not-likely to make a difference (i.e., by matching individuals in the treatment and comparison group on all of the relevant factors; Level 5) the use of random assignment of the treatment and control so that groups are comparable at the beginning of the experiment. Sherman et al. (1997) and others that followed this approach in the criminal justice arena adopted this or modified taxonomies and identified Level 4 and Level 5 as rigorous designs with the former called quasi-experiments and the latter randomized control trials (Friendship, Street, Cann, & Harper, 2005). As discussed above, Lowder et al. conducted a meta- analysis of outcome studies of Mental Health Courts that included 17 experimental or quasi-experimental outcome studies (Level 4 or Level 5 studies) completed between 2004 and 2015.

One way that researchers attempt to make non-equivalent comparison groups similar to each other is to measure the crime outcome before the program begins and then again when the intervention is over to control for initial differences between the treatment and comparison group. Campbell and Stanley (1963), Cook and Campbell (1979), and Shadish et al. (2002) refer to these types of Level 4 quasi-experiments as non-equivalent comparison studies with identical pretests and posttests. Another way that researchers make non-equivalent groups similar to each other is by matching participants in both groups on all relevant variables so that, on

average, the groups are similar enough before the study begins to attribute differences between the groups to the treatment. Matching across a large number of variables can be difficult because it requires a large number of participants to be able to find matches on the critical factors. One way to create matches with large numbers of participants is to treat group membership as a dependent variable and predict the likelihood of every person ending up in each group (i.e., modelling the selection process) using the factors that are likely to impact the crime measure. The resulting measures of selection likelihood (i.e., probabilities) are called propensities and the type of matching is called propensity matching (Austin, 2011; Rosenbaum & Rubin, 1983).

Propensity matching constructs a non-equivalent control group design by using sophisticated statistical analyses (i.e. logistic regression) to model the selection process differentiating those who were in the treatment condition from those who were not. Common matched selection factors in the criminal justice arena include demographics, risk assessments, type of index offense, criminal history and so on. In the end, each individual receives a probability score – the probability that he or she would end up in the treatment group. Researchers select those not in the treatment group who have an equal probability of ending up in the treatment group (as those who are actually in the treatment group) and make them the comparison sample. This process simulates a true randomized experiment in which participants have an equal probability of assignment to the treatment and experimental groups – that is, the result of an unbiased coin toss.

One example of a propensity matching outcome study with problem solving courts is Anestis and Carbonell's (2014) comparison of 198 offenders participating in a mental health problem-solving court in the Southern United States to 198 matched offenders in the traditional court system. The matching variables included age, severity of the index offense, mental diagnosis, homeless status, type of index offense, level of index offense (e.g., misdemeanor vs. felony) and 26 other possible confounds. After matching, the two groups equivalent on these factors were significantly different on outcome measures of recidivism and time until new arrest showing that the Mental Health Court participants were less likely to recidivate, and when they did, it took them longer to do so compared to those in the traditional courts. This is an example of a Level 4 outcome study (Sherman et al., 1997).

F. Using Data and Evaluation Results to Program Manage

The final step in the evaluation process is using results from data analysis and evaluation to adjust program practices. Carey et al. (2008) found that drug court programs that reported program statistics and used evaluation data to modify court operations had higher graduation rates (60% vs. 39%) and better results in terms of outcome costs (34% vs. 13%) compared to programs that did not. In their 2012 study, Carey et al. found that programs benefited substantially from using both their own program statistics to modify court operations and from using the results of independent evaluations to modify court operations. Programs that made modifications based on

regular reporting of program statistics experienced 105% reduction in recidivism and 131% increase in cost savings, while those that used results of independent evaluations showed an 85% reduction in recidivism and 100% increase in cost savings. (Carey et al., 2012).

Because Young Adult Courts are a relatively new addition to the problem-solving court family, studies that directly show the advantage of evidence-based policy making in this area are lacking. Nonetheless, the program evaluation literature is not silent on this issue. Instead, it recommends a recursive approach in which data are collected to modify decisions that have policy implications (Linfield & Posavac, 2018; Rossi, Lipsey, and Henry, 2019). In fact, an area of program evaluation, referred to as implementation science is concerned with studying the conditions that promote the use of research findings and the results of evidence-based practice studies into the daily practice of program interventions in order to increase both the quality and the effectiveness of services (Bauer, Damschroder, Hagedorn & Kilbourne, 2015). Implementation science focuses on four areas of measurement: a) fidelity - adherence to the program protocol as developed, b) dose delivered - the number of program units, hours or sessions provided, c) dose received – the extent to which the recipients were receptive or engaged in the program, and d) program quality - how well the staff executed the various program components (Durlak & DuPre, 2008; Fixsen, Naoom, Blase, Friedman, & Wallace, 2009; Glasgow, Vogt, & Boles,1999; Morrel-Samuels et al. 2018). Implementation studies begin with a well-developed and researched program theory or logic model, which is necessary to identify pertinent variables and test relationships among them. Efforts at evidence-based decision making for Young Adult Courts in Nebraska should make use of implementation science as it is the current standard in the program evaluation field.

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