

Evaluating Juvenile Mental Health Courts as Complex Adaptive Systems: A Mixed Method, Multimodal Program Evaluation Toolkit and Validation Protocol

by

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Abstract

Significant interest remains in the development and expansion of specialty court programs for adult and juvenile offenders (Wexler and Winick 1991; Wexler 1995; Goin 2004; Munetz and Griffin 2006). However, the adult mental health court model has not been widely adapted for juvenile offenders (Arredondo et al 2001; Coccozza and Shufelt 2006; Lipow 2007). While a substantial evidence base exists regarding mental health and substance abuse treatment interventions for juvenile offenders, attempts to explore and analyze the overall efficacy of the juvenile mental health court (JMHC) program model as an intervention to improve individual biopsychosocial outcomes, reduce recidivism, ensure offender accountability, and optimize public administration costs for juvenile justice systems are very limited. Researchers and policymakers currently lack valid, reliable standardized program evaluation instruments by which to measure and assess fidelity to the extant evidence based JMHC program model. For this exploratory dissertation, the researcher developed a comprehensive JMHC program evaluation toolkit and a validation protocol for implementation. Implications for future research are discussed and an ethical critique of the JMHC program model is presented.

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List of Abbreviations

AOC	Administrative Office of Courts
CAS	Complex Adaptive System
CMHA	Community Mental Health Act of 1963
DOJ	U.S. Department of Justice
DSM-V	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , 5th ed.
FIPS	Federal Information Processing Standards
HHS	U.S. Department of Health and Human Services
HIPPA	Health Insurance Privacy and Portability Act of 1996
JMHC	Juvenile Mental Health Court
NAMI	National Alliance on Mental Illness
NPA	New Public Administration
NPM	New Public Management
NCMHJJ	National Center for Mental Health and Juvenile Justice
PCI DSS	Payment Card Industry Data Security Standards
RA	Recommended Action
SAMHSA	Substance Abuse and Mental Health Services Administration
TJ	Therapeutic Jurisprudence
VPN	Virtual Privacy Network

Chapter I

Statement of the Problem

Since the 1970s, when the nation's network of large, expensive state psychiatric hospitals and institutions began downsizing their substantial patient census and releasing vulnerable individuals into a seriously underdeveloped and inadequately funded system of community mental health care, the criminalization of mental illness has been well documented in social science literature (Erickson and Erickson 2008; Slate and Johnson 2008). The current overrepresentation of people with mental health and co-occurring substance abuse and addiction disorders in the nation's justice and public safety systems is arguably the most glaring example of the failure of the New Public Administration framework that emerged from the seminal 1968 Minnowbrook Conference at Syracuse University, organized by Dwight Waldo.

Since that time, public administrators and policy researchers have slowly moved away from basic systems theory, rejecting it as too simplistic to adequately address the complexities of modern society and mitigate, or at least constrain, the myriad negative externalities associated with various socioeconomic inequities. Ultimately, this researcher posits that systems theory has failed to provide the proper policy tools for engineering the broad social change that was the focus of both the New Public Administration and the progressive social justice movements that characterized the political climate in the United States beginning in the mid- to late 1950s. Currently, the fields of public administration and public policy are characterized by a growing reliance on interdisciplinary, mixed method research methodologies and cross systems collaboration to address the increasingly complex nature of contemporary social problems. The nation's

growing number of specialty court programs utilizing a *therapeutic jurisprudence* framework represent an example of such an evolution.

Policy makers and the general public are slowly beginning to understand the prevalence of the wide spectrum of behavioral health disorders in American society and the degree to which these disorders can potentially impact the availability of public goods, services and budgets. Beginning in 1997, the mental health court emerged as a problem-solving court model for justice and public safety systems to address the needs of adults with mental health disorders while controlling law enforcement and judicial administration costs through diversion. Available research documents an overall positive cost benefit to court system budgets, as well as generally positive treatment outcomes and reduced recidivism, for adult offender populations (Ridgely et al. 2007).

In 2001, the nation's first juvenile mental health court was established in Broward County, Florida. Despite the emergence of juvenile mental health courts as a problem-solving court model over two decades ago, the current evaluation literature on juvenile mental health courts is very limited. The documented overrepresentation of mental health disorders among justice-involved youth indicates that much more research is needed on the complex needs of this unique population. Specifically, the overall policy impact of juvenile mental health courts, including the efficiency and effectiveness of the model itself, remains a largely unstudied phenomenon.

Statement of the Problem

The nature of the problem to be addressed involves the criminalization of mental health and substance abuse disorders in the juvenile justice system generally, as well as the need to reduce disproportionate mental health consumer contact within this system. This issue mirrors a national trend well-documented in social science literature (Goin 2004; Snyder and Sickmund

2006). The policy solutions that have emerged to address this issue are largely localized in nature, specifically regarding the emergence and proliferation of specialty court dockets operated with the stated goal of diverting defendants with behavioral health disorders from traditional case processing and disposition while providing treatment resources within the traditional accountability framework of the juvenile justice system. Moreover, across these programs, there is virtually no standardization of program design, legal structure, collaborative partnerships or judicial administration. Thus, a primary goal of this dissertation is to work towards a single specific aim: eliminating the multiple silos that currently characterize program evaluation paradigms applied to the evaluation of extrajudicial programming implemented by and operated within juvenile justice systems across the United States.

Considering juvenile mental health court programs, specifically, this dissertation seeks to accomplish this primary goal by way of two distinct, yet complimentary, objectives.

Because these programs are of a heterogeneous and highly situational nature from state to state and the vast majority of specialty courts are operated with no additional funding appropriations, the first objective is to design, develop and implement integrated program evaluation tools and techniques that accommodate this reality. The data collection instrument presented in this dissertation not only facilitates the practical side of specialty court program administration, such as docket management and cross-agency collaboration, but also supports multiple end user implementation, adoption and periodic refinement, as needed.

The nature of complex adaptive programs and systems demands program evaluation tools that can accommodate robust, ongoing and program-specific performance measurement activities for collaborative project designs. Collaborative initiatives are characterized by a significant

amount of qualitative information and quantitative data inputs collected from across multiple systems and partner organizations. Absent the aforementioned capabilities, rigorous and high-quality comprehensive program evaluations are simply not possible. This, in turn, significantly increases the likelihood of legal liability for these extrajudicial programs, to include potential ethical conflicts, violations of individual civil rights, and failure to implement federal medical privacy requirements for specialty court records. As the judicial branch is publicly funded, it is imperative that program evaluation activities are designed to not only identify any such potential liabilities and risks, but also to ensure the appropriate stewardship of taxpayer funds. Justice and public safety professionals who manage specialty courts for juveniles currently lack the ability to access and implement targeted administrative tools utilizing common, inexpensive technology applications that require little to no additional training. This limits their ability to effectively and efficiently manage their specialty court programs in significant ways.

Without an administrative tool that accommodates concurrent specialty court docket management and ongoing performance measurement, there is a risk that important variables and factors that may be of consequence to program evaluation might not be identified, measured, tracked or analyzed. Thus, the second objective of this dissertation is to present a data collection tool that can accommodate multiple types of information and data inputs, centralize these data and information, and aggregate it into a meaningful and dynamic data set within a cost effective and user friendly implementation framework. At present, no such integrated data collection tool exists in the public domain. To remedy this, I have conferred extensively with agency leadership at the Alabama Administrative Office of Courts (hereinafter, AOC) to design and develop such a tool, one that is specific to juvenile mental health court programs operating within the State of

Alabama. The tool is designed to be easily replicated in other states, as well as flexible enough to accommodate multiple types of juvenile specialty court program models.

Theoretical Considerations

Within the academic discipline of political science, the sub-disciplines of public administration and public policy currently require more adaptive, flexible and comprehensive approaches to program design, development, implementation and, perhaps most importantly, to program evaluation. Program evaluation does not occur in a vacuum; political externalities must always be included in any research design in order for it to be empirically valid, accurate and reliable. Current best practices in program evaluation for public organizations do not fully accommodate the sometimes rapidly changing political environments and contexts within which specialty court programs often operate.

In the 1990s, both the electorate and the political leadership of the Democratic and the Republican Parties changed in significant ways. The inauguration of President Bill Clinton in January 1992 is a political milestone in that the Democratic Party began its shift away from the liberal policies of the 1960s and 1970s and moved to a more center-right position. Traditional bases of liberal Democratic support, such as labor unions and working-class families, were deemphasized by party leaders who, instead, focused more on moderate and center-right middle-class and upper middle-class voters. This shift is best illustrated by the ascendancy of the Democratic Leadership Council and “third way” neoliberal economic policies that characterized the Clinton Administration, policies the mainstream Democratic Party has continued to embrace to the present day.

Concurrently, the Republican Party also experienced a rightward ideological shift that began with the Contract with America in 1994, the Republican takeover of Congress after the midterm elections that same year, and the rise and growth of a more Libertarian-leaning faction within the Republican Party that, over the next decade, would come to be known as the Taxed Enough Already or TEA Party. The Republican-controlled 104th Congress, led by House Speaker Newt Gingrich began to adopt a much more efficiency-based approach to the budgeting and appropriations processes that not only integrated an array of longitudinal performance measures into the creation of the nation's annual budget, but also began to assign significant weight to these performance measures for the purposes of budgeting and political decision-making.

Throughout Clinton's second term (1997-2001), efficiency had arguably become the primary normative framework through which public administration and public policy were designed, developed, analyzed, implemented, and evaluated at the federal level. If a program or initiative had positive and/or desired outcomes, but could not be proved cost efficient, then such initiatives or programs tended to be perceived as "bad policy" or "ineffective" by policymakers, elected officials and stakeholders. Absent an objectively verifiable cost efficiency metric, programs with promising outcomes across all other variables or factors were often closed, defunded, or the federal government divested from them entirely. This left many promising practices, programs and initiatives to be sustained only with external funding generated through continuous resource development initiatives by the program staff or local stakeholders themselves.

Unlike the changing political and economic environment in the United States at this time, the theoretical frameworks guiding public sector policy analysis and program evaluation during the 1990s and, in turn, the best practices that grew out of those frameworks, remained largely

unchanged. New techniques, tools and instruments were not necessarily designed, developed, validated or implemented as an adaptation to the changing political and economic priorities of the era. Rather, program evaluation theory and applied practice continued to rely upon well established and traditional methods of research design, data collection and analysis. By the end of the 1990s, research methodologists were beginning to discover the limitations of traditional tools, instruments and techniques that were simply neither flexible nor sensitive enough to capture the often subtle indirect factors and variables that can significantly influence the factors of most interest to stakeholders in collaborative program models.

Of course, this meant extant research instruments, techniques and methodologies were also not sensitive enough to conduct rigorous, robust evaluations of the increasingly large and complex adaptive programs and systems that often result from successful cross agency collaborations. Instead, program evaluators were forced by practical necessity to adopt a new and almost singularly value driven normative framework for their research designs: cost efficiency. It can be argued that the changing normative framework of program evaluation at this time was heavily influenced and shaped by the shifting nature of the nation's changing political and economic landscape. When program evaluators begin weighting their project designs so heavily towards a primary variable, almost to the exclusion of other potentially significant factors and variables, they were coopted into abandoning the objective, value-neutral research paradigms and frameworks that should always characterize empirically sound applied evaluation research. Unfortunately, this singular normative framework remains one of the most important in the field of applied evaluation. The cost efficiency paradigm is far too myopic to support the design, develop-

ment and implementation of rigorous program evaluations for modern collaborative program models that work across multiple systems, agencies and partners.

Additional barriers are the significant data collection obstacles researchers and practitioners must navigate when seeking to evaluate processes and outcomes in specialty court programs serving juveniles, as well as the overall paucity of juvenile justice program evaluation literature that explores projects, initiatives and program designs that were ultimately not successful or generated negative externalities (Long and Sullivan 2016, 1091). Honegger (2015) notes that

Existing studies of mental health courts suffer from methodological limitations, specifically, a lack of experimental design, use of non-representative samples, and assessment over short timeframes. Moreover, the inherently idiosyncratic nature of these courts and the variance in reporting of court-specific eligibility criteria make cross-article comparison more difficult (478).

To that end, evidence suggests that specialty court administrators require more “systematic guidance for improving identification and referral of youth services” (Belenko et al. 2017, 80). This is particularly important for juvenile justice programming that occurs in an extrajudicial context, such as juvenile mental health courts and juvenile drug courts. “There is currently great interest among juvenile justice practitioners and policy makers in using this large body of available research and the associated decision-making tools to improve youth outcomes, enhance public safety, and control costs. The most progressive juvenile justice systems are integrating these tools into an evidence-based platform that supports decisions aimed at increasing the probability of favorable outcomes at every stage as youth move through the system” (Lipsey et al. 2017, 2).

Myriad impediments exist to addressing these barriers. Strict confidentiality laws and administrative regulations typically limit or restrict access to data and information contained in individual case files to only those individuals legally authorized by the court. Inconsistent data

and information inputs from across multiple agencies, organizations and systems limit data-driven decision making. Data collection instruments are not standardized across programs; many cannot accommodate quality assurance activities that examine all inputs and variables that could potentially impact the success of juvenile justice interventions. Edwards et al (2020) specifically recommend “the use of integrated case management services” as a key component of effective specialty court administration (463).

To better address the aforementioned obstacles, barriers and critical gaps in the literature, this dissertation advocates for a more theoretical and strictly value neutral framework for program evaluation. The data collection instrument presented herein is an example of the type of instrument currently needed to provide practitioners with the necessary flexibility and adaptivity to effectively manage their specialty court programs, but also to support rigorous evaluation of complex adaptive systems and programs at the appropriate scope, degree and level of complexity across multiple systems. It is noted that the data collection instrument designed for this dissertation also includes a fidelity assessment tool to support quality assurance in extrajudicial program administration. Specifically, the data collection instrument “supports ongoing monitoring to ensure that evidence-based tools are used with fidelity and incorporated appropriately and consistently in decision-making” (Lipsey et al. 2017, 34).

Applied Considerations for Justice and Public Safety Systems

States with large numbers of low to very low income residents and substantial rural geography, are more likely to experience a density of negative externalities associated with an inadequate number of community mental health and substance abuse treatment resources to meet the area demand for services (Trupin and Richards 2003). At the local level, these externalities typi-

cally include: (1) a disproportionate number of nonviolent, non sex offenders with behavioral health disorders detained in juvenile facilities and/or involved with local juvenile justice systems; (2) rapid, explosive growth in youth detention statewide; (3) high operating costs for youth detention facilities associated with managing offenders with mental health disorders in non therapeutic correctional settings; and (4) mitigating the risk and liability for municipal, local and state governments stemming from institutional supervision of these types of offenders. Moreover, these externalities often spill over indirectly, resulting in myriad of other related social problems, including low high school graduation rates within the local school system; high rates of truancy, suspension or expulsion from school; a significant number of arrests for drug-related offenses; and high adolescent pregnancy rates.

Strong evidence indicates that the de jure deinstitutionalization movement that began with such promise in the early 1970s has essentially become a de facto reinstitutionalization movement where states have simply relocated individuals with behavioral health disorders from one type of institution to another. An extensive body of social science literature substantiates the negative relationship between deinstitutionalization in the 1970s and 1980s and the explosive growth of state and local incarceration rates; that is, as the number of public and private psychiatric hospital beds decreased across the nation, state incarceration rates increased. Nowhere in the nation can this relationship be illustrated more obviously than in Alabama where the community mental health system is grossly underfunded and is currently experiencing acute shortages in crisis beds across the state (NAMI, 2009), while the state prison system is significantly overcrowded with low-level non-violent, non-sex offenders comprising the majority of the inmate population. This situation is so dramatic that, in 2006, the Pew Charitable Trusts selected the

State of Alabama as a demonstration site for further corrections research as part of the Pew Center on the States Public Safety Performance Project.

This adult system trend is mirrored in the state juvenile justice system. Alabama is an illustrative example of these policy trends in a largely rural, poor state with most of the state's wealth concentrated in the four Metropolitan Statistical Areas of Mobile, Montgomery, Birmingham and Huntsville. In the early 2000s, the Alabama Department of Youth Services was so overcrowded with low level, nonviolent offenders that lengthy waiting lists for juvenile detention placement were developed (Lipow 2007). In 2005, with reform efforts gaining support within the state, the Annie E. Casey Foundation selected Alabama's juvenile justice system for intensive research, policy analysis, training and technical assistance. After a preliminary data analysis, the Casey Foundation focused on two significant goals for Alabama's juvenile justice system: reducing disproportionate minority contact, particularly among African-American boys, and developing alternatives to juvenile detention. These policy goals for juvenile justice systems are not unique to Alabama. Beginning in the early 1990s, many states began to significantly overhaul their juvenile justice and other systems of care for youth with mental health disorders and other risk factors.

Both the Pew and Casey projects in Alabama focused on two distinct age cohorts of the criminal offender population: adults and juveniles, respectively. The Pew research offered targeted research and technical assistance to Alabama after a review of performance and outcome measures for the state's adult justice and public safety systems. Pew (2007) reported persistently high incarceration and recidivism rates, as well as high operating costs, for the state corrections agency. The Pew research team developed targeted policy recommendations for Alabama that

included strategic sentencing reforms, a significant expansion of community corrections programs throughout the state and improving inmate classification methodologies to facilitate better management of differential degrees of criminogenic risk among large, diverse offender and inmate populations.

The research and technical assistance provided to Alabama by the Casey Foundation was oriented towards juvenile offenders. Invited into the state in 2005 by former Governor Bob Riley to assist the state with juvenile justice reform efforts, the Casey Foundation's work in Alabama ultimately facilitated the successful implementation of the Alabama Juvenile Justice Reform Act of 2008. In the final report submitted to the Alabama Department of Youth Services (DYS), the Foundation's Juvenile Justice Strategy Group (2011) reported significant reductions in DHS incarceration rates statewide, noting that the state's impressive implementation of its juvenile justice reform package "improved pre- and postadjudication decision-making and maximized the utilization of existing local resources" (9).

Concurrent with this explosive growth in the criminal and juvenile justice populations, private and public (non geriatric) psychiatric beds in Alabama steadily disappeared. Nationally, the federally subsidized Medicaid program funds a significant amount of mental health services at the state level for eligible individuals. It should be noted, however, that Medicaid and Medicare do not reimburse states for any medical care provided to incarcerated individuals. Federally subsidized health care benefits to low and very low-income individuals are automatically suspended or terminated upon incarceration. Therefore, public correctional institutions like prisons, jails and youth detention facilities are expected to provide needed primary health care and

behavioral health care to their respective inmate populations and to be wholly responsible for the total cost of these services.

Like many states, including those with significantly higher per capita income levels and more public resources for various health and human services systems, Alabama has experienced a critical shortage of private and public psychiatric beds for children and adolescents for a number of years. The Alabama Department of Mental Health (hereinafter, ADMH) announced plans in 2010 to close the Adolescent Unit at Bryce Hospital, the state's flagship public psychiatric hospital, and to contract with community providers for treatment and services for these youth. Two decades earlier, ADMH closed the state-operated adolescent psychiatric facility in Eufaula, on the state's eastern border with Georgia. Continued budget cuts to ADMH by the Alabama Legislature and the lack of any meaningful statewide workforce development plan to identify, recruit and retain qualified mental health providers and prescribers, namely psychiatrists and psychiatric nurse practitioners, helped ensure the persistence of these obstacles in the behavioral health and human services policy sphere.

Three primary factors are typically correlated with disproportionate mental health consumer contact with justice systems among any population of research interest: (1) availability of resources; (2) access to care; and (3) appropriateness of treatment. A substantial body of research suggests a strong link between the presence of at least one diagnosable mental health disorder in juveniles and the statistical likelihood that these youth will become justice-involved at some point (Cocozza and Shufelt 2006). Moreover, the overrepresentation of juvenile offenders with behavioral health disorders in the juvenile justice system is increasingly correlated with known bio-psychosocial distress factors such as poverty, low educational attainment, births to

adolescent parents, births to single parents, low graduation rates, and high numbers of drug and drug related crimes (Snyder and Sickmund 2006).

Overview of the Dissertation

This dissertation is an exploratory research instrument design project to enhance the collection of data on juvenile mental health court programs and to facilitate ongoing quality assurance and/or comprehensive program evaluation of such programs. Specifically, the project is the design and development of a comprehensive mixed method, multimodal data collection instrument and fidelity assessment tool designed for implementation and use in juvenile mental health court programs that utilize a therapeutic jurisprudence programmatic framework. Wexler (1995) specifically defines therapeutic jurisprudence as “the study of the role of the law as a therapeutic agent” (220).

The comprehensive data collection instrument is designed to capture relevant data on specialty court participants from multiple systems that can be easily de-identified for external research and reporting purposes and can be deployed as a standardized program evaluation resource. This is critical in that it permits researchers to isolate and measure the unique situational factors or other localized variables from those common to multiple specialty court sites in the same state or other political subdivision of government. To ensure cost effective implementation by end users, the data collection instrument itself requires no special software or paid access to any web-based platforms. It can be used with standard information technology programs and applications common to many government agencies and court systems.

Mixed method applied research designs are most appropriate for the study of particular social problems and the relative efficacy of public sector responses. Comprehensive program

evaluation is a valuable social science research tool because it generates additional research questions for analysis and exploration beyond questions of practical immediacy, such as whether a particular program or initiative achieved its intended outcome and within the time and cost parameters that were established by policymakers at the design, development or implementation phases. This dissertation proposes an applied research design to answer three applied research questions that address policy objectives of the therapeutic jurisprudence theoretical framework and the juvenile mental health court model:

R1: Do juvenile mental health court programs in Jurisdiction X offer services, programming and/or referrals that meet all of the documented bio-psychosocial needs of the eligible participants?

Obj1: Generating improved behavioral health outcomes for juvenile mental health court participants

R2: Are processing costs and/or judicial administration costs in Jurisdiction X lower for juvenile mental health courts than in the traditional juvenile justice system, while also satisfying all legal requirements for offender accountability and due process?

Obj2: Controlling and/or optimizing juvenile justice costs within an ethical and constitutionally sound accountability framework.

R3: Are juvenile mental health courts in Jurisdiction X effective at reducing future justice-system contact among participants who successfully complete these programs?

Obj3: Protecting the public safety by reducing future justice-system contact

When used in tandem, the comprehensive data collection instrument and fidelity assessment tool permit not only ongoing data collection, analysis and reporting on process and outcome measures for juvenile mental health court programs, but also offer a methodologically robust way to differentiate various inputs, throughputs and outputs from outcomes across multiple sites, if needed. Because the data collection instrument can also be utilized as a specialty court docket manage-

ment tool for judges and judicial administrators, patterns and trends are easier for researchers or evaluators to identify and measure.

Operational Definitions

Regarding stakeholders and policy actors, the term *consumer* is used to refer to an individual who uses and/or receives behavioral health services. *Advocates* are individuals who advocate or lobby for improvements in various aspects of the mental health service delivery system. The term *psycho-legal collaborative partnership* refers to the mental health, justice and public safety nexus that is a functional requirement for valid therapeutic jurisprudence programming and/or initiatives.

For this project design, *efficacy* is operationally defined as the degree to which the current juvenile mental health court model meets three broad public policy goals common to therapeutic jurisprudence programs generally: control costs within a framework of offender accountability, protect public safety by reducing future justice system contact, and improve bio-psychosocial outcomes for offenders with behavioral health disorders. It should be noted that, while these three common programmatic goals are considered to be of equal importance for program evaluation purposes, individual program stakeholders typically adopt and perpetuate a system of prioritizing these goals in ways that reflect the dominant values and culture of the organization of which they are a part. This ranking process may be formal policy or may simply be ad hoc and informal. The efficiency metrics developed and reported for the validation protocol portion of this project will focus on both the actual cost and the relative value of juvenile mental health court programs by facilitating the comparison of average court costs for similar offender populations.

Design and Development of the Program Evaluation Toolkit

This dissertation commences with a brief summary of major socio-political and legal milestones in the growth and development of Alabama's mental health and juvenile justice systems, followed by the presentation of a comprehensive multi-site program evaluation protocol consisting of two primary research deliverables.

The first deliverable is a valid and reliable juvenile mental health court program evaluation toolkit to include a data collection instrument that can accommodate cross systems, multi modal data and information collection and also permits a process evaluation of each program's organizational structure, policies and procedures. A robust process evaluation includes, at a minimum, examining the the referral, assessment, processing and case disposition activities, as well the overall quality of the psycho-legal collaborative partnership upon which the core functions of juvenile mental health courts and other therapeutic jurisprudence models are based.

The data collection instrument in the toolkit is also designed to support outcome evaluation, which includes average cost comparisons between specialty court and traditional models of juvenile justice administration; forecasting of caseload projections for each juvenile mental health court; and a post intervention review of the juvenile mental health court caseload and traditionally processed youth that permits data to be analyzed and reported, as appropriate. The validation protocol for the post intervention review utilizes survival analysis techniques to determine both the frequency and degree of subsequent justice-system involvement among juvenile mental health court program participants, if any.

The second component of the toolkit is a fidelity assessment tool for juvenile mental health court judges and judicial administrators to gauge their degree of adherence to "best prac-

tices” and to existing evidence based practices in juvenile specialty court program design, program implementation and specialty court docket management.

Theoretical Framework

A process-oriented systems theory framework was used to design the data collection instrument and validation protocol. Specifically, this framework is intended to highlight the degree to which the juvenile mental health court program model is sufficiently developed, as well as the degree to which it meets the definition of a *complex adaptive system* as defined by Holland (2006) and can be formally evaluated using complex systems analysis techniques and methodologies similar to those proposed by Bar-Yam (2006). Regarding public administration and policy analysis theory, the data collection instrument was designed to align with the stages model of mental health court development utilized by the National Council on State Courts. In this model, mental health courts are classified as “first or second generation” programs. Redlich et al. (2005) noted first generation mental health courts tend to closely imitate traditional drug court models (528-530). Conversely, second generation mental health courts evidence a willingness to accept more marginal offenders, including those with weapons and felony charges; are less likely to use jail sanctions; more commonly employ pre plea adjudications; and use court personnel or probation staff to supervise clients as opposed to community service providers (531-533).

Of special relevance as an area of future research and empirical inquiry into theoretical frameworks in specialty court programs is the efficacy and appropriateness of collaborative or cross system policy models to address complex social problems, particularly in situations where the traditional identities, roles and responsibilities of various levels and branches of government are rapidly shifting in ways that are frequently controversial and often unforeseen. More research

is needed regarding the practical applications of Holland's (2006) complex adaptive systems (hereinafter, CAS) theory and its relative appropriateness as a foundational component of a new, more robust and empirically rigorous research methodology, one that is sophisticated enough to not only measure complex social phenomena but also to support innovative, cross disciplinary applied research methodologies that utilize mixed methods and have broad applicability to multiple end user groups. To that end, the increasingly complex organizational relationship evidenced at all levels of government between the nation's public mental health system and the nation's justice and public safety systems provides an ideal opportunity to discover if CAS theory is an appropriate theoretical framework for constructing policy research methodologies capable of supporting the study of increasingly complex social phenomena, process and outcomes.

In specialty court models specifically, the judicial branch of government is increasingly expected to assume greater responsibility for brokering community-based treatment and other social services for offenders with behavioral health disorders. State mental health systems are becoming increasingly decentralized, while dealing with an acute shortage of community providers and mental health professionals and insufficient funding streams to finance service delivery that is significantly cheaper in community based models when compared to costly institutional treatment and care. Community mental health systems, the innovative conceptual program model to overhaul the nation's antiquated and institutional based mental health service delivery system, became federal policy on October 31, 1963 when President John F. Kennedy signed the Community Mental Health Act (hereinafter, CMHA) into law. The CMHA sought to modernize and professionalize the mental health workforce, as well as to generate broad improvements in both the quality and availability of mental health services in the United States. Despite this, the

nation's community mental health systems remain chronically understaffed and vastly under resourced. For these reasons, community mental health systems are often unable to effectively partner with other agencies, organizations or legal jurisdictions.

The Data Collection Instrument

The design and development of a cross systems data collection instrument enables users to create high quality, accurate process and logic models that permit critical path mapping for each research site being studied utilizing the research tools and instruments developed for this dissertation. This, in turn, permits analysis of multiple organizational processes for both traditional and specialty court case processing models (e.g., intake, screening/assessment and case disposition). By incorporating an expanded systems framework in the instrument design, it is also possible to identify potential vulnerabilities and likely breakdowns in the specialty court and traditional juvenile justice process models at various points along the critical path. This information, when considered alongside various measures of program fidelity, permits a much more precise organizational alignment between various programmatic components within a particular system and the policies and procedures that can be developed and implemented to better support those programmatic components. Another important fidelity measure is the overall quality of the psycho-legal collaborative partnership upon which the core functions of juvenile mental health courts and other therapeutic jurisprudence models are based.

The Fidelity Assessment Tool

Fidelity assessment is an important policy and research tool for public administrators and for practitioners across multiple policy fields. Currently, there is no evidence based, data driven or otherwise reasonably reliable research instruments available to generate program fidelity mea-

sures for juvenile mental health courts. A robust, normative policy model for juvenile mental health courts has not yet been fully developed at the national level.

The fidelity assessment instrument is developed using various evidence-based practices or best practices in juvenile mental health court policy and practice. The tool permits an evaluation of the degree to which behavioral health programming utilized in each specialty court aligns with the evidence based components of the Sequential Intercept Model (Munotz and Griffin 2006). Finally, the fidelity assessment tool allows for a measurable review of the overall quality of the psycho-legal collaborative relationship among the principal policy actors and primary stakeholders. By assigning a value to each element of the normative juvenile mental health court policy model, the researcher can develop an instrument against which program fidelity may be measured quantitatively and tracked over time.

Two primary evidence based benchmarking tools were utilized to construct the fidelity assessment instrument for juvenile mental health courts. First, a comparison of the current organizational framework of a juvenile mental health court program against the current best practices organizational framework for juvenile specialty courts developed by the National Center for Mental Health and Juvenile Justice (hereinafter, NCMHJJ). The juvenile drug court is currently the most prevalent juvenile specialty court model nationwide; the growth of juvenile mental health courts has been significantly slower. It should be noted, however, that this exploratory research instrument can accommodate, with minor edits, juvenile specialty court program models with various foci.

In Alabama, juvenile mental health court programs are specifically designed to identify and serve youth with co-occurring conditions and/or disorders. For example, offenders with pri-

primary diagnoses of substance abuse or addiction disorder are eligible, as are offenders with a primary diagnosis of mental illness. Therefore, the use of the NCMHJJ Comprehensive Model as the primary benchmarking tool to develop the fidelity assessment instrument is appropriate and can be justified. Coccozza and Shufelt (2006) identified some basic elements of the juvenile mental health court model, which was utilized as the basis for developing the fidelity assessment instrument.

Second, program fidelity regarding the mental health and/or substance abuse treatment and referral components of juvenile mental health court programs was also examined. Specifically, the evidence based Sequential Intercept Model was used as the primary benchmarking tool for the mental health component of the fidelity assessment tool developed for this dissertation. The Sequential Intercept Model was developed in 2006 with funding provided by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (hereinafter, SAMHSA), National GAINS Center for Behavioral Health and Justice Transformation. It is a comprehensive blueprint for enhancing collaboration between the mental health and criminal justice systems. A primary goal of the National GAINS Center at SAMHSA is the development of a structural benchmarking tool for juvenile mental health courts based on a synthesis of existing evidence-based policy and practice that can be validated and shared widely with two primary audiences: (1) various stakeholder and advocacy groups, who study these juvenile justice program models and advocate for improvements and oversight and (2) state court systems, for implementation in multiple jurisdictions and/or political subdivisions of government.

The value of program fidelity information to public administrators and policy actors is substantial. While policy adaptation is quite common and a generally accepted practice in public administration and public policy, program fidelity metrics facilitate data driven decision making at the executive level by providing a baseline against which future organizational and programmatic growth can theoretically be measured over time. When compared against the data and information collected during the process evaluation component of the proposed research design, program fidelity measures provide a more complete organizational schema that invites further research and ongoing program model refinement, as needed.

Implementation of the data collection instrument and fidelity assessment tool designed for this dissertation allows researchers, policymakers and other stakeholders to gain a greater understanding of the relative impact of certain factors that not only contribute to and shape programmatic outcomes, but also can be difficult to identify, define and measure with precision. As a research product, the value of a juvenile mental health court data collection instrument, fidelity assessment tool and a comprehensive applied program evaluation protocol is underscored by the potentially important relationships that can likely be documented between fidelity measures, process measures and outcome measures. When consistent across programs, fidelity and outcome measures are considered to be correlational (Fixen et al. 2005, 52). Therefore, when considered alongside qualitative and quantitative data generated by robust data collection instruments, the results of the fidelity assessment of juvenile mental health courts are both a validity measure for the fidelity assessment research instrument itself, as well as an important part of the comprehensive program evaluation that is the subject of this dissertation project.

Chapter II Literature Review

This dissertation expands the limited literature and evidence base in the social sciences that is slowly emerging around juvenile mental health court models, enhances the limited body of evaluation studies currently available regarding juvenile mental health court policy and practice, produces a valid and reliable research instrument to facilitate fidelity assessment of juvenile mental health courts, and offers a viable policy blueprint for the state's goal of a deliberative, planned expansion of the juvenile mental health court model in Alabama.

The study of political science generally has expanded and become more specialized over time, particularly in the area of applied research. However, it can be argued that political science is significantly more grounded in an interdisciplinary tradition than are the other social science disciplines. As an academic field of study, political science has evolved in a wide variety of directions and currently evidences substantial discipline-wide specialization. Moreover, the major thematic areas that constitute the discipline (i.e., government, public administration and public policy) have each evidenced a significant degree of sub-disciplinary specialization, resulting in the emergence, growth and steady development of various research methodologies of increasing complexity and sophistication that can be utilized to advance the body of knowledge within the discipline in new and exciting ways.

Every student of political science is introduced to the conceptual model of the *politics-administration dichotomy* presented by former U.S. President Woodrow Wilson in his seminal essay "The Study of Administration" (1887). Wilson's treatise explores the need for a vibrant, nonpartisan civil service in American government and presents a clear normative framework to

guide its operational functions efficiently and fairly, and within the necessary and proper political, constitutional and legal boundaries. To that end, Wilson is largely credited as one of the most influential late 19th century American scholars whose views on the proper role, scope and operational efficiency and effectiveness of government ultimately shaped the study of public administration into an academic subfield of political science in its own right and whose ideas continue to influence public administration scholars and practitioners today.

Arguably, Wilson's most important contribution to the establishment of the subfield of public administration is his exploration and analysis of the dynamic tension existing between the distinct spheres of politics and administration in the United States at the end of the 19th century. Wilson presents a conceptual model of American government where the possibility of politics dominating the practice of administration is a constant threat of varying intensity. To minimize and, ideally, to mitigate this constant threat of political interference in the practice of administration, Wilson advocates the following: constant vigilance and careful, systematic reliance upon modern rules of bureaucracy; the application of empirical scientific principles to studying administration using the collection, analysis and reporting of organizational metrics; and, a sharp demarcation between the spheres of politics and administration. Referring to the latter, he noted,

...administration lies outside the proper sphere of politics. Administrative questions are not political questions. Although politics sets the tasks for administration, it should not be suffered to manipulate its offices (210).

To date, the politics-administration dichotomy is still among the most widely studied and actively debated areas of academic inquiry within the disciplines of political science, public administration and policy studies. Wilson identifies other important issues in public administration and political science that have emerged as viable areas of research in political science. Comparative

politics and public administration, human resources management in the public sector, and the increasing specialization and content specificity of public policy are all easily identified in a careful review of “The Study of Administration.”

Organizational Theory in Public Administration and the Policy Sciences

As public administration has steadily advanced as an academic subfield of political science, scholarly dependence on more traditional models of organizational behavior are increasingly inadequate as methodological frameworks for measuring, assessing, reporting and understanding public sector organizational behavior and performance. Within a generation of Wilson’s essay, Frederick Winslow Taylor (1919) introduced the concept of “scientific management.” Scholars of the emergent subfield of public administration quickly began to study the effects of incorporating Taylor’s principles of scientific management on the civil service and, by extension, into public administration. A mechanical engineer, Taylor advocates a system of organizational management centered on objectivity and the scientific application of four principles: the development of a formal “science” to govern the work of each individual employee; the objective selection, training and professional development of each individual employee; the ongoing cooperation and supervision to ensure adherence to the rules of scientific management; and, the equitable division of labor between management and individual employees (36-37).

In the years following the publication of *The Principles of Scientific Management* (1919), scholars carrying out applied research in public administration, primarily using case studies, identified significant flaws in Taylor’s seminal organizational theory. Scholars like the eminent sociologist Max Weber would later dedicate significant time and effort to revising and refining Taylor’s theories of organizational structure and behavior, often called “Taylorism,” to address

the flaws and shortcomings of the scientific management model within the emergent socio-economic and political contexts of rapid industrialization and the concurrent expansion of capitalism.

Taylor's initial assumptions grounding the 1919 book are generally valid; namely, that inefficiency in organizations is exceptionally costly, that inefficiencies within organizations are almost always rooted in poor and/or inappropriate management of organizational resources, and that "the best management" will reduce or even eliminate these costly inefficiencies through the design, development and application of clear rules, regulations and policies applied equitably and fairly throughout the organization itself (7-8). However, organizational resources must always include human resources or human capital, to use a term that is perhaps more descriptive of Taylor's 1919 framework. The critical flaw in Taylorism lies with the unpredictable nature of the human element. Human beings are not machines. Remedies that can be successfully employed to mitigate or eliminate mechanical inefficiencies can only be theoretically utilized to mitigate and/or eliminate inefficiencies in organizations. That is, myriad organizational policies, procedures, rules and regulations can be designed, developed and implemented to increase efficiency and bring about "good" management, but are ultimately at the mercy of not only human subjectivity, but also the environmental sensitivity of the human element.

Max Weber's interest in Taylorism is grounded in what would ultimately become the academic field of sociology. Naturally, Weber's work not only defines the human element within the organization, but also seeks to recognize and measure the degree to which the human element influences the goals, processes and outcomes of organizations and, by extension, of Taylor's scientific management model. Weber strives to expand the extant boundaries of scientific manage-

ment and, in so doing, to improve the initial theories and organization models built upon it through a critical analysis of human influence. Modern researchers and scholars often find Weber's focus on and acknowledgement of human influence to be rather elementary, but his work was quite remarkable at the time.

Weber's acknowledgement of the human influence on a "scientifically" managed organization was a result of the increasing respectability and validity of various fields of social science focusing on the origins and outcomes of human behavior. Weber's work ultimately led to the identification of psychosocial principles that could be incorporated into the scientific management models used by industrial organizations to produce not only the desired efficiencies that were Taylor's primary concern, but also to determine an empirically valid system of incentives and disincentives to motivate the human capital upon which organizations are dependent. Weber refined and expanded upon the basic tenets of Taylorism by presenting a more expansive set of what he calls "rational-legal principles" upon which modern organizations could achieve the greatest levels of desired efficiencies.

Weber's views on public administration as a necessary component of the modern state are presented in perhaps his most famous work, *Economy and Society*, first published in 1922. Unlike Taylorism, which focuses primarily on the organization itself, Weber presents a broader and more expansive view that places a greater emphasis on the individual's role in and relationship to the modern bureaucratic state. He notes that, "Whether he is in a private office or a public bureau, the modern official, too, always strives for and usually attains a distinctly elevated social esteem vis-a-vis the governed. His social position is protected by prescription about rank order (959)." Weber's characterization of the esteem surrounding public office or, perhaps more accu-

rately in the American system, public employment, reinforces Wilson's advocacy for a merit-based civil service as a necessary element of modern American democratic governance.

Regarding this study, Weber's observations about bureaucracy and civil servants are particularly applicable to modern American judicial administration. His analysis of "the social position of the official" aptly describes the characteristics of modern American court systems, both federal and state. Weber argues that the public official's social position is

normally highest where...the following conditions prevail: a strong demand for administration by trained experts; a strong and stable social differentiation, where the official predominantly comes from socially and economically privileged strata because of the social distribution of power or the costliness of the required training and of status conventions. The possession of educational certificates or patents...is usually linked with qualification for office; naturally, this enhances the 'status element' in the social position of the official. Sometimes the status factor is explicitly acknowledged; for example, in the prescription that the acceptance of an aspirant to an office career depends upon the consent [or] 'election' by the members of the official body (959-960).

It is apparent that American jurisprudence has embodied these particular characteristics since the U.S. Supreme Court was established in 1789 pursuant to Article III of the U.S Constitution. State court systems are also structured accordingly. In 48 U.S. states, an earned juris doctorate degree and a license to practice law at the state and/or federal bar is currently required for attorneys.

Historically, American legal practice was akin to an apprenticeship profession (i.e., it was possible to study law and "read for the bar" without any formal educational degree requirements). The 16th U.S. President, Abraham Lincoln, practiced law in this manner prior to pursuing a political career and is perhaps the nation's most well-known "apprentice" attorney.

In the 20th century, however, the practice of law was increasingly professionalized; numerous law schools were established at American colleges and universities. In the early to

mid-20th century, it was possible for undergraduates to major in law and graduate with a baccalaureate degree that permitted them to “sit for the bar” (i.e, take the state bar exam) and become practicing attorneys. Continued professionalization of the field elevated the higher education necessary to practice law. Currently, American law schools require applicants to have earned a baccalaureate degree and the three year course of study leading to a juris doctorate, a terminal “professional degree,” is required for eligibility to apply and take a formal examination for licensure to practice law in 47 of the nation's 50 state court systems. Access to American higher education has always been determined by one’s ability to pay tuition and, consequently, individuals who can attain an undergraduate and terminal professional degree tend to come from the higher socioeconomic strata of U.S. society. Thus, Weber’s criteria of administration by “trained experts” and officials who come from “socially and economically privileged strata” are both readily apparent in the modern American justice system.

American judges serve on either the state or federal bench. Alabama follows the structural model implemented by most other U.S. states, whereby state court systems are typically organized in successive tiers; namely, district courts, circuit courts and a state Supreme Court. In Alabama, District Courts are trial courts for misdemeanor offenses and Circuit Courts are trial courts for felonies. Alabama also has intermediate appellate courts: the Court of Civil Appeals and the Court of Criminal Appeals. State court judges in Alabama are elected, while other U.S. states use various methods of judicial selection, such as direct appointment by an elected official or a hybrid system of direct appointment, followed by election. In Alabama, aspirant jurists typically seek election as a candidate of a specific political party, while other U.S. states prohibit partisan judicial elections. Regardless, in states where state court judges are elected, Weber’s third

criteria of “explicit” acknowledgement of “the status factor” derived from electoral success is also apparent. The professionalization of legal practice and the nature of judicial selection and retention are both primary factors in the specialization of judicial administration in modern American public administration. Arguably, the judicial branches of government at both the state and federal levels are the most highly specialized branch and carry out the most technical work of the public sector.

While judges, attorneys and judicial administrators possess specific technical expertise in the areas of law and judicial administration, the judicial branch generally and legal professionals specifically are increasingly assuming roles and responsibilities that have traditionally lay outside the judicial branch. Namely, they are becoming the nation’s de facto “gatekeepers” for individuals who have traditionally and, it should be noted, properly, been served in the executive branch by mental health systems. These are new roles and responsibilities for which judges, attorneys and judicial administrators are not trained. These individuals rarely possess the clinical skills or the technical expertise to carry out these responsibilities in ways that are effective, ethically sound and adhere to constitutional guarantees of due process.

Systems Theory and Evaluation Theory in Public Administration and Policy

Wilson’s emphasis on the collection, analysis and reporting of accurate data as a way to assess public sector organizational performance (1887) and Frederick Taylor’s emphasis on the development and use of objective, quantifiable performance and outcome measures in his theory of scientific management (1919) constitute two early historic milestones in the emergence and refinement of organizational theory, as well as what would later become known as program evaluation theory.

By the mid-20th century, the traditional ideological framework of organization theory introduced in the late 19th century by Wilson and refined in the early 20th century by Taylor and Weber, had evolved into a basic systems theory. A foundational tenet of systems theory is that government, broadly conceived, consists of a finite set of public systems; each element in this finite set is a separate agency devoted to a specific function, mission and/or statutory charge. These public systems exist within and are responsive to external social, historic, political and economic influences and events.

Wilson, Taylor and Weber all identified the existence of technical expertise as a necessary component of effective and efficient public administration. Taylor and Weber advocated for a vertically integrated form of technical expertise directly related to the relative degree of authority of each individual employee. In this way, the specific knowledge, skills and abilities of each individual employee are distributed down the hierarchical supervisory model employed by modern bureaucratic organizations, thereby maximizing efficiency and effectiveness within an organizational model predicated upon the idea of accountable supervision. It should be noted that, in this conceptual model, the normative assumption is the technical expertise of each individual employee increases over time, mitigating the risk of inefficiency and ensuring effective administration of the bureaucracy itself. An unanticipated outcome of this idealized organization model is its tendency to become highly exclusionary and relatively insular.

In the study of political science, generally, and public administration, specifically, basic systems theory can be modeled using a series of parallel vertical bars or silos, each representing a different public sector agency or department that is organized in a hierarchical bureaucracy and staffed with personnel selected, retained and managed by a merit based civil service. The emer-

gence of formal and informal silos in the public sector is a natural evolution of the ideas about and theories of governance Wilson articulates in “The Study of Administration.” The increasing specialization of government and its ever expanding reach into new areas of influence naturally led to “siloeing” of not only government agencies and their corresponding distinct spheres of responsibilities and activities but also of the topical expertise of the public sector’s civil service employees. This reinforces the work of Taylor and Weber.

Evaluating basic systems is relatively simple, as organizational tasks and activities are often clearly defined and measurable. Organizations in basic systems tend to exhibit relative organizational efficiency within a limited scope. Assuming the organization will evolve over time, it is logical to assume the operations, tasks, and activities of the organization will change, as will the roles, responsibilities and dynamics of stakeholders. At some point, basic systems theory becomes untenable if public sector organizations are to survive and/or function efficiently in an increasingly complex environment.

By the 1940s, within the context of systems theory, social science evidences a renewed interest in organizational human resources and the extent to which human capital influences organizational processes and outcomes. Interest grew in the development of methods and models to guide the organization of workers, which also necessitated working across academic disciplines to engage psychologists and sociologists. Arguably among the most famous psychological models ever studied in applied settings is Abraham Maslow’s theory of human motivation (1943). Maslow’s needs hierarchy is most often expressed using a tiered triangular model with basic survival needs at the base, the progressive tiers arranged in ascending order in the middle tiers and self-actualization as the top tier of the model. Maslow theorized that human motivation is predi-

cated upon the fulfillment of a set of needs that functions as a progressive hierarchy; that is, in Maslow's hierarchy, meeting one's basic survival needs, such as food and shelter, is a precedent to meeting other, increasingly complex and higher ordered needs as an individual progresses through the hierarchy and advances towards self-actualization.

Maslow noted that multiple human needs can be met by specific actions and behaviors at any given time (370). He also cautioned that a precedent need or set of needs did not require complete fulfillment in order for a person to move to the next tier of needs; rather, it is more accurate to understand the needs hierarchy as consisting of tiers that are partially fulfilled at any given time (388-389). Maslow's general theory of human motivation and his needs hierarchy model are an important milestone in organizational theory, particularly because of Maslow's prescience in recognizing and acknowledging that his theory and corresponding needs hierarchy model are culturally bound. More than five decades would pass between Maslow's identification of cultural influences on motivation theory and the needs hierarchy and the widespread acknowledgement of the importance of cultural awareness and linguistic competencies to the field of public administration and to the policy sciences.

Elton Mayo (1945) built upon Maslow's theory of motivation and the needs hierarchy model to conduct in-depth studies of group dynamics among industrial workers. While acknowledging and observing many of the traits and phenomena discussed by Maslow two years earlier, Mayo concluded that communal affinity and the development and/or formation of group values that contribute to unity of purpose are not only required for productive collaboration, but also "cannot be left to chance" (9).

Advances by Mayo and Maslow, in turn, prompted organizational theorists in the 1950s and 1960s to revisit their own literature base and synthesize these emergent findings with extant studies on leadership, employer-employee dynamics, and human resources management. Perhaps the most well known is Douglas McGregor. In 1957, McGregor published “The Human Side of Enterprise,” an article in which he developed a simple, yet quite revolutionary, management theory focusing on the relationship between supervisory traits and employee motivation. In 1960, McGregor developed these ideas into a formal management model he called “Theory X/Theory Y,” which assumes that managers most often exhibit specific measurable and observable traits associated with one of two supervisory styles.

Theory X managers tend to be more authoritarian, supervise employees within a “top down” hierarchical framework, are focused more on the organization than on its component parts, and emphasize strict employee compliance with rules and policies. Conversely, Theory Y managers tend to be less authoritarian, have a more participative supervisory style, are focused more on the individual components of the whole organization, and exhibit more flexibility towards employees and more responsiveness to their needs. In McGregor’s view, Theory X represents the traditional model of organizational management and employee motivation and does not reflect the advances in understanding gleaned from the work of scholars like Maslow and Mayo. It is important to be mindful of the fact that McGregor’s management model was developed within the field of organizational theory, which still maintained a normative framework emphasizing organizational outputs and outcomes as the most desirable and most reliable performance measures for productivity and efficiency.

The social advances resulting from race based civil rights movements of the 1950s and 1960s and gender based civil rights movement of the 1970s were also reflected in the emerging organizational theories and models of public administration and the policy sciences at this time. In the 1960s, a more open vein of systems theory was in vogue. The leftward drift and increasing liberalization of the U.S. electorate during these years led to demands for government to address new social problems and, consequently, to assume a greater role in the lives of everyday Americans. The expectations that the resources of the federal government could and should be marshaled to affect social change became a normative view of American politics in the 1960s and early 1970s. The advent of President Lyndon Johnson's "Great Society" would usher in a role of unprecedented government growth and the creation of new bureaucracies to meet the rapidly changing socio-economic needs of American society.

Political science scholars and historians have determined that, despite the good intentions of government officials, the impact of the Great Society flagship programs is marginal at best and, in many instances, negative; that is, the Great Society programs actually served to exacerbate existing social problems. That being said, however, studying the outcomes of the Great Society programs is useful in illustrating the nature of applied complexity theory and how it can effectively ground program evaluations in the public sector. Modern program evaluation research can trace its roots to the early program evaluations carried out as a required component of many Great Society initiatives and projects.

By the 1970s, organizational and program theory had advanced sufficiently to recognize the importance of cultural context, linguistic diversity and rights-based theories and to reflect those concerns in the next generation of research in public administration and policy studies.

Open systems theory applied the values of greater transparency and accountability for public sector organizations. Juxtaposed against the socio-political changes in U.S. culture during the 1960s and 1970s, public administration and the policy sciences began to reflect not only the open systems theory values, but also an awareness of the efficacy of cultural sensitivity, an expanded understanding of diversity, and the need for linguistic appropriateness. This is an extremely important milestone in the field and has greatly advanced the maturation of program evaluation theory in important ways.

Public administration scholars launched the New Public Administration movement at the Minnowbrook Conference, held at Syracuse University in 1968, under the leadership of the eminent public administration scholar Dwight Waldo. The New Public Administration (hereinafter, NPA) proposed a radical departure from traditional public administration theory and methods and called for a total refocusing of discipline and practice in response to social problems and demonstrated needs. In short, the NPA is proscriptive in that its manifesto demands specific discipline changes and corresponding praxis reforms referred to as New Public Management (hereinafter, NPM). Mark Rutgers (2010) notes that, following the emergence of the NPA and NPM,

“the empirical study of public organizations and policies...dominated the [public administration] research agenda. More or less independent ‘schools’ emerged focusing on either public policy or public management. Also, more specific theoretical or methodological orientations, such as rational choice theory or communication theory, became popular” (10).

NPA is perhaps best described as a form of systems theory in which human rights and civil liberties are protected and due process is ensured. To that end, NPM can best be described as public administration praxis that is client focused and close to the population to be served. NPM specifically calls for demonstrated competencies in public administration praxis, specifically advocat-

ing for policies and practices that are culturally sensitive, age and linguistically appropriate, and accessible for persons with disabilities. Both NPA and NPM incorporate multiple foci: ethics, social justice, social equity, management-labor relations, awareness of the key demographic factors of the service populations, providers and administrators.

Beginning in the 1980s, systems theory in public administration and the policy sciences began to reflect a business and profit orientation traditionally found in the private sector. Advocates of *supply side economics*, the economic theory advocated by prominent conservatives such as University of Chicago Economics Professor and Nobel Laureate Milton Friedman and former Federal Reserve Chairs Alan Greenspan and Ben Bernanke, was embraced by policy actors and stakeholders the highest levels of power and influence within the American financial, banking, economic and monetary systems during this time. Economic activity during the late 1980s and early 1990s was extremely robust, but largely financed on growing consumer debt. Friedman's supply-side economic theory is often referred to informally as "trickle down economics" and "Reaganomics."

Supply side economic theory does have some notable conservative detractors. George H.W. Bush, the 1980 Republican presidential primary candidate who later became Reagan's running mate and was himself elected President in 1989, famously described it as "voodoo economics" during a 1980 presidential primary debate. Bush rejected supply side economic theory as insufficient to address the areas needed to revitalize the U.S. economy and also warned that huge national deficits would result from its implementation. Though criticized by many conservatives at the time at the time for his disparaging remarks, economic analysis has largely validated Bush's views. Conservative economic and social policies were implemented throughout the

1980s. By 1992, it appeared that much of the liberalization of 1960s and 1970s American electorate had plateaued.

Political moderates and the progressive and far left wings of the American electorate moved to the political center and center-right throughout the 1980s, culminating with the election of the Southern populist and conservative Democrat (i.e., “Blue Dog”) President Bill Clinton in 1992. Subsequently, the goals, objectives and values orientation of public administration and the policy sciences evolved yet again. Non-profit management and administration emerged as a distinct subfield within public administration and the policy sciences, characterized by an emergent and expanding body of research and professional development tools and resources to support non-profit management and administration praxis. Regarding program evaluation theory at this time, the influence of methodological designs involving public finance, public budgeting and financial management increased, as did the design and implementation of increasingly complex cross sector, inter and intra agency and transdisciplinary research designs with significant amounts of digital data and information. These complex evaluations were typically rigorous multi year or multi phase projects involving multiple stakeholders and multiple sectors (i.e., public, nonprofit, private), organizations and agencies.

Throughout the 2000s, the field of public administration increasingly turned its collective focus to management theory and, across multiple policy areas and public sectors, business and private sector management principles were being implemented in the public and nonprofit sectors with mixed results. Also during this time, significant academic research was published on management theory, employee motivation, recruitment and retention across all economic sectors (i.e., private, public and nonprofit) and policy areas. The Great Recession of 2007, and the sub-

sequent national and global economic fallout, greatly undermined the increasingly robust and productive collaborative relationships that had emerged across the public, private and nonprofit sectors. The subdiscipline of nonprofit management and administration continued to evidence an expanded literature base at this time. Smith (2008) noting the quantity of state and local government performance reviews, presented evidence of the proliferation of partnerships between the public and nonprofit sector. He calls for a similar effort to study the use of nonprofits and civic engagement, noting that

improved training and education of public managers, greater transparency and accountability, and improved citizen engagement...remain deeply relevant today as state and local government and nonprofit agencies wrestle with the knotty governance dilemmas raised by an increasingly complex policy process and service delivery system” (133).

Program evaluation theory during this era was extremely responsive. Many program evaluation tools and instruments were developed for use by public administrators for the purposes of organizational performance measurement and quality assurance activities, as well as to emphasize the need for contingency planning and continuous quality assessment.

Most of the program evaluation designs, methodologies, and tools that emerged during the late 1980s formed the foundation of what Michael Quinn Patton (2003) would call “utilization focused evaluation,” which he defined as “evaluation done for and with specific intended primary users for specific, intended uses” (224). Patton has continued to develop his concepts of a fluid framework where evaluation is dynamic, can never be bias-free and accountability for action and post-evaluation outcomes is assigned to the evaluator. His “Utilization-Focused Evaluation Checklist” (2013) is a resource and training protocol for embedding utilization focused evaluation within an organization’s culture and values.

It is noted that utilization-focused evaluation assumes evaluations are purposeful, which is an orientation greatly facilitated by advances in information technology and the use of computers in the modern workplace. Continued technological advances throughout the 1990s and 2000s, along with the relative technology literacy and increasing technology fluency of American society during this time, included expanded capabilities permitting the design, implementation, and use of digitized performance and data management systems. This, in turn, supported the continued evolution and ongoing refinement of program evaluation theory and praxis. Program evaluation theory, which had been continuously advanced by the academic discipline's overall maturation during the 1960s and 1970s, continued to grow in importance and was increasingly recognized as a critical element in public administration and the policy sciences.

Beginning in the early 1990s, new systems of public budgeting (e.g., zero-base budgeting), as well as a continued emphasis on greater public sector transparency and accountability started to influence public administration and the policy sciences. The 1990s and 2000s are characterized by a performance based, outcomes oriented administrative approach. These values are reflected in the many program evaluations required for most federally funded projects and initiatives that are archived by the federal government. One of these initiatives, the 1993 National Performance Review (hereinafter, NPR), was a signature accomplishment of the Clinton-Gore presidential administration. Headed by former Vice President Al Gore, the NPR was essentially a formal, multiphase program evaluation of the federal civil service and the first such initiative in the 20th century.

The NPR was designed and carried out as a systematic organizational assessment of the federal civil service and federal agencies. In 1993, the NPR published its initial findings in a re-

port called *From Red Tape to Results: Creating a Government that works Better and Costs Less*. The most important outcome of the first NPR report was an expansive initiative called “Reinventing Government,” which focused on identifying ways to streamline and modernize the federal government to ensure its continued transparent and cost effective operation in a manner that is accountable to a large and culturally diverse citizen population. Specifically, the report called for the following broad changes: (1) Cutting Red Tape; (2) Putting Customers First; (3) Empowering Employees To Get Results; and, (4) Cutting Back To Basics.

The NPR’s second report, *From Reinvention’s Next Steps: Governing in a Balanced Budget World* (1996), was a continuation of the issues raised in the first report, with a heavy focus on public finance and public sector budget considerations for the federal civil service and all federal agencies, boards and commissions. The second report advocated the following changes for the federal government: (1) Convert to Performance-Based Organizations; (2) Improve Customer Service Dramatically; (3) Increase the Use of Regulatory Partnerships; (4) Create Performance-Based Partnership Grants; (5) Establish Single Points of Contact for Communities; and, (6) Transform the Federal Workforce. A major benefit of these two NPR reports to program evaluation theory is predictive; that is, many of the foci of the "Reinventing Government" movement were incorporated into program evaluation theory and praxis in the mid- to late 1990s throughout 2000s and are still acknowledged as critical components of any well designed program evaluation.

Performance management remained an area of strong interest in program evaluation research. Kassel (2008) notes that, in the post NPM era, program evaluation researchers are advised to collect and review data and information to ensure strict compliance with external laws

and regulations, as well as internal policies and procedures, and to establish clear accountability for program tasks, activities, components and functions. Despite critiques of Waldo's 1968 NPA model and corresponding NPM framework, the Minnowbrook manifesto had influenced program evaluation theory and praxis in several ways.

First, the 1972 revelations of the federal government's knowledge of, consent to, and involvement in the decades long Tuskegee syphilis experiment resulted in an outraged American public and a subsequent series of congressional investigations. Ultimately, the publication of research ethics documents like the 1975 Declaration of Helsinki (Shephard 1976) and the 1978 Belmont Report are examples of the growth of a modern program evaluation theory that established a clear, empirically sound framework for research that ensured ethical protections for human research subjects at every stage of the research process. These guidelines also established direct accountability for researchers and evaluators regarding the protection of human research subjects.

The very nature of Waldo's NPA and the corresponding NPM framework practically necessitate program evaluations and academic research involving close proximity to and frequent interaction with a wide variety of human research subjects, to include program and agency staff and stakeholders, individuals receiving public assistance benefits and services, elected officials, policy actors and subject matter experts. Stivers (2008) reveals a second consideration: asserting that Waldo intended NPA to be a political theory in its own right. Stivers supports her claim by reviewing Waldo's early ideas about public administration, public policy and the true nature of the politics-administration dichotomy, noting that "political theory looks to error in the world and

aims to envision new possibilities. It is critical rather than objective, suggestive rather than conclusive” (55).

Current public administration systems theory is characterized by cross-sector and inter-agency collaboration, vertical and horizontal flexibility within public sector organizations; various intergovernmental tasks, activities and relationships are quite common. Public finance and public sector budgeting considerations (e.g., the effect, nature and structure of economic subsidies) continue to feature prominently within the discipline and are also reflected in contemporary program evaluation research, theory and praxis. Cultural diversity, the need for linguistically appropriate resources, making assistive technology options available for people with disabilities, and using the collaborative or team approach are also key characteristics of current systems and management theory, as well as current program evaluation theory, ethics and professional standards of evaluation praxis. Berry et al. (2008) note the “potential robust effects that external, incentive-based programs can have in precipitating collaboration among institutional entities in a highly-fragmented policy area,” further recommending that additional research is needed regarding “how government leaders focus on the many obstacles to collaboration” (488).

Program evaluation has most recently been utilized within public administration and the policy sciences as a tool to enhance credibility of data and research findings, as well as to refute allegations of subjectivity and “soft science” from those working and engaging in empirical research in disciplines outside of the social sciences. The traditional reliance upon a generic and simple functional inputs-throughputs-outputs-outcomes feedback loop model to study public sector organizational performance and outcomes displays its limitations: substantial reliance upon

proscribed and highly simplified assumptions about organizational behavior and also on subjective variables that are often difficult to quantify (e.g., organizational values and culture).

Moreover, within the basic functional inputs-throughputs-outputs-outcomes framework, traditional program evaluation models tend to rely heavily upon deductive logic chains. Often, these types of logic chains cannot accommodate more complex project designs and the corresponding research methodologies necessary to measure the respective impact and/or valid outcomes of public sector and nonprofit programs. Attention to relevant independent factors and variables that may influence performance and outcome measures is a major tenet of Waldo's NPA and the corresponding NPM framework that emerged at this time and remain established components of modern program evaluation. As Holland (2006) observes, "The traditional technique of reduction -- study the parts, then add up the parts to get the behavior of the whole -- does not work. The interactions as well as the parts must be studied" (3). To address this key limitation, Holland adapts concepts and theories from the field of systems engineering and advocates their application across academic multiple academic disciplines.

The Evolution of Complexity Theory in Public Administration & Policy Sciences

Wilson (1887) noted the tendency of government to evolve towards complexity, even in the late 19th century. He observes:

There is scarcely a single duty of government which was once simple which is not now complex; government once had but a few masters; it now has scores of masters. Majorities formerly only underwent government; they now conduct government. Where government once might follow the whims of a court, it must now follow the views of a nation. And those views are steadily widening to new conceptions of state duty; so that, at the same time that functions of government are every day becoming more complex and difficult, they are also vastly multiplying in number. Administration is everywhere putting its hands into new undertakings (200-201).

The increasing complexity of government responsibilities and public administration during the late 19th century to the late 20th century are well-documented by social and political historians.

Law enforcement, for example, has evolved from a largely private activity carried out by paid security guards such as the Pinkerton Detectives into a public sector responsibility where law enforcement officers are public employees at all levels of government and, as such, are accountable to the people. Another example is the health and human services sector, specifically state child welfare systems, which have evolved from largely private endeavors funded by individual donors and nonprofit philanthropic organizations into a recognized function of the government, which manages an increasingly complex array of child welfare and social services to certain youth and their families/guardians, often through networks of partners, providers and stakeholders. These organizational evolutions represent a sort of vertical complexity often associated with systems, sectors, agencies and providers.

A sort of horizontal evolution occurs when activities and defined service populations migrate across various systems, sectors, agencies, organizations and provider parameters. An excellent example of this horizontal migration is the growth and proliferation of mental health courts and drug courts in the U.S. judicial branch. Behavioral health services are rightly managed and coordinated through public sector human service agencies; yet, the judicial branch increasingly is adopting a policy model to accommodate and broker services for this population. The trend of both increased vertical and horizontal migration is likely to continue as American society continues to become larger and more diverse.

Program evaluation theory and praxis must keep pace with organizational changes and socio-demographic changes to accurately reflect performance measures and analyze their mean-

ing correctly. Pressman and Wildavsky's watershed text *Implementation* (1973) provides one of the first program evaluation case studies in the discipline proving that program evaluation can be used as both an evaluative tool and an educational resource to advance current understanding of what would later be known as complexity theory. To that end, Pressman and Wildavsky sought to underscore the relative value of systematic, rigorous program evaluation to public and nonprofit sector programs, projects and initiatives. The work analyzed the overall failure of an Economic Development Administration public works program in Oakland, CA.

In and of itself, the work is a classic case study of the NPA school but was arguably the first to emphasize the need to build program evaluation into project design. Prior to the 1970s, most program evaluations were retrospective in nature. Pressman and Wildavsky argue for embedding evaluation capabilities within the project design, while staying true to their NPA roots by noting the profound dissonance between theoretical program models and successful program implementation and administration. The authors summarized their findings nicely, noting "we hope to show...that the apparently simple and straightforward is really complex and convoluted" (93).

Ultimately, the authors concluded that "concentrating on the implementation of programs, as well as their initiation, we should be able to increase the probability that policy promises will be realized" (6). This was an important developmental milestone in program evaluation theory and greatly advanced the understanding of effective evaluation praxis. Currently, assessing both program development and program implementation is a cornerstone of standard evaluation theory and praxis. However, this approach was revelatory at the time (Williams 1976). In terms of basic theory and applied praxis, more sophisticated evaluation techniques, methods and concep-

tual frameworks emerged with the appropriate flexibility to accommodate the increasing complexity of program development, implementation and policy analysis at that time.

For the purposes of this study, complexity theory is defined as the existence of a positive relationship between the relative complexity of at least one problem and the relative necessary complexity of the optimal solutions to the identified problem. This definition assumes a positive relationship between the complex problem and the necessary complexity of the solutions; that is, as problem X increases in complexity, any and all effective solutions developed and/or employed to address problem X must be at least as complex as problem X itself. If not, the proposed solutions lack the required sophistication necessary to address the causal factors, both known and unknown, contributing to the complex problem. It stands to reason that, in this situation, proposed solutions that are too simplistic or do not otherwise correspond to the relative complexity of the problem would be neither an effective nor an efficient use of resources.

Complexity theory offers a particularly unique approach for strengthening not only the quantity, but also the quality of applied research in political science, public administration and the policy sciences. Complexity theory also presents an appropriate research framework to facilitate empirically sound, valid, and reliable applied social science research. Finally, a complexity theory framework supports a key program evaluation objective — multiple end uses — and has broad interdisciplinary applicability.

Defining and Identifying Complex Adaptive Systems

An important outcome of this dissertation is evidence. That is, these research findings test whether complexity theory can successfully “ground” robust, rigorous evaluations of the specific

types of projects, programs and/or initiatives typically present in what Holland (2006) refers to as “complex adaptive systems” (1). Holland’s general theory is relatively straightforward.

Many difficult contemporary problems center on complex adaptive systems...[which] are systems that have large numbers of components, often called agents, that interact and adapt or learn (1).

Many contemporary sectors and systems in various stages of the organizational lifecycle would qualify as a CAS using Holland’s broad definition. To truly assess the appropriateness of complexity theory as an evaluative framework, it is necessary to explore the four characteristics Holland assigns to complex adaptive systems: parallelism, conditional action, modularity, and adaptation and evolution (*ibid* 1-2).

In Holland’s model, a CAS consists of large numbers of agents interacting by sending and receiving signals, often interacting simultaneously, and producing large numbers of simultaneous and sometimes conflicting signals. Parallelism is the term he uses to describe the complex behavior(s) of a complex adaptive system. Regarding complex adaptive system behavior, Holland links the phenomenon of conditional action to the parallelism that characterizes a particular system or set of systems. The actions of agents in a CAS usually depend on the signals they receive, which results in

an IF/THEN structure: IF [signal vector x is present], THEN [execute act y]. The act itself may be a signal, allowing quite complicated feedbacks, or the act may be an overt agent in the agent’s environment” (1).

When studied at the organizational and system levels, it can be shown that “interlocking sequences of signal processing rules have become programs executed in parallel, with all that implied for flexibility and breadth of repertoire” (1).

The third characteristic Holland assigns to complex adaptive systems is modularity. Holland illustrates the concept of modularity with an example:

In an agent, groups of rules often combine to act as ‘subroutines.’ For example, the agent can react to the current situation by executing a series of rules. These ‘subroutines’ act as building blocks that can be combined to handle novel situations, rather than trying to anticipate each possible situation with distinct rules. Because potentially useful building blocks are tested frequently, in a wide range of situations, their usefulness is rapidly confirmed or disconfirmed (1).

It can be argued that modularity is the characteristic of complex adaptive system operations most likely to encompass program evaluation activities. Related to this characteristic is Holland’s fourth and final characteristic of a complex adaptive system: adaptation and evolution.

Holland asserts that the agents in a CAS evolve over time, usually through one or more adaptations that improve performance, rather than through random variation. He further argues that identifying, measuring, and documenting adaptation in complex adaptive systems “requires the solution of two problems: the credit assignment problem and the rule discovery problem” (2). The author has identified the root cause of both risks to adaptation. First, he asserts that the credit assignment problem “arises because overt information about performance (payoff, reward, reinforcement, or the like) is often irregular and partial. That is, an agent’s performance is the result of an intricate skein of interactions extending over space and time” (2).

Holland maintains that the second risk to adaptation — the rule discovery problem — “arises when it becomes obvious that some of the agent’s rules are ineffective or detrimental. Replacing ineffective rules with randomly generated new rules will not do....The object is to produce new rules that are plausible in terms of the agent’s experience” (2). Regarding the rule discovery problem, Holland helpfully identifies an important “mitigating factor,” noting,

Though complex adaptive systems exhibit perpetual novelty, there are repeating sub-patterns...which constitute building blocks that can be exploited...the critical step toward generating plausible rules is discovering building blocks that have served in good rules already in use (*ibid*, 2).

Beyond these four primary characteristics, Holland further breaks down the components of a CAS: agents, reservoirs, and lever points. Identifying and defining is the necessary first step in Holland's analysis. To that end, he identifies five principle components of the typical CAS agent: a list of classifiers; a list of signals; a set of detectors; a set of effectors; and, a set of reservoirs (4). Classifiers may be frequently modified as the agent undergoes periodic environmental adaptation. The list of signals "changes each time step, in accord with the classifiers that win the competition" (4). The set of detectors codes environmental data and information into signals. "Effectors have conditions like the classifiers, that are satisfied by signals. The action part of an effector causes some change(s) in the environment" (4).

Within a CAS, reservoirs determine the agent needs and, responding to effector actions, are subsequently in a state of continual variation. When reservoirs are depleted to a particular level, a signal is generated and appears on a list of signals. Holland notes that "the efficacy with which the agent manages to fill its reservoirs gives a measure of performance. Fitness is thus implicitly defined" (4).

Holland defines additional subparts that are important to the design and implementation of robust, high quality comprehensive program evaluation designs. He defines lever points as "points where a simple intervention causes a lasting, desired effect" (6). In Holland's model, the origin and development of boundaries is extremely important, as it tends to be the backdrop against which the performance of a CAS can be measured and empirically evaluated (7). This

dissertation project design incorporates the identification, measurement, analysis, and reporting of Holland's CAS characteristics and subparts to develop a program evaluation toolkit to support cross-sector , comprehensive program evaluation of an emergent specialty court model for juvenile offenders: the juvenile mental health court.

Evaluating Complex Adaptive Systems

Program evaluation is a valuable research tool for complex adaptive systems, particularly when the project design is developed using complexity theory as the theoretical framework. Mechanic et al. (2014b) state that “policy analysis by research synthesis represents an irreplaceable tool for grounding policy development in empirical social science and health services inquiry” (333). It is highly likely that most identifiable agents, effectors, signals, lever points, boundaries can be quantified and/or measured against the framework of a complex adaptive system lifecycle. Holland puts forth several hypotheses regarding complex adaptive systems to encourage additional research on these particular types of organizations. Specifically, Holland (2006) presents a theoretical model for the lifecycle of agent creation and evolution within a CAS and speculates on the causal nature of agent specialization over time (7).

The diversity of experience, perspectives and theoretical knowledge typically represented in juvenile mental health court program models and similar collaborative partnerships also offers a unique opportunity to study, analyze and develop data driven action plans to address critical social problems of increasing complexity and, by extension, to contribute to the expanding body of knowledge in political science and its respective academic subfields.

Many CAS are uniquely well positioned to advance the evidence base and enhance the existing body of knowledge in the applied social sciences, in that many are increasingly charac-

terized by the emergence and/or existence of myriad unplanned or unintended natural experiments. Studying these natural experiments can be difficult, however, as many of the participants can only be studied ethically through the framework of formal program evaluation. Holland identifies some challenges researchers may experience attempting to evaluate complex adaptive systems, including the lack of theories to guide the identification of lever points and/or to explain the formation of boundaries, as well as the lack of “computer-based models that exhibit open-ended evolution” and are flexible enough to adapt to a complex adaptive system as it changes over time (7).

Additional challenges include identifying agents, lever points and all of Holland’s other characteristics and variables across multiple complex adaptive systems. Project or initiatives typically involve at least two CAS that are unlikely to collect the same data in the same way and for the same purposes. Thus, identifying and then quantifying and measuring the independent variables is likely to be a lengthy and complicated process.

Mechanic et al. (2014b) note the skepticism among some public administrators, policy analysts and elected officials regarding “the growing role of evidence-based research in guiding mental health policy and practice” (333). For this reason, evaluation designs for program models, projects and initiatives involving one or more complex adaptive systems must apply a fundamental tenet of complexity theory: that the proposed project design, research plans and methods must be at least as complex as the program, project or initiative being evaluated. Additionally, any proposed program evaluation design involving multiple complex adaptive systems or programs must be at least as complex or accommodate the complexity of the most complex adaptive system involved in the program, project or initiative being evaluated. Ridge (2010) cautions evalua-

tors studying difficult to measure programs, stating, “programs that provide services to people are complex...the impact on the population that is served is very complex, and so are the needs that drive the requirement for services” (88).

Complexity Theory and the Concept of Therapeutic Jurisprudence

Program evaluation designs incorporating complexity theory benefit greatly from the development of logic models as a pre-design phase activity. Complex adaptive system and/or program logic models are used to clearly identify all stakeholders and also to delineate the various relationships existing between stakeholders and collaborative partners. Once all stakeholders are identified and the nature of their relationships are known, this information should be translated into an accurate logic model, so it is possible to begin identifying and cataloguing all sources of potentially relevant data and information collected by each of the stakeholders and/or collaborative partners and the rationale behind the extant data collection plan. Any other relevant data and information needed to evaluate a complex adaptive system or project are obtained from existing secondary sources and/or can be collected, analyzed and reported using data collection instruments developed specifically for a complex evaluation project design.

An example of a logic model that can be used to identify stakeholders, depict collaborative relationships between partners in a complex adaptive system or program, and support a complex program evaluation design is the Sequential Intercept Model (Munetz and Griffin 2006). The Sequential Intercept Model is a suggested framework for developing criminal justice and mental health system partnerships at the local and state levels. The logic model for this framework depicts systems change, cross-agency collaboration and justice-system diversion for people with serious mental illness, a distinct population that is historically difficult to serve and

also tends to have disproportionate contact with law enforcement and the justice system. The logic model clearly identifies all potential stakeholders and collaborative partners on the justice and public safety spectrum, with each represented by a box. The justice and public safety spectrum that provides the context for the logic model is divided into phases, with each assigned a different color for ease of review and classification.

It is noted that each collaborative partner in a complex adaptive system or project, like those presented in the Sequential Intercept Model, collects and maintains relevant data and information about the target population of interest and also that these sources of potentially relevant data and information can be catalogued and used to develop a quality data collection plan to support a complex evaluation design. For each phase in the logic model, Munetz and Griffin include several suggested “action steps” that collaborative criminal justice and mental health program teams can implement. The majority of these “action steps” can be quantified, measured and analyzed over time, thereby improving the likelihood that the complex adaptive system and/or project is able to meet or exceed its target benchmarks, goals and outcomes. From a public administration or program management perspective, the adoption and implementation of any of these suggested “action steps” suggests the CAS relies upon data driven decision making and incorporates a utilization-oriented approach that relies heavily on the behavior of specific end users that work on behalf of the collaborative partners.

It can be argued that current juvenile justice systems meet Holland’s definition of a CAS. Since its inception, the role of the American juvenile justice system and its legal relationship with youth offenders and their families expanded dramatically during the late 20th century. At present, it is not uncommon for local juvenile justice systems to work closely with other public

sector health and human services agencies to meet all state and federal obligations to and responsibilities for justice involved youth who are in custody or under supervision. These working relationships between public sector systems, agencies, and programs tends to develop over time in an ad hoc manner, gradually increasing in frequency and complexity and typically crossing jurisdictional and geographic boundaries, as well as multiple sector, system, agency, division, department and program boundaries. However, many complex adaptive programs have been codified into law or otherwise vested with some form of statutory authority, encouraging their growth and expansion over time and across multiple jurisdictions.

Identifying, mapping and coordinating the specific organizational boundaries and other constraints on each collaborative partner can greatly streamline administrative processes in many complex adaptive systems and programs. Legislative activity from year to year at multiple levels of government can also quickly and significantly alter extant statutory obligations, legal responsibilities and administrative policies and procedures for juvenile justice systems and the other public sector systems and agencies that oversee justice involved youth and their families and work in concert with juvenile justice systems to carry out their respective statutory charges.

While juvenile justice systems have myriad legal and ethical obligations to youth offenders and their families, this was not always so. Nineteenth century social welfare advocates and prison reformers like Dorothea Dix worked diligently to make the American public aware of the deplorable conditions of most U.S. jails and prisons and, in the process, highlighted the need for a separate justice system to meet the unique needs of juvenile offenders. Advances in scientific understanding in the areas of developmental psychology and educational psychology, along with the increasing willingness of judges to consider empirical social science research alongside legal

evidence, served as a catalyst for the development of separate justice systems for adult and juvenile populations. Beginning in the 1960s, multiple U.S. Supreme Court rulings, federal court orders and consent decrees resulted in a steady increase in the number of complex legal and structural constraints on the extant scope of operations, policies and practices of the American juvenile justice system. These changes also resulted in many additional obligations and responsibilities to juvenile offenders and their families on the part of juvenile justice systems and jurisdictions across the nation

In *Kent v United States* (383 U.S. 541, 1966), the U.S. Supreme Court held that juveniles are entitled to due process rights before the Juvenile Court waives or certifies the juvenile to adult court. A year later, the Supreme Court held in *In re Gault* (387 U.S. 1, 1967) that the due process clause of the 14th Amendment to the U.S. Constitution applied to states in juvenile cases, to include a juvenile's rights to notice of charges, to counsel, to confront witnesses, and, to be informed of the privilege against self-incrimination. Three years after the U.S. Supreme Court extended due process rights to juvenile offenders, it ruled in *In re Winship* (397 U.S. 358, 1970) that a juvenile charged with an act that would be a crime if committed by an adult must have every element of the crime charged proved beyond a reasonable doubt.

In *McKeiver v. Pennsylvania* (403 U.S. 551, 1971), the U.S. Supreme Court did not extend the due process right of trial by jury to juvenile court. It should be noted, however, that the Court did not say that jury trials in juvenile court are prohibited. More recent rulings have focused on challenges to juvenile court policy and/or practice under the 8th Amendment to the U.S. Constitution, which prohibits cruel and unusual punishment.

In *Roper v. Simmons* (543 U.S. 2011, 2010), the U.S. Supreme Court prohibited the death penalty for crimes committed before the defendant was 18 years of age. That same year, the Court ruled in *Graham v. Florida* (130 U.S. 541, 2010) that life sentences without the possibility of parole for juvenile offenders violate the 8th Amendment, as long as the crime did not involve killing someone. This evolution in juvenile justice case law clearly shows an increasing complexity of structure and operations over time for juvenile justice systems in the United States.

During the late 19th and early 20th centuries, the aforementioned specialization of the American jurisprudence system and various successful reform movements occurred alongside the increasing professionalization of law enforcement and the scientific advances in psychopharmacology (e.g., psychiatric medications, therapeutic interventions) that supported the modernization of behavioral health treatment and service delivery in America. A well established and robust literature base currently exists, clearly documenting the etiology and pathology of many specific mental health disorders and psychiatric illnesses, and steadily improving our limited understanding of substance use, abuse and addiction disorders.

Despite the abundance of empirical research suggesting that a predictive complex mix of bio-psychosocial factors predisposes a significant number of individuals to higher risk for behavioral health disorders and, despite overwhelming evidence that inexpensive behavioral health prevention activities (e.g., bio-psychosocial education, preventive mental health screenings) and cost-effective treatment options can demonstrate effective outcomes (e.g., peer support training and counseling models, telepsychiatry), the legislative branch at all levels of government in the United States has continued to criminalize these medical conditions.

Criminalizing diseases and disorders which affect significant percentages of the population, like mental health disorders and substance abuse disorders, enhances the likelihood of disproportionate contact between these populations and justice and public safety systems, and speaks to deficiencies in the overall behavioral health infrastructure currently in place. The literature and the evidence base both strongly support this view (Mechanic, McAlpine and Rochefort 2014a; Erickson and Erickson 2008; Slate and Johnson 2008; Lamb, Weinberger and Gross 2003; Teplin 1994 and 1984).

Regarding the justice, public safety and behavioral health example, evidence strongly suggests a negative relationship between the capacity of mental health systems to accommodate the behavioral health needs of a specific population and service area and the number of individuals with behavioral health disorders who are justice involved. That is, as mental health system capacity decreases or remains fixed while the population of need grows, the number of individuals with behavioral health disorders who are arrested and incarcerated increases. Frank and Glied (2006) correctly identify the rather predictable outcome of this relationship, noting that “the conduct of mental hospitals, the autonomy of consumers, and the nature of provider-patient interaction have been shaped by courts” (96).

Slate and Johnson, citing 2004 data published by the National Alliance on Mental Illness, provide a compelling quantitative summary of this phenomenon. The authors note that

...due to a number of reasons, including deinstitutionalization, restriction of civil commitment criteria, ease of police placement of persons with mental illnesses in jail, lack of adequate community mental health services and long term care beds, between 1960 and 2000, while the number of mental hospital patients steadily declined, the number of mentally ill housed in jails and prisons rose to over 400,000. This trend is aggravated by the fact that inmates with severe mental disorders spend more time in

prison and jails. The stigma of mental illness, the paucity of effective prison mental health treatment, and the inability of community mental health services to provide adequate post-release supervision and care have the combined effect of prolonging the incarceration experience (281).

To address longstanding and previously identified deficiencies in current practice between mental health systems and justice and public safety systems, Lamb et al. (2003) advocate for “increased coordination between police and mental health professionals, to increase mental health training for police officers, to enhance mental health services after arrest, and to develop more and better community treatment of mentally ill offenders” (107). These objectives ultimately evolved into the foundation of a radically different collaborative approach to dealing with criminal offenders with behavioral health disorders: *therapeutic jurisprudence*.

Wexler and Winick (1991) initially conceptualized therapeutic jurisprudence as an approach specific to the practice of mental health law, initially describing it as “the study of the extent to which substantive rules, legal procedures and the roles of lawyers and judges produce therapeutic or anti therapeutic consequences for individuals involved in the legal process” (Hora, Schma and Rosenthal 1999, 442). Hora et al. posit that such a narrowly construed definition of therapeutic jurisprudence firmly positioned it within the realm of legal academics, rather than embracing the overall utility of the approach itself to improve the practice of mental health law.

Recognizing these constraints, Slobogin (1995) subsequently refined the initial definition of therapeutic jurisprudence, describing it as “the use of social science to study the extent to which a legal rule or practice promotes the psychological or physical wellbeing of the people it affects” (193). Slobogin’s expanded definition not only expanded the applicability of therapeutic jurisprudence to new and varied areas of legal practice beyond traditional mental health law, but

also provided a unique framework for collaborative applied social science research to include rigorous program evaluation. Slobogin's definition is widely accepted among current scholars and researchers, but Winick continued to refine his and Wexler's (1991) initial conceptualization of the approach.

By 1997, Winick had simplified his definition of therapeutic jurisprudence to "the study of the law as a therapeutic agent" (185). It is noted that Slobogin's definition seems to be quite value neutral, whereas Winick's refinements have produced a working definition of therapeutic jurisprudence that seems to include a normative conceptualization of the law as a therapeutic agent. In sum, Winick's definition of therapeutic jurisprudence implies that the law can and should be used as a therapeutic agent.

The overall approach of therapeutic jurisprudence takes, by definition, a substantially different approach to citizen involvement with the criminal justice system and the traditional roles and responsibilities of most stakeholders in the justice and public safety system are radically altered in such a programmatic framework. Perhaps most importantly, the successful planning, implementation, operation and ongoing evaluation of a Therapeutic Jurisprudence program model, such as a problem solving court, is inherently a collaborative initiative; multiagency or cross system collaboration between various organizations, policy actors and stakeholders is a practical necessity. Therefore, the design, development, execution of a comprehensive program evaluation toolkit for existing problem solving courts like the one presented in this dissertation is an exercise in applied complexity theory research.

Therapeutic Jurisprudence Praxis: the Problem-Solving Court Program Model

Repeated budget cuts, inadequate health insurance coverage for behavioral health treatment and care, and critical shortages of qualified behavioral health providers continue to characterize the environment in which mental health systems must operate, which, in turn, greatly affects the ability of a given mental health system to respond to and/or meet the behavioral health needs of its stakeholders. This is expected to remain a significant challenge for public administrators and program staff in the foreseeable future. Many sociopolitical, economic, geographic, demographic and environmental variables influence the need for and formation of complex adaptive systems and programs, which can result in emergence of innovative complex adaptive theories, system dynamics and program models. As individuals with behavioral health disorders are disproportionately represented among justice-involved and inmate populations, the justice and public safety system has become, by default, the nation's de facto behavioral health system (Teplin 1984). To that end, many collaborative working relationships and complex adaptive programming targeting people with behavioral health disorders now exists at various points of the justice and public safety continuum.

Regarding collaborative efforts in justice, public safety and behavioral health, it cannot be argued that the problem solving court model has evolved into the familiar programmatic model and therapeutic jurisprudence policy implementation framework. There are currently tens of thousands of problem solving court programs for adult offenders across the nation. However, some other less common therapeutic jurisprudence resources beyond the problem solving court model do exist. Innovative judicial sentencing options, like circle sentencing, and restorative justice initiatives such as victim-offender reconciliation are two other therapeutic jurisprudence resources that are slowly gaining popularity around the nation.

The Juvenile Mental Health Court Program Model

In the late 1990s, shortly after the introduction of the problem solving court model for adult criminal offenders with behavioral health disorders, site specific evaluation research began to emerge that suggested the problem solving court model was able to link certain offenders with needed behavioral health treatment and successfully divert many nonviolent offenders from further contact with the criminal justice system (Arredondo et al. 2001; Erickson, Campbell and Lamberti 2002; Herinckx et al. 2005; Moore and Aldige-Hiday 2006; McNeil and Binder 2007; Aldige-Hiday and Ray 2010; Wales, Aldige-Hiday and Ray 2010). Over time, as the number of adult problem solving courts continued to expand across the nation, the program model itself was adapted to the situational variables present in the local communities. This resulted in the emergence of adult drug courts, adult mental health courts, adult domestic violence courts, and veteran's treatment courts. In 2008, the Council of State Governments (CSG) published *Mental Health Courts: A Primer for Policymakers*, which contained the following "ten essential elements" of a mental health court: planning and administration, target population, timely participant identification and linkage to services, terms of participation, informed choice, treatment supports and services, confidentiality, court team, monitoring adherence to court requirements, and sustainability (Thompson et al., 1-11).

The continued evolution of the adult problem solving court model and the generally positive outcomes reported in initial program evaluations occurred at the time three significant changes occurred in the American juvenile justice system: (1) the popular decline of juvenile "boot camp" programs, (2) the persistence of "zero tolerance" policies in K-12 public schools many public spaces, and (3) comprehensive juvenile justice reform efforts that occurred in many

states that included a more holistic approach to addressing the increasingly complex needs of justice involved youth and their families.

Juvenile boot camps were local programs for juvenile offenders structured after military boot camps and emphasizing the importance of following rules and obeying the law, respect for authority, personal discipline and physical training. They emerged in the early 1990s and were quite popular with many local juvenile justice systems. However, empirical program evaluation research quickly revealed serious deficiencies in the juvenile boot camp program model, many of which are potentially harmful to juvenile offenders, particularly females, as well as their families, their neighborhoods, their schools and communities. By 2000, Congress was no longer appropriating funds to the U.S. Department of Justice for grants to state and local juvenile justice systems for juvenile boot camp start-ups and operations. The decline of juvenile boot camps, however, resulted in a programmatic vacuum that particularly challenged local juvenile justice systems.

The emergence of “zero tolerance” policies regarding student behavior are a direct outgrowth of the Columbine High School mass shooting in 1997. Empirical evidence is mounting that zero tolerance policies can be significantly harmful to children and adolescents. Non Caucasian youth, youth with disabilities of any kind and adolescent males are disproportionately affected by the negative outcomes often associated with juvenile justice system contact (Coalition for Juvenile Justice Ethnic and Cultural Diversity Committee 2012; the American Psychological Association Zero Tolerance Task Force 2006; Skiba 2000; and, the Civil Rights Project 2000).

The zero tolerance approach is characterized by a strict adherence to codes of behavioral conduct, the swift implementation of standardized, nondiscretionary sanctions for “zero toler-

ance” offenses and, increasingly, referrals to the local juvenile justice system for any youth who violate specific zero tolerance standards. The persistent prevalence of zero tolerance policies in K-12 public schools and other public spaces, despite the documented negative outcomes frequently associated with such policies, is at odds with the traditional rehabilitative orientation of the juvenile justice system in the U.S.

The traditional primary focus of the juvenile justice system is rehabilitation; the belief that juvenile offenders can and should be rehabilitated is a foundational tenet of the American juvenile justice system. Conversely, the traditional primary focus of the adult criminal justice system is punitive accountability. By the 1990s, the rehabilitative orientation traditionally associated with the juvenile justice system began to slowly be supplanted by a more punitive approach as states “reformed” their juvenile justice systems. For many state juvenile justice systems, these reforms equated to an enhanced ability to waive more juveniles out of the juvenile court system and transfer them to the adult criminal justice system.

Torbet and Szymanski (1998) studied trends in state legislative responses to violent juvenile crime. Regarding transfer provisions, the authors reported that Alabama is one of 46 states to use a discretionary judicial waiver process, one of 28 states making use of statutory exclusion (i.e, automatic exclusion from juvenile court for juvenile offenders committing certain types of crimes) and one of 31 states to make use of “once an adult, always an adult” laws for juvenile offenders (4). They also identified a trend of greater concern: provisions limiting the traditional confidentiality of juvenile court proceedings and court records. To that end, Alabama is one of 48 states permitting the release of the juvenile court record to certain defined parties, including schools. Alabama is one of 24 states to require registration of juvenile sex offenders and one of

12 states to make use of a central repository of juvenile record histories or fingerprinting and photographing (11).

Henning (2013) asserts that, juvenile justice system “confidentiality has been another recurring target of the due process agenda” (393). More specifically, juvenile justice reform advocates who argue for extending due process rights to juvenile offenders also maintain that the traditional confidentiality policies of juvenile justice systems are at odds with judicial accountability, because they shield decision makers with great discretion from public scrutiny (Moriearty 2008, 307). Confidentiality policies also prevent the empirical evaluation, analyses and reporting of key performance measures in judicial administration, case processing trends and case dispositions.

While the U.S. Supreme Court has gradually extended due process rights to juveniles on par with the due process rights of adults, there are some fundamental differences between juvenile and adult offender populations that must be acknowledged before adapting an adult offender judicial program model for juveniles. To date, the tendency of most juvenile justice systems is to engage policy actors and stakeholders in the design, implementation and operation of successful problem-solving court programs already operating in an adult court and simply replicate the program model for juvenile offenders with very little, if any, adaptations linked to the identified needs of the target population. Site specific applied research and evaluation outcomes for certain judicial program models targeted to youth offenders have informed the development of a loose structural framework or key components of a problem solving court for juvenile offenders with behavioral health disorders. This only underscores the need for a standardized and properly validated data collection instrument that can be implemented in any jurisdiction or political subdivi-

sion, but which is also empirically robust enough to isolate the various situational factors extant in juvenile specialty court program models and measure their influence on outcomes using factor analyses.

Key Components of a Juvenile Mental Health Court Program

The first adult mental health court was established in 1997 and similar problem-solving court programs rapidly expanded throughout the nation (Erickson, Campbell and Lamberti 2006, 336). A basic structural framework emerged for a mental health court, summarized by Redlich and Cusack (2010): Mental health courts are part of the criminal justice system and target primarily nonviolent, non sex offenders with mental health disorders. Mental health courts are a form of judicial diversion programming that mandate, monitor and incentivize adherence to a community based treatment plan. Mental health courts follow the therapeutic jurisprudence model in the lack of formality and nonadversarial use of graduated sanctions. Finally, mental health court participation is voluntary (429).

The juvenile mental health court model was first implemented in Santa Clara, California, in 2001 (CSG 2008, 11; Coccozza and Shufelt 2006a, 1). To date, the adoption and replication of this problem solving court model has been much slower than other types of specialty court programming. Thus, a structural framework more specific to and appropriate for the needs of juvenile offenders with behavioral health disorders has not emerged as quickly as needed. In 2008, the Council of State Governments Justice Center reported the emergence and relatively slow growth of the juvenile mental health court program model. Skowrya and Coccozza (2006) published a review and synthesis of the extant literature and evidence base with relevance to the juvenile mental health court program model. The findings led the National Center for Mental

Health and Juvenile Justice to publish “The Comprehensive Model,” a strategic framework to support juvenile mental health court structure and operations (1-65). The Comprehensive Model was adapted and used to design the fidelity assessment tool developed for this dissertation.

Evaluating Juvenile Mental Health Courts

Evaluating complex adaptive systems and programs is a challenging, yet rewarding activity. The investment of time and resources required to design and carry out a high quality, robust comprehensive evaluation of any complex adaptive system or program is significant. To that end, methodologists who seek to evaluate complex adaptive systems and programs often have specialized knowledge, advanced academic training and subject matter expertise in some area relevant to the complex adaptive system or program being evaluated, thereby increasing the risk of allowing research bias to influence the evaluation. Sound research methodology dictates that rigorous evaluations of complex adaptive systems or programs be designed, carried out and reported in a way that is not only culturally sensitive, but also age and linguistically appropriate. Methodologists can mitigate the risk of research and cultural bias by reviewing and updating their training in the Responsible Conduct of Research (RCR) on these topics.

Comprehensive evaluations of complex adaptive systems and programs are always assumed to have a utilization oriented focus and a target audience of defined end-users who are not only accountable to a defined group of stakeholders, but also bound by the ethical standards of their respective professional practices, if such standards exist. It is important for methodologists to know, understand and abide by any and all federal or state laws, rules, regulations applicable to each collaborative partner in a complex adaptive system or program and how they may affect the design, development and/or implementation of the project design. Any best practices, evi-

dence based standards and codes of ethics governing the professions of the key policy actors must be reviewed to ensure the project design and the research plan are in compliance.

Some theoretical approaches and research frameworks are more appropriate for evaluating complex adaptive systems and programs than others. Complex adaptive systems and programs are not well-suited to classic experimental designs or research modes and methods that require the researcher to exercise a very high degree of control over the research variables. Thus, quasi-experimental project designs featuring mixed research methods and multiple research modes are generally preferred for complex program evaluations.

More recent evaluation approaches offer methodologists the creative flexibility required to design and carry out high quality, comprehensive evaluations of complex adaptive systems and programs. One particularly appropriate framework for evaluating complex adaptive systems and programs is *complexity-based developmental evaluation* (Patton 2006, 30), which “refers to long-term, partnering relationships between evaluators and those engaged in innovative initiatives and development” (28). Three unique elements characterize complexity-based developmental evaluation.

First, complexity-based developmental evaluation designs essentially reject what is perhaps best described as the *improvement bias* found in most formative evaluation designs. Improvement bias is the orientation of most formative evaluations towards process or program improvement, as opposed to process or program change. Michael Quinn Patton warns that improvement bias is potentially unhelpful and wasteful, cautioning that “the commitment to change doesn’t carry a judgement that what was done before was inadequate or less effective. Change is not necessarily progress. Change is adaptation” (2006, 31).

Second, a unique element of complexity-based developmental evaluation is its reliance upon the integration of various developmental evaluation tasks and activities occurring at each stage of the program evaluation lifecycle into the complex adaptive organization and program structure, workflow and culture. Finally, Patton repeatedly emphasizes the importance of contextual framing and contextual specificity throughout the complexity-based developmental evaluation project lifecycle (2006, 30-31).

An outcome evaluation of the Santa Clara, CA juvenile mental health court program was published in 2009 and reported that study participants “committed violent, aggressive, and property crimes in significantly lower numbers in the 23 months following court admission than in the 18 months preceding court admission, despite escalating patterns of antisocial behavior prior to court involvement” (Behnken, Arredondo and Packman, 23). However, given the relative general paucity of evaluation research on the juvenile mental health court program model and the significant variation in program models and operations across program sites, the Council on State Governments identified four themes that characterized juvenile mental health court programs in the early to mid-2000s.

First, the juvenile mental health court program model works best when it is part of a larger continuum of coordinated treatment, supervision and care. Second, most juvenile mental health court programs utilize a pre adjudication model. Third, most of these programs are designed with significant discretion regarding eligibility for and admission to the specialty court program, which is exercised in a way that accommodates youth charged with a variety of crimes, sometimes including felonies. Finally, there is variation regarding the defined behavioral health target population and program eligibility criteria (CSG 2008, 11).

Current evaluation literature on juvenile mental health courts in the U.S. remains quite limited because the program model itself is still not widely utilized by juvenile justice systems. The literature base on juvenile mental health courts is still growing, albeit slowly. Callahan et al. (2012) surveyed a number of juvenile mental health courts in 2011. The authors identified 41 juvenile mental health courts in 15 states and data was collected for 35 sites, which represents an 85% response rate for the national sampling pool. It was noted that juvenile mental health court program model is expanding and operating “in the absence of systematically collected outcome data” (130).

The focus of this dissertation project is the design and construction of empirically sound data collection tools and research instruments to develop a comprehensive program evaluation toolkit that will support ongoing data collection and facilitate periodic, low cost program evaluation of juvenile specialty courts. The current lack of any such resources represents a significant gap in the literature for political science, public administration and the policy sciences. The instruments and tools designed and developed for this study can be easily implemented at multiple juvenile specialty court sites for replication studies. A rigorous instrument validation protocol is presented as Chapter IV of this dissertation. Once validated, the deliverables produced during the course of completing this dissertation constitute a simple, powerful and cost effective program evaluation toolkit with a clear methodology for implementation and a research plan written specifically for judicial administrators, laypersons and other stakeholders to guide accurate and reliable data collection and ongoing performance measurement.

Chapter III Research Design

Significant interest remains in the development and expansion of specialty court programs for adult and juvenile offenders (Wexler and Winick 1991; Wexler 1995; Goin 2004; Munetz and Griffin 2006). However, evidence suggests that the adult mental health court model has not been widely adapted for juvenile offenders (Arredondo et al. 2001; Coccozza and Shufelt 2006b; Lipow 2007). A substantial evidence base exists regarding mental health and substance abuse treatment interventions for juvenile offenders. This research attempts to explore and analyze the overall efficacy of the juvenile mental health court program model as a tool to improve individual treatment outcomes and reduce recidivism for justice involved youth with behavioral health disorders. Additionally, evaluation research that investigates ways to optimize public administration costs in juvenile justice systems have been very limited to date. Moreover, researchers, policymakers and public administrators currently lack valid and reliable evaluation instruments and sufficiently complex research methodologies by which to collect, analyze and report organizational and programmatic process and outcome measures. Tools to assess program fidelity to the most current evidence based juvenile mental health court program models are also needed.

The purpose of this dissertation research project is to design a data collection instrument and a program fidelity assessment that will do the following: (1) expand both the quality and depth of the current base of literature on juvenile mental health court policy and practice; (2) contribute to the emergent research in public administration regarding organization theory, collaborative policy models and complex adaptive systems; and, (3) equip researchers, public ad-

ministrators and other stakeholders with the necessary resources and tools to facilitate ongoing performance and outcome measurement and periodic comprehensive evaluation activities for juvenile mental health court programs.

This dissertation project is exploratory research; as such, it is expected that the program evaluation toolkit presented in Chapter IV will facilitate the collection, analysis, and reporting of critically important performance measurement and evaluation data in the field of public administration. Specifically, the toolkit is designed to identify and measure the various factors that influence program evaluation outcomes. When used as designed, the toolkit is expected to produce trend data that can be easily analyzed using survival analysis techniques, which are particularly useful for assessing the appropriateness of resource allocation and measuring organizational performance across increasingly prevalent complex adaptive systems (Holland 2006). It can also be deployed or accessed by various juvenile mental health court stakeholders for performance measurement, case management, and quality assurance activities.

The program evaluation toolkit features a data collection instrument and a fidelity assessment tool for the collection and analysis of program metrics and participant data by researchers, evaluators and juvenile mental health court program staff. A corresponding data collection plan and user guides for each instrument are also included. The data collection instrument itself has two parts: Part I tracks outcomes and Part II tracks process measures (inputs, throughputs and outputs).

Six mixed method research activities on the target population of study, youth in juvenile mental health court programs, are included in the project design for Part I: (1) secondary analysis of relevant extant data; (2) document and case file reviews; (3) factor analysis; (4) comparative

cost analysis; (5) event history analysis/survival analysis; and, (6) impact analysis. The first two research techniques are the primary modes of raw data collection for Part I of the data collection instrument. The qualitative and quantitative data collected, coded and analyzed for Part I will reveal the various demographic, economic, and bio-psychosocial factors present in the study population of interest (hereinafter, the S group) for this project.

Three sequential research techniques and activities involving qualitative research and human subjects are included in the project design for Part II: (1) online survey questionnaires; (2) post survey structured or semistructured interviews; and, (3) a focus group session, if circumstances permit. For illustrative purposes, a theoretical collaborative research-practice partnership with the Alabama Administrative Office of Courts (hereinafter, AOC) is assumed and two juvenile mental health court sites in Alabama, in Madison and Montgomery counties, will be the theoretical test sites used in the validation protocol presented in Chapter IV. It should be noted that the validation protocol is structured so that data and information needed to complete Part III of the toolkit, the fidelity assessment, may be collected concurrently with data collection activities for Parts I and II.

Establishing Policy Objectives

Anecdotal evidence suggests that juvenile mental health court (hereinafter, JMHC) programs tend to operate as highly individualized, extrajudicial initiatives that are planned around and integrated into existing juvenile justice system processes, primarily for administrative convenience and operational efficiency. To that end, three broad policy objectives tend to characterize the therapeutic jurisprudence movement. These broad policy objectives, which are also applicable to the JMHC model, form the basis of the research questions and hypotheses that frame

this project. They are: (1) control costs within a framework of offender accountability; (2) protect public safety by reducing future justice system contact; and (3) improve bio-psychosocial outcomes for offenders with behavioral health disorders.

Conceptual and Operational Definitions

Because JMHC programs tend to be highly individualized, construct validity is extremely important to the overall evaluation design. Similar words may have very different meanings when used across various levels of government (e.g., local, county, state, federal), sectors of the economy (e.g., public, private, nonprofit), and by policy actors and stakeholders drawn from many different organizations, agencies or departments. For example, health and human services professionals use the word *consumer* to refer to someone who uses mental health services, where attorneys typically use the word *consumer* to refer to a buyer who purchases a good and/or a service from a seller. Thus, it is necessary to develop accurate conceptual and operational definitions to support not only the identification of broad programmatic objectives but also the development of research questions and hypotheses.

The term *bio-psychosocial* used in Objective 1 was introduced by Engel (1977) as an alternative approach to the biomedical model that characterized the practice of American medicine, generally, and psychiatry, specifically, in the late 1970s. Engel argues that the traditional biomedical model is too narrowly focused on clinical aspects of disease and advocates for a more holistic, bio-psychosocial approach that includes “the social, psychological and biological” (133). The juvenile mental health court program model in this dissertation utilizes the bio-psychosocial framework.

The term *behavioral health disorder* is used broadly to refer to both mental health and substance abuse disorders. A person with a behavioral health disorder has any diagnosable substance use, abuse or addiction disorder or any diagnosable mental health disorder meeting the appropriate criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association (2013). The terms *mental health disorder* and *substance use, abuse or addiction disorder* are more precise than the umbrella term *behavioral health*. These specific terms are used to refer to individuals who have only one type of behavioral health disorder.

Within Objective 2, the term *costs* refers to both direct and indirect organizational costs. Qualifying, measuring and evaluating the actual costs, benefits and/or impact of collaborative programs can be exceptionally challenging. Ridge (2010) notes that a primary difficulty in evaluating collaborative programs is that such initiatives often duplicate services and frequently “produce benefits that are not captured or reported” outside of an independent evaluation (108-109). For this reason, the data collection instrument for the secondary analysis is designed to accommodate the identification and quantification of myriad data points and activities regarding juvenile justice case processing and juvenile mental health court program operations. This will illuminate many of the formal and informal processes, policy networks and administrative activities in local juvenile justice systems and in juvenile mental health court programs that may currently be undocumented and, therefore, unquantified in terms of units and/or costs.

Regarding Objective 3, the term *accountability* as used in this study is conceptualized more broadly than in the general legal sense. Traditionally, in American jurisprudence, the concept of *accountability* refers to the criminal offender being held legally accountable by the state

for his or her criminal behavior through the application of specific legal sanctions. Conceptually, then, traditional legal accountability could be described as unidirectional. In this study, however, it is recognized that accountability in juvenile mental health court programs runs in two directions.

A legal acknowledgement of a behavioral health disorder in a juvenile offender (i.e., officially deeming a youth eligible for participating in a juvenile mental health court program) alters the traditional roles, responsibilities and relationships between the juvenile justice system, youth and families. While juvenile mental health court program staff should expect youth offenders to be accountable and to complete the terms of their court-ordered sanctions, it must be acknowledged that juvenile mental health court stakeholders are also accountable to youth offenders in specialty court programs in important ways. For example, youth in juvenile mental health court programs typically must agree to visit their community mental health provider on a regular basis; attendance at mental health sessions is tracked by the provider and reported to the presiding judge. If the youth do not keep their appointments, they may be terminated from the juvenile mental health court program for noncompliance with program guidelines. In such a scenario, it is clear that the community mental health provider (presumably, a primary juvenile mental health court program partner) is accountable to the youth and must make the appropriate behavioral health services and resources available to facilitate compliance with sanctions and/or the terms of the juvenile mental health court program. This reciprocal accountability structure is a unique characteristic of juvenile mental health court programs.

Research Questions, Corresponding Hypotheses and Rationale

Three research questions and corresponding hypotheses were developed to guide the design of a program evaluation toolkit to evaluate juvenile mental health court policy, practice and program fidelity relative to the three broad objectives that form the basis of the therapeutic jurisprudence movement. Research Question 1 is a primary focus of Part I of the data collection instrument: the outcome evaluation. In any empirically sound outcome evaluation design, a variety of quantitative and qualitative data must be de-identified, collected, coded and analyzed. The data collection instruments and corresponding research plans developed for this dissertation facilitate a comprehensive investigation of relevant juvenile mental health court data, performance measures and outcomes that will be used to answer Research Question 1 and allow Hypothesis 1 to be empirically tested using the instrument validation protocol presented in Chapter IV.

R1: Do JMHC programs in Jurisdiction X offer services, programming and/or referrals that meet all of the documented bio-psychosocial needs of the eligible participants?

This research question also provides for a greater exploration of the similarities and differences in specialty court programming for adult and juvenile offenders with behavioral health disorders and how those programmatic elements may influence specialty court performance and outcome measures.

For example, typically only nonviolent, non-sex offending youth offenders with a diagnosable behavioral health disorder are eligible for referral to juvenile mental health court programs. Juvenile justice intake staff may observe signs and symptoms of an undiagnosed or untreated behavioral health disorder in a youth offender or they may become aware of an undiagnosed or untreated behavioral health disorder in a youth offender through self-reports by the

youth, family or guardian, or through records obtained from another organization or agency as a routine part of the intake process. Any of these scenarios should prompt a referral for the youth to the individual responsible for determining juvenile mental health court eligibility.

The presence of specific risk factors in certain youth offenders, such as trauma exposure or disability status, may also prompt a referral. Adult mental health courts, in contrast, tend to limit eligibility criteria by defining them much more narrowly (e.g., including only those with a serious mental illness, as opposed to any diagnosable mental health disorder). Adult offenders with substance abuse or addiction disorders are typically referred to an adult drug court, if eligible; traditional case processing is used if no drug court program exists or if the offender is deemed ineligible. Unlike most specialty court programs for juveniles, most specialty courts for adult offenders are not characterized by multiple points of entry for potentially eligible participants; rather, adult specialty court programs tend to rely upon criminal defense attorneys as the primary referral source for potential participants. An empirical investigation of the relationship, if any, that exists between specialty court outcomes, program eligibility criteria, referral sources, and offender age and status would advance the quality and timeliness of the current research base.

Corresponding to Research Question 1, Hypothesis 1 reflects the practical constraints upon specialty court programming, namely the availability of and access to appropriate treatment, services and support for youth offenders with behavioral health disorders.

H1: JMHC programs do not offer services, programming and/or referrals that meet all of the documented bio-psychosocial needs of the eligible participants, but JMHC participation is correlated with improved bio-psychosocial outcomes for juvenile offenders in need of behavioral health services (i.e., the experimental group cohort).

The nation's public mental health system is extremely under-resourced and significant shortages of qualified mental health professionals can be extensively documented; this is particularly true for Alabama, the theoretical deployment site for the validation protocol presented in Chapter IV. Given these external constraints, it is highly unlikely that juvenile mental health court programs are able to meet all of the bio-psychosocial needs of youth offenders.

However, it is not only possible, but also fairly likely, that JMHC programs are measurably beneficial to youth offenders with behavioral health disorders. This hypothesis also assumes that juvenile mental health court programs identify at least some of the documented bio-psychosocial youth offenders that may otherwise go unidentified without the intervention. Additionally, JMHC program participants are provided with needed treatment, services and supports they may not otherwise have received. For this reason, Hypothesis 1 posits that Part I research activities will evidence at least some measurable bio-psychosocial benefits correlated with JMHC program participation. Nonetheless, it is hypothesized that all of the documented bio-psychosocial needs of these youth offenders would not be met through JMHC program participation alone.

Research Question 2 (R2) and Hypothesis 2 (H2) are the primary focus of Part II of the data collection toolkit and instrument validation protocol. This component of the toolkit supports process evaluation activities.

R2: Are court processing and/or judicial administration costs in Jurisdiction X lower for JMHCs than in the traditional juvenile justice system, while also satisfying all legal requirements for offender accountability and due process?

H2: Assuming all legal and due process requirements are satisfied, average case processing costs are higher for the experimental group than for the control group.

Goin (2004) calls for “a services and economic research agenda [to ensure] that the knowledge base about what works and what doesn’t, the fiscal implications of various policies, and other key issues related to this problem continues to grow” (6). To that end, financial data and cost information collected during the document review and secondary analysis proscribed in Part I will also be used to carry out the cost comparison analysis for traditional and JMHC case processing in Part II. Returning to Alabama as the hypothetical validation study site, researchers would capture data on traditional case processing costs for the Madison and Montgomery County juvenile justice systems, respectively, from the Alabama Administrative Office of Courts.

Additional research activities in Part II include online survey questionnaires and structured interviews, which are designed to illuminate any undocumented or uncaptured JMHC program costs. These data will also help to clarify the nature of collaborative resource allocation across partner organizations. Any resource related gaps or obstacles to improving process and outcome measures should also become apparent. Regarding the instrument validation protocol in Chapter IV, qualitative research tools (i.e., survey questions, interview scripts and focus group documents) for use with Part II research subjects are part of the toolkit presented in the Appendix.

Research Question 3 (R3) and its corresponding hypothesis (H3) are a primary focus of Part I of the data collection instrument and validation protocol (outcome evaluation). Information and data collected for Part III, the fidelity assessment, are also important to answer this research question and test this hypothesis.

R3: Are JMHCs in Jurisdiction X effective at reducing future justice system contact among participants who successfully complete these programs?

A complex, mixed methods, and multimodal project design is necessary to properly evaluate complex, cross systems programs with multiple policy actors, networks, and stakeholders. The outcome measures collected, analyzed, and reported for R3 in the hypothetical validation protocol would not only generate important exploratory research findings about any post intervention contact with the justice system by S group youth, but also could help illuminate and clarify the precise nature of any such contact relative to the aforementioned critiques of the JMHC program model.

Any number of explanatory variables and situational factors could influence JMHC performance metrics and program outcomes. Because many of these have yet to be identified, existing evaluation resources and techniques tend to lack the empirical rigor to establish the direction of identified causal relationships with a high degree of confidence. In short, this methodological gap means it is simply not possible to determine whether the outcomes reported for cases or units of observation are a cause or a consequence of the dependent variable. King et al. (1994) refer to this problem as *endogeneity*. They note that it is a common problem in qualitative research, primarily due to the non experimental nature of most qualitative designs and the corresponding lack of research control over the manipulation of variables (185). For an exploratory research project like this dissertation, endogeneity controls are unnecessary; the illumination of potential explanatory variables and situational factors serves to advance the JMHC research agenda in multiple ways.

H3: Outcomes for the experimental group (i.e, JMHC participants) are correlated with reduced rates of subsequent justice system contact when compared to outcomes for the control group (i.e., traditional case processing).

Regarding H3, it is posited that juvenile mental health court program participation is correlated with reduced rates of post intervention contact with the justice system (juvenile and/or adult) when compared to the control group. That is, the control group is expected to show higher rates of subsequent justice system contact, or recidivism, than the experimental group. It is possible, however, that the experimental group differs from the control group in significant ways that are, as yet, unknown, undocumented or unstudied.

It is also important to remember that, while some youth offenders may have a behavioral health disorder, it may not always be an aggravating circumstance for criminal activity or status offending. Irrespective of age, the behaviors of people with behavioral health disorders tend to attract disproportionate attention from law enforcement and the general public when compared to their non disabled peers. Exploratory research activities included in Part I of both the data collection toolkit and the validation protocol are designed to reveal patterns, trends and characteristics of the experimental and control group cohorts. Consequently, this should illuminate a broad range of explanatory variables and seemingly unrelated factors that may influence post intervention reoffending.

Evaluation Paradigm

It could be argued that this dissertation project utilizes a *transformative* program evaluation paradigm focused on social justice and human rights. While a transformative focus is certainly a key component of several aspects of this dissertation (e.g., the ethical critique of the JMHC program model presented in Chapter V), these are addressed only briefly. Issues relating to social justice and cultural competency and the juvenile mental health court program model are

not the primary focus of this research. Therefore, a *hybrid positivist-empowerment* evaluation paradigm is most appropriate for this dissertation.

To design and develop the program evaluation toolkit that permits end users to carry out the various research tasks and activities in the instrument validation protocol presented in Chapter IV, different evaluation paradigms are utilized. For Part I, a *positivist* paradigm is used for the research tasks and activities related to the study group. Positivist evaluation paradigms are characterized by a heavy reliance on quantitative data, an adherence to strict empirical methods, and an emphasis on value-free objectivity, to the degree possible. Positivist research modes and methods used in this project include quantitative analysis, cost-benefit comparisons, secondary analysis of extant data, survival analysis, and impact assessment.

The *postpositivist* influence is also noted in that mixed methods, multiple modes, and data triangulation are included in the project design to enhance the validity and reliability of any research findings. Moreover, the impact assessment component of Part I of the data collection toolkit and the validation protocol both employ a multisite, quasi experimental research design with experimental (i.e., JMHC caseload) and control groups (i.e., traditional juvenile justice system caseload). Longitudinal pre- and post intervention analysis (e.g., interrupted time series) are also appropriate here.

An *empowerment evaluation paradigm* is used for Part II research tasks and activities. Fetterman (2002) defines empowerment evaluation as “the use of evaluation concepts, techniques, and findings to foster improvement and self-determination” (89). Fetterman posits that the process of empowerment evaluation is not only a capacity-building activity for organizations and individuals, but also that it creates and strengthens “communities of practice” and “cultures

of learning” within organizations. Research modes and techniques discussed in this project are associated with the empowerment evaluation paradigm. Specifically, this paradigm is characterized by methodologies such as qualitative analysis, survey research, focus groups, and structured and semi-structured interviews with human research subjects.

Part I: Outcome Evaluation

The design of the data collection instrument and validation protocol for Part I, the outcome evaluation, utilizes six research activities to answer the three research questions and test the three corresponding hypotheses for this study. The six research activities are as follows: (1) secondary analysis of relevant extant data; (2) document and case file reviews; (3) factor analysis; (4) comparative cost analysis; (5) event history or survival analysis; and, (6) impact analysis.

The first two research techniques (i.e., secondary analysis and document review) are the primary modes of raw data collection to support the four remaining analysis techniques. The data collected and coded during the secondary analysis and document review components of the project will reveal the various demographic, economic and bio-psychosocial factors present in the aggregate study population. Once these data are known, it is possible to consult with state court system partners or with the appropriate JMHC program stakeholders for expert assistance in identifying, measuring and tracking the various direct and indirect costs associated with traditional and specialty court case processing for the comparative cost analysis component.

Relative to the three policy objectives discussed earlier in this chapter, the event history or survival analysis measure compares five pre- and post intervention justice and public safety outcomes for the S group cohort at each JMHC program site for each year of the data time horizon. For illustrative purposes, the validation protocol presented in Chapter IV establishes a theo-

retical 120-month time horizon for data collection and analysis and hypothetically is deployed at two separate JMHC program sites in Alabama. This theoretical time horizon provides 10 years of trend data for study, ensuring a sufficient number of cases to meet the threshold empirical soundness.

For the impact analysis, pre- and post intervention outcomes for S group youth are compared to the stated aims, goals, objectives, and mission statements of the JMHC programs being studied. The pre- and post intervention data is also compared to the stated aims, goals, objectives, and mission statements of other JMHC collaborators and stakeholder organizations. For illustrative purposes, the validation protocol in Chapter IV identifies numerous hypothetical JMHC stakeholders within Alabama such as the state court system, local public school systems, county Medicaid agencies, county child welfare agencies, and community mental health providers in Madison and Montgomery counties.

The theoretical validation protocol presented in Chapter IV is conceptualized as a small-N study with a limited number of cases. Until such time as the program evaluation toolkit developed for this dissertation has been validated by multiple investigators in multiple jurisdictions and at multiple JMHC program sites, any research findings produced using the proposed validation protocol in Chapter IV should be considered exploratory in nature.

The impact analysis included in Part I of the dissertation project design uses data from the research instrument and reflects the basic process of collecting data on S group youth. These data will be analyzed using suitably rigorous research methodologies and techniques. Valid and reliable scientific evidence is needed to determine whether exposure to the intervention being tested is correlated with measurable longitudinal variation over the baseline for S group youth on

multiple related factors and independent variables. If correlation is revealed, the degree of correlation is also of great interest. The program evaluation toolkit and validation protocol developed for this dissertation project is designed to facilitate data collection and analysis, as well as support and comprehensive program evaluations of JMHC programs.

Part II: Process Evaluation

The structure and administration of specialty court programs generally tends to be highly individualized; that is, situational factors unique to certain jurisdictions and communities often result in specialty court programs that are developed and operate within the context of local needs, values, and resources as opposed to an adherence to a standardized program model. For that reason, Part II of the validation protocol is a process evaluation involving structured, semi-structured and unstructured interviews, a survey questionnaire, and optional focus groups with a population defined as JMHC stakeholders. Key information about Part II research activities for implementing the proposed validation protocol is also presented in Chapter IV.

Part III: Fidelity Assessment

The purpose of Part III of the program evaluation toolkit developed for the validation protocol is to measure the degree of program fidelity for the two hypothetical JMHC sites referenced in Chapter I. *Program fidelity* is defined as adherence to the structural framework and operational processes of an evidence based program model. However, it must be noted that cross system, multi stakeholder collaboration is a defining characteristic of problem solving courts generally and JMHC programs specifically. Designing, developing and carrying out empirically sound, valid and reliable program evaluations of such initiatives are complex, resource intensive

endeavors. Mistakes and errors are potentially costly, relative to the time, effort and resources invested in these activities.

Regarding fidelity assessment, well-constructed operational definitions developed in the earliest stages of the research design process can help mitigate the risk of construct validity errors. For this dissertation, a more precise operational definition of *fidelity assessment* is needed. Mowbray (2003) defines *fidelity assessment* as “the extent to which delivery of an intervention adheres to the protocol or program model originally developed” (315). This is the operational definition employed for Part III of the program evaluation toolkit and the validation protocol presented in Chapter IV. It should be noted that, in Alabama — the site of the hypothetical validation protocol implementation — two juvenile mental health court programs in two different areas of the state were designed and developed as separate, locally driven initiatives.

The NCMHJJ Comprehensive Model

In 2007, the National Center for Mental Health and Juvenile Justice (hereinafter, NCMHJJ) published *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. This study presents an evidence based JMHC program designed for improving justice-system responses to youth with mental health disorders, which the NCMHJJ terms “The Comprehensive Model.” Specifically, the authors present the *Blueprint for Change* as a technical assistance resource for JMHC stakeholders to identify current needs and gaps in policy, practice and program structure. The *Blueprint for Change* also provides guidance for developing a targeted action plan to address identified needs and gaps with evidence based interventions, while concurrently building upon existing program strengths. Various principles and recommendations from The Com-

prehensive Model were adapted for use in creating the fidelity assessment instrument for this study.

For each JMHC program site, the fidelity assessment component of the program evaluation toolkit seeks to do the following: (1) identify any of the four cornerstones in the NCMHJJ Comprehensive Model, (2) identify any of the corresponding recommended actions associated with each cornerstone; and, (3) measure the degree to which each JMHC program site is in compliance with the The Comprehensive Model for evidence based JMHC programming, policy and practice.

Logic Model for Fidelity Assessment

The final component of The Comprehensive Model is structured around a series of nine Critical Intervention Points. The Comprehensive Model asserts that these nine critical intervention points represent the “critical decision making points within the juvenile justice processing continuum” (Skowyra and Coccozza 2007, 45). The Comprehensive Model also posits that these intervention points present juvenile justice systems and mental health systems, as well as JMHC program sites, with multiple opportunities to: (1) identify, measure and respond to critical needs; (2) document continued program challenges and improvements; and, (3) demonstrate progressively greater program fidelity to The Comprehensive Model over time.

Verdug (1997) defines program evaluation as the “careful assessment of public interventions...[which] must meet some systematic standards of quality such as systematic data collection and the conscientious application of criteria of merit and standards of performance” (11). A carefully structured program evaluation toolkit utilizing mixed research methods like the one developed for this dissertation project is necessary to appropriately evaluate complex adaptive pro-

grams like JMHC initiatives. Multiple research modes help ensure that all data and information collected, analyzed and reported is valid, reliable and accurate, to the degree possible.

Parts I, II and III consist of a quantitative data collection instrument for JMHC performance and outcome measurement, tools for qualitative research with stakeholders, and a fidelity assessment tool for program alignment with best practices and evidence based practice in JMHC programs. The data collection instrument, qualitative research instruments and fidelity assessment tool, as well as a comprehensive instruction manual for end users, comprises the complete program evaluation toolkit and is presented in the Appendix.

Chapter IV

Program Evaluation Toolkit Validation Protocol

This dissertation seeks to develop a performance measurement instrument to permit the comparison and evaluation of the average costs, processes and outcomes of publicly funded juvenile mental health court programs to traditional juvenile justice system operations. Part I is the outcome evaluation, utilizing primarily quantitative data and a quasi experimental research design to complete the event history/survival analysis for S group youth. Part II is the process evaluation and relies upon qualitative research techniques and activities with human research subjects defined as juvenile mental health court stakeholders; this group includes court employees. Part III is the juvenile mental health court fidelity assessment, which necessitated the development of an evaluative tool and uses various data collected and coded during Part I and Part II research tasks and activities. A third key component of the toolkit and validation protocol is the investigation of programmatic fidelity, specifically, as linked to the evidence based collaborative juvenile mental health court program model developed by the National Center for Mental Health and Juvenile Justice in 2007.

The hypothetical protocol presented here employs mixed methods and multiple research modes to validate the various data collection instruments, investigative tools and research techniques that comprise the JMHC program evaluation tool kit developed for this dissertation. Using Alabama as the hypothetical validation site, research tasks and activities would take place at three research sites. Site A is the Madison County Courthouse (100 Northside Square, Huntsville, AL 35801). Site B is the Montgomery County Family Court (1111 Air Base Blvd, Montgomery, AL 36108). Site C is the Alabama Administrative Office of Courts (300 Dexter Avenue, Mont-

gomery, AL 36104). To replicate the validation protocol in another state, onsite data collection may be unnecessary.

Any instrument validation protocol requires a fixed time horizon for data analysis. To that end, the hypothetical protocol uses a time horizon of 120 months of juvenile mental health court for the two specialty court sites in Madison and Montgomery counties. It is noted that the various research instruments developed for the program evaluation toolkit in Parts I and II are designed to accommodate both digital and paper based data collection methods.

In the hypothetical, a formal research-practice partnership is entered into with the Alabama Administrative Office of Courts. It should be noted that, per the rules of the U.S. Department of Health and Human Services (hereinafter, HHS), program evaluation does not constitute “research.” However, data confidentiality is a significant concern. The target population of study for the program evaluation toolkit is justice involved juveniles with mental health disorders, a vulnerable population. Instrument validation, conversely, does meet the federal definition of “research” and, therefore, any validation study for the program evaluation toolkit would necessitate some oversight by an Institutional Research Board in accordance with published HHS guidelines.

Part I of the the validation protocol requires access to juvenile mental health court data, which is restricted only to very specific parties. To facilitate the event history/survival analysis and the comparative cost analysis components in the Part I project design and to support Part II research activities by making various government officials, policymakers and public administrators working in the state court system available for online survey questionnaires. For interviews,

researchers must have the consent and support of information gatekeepers within their respective state court system.

Part I: Outcome Evaluation

Extant juvenile justice system case files for the experimental and control group cohorts of youth offenders at each juvenile mental health court program site will be the subject of an extensive secondary analysis using the data collection instruments and research plans developed for this component of the study. Data collected during the secondary analysis answer the three research questions and test the three corresponding hypotheses that frame this study. Additionally, they have value as stand alone exploratory data that can be used to support the continued expansion of the literature base on youth offenders with behavioral health disorders and on juvenile mental health court policy, practice and performance.

For Part I, data collected at Sites A and B will be the subject of a database query and data mining at Site C, the Alabama Administrative Office of Courts, which will provide staff expertise and technical support by conducting an onsite query of Alabama's Unified Judicial System database to obtain raw data on any subsequent justice system involvement with youth offenders studied for this project. Ideally, a court system employee or a court system workgroup would be identified and engaged to work with the researcher using this validation protocol. A primary aim of this collaboration is to develop an overall comprehensive program evaluation framework, as well as site specific program evaluation components. Finally, it would facilitate the identification of any internal performance measurement gaps that must be addressed prior to finalizing a program evaluation design. Research-practitioner partnerships of this nature are also necessary to complete the survival analysis component of the project design for Part I. The importance of these

partnerships for evaluation of justice and public safety initiatives and projects is underscored by the fact that the U.S. Department of Justice manages a research portfolio supported by federal grant funding dedicated to enhancing research-practitioner partnership projects at the state and local levels.

The study population (hereinafter, S group) for the program evaluation toolkit developed for this dissertation is nonviolent, non sex offending juvenile offenders. For the hypothetical validation protocol, the S group would be youth arrested in Madison and Montgomery counties during the time period January 1, 2010 through December 31, 2020. In both counties, violent youth offenders and juveniles charged with sex offenses are not deemed eligible for the juvenile mental health court program. Thus, the hypothetical S group includes all juvenile offenders *theoretically* eligible for referral to the juvenile mental health court program in either Alabama county, if appropriate.

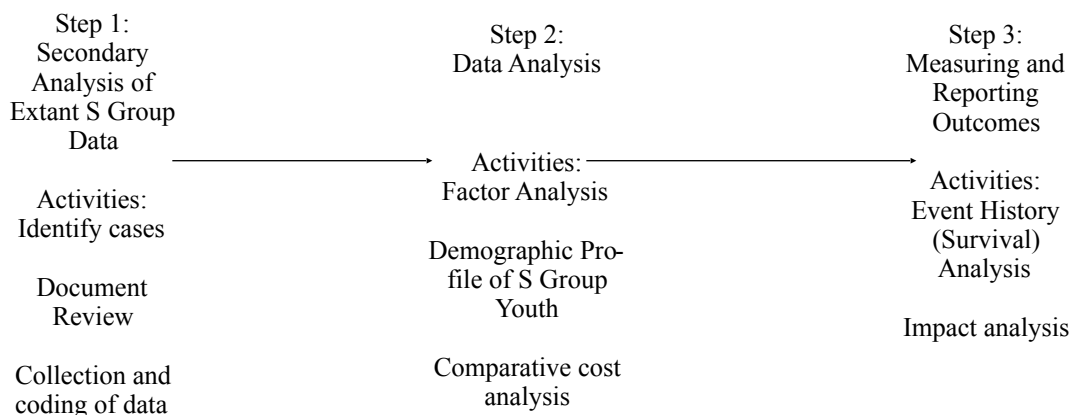
At Sites A and B, juvenile offenders are either referred to the juvenile mental health court program (S1= experimental group) or have their cases processed in the traditional manner (S2= control group), permitting a comparison of pre- and post intervention outcomes between the experimental and control group cohorts at each site. It is noted that some modifications to program evaluation designs may be needed to appropriately situate the instrument developed for this dissertation within a specific jurisdictional setting. For example, adjustments would be needed to accommodate unique program design elements of a JMHC program utilizing a different manner of determining eligibility than the ones described herein.

For each year of the 10 year review period in the hypothetical validation protocol, the experimental group cohort (S1) includes all youth offenders who met the eligibility criteria for and

agreed to participate in the JMHC program in their respective county. The control group cohort (S2) is drawn from a random sample of all S group youth arrested in Madison or Montgomery County whose cases were processed in the traditional manner during the same time horizon. It is noted that S2 can include youth offenders deemed ineligible for the JMHC or eligible youth who decline to participate. The validation protocol for Part I does not include recruiting activities for the S group population; rather, the study population's extant juvenile justice system case files would be the subject of a secondary analysis.

No compensation is offered to members of the S group cohorts, as Part I of the hypothetical validation protocol is a summative outcome evaluation. An incentive for those granting evaluators access to data and information for this project would be the receipt of the research findings, which can be quantified to assess the monetary value of the comprehensive program evaluation itself. Across the nation, repeated budget cutbacks have thus far prevented most state court systems from rigorously evaluating juvenile mental health court programs. This is particularly true for Alabama

The logic model for Part I of the hypothetical validation protocol includes a sequence of three steps to conduct a comparative evaluation of juvenile mental health court program outcomes at a program site. Corresponding research activities for each step are sequential:



The hypothetical validation protocol utilizes online data collection platform that supports the design and administration of survey instruments, data collection, and analysis activities. It is noted that online data collectors typically offer the ability to export data in a variety of formats to support end user implementation. Specifically, the Survey Monkey online research platform is used in this hypothetical validation protocol. Survey Monkey is used because it is a secure, interactive survey research platform that also supports various adaptive and assistive technology options for people with disabilities. The online survey research component of the validation protocol should be managed by the researcher and would utilize the official e-mail addresses of the state court system to share the link to any online survey questionnaires with respondents.

The operational definition of *juvenile mental health court stakeholder* varies across research sites, but a conceptual definition of these participants includes judges, local juvenile justice system staff, individuals from any partner agencies or organizations that resource the local juvenile mental health court program in some way, subject matter-experts, advocates, public administrators and government officials. Anecdotal experience with specialty court programs in Alabama suggests the maximum number of stakeholders at each research site in the theoretical validation protocol to be no more than 15 people. At the state level, approximately five to ten subject matter experts and practitioners, including Alabama's state court system staff working with specialty courts, would also be interviewed.

It should be noted that the number of participants can vary widely by program site and produce more qualitative and quantitative data than this hypothetical validation protocol using the state of Alabama as an example. To that end, it would be important for the researcher to ad-

just the project calendar and the time and task plan for program evaluation activities accordingly, based on the number of cases and research participants.

For Part I of this hypothetical validation protocol, mixed methods and multiple research modes are employed to perform several analyses of secondary data contained in juvenile offender case files in Montgomery and Madison counties during the period from January 1, 2010 to December 31, 2020. Five data collection instruments and research plans were designed and developed specifically for this validation protocol to collect, code and analyze various outcome measures for S group youth: (1) a Secondary Data Analysis Coding Worksheet; (2) a Case File Identifier Link List template; (3) a Secondary Analysis Worksheet Data Collection Plan; (4) a Survival Analysis Research Plan; and, (5) a Data Collection Plan.

A secondary analysis coding worksheet was developed to collect and code various information and data on S group youth. The instrument utilizes a six step process to collect various information and data on S group youth, to include demographic, geographic and public system information for outcomes research, as well as documenting any notes, forms and other documents that form the basis of the process evaluation. Data collected and information reviewed for the process and outcome evaluations will be used to inform the fidelity assessment in Part III.

To minimize risk and enhance the validity of the data collection plan, a unique case file classification system was developed to assign a unique alphanumeric code to each S group youth case file reviewed for this project . The case file classification methodology was developed for this hypothetical validation protocol and utilizes the Federal Information Processing Standards (FIPS) Codes for U.S. counties developed and used by the U.S. Census Bureau. To illustrate this methodology in the hypothetical validation protocol, the formula is:

[FIPS State Code+FIPS County Code+Offender Code+Year+Study Group Code+Numeric Identifier].

To illustrate, the case file identification methodology for the hypothetical validation described herein applies as follows:

The FIPS State Code for Alabama is [01].

The FIPS County Code for Madison is [89]. The FIPS County Code for Montgomery is [101].

The Year is the two-digit month and four-digit calendar year in which the offender was arrested. If a case spans more than one calendar year, the date the youth entered the county juvenile justice system is used (i.e., the intake date).

The Study Group Code is used to designate whether the case is part of the juvenile mental health court caseload (the experimental group) or part of the traditional juvenile justice system caseload (the control group). Code [E] is used for the experimental group and code [C] is used for the control group.

The Numeric Identifier assigned to each case is merely to distinguish one case file from another. Use a three-digit numeric reporting format (i.e., six is 006, 11 is 011)

For example, a hypothetical case reviewed under the case file classification code 01-89-J-2010-E007 indicates the case is a juvenile offender from Madison County [89], Alabama [01] who was arrested in 2010, is or was in the experimental group/juvenile mental health court caseload [E], and is the seventh case file the researcher reviewed during the data collection phase of this hypothetical validation [007].

For quality assurance purposes, the hypothetical validation protocol utilizes a master case identification coding list that links the case file classification codes for S group cases to the actual case identification numbers utilized by Alabama's Unified Judicial System, which is administered through the Alabama Administrative Office of Courts. As such, the AOC has statutory authority for the centralized management, administration and operations of Alabama's juvenile jus-

tice system. Designing, creating and securely maintaining such a “link list” is necessary for ensuring the data collected are both valid and reliable. Additionally, the list is a prerequisite for the survival analysis. A blank list template suitable for each juvenile mental health court site and expandable to each calendar year of the review period is included in the Appendix.

It should be noted that “link lists” always contain information that could be used to identify individuals and, as such, virtually always increase the risk of harm to members of a study population. However, the creation and maintenance of the list proposed for this validation protocol does not necessarily increase the existing risks to S group youth, which are already no more than minimal. Due to established state and federal law regarding the strict confidentiality of juvenile court proceedings, the AOC case identification numbers on the proposed “link list” in the hypothetical validation can only be used to search for information about specific juvenile offenders by people with authorized access to Alabama’s database. Such access is highly restricted, particularly for juvenile court cases. Access requires a current, secure temporary password issued directly to individuals by the AOC. Moreover, the information individuals are able to access is restricted by various layers of security protections. Typically, the specific requirements of an individual’s job will determine the degree of access granted by AOC. It is assumed that, due to the strict confidentiality of juvenile court records generally, all other states employ similar restrictions on access to juvenile justice records.

The dependent variable (Y) in the quasi-experimental component of the Part I research design is juvenile mental health court exposure. The influence of the dependent variable is tested as a therapeutic intervention. To carry out the Part I research design, data and information are collected and coded for 23 independent variables. They are: (1) gender; (2) race; (3) ethnicity;

(4) date of birth; (5) academic attainment; (6) academic status; (7) school systems and attendance; (8) school discipline history; (9) Special Education status; (10) Individualized Education Plan or IEP; (11) disability accommodations; (12) mental health screening history; (13) mental health assessment history; (14) Clinical Disorders - Axis I; (15) Personality Disorders and Intellectual/Developmental Disabilities - Axis II; (16) General Medical Conditions - Axis III; (17) Psychosocial and Environmental Problems - Axis IV; (18) behavioral health diagnosis and treatment history; (19) psychiatric medication history; (20) trauma exposure; (21) juvenile mental health court referrals; (22) juvenile mental health court participation; and, (23) multi-system partners.

Data and information on these 23 independent variables are collected across six distinct policy domains. They are: (1) Juvenile Justice System; (2) Demography, Society and Culture; (3) Education; (4) Disability and Status Accommodations; (5) Behavioral Health; and, (6) Juvenile Mental Health Court and Multi System Collaboration. The Juvenile Justice System policy domain covers process and outcome metrics for the juvenile justice system and for juvenile mental health court programs that expand the base of knowledge about S group youth, the nature of their offenses and the disposition of their cases. The Demography, Society and Culture policy domain is designed to facilitate the development of demographic, social and cultural profiles of not only the juvenile justice population at each juvenile mental health court site, but also the population cohorts of particular interest to researchers, professionals and policymakers (e.g., youth with mental illness, females, youth of color). Education policy domain data focuses on variables related to academic performance, attainment, status and school discipline.

Disability and Status Accommodations policy domain data and information focuses on the degree to which certain disability population cohorts are represented in the total study population. The Behavioral Health domain focuses on mental health, mental disability and any substance use, abuse and/or dependency factors, to include access to and appropriateness of behavioral health treatment and care. Juvenile mental health court referral data are also captured in this policy domain. The Juvenile Mental Health Court and Multi System Collaboration policy domain focuses on JMHC operations and collaboration with other partner organizations, agencies and systems.

Part I of this project compares outcomes for the S group or the experimental group. The S group are youth offenders that participated in the juvenile mental health court program during the review period. The control group is the same size as the S group and are selected using a random sample of youth offenders whose cases were processed in the traditional manner. The time period under review permits the design and execution of an event history/survival analysis and to identify any trends or patterns in S group youth data that may be revealed at the aggregate level.

For the hypothetical validation, the “link list” will be used to de-identify data using the case classification number methodology, which is linked to the actual AOC case identification number for each file reviewed in each county for each year of the project review period. AOC staff are provided with a list of all the agency’s case numbers for all the files reviewed for the hypothetical validation. AOC staff will run a query using the case identification numbers through the agency’s database (i.e., data mining) to determine whether any S group youth have had subsequent contact with the Alabama justice and public safety system — adult or juvenile — and, if so, to determine the nature of that contact.

To complete the survival analysis component of this project, the following outcomes should be collected, analyzed and reported for S group youth: (1) dates and locations of any subsequent re-offenses; (2) type and nature of any subsequent charges; (3) degrees of any subsequent charges; (4) whether any subsequent charges resulted in the S group being waived to or certified to adult court; and, (5) sentence or disposition, if known or noted.

The period of review for the survival analysis begins January 1, 2010 and ends December 31, 2020. This expanded 120 month timeframe accommodates any S group youth who may have initiated or completed their contact with the justice system or juvenile mental health court program during the earlier part of the project review period, as well as any who may have reoffended before the end of the project review period.

It should be noted that data censoring is an important consideration for the survival analysis. Specifically, data could be censored by any caps or maximum participant thresholds established by juvenile mental health court staff or the presiding judges in any given year of the project review period. Also, some right-censoring of data is possible, primarily for S group youth in the 2018 or later cohorts who may still be current JMHC program participants or currently under court supervision. Until the researcher receives the results of the data mining by AOC staff, the most appropriate statistical tests for the analysis cannot be identified. At that time, the data analysis stage will commence.

The research design necessitates, as both a validity test and quality control technique, the collection of some independent variables from juvenile court case files that are considered identifiable information. To minimize or mitigate any security and privacy risks, data collection plans and research instruments for this dissertation were developed carefully and with great attention

to privacy concerns and the security of potentially identifiable data and information. Current federal research guidelines published at 46 C.F.R. 106 (2000) permit the review and analysis of data, documents or files that may contain private, confidential, identifiable or otherwise protected information without individual waivers or consents.

It should be noted that project designs incorporating secondary analysis techniques often minimize the likelihood of psychological, physical, social or economic exploitation, discomfort or abuse to S group youth, but these risks can never be completely eliminated in any social or behavioral science research design. Moreover, secondary analysis designs do not necessarily mitigate the significant risks and potential discomforts associated with breach of confidentiality. To that end, the possible risks or potential discomforts in Part I of the project design, which are no more than minimal, are psychological and social.

Regarding the psychological risks inherent in the research design for Part I, there is potential for embarrassment and emotional distress to S group youth in the event that their association with a juvenile mental health court program or the local juvenile justice system is known. Additionally, longstanding stigma about behavioral health disorders and diagnoses, as well as accessing behavioral health services, is particularly intense among certain racial and ethnic populations. This may lead to disproportionate representation in certain juvenile justice systems, as well as in juvenile mental health court caseloads.

Social risks due to invasion of privacy and/or breach of confidentiality are also applicable. States have statutory responsibilities to justice involved juveniles and also to youth eligible for various social services. Thus, the information typically found in juvenile offender case files often represents information provided by multiple agencies or systems of care, each governed by

different legal standards regarding the confidentiality of client information and the ability to share certain protected or restricted information across agencies and systems.

Because S group is, in part, comprised of justice involved youth with mental health disorders, individual case files should contain information about (1) educational progress, academic attainment and any school based interventions; (2) any history of behavioral health treatment; (3) any history of referrals to behavioral health providers; and, (4) any history regarding school discipline or any previous justice system involvement. It is acknowledged that any and all federal and state educational privacy laws, medical privacy laws governing the release and disclosure of protected health information, and juvenile justice confidentiality laws all apply to the review of S group case files.

S group youth present multiple vulnerabilities that must be accommodated in the research design. These include justice system involvement, behavioral health disorders, juvenile status, economically disadvantaged status, eligibility for special education services, and receiving any disability accommodations in education. Safeguards in the Part I research design include mandatory onsite collection of all S group data and securing the aforementioned case file "link list" and limiting access to it. For the hypothetical validation, safeguards will also include partnering with executive and senior staff at the Alabama Administrative Office of Courts and de-identifying the results of the event history/survival analysis when presenting the research findings.

Onsite data collection and coding is paper based to accommodate security concerns regarding case files. A Secondary Analysis Data Collection Worksheet is completed for each S group case file reviewed. The data collection and coding system developed for Part I of this project permits the de-identification of raw data as it is collected and coded by hand. Coded data

on S group youth is then entered into a computer-based spread sheet program to facilitate further data analysis and carry out the remaining Part I research tasks and activities.

For the hypothetical validation, the results of the event history/survival analysis carried out by AOC staff would be saved to an external computer drive to minimize the risks typically associated with the electronic transmission of protected, confidential or identifiable data. Copies of all data collection plans and research instruments are included in the Appendix. For the hypothetical validation, the external hard drive and all copies of any research instruments containing raw data would be securely stored and retained until the end of the project, at which time they would be returned to the Administrative Director of Courts for archival purposes or for destruction, at the agency's discretion. Researchers should draft a Memorandum of Understanding or similar document regarding the secure retention of raw data and records relative to any JMHC program evaluation, to include clear accountability for securing and destroying or archiving this information within a clearly specified time period.

For Part I, data are collected and coded confidentially, with protection of linkages to identifiable information contained in S group case files. The research design is a summative evaluation, so collecting S group data at multiple time points is required. As a quality control and to ensure data accuracy for the survival analysis of S group youth, a confidential "link list" will be used to track the state court system case identification number and "link" it to the corresponding court case file classification methodology developed for the hypothetical validation - an important step for anonymizing the collection and analysis of S group data for Part I of this project.

The hypothetical validation protocol design for Part I necessitates the collection of the following identifiable data on S group youth: (1) AOC case identification numbers; (2) month

and year of birth; (3) primary healthcare status; (4) behavioral health status; (5) disability status; information on educational attainment; (6) multi agency and multi system contact; (7) history of justice system involvement; and, (8) case processing outcomes. Only the AOC case identification numbers would be "linked" to the case number classification system developed for Part I of this project. All other identifiers would be collected confidentially but analyzed and reported as anonymous. It should be noted that no offsite access to S group case files, data or to the AOC database is permitted; this should clearly be set forth in the confidentiality agreements negotiated by the researcher.

The original case file "link lists" should be stored securely for the duration of data collection, data coding, and the digitizing of the coded, de-identified data for further analysis. The computers used to store the case file "link list" should be, at a minimum, secured with keyed locks (e.g., a filing cabinet lock and multiple entry door locks) in a building with a password protected alarm system. The original "link list" would be submitted to the AOC for data mining in a sealed envelope, which would be stored at the agency, located at 300 Dexter Avenue in Montgomery.

Because this project is a secondary analysis of extant data on S group youth, direct benefits to the study group are identified. Realistic benefits for the general population include the following: providing current information to decision-makers to streamline and optimize juvenile justice system operations; ensuring good stewardship of public resources; minimization of inefficient cost-shifting across public systems and expensive multi-agency service duplication; continued emphasis on both rehabilitation and accountability for youth offenders; enhanced public safety; better understanding of evidence-based practices for juvenile justice systems and special-

ty programming in these systems. This project also expands the current base of evaluation research of juvenile mental health court programs, which is primarily limited to site specific case studies.

Part II: Process Evaluation

Craig et al. (2008) assert that process evaluations “explore the way in which the intervention under study is implemented, can provide valuable insight into why an intervention fails or has unexpected consequences, or why a successful intervention works and how it can be optimized” (7). The authors’ definition supports the sequential nature of the overall research design for this project; that is, collecting primarily quantitative outcome measures on S group youth within a quasi-experimental research framework and carrying out the Part I research activities as a precursor to the primarily qualitative research tasks and activities included in the Part II research design. Part II of this project seeks to use the instrument developed for this dissertation to support the analysis and evaluation of the average costs, processes and outcomes of publicly resourced JMHC programs as compared to the traditional juvenile justice system. The degree to which these process measures influence program outcomes can also be explored.

The first step in Part II of the validation protocol is the identification of juvenile mental health court stakeholders at each research site. Once identified, a contact list is compiled for the purposes of disseminating the project information letter. The stakeholders are sent a unique link to an online data collector to complete a survey questionnaire. The introductory page of the interactive survey questionnaire includes consents and waivers for potential respondents.

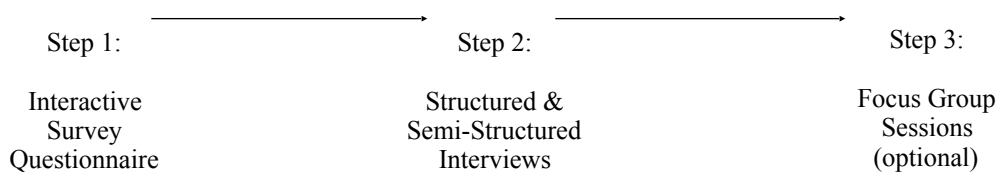
Once respondents have completed the online survey, Part II of the validation protocol calls for structured, semi structured and/or unstructured interviews with participants. Participants

are contacted via e-mail and provided with the recruiting documents for interviews and a project information letter. Consents and waivers for all interviewees are paper based, but can be digitized for electronic signatures, if preferred. Consents and waivers should always be signed by both the researcher and participant, with each retaining an executed copy.

Where practical, a third component of the Part II project design, participant focus groups, may be included as part of the validation protocol. If circumstances permit, a stakeholder focus group can be scheduled at each research site to further explore the online survey results in a group setting. Stakeholder recruitment documents for potential focus group participants are included in the Appendix. The consent and waiver process for stakeholders interviewed by researchers is identical to the process used for potential focus group participants.

No direct or indirect compensation is offered to participants or included in the validation protocol. If focus groups are utilized, light refreshments may be offered to participants. For externally funded program evaluation projects, it is important for the researcher to identify whether providing light refreshments to participants is an allowable cost.

The Part II research design employs three qualitative research methodologies that are well established in program evaluation to collect data from juvenile mental health court stakeholders: (1) interactive survey questionnaires; (2) structured, semi-structured and unstructured interviews; and, (3) focus groups. The logic model for Part II includes three sequential components, as follows:



Data collected using these qualitative research techniques will be used to provide a critical context for the juvenile justice system and juvenile mental health court processes that produce the outcomes reported above. Part II consists primarily of online survey questionnaire data and information collected during interviews and focus groups. These qualitative data will be analyzed using content analysis techniques.

Regarding survey design and administration, shorter and more efficient survey instruments are preferred for program evaluation; that is, instruments designed with a respondent time commitment of approximately 20 minutes or less. For this component of the project, the SurveyMonkey.com interactive survey platform will be utilized due to its robust security features and full compliance with adaptive and assistive technology devices used by people with disabilities. Additionally, the online platform's ability to export raw survey data in multiple formats for more efficient and accurate data analysis and reporting is a benefit.

Prospective respondents will receive an email containing a unique interactive link that will connect them to a structured online survey questionnaire. Within the time period the survey is accepting responses, respondents may begin the survey and return to complete it later, if needed. However, once a survey is submitted, respondents will not be permitted to change their answers. Survey data provided by respondents will be used to develop structured and semi-structured questions for follow-up interviews. Interviewees will be given an opportunity for unstructured dialogue. Most online data collection platforms allow researchers to adjust data parameters easily and to change survey administration settings as needed. A paper version of the survey questionnaire is included in the program evaluation toolkit presented in the Appendix.

For the structured and semi structured interviews, some preliminary questions are prepared for interviewees. A list of broad topics or "prompts" is used for unstructured interviews. Interviews will be scheduled in advance and will take approximately 30 to 60 minutes of the interview subject's time. Subjects will have the option of participating face to face, online (e.g. using Skype or Zoom) or by telephone interviews. Interviews will not be recorded using audio or video devices. Interview notes in this validation protocol are handwritten or typed on a computer during interviews, based on the stated preferences of interviewees. All handwritten notes will be transcribed. The researcher will digitally catalogue these qualitative interview data for ease of review, analysis and reporting. Most online data collection platforms, including Survey Monkey, offer a manual data entry option for investigators and researchers to enter data and information collected from paper-based instruments. These data can then be merged with and information collected digitally to complete the dataset.

Focus group research is conditioned upon practical feasibility, scheduling, and securing the permission of the presiding judge at each research site (i.e., court jurisdiction) in advance. Focus group participants should be consented prior to each session. Based on survey responses or interview data, a list of topics, questions and exercises are developed in advance to facilitate respondent engagement and group discussion. The participant time commitment for a single focus group should be approximately 30 to 60 minutes. Focus groups should not be recorded using audio or video devices; handwritten notes are transcribed. Any original data or information collected during focus groups (e.g., flip charts, group exercises, session evaluations) are catalogued for ease of review, analysis and reporting.

Because the participant groups at each research site are likely to be small and stakeholder status is primarily determined by an individual's personal or professional relationship to or their interest in a juvenile mental health court program, qualitative data collection for Part II necessarily involves collection of confidential, but not anonymous, data from participants. Interview and focus group data are identifiable. The potential risks and discomforts participants might encounter in this project, which are no more than minimal, are breach of confidentiality, psychological risks, social risks due to invasion of privacy or breach of confidentiality, and coercion.

Interview and focus group data are identifiable and participants cannot be prevented from discussing the project or their role in it with colleagues, co-workers or others outside the project. To the degree possible, strict confidentiality in qualitative data collection is ensured. Research findings are reported so as to maximize participant confidentiality, but minimal potential exists for research tasks and activities to cause emotional distress to the participants.

Participants being asked by the presiding JMHC Judge to assist the researcher in carrying out a program evaluation would know the research findings will be provided to the Administrative Director of Courts. This could possibly make participants feel coerced into participating. They may also feel uncomfortable, unwilling or unable to decline participation without suffering adverse effects on professional advancement. It is important for the researcher and the court system staff working on the program evaluation to understand and mitigate these risks to the degree possible.

Part II research participants are juvenile mental health court stakeholders and, therefore, are not classified as a vulnerable study population like the study population in Part I. All Part II participants should receive a project information letter and an informed consent prior to com-

mencing their first research activity for this project, be it an interactive survey, an interview or a focus group. A medical referral list for the appropriate county should also be provided electronically to Part II participants upon completion of their first research activity for this project, the interactive survey questionnaire A Medical Referral List is not included in the Appendix; it should be developed each time it is needed so the information provided to participants is current, accurate, and location-specific.

Survey respondents should have access to an electronic version of the project information letter and the consent form should always be embedded in the introductory page of the web-based survey. Respondents will either consent or decline to participate electronically by selecting the appropriate response. Consenting will move the respondent to the first page and question of the survey; declining will move the respondent to the end page of the survey. Signed informed consent forms are used for interviews and focus groups. Copies of fully executed consent forms should be provided to all interviewees and focus group participants upon conclusion of the interviews and focus group sessions.

For Part II, internet survey research is the only online research activity was chosen for this hypothetical validation. An online data collector is used as these platforms permit secure data collection, transfer and storage within a security framework; ideally, this online security framework is compliant with the Health Insurance Portability and Privacy Act of 1996 (hereinafter, HIPPA). Online data collectors typically use Secure Socket Layer technology to protect the integrity and security of user information and data. Most online data collection platforms can also document compliance with the Payment Card Industry Data Security Standard (hereinafter, PCI DSS), a multi-faceted comprehensive industry security standard. PCI DSS includes require-

ments for security management, policies, procedures, network architecture, software design and other critical measures to protect user data. As a best practice, the security of the online data collection platform account that is used for any JMHC program evaluation should always be protected by sufficiently complex passwords that are stored securely and changed often. Use of a Virtual Privacy Network or VPN is also strongly recommended.

In the validation protocol design, no signatures are obtained from study participants, as project information letters are used. For online survey respondents, the consent and waiver process is embedded in the introductory portion of the survey. For interviews and focus groups, a paper based informed consent and waiver process using signatures is utilized. Data are collected confidentially, with collection and protection of linkages to any and all identifiable information. Court system participants are asked to provide name, job title and work site in the introductory section of the online survey. Survey data is securely stored and maintained on the online survey collectors using a secure, password protected account. The name, job title and work site of interviewees and focus group attendees is also collected confidentially.

Comparative evaluation designs often require collecting identifying information from participants to ensure quality control and that data is both collected and recorded accurately. For Part II, the roles and responsibilities of various stakeholders at each juvenile mental health court site and the degree to which those roles and responsibilities influence process and outcome measures necessitates the collection of participant names, job titles and work sites. Identifiable data about survey respondents would be securely stored and maintained on the online survey platform's servers using a secure, password-protected account. Interview notes and focus group sessions would be securely stored in a locked filing cabinet inside a building protected by a security

system and security doors with keyed dead bolt locks. As a best practice in program evaluation, survey responses would also be securely stored and maintained using password-protected accounts. Any confidential raw data collected and analyzed for Part II of this project would be deleted, shredded or otherwise completely destroyed after successful validation of the instrument developed for this dissertation project and in compliance with any timeline directive for data destruction provided by the Alabama AOC.

Direct benefits to Part II participants include enhanced knowledge of their respective organizations and juvenile mental health court programs, as well as the opportunity to optimize juvenile mental health court and juvenile justice system operations and resources in ways that are data driven. Because staff “buy in” is a significant factor in the relative success of specialty court programming for juvenile offenders. Thus, Part II research participants may also report greater support of juvenile mental health court program goals and objectives, as well as a renewed commitment to making such programs work as intended. As far as compensation is concerned, nothing beyond light refreshments is offered to participants, as the project is a summative program evaluation of public sector program. Again, researchers should always confirm that refreshments are an allowable cost of any JMHC program they are evaluating that is funded externally through state or federal grants.

Realistic benefits for the general population include providing current information to decision makers to streamline and optimize both juvenile mental health court and juvenile justice system operations, ensuring good stewardship of public resources, and minimizing inefficient cost shifting across systems and expensive multi agency service duplication. Continued emphasis on both juvenile offender rehabilitation and accountability for youth offenders, enhanced public

safety, and a better understanding of evidence based practice for juvenile mental health courts and juvenile court systems are additional benefits for the general population. Finally, the research findings generated by the instrument developed for this project will expand the current base of program evaluation research on juvenile mental health court programs, which is extremely limited at present.

Part III: Fidelity Assessment

Hawe et al. (2004) note that assessing program fidelity “is not straightforward in relation to complex interventions” (13), due to the highly localized nature of many interventions and the situational importance of myriad factors (e.g., political, economic, cultural, social, geographic, demographic) that may be unique to the setting in which the intervention is being planned and/or implemented. These situational factors often juxtapose in a particular locale, which subsequently determines not only the appropriateness and feasibility of the intervention in question, but also the extent to which policy actors and decision-makers adapt the intervention to accommodate for these singular or combined factors. Of greater importance is the understanding that, while complex interventions are almost always adapted to localized settings and certain situational factors are strong determinants of the efficacy of the intervention in question, extracting the standard elements of the intervention in question is critically important to understanding its relative success or failure.

Hawe et al. (2008) discuss the importance of extracting the standard components of an intervention from its situational adaptations for the purposes of designing and carrying out complex evaluations. They note that “rather than defining the components of the intervention as standard...what should be defined as standard are the steps in the change process that the elements

are purporting to facilitate or the key functions that they are meant to have” (1562). This approach allows researchers to assess an intervention’s fidelity relative to the theoretical model upon which it is based. Part III of this research design focuses on this aspect of implementation when evaluating the relative success or failure of the juvenile mental health court model relative to the stated goals and objectives tied to the model.

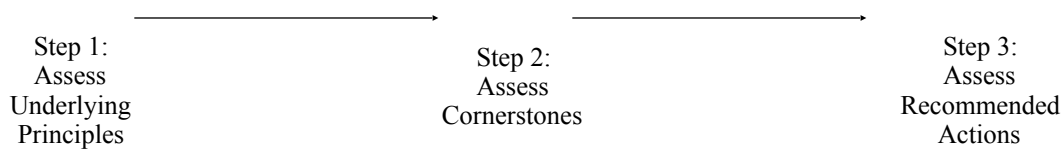
To carry out Part III, a research instrument specific to the juvenile mental health court program model is needed. Therefore, the Underlying Principles, Cornerstones & Recommended Actions, and Critical Intervention Points that comprise the overall NCMHJJ Comprehensive Model were adapted and translated into a data collection worksheet for use as an evaluative tool, specifically a juvenile mental health court program fidelity assessment instrument. A complete Fidelity Assessment tool is presented as part of the program evaluation toolkit in the Appendix.

Mowbray et al. (2003) define fidelity assessment as “the extent to which delivery of an intervention adheres to the protocol or program model originally developed” (315). Returning to the hypothetical validation protocol, Alabama’s two juvenile mental health court programs were designed, developed and implemented in early 2010 as strictly local initiatives. No formal juvenile mental health court program model was adopted and implemented at either site and no standardized data collection plan was required by the Alabama AOC for either specialty court program at that time.

As mentioned in Chapter II, the NCMHJJ *Blueprint for Change* is a technical assistance toolkit for juvenile mental health court stakeholders to help identify current needs and gaps in policy, practice and program structure and to develop a targeted action plan to address those needs and gaps, while building upon existing program strengths. For Part III, the Underlying

Principles, Cornerstones & Recommended Actions, and the Critical Intervention Points that comprise the NCMHJJ Comprehensive Model were translated into an benchmarking tool for use by juvenile mental health court stakeholders. For the two juvenile mental health court sites in Alabama that are the focus of the hypothetical validation protocol in this study, the fidelity assessment instrument developed for this project seeks to measure the relative degree of program fidelity to the NCMHJJ Comprehensive Model.

The logic model for Part III, the fidelity assessment component, includes three sequential steps to assess JMHC program fidelity to The Comprehensive Model:



It is understood that not all documentation required to carry out the fidelity assessment may be accessible or available for review. For example, thoroughly documenting the various elements included in the fidelity assessment tool may require multiple observation studies; formal documentation that such evidence exists is sufficient for the purposes of this project.

The Underlying Principles are the philosophical and ethical values that underpin the NCMHJJ Comprehensive Model. Therefore, a checklist for assessing the presence or absence of the Underlying Principles comprises the first section of the fidelity assessment instrument developed for this project. For the hypothetical validation, myriad qualitative and quantitative research techniques are used to determine whether the Underlying Principles are evident at each juvenile mental health court site for each year of the 120 month review period and to what extent.

To the degree possible, any documentation and evidence relevant to the Underlying Principles, particularly with regard to primary source materials (e.g., marketing and public relations documents, reports, brochures, policy manuals, articles) provided by juvenile mental health court site staff or AOC staff, would be considered. Any documents or evidence collected and reviewed for the fidelity assessment would be organized by year and catalogued for each juvenile mental health court site to permit the development of cross-tabulated data and various other technical reports.

Building upon the Underlying Principles, the NCMHJJ Comprehensive Model is constructed around four structural elements or Cornerstones. Each of the four Cornerstones — Collaboration, Identification, Diversion, and Treatment — is an evidence based practice recognized by professionals and public administrators across multiple sectors and policy domains as critical to effectively meet the needs of justice involved youth with behavioral health disorders and their families. Moreover, each Cornerstone is enhanced and strengthened by the design, development, implementation and evaluation of 33 corresponding Recommended Actions.

The second portion of the fidelity assessment seeks to identify any and all of the four Cornerstones, as well as any of the Recommended Actions associated with each Cornerstone. The assessment would thus measure the degree to which each juvenile mental health court site being evaluated is in compliance with the NCMHJJ Cornerstones and Recommended Actions for evidence based juvenile mental health court programming, policy and practice.

For the hypothetical validation using Alabama's two juvenile mental health court sites, a binary scoring protocol was designed that awards a single "point" for any Recommended Action that can be documented in any year at either of the two juvenile mental health court program

sites; that is, any Recommended Action that can be documented for either program site in any calendar year between 2010 and 2020 is worth one point. Recommended Actions that cannot be documented are worth zero points. The maximum number of points a juvenile mental health court program can earn each year for each of the four Cornerstone categories is determined by the corresponding number of Recommended Actions associated with each Cornerstone.

The final component of The Comprehensive Model and the final section of the fidelity assessment tool are the nine Critical Intervention Points. Skowyra and Coccozza (2007) posit that these Critical Intervention Points are the key decision making points “within the juvenile justice continuum that offer opportunities to make better decisions about mental health needs and treatment” (5-6). NCMHJJ asserts that the Critical Intervention Points present juvenile justice systems and mental health systems, as well as juvenile mental health court program sites, with multiple opportunities to identify, measure and respond to critical needs; to document continued program challenges and improvements; and to demonstrate progressively greater program fidelity to the The Comprehensive Model over time.

For the hypothetical validation protocol, it is noted that measuring and assessing program fidelity in a valid and reliable way for each juvenile mental health court site during each year of the period of review is a significantly more complex endeavor than the research design. The research design presented herein necessitates a heavier reliance upon qualitative research techniques for the final component of the fidelity assessment than in any other component of the dissertation itself. Consequently, strict vigilance is required regarding the ability to control for and document researcher subjectivity, as well as to demonstrate that the traditional threats to internal

and external validity so often plaguing qualitative research designs are identified, controlled, mitigated or eliminated, to the degree possible.

The precision and accuracy of the conceptual and operational definitions developed for the final component of the fidelity assessment instrument have more direct relevance to not only the quality of the overall data collection plan for Part III, but also to the appropriateness of the proposed research methodologies used. To that end, various qualitative research techniques will be utilized to complete the final component of the fidelity assessment instrument to include: (1) secondary analysis; (2) trend analysis; (3) content analysis; (4) concept, process, network, outcome and/or critical path mapping; (5) document review; (6) structured, semi structured, and unstructured interviews; (7) survey questionnaires and survey administration methodology; (8) case summaries and case studies; (9) health impact assessment; (10) community impact assessment; (11) observations; (12) descriptive research; and (13) focus groups. To the degree possible, at each juvenile mental health court site, raw data would be collected and recorded confidentially. All raw data collected for this hypothetical validation study would be coded and catalogued chronologically for each juvenile mental health court site. Policy and procedure regarding each Critical Intervention Point at each juvenile mental health court site would also be documented and catalogued chronologically to facilitate replication studies to further validate the instrument.

To complete Part III of the hypothetical validation study, an annual fidelity-to-model score will be calculated for each program site for each year of the hypothetical study period (2010-2020). Annual fidelity scores would be computed for each site by adding the four Cornerstone scores using the formula $(C1+C2+C3+C4=fa)$, where C = the Cornerstone score and fa =

the annual fidelity score. The *fa* will be reported as a percentage of the total available points, expressed as *FA*.

This methodology allows measurement of variation in the degree of fidelity-to-program-model for each year at each juvenile mental health court site. The *fa* scores are then averaged to calculate an aggregate (i.e., 2010-2020) fidelity-to-model score, expressed as *FA*, using the formula $(Y1 + Y2 + Y3 + \dots) / x = FA$, where *x* is the number of years in the time period of review. This methodology allows for longitudinal measurement of any variation in the degree of fidelity-to-model for each program site, as well as a comparison of annual *fa* scores across multiple sites for benchmarking purposes.

Chapter V

Significance of the Dissertation, Ethical Considerations and Questions for Future Research

A foundational assumption of this dissertation is that federal policy trends suggest increasing support for the widespread adoption of intersectional, mixed method and multimodal approaches for evaluating complex adaptive systems generally and for evaluating collaborative, cross system, multidisciplinary projects and programs specifically. If this assumption proves true, it will necessitate the continuous design, development and validation of new research tools, methodologies and instruments that are uniquely suited for evaluating complex adaptive systems and programs. Data security and instrument scalability are also critically important elements of research instrument validation, particularly in the era of rapidly evolving technology advancements.

Significance of the Dissertation

Societal changes have altered the political context and policy environments within which American specialty courts operate. In some instances, these changes are incremental. For example, the gradual, somewhat piecemeal adoption of computer technology in the late 20th century has been succeeded by an increasing reliance on technology (e.g., digitized documents, electronic case filing). As these changes occur, it is imperative that public organizations respond and recalibrate to rapidly shifting external contexts that influence the inputs, throughputs, outputs and outcomes of America's judicial branch of government. To that end, this dissertation is significant in creating a program evaluation toolkit and hypothetical validation protocol that has been designed and developed not only to benefit the Alabama Administrative Office of Courts but also juvenile mental health courts in other states.

The program evaluation toolkit produced for this dissertation is designed to be easy to use to accommodate the needs of those involved in extrajudicial activities like specialty courts. They not only provide a framework for efficient docket management and performance measurement activities associated with juvenile mental health courts, they also allow a central organization (like the Alabama Administrative Office of Courts) to standardize data collection and analysis across these specialty court sites. This facilitates timely and periodic program evaluation activities and provides current data and information for data driven policymaking within a specialty court context.

Standardizing data collection across all juvenile specialty court sites within a state allows researchers, policy actors and public sector decision makers to isolate the various contextual and situational variables unique to each specialty court (e.g., variables like degree of school system involvement, the various agencies represented on an interdisciplinary team that staff the specialty court, geographic factors). Standardization and the ability to isolate localized variables that may influence outcomes are both very important considerations to ensuring that appropriate legal and ethical standards are in place and operational for each juvenile specialty court. This, in turn, allows an organization such as the Alabama Administrative Office of Courts to exercise a degree of oversight via the ongoing monitoring of site specific performance measurement activities.

Performance measures and outcomes tied to evidence based practices, programs and interventions depend upon strict fidelity to the evidence based model at the planning, implementation and operational stages of the complex adaptive system or program lifecycle. Complex adaptive systems and programs are often characterized by a high degree of localization, or *situational adaptation*, across program sites. Situational adaptation is typically correlated with the availabili-

ty of local resources and the nature and dynamics of the collaborative working relationships between each of the partners in the complex adaptive system or program.

Situational adaptation is a significant threat to program fidelity. Conversely, situational adaptation is often suggested by policy experts as a best practice in the design, development and implementation of many specialty court models, particularly in juvenile justice systems. This divergence can present significant barriers to program model design. The availability of local resources and the relative strength or weakness of the collaborative working relationships between each partner in a complex adaptive system or program are two important drivers of situational adaptation and deviation from evidence based program models. These drivers, and any additional factors, should be included in a logic model depicting the complex adaptive system or program being evaluated.

Equipping state judicial administration with the program evaluation toolkit should also assist it to create an additional line of defense against the increasing legal liability that is assumed by many court jurisdictions that have established and operate specialty court dockets for various offender groups. Timely performance measures that could be reviewed and utilized by the Alabama Administrative Office of Courts, for instance, in an agency wide decision making framework about specialty court operations would provide an important, albeit informal, “early warning system” for any specialty court programs that are relatively unaware of the degree of legal liability to which they may be exposed by operating a specialty court docket. These liabilities include not observing federal and state medical privacy laws, inadequate security of protected health information, not recognizing patient rights to refuse medical treatment, and the degree

to which the overall structure of the specialty court could be considered coercive by a reasonable outside observer.

Michael Quinn Patton's original utilization-focused evaluation framework (1996) provides a strong argument in favor of applied program evaluation that is not only empirically sound, but also has practical application and an unparalleled ability to generate improvements to program models themselves, as well as to program administration. Practically speaking, Patton's revised applied research framework (2008) is constructed upon a pair of normative foundational assumptions: that applied program evaluation activities should be purposeful and that the information and data generated by program evaluation activities should be useful for end users. By adopting a more robust model of performance measurement, such as Patton's revised program evaluation paradigm, and integrating it into the organizational culture of juvenile justice systems, the likelihood of multiple end user adoption and implementation of the tools and instruments developed for this project is greatly enhanced.

Ethical Considerations

A foundational tenet of the conceptual juvenile mental health court program model is the idea that diverting youth offenders with behavioral health disorders from the traditional juvenile justice system and utilizing a parallel, alternative process of judicial supervision, case management and service coordination is in the best interest of not only the youth, but also the juvenile justice system. Moreover, the tendency of many mental health, child welfare and juvenile justice stakeholders to conceptualize the juvenile mental health court program model as a broad normative framework for juvenile justice system operations is detrimental to the applied research agen-

da on problem solving courts generally and on juvenile mental health court programs specifically.

Critics of the juvenile mental health court program model reject it as a normative ideal, arguing that such programs and initiatives are distinctly outside the proper scope of the juvenile justice system and contribute to the ongoing criminalization of youth behavioral health disorders; this is a phenomenon with an emergent research base, but one that is expected to show a parallel trajectory with the well documented criminalization of such disorders in the adult population in the U.S. that began in the 1970s and continues to the present day.

Another key concern is that problem solving court programs contribute to a persistent cultural stigma against individuals with behavioral health disorders and reinforces a common cultural narrative in the U.S., albeit one that is not supported by research evidence. Namely, it is the perception that not only are behavioral health disorders and criminal activity strongly correlated variables but also that a strong causal relationship exists between the two variables that can be easily documented. Additionally, critics and advocates are not convinced that JMHC programs include sufficiently rigorous due process protections for youth offenders with behavioral health disorders.

Moreover, critics frequently assert that many youth offenders with behavioral health disorders referred to JMHC programs are simply undiagnosed, untreated or improperly diagnosed and become involved with the juvenile justice system for this reason. Allowing or encouraging the juvenile justice system to be transformed into the nation's de facto child and adolescent mental health system and using JMHC programs as courts of first resort for youth with behavioral health disorders is at odds with current federal policy and multiple professional standards in the

behavioral health and the “helping professions” emphasizing that social service delivery to youth should be provided in the least restrictive environment. Ideally, the juvenile justice system would be an option of last resort for youth with behavioral health disorders. Conceptualized in this way, juvenile justice system involvement is being used, inappropriately, as an administratively convenient alternative case processing method by which these youth offenders may expedite their access to needed mental health services.

It is common for problem solving court programs serving offenders with behavioral health disorders to have formal or informal agreements in place with community providers and partner organizations to expedite access to behavioral health treatment and services for program participants. Critics charge that such arrangements are inherently unethical and potentially harmful to a vulnerable population because justice system involvement is incentivized as a way to expedite access to needed behavioral health services. An additional concern is that such involvement comes at the expense of individuals with behavioral health needs who are not involved with the justice system but seek to utilize the same behavioral health services and resources through the same community mental health system and provider networks.

In an era of continuous budget cuts to state mental health and state court system budgets, an additional ethical consideration is the extent to which specialty court program models are being used by one area of government to improperly shift costs to another. This means that specialty court administration can be structured so that one agency of local or state government is essentially transferring its statutory obligations to a particular population onto another branch and locus of government. Such practices naturally mean that the services in question would then be funded from a different public revenue stream, one that was not necessarily appropriated for such

purposes. Framing the ethical critique of cost shifting in this way begs the question as to whether such informal arrangements between state and local government agencies are inherently unconstitutional or at least of dubious legality. Furthermore, if such arrangements are indeed improper, constitutionally or otherwise, the exact legal nature of the impropriety must be considered. The degree to which such arrangements may create legal liability for the various multi agency, multi level government actors typically involved in specialty court administration, the agencies they represent, and taxpayers must also be carefully considered.

An adjacent ethical consideration is the extent to which there is actually a documented need for a jurisdiction to establish a specialty court. The design, development and implementation of these specialty court models should be based on identified need consisting of statistically sound aggregate trend data. Instead, many jurisdictions have opted to apply for specialty court planning and implementation grants made available from the U.S. Department of Justice, Bureau of Justice Programs, as a way to cover salaries for existing court staff facing potential layoffs due to systemic budget cuts to state court systems.

It is unethical to establish and operate a specialty court for a vulnerable target population for the sole purpose of preventing staff layoffs by using federal grant funds to cover the salaries of existing court system employees. Routing criminal defendants or justice involved youth into therapeutic treatment courts established with federal funds to cover staff salaries, when therapeutic treatment needs have not necessarily been documented in the specialty court's target population, is unethical. In such a scenario, it is theoretically possible that the target population will be expected, required or otherwise coerced into participating in the specialty court, thereby receiving behavioral health interventions that are not needed and may be unwanted.

Another major area of ethical concern is the oppositional goals of mental health systems and the criminal and juvenile justice systems. In mental health systems, great emphasis is placed on recovery oriented treatment, which is accomplished through person centered planning protocols that place heavy emphasis on informed consent and civil rights. In mental health systems, evidence based therapeutic interventions are prioritized and intersectional considerations that may influence treatment outcomes are accommodated. In criminal and juvenile justice systems, the primary goal is accountability for criminal behavior. Moreover, juvenile justice systems are intended to be rehabilitative in nature and seek to redirect youth away from criminal behavior and, by extension, subsequent involvement with the criminal justice system as adults.

Finally, there are ethical questions and genuine concerns involved with utilizing specialty courts as the option of first resort for justice involved persons in need of behavioral health services. The use of “fast tracking” specialty court participants for priority access to mental health services and the existence of caseload quotas and “set asides” established by the mental health treatment partners in many specialty court programs are two ethically questionable practices frequently seen in specialty courts for adults and juveniles. It can be argued that such ethically questionable practices essentially penalize non justice involved individuals seeking behavioral health services in the same public systems of care by deprioritizing their treatment and care in favor of people referred by the specialty court.

Questions for Future Research

Outside the field of ethics, there are numerous questions for future research that can be informed by the adoption and use of the program evaluation toolkit presented in this dissertation. This is particularly true in the area of program evaluation and research methodology. The unique

and highly localized nature of specialty court program models require highly individualized project designs. This, in turn, has led to the extant program evaluation literature on mental health court programs to be dominated by site specific case studies of program models that may not be able to be replicated and are, therefore, of limited utility outside of the sites being studied.

After a thorough review of the extant program evaluation literature on mental health court programs, three publications were identified that discussed general program evaluation challenges specific to mental health courts. The first is *A Guide to Collecting Mental Health Court Outcome Data* by Henry J. Steadman, which was published in 2005 as a technical assistance manual for federally funded specialty court grantees. Though it has not been updated, it remains an important applied research work, as it represents the first and only real attempt to enumerate a set of best practices for specialty court program evaluation. At the time, adult specialty courts were an innovative program model, one that had not yet been adapted for use with justice involved youth. Nonetheless, it is a manual for practitioners and justice system professionals, rather than a blueprint for program evaluators or academic researchers.

The remaining two publications are peer reviewed academic publications. Wolff and Pogorzelski (2005) posit that our understanding of the efficacy of mental health court programs is dependent upon “the extent to which the social and procedural complexity of mental health courts drives the research design and plan” (539). They also correctly identify the significant challenge presented when evaluators attempt to investigate “the effectiveness of an intervention that is non-standardized by nature and highly dependent on macro and local influences within the environment, as well as personal preferences and relationship dynamics within the intervention itself” (541).

Prince et al. (2020) focuses on the unique challenges of identifying an adequate control group when constructing retrospective program evaluation designs for determining the efficacy of mental health courts. The authors argue for the adoption of propensity score matching as an alternative approach to compare groups when randomization is impossible, as is the case in retrospective project designs (87). Again, it should be noted that none of these three publications are specific to evaluating juvenile mental health courts.

Aside from the aforementioned works, the remainder of the program evaluation evidence base around specialty courts consists of site specific case studies and retrospective outcome studies seeking to validate specific clinical interventions used in certain mental health courts. Additionally, several meta analyses have aggregated and reported outcomes for a cluster of specific JMHC sites. Finally, summative technical reports for mental health court pilot programs and expansion projects that were subsidized by or directly funded through the U.S. Department of Justice are available in the public domain.

The lack of literature specific to evaluating juvenile mental health court programs constitutes a major gap in the overall body of knowledge in program evaluation and research methods. To address these deficits, this dissertation presents a robust data collection instrument that can be easily implemented into existing organizational workflow, facilitating specialty court docket management, as well as longitudinal data collection. The quality and scope of the longitudinal data collection and analyses that adoption of the data collection instrument can facilitate supports the formulation of testable hypotheses across many areas of academic inquiry, to include psychology, social work, criminal justice, sociology, and public administration. Documents to support a qualitative process evaluation are also included. Finally, a fidelity assessment component

ensures continued alignment with best practices in juvenile mental health court design and administration.

The literature regarding the various best practices and evidence based practices employed in adult specialty courts is quite extensive. While it has not yet been conclusively established that adult specialty court models can be effectively and appropriately adapted to juvenile populations without the potential for psychological harm, some of these findings are broadly applicable to juvenile mental health court program models. Gordon (2019) argues that segregating drug, alcohol and mental health court programs is simply not aligned with contemporary understandings of the interrelated nature of these co-occurring disorders and furthers the stigmatization of mental health disorders in modern society by linking them to criminal behavior and the courts (355) . Honegger (2015) recommends that “future mental health court research examine the impact of available community services, as well as consider the effect of criminogenic risk factors, on therapeutic and recidivism outcomes” (478). While these variables are fundamental components of any rigorous mental health court research agenda, the relative lack of high quality program evaluation research that is specific to juvenile mental health courts represents a significant need within the extant evidence base.

As the literature base specific to juvenile mental health courts continues to evolve, it is necessary to develop and incorporate a more robust intersectional research paradigm that accommodates complex, multivariate project designs and utilizes mixed method research methodologies and techniques. Numerous disparities in outcomes have been reported in sentencing and case disposition between specialty courts and traditional courts (Johnston and Flynn 2017), as well as outcome disparities reflecting offender characteristics like race and ethnicity (Pina-

Sanchez and Grech 2018), gender (Moore and Padavic 2010), and mental health status (Paige 2019). Without more sophisticated research tools, investigating these disparities and identifying potential solutions to mitigate or otherwise address them is very difficult.

Implications for Legal Practitioners and Juvenile Justice Professionals

Law and jurisprudence research relative to juvenile courts fall primarily into two areas of concern: legal ethics and the constitutional due process requirements specific to juvenile defendants. While a great deal of research about specialty courts appears in legal journals and law reviews, they are almost uniformly case studies consisting of a very small number of program sites. This only underscores the highly localized and somewhat insular nature of extrajudicial programming generally and juvenile mental health courts, specifically (Edgely 2014; Herinckx et al. 2005; Hiday et al. 2013; and Palermo 2010). Because these narrowly focused and program-specific articles constitute the bulk of the evidence base for legal professionals, the overall applicability of the conclusions they present is of limited utility in praxis.

Three critical gaps exist in the literature base for justice system and public safety professionals. The first is the relative paucity of research focusing on the broad, systemic issues present in program design, program development and judicial administration of specialty court programs, particularly in juvenile justice systems. The second, and perhaps more significant, area of unmet need in the extant literature base is the lack of research that explores the real implications of program design and administration on issues of constitutional due process for juveniles with behavioral health needs who are adjudicated delinquent. Again, most legal research in this area presents information about adult mental health courts, but there is reason to believe that these findings are applicable to juvenile courts as well. Perlin (2017) argues that the differences be-

tween mental health courts and traditional civil commitment courts are so profound that serious questions of constitutional due process emerge stemming from the fundamental structural differences that exist between voluntary specialty court programs and involuntary justice system involvement via processes like involuntary civil commitment. The need for parental or guardian consent in juvenile extrajudicial programs only magnifies the potential implications for constitutional due process considerations.

Relatedly, the third critical gap in the justice and public safety research base is the need for research that explores the real issues of dynamic tension that exist in juvenile specialty court programs between principles of legal ethics and the requirements of constitutional due process. Redlich (2005) acknowledges an eligible adult defendant's voluntary choice to participate in a mental health court program, but questions whether voluntary consent can legally be assumed to constitute comprehension. In other words, Redlich questions whether voluntary participation in a specialty court can and should be interpreted as informed consent (613). For juvenile mental health courts and juvenile drug courts, the significant behavioral health component of these programs means that these sorts of articles and publications should focus not only on the legal ethics specific to specialty courts, as Redlich does, but also on juvenile mental health courts specifically. Finally, the extent to which bioethical obligations must be considered in these extrajudicial program models to ensure constitutional due process is an issue that is largely missing from the literature base.

A good example of this can be seen in a multi-site case study on four adult mental health courts published by Linhorst et al. (2020). The authors found that "defendants represented by defense attorneys were more likely to choose not to participate in the [mental health court pro-

gram], to resolve their criminal charges without court supervision, [and] to participate in initial court hearings.” This finding implies that many adults eligible to participate in mental health court programs waive their right to legal counsel and then freely choose not to participate.

Arguably, the outcomes reported in this article are the very same outcomes specialty court programs claim they are pursuing; yet, the only statistically significant variable identified by Linhorst et al. (2020) at each specialty court site they analyzed that is tied to these positive outcomes is the adult defendant’s voluntary choice not to participate in the specialty court program. Juveniles are not permitted to waive their right to legal counsel, nor are they provided with a voluntary choice regarding specialty court participation. Due to their status as minors, the written consent of a parent or guardian is required; however, the parent or guardian may not want what the juvenile wants. Legal ethics require attorneys to act in the best interests of their clients. Thus, many questions arise. Is it ethical for an attorney to force an unwilling, albeit eligible, juvenile to participate in a mental health court program because their parent or guardian demands it? Would doing so cause psychological harm to the juvenile?

Considering the aforementioned outcomes reported by Linhorst et al. (2020) for adult defendants, does compulsory participation in a juvenile mental health court increase the likelihood that the juvenile will experience negative outcomes or externalities? A meta-aggregation of process evaluations of juvenile drug treatment courts published by Wilson et al. (2019) strongly suggest the answer is yes. Because the juvenile drug court program model tends to be very similar to the juvenile mental health court program model, the conclusions presented by Wilson et al. (2019) are relevant. Specifically, the authors identified “four thematic categories containing the largest number of methodologically credible findings: (1) family members as stakeholders in the

[specialty court] process, (2) standards for ensuring accountability and youth compliance with court expectations, such as the consistent application of behavioral contingencies, (3) the availability of community and school services, and (4) the various needs of JDTC clients, such as mental health treatment” (605). Based on these findings, the authors advocate for expanding the theoretical framework of juvenile drug courts “to incorporate improving youth psychosocial functioning as an important outcome” (606). This is, of course, a logically sound argument for juvenile mental health courts, as well.

Conclusion

Generally speaking, all components of the program evaluation toolkit and the hypothetical validation protocol developed for this dissertation are significant in that they represent a tacit acknowledgment of the need for a comprehensive applied evaluation framework for juvenile mental health court programs utilizing standardized research instruments and methodologies. Validating the data collection instrument presented in Part I of the program evaluation toolkit and incorporating it into the organizational workflow of juvenile specialty court program administration will facilitate the ongoing monitoring and evaluation of a constitutionally significant juvenile justice program model. Additionally, it will help measure the extent to which said model can and does produce the stated outcomes and positive externalities for which they were first implemented while concurrently protecting the due process and human rights of juvenile specialty court participants. Standardizing evaluative protocols, tools, instruments and research methodologies across JMHC program sites is the only reliable way to identify, isolate and measure the myriad local and situational factors that may be statistically significant to research outcomes.

Standardization is also a necessary condition for the identification and measurement of causal relationships, which must always form the foundation of evidence based practice.

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Appendix 1
JMHC Program Evaluation Toolkit

Project Information Letter Template

PROJECT INFORMATION LETTER TEMPLATE

You are invited to participate in a research study to evaluate various performance and outcome measures the juvenile mental health court program. The study is being conducted by [evaluator]. Funding for this evaluation is provided by [funding source].

The primary purpose of this study is to compare administrative processes, costs and outcomes for juvenile mental health court programs to traditional juvenile justice case processing. A secondary purpose is to improve both the quantity and quality of academic research on juvenile mental health courts, which is very limited at the present time.

You were selected as a possible participant because you are age 19 or older and are either a juvenile mental health court “stakeholder” in your county or a subject matter expert in juvenile justice, juvenile mental health or a related field.

What will be involved if you participate?

Your participation is completely voluntary. If you decide to participate in this research study, you will first be asked to (1) take a short, confidential online survey, and then, (2) to participate in a follow-up interview with [evaluator]. If time and circumstances permit, you may also be invited to participate in a focus group session with other juvenile mental health court “stakeholders” in your county.

Your total time commitment for the online survey (15-20 min) and the follow-up interview (30-60min) will be 45-80 minutes. In the event a focus group session is scheduled, it will last no longer than 60 minutes.

Are there any risks or discomforts?

The risks associated with participating in this study are no more than minimal. They are:

- (1) **Breach of Confidentiality** - The research design requires collecting confidential, but not anonymous, data and information from individuals who have a relationship to a juvenile mental health court program. The stakeholder groups at each site are small. Interview/focus group participants can be identified and data collected during interviews and focus groups are potentially identifiable. Ms. Hinton also cannot prevent participants from discussing the project or their role in it with colleagues, co-workers or others outside the project.
- (2) **Psychological Risks/Emotional Distress** - Participants may worry about participating or declining to participate and may experience emotional distress or anxiety as a result.
- (3) **Social Risks Due to Invasion of Privacy or Breach of Confidentiality** - Participants could experience emotional distress, potentially negative effects of professional development and career advancement and/or violation of civil rights.
- (4) **Coercion** - Participants have been asked by the Presiding Judge of the juvenile mental health court program to assist [evaluator] in completing this research project. A copy of the research

findings will be provided to the Administrative Director of Courts and also to the presiding Judge of the the juvenile mental health court program. This could make participants feel un comfortable, unwilling and/or unable to decline participation.

To minimize these risks, the following strategies will be used:

- (1) **Breach of Confidentiality** - To the degree possible, [evaluator] will ensure strict confidentiality in the collection of data from online surveys. The IP addresses of online survey respondents will not be collected or tracked. To the degree possible, [evaluator] will collect data and information confidentially during interviews and/or focus group sessions and research findings will be reported so that the identities of participants are kept confidential.
- (2) **Psychological Risks/Emotional Distress** - A medical referral list will be provided in electronic format to all participants who complete an online survey. Hard copies of the medical referral list will be made available to interviewees and/or focus group participants upon completion of the research activity. In the unlikely event that medical treatment is necessary, you are responsible for the costs of your treatment.
- (3) **Social Risks Due to Invasion of Privacy or Breach of Confidentiality** - To the degree possible, [evaluator] will ensure strict confidentiality in the collection of data from online surveys and the IP addresses of online survey respondents will not be collected or tracked. To the degree possible, [evaluator] will collect data and information confidentially during interviews and/or focus group sessions and research findings will be reported so that the identities of participants are kept confidential.
- (4) **Coercion** - Informed consent forms and project information letters clearly state that participation is strictly voluntary. Participants are free to decline or withdraw participation at any time during the project.

Are there any benefits to yourself or others? If you participate in this study, you can expect to enhance your knowledge of your county's juvenile justice system and juvenile mental health court program. You may also be able to help identify ways to optimize the use of resources dedicated to youth offenders in your county. We cannot promise you that you will receive any or all of the benefits described.

Benefits to others may include: providing current information to policymakers and/or decision makers to streamline and optimize juvenile mental health court and juvenile justice system operations; ensuring good stewardship of public resources; minimization of inefficient cost shifting across systems and expensive multi-agency service duplication; continued emphasis on both rehabilitation and accountability for youth offenders; enhanced public safety; better understanding of evidence-based practices for juvenile mental health courts and juvenile justice systems. The research findings will also expand the current base of program evaluation research on juvenile mental health court programs, which is extremely limited.

Will you receive compensation for participating? Beyond light refreshments during the interview or focus group session, no compensation is offered to participants.

Are there any costs? There are no financial costs to participants.

If you change your mind about participating, you can withdraw at any time by contacting [evaluator] via phone or e-mail. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. If you've submitted any anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with judges, courts or employers.

Any data obtained in connection with this study will remain confidential. We will protect your privacy and the data you provide by collecting and storing online survey data using a secure survey platform and a password-protected account. We will securely collect and store data and information collected from interviewees and focus group participants. Data and information will be reported anonymously, to the degree possible.

What happens to the data you provide after the research study ends? After the research project is complete, but not later than [insert mm/dd/yyyy], any and all online survey responses will be permanently deleted from [evaluator's] secure, password-protected online survey account. Any and all data, information and notes collected during follow-up interviews and focus groups will be shredded or otherwise permanently destroyed by [evaluator] as soon as possible after the research project ends, but not later than [insert mm/dd/yyyy]

If you have questions about this study, please ask them now or contact [evaluator] by phone at [insert area code and phone number] or by email at [evaluator's email address].

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT.

IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK THE LINK BELOW.

YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

Evaluator Name

Date

[For online research and evaluation activities, insert the appropriate hyperlink here and embed in introductory section of survey questionnaires.]

Part I: Outcome Evaluation

SECONDARY ANALYSIS CODING WORKSHEET

Case File Classification Code	
Court System Case Identification Number	

STUDY GROUPS: INDEPENDENT VARIABLES

Content Area	Independent Variables	Offender Information (Record <u>non-identifiable</u> qualitative data)	Referenced (Y/N/ Partial)	Documented (Y/N/Partial)	Progress Notes & Updates (Y/N/Partial)
1.) Juvenile Justice System	Date of arrest				
	Charge(s) & Degree	(1) (2) (3) (4) (5)			
	Date of Pre-Adjudicatory Hearing				
	Outcome of Pre-Adjudicatory				
	Date of Final Case Disposition				
	Outcome of Final Case Disposition				
	2.) Demography, Society & Culture	Gender			
Race					
Ethnicity					
Date of Birth					
3.) Education	Academic Attainment				

Content Area	Independent Variables	Offender Information (Record <u>non-identifiable</u> qualitative data)	Referenced (Y/N/Partial)	Documented (Y/N/Partial)	Progress Notes & Updates (Y/N/Partial)
	Academic Status				
	School Systems and Attendance	(1) (2) (3) (4) (5)			
	School Discipline Record				
4.) Disability Status & Accommodations	Special Education Status				
	IEP				
	Disability Accommodations				
5.) Behavioral Health	Mental Health Screening History				
	Mental Health Assessment History				
	Clinical MH Disorders (Axis I)				
	Personality Disorders & Intellectual Disability (Axis II)				
	General Medical Conditions (Axis III)				

Content Area	Independent Variables	Offender Information (Record <u>non-identifiable</u> qualitative data)	Referenced (Y/N/Partial)	Documented (Y/N/Partial)	Progress Notes & Updates (Y/N/Partial)
	Psychosocial & Environmental Problems (Axis IV)				
	Behavioral Health Diagnosis and Treatment History				
	Psychiatric Rx Medication History				
	Trauma Exposure				
6.) JMHC & Multi-Agency Collaboration	JMHC Referrals				
	JMHC Participation				
	Multi-System Partners				

NOTES:

COMPLETING THE SECONDARY ANALYSIS CODING WORKSHEET

OVERVIEW

This Data Collection Plan was designed, developed and drafted to provide clear directions and methodologies governing the collection, coding, analysis and reporting of data and information on the accompanying Secondary Analysis Worksheet, one of two data collection instruments designed and developed by the Evaluator for her exploratory research dissertation project.

The Secondary Analysis Worksheet includes 23 independent variables that will provide information about: 1.) trends and patterns for individual youth offenders who comprise the study populations for this project, and their families; 2.) collaborative and community partners; 3.) the design, development, planning, implementation, and evaluation of JMHCs; and, 4.) judicial administration, to include metrics about case processing costs and timelines, as well as case processing and treatment outcomes.

The various youth offender data the Evaluator is reviewing and analyzing for this dissertation project must be collected on-site in each county. Because the Evaluator cannot remove files from the research site(s), the data collection process for individual case files must be paper-based and information should be entered by hand. Thus, it is extremely important that data from each file is carefully reviewed and collected appropriately, ethically and in accordance with the terms of research access granted to the Evaluator by the Auburn University IRB and the juvenile justice system staff at each research site.

GENERAL INSTRUCTIONS

A separate secondary analysis coding worksheet should be completed for each case file reviewed for both the experimental (i.e., Juvenile mental health court youth) and the control (i.e., youth in traditional case processing) groups in each county.

- (1) De-identify all personal, private, protected or otherwise identifiable data about individual offenders captured on each worksheet.
- (2) Do not record any data other than that specified below.
- (3) Record all data collected exactly as instructed in the data collection plan.
- (4) Use a separate worksheet for each individual case file so that cleaned, coded and de-identified data can be analyzed and tracked at the individual level, as well as the aggregate level.

PART I: CASE FILE CLASSIFICATION METHODOLOGIES

To minimize risk and enhance the validity of the data collection plan, the Evaluator must create a unique case file classification code for each juvenile offender's file that is reviewed for this dissertation. The Evaluator will refer to this alpha-numeric identifier as the AU Case File Classification Code.

For quality assurance purposes, the Evaluator must create a master case identification coding list that links the unique alpha-numeric AU case file classification codes reviewed by the Evaluator for the dissertation to the actual case identification numbers utilized by the Alabama Administrative Office of Courts (AOC), the state's Unified Judicial System (UJS). As such, the AOC has statutory authority for the centralized management, administration and operations of Alabama's juvenile justice system. Designing, creating and securely maintaining such a link list is necessary for ensuring the data collected by the Evaluator are both valid and reliable; additionally, the link list is a pre-requisite for the survival analysis proposed by the Evaluator in the project design for this dissertation. A blank link list suitable for each JMHC site and calendar year is included as the last page of this Data Collection Plan.

It should be noted that link lists always contain information that could be used to identify individuals and, as such, virtually always increases the risk of harm to human research subjects and/or members of a study population. However, the Evaluator asserts that the creation and maintenance of the link list proposed for this dissertation does not necessarily increase the existing risks, which are already no more than minimal, to the study population or the human subjects, which are already no more than minimal. Due to established state and federal law regarding the strict confidentiality of juvenile court proceedings, the AOC case identification numbers on the proposed link list can only be used to search for information about specific juvenile offenders by people with authorized access to Alabama's UJS database; such access is highly restricted, particularly for juvenile court cases. Access to Alabama's UJS database requires a current, secure password issued directly to individuals by the AOC. Once inside the UJS database, the information individuals are able to access is restricted by various layers of security protections. Typically, the specific requirements of an individual's job will determine the degree of access granted by AOC to the UJS database and also what specific information those individuals are authorized or need to know.

The the Evaluator has created the following AU Case File Classification methodology:

FIPS State Code - FIPS County Code - Offender Code - Year - Study Group Code + Numeric Identifier

The Evaluator will use the following codes to develop a unique AU case file classification code for each case:

- 1.) The FIPS State Code for Alabama is [01].
- 2.) The FIPS County Code for Madison is [89]. The FIPS County Code for Montgomery is [101].
- 3.) The Offender Codes are [J] for Juvenile and [A] for adult.
- 4.) The Year is the calendar year in which the offender was arrested. Use a [YYYY] format. If a case spans more than one calendar year, use the date the youth entered the county juvenile justice system (i.e., the intake date).
- 5.) The Study Group Code is used to designated whether the case is part of the juvenile mental health court caseload (the experimental group) or part of the traditional juvenile justice system caseload (the control group). Use code [E] for the experimental group and [C] for the control group.
- 6.) The Numeric Identifier the Evaluator assigns to each case is merely to distinguish one case file from another. Use a three digit numeric reporting format (i.e., six is 006, 11 is 011, etc)

EXAMPLE: The case classification code 01-89-J-2010-E007 tells the Evaluator that the case is a juvenile offender [J] from Madison County [89], Alabama [01] who was arrested in 2010, is or was in the experimental group/juvenile mental health court caseload [E], and is the seventh case file the Evaluator has reviewed during the data collection phase of this project [007].

Due to the legal issues regarding the confidentiality of juvenile court proceedings, the Evaluator should collect all case file data on-site. The Evaluator will digitize all data collected into a secure research database for subsequent analysis, reporting and/or to conduct the appropriate tests of statistical significance. Once all data on the entire study population have been collected by the Evaluator using the accompanying worksheet, the results of the data analysis can be reported.

PART II: DATA COLLECTION PLAN

Only juveniles are included in the study group for this evaluation.

Study Groups: Independent Variables

Data on each of the following independent variables should be collected for each case file the Evaluator reviews. Collect these data for both the experimental and control groups at each JMHC site.

Step 1: Record the AU case file classification code. Use the appropriate Federal Information and Processing Standards (FIPS) Codes.

FIPS Codes for Alabama counties are available at http://www.census.gov/geo/reference/codes/files/st01_al_cou.txt

AU Case File Classification Code: Use the methodology described on page two of this plan to create a unique case file classification code for each juvenile offender's file the Evaluator reviews for this dissertation project.

Court System Case Identification Number: Use the unique alpha-numeric case identification number assigned to each juvenile offender's file the Evaluator reviews for this dissertation project.

- Do NOT record this identifier on the worksheet.
- Record this identifier on the link list exactly as it appears on the case file.

Step 2: Use the OFFENDER INFORMATION column to collect qualitative and quantitative data on the independent variables as indicated in the directions.

Step 3: Use the REFERENCED column to indicate whether any of the independent variables on the worksheet are mentioned, noted or otherwise referenced in each juvenile's case file. Use a [Y/N/Partial] classification code.

Step 4: Use the DOCUMENTED column to indicate whether any of the REFERENCED variables are actually supported with documentation in each juvenile's case file. Use a [Y/N/Partial] classification code.

Step 5: Use the PROGRESS NOTES & UPDATES column to indicate whether any of the independent variables REFERENCED and/or DOCUMENTED in each juvenile case file reviewed were/are updated with the appropriate documentation periodically, as needed and/or in a timely manner. Use a [Y/N/Partial] classification code.

Step 6: Collect and record data on the 26 INDEPENDENT VARIABLES below:

Domain #1: Juvenile Justice System

At most JMHC sites, all nonviolent, non sex-offending youth are theoretically eligible to be referred to the JMHC program. Violent offenders and sex offenders are typically not eligible. These are process and outcome metrics for the juvenile justice system and for JMHC programs

that will help the Evaluator understand more about the study group at each site, the nature of their offenses and the disposition of their cases.

Record the case processing information for each file, using a [MM/YYYY] format to record dates:

- (1) Date of Arrest;
- (2) the Charge(s) & Degree of each;
- (3) the Date & Outcome of the Pre-Adjudicatory Hearing; and,
- (4) the Date & Outcome of the Final Case Disposition.

Domain #2: Demography, Society & Culture

These items allow the Evaluator to develop demographic, social and cultural profiles of not only the juvenile justice population at each JMHC site, but also the population cohorts of particular interest to researchers, professionals and policymakers (i.e., youth with mental illness, females, youth of color, etc).

(1) Gender: The current U.S. Census Bureau classification categories are used to identify the gender of each juvenile offender.

- Use the code [001] for cisgender and/or transgender female offenders.
- Use the code [002] for cisgender and/or transgender male offenders.
- Use the code [003] if the offender is non-binary.
- Use the code [004] if the youth's gender is unknown and/or is not listed in the file.

(2) Race: The current U.S. Census Bureau classification categories are used to identify the race of each juvenile offender.

- Use the code [001] for White/Caucasian offenders.
- Use the code [002] for Black/African-American offenders.
- Use the code [003] for American Indian and/or Alaska Native offenders.
- Use the code [004] for Asian/Asian-American offenders.
- Use the code [005] for Native Hawaiian or Other Pacific Islander offenders.
- Use the code [006] for offenders reporting or self-reporting Two or More Races.
- Use the code [007] if a juvenile offender's race is not known and/or not listed in the case file.

(3) Ethnicity: The current U.S. Census Bureau classification categories are used to identify the ethnic background of each juvenile offender.

- Use the code [001] for juvenile offenders who are Hispanic/Latino.
- Use the code [002] for juvenile offenders who are Not Hispanic/Latino.

Use the code [003] if the ethnic background of the juvenile offender is unknown and/or not listed in the case file.

(4) Date of Birth: Use a [MM/YYYY] format. Do not record the actual day of birth.

Domain #3: Education

The US Department of Justice Office of Civil Rights (USDOJ OCR) has recently published compelling data suggesting that students with disabilities are significantly more likely to be disciplined, suspended and/or expelled from public schools than their non-disabled peers. OCR reports that race (African-American), ethnicity (Hispanic) and gender (males) are the most statistically significant independent variables correlated with a significantly increased risk for school discipline incidents. The Evaluator is interested in looking for patterns within the experimental and control group files to validate the OCR research findings, which are disaggregated to the school system level of analysis. Due to the increasing episodic severity of most school discipline plans, juvenile offenders are likely to meet the criteria for multiple codes. Use any code(s) that apply to each individual case.

(5) Academic Attainment: This refers to a juvenile's level of academic attainment at the time s/he was arrested. Do not record any specific information about an individual offender's academic attainment.

Use code [001] for a juvenile who is performing above grade level.

Use code [002] for a juvenile who is performing at grade level.

Use code [003] for a juvenile who is performing below grade level.

Use code [004] if this information is not listed in the juvenile's file.

Use code [005] if this metric is not applicable to the juvenile (i.e., a "drop out" not currently attending school)

(6) Academic Status: This refers to a juvenile's academic enrollment status at the time s/he was arrested. Do not record any specific information about an individual offender's academic enrollment status.

Use code [001] for juveniles who are enrolled in and currently attending a traditional public, private or parochial school. Do not record the name of the school.

Use code [002] for juveniles who are enrolled in a traditional public, private or parochial school, but currently not attending due to suspension. Do not record the name of the school.

Use code [003] for juveniles enrolled in and currently attending an alternative public, private or parochial school. Do not record the name of the alternative school.

Use code [004] for juveniles previously enrolled in a traditional public, private or parochial school, but currently not attending due to expulsion. Do not record the name of the juvenile offender's most recent school.

Use code [005] for juveniles who are not enrolled in nor currently attending any educational institution because they have “dropped out.” Do not record the name of the juvenile offender’s most recent school.

Use code [006] for juveniles who are not enrolled in nor currently attending any educational institution because they are currently seeking and/or have already obtained a General Equivalency Diploma (GED) Do not record the juvenile offender’s actual GED status.

Use code [006] for all other academic enrollment status situations for juvenile offenders (i.e., home-schooled, DYS School District, etc). Do not record any specific information about other types of academic enrollment status situations.

(7) School Systems and Attendance: Because the USDOJ OCR reports school discipline data for students with disabilities down to the Local Educational Agency (LEA) or individual school system level, the Evaluator is interested to test whether the disciplinary trends and patterns for students with disabilities identified in the OCR report correspond to those reported for juvenile offenders with disabilities in the experimental and control groups.

Regarding LEAs, record all of the public school system(s) in which the juvenile offender has been enrolled since the age of 10 years, if known. Do not record individual school codes or use school-level OCR data. Use the following codes:

Local Education Agency Jurisdiction (FIPS) Code examples using two JMHC program sites in Alabama:

Madison County Schools 891
Madison City Schools 892
Huntsville City Schools 893
Private School 894
Home Schooled/Other1015

Montgomery Public Schools 1016
Private School 1017
Home Schooled/Other 1018
AL Department of Youth Services (ADYS) School District 19
US Department of Defense Public School 8910
US Department of Defense Public School 10111

(8) Regarding attendance, record the approximate number of months the student attended each school system using a [MM] format.

Use code [000} if truancy is not referenced in the youth’s file.

Use code [001] if truancy is referenced in the youth’s file.

(9) School Discipline: Due to the increasing episodic severity of most school discipline plans,

juvenile offenders are likely to meet the criteria for multiple codes. Use all codes that apply for each offender. Do not record any specific information about student disciplinary situations other than the data requested below. For this metric, *discipline* is defined as any in-school punishment such as an office referral, a student behavior conference, detention or another form of before-, after- or in-school punishment.

Use code [001] if the juvenile offender has never been disciplined, suspended or expelled from school.

Use code [002] if the juvenile offender has ever been disciplined at school. Record the total number of disciplinary incidents, if available.

Use code [003] if the juvenile offender has ever been suspended from school. Record the total number of suspensions per juvenile offender, if available. Indicate whether the suspensions were in-school or out-of-school, if known.

Use code [004] if the juvenile offender has ever been expelled from school. Record the total number of expulsions per juvenile offender, if available. Indicate whether the expulsions were temporary (i.e., three days) or permanent, if known.

Use code [005] if the juvenile offender has ever been required to enroll in the alternative school in their home school district. Record the total number of times the student has ever been required to attend alternative school, known.

Use code [006] if the juvenile offender has ever been a student in School District 210, the public school district operated as part of the Alabama Department of Youth Services. If available, record the total amount of instructional time the student was enrolled in the DYS School District using a [MM] format. Indicate the juvenile offender's academic status upon leaving the DYS School District, if known (i.e., student graduated, student re-enrolled in home school district, etc).

Use code [007] if the student has been subject to other forms of school-based discipline, punishment and/or sanctions different than those described above. Do not record any identifying information about specific individuals, dates or circumstances.

Domain #4: Disability Status & Accommodations

Because so many justice-involved youth are served by multiple systems of care with different values, missions, and legal responsibilities to youth. It is important for the Evaluator to explore the degree to which certain disability population cohorts are represented in the total study population.

(10) Special Education Status: It is important to know the Special Education status of juvenile offenders in the study population. Do not record any identifying information about specific individuals or school systems.

Use the code [000] if the juvenile is not currently a Special Education student and has never been referred for screening, assessment and/or testing for Special Education services.

Use the code [001] if the juvenile is not currently a Special Education student, but has been referred for screening, assessment and/or testing for Special Education services.

Use the code [002] if the student was deemed eligible for Special Education services and is currently receiving them.

Use the code [003] if the student was deemed eligible for Special Education services, but is not yet receiving them. Use this code if the juvenile is on a waiting list for Special Education services.

Use the code [004] if the juvenile's Special Education status is unknown.

(11) Individualized Educational Plan (IEP): To compare the USDOJ OCR data with the data reviewed by the Evaluator for this project, it is important to know if those juvenile offenders in the study population who are eligible for and/or are receiving Special Education services have current Individual Educational Plans (IEPs), as required by federal law. For the purposes of this metric, "current" means reviewed, revised and/or updated within the previous 12 months. Do not record any identifying information about specific individuals or school systems.

Use code [000] if the juvenile has a current IEP.

Use code [002] if the juvenile has an IEP that is not current.

Use code [003] if the juvenile is currently participating in the IEP planning process, but does not yet have an IEP.

Use code [004] if the juvenile does not have an IEP or if this metric is not applicable.

Use code [005] if it is not known or not listed whether the juvenile has an IEP.

(12) Disability Accommodations: It is important for the Evaluator to know whether any of the juvenile offenders in the study population receive any accommodations under any federal disability law governing disability accommodations (i.e., the IDEA, the Americans with Disabilities Act, etc).

Use code [000] if the juvenile has neither requested, nor received, any accommodations for a disability.

Use code [001] if the juvenile has ever requested accommodations for a disability, but has not yet received a decision or determination regarding their request.

Use code [002] if the juvenile has ever requested accommodations for a disability, but was subsequently denied.

Use code [003] if the juvenile has ever requested accommodations for a disability, was subsequently approved, but is not yet receiving any accommodations.

Use code [004] if the juvenile has ever requested accommodations for a disability, was subsequently approved, and is currently receiving accommodations.

Use code [005] if this information is not known or not listed in the file.

Use code [006] for all other situations regarding disability accommodations.

Domain #5: Behavioral Health

This domain focuses on mental health, mental disability and substance use/abuse/dependency factors, as well as access to and appropriateness of mental health care. JMHC referral data are also captured in this domain.

(13) Mental Health Screening History: It is important for the Evaluator to know more about mental health screening protocols and practice at each JMHC site. The Evaluator should record the following data regarding mental health screening, using any of the following codes that apply to each case file:

Use code [000] if the youth did not receive a mental health screening at intake.

Use code [001] if the youth received in emergency mental health screening at intake.

Use code [002] if the youth has ever received an emergency mental health screening from the juvenile justice system. The Evaluators should record the date of all emergency mental health screens, if available. Use a [MM/YYYY] format.

Use code [003] if the youth received a mental health screening at intake within the required time period. If available, the Evaluator should also record record a.) the time lapse between the youth's initial contact with intake; and, b.) the successful administration of a mental health screening to the youth. Report the data using an [HH:MM] format.

Use code [004] if intake attempted to administer any mental health screening to the youth at intake, but was unable to do so within the required time period. If available, the Evaluator should record: a.) the time between the youth's initial contact with intake; b.) when the mental health screening instrument was ultimately administered to the youth using an hours and minutes [HH:MM] format.; and, c.) the reason the screening benchmark was missed, if known.

Use code [005] if the youth did not have a mental health screen at intake, but was referred to a community mental health provider for screening.

Use code [006] if the youth did not have a mental health screen at intake or at any subsequent time while in custody or under supervision.

(14) Mental Health Assessment History: It is important for the Evaluator to know more about mental health assessment protocols and practice at each JMHC site. Record the following data regarding mental health assessment, using any of the following codes that apply to each case file:

Use code [000] if the youth was screened, but did not require a follow-up assessment.

Use code [001] if the youth was referred for a follow-up assessment based on results of a screening.

Use code [003] if the youth did not have a follow-up mental health assessment at any subsequent time while in custody or under supervision.

Use code [004] for all other assessment situations.

(15) Clinical Disorders (Axis I): It is important for the Evaluator to know more about the clinical

disorders that may be represented in the study population. Use all codes that apply to each case file. Record the specific diagnoses for each code in the file, if available, to facilitate the calculation of annual and aggregate mental illness prevalence rates among the study population.

Use code [000] for youth with no Axis I disorders.

Use code [001] for Mental Disorders Due to a General Medical Condition.

Use code [002] for Substance-Related Disorders.

Use code [003] for Schizophrenia and Other Psychotic Disorders.

Use code [004] for Mood Disorders.

Use code [005] for Anxiety Disorders.

Use code [006] for Somatoform Disorders.

Use code [007] for Factitious Disorders.

Use code [008] for Dissociative Disorders.

Use code [009] for Sexual and Gender Identity Disorders.

Use code [010] for Eating Disorders.

Use code [011] for Sleep Disorders.

Use code [012] for Impulse-Control Disorders NOC.

Use code [013] for Adjustment Disorders.

Use code [014] for Other Conditions that May Be a Focus of Clinical Attention.

Use code [015] for Delirium, Dementia, and Amnesic and Other Cognitive Disorders.

Use code [016] for all other Clinical Disorders NOC.

(16) Personality Disorders & Intellectual/Developmental Disabilities (Axis II): It is important for the Evaluator to know more about the Axis II disorders that may be represented in the study population. Use all codes that apply to each case file. Record the specific diagnoses for each code, if available, to facilitate the calculation of annual and aggregate prevalence rates of personality disorders and intellectual disability among the study population.

Use code [000] for youth with no Axis II disorders.

Use code [001] for Paranoid Personality Disorder.

Use code [002] for Schizoid Personality Disorder.

Use code [003] for Schizotypal Personality Disorder.

Use code [004] for Antisocial Personality Disorder.

Use code [005] for Borderline Personality Disorder.

Use code [006] for Histrionic Personality Disorder.

Use code [007] for Narcissistic Personality Disorder.

Use code [008] for Avoidant Personality Disorder.

Use code [009] for Dependent Personality Disorder.

Use code [010] for Obsessive-Compulsive Personality Disorder.

Use code [011] for Personality Disorder NOS.

Use code [012] for Intellectual Disability.

Use code [013] for Developmental Disability.

Use code [014] for Autism Spectrum Disorder.
Use code [015] for any other ID/DD that is not otherwise specified.

(17) General Medical Conditions (Axis III):

It is important for the Evaluator to know more about the Axis III conditions that may be represented in the study population. Only include data for the following conditions if they are noted in the youth's intake paperwork or elsewhere in the file.

Use code [000] for youth with no Axis III conditions or diagnoses.
Use code [001] for Infectious and Parasitic Diseases.
Use code [002] for Neoplasms.
Use code [003] for Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders.
Use code [004] for Diseases of the Blood and Blood-Forming Organs.
Use code [005] for Diseases of the Nervous System and Sense Organs.
Use code [006] for Diseases of the Circulatory System.
Use code [007] for Diseases of the Respiratory System.
Use code [008] for Diseases of the Digestive System.
Use code [009] for Diseases of the Genitourinary System.
Use code [010] for Complications of Pregnancy, Childbirth and the Puerperium.
Use code [011] for Diseases of the Skin and Subcutaneous Tissue.
Use code [012] for Congenital Anomalies.
Use code [013] for Certain Conditions Originating in the Perinatal Period.
Use code [014] for Symptoms, Signs and Ill-Defined Conditions.
Use code [015] for Injury and Poisoning.

(18) Psychosocial and Environmental Problems (Axis IV): It is important for the Evaluator to know more about the Axis IV conditions that may be represented in the study population.

Use code [000] for youth with no Axis IV conditions or diagnoses.
Use code [001] for Problems with Primary Support Group.
Use code [002] for Problems Related to the Social Environment.
Use code [003] for Educational Problems.
Use code [004] for Occupational Problems.
Use code [005] for Housing Problems.
Use code [006] for Economic Problems.
Use code [007] for Problems with Access to Health Care Services.
Use code [008] for Problems Related to Interaction with the Legal System/Crime.
Use code [009] for Other Psychosocial and Environmental Problems

(19) Behavioral Health Diagnosis and Treatment History:

It is important for the Evaluator to know more about the history of behavioral health diagnosis and treatment among the study population.

Use code [000] for youth with no prior behavioral health diagnosis and no prior history of behavioral health treatment.

Use code [001] for youth with a prior a behavioral health diagnosis, but no prior history of behavioral health treatment.

Use code [002] for youth having no prior behavioral health diagnosis, but who were diagnosed after contact with the juvenile justice system.

Use code [003] for all other behavioral health treatment situations.

(20) Psychiatric Rx Medication History: It is important for the Evaluator to know more about the history of psychiatric medication use among the study population.

Use code [001] if the youth has never been prescribed any psychiatric medications.

Use code [002] if the youth has been prescribed psychiatric medication, but does not have a current prescription.

Use code [003] if the youth has been prescribed psychiatric medication, but refuses medication.

Use code [004] if the youth has been prescribed psychiatric medication, but the youth's parent or guardian refuses to authorize or permit the medication.

Use code [005] if the youth has been prescribed psychiatric medication and is currently taking the medication as directed.

Use code [006] if the youth has a history of being prescribed more than one psychiatric medication in the previous 12 months.

Use code [007] if the youth currently takes more than one psychiatric medication.

Use code [008] for all other psychiatric medication situations.

(21) Trauma Exposure: The Evaluator should review each case file carefully for any reference to or documentation of any of the following, in no particular order:

Use code [001] for domestic violence or intimate partner violence in the youth's household.

Use code [002] for a Parent/Guardian that is a Veteran and/or in the U.S. military.

Use code [003] for a Sibling that is a Veteran and/or serving in the U.S. military.

Use code [004] for any reference to a recent death in the youth's circle of friends.

Use code [005] for any reference to a recent death in the youth's family.

Use code [006] for any reference to the youth being subjected to child sexual assault and/or child sexual abuse.

Use code [008] for any reference that the youth was subjected to physical abuse or and/or neglect.

Use code [009] for any reference that the youth was subjected to verbal/emotional abuse and/or neglect.

Use code [010] for any reference to the youth being involved in a school-related bullying incident. Note whether the youth was the bully or the target, if available.

Use code [011] for any reference to the youth being involved in a school-related cyberbullying incident. Note whether the youth was the bully or the target, if available.

Use code [012] for any reference to the youth being involved in, being the victim of and/or witnessing a criminal act. If available, note the nature of the youth's involvement (i.e., survivor, witness, unwilling participant, willing participant) and the crime.

Use code [013] for any reference to the youth being involved in, being the victim of and/or witnessing an accident and/or other non-criminal tragic event. If available, note the nature of the youth's involvement in the traumatic experience (i.e., as a survivor, witness).

Use code [014] for any reference to the youth being impacted by, displaced by or otherwise impacted by fires, storms and/or other natural disasters.

Use code [015] for references to episodes and/or experiences of institutional trauma (i.e., youth is victimized while in secure detention, youth is abused by someone in their residential facility placement, etc).

Use code [016] if the youth has been referred for a screening or assessment for Post-Traumatic Stress Disorder (PTSD) and/or other trauma-related disorders.

Use code [017] if the youth has been referred for a screening or assessment for Post-Traumatic Stress Disorder (PTSD) and/or other trauma-related disorders.

Use code [018] for all other trauma exposure referenced in the case files.

Domain #6: JMHC & Multi-Agency Collaboration

This domain focuses on JMHC operations and collaboration with other agencies and systems.

(22) JMHC Referrals: At most JMHC sites, all nonviolent, non sex-offending youth are theoretically eligible to be referred to the JMHC program. Violent offenders and sex offenders are typically not eligible. The Evaluator needs to know more about how youth are identified for referral to the JMHC for an eligibility determination.

Use code [000] if the youth was not referred to the JMHC program.

Use code [001] if the youth was referred to the JMHC program, but deemed not eligible.

Use code [002] if the youth was referred to the JMHC program and deemed eligible, but was subsequently prohibited from participating by a parent or guardian.

Use code [003] if the youth was referred to the JMHC program and deemed eligible, but subsequently refused to participate in the JMHC program.

Use code [004] if the youth was referred to the JMHC program, deemed eligible and was subsequently assigned to the JMHC docket.

Use code [005] for all other JMHC referral situations.

(23) JMHC Participation: The Evaluator needs to know more about the outcomes of youth in the JMHC caseload at both sites.

Use code [001] if the youth was accepted into JMHC and successfully completed the program.

Use code [002] if the youth was accepted into JMHC and subsequently terminated due to a new arrest/charge.

Use code [003] if the youth was accepted into JMHC and subsequently terminated due to non-compliance with program guidelines.

Use code [004] if the youth was accepted into JMHC and subsequently terminated due to non-compliance with judicial directives.

Use code [005] if the youth was accepted into JMHC and subsequently terminated due to a personal desire to drop out of the JMHC program (i.e., be returned to the traditional case processing system).

Use code [006] if the youth was accepted into JMHC and subsequently terminated due to medical reasons (i.e., illness or injury).

Use code [007] if the youth was accepted into JMHC and subsequently terminated due to death.

Use code [008] for all other JMHC outcomes.

(24) Multi-System Partners: The Evaluator needs to identify and measure any correlation between and among agencies and systems that may have concurrent responsibility for and to certain justice-involved youth and their families. Record all codes that apply to each case file:

Use code [001] if the youth's file indicates involvement with the Alabama Department of Human Resources (child protective services, foster care system).

Use code [002] if the youth's file indicates involvement with the Alabama Department of Rehabilitation Services (Early Intervention system, vocational rehabilitation system).

Use code [003] if the youth's file indicates involvement with the Alabama Department of Youth Services (youth detention).

Use code [004] if the youth's file indicates involvement with the Alabama Department of Mental Health (mental health, mental disability and substance abuse treatment system).

Use code [005] if the youth is a Medicaid beneficiary.

Use code [006] for involvement with any other state social service agencies and/or systems of care

SURVIVAL ANALYSIS RESEARCH PLAN

Part I of this project compares outcomes for the study group (S group), comprised of youth offenders in Madison and Montgomery (AL) Counties during the 120 month period covering 2010-2020. The experimental group are the youth offenders that participated in the juvenile MH court program in either county during the review period. The control group will be roughly the same size as the experimental group and will be selected using a random sample of youth offenders whose cases were processed in the traditional manner. The 120 month time period under review is January 1, 2010 to December 31, 2020. The Evaluator will partner with the AL Administrative Office of Courts (AOC) to carry out a survival analysis and to identify any trends and patterns in S group youth data that may be revealed at the aggregate level.

The Evaluator will collect S group data using the data collection instruments and research plans presented in Part I of the program evaluation toolkit. The Evaluator will use the “link list” to de-identify data using her own case classification numbering system, which is linked the actual AOC case identification number for each file reviewed in each county for each year of the 120 month project review period. The Evaluator will then provide AOC staff with a list of all the agency’s case numbers for all the files reviewed by the Evaluator. AOC staff will run the case ID numbers through the agency’s database (“data mining”) to determine whether any S group youth have had subsequent contact with the Alabama justice and public safety system — adult or juvenile — and, if so, to determine the nature of that contact.

To complete the survival analysis component of this project, the Evaluator will collect and report the following outcomes for S group youth: (1) dates and locations of any subsequent re-offenses; type and nature of any subsequent charges (i.e., felony, misdemeanor, status offense); the degree of any subsequent charges; whether any subsequent charges resulted in the youth offenders being waived to or certified to adult court; and, sentence or disposition

The period of review for the survival analysis is January 1, 2010 to December 31, 2020. This expanded timeframe accommodates any S group youth who may have initiated and/or completed their contact with the justice system or JMHC program during the first 60 months of the project review period (2010-2015) and may have reoffended before the end of the 120 month

project review period. Extending the survival analysis timeframe to the end of calendar year 2020 provides a 60 month period (2016-2020) for survival analysis of outcomes for S group youth who entered and/or completed their justice system contact after 2015.

It should be noted that data censoring is an important consideration for the survival analysis. Specifically, data could be censored by any caps and/or maximum participant thresholds established by JMHC staff or the presiding judges in any given year of the 120 month review period. Also, some right-censoring of data is possible, primarily for S group youth in the 2019-2020 cohorts and who may still be current JMHC program participants or currently under court supervision. (Until the Evaluator receives the results of the data mining by AOC staff, the most appropriate statistical tests for the data analysis cannot be identified.)

Part II: Process Evaluation

TEMPLATE: INVITATION TO PARTICIPATE IN ONLINE SURVEY RESEARCH

Hello, my name is [evaluator] and I am [provide job title] affiliated with [employer]. I have been asked by [research funder] to evaluate juvenile mental health court outcomes during the time period [provide time parameters].

You have been identified as a potential research subject for an important project. Please read the information below to learn more.

Who can participate?

You may only participate if you are involved in some way with a juvenile mental health court program in Alabama. Participation is purely voluntary; no one is required to participate.

Potential participants include: juvenile court administrators; presiding district and/or circuit court judges; presiding specialty court judges; juvenile intake officers; prosecutors and defense attorneys, guardians ad litem; law clerks; other juvenile justice systems staff; advocates; parent advocates; and/or, juvenile justice and public safety officials.

Stakeholders employed by or working with any community partner organizations (e.g., nonprofit organizations, advocacy groups) and/or public agencies (e.g., mental health systems, public schools, child welfare agencies) that provide services and supports to juvenile mental health court programs are also invited to participate.

What am I being asked to do?

Participants will be sent an e-mail containing a link to an anonymous and confidential online survey about juvenile mental health courts in Alabama.

How long will it take?

All surveys for this research project are designed to be completed in 15 minutes or less.

Will I be compensated?

No. Most participants will be public sector or nonprofit employees, so offers of monetary compensation or other items of value as a research incentive may violate current state ethics laws and also ethical standards of conduct for certain professions (e.g., judges, counselors, etc.).

What are the benefits to participants?

Direct benefits to participants include enhanced understanding of juvenile mental health court program operations, but also the importance of performance and outcome measurement. Indirect

benefits to participants include opportunities to share their expertise, information and feedback, which supports data-driven policy and planning in juvenile justice systems.

What are the risks to participants?

The Evaluator believes this research project presents no more than minimal risks to participants. *Potential* risks and/or discomforts to participants are: (1) psychological risks/emotional distress; (2) risks related to breach of confidentiality; and, (3) risks related to invasion of privacy.

How will the risks to participants be minimized?

(1) Risks related to *psychological or emotional distress* can be minimized by using informed consents and waivers and by developing local medical and psychological referral lists for research subjects if they experience distress after participating on the research. The introductory page of all online surveys will include a brief project summary, as well as informed consents and/or waivers that are written in clear, simple language. All survey respondents will know the purpose of the research project and also how their information will be collected and used. The Co-PIs will attach medical and psychological referral lists for this project to the participant e-mail invitation.

(2) Risks related to *breach of confidentiality* can be minimized through a clear informed consent and waiver process for participants. All survey responses will be collected confidentially - names and identifying information will not be disclosed by the Co-PIs.

(3) Risks related to *invasion of privacy* can be minimized by ensuring the security of the processes by which information and data is provided by participants and collected by the Co-PIs. All survey responses will be collected anonymously. The online survey platform the Co-PIs use is fully compliant with federal laws regarding protected health information and private data. IP addresses and/or e-mail addresses for survey respondents will not be accessed or stored by the researchers to preserve confidentiality. No information will ever be published or reported that could be used to identify any research participants.

I'd like to participate. What next?

The Evaluator will send prospective participants an e-mail containing: (1) a local medical/psychological referral list; and, (2) a link to a secure, confidential and anonymous online survey about juvenile mental health courts in Alabama. Simply click the unique link in the e-mail invitation to begin your the survey. The welcome page of the survey will include a brief project summary, informed consent and waivers, and contact information for the researchers.

Thank you in advance for your time and attention!

[Evaluator's Name]

Juvenile Mental Health Court Survey Questionnaire

Thank you for agreeing to share your feedback for this research study.

These survey questions were developed by [evaluator] to generate important information for citizens, elected officials, policymakers and researchers about juvenile mental health court programs in Alabama.

The information you provide will assist [evaluator] in completing a comprehensive program evaluation of juvenile mental health court process and outcomes for [identify JMHC program site].

Please note that your survey answers will be anonymous and confidential. In the coming months, [evaluator] will be contacting the presiding judge of each juvenile mental health court program to request permission of a site visit to carry out the remainder of her dissertation research. You may be contacted and asked to participate in an interview or group discussion about your work with the juvenile mental health court.

Because your survey responses are anonymous and confidential, please note that any interview requests by [evaluator] are completely independent of information that survey respondents provide anonymously and confidentially.

1. I work in the following county:

- a. Madison
- b. Montgomery

2. I work with the juvenile mental health court program in my county as a:

- a. Local Education Agency (LEA)/Public school system employee
- b. Court system employee
- c. Contract Mental Health Provider
- d. Volunteer
- e. Law enforcement organization employee
- f. Advocate/Rights Protection Organization employee
- g. Community mental health system employee

h. Attorney

i. Other (please specify):

3. When my county started a juvenile mental health court program, I was told why it was needed.

a. Yes

b. No

c. Not applicable

4. When my county started a juvenile mental health court program:

a. I asked to participate because of my job title or professional affiliation.

b. I was REQUIRED to participate because of my job title or professional affiliation.

c. I asked to participate because of my personal experience, credentials, professional licensure or other qualification.

d. I was INVITED to participate because of my job title or professional affiliation

e. Other (please specify):

5. In my county, the juvenile mental health court program is staffed with a team of professionals from various public agencies and organizations that work with juveniles.

a. Yes

b. No

c. I don't know

d. Not applicable

6. In my county, the juvenile mental health court team includes, at a minimum, a judge, a prosecutor, a defense attorney, a mental or behavioral health treatment provider, an evaluator, and a school representative working together.

- a. No
- b. Yes
- c. I don't know
- d. Not applicable

7. In my county, the juvenile mental health court structure emphasizes intervention by the court as soon as possible following the juvenile's initial contact with the justice system.

- a. I don't know
- b. No
- c. Yes
- d. Not applicable

8. In my county, the juvenile mental health court structure includes continuous judicial supervision of the juvenile through frequent status hearings with the juvenile and his or her family.

- a. I don't know
- b. No
- c. Not applicable
- d. Yes

9. In my county, the juvenile mental health court structure includes a court-supervised program of mental health treatment and referrals for other social service providers, as needed.

- a. Yes
- b. I don't know

- c. No
- d. Not applicable

10. In my county, the juvenile mental health court structure includes a court-supervised program of mental health treatment and referrals for other social service providers, as needed.

- a. Yes
- b. No
- c. I don't know
- d. Not applicable

Comment Field:

11. In my county, the juvenile mental health court structure includes a court-supervised program of substance abuse treatment and referrals for other social service providers, as needed.

- a. Yes
- b. No
- c. I don't know
- d. Not applicable

Comment Field:

12. In my county, the juvenile mental health court staff coordinates mental health and/or substance abuse treatment and other services provided to the youth and/or family.

- a. Yes
- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

13. In my county, the juvenile mental health court program includes monitoring of the juvenile's progress in the program, as well as the juvenile's compliance with various terms of continued participation in the program (i.e., following school behavior rules, compliance with mental health treatment plan, etc.).

- a. Yes
- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

14. In my county, the juvenile mental health court program is structured to provide an immediate judicial response to the progress of each participating juvenile or his or her noncompliance with the court's program conditions.

- a. Yes
- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

15. In my county, the presiding judge of the juvenile mental health court program is concerned about juveniles and their families.

- a. Yes
- b. No
- c. I don't know

d. Not Applicable

Comment Field:

16. In my county, the presiding judge of the juvenile mental health court program is sensitive to cultural and other factors unique to each participant.

a. Yes

b. No

c. I don't know

d. Not Applicable

Comment Field:

17. In my county, the presiding judge of the juvenile mental health court program is interested in and has received training in adolescent development and behavior, juvenile mental health, juvenile substance abuse disorders, and pharmacology.

a. Yes

b. No

c. I don't know

d. Not Applicable

Comment Field:

18. In my county, the juvenile mental health court program philosophy focuses on capitalizing on the strengths of each juvenile and his or her family.

a. Yes

b. No

c. I don't know

d. Not Applicable

Comment Field:

19. In my county, the juvenile mental health court program includes a family education component that provides families in crisis with information about juvenile mental health and referral information of local services and supports.

a. Yes

b. No

c. I don't know

d. Not Applicable

Comment Field:

20. In my county, the juvenile mental health court program requires families to sign a consent decree or otherwise consent in writing to allowing their child or adolescent to participate in the program.

a. Yes

b. No

c. I don't know

d. Not Applicable

Comment Field:

21. In my county, the juvenile mental health court provides families with written information that clearly explains the terms of participation, as well as the policies and procedures governing any incentives and/or sanctions tied to program compliance, in terms that are culturally and linguistically competent and easy for a layperson to understand.

a. Yes

- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

22. In my county, the juvenile mental health court program staff have attended and/or received training on mental health, special education and/or any additional topics outside the traditional justice and public safety areas within the last 24 months.

- a. Yes
- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

23. In my county, the juvenile mental health court process begins with a comprehensive assessment of the juvenile at intake, with follow-up assessments conducted periodically thereafter for your deemed eligible for participation.

- a. Yes
- b. No
- c. I don't know
- d. Not Applicable

Comment Field:

24. In my county, the juvenile mental health court program includes the following characteristics (check all that apply, one answer allowed per row):

Program Model	YES	NO	DON'T KNOW	N/A
Written goals and indicators of success				
Cross-systems, collaborative team				
Clearly defined program eligibility requirements				
An identified target population				
Mental health treatment, case management, and other core services				
Substance abuse treatment, case management, and other core services				
Monitoring and supervision of participants				
Development of a range of incentives and sanctions/consequences that are applied in response to participant progress or lack of compliance				
Establishment of the where the program “fits” in the judicial system process (e.g., pre-plea or post-plea)				
Program monitoring, management, and evaluation				

25. Please use this space to share any additional information about the structure and process of your county’s juvenile mental health court program.

[USE OPEN ENDED TEXT BOX]

STRUCTURED INTERVIEW QUESTIONS AND PROMPTS

1. What is your professional title?
2. Who is your employer?
3. If you are a public official, how long have you held your current position?
4. Do you have any professional experience working with juveniles with mental health disorders?
5. Do you have any professional experience working with juveniles with substance abuse and/or addiction disorders?
6. Do you have an educational background in a mental health discipline or related field, such as psychology, counseling, social work, or health care administration?
7. When your county established a juvenile mental health court program, were you asked to help develop the concept?
8. Who was the project lead or principal individual that pushed for the establishment of the juvenile mental health court in your county?
9. Is that person still involved with the juvenile mental health court program in the same capacity? Please explain.
10. What is the purpose of the juvenile mental health court program in your county?
11. Do you think the juvenile mental health court program in your county is effective in accomplishing this purpose?
12. What are the stated goals of the juvenile mental health court program in your county?
13. Who determined/determines these goals?
14. How often are the goals for the juvenile mental health court in your county revised?
 - 14a. If program goals are revised periodically, please describe the process.
15. Are the goals of the juvenile mental health court program in your county both measurable and time-limited?
 - 15a. If not, why?
 - 15b. If so, who determines the measures and time limits of the goals?

16. Based on your personal experience, please list up to three internal strengths (i.e., factors internal to the under the control of program stakeholders) of the current juvenile mental health court program in your county. You may provide hypothetical examples, if desired, to clarify your answers for the Evaluator.

17. Please list up to three internal weaknesses (i.e., factors internal to and under the control of program stakeholders) of the current juvenile mental health court program in your county. You may provide hypothetical examples, if desired, to clarify your answers for the Evaluator.

18. Please list up to three external opportunities available to the current juvenile mental health court program in your county (i.e., factors outside the program, but impacting its operations and outcomes). You may provide hypothetical examples, if desired, to clarify your answers for the Evaluator.

19. Please list up to three external threats (i.e., factors outside of the program but impacting its operations and outcomes) to the current juvenile mental health court program in your county. You may provide hypothetical examples, if desired, to clarify your answers for the Evaluator.

20. Do you think the juvenile mental health court program in your county is appropriate (i.e., something the juvenile court should be doing)? Why or why not?

****Additional participant interview questions may be developed based on interactive survey results****

STRUCTURED INTERVIEW WORKSHEET TEMPLATE

PARTICIPANT NAME:

PARTICIPANT TITLE:

AFFILIATION: _____ Montgomery County Juvenile Justice System
_____ Madison County Juvenile Justice System
_____ Alabama Administrative Office of Courts
_____ Other:

INTERVIEW DATE:

INTERVIEW START: am pm

INTERVIEW END: am pm

INTERVIEW TYPE: Structured Semi-Structured Unstructured

PROJECT DOCUMENTS: _____ Project Information Letter
_____ Copy of Fully Executed Informed Consent
_____ Medical Referral List [Circle one: Accepted Declined]

INTERVIEW QUESTIONS AND RESPONSES

Q1: [***ADD Q1 TEXT HERE***]

A1: [***ADD A1 TEXT HERE***]

Q2: [***ADD Q2 TEXT HERE***]

A2: [***ADD A2 TEXT HERE***]

Q3: [***ADD Q3 TEXT HERE***]

A3: [***ADD A3 TEXT HERE***]

Q4: [***ADD Q4 TEXT HERE***]

A4: [***ADD A4 TEXT HERE***]

Q5: [***ADD Q5 TEXT HERE***]

A5: [***ADD A5 TEXT HERE***]

Q6: [***ADD Q6 TEXT HERE***]

A6: [***ADD A6 TEXT HERE***]

Q7: [***ADD Q7 TEXT HERE***]

A7: [***ADD A7 TEXT HERE***]

[Note: include all questions and answers]

NOTES:

JUVENILE MENTAL HEALTH COURT FOCUS GROUP



FOCUS GROUP

You are invited to participate in a short focus group session about the Montgomery County juvenile mental health court program.

DATE:

TIME:

LOCATION:

No compensation is offered to focus group participants.

Light refreshments will be served.

Adults at least 19 years of age who volunteer and/or work with the juvenile mental health court program in any capacity are eligible.

Benefits include an enhanced knowledge of the juvenile justice system and the juvenile mental health court program.

This focus group session is being conducted by [name] for the purposes of [rationale]. Please contact [evaluator] at [email address] for more information.

FOCUS GROUP WORKSHEET

FOCUS GROUP: _____ Montgomery County Juvenile Justice System
_____ Madison County Juvenile Justice System

FOCUS GROUP DATE:

FOCUS GROUP START: _____ am pm

FOCUS GROUP END: _____ am pm

FOCUS GROUP LOCATION:

PARTICIPANTS INVITED:

PARTICIPANTS ATTENDING:

*****REMINDER: Attach sign-in sheet(s) for each focus group to this worksheet.*****

DOCUMENTS PROVIDED: _____ Project Information Letter
_____ Copy of Executed Informed Consent
_____ Medical Referral List

QUESTIONS AND RESPONSES

Q1: [***ADD Q1 TEXT HERE***]

A1: [***ADD A1 TEXT HERE***]

Q2: [***ADD Q2 TEXT HERE***]

A2: [***ADD A2 TEXT HERE***]

Q3: [***ADD Q3 TEXT HERE***]

A3: [***ADD A3 TEXT HERE***]

Q4: [***ADD Q4 TEXT HERE***]

A4: [***ADD A4 TEXT HERE***]

Q5: [***ADD Q5 TEXT HERE***]

A5: [***ADD A5 TEXT HERE***]

Q6: [***ADD Q6 TEXT HERE***]

A6: [***ADD A6 TEXT HERE***]

Q7: [***ADD Q7 TEXT HERE***]

A7: [***ADD A7 TEXT HERE***]

[Include all questions and answers}

NOTES/OBSERVATIONS:

Part III: Fidelity Assessment

FIDELITY ASSESSMENT: RESEARCH INSTRUMENT & DATA COLLECTION PLAN

JMHC Site: [insert FIPS Code]

JMHC Location: [insert address]

Overview

Mowbray (2003) defines fidelity assessment as “the extent to which delivery of an intervention adheres to the protocol or program model originally developed” (315)¹ In 2007, the National Center for Mental Health and Juvenile Justice (NCMHJJ) published *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. The *Blueprint* presented an evidence-based program design for improving justice-system responses to youth with mental health disorders, which they term “the Comprehensive Model.” Specifically, the authors present the *Blueprint for Change* as a technical assistance resource for JMHC stakeholders to identify current needs and gaps in policy, practice and program structure and to develop a targeted action plan to address those needs and gaps, while building upon existing program strengths. See the last page of the fidelity assessment for a graphic depicting the Comprehensive Model.

Fidelity to the NCMHJJ Comprehensive Model²

The Underlying Principles, Cornerstones & Recommended Actions, and Critical Intervention Points that comprise the NCMHJJ Comprehensive Model are used as an evaluative benchmarking tool — a fidelity assessment instrument. For any JMHC sites, the Evaluator seeks to measure the relative degree of program fidelity to the NCMHJJ Comprehensive Model.

Underlying Principles of the Comprehensive Model³

The Underlying Principles are presented as the framework of the Comprehensive Model; that is, the philosophical and ethical values that structure the model itself. This tool allows for use of a variety of qualitative and quantitative research techniques to determine whether the Underlying Principles are evident at each JMHC site in each year of the review period and, if so, to what extent.

It is understood that not all documentation or evidence requested for this portion of the fidelity assessment may be accessible or available; documentation that such evidence exists is sufficient. The table below contains columns for a three year project review; add columns to the right for each additional project year, if necessary.

¹ Mowbray, Carol T. 2003. “Fidelity criteria: development, measurement and validation.” *American Journal of Evaluation* 24(3): 315-340. <https://doi.org/10.1177/109821400302400303>

² Skowrya, Kathleen and Joseph J. Cocozza. June 2006. *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs in the Juvenile Justice System*. Delmar, NY: National Center for Mental Health and Juvenile Justice. 1-131. http://njjn.org/uploads/digital-library/resource_349.pdf

³ *ibid*, 11

UNDERLYING PRINCIPLES	YEAR	YEAR	YEAR
1.) Youth should not have to enter the juvenile justice system solely in order to access mental health services or because of their mental illness			
Evaluator Observations			
Evidence/Documentation			
2.) Whenever possible and when matters of public safety allow, youth with mental health needs should be diverted from the juvenile justice system into evidence-based treatment in a community setting			
Evaluator Observations			
Evidence/Documentation			
3.) If diversion out of the juvenile justice system is not possible, youth should be placed in the least restrictive setting possible, with access to evidence-based treatment			
Evaluator Observations			
Evidence/Documentation			
4.) Information collected as part of a pre-adjudicatory screen should not be used in any way that might jeopardize the legal interests of youth as defendants			
Evaluator Observations			
Evidence/Documentation			
5.) All the mental health services provided to youth in contact with the juvenile justice system should respond to issues of gender, ethnicity, race, age, sexual orientation, socio-economic status and faith			
Evaluator Observations			
Evidence/Documentation			
6.) Mental health services should meet the developmental realities of youth. Children and adolescents are not simply little adults.			
Evaluator Observations			
Evidence/Documentation			

UNDERLYING PRINCIPLES	YEAR	YEAR	YEAR
7.) Whenever possible, families and/or caregivers should be partners in the development of treatment decisions and plans made for their children.			
Evaluator Observations			
Evidence/Documentation			
8.) Multiple systems bear responsibility for these youth. While at different times, a single agency may have a primary responsibility, these youth are the community’s responsibility and all responses developed for these youth should be collaborative in nature, reflecting the input and involvement of the mental health, juvenile justice and other systems.			
Evaluator Observations			
Evidence/Documentation			
9.) Services and strategies aimed at improving the identification and treatment of youth with mental health needs in the juvenile justice system should be routinely evaluated to determine their effectiveness in meeting desired goals and outcomes.			
Evaluator Observations			
Evidence/Documentation			

Cornerstones and Corresponding Recommended Actions (RAs) of the NCMHJJ Comprehensive Model⁴

Building upon the Underlying Principles, Skowyra and Coccozza (2006) developed the NCMHJJ Comprehensive Model around four structural elements they call “cornerstones.” Each cornerstone — Collaboration, Identification, Diversion, and Treatment — is an Evidence-Based Practice (EBP) recognized by professionals and public administrators across multiple sectors and policy domains as critical to effectively meet the needs of justice-involved youth with mental health disorders and their families. Moreover, each cornerstone is enhanced and strengthened by the design, development, implementation and evaluation of 33 corresponding Recommended Actions (RAs).

For each JMHC site, this portion of the fidelity assessment seeks to:

- (1) identify any and all of the four cornerstones in the NCMHJJ Comprehensive Model, as well as any and all of the RAs associated with each respective cornerstone; and,

⁴ *ibid*, 15-37

(2) measure the degree to which each JMHC site is in compliance with the cornerstones and RAs for evidence based JMHC programming, policy and practice.

For this portion of the fidelity assessment, the Evaluator has designed and developed a binary scoring protocol that awards a “point” for any RA that can be documented in any year at JMHC program sites. Any RA the Evaluator can document for a JMHC site in any calendar year is worth 1 point; RAs that cannot be documented are worth 0 points. The maximum number of “points” a JMHC program can earn each year in each of the four cornerstone categories is determined by the corresponding number of RAs associated with each cornerstone.

Cornerstone #1: Collaboration

“In order to appropriately and effectively provide services to youth with mental health needs, the juvenile justice and mental health systems should collaborate in all areas, and at all critical intervention points”⁵

Seven RAs are associated with the Collaboration cornerstone, so the maximum score a JMHC site can earn for each calendar year is seven (7) points.

Use code [0] if the JMHC site cannot provide evidence or documentation to the Evaluator for each RA.

Use code [1] if the JMHC site can provide evidence or documentation to the Evaluator for each RA.

For each year, use the code [X] in the “Evidence/Documentation” rows to indicate whether the Evaluator documentation/evidence exists to validate the score.

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
1.1) The juvenile justice and mental health systems must recognize that many youth in the juvenile justice system are experiencing significant mental health problems and that responsibility for effectively responding to these youth lies with both the mental health and juvenile justice systems.			
Evidence/Documentation			
1.2) The juvenile justice and mental health systems should engage in a collaborative and comprehensive planning effort to thoroughly understand the extent of the problem at each critical stage of juvenile justice processing, and to identify joint ways to respond.			
Evidence/Documentation			

⁵ *ibid*, 15-19

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
1.3) Any collaboration between the juvenile justice and mental health systems should include family members and care givers.			
1.4) The juvenile justice and mental health systems should identify funding mechanisms to support the implementation of key strategies at critical stages of juvenile processing to better identify and respond to the mental health needs of youth.			
Evidence/Documentation			
1.5) The juvenile justice and mental health systems should collaborate at every key stage of juvenile justice processing, from initial contact with law enforcement to re-entry.			
Evidence/Documentation			
1.6) The juvenile justice and mental health systems should jointly evaluate any program or service delivery strategy aimed at improving the identification and treatment of mental health needs among youth in the juvenile justice system.			
Evidence/Documentation			
1.7) Cross-training should be available for staff from the juvenile justice and mental health systems to provide opportunities for staff to learn more about each system, to understand phases and terms common to each system, and to participate in exercise and activities designed to enhance systems collaboration.			
Evidence/Documentation			
CORNERSTONE #1 SCORE	(Max Points: 7)		

Cornerstone #2: Identification

“The mental health needs of youth should be systematically identified at all critical stages of juvenile justice processing”⁶

Eleven RAs are associated with the Identification cornerstone, so the maximum score a JMHC site can earn for each calendar year is eleven (11) points.

Use code [0] if the JMHC site cannot provide evidence or documentation to the Evaluator for each RA.

Use code [1] if the JMHC site can provide evidence or documentation to the Evaluator for each RA.

⁶ *ibid*, 25-30

For each year, use the code [X] in the “Evidence/Documentation” rows to indicate whether the Evaluator has a copy of the documentation/evidence.

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
2.1) Every youth who comes in contact with the juvenile justice system should be systematically screened for mental health needs to identify conditions in need of immediate response, such a suicide risk, and to identify those you who may require further mental health assessment or evaluation.			
Evidence/Documentation			
2.2) The mental health screening process should include two steps - the administration of an emergency mental health screen, as well as a general mental health screen			
Evidence/Documentation			
2.3) Access to immediate, emergency mental health services should be available for all youth who, based on the results of the initial screen or the mental health screen and staff observations of youth behavior, indicate a need for emergency services.			
Evidence/Documentation			
2.4) A mental health assessment should be administered to any youth whose mental health screen indicates the need for further assessment.			
Evidence/Documentation			
2.5) Instruments selected for identifying mental health needs among the juvenile justice population should be standardized, scientifically sound, have strong psychometric properties, and demonstrate reliability and validity for use with youth in the juvenile justice system.			
Evidence/Documentation			
2.6) Mental health screening and assessment should be performed in conjunction with risk assessments to inform referral recommendations that balance public safety concerns with a youth’s need for mental health treatment.			
Evidence/Documentation			
2.7) All mental health screens and assessments should be administered by appropriately trained staff.			
Evidence/Documentation			
2.8) Policies controlling the use of screening information may be necessary to ensure that information collected as part of a pre-adjudicatory mental health screen is not used inappropriately or in a way that jeopardizes the legal interests of youth as defendants.			
Evidence/Documentation			

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
2.9) Mental health screening and assessment should be performed routinely as youth move from one point in the juvenile justice system to another, for example from pre-trial detention to a secure correctional facility.			
Evidence/Documentation			
2.10) Given the high-rates of co-occurring mental health and substance abuse disorders among this population, all screening and assessment instruments and procedures should target both mental health and substance abuse needs, preferable in an integrated manner.			
Evidence/Documentation			
2.11) Existing screening and assessment instruments may need to be adapted for critical groups of youth, particularly youth of color and girls, pending further research.			
Evidence/Documentation			
CORNERSTONE #2 SCORE	(Max Points: 11)		

Cornerstone #3: Diversion

“Whenever possible, youth with identified mental health needs should be diverted into effective community-based treatment”⁷

Six RAs are associated with the Identification cornerstone, so the maximum score a JMHC site can earn for each calendar year is six (6) points.

Use code [0] if the JMHC site cannot provide evidence or documentation to the Evaluator for each RA.

Use code [1] if the JMHC site can provide evidence or documentation to the Evaluator for each RA.

For each year, use the code [X] in the “Evidence/Documentation” rows to indicate whether the Evaluator has a copy of the documentation/evidence.

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
3.1) Whenever possible, youth with mental health needs should be diverted to community treatment.			
Evidence/Documentation			

⁷ *ibid*, pp. 31-36

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
3.2) Procedures must be in place to identify those youth who are appropriate for diversion.			
Evidence/Documentation			
3.3) Effective community-based services and programs must be available to serve youth who are diverted into treatment.			
Evidence/Documentation			
3.4) Diversion mechanisms should be instituted at virtually every key decision-making point within the juvenile justice processing continuum.			
Evidence/Documentation			
3.5) Consideration should be given to the use of diversion programs as alternatives to traditional incarceration for serious offenders with mental health needs.			
Evidence/Documentation			
3.6) Diversion programs should be regularly evaluated to determine their ability to effectively and safely treat youth in the community.			
Evidence/Documentation			
CORNERSTONE #3 SCORE	(Max Points: 6)		

Cornerstone #4: Treatment

“Youth with mental health needs in the juvenile justice system should have access to effective treatment to meet their needs”⁸

Nine RAs are associated with the Identification cornerstone, so the maximum score a JMHC site can earn for each calendar year is nine (9) points.

Use code [0] if the JMHC site cannot provide evidence or documentation to the Evaluator for each RA.

Use code [1] if the JMHC site can provide evidence or documentation to the Evaluator for each RA.

For each year, use the code [X] in the “Evidence/Documentation” rows to indicate whether the Evaluator has a copy of the documentation/evidence. Any documents/evidence collected by the Evaluator for the fidelity assessment will be organized by JMHC site and year, as well as catalogued.

⁸ *ibid*, 37-44

RECOMMENDED ACTIONS	YEAR	YEAR	YEAR
4.1) Youth in contact with the juvenile justice system who are in need of mental health services should be afforded access to treatment.			
Evidence/Documentation			
4.2) Regardless of the setting, all mental health services provided to youth should be evidence-based.			
Evidence/Documentation			
4.3) Responsibility for providing mental health treatment to youth involved with the juvenile justice system should be shared between the juvenile justice and mental health systems, with lead responsibility varying depending on the youth's point of contact with the system.			
Evidence/Documentation			
4.4) Qualified mental health personnel, either employed by the juvenile justice system or under contract through the mental health system, should be available to provide mental health treatment to youth in the juvenile justice system.			
Evidence/Documentation			
4.5) Families should be fully involved with the treatment and rehabilitation of their children.			
Evidence/Documentation			
4.6) Juvenile justice and mental health systems must create environments that are sensitive and responsive to the trauma-related histories of youth.			
Evidence/Documentation			
4.7) Gender-specific services and programming should be available for girls involved with the juvenile justice system.			
Evidence/Documentation			
4.8) More research is necessary to ensure that evidence-based interventions are culturally sensitive and designed to meet the needs of youth of color.			
Evidence/Documentation			
4.9) All youth in juvenile justice placement should receive discharge planning services to arrange for continuing access to mental health services upon their release from placement.			
Evidence/Documentation			
CORNERSTONE #4 SCORE	(Max Points: 9)		

JMHC Fidelity-to-Model Scores: Annual & Aggregate

The Evaluator will compute an annual fidelity-to-model score for each JMHC site for each year of the study period. The Evaluator will calculate these scores for each JMHC site by adding the four cornerstone scores using the formula $(C1+C2+C3+C4= Fa)$, where C= the cornerstone score and Fa = the annual fidelity score. The Evaluator will report Fa as a percentage of the total available points (expressed as FA). This methodology allows the Evaluator to measure variation in the degree of fidelity-to-model for each year of interest at any JMHC site.

For each JMHC site, the Evaluator will then average the annual fidelity scores together to calculate an aggregate fidelity-to-model score using the formula $(Y1 +Y2+Y3...)/x=FA$, where Y represents a calendar year and x represents the total number of years in the study period. This methodology allows the Evaluator to measure annual variation in the degree of fidelity-to-model longitudinally for any JMHC site.

Use the table below to record the aggregate fidelity score for each JMHC program for each year in the study period.

On the bottom row, record the average fidelity score for each JMHC site over the entire time period.

Year	JMHC SITE #1 (FPIS CODE)	JMHC SITE #1 (FPIS CODE)
Y1		
Y2		
Y3		
AVERAGE SCORE		

JMHC Fidelity-to-Model: Critical Intervention Points

The final component of the Comprehensive Model are the nine Critical Intervention Points. The authors posit that these Critical Intervention Points are the “critical decision making points within the juvenile justice processing continuum.” The authors assert that these Critical Intervention Points present juvenile justice systems and mental health systems, as well as JMHC program sites, with multiple opportunities to: (1) identify, measure and respond to critical needs/gaps; (2) document continued program challenges and improvements; and, (3) demonstrate progressively greater program fidelity to the NCMHJJ Comprehensive Model over time.

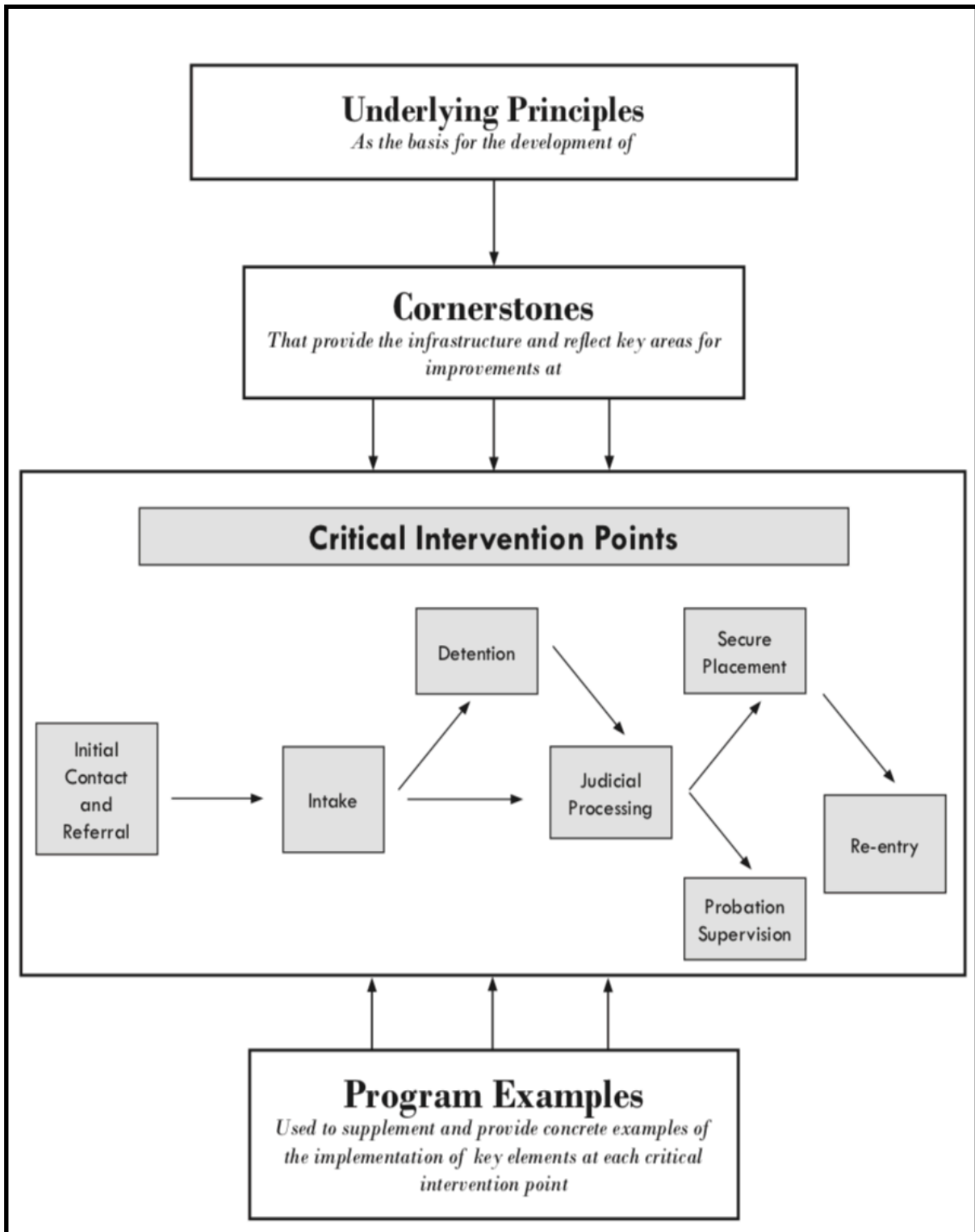
For Part D, measuring and assessing program fidelity in a valid and reliable way for each JMHC site during each year of a project period is significantly more complex endeavor than the research design, techniques and methodologies the Evaluator proposes to measure and assess

JMHC site program fidelity in Parts A (Underlying Principles) and B (Cornerstones and Recommended Actions) of this Fidelity Assessment instrument.

The Evaluator must rely more heavily upon qualitative research techniques for Part D of the Fidelity Assessment than in any other components of the project. Consequently, the Evaluator must be hyper vigilant regarding the ability to control for and document subjectivity, as well as to demonstrate that the traditional threats to internal and external validity that so often plague qualitative research are identified, controlled, mitigated or eliminated, to the degree possible. Thus, the precision and accuracy of the Evaluator's conceptual and operational definitions for Part D have more direct relevance to not only the quality of the data collection plan, but also to the appropriateness of the Evaluator's proposed research methodologies for Part D. To that end, the Evaluator will utilize various qualitative research techniques, as appropriate, such as: secondary analysis; trend analysis; content analysis; concept, process, network and/or outcome mapping, critical path mapping and analysis; document review; structured, semi-structured and/or unstructured interviews with human research subjects; survey questionnaires and survey administration methodology; case summaries and/or case studies; health impact assessment; community impact assessment; observations; descriptive research; and/or focus groups.

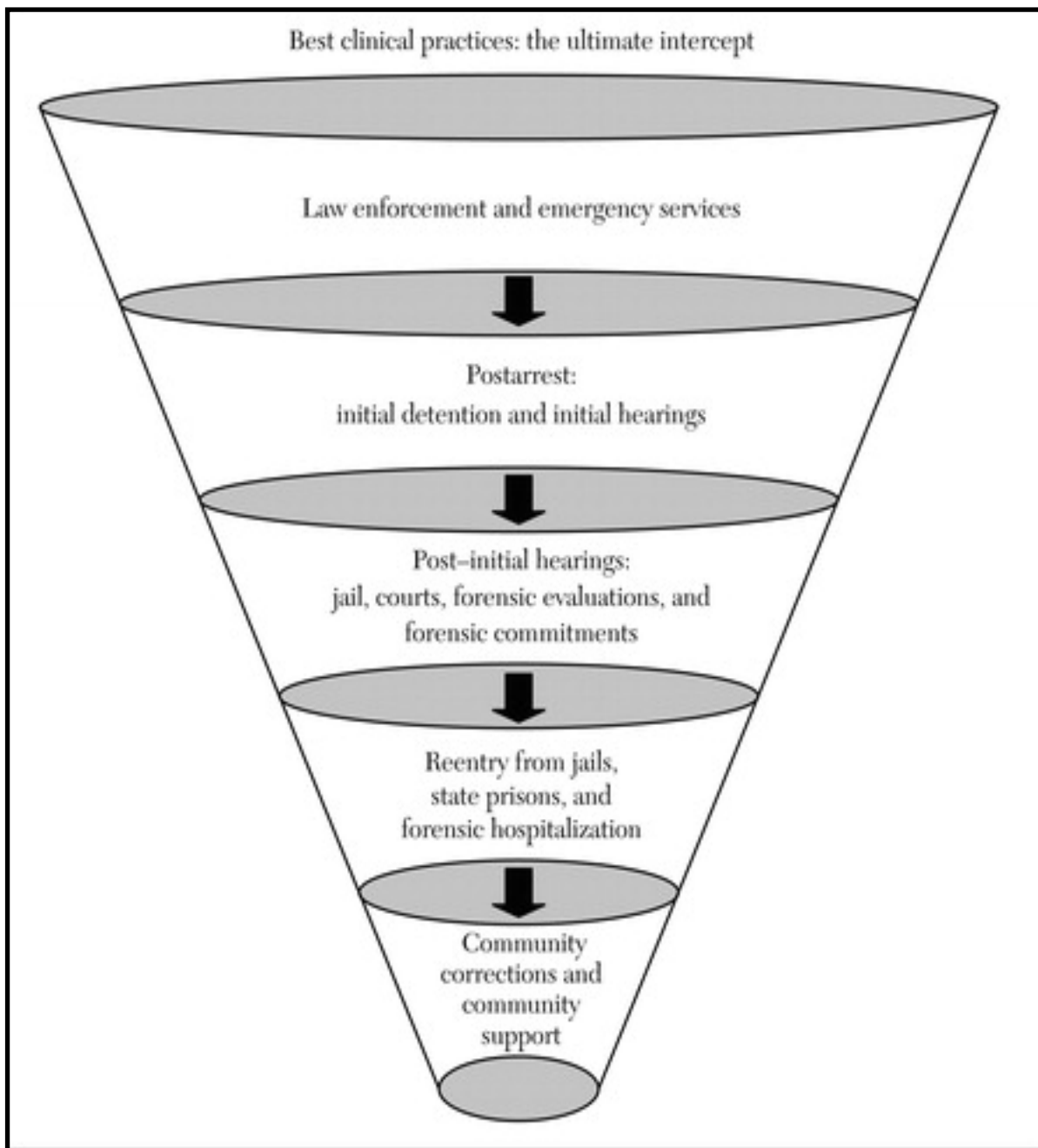
To complete Part D, the evaluator should first work with the JMHC program staff to identify each Critical Intervention Point in their juvenile justice system and develop a logic model to graphically illustrate the way JMHC participants move through the system. Assigning the "points" earned in each section of the fidelity assessment tool and mapping that information onto the appropriate component of the logic model provides a visually concise snapshot of the overall performance of each component relative to the NCMHJJ Comprehensive Model. Underperforming areas can be quickly and easily identified; this information can then be used to develop a targeted, strategic plan for JMHC program improvement. Program strengths can also be easily identified and maintained or further reinforced, as appropriate.

The NCMHJJ *Blueprint for Change* Conceptual Model



Appendix 2
The Sequential Intercept Model

The Sequential Intercept Model



Munetz, Mark R. and Patricia A. Griffin. 2006. "Use of the Sequential Intercept Model as Approach to Decriminalization of People with Serious Mental Illness." *Psychiatric Services* 57(4): 544-549. <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2006.57.4.544> Accessed March 5, 2021.