

Exploring Juvenile Mental Health Court: Efficacy with Juvenile Offenders
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November 10, 2015

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Literature Review

A history of the justice system shows that youth were charged and housed in the same facilities as adults for crimes committed without concern for developmental levels. Children and adolescents were seen to be equally capable of the same misconduct as their adult counterparts. In 1824, The House of Refuge opened and was the initial juvenile house of reform in the United States (<http://www.djs.state.md.us/history.asp>). Then in 1899, the first juvenile court was assembled with a focus on rehabilitation rather than punishment (Tsui, 2014). Juvenile courts expanded and existed in almost all states within 30 years.

Juvenile courts have continued to operate through the present day. The emphasis of juvenile courts has changed focus as trends have been noticed. According to the FBI, between 1964 and 1972, the incidents of violent crime increased by more than 200 percent. This rise in crime led to an increase in public concern that was used by political figures as a way to gain support and to enact laws that focused on becoming “tough on crime,” both in adult and juvenile courts (Clear & Ho, 2014). During President Clinton’s administration the “get tough” movement began to lose some steam and attention was turned once again to what works best in the context of effective policy and prison overcrowding. This was followed by George W. Bush’s administration’s passage of the Second Chance Act in 2008, where the idea of “reentry” was given more emphasis (www.asca.net/projects/13/pages/139). Currently there are still dispute as to how juvenile criminal activity should be approached.

As juvenile justice systems have been studied, there have been commonalities found that encourage more developmentally appropriate approaches; one that recognizes

differences between juvenile offenders. According to one study, “67% of youth in correctional settings and 46% of youth on probation met the criteria for a serious emotional disorder” (Gavazzi, Lim, Yarcheck, Bostic, & Scheer, 2008). Many of the risk factors associated with mental illness have been shown to predict recidivistic behaviors in these youth. As a response to the pervasiveness of mental health issues in juvenile court systems, Juvenile Mental Health Courts (JMHC) were developed in 1998 (Ramirez, Andretta, Barnes, & Woodland, 2015). These courts strive to decrease the number of offenses committed by youth and to acknowledge the mental health needs of youth involved in the court through individual and family counseling. While some evidence does suggest JMHC is successful at minimizing mental health issues experienced by youth, family engagement within the court system is paramount (Ramirez et al., 2015). In addressing the importance of family engagement within youth-oriented services, some researchers suggest parent’s involvement is critical for success (Walker et al., 2013).

Despite research showing the importance of family involvement in youth services, the juvenile justice system is behind in implementing engaging principles for families. The structure of court proceedings provides little direction to parents on how to actively be involved in the court process for their children (Walker et al., 2013). Observers in court proceedings reported parents as being passive participants in the court process. They were given little accountability in being present at court hearings (Peterson-Badali, & Broeking, 2010). Families and parents lack a role within the court system since the youth are the only ones with a clear role within the legal process. Within the multi-player system of the court, parents are not informed of the best way to participate even if their participation is needed for court. This lack of involvement proves to be disadvantageous

when parents are misinformed or uninformed of the court proceedings. As many parents give advice to their children, they may end up recommending misguided decisions for their children (Walker et al., 2013).

In a national survey, there were several characteristics that were common in JMHC. One of these characteristics was accountability, not just for the juvenile, but for the adults involved in the juvenile's life, such as parents or guardians, school personnel, child welfare, and treatment providers (Callahan, Coccozza, Steadman, & Tillman, 2012). JMHC takes an approach that involves a team method with multiple systems involved for the improvement of the individual juvenile. Implementing this team approach creates a more inclusive environment for the juvenile's parent or guardian.

In juvenile court, reports suggest that parents' involvement in court can positively affect the proceedings leading to a greater chance of release from detention or decisions against pressing formal charges. Parents' involvement in court offers support to their kids and shows the court the kind of structured home judges generally want to see (Peterson-Badali, & Broeking, 2010). Families have the potential to act as a protective factor or a risk factor for the onset of mental health issues in adolescents. There are a variety of ways that family dynamics have been associated with mental health in children and adolescents. These can include communication patterns within the family, the amount of support given, the presence of parental conflicts or divorce, mental health of parents and conflicts between parents and their children (Gavazzi et al., 2008). The physical health of the parents may also have an effect on the mental health of adolescents. While just one or two of these factors may not have a huge effect, the presence of multiple factors can have great consequences on the psychosocial adjustment of youth (Forehand, Bigger, &

Kotchick, 1997). Greater dysfunction in the home environment of court-involved youth could lead to more mental health issues. These disruptive family processes can have a weighty impact on the mental health status of delinquent adolescents (Gavazzi, et al., 2008). According to a study by Forehand et al., youth exposed to higher numbers of the aforementioned family risk factors tested higher for child depression and stress. They also showed a tendency to have a lower grade point average and less completed education. Research showed a greater tendency towards internalizing and externalizing problems in youth with multiple family risk factors (Forehand et al., 1997).

The value of all parties working together to help juveniles is the best approach to reduce recidivism (Behnken, Arredondo, & Packman, 2009). According to Behnken et al. (2009), the term “all parties” included legal counsel, civil advocates, family members, county organizations, as well as the judge; the idea being that the juvenile is the center of all efforts and all parties work together to help him or her navigate the system. In this study, success was measured by accomplishing seven goals, one of which is a reduction in recidivism (Behnken et al., 2009). The study concluded that informed, thoughtful interventions, administered in a multidisciplinary manner, consistently proved to be more successful than the outcomes of a simply adversarial process.

There has been significant research in the past three decades that Multisystemic Therapy (MST) produces the outcome of significantly reduced recidivism for juveniles, and when there is recidivism, it is less severe when compared to juveniles that have been released from incarceration (May, Osmond, & Billick, 2014). In this study, the research shows that Restorative Justice (RJ) only focused on the victim, whereas lengthier (and multisystemic) treatment programs address more of the dysfunctional aspects of the

delinquent's life and are essential in treating the juvenile. While this study showed that MST treatment was best, it also showed that RJ was better than detention. In a study done by Borduin et al.(1995), which was conducted 4 years after juvenile offenders were released, those juveniles treated with MST when compared to individual therapy sessions showed a significant reduction in recidivism. The MST participants had a 22.1 percent rate of recidivism as compared to the individual therapy participants whose rate of recidivism was 71.4 percent.

All of the risk factors for delinquency are woven together and can either work for or against the success of the juveniles involved in JMHC. Risk factors having to do with delinquency include: genetic, emotional, cognitive, physical, and social characteristics as well as ecological contexts such as the youth's family and community (Bonham, 2006). The more deeply we dive into the literature, the more we see that the findings of the positive and significant outcomes of a multisystem approach are a recurrent theme. This approach is one that builds inter-community partnerships along with the professionals in both the mental health arena, schools, community partners, as well as the legal staff and judges.

Program Overview

The Cache County Juvenile Mental Health Court (JMHC) was established in 2007. The court recognized that mentally ill juveniles needed extra support and guidance to help them become contributing members of society. The Juvenile Court collaborated with mental health professionals, schools, and families to provide wrap-around services to juveniles with mental illness. Many of the youth who participate in Juvenile Mental Health Court are children adopted from orphanages in other countries or are in foster care

with DCFS. The juveniles' ages range from 10 to 18. Each youth has a mental health diagnosis such as attention deficit hyperactivity disorder, anxiety disorder, reactive attachment, major depressive disorder, and so forth.

The JMHC's goal is to reduce recidivism rates by improving relationships with family members, peers, individuals at school, and community members. By improving relationships and developing skills in each of these areas, the JMHC believes that they can impact the juvenile. They strive to help the juvenile be active in school, thereby improving their academics, relationships, and behaviors. This success in school can potentially provide them with more opportunities for future employment, higher paying jobs, and a better self-view.

As a means of achieving these goals, JMHC employs methods that monitor and reward progress. For example, JMHC employees track the juvenile's progress by communicating with school counselors or teachers; mental health providers; and family members in regards to behaviors, actions, and social interactions. They track attendance and grades. JMHC is able to meet more frequently with juveniles than regular juvenile courts. They have reward systems in place to incentivize the youth, and a level system so that progress is recognized.

The Juvenile Mental Health Court differs from Juvenile Court in that the judge is able to operate on a more individualized level, the program is more intensive, and the focus is on providing an environment of success and reward rather than failure and punishments. Although juvenile courts are intended to be more rehabilitation focused, they often do not have the resources to manage juveniles that have more intensive needs due to mental health issues. The focus often ends up being more criminal justice

oriented. In both courts parents or a legal guardian are required to attend court with their child.

When juveniles enter JMHC, they are required to set goals, attend counseling, attend school regularly, and pass all their classes. They are encouraged to get along with family members and have less conflict in the home while being taught how to have relationships with their peers. The court uses positive reinforcement by giving court cash. The juvenile can earn up to ten dollars a week by having positive reports, which they can use to buy candy, movie passes, or other incentives.

If juveniles get more charges or have more conflict in the home while participating in JMHC, the judge provides an immediate consequence to help them recognize the connection between their action and the consequence. This process in regular juvenile court can take up to three months and juveniles have since moved on from the situation. Having more immediate consequences for both positive and negative behaviors acts as an incentive for juveniles to work harder at improving their behavior and reaping positive rewards. The court also provides the option of a 24-week skills class juveniles can participate in as a means of helping them to learn the skills necessary to engage in those more acceptable behaviors.

In JMHC, juveniles are put on a level system made up of three levels. On level one they are to attend court weekly. For juveniles to move up a level, they must apply and present to the JMHC staff their improved behaviors. This application is a write-up of the progress made, and examples of why they feel they are ready to move to the next level. The court then has a committee review the application and decide if they are ready to move up. When juveniles move to level two, they attend court every other week. In

level three juveniles attend court once per month. Once juveniles pass level three they are able to graduate from the program. The quickest a juvenile can graduate from the program is six months but the average time spent in JMHC is one year. While it is rare, if the juvenile does not graduate and all efforts have been made to help the youth improve, the court will release him or her or put the child into a placement. If, however, the juvenile passes all three levels, the county attorney can request that the charge be lowered or given a plea in abeyance where all charges will be dropped.

In Box Elder and Cache County, JMHC currently has eight openings each for a total of sixteen openings. To be accepted into the JMHC program the juvenile must have committed a crime and be under the court's jurisdiction. If probation has been involved and the probation officer suspects the juvenile has a mental illness, or the client is already diagnosed with a mental illness, the officer will consult with the court to refer the client to have a mental health evaluation. If the juvenile is found to have a mental health diagnosis, he or she can possibly be accepted into the mental health court where the juvenile is required to participate in counseling, work toward graduating from high school, and continue to learn social and behavioral skills. However, if the juvenile has committed a serious crime such as murder or a sexual offense, he or she is not permitted to participate in Juvenile Mental Health Court.

Methodology

Study Design

This study is a longitudinal, mixed methods design, which will measure the effectiveness of Cache County Juvenile Mental Health Court (JMHC) on juvenile offenders in the following domains:

- family and home relationships
- school
- mental health
- juvenile's perspective of the aforementioned domains and their self-view

Procedures

There will be four separate surveys distributed covering the four domain areas. We recommend these surveys be distributed in electronic form. This will help with the survey distribution, data collection, and survey response rate. This will also provide a means to distribute the survey as many times as needed to the various domains measured. Participants are not required to participate and may drop out of the survey by not completing it. No identifying information will be collected with the survey data. Demographic information will be collected by the staff of JMHC using the provided fact sheet. On this fact sheet, a numerical identification will be assigned to each youth that will be used to identify him or her on each correlating survey in order to create anonymity in data analysis. Procedural reliability will be maintained through the use of the online survey provider Qualtrics. This will also help to maintain consistency in the administration of the surveys. Qualitative interviews will be given at admission, as needed, and at termination of JMHC for both the parents and the youth involved in JMHC.

Quantitative

We recommend these surveys be administered in the following increments: at admission into JMHC, every 3 months in JMHC, at termination of JMHC, and 3 months post-, 6 months post-, and 1 year post-treatment. While this is the recommended time frame, administrators can administer these surveys as deemed appropriate. Each survey

will be administered within the various domains. Surveys for the school domain will be filled out by the juvenile's teacher if in elementary school; the base class teacher for middle school; the school counselor for high school, or the person with the most academic, social, and behavioral knowledge of the youth. Surveys for mental health are to be filled out by the individual therapist(s) assigned to each juvenile. It is important to note for any youth working with Bear River Mental Health, surveys must be sent to the supervisors who will then send the surveys out to the various therapists to fill out.

Surveys for legal areas will be incorporated into the parent and juvenile surveys. Surveys for the families will be filled out by the juvenile's parents or current caregiver. The last survey will be administered to the juvenile at the designated times. We recommend having the juvenile and parent surveys filled out at JMHC. Participants will be provided with a URL in order to take a survey. When coding the information provided by the qualitative surveys, be cautious of negative questions requiring reverse coding.

Qualitative

A semi-structured interview will take place for the youth involved in the mental health court. The interviews will take place after termination of JMHC. We recommend administering these interviews 6 to 12 months after termination. A guided interview schedule will be provided for the administrator. In order to protect confidentiality, we strongly encourage hiring a researcher, or pairing with the university to interview, code and analyze this data, in order to code these interviews, find the common themes among the answers and report based on those themes. Interviews should be conducted until a level of saturation is reached.

Sample

Our target sample consists of individuals involved in each of the four domains being analyzed. Our samples vary based on the domain. Each individual involved must have some close contact and investment in the juvenile's process with JMHC. The juveniles consist of youth ages 10 to 18. The sample includes school counselors, administrators, or teachers in the school domain; therapists in the mental health domain; parents or current caregivers in the family domain; and the juveniles themselves. Only one individual in each domain is required to fill out the survey, though they may converse with others in that domain to gather the required information on the client. It would be best if the same individual completes the survey each time for consistency.

Measures

Due to the population and specificity of your outcomes, we have created a survey that we feel will best meet your needs. We recommend a pilot study to test the validity and reliability of this measure. This pilot test can be done by taking a group of ten participants in each domain measured and administer the survey. If the results appear to be consistent with the participant's behaviors, then the survey can be considered valid. Each survey is designed to measure various components within the designated domains:

- The juvenile survey will measure their viewpoint on school, mental health, home, JMHC and their self-view. This survey will focus on performance, relationships, expectations and motivation.
- The family and home survey will measure parent or caregiver viewpoints on the following: juvenile's attitudes toward school, mental health services, and the

JMHC. It will also measure their attitudes, relationships and compliance within the home.

- The mental health survey will measure attendance, level of engagement, and theories used while in mental health treatment with a qualified therapist.
- The school survey will measure school attendance, participation, completion of homework assignments, and behaviors at school.
- The legal sections will measure compliance with stipulations and recidivism. Recidivism includes verbal, emotional, and behavioral actions that bring legal ramifications.

Each of the four surveys consist of qualitative questions. Three of the surveys contain four-point Likert scales. All of the scales are arranged with disagreement on the left side and agreement on the right side. Some of the items are expressing that a negative behavior or mood is being identified. In these instances, the data will need to be reverse coded upon analysis. This reverse coding will be beneficial to identify if clients were engaging fully in the survey or if their responses are incongruent within their individual survey.

The parent/home survey, and juvenile study will be a within-group study consisting of the same person taking the survey at each time point. The school and mental health survey will continue to be taken by the same individuals unless there is a change in teachers or counselors. The survey questions will remain in the same order even though the administration follows the structure of test, retest, every 3 months until 1-year post graduation from the JMHC program.

The juvenile surveys are geared at a fifth grade reading level and the Likert scale uses NO! to YES! For easy understandability. On the surveys completed by adults the scales range from strongly disagree to strongly agree. The mental health survey consists of both multiple choice and qualitative questions.

Method

The method of administration will be through an online survey. We will be using an online survey provider, Qualtrics. Data from these surveys will be collected by one person who will send out the link to the survey and collect the data once it has been completed. It is the responsibility of this person to make sure the surveys go out at the right time for each individual client. Interview questions will be administered preferably by an unbiased party.

Limitations

Due to limited references and data on juvenile mental health court, limitations to this proposal do exist. The instrument requires a pilot test to test validity and reliability before being administered for data. The sample sizes of those taking the surveys will be small which takes away from the validity of the study. It is not possible to have a control group with Cache County JMHC which makes it difficult to directly attribute success as a result of participating in JMHC.

Recommendations

Considering the large amounts of data that will be collected from the various surveys for each individual client, we recommend either partnering with Utah State University Social Work department or hiring a statistician to code and analyze the data. The high volume of both quantitative and qualitative data will take extensive work to

analyze in order to be useful to the Juvenile Mental Health Court, stakeholders, and possible funders. We also recommend drafting an email template to send out to the various survey participants in order to remind them to fill out the survey every 3 months. This email should include the date the last assessment was filled out in order to assure easy access to this information. While we have only provided a guided interview for the juvenile offenders, we recommend doing similar interviews for the parents or primary caretakers of each juvenile offender if such information would prove advantageous to Cache County Juvenile Mental Health Court. We recommend that you complete at least 20 to 30 semi-structured interviews to allow enough data to find common themes. We also recommend providing a kiosk at Juvenile Mental Health Court for parents and youth to easily fill out their quantitative surveys every 3 months. After completion of the guided interview we recommend a small gift certificate or incentive to encourage participation.

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Appendix A**Juvenile Mental Health Court Fact Sheet**

1. **Study ID #:** Click here to enter text. 2. **County of Residence?** Cache Box Elder

3. **Legal Name (Last, First, Middle) and Alias':** Click here to enter text.

4. **Date of Admission to JMHC:** Click here to enter a date.(*mm/dd/yy*)

5. **Racial/ Ethnic back ground** (*check all that apply if more than one race/ethnicity*)

Caucasian African American Asian Hispanic Pacific Islander Native

American Other _____

6. **Gender:** Male Female Transgender

7. **Age:** Click here to enter text.
(*mm/dd/yy*)

8. **Birthday:** Click here to enter a date.

9. **What grade is the client currently in?** (If not in school; What is the highest grade completed?) Click here to enter text.

10. **Does the client have *past* criminal charges?** Yes No Felony

Misdemeanor Both

Please List:

Personal: Click here to enter text.

Property: Click here to enter text.

Substance: Click here to enter text.

Other: Click here to enter text.

11. **Does the client have *current* criminal charges?** Yes No Felony

Misdemeanor Both

Please List:

Personal/Violent: Click here to enter text.

Property: Click here to enter text.

Substance: Click here to enter text.

Other: Click here to enter text.

12. **Primary Mental Health Diagnosis:** [Click here to enter text.](#)

13. **Substance Use?** Yes No Suspected Unknown

If yes or suspected, please list. [Click here to enter text.](#)

14. **What type of housing and with whom does the juvenile live?** [Click here to enter text.](#)

15. **Date of Assessments:** [Click here to enter a date.](#)[Click here to enter a date.](#)

16. **Date of Graduation from JMHC:** [Click here to enter a date.](#)

Appendix B

Letter of Information

As part of our services at Juvenile Mental Health Court, we are conducting an evaluation to understand the effectiveness of our program with juvenile offenders.

Part of the evaluation involves asking program participants to complete surveys about how our services affect them in various aspects of their life. If you choose to participate in this evaluation, your identity will be kept confidential; no identifying information will be shared with anyone outside of this program.

Other information about the evaluation

- Your participation is voluntary and you can quit at any point during the survey. Please note that your services will not be effected whether you decide to participate or not.
- Your privacy will be protected and your name will not appear on the survey. You will be assigned an ID number to protect confidentiality.
- The survey consists of approximately 10 questions and will last 15-20 minutes.
- Three to six months after the juvenile has been discharged, an interview will be conducted for approximately 1 hour.
- We hope you will help us by participating in this evaluation. Your participation will greatly assist us in improving the delivery and effectiveness of our program.

By continuing with the survey, you are agreeing to participate in Juvenile Mental Health Court's program evaluation.

Appendix C

Guided Interview

This interview is designed to discover how Juveniles felt about participating in Juvenile Mental Health Court (JMHC) and how it has impacted their life.

Introduce yourself and let them know the purpose of the interview. Identify that the input they offer can guide future directions that JMHC takes.

Cover confidentiality and the right to withdraw at any time from the interview. Explain that the judge may recognize a saying that pertains to the interviewee or recognize a personality trait through the survey. However, their name will not be connected to the survey. Explain that this interview is voluntary and will not impact their legal status.

Explain there is no right or wrong answer and that their honest opinion is what is being sought. Identify that the goal is to understand areas that they felt could be improved upon and areas they felt should remain the same.

- 1- Overall experience** - What is your overall experience with Juvenile Mental Health Court? (Potential probes)
 - What did you like most about JMHC?
 - What did you like least about JMHC?
 - If you could change something about JMHC what would it be?
 - If you could tell the judge or a member of the JMHC staff one thing, what it would be?

- 2- Relationships with JMHC members** - What was your relationship like with the Juvenile Mental Health Court staff members? (Potential probes)
 - Please describe your relationship with the judge.
 - When was there a time that you felt connected to the judge or JMHC staff?
 - When was there a time you did not feel connected to the judge or JMHC staff?
 - Who did you have a positive relationship with among the Mental Health Court members?
 - How did you feel supported by the staff at JMHC?
 - If you did not feel support, why?
 - What could the staff and judge do differently? What do you think they should continue to do?

- 3- Personal** - What is your overall personal experience since you have attended Juvenile Mental Health Court? (Potential Probes)
 - What were your personal goals while participating in Juvenile Mental Health Court?
 - What helped you or stopped you from reaching your goals?
 - How would you describe your relationship with your parents or caregiver now that you have participated in JMHC?

- What does a good relationship with your parent or caregiver look like to you?
 - How would you describe your relationship with your siblings or the children you live with, since you attended JMHC?
- 4- **Education** - Since attending Juvenile Mental Health Court, what is your overall experience with your education? (Potential Probes)
- How are you doing in your classes?
 - How is your attendance?
 - If you have an IEP (Individualized Education Plan), how has it helped or hindered you?
 - How did you feel about the school being involved with JMHC?
 - How has your activity level changed in regards to extracurricular activities since your participation in JMCH?
 - What does your friend situation look like? What would you change about your friendships with classmates? What do you have in common with them?
 - What are your goals when you graduate?
 - How would you describe your relationships with school staff?
 - How do you feel about school in general?

Appendix D

Surveys

Juvenile Survey for JMHC

Q1 Please fill in the following information on yourself as provided by Juvenile Mental Health Court (JMHC)

JMHC Assigned ID # (1)

Date of last assessment (2)

Q2 Please mark the one that you agree with the most for the last three months.

	No! (1)	no (2)	yes (3)	YES! (4)
I fit in with classmates at school. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers would describe me as a good student. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attend school at least 4 out of 5 days. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am on time to class(es) most days. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been in a physical fight at school. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been in a verbal fight at school. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually like school. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers are willing to help me. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Please mark the one that you agree with the most for the last three months.

	NO! (1)	no (2)	yes (3)	YES! (4)	Doesn't Count (5)
My caregivers think my friends are good influences. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mother and I get along most of the time. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My father and I get along most of the time. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along with those in my home most of the time. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I argue often with others in my home. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually follow the house rules. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I fit in at home. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s)/guardian(s) want to know my viewpoint. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a safe person at home I can talk with. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take my prescribed medications like they are supposed to be taken. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Please mark the one that you agree with the most for the last three months

	NO! (1)	no (2)	yes (3)	YES! (4)
My counselor understands my point of view. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk to my counselor about most things. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor would say that I am trying to do my best. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor helps me learn how to solve a problem. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor is someone I can trust. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 Please mark the one that you agree with the most for the last three months

	NO! (1)	no (2)	yes (3)	YES! (4)
I feel Juvenile Mental Health Court is trying to help me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile Mental Health Court staff want to know my viewpoint. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what is expected of me at Juvenile Mental Health Court. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why I am attending Juvenile Mental Health Court. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been doing what Juvenile Mental Health Court has instructed me to do. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have received new charges in the last three months. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Please mark the one that you agree with the most for the last three months

	NO! (1)	no (2)	yes (3)	YES! (4)
I do activities with my friends that I wouldn't want others to see. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my behaviors. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look forward to my future. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are behaviors that I need to change. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as a good person. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to solve problems. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in extracurricular activities (sports, clubs, religious). (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worth caring about. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others like to be around me. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel happy. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel sad. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel angry. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually feel scared. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would say I am a good person. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people listen to me. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 What has changed overall since you started Juvenile Mental Health Court: Please describe.

Q8 What has changed in your home since you started Juvenile Mental Health Court?

Q9 What positive activities are you participating in? (For example: sports, clubs, and religious activities).

Parent/Guardian Survey for JMHC

Q1 Please fill in the following information on the student as provided by Juvenile Mental Health Court (JMHC).

JMHC Assigned ID # (1)

Date of Last Assessment (2)

Q2 How long has your child participated in Juvenile Mental Health Court?

Q3 What level is your child on in Juvenile Mental Health Court?

- Just admitted (1)
- Level 1 (Comes to court every week) (2)
- Level 2 (Comes to court every other week) (3)
- Level 3 (Comes to court every four weeks) (4)
- Graduated. Please indicate below how long ago your child graduated. (5)

Q4 How much do you agree with the following statements in regards to Juvenile Mental Health Court for the last three months?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
My opinion is important to the staff at JMHC. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is working on the expectations set by JMHC. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am involved in the JMHC process. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JMHC is improving my relationship with my child. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in JMHC is improving my relationship with my child. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 How much do you agree with the following statements in regards to school functioning for the last three months?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
My child's grades have improved. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school attendance has improved. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is respectful of school authorities. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is engaged in school sponsored extracurricular activities. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has school friends that are "good influences." (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to discuss concerns with school employees. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School personnel want my child to succeed academically. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 How much do you agree with the following statements in regards to Therapy services for the last three months?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
My child attends counseling at recommended frequency. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child uses counseling to learn behavioral skills. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child uses counseling to learn communication skills. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child uses counseling to explore emotions. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling has improved communication within the home. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling has improved my relationship with my child. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am involved in therapy as appropriate. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is benefiting from counseling services. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 How much do you agree with the following statements in regards to the Home environment for the last three months?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
My child's behavior has improved at home. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child usually follows the house rules. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child gets along most of the time with the people they live with. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I can trust my child to make good decisions. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child often fights, either physically or verbally, with others in the home. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child and I are getting along better at home. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has a bad attitude at home. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child often throws temper tantrums at home. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child listens to authority figures in the household. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My discipline techniques are working. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Has your child been charged with any new charges in the last three months?

- No (1)
- Yes - Please list the charge below (2) _____

Q9 Has your child been removed from your home due to their behavior in the last three months?

- Yes, _____ times. (1) _____
- No (2)

Q10 Is your child currently taking medications?

- Yes (1)
- No (2)
- Inconsistently (3)

Q11 Please list medication(s) dosage(s), and number of times taken daily. Also please indicate if taken as prescribed in this section.

Q12 Do you feel that their medications are working? Please describe.

- Yes (1) _____
- No (2) _____
- Unsure (3) _____

Q13 What changes have you noticed in your child since their involvement in JMHC, please describe any positive or negative changes you have noticed.

Mental Health Survey for JMHC

Q1 Please fill in the following information on the student as provided by Juvenile Mental Health Court (JMHC)

JMHC Assigned ID # (1)

Date of the Last Assessment (2)

Q2 How long have you been seeing your client?

Q3 Considering the six stages of change, in which stage would you currently place your client?

- Pre-contemplation - they can't see any problem (1)
- Contemplation - acknowledges a problem, struggles to understand it, thinking seriously about changing it (2)
- Preparation - plan to take action and is making the final adjustments before beginning to change. (3)
- Action - modifies behavior and environment (4)
- Maintenance - consistent action, working to consolidate gains and preventing relapses. (5)
- Termination - no longer feels tempted by bad behavior and feels confident to be able to cope without fear of relapse (6)

Q4 What theories are you implementing in the treatment of this client?

Q5 Is your client taking any medications?

- Yes (1)
- No (2)
- Inconsistently (3)
- Unknown (4)

If No Is Selected, Then Skip To What tools are you specifically using...If Unknown Is Selected, Then Skip To What tools are you specifically using...

Q6 Please list Medication(s) and Dosage(s).

Q7 Do you feel the medications are effective for your client when taken as prescribed?

- Yes (1)
- No (2)
- Unknown (3)

Q8 What tools are you specifically using to evaluate your clients progress?

Q9 How has involvement in Juvenile Mental Health Court affected your client in the last three months?

Q10 How has your treatment with the client impacted him or her and family members?

School Survey for JMHC

Q1 Please fill in the following information on the student as provided by Juvenile Mental Health Court (JMHC)

JMHC Assigned ID # (1)

Date of the Last Assessment (2)

Q2 Since the last assessment date please list

Number of absences. (1)

Number of tardies. (2)

Corrective or disciplinary actions (Detentions, ISS, sent out of class for behavior). (3)

Current grade average. (4)

Q3 Please indicate how much you agree with the following statements.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. The student's grades have improved since the last assessment. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The student is engaged in the classroom. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The student has positive peer interactions. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The student is likely to use the staff as a resource. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Please list any extracurricular activities, provided by the school, in which the client is involved.

Q5 Please list any awards or accolades this student has received since the last assessment.

Q6 Describe the student's interactions with teachers, coaches, or administrators. Please use this space to discuss both positive and negative interactions specific to the school personnel.

Q7 Overall, what changes have you observed since the date of the last assessment?

Q8 What have you, and other school employees, done to improve this student's overall functioning?