Juvenile courts in the United States have varying responsibilities and come in a variety of structures. In fact, many types of courts exercise legal jurisdiction over children and youths. Some communities do not have a specialized juvenile court. Other courts handle matters involving juveniles, including probate courts, juvenile divisions of circuit courts, or comprehensive family courts that also respond to cases involving abused and neglected children and family violence. In every community, however, some type of court must respond when a young person still under the legal age of criminal responsibility is accused of violating the law. When a court exercises jurisdiction over juvenile law-breakers, and when it follows the procedures of juvenile or family law, it is conventional to refer to such a court as a juvenile court.
A juvenile court is a type of specialized court or a court docket devoted to one or more specific categories of legal matter. Today, there are many specialized courts. Some even operate within the juvenile justice system. Many of the new specialized courts are also known as problem-solving courts. Drug courts are the most visible type of problem-solving court, but other varieties exist, including courts for mental health cases, domestic violence cases, and offenders charged with gun crimes. Problem-solving courts are increasingly popular but controversial (Hoffman 2000; Orr et al. 2009). Several characteristics distinguish problem-solving courts from traditional courts, but the essential ingredients are enhanced judicial oversight, active case management, longer post-sentencing supervision, and a general philosophy of rehabilitation and restorative justice rather than simply punishment and retributive justice (Berman and Feinblatt 2005). Problem-solving courts begin with the premise that people should be accountable for harmful behavior, but the justice system should do more than simply punish them for that harm; it should attempt to prevent future harm. Problem-solving courts extend the role of the legal system beyond fact-finding and the imposition of sanctions. They use the legal authority of the court system to maintain the social health of communities. Ironically, these are largely the same characteristics once used to describe the “new” juvenile courts of the early 1900s.

This chapter addresses the growing use of specialized, problem-solving courts for delinquent juveniles. After introducing the specialized nature of the juvenile court itself, we describe three of the most popular forms of specialized courts for youths (teen courts, juvenile drug courts, and juvenile/family mental health courts), and we examine several key policy and practice issues related to their operation. Where did the idea for each court originate? How many exist in the United States today? What type of legal matters do they handle? How do they process cases, and what do we know about their effectiveness?

II. Nonspecialized Courts

States organize their court systems in varying ways. Most trial courts are either courts of general jurisdiction (responsible for all types of criminal and civil matters within a defined geographic area) or limited jurisdiction (authorized to handle only certain types of cases, such as traffic, family, probate, etc.). Juvenile courts are usually established as a court of limited jurisdiction, but some communities in the United States do not have specialized juvenile courts. The court responsible for handling young people accused of law violations may be a division of some other court (Rottman and Strickland 2006). In Connecticut, for example, juvenile matters may be heard in Superior Courts or Probate Courts, which are courts of general and limited jurisdiction, respectively. In other states, lawmakers may have established distinct juvenile courts, but not all areas of the state have adopted the
juvenile model. In Georgia, the juvenile court is a separate court of limited jurisdiction, but not all counties have juvenile court judges. In some Georgia counties, judges from the Superior Court assume responsibility for delinquency matters. Even in states with true juvenile courts, the structure of the juvenile system may vary. Colorado handles delinquency cases in twenty-two district courts, which are courts of general jurisdiction, but the city of Denver has a separate juvenile court that is also a court of general jurisdiction. Juvenile courts in the state of Utah, on the other hand, belong to a single, statewide structure of twenty limited jurisdiction courts.

Juvenile courts across the United States vary in their responsibilities and activities, as defined by state laws and local policies. In most communities, juvenile courts handle delinquent acts, or illegal behaviors for which adults can be prosecuted in criminal court. This includes everything from relatively minor offenses (e.g., loitering and vandalism) to serious offenses, including weapons violations, drug offenses, arson, property offenses (e.g., theft and burglary), and person offenses (e.g., assault and robbery). Many states give their juvenile courts legal jurisdiction over cases involving not only delinquency, but also child abuse and neglect, and status offense proceedings (acts that would not be illegal for an adult, including truancy and curfew violations). Some juvenile courts have jurisdiction over adoptions, terminations of parental rights, interstate compact matters, emancipation, and consent (i.e., to marry, enlist in the armed services, be employed, etc.). Occasionally, juvenile courts have jurisdiction over traffic violations and child support matters.

The age range of juvenile court jurisdiction varies from state to state (Snyder and Sickmund 2006, ch. 4). In the majority of states and the District of Columbia, the upper age of juvenile court jurisdiction is 17. In other words, law violations involving youths begin under the jurisdiction of the juvenile court so long as the young person has not reached age 18 at the time of the offense. Juvenile court jurisdiction extends only through age 16 in some states (e.g., Georgia, Illinois, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, South Carolina, Texas, and Wisconsin). In three states, Connecticut, New York, and North Carolina, juvenile court jurisdiction applies only through age 15. In 2007, however, Connecticut began a process to raise the age of juvenile court jurisdiction, and North Carolina officials have considered similar changes (Action for Children 2007). In every state, of course, there are exceptions in which a youth still within the age of juvenile jurisdiction may fall under the jurisdiction of the criminal (adult) court. This practice, known generically as criminal court transfer, is both popular and controversial (McGowan et al. 2007; see also Feld and Bishop, Chapter 32 this volume).

These wide variations in structure are reflected in the formal goals and purposes of juvenile courts across the United States. Especially during the 1980s and 1990s, a number of states modified the missions of their juvenile courts to incorporate a greater emphasis on punishment or accountability (Snyder and Sickmund 2006). In nine states, lawmakers gave their juvenile courts a stronger mandate to
hold young offenders accountable for their law violations by exacting proportionate retribution or punishment (Arkansas, Georgia, Hawaii, Illinois, Iowa, Louisiana, Michigan, Missouri, and Rhode Island). Other states emphasized prevention and rehabilitation as the formal goals of their juvenile courts (for example, Kentucky, Massachusetts, North Carolina, Ohio, South Carolina, Vermont, and West Virginia). In most states, the formal mission of the juvenile court continues to be a combination of youth rehabilitation and public safety, but achieving a proper balance between these competing goals leads to conflict and controversy.

As the responsibilities of juvenile courts became more elaborate during the twentieth century, the policies and procedures used to govern their operations became increasingly contentious. Before the 1960s, juvenile court judges were not required to follow detailed procedures or adhere to complex legal rules. With fewer legal formalities, juvenile courts were free to intervene as they pleased with each youth. Even in cases where a juvenile was merely suspected of criminal involvement, a judge was empowered to take jurisdiction over the matter, place the youth on probation, or even order incarceration. Due to a series of rulings by the U.S. Supreme Court and several decades of policy changes enacted at the state level, juvenile courts of today are more tightly regulated (Manfredi 1998). State and federal lawmakers have blended the original philosophy of the juvenile court with the rules and procedures of the criminal court. Many states have reduced the confidentiality of juvenile court proceedings and juvenile court records, increased the legal formalities used in juvenile court, and shifted the focus of the juvenile justice process away from individualized intervention and rehabilitation (Butts and Mitchell 2000). Juvenile courts now focus more on public safety, offender accountability, formal procedures, and due process. In essence, today's juvenile courts are "scaled-down criminal courts" (Feld 1999, p. 11). They are, in other words, less specialized than they once were.

As policy makers focus on the need to build an effective youth justice system, they have become increasingly attracted to the wide variety of new problem-solving court models. Some experts have even advised policy makers to turn to problem-solving courts as a way of avoiding the impasse between the youth advocates who demand stronger juvenile court programs and the law-and-order hardliners who promote adult court trials for younger and younger juveniles (Butts and Harrell 1998). Meaningful reforms in juvenile justice policy are always difficult to achieve. Lawmakers want to defend the traditional juvenile court, but they also find it easy to respond to public fears of crime by sending more youths to the adult court system. The emergence of "new" problem-solving courts presents lawmakers with an opportunity to break the stalemate over the future of juvenile justice. Policymakers are drawing upon these alternative courts in growing number to construct a more diverse youth justice system. Three court models in particular have become very popular in the past decade: teen courts, juvenile drug courts, and juvenile mental health (or treatment) courts. We consider each of these models and the policy issues they present for future decision makers.
III. Teen Courts

Teen courts, sometimes known as youth courts, peer courts, and peer juries, exist in hundreds of cities and nearly every state across the country. In 2006, the National Association of Youth Courts estimated that more than 1,100 courts were in operation nationwide (National Association of Youth Courts 2006). Teen court programs have obvious appeal for the parents and neighbors of troublesome youths. Teen courts ensure that youths face memorable, albeit unofficial, consequences soon after they begin to violate the law, often after the very first offense. Young people arrested the first time for a minor offense such as vandalism or shoplifting receive little attention from the regular juvenile justice system, often nothing more than a warning letter. When young offenders appear in teen court, they not only receive meaningful consequences for their behavior, they see young people their own age acting responsibly and receiving the respect of others. They see that their lawyer is a teenager, as is the prosecutor. They see juries made up of other youths, and the judge (or judges) may be young as well. Youths are responsible for much of what happens in the courtroom.

Young offenders never “get off with a warning” in teen court. Every case ends with some type of sanction or penalty. Defendants (or “participants”) may be required to repair the property they vandalized, replace the goods they stole, or work in community service jobs to repay the community in general for their behavior. They may be required to write apology letters to their victims, their parents, or both. Some youths may even have to return to teen court to serve on a jury themselves. The dominant presence of other youths in teen court demonstrates to young offenders that most young people are law abiding, that breaking the law has consequences, and that law breakers are not admired.

A. Origins

The modern idea of teen courts began to take shape in the 1970s, although precursors existed long before then. In the 1940s, for example, teens in Mansfield, Ohio, served as judges and attorneys in a “Hi-Y” bicycle court (Mansfield News Journal 1949). The court convened on Saturday mornings to hear cases of minor traffic violations committed by bike-riding juveniles. Using the facilities of the municipal courthouse, teenagers were arraigned for infractions such as violating the stop sign ordinance or riding at night without reflectors. As punishment, the court often required offenders to write three hundred-word essays about traffic laws.

A dramatic growth in teen courts occurred during the 1990s. According to some estimates, there were only eighty teen courts in the United States as recently as 1993 (Godwin 2000). During the late 1990s and early 2000s, the number of teen courts swelled, in part due to the active, financial support of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice. By 2001, OJJDP had funded the National Youth Court Center, and there were more than
eight hundred operating teen courts, with more in the planning stage (Butts, Buck, and Coggeshall 2002). The total number of programs had reached 1,100 by 2006 (National Youth Court Association 2006).

B. Operations

Teen courts are diversion programs that mimic the style and ambience of courts. Their only authority derives from the force of an agreement between prosecutors and police to defer formal charges if a youth agrees to participate in teen court (see Mears, Chapter 24 this volume). Teen courts provide a voluntary diversion alternative for young offenders charged with less serious law violations like shoplifting, vandalism, and disorderly conduct. Proceedings in teen court mirror those of the traditional justice system except that youths, not adults, are in charge of the courtroom. Youth volunteers serve as judges, prosecuting attorneys, defense lawyers, jurors, bailiffs, and clerks. Youths are responsible for much of the key decision-making in each case. They weigh the severity of charges and determine what sanctions to impose. The goal of court hearings in these programs is to review the facts of each case, consider any mitigating or aggravating circumstances that may be involved, and then impose a “sentence.” In some programs (about 5% of all teen courts), defendants may also dispute the allegations and the teen court will hold a hearing to consider the evidence (Butts, Buck, and Coggeshall 2002). This does not mean that youths in teen court are actually on trial or that teen courts establish legal culpability. Still, in programs offering the option of “trials,” youth defendants who are successful in arguing the facts of a case and creating sufficient doubt about the charges may avoid further court involvement. The teen court can waive “sentencing” and the youth’s participation in the diversion program is completed.

The teen court process is similar to that of a traditional juvenile court. In most jurisdictions, teen court proceedings and all program records are confidential. Every youth goes through an intake process that includes an interview with an adult program worker. A parent is often required to be present, and sometimes the intake interview may occur just prior to the teen court hearing. During the interview, the program staff member explains the teen court process to the youth and parent and reiterates that their participation is voluntary. Adults usually administer all teen court activities outside of the courtroom itself. They are responsible for client screening, fund-raising and budgeting, office management, and personnel. Adults typically coordinate the community service placements where offenders work to fulfill the terms of teen court sentences.

The extent of youth responsibility for teen court hearings depends on the courtroom model used by each particular program. In about half of all teen courts, adults perform the role of the judge in teen court hearings while youths serve as attorneys, clerks, bailiffs, and jurors (Butts and Buck 2000). Teen court models are divided into four basic types: (1) adult judge, (2) youth judge, (3) youth tribunal, and (4) peer jury. The youth judge and youth tribunal models maximize youth involvement because youths perform all courtroom roles, including that of judge. Youth tribunals
involve a panel of (usually three) judges who hear cases presented by youth attorneys. There is no jury in the tribunal model. Programs using the youth judge model follow a traditional hearing with opposing counsel, juries, and a single judge. Adults may assist with courtroom management in these programs, but the teen court hearings themselves are run by youths. Adult judge programs, representing approximately half of all U.S. teen courts, function much like programs using youth judges, except that the role of the judge is filled by an adult who also manages the dynamics within the courtroom (Butts and Buck 2000). The peer jury model works much like a grand jury. An adult or youth volunteer presents each case to a jury of teens, and the jury questions the defendant directly. The jury members choose the most appropriate disposition, albeit with guidance and oversight of the adult judge.

Teen courts are usually administered by, or housed within, agencies that are part of the traditional juvenile justice system. Law enforcement agencies, juvenile probation, or prosecutor’s offices serve as the lead agency for more than half of all teen courts (Butts and Buck 2000). Only a handful of programs are operated by schools, social service agencies, or other private organizations, although the number of school-based programs appears to be growing. Most teen courts are small and handle relatively few cases. In a 2000 survey, more than half (59%) of all teen courts reported handling one hundred or fewer cases annually; just 13% of all programs handled more than three hundred cases per year (Butts and Buck 2000).

C. Clients

Police, courts, and juvenile probation agencies are the primary sources of referrals to teen courts. In some jurisdictions, schools may also refer youth to teen courts, especially truancy cases and school behavior problems. All teen courts, however, handle relatively minor law violations. Shoplifting, disorderly conduct, minor assaults, and alcohol possession are the most common offenses referred to teen courts (Butts and Buck 2000). Very few programs handle more serious crimes, although some programs accept low-level felony offenses, most often property crimes involving first-time offenders.

The dispositions imposed by teen courts include those used by traditional courts, including fines, payments of restitution, and community service. In addition, many teen courts use alternative dispositions, such as requiring young offenders to attend educational workshops or discussion groups focused on decision-making skills or victim awareness. Many teen courts require offenders to write formal apologies to their victims. Others require offenders to serve on teen court juries. If offenders fail to comply with these sanctions the case usually is transferred back to juvenile or family court for formal handling.

D. Theory

Many ideas underlie the development and operation of teen courts. The Urban Institute proposed seven theoretical perspectives that might explain the origins of
teen courts and their intended effect on youth recidivism (Butts, Buck, and Coggeshall 2002). Although sometimes known by other names, the seven theoretical schools were: (1) peer justice, (2) procedural justice, (3) deterrence, (4) labeling, (5) restorative justice and repentance, (6) law-related education, and (7) skill building. The Urban Institute considered each category for its relevance to teen court operations. All seven perspectives provided at least some explanation for the high demand for teen court programs across the country, but only the first theoretical perspective—peer justice—was intricately related to teen court operations. The outcomes suggested by the other six theoretical perspectives could be achieved equally well by interventions other than teen court. The concerns of procedural justice, for example, could be addressed by reforming the juvenile court process in a way that encourages youthful defendants to speak more often during court proceedings and to watch the hearings of other youths to confirm the impartiality of the court process. In accordance with deterrence theory, diversion programs in the juvenile justice system could be structured to ensure that sanctions are imposed more swiftly and with greater certainty. Many diversion programs are consistent with the recommendations of labeling theory as they allow juvenile offenders to avoid formal adjudication.

The peer-to-peer justice element of the teen court model was the only unique and viable explanation for the appeal and possible impact of teen courts. Even this perspective, however, leaves court officials with little guidance as to how teen courts should be designed. Until more research is available on the theoretical questions underlying teen court effectiveness, policy makers and practitioners must rely on their own instincts to choose which elements of teen court to emphasize to increase program effectiveness. There are many arguments that have and could be made to support the effectiveness of teen courts, but little sound evidence exists that would allow researchers to judge the validity of each argument.

E. Effectiveness

Despite their popularity, there are still no definitive studies about teen court outcomes. The studies that exist often use weak designs (e.g., no comparison groups), or they involve so few cases that statistical analysis is not highly reliable. The overall impression one gets from the evaluation literature is positive, yet researchers have yet to identify exactly why teen courts are such a promising juvenile justice alternative. Most important, no studies have investigated whether some teen court models are more effective than other models. Some programs place youths in prominent and responsible roles; others do not. Some involve youth judges; others permit only adults to serve as judges. Are these differences important? Do they affect the ability of teen courts to reduce recidivism? Do they shape the experiences of youths, either volunteers or defendants? Researchers have not addressed these important questions.

A few studies have measured recidivism in credible ways, and most have reported very low rates of reoffending among former defendants. Several researchers found
rates of post-program recidivism ranging from 3 to 8% within six to twelve months of an appearance in teen court (McNeece et al. 1996; SRA Associates 1995). Others have estimated recidivism to be between 10 and 25% (Harrison, Maupin, and Mays 2001; LoGalbo and Callahan 2001). A few researchers have found higher recidivism rates, but these are often evaluations of teen courts that accept adjudicated rather than diverted juveniles. Minor and his colleagues, for example, found that nearly one third (32%) of teen court alumni reoffended within one year, but the program involved in that study handled youths referred to teen court as a dispositional alternative after juvenile court adjudication (Minor et al. 1999). The offenders it served could have been from a more delinquent population than would be true of the typical teen court caseload.

Some studies have used comparison groups to measure the possible effects of teen courts on recidivism. Hissong (1991) suggested that teen court participants were significantly less likely to reoffend than a comparison group (24% versus 36%). A North Carolina study (North Carolina Administrative Office of the Courts 1995) matched teen court cases and comparison group cases using several factors and failed to find statistically significant differences in the recidivism of the two groups. Seyfrit and her colleagues (1987) tracked recidivism outcomes in a Georgia teen court and also found little difference in the recidivism of teen court youth and comparison youth.

The 2002 study by the Urban Institute is still one of the best teen court studies available (Butts, Buck, and Coggeshall 2002). The project used a quasi-experimental design to study teen courts in four jurisdictions (Alaska, Arizona, Maryland, and Missouri). Researchers compared more than five hundred teen court cases with similar cases handled in the traditional juvenile justice process. In three of the four study sites, recidivism was lower for teen court youth than for the comparison group. In Alaska, for example, recidivism for teen court cases was 6%, compared with 23% of cases handled by the traditional juvenile justice system and matched with the teen court sample on variables such as age, sex, ethnicity, and offense history ($p < .01$). In Missouri, the recidivism rate was 9% in teen court and 27% in the traditional process ($p < .01$).

F. Policy and Practice Issues

Teen courts are considered a “promising” model of intervention, but their procedures and operations vary significantly, as do their effects. Some teen court programs are youth programs in name only. In these teen courts, adults are responsible for nearly everything, including all facets of the public hearing process and any courtroom procedures necessary to complete each case. Youth volunteers may serve as the lawyers, clerks, and bailiffs, but an adult judge calls the cases, instructs the jury, guides the questioning of defendants, and determines an appropriate sentence for each case. Even a casual observer would conclude that youth participation in such a courtroom was largely symbolic.

In other teen courts, young people are very much in charge. From the moment a young defendant and his or her parent enters the courtroom, they see teenagers
filling all of the major courtroom roles, including that of judge. Youths as young as 14 or 15 years of age are responsible for maintaining order and moving each case through to completion. In the strongest teen court models, adults are not even allowed to speak in court unless they have been explicitly recognized by the youth judge or judges. Programs using this model are sometimes supported by well-organized “youth bar associations” whose members design and manage their own bar exams and hold periodic training programs, mock trials, and so forth (Butts, Buck, and Coggeshall 2002).

It would seem obvious that these two different styles of teen court could have very different effects on youth volunteers, youth defendants, and their parents. Teen courts run by youths themselves may be more effective in encouraging youth responsibility and community engagement. Yet no studies have investigated the differential impact of the competing models of teen court. Teen courts are proliferating at a rapid pace in the United States, but there is no research information to guide the choices of local officials as they develop new teen courts. Most communities continue to adopt the adult judge model, perhaps because it is the easier model to manage and it is more familiar to local juvenile justice officials, but researchers have yet to answer important questions about its effectiveness.

IV. Juvenile Drug Courts

Rapidly growing numbers of drug arrests during the 1980s and 1990s led law enforcement agencies and criminal courts to devise new approaches for dealing with drug-involved offenders. Many jurisdictions turned to drug courts, a model that first appeared in Florida during late 1980s. The idea behind drug courts in the criminal (or adult) justice system is relatively simple. Drug courts provide defendants with an opportunity to have their charges dismissed or their sentences modified in return for completing a course of drug treatment under court supervision. Those who fail in drug court, however, may serve a sentence as long as—or perhaps longer than—they otherwise would have. Drug court programs employ a variety of techniques to ensure that offenders complete their treatment program. Case managers coordinate a comprehensive service-delivery plan, including drug treatment, mental health services, job training, educational and housing assistance, and any other program as needed. Clients are required to comply with frequent drug tests and to appear in regular review hearings, often held in open or public sessions. During drug court hearings, a judge reviews the progress of each case and discusses recent developments with the program staff, the defendant, and often the defendant’s family. Offenders are usually involved in the drug court process until they have established a sustained period of program compliance and a lengthy record of clean drug tests—typically twelve to eighteen months.
A. Origins

The drug court concept is more than twenty years old and still growing in popularity. Less than a decade after the first Florida program opened in 1989, drug courts were operating in hundreds of communities across the United States. By 2010, there were more than two thousand drug courts either in operation or in the planning stages (Office of National Drug Control Strategy 2010). The first drug courts were for adult offenders, and adult programs are still the most common type of drug court. Juvenile drug courts, however, began to appear in the mid-1990s. By 2009, about five hundred juvenile drug courts were operating in the United States.

There are many reasons for the rapid expansion of adult drug courts in the United States. First, drug arrests nearly tripled during the 1980s and 1990s. According to law enforcement data collected annually by the Federal Bureau of Investigation, the total number of drug arrests in the United States grew from 580,900 to 1,702,537 between 1980 and 2008 (Federal Bureau of Investigation 2009). With drug offenders overwhelming court systems, the need for effective diversion programs was clear. Funding was also a powerful impetus. The federal government invested heavily in promoting and implementing drug courts. Federal funding for drug courts was first authorized in Title V of the Violent Crime Control and Law Enforcement Act of 1994 (Public Law No. 103–322). The U.S. Department of Justice then established a Drug Courts Program Office (DCPO) to administer the funds and to provide leadership for program development. By 1997, federal appropriations for drug courts had grown to $30 million annually. During the early years of the twenty-first century, federal investments in drug courts averaged $40 million annually. With federal and state expenditures combined, the total investment in drug courts likely exceeds $2 billion. As many as one million individuals have participated in drug court (Roman and Markman 2010).

B. Operations

The appeal of the drug court model in the adult justice system is compelling and easy to understand. Drug courts allow the criminal justice system to intervene promptly and more aggressively in cases where untreated drug problems will likely result in additional criminal charges and higher court costs. Using the drug court model, the adult justice system is able to increase its oversight of drug-related cases. It can use judicial authority to ensure the delivery of appropriate treatment for drug-involved offenders.

The reasons for introducing drug courts inside the juvenile justice system are more complicated. The traditional juvenile court process is designed to identify the needs of offenders and to monitor their compliance with court-ordered treatment. The creation of juvenile drug courts in the 1990s seemed to be largely the result of funding incentives (Butts and Roman 2004). Many juvenile drug courts began with federal funding, and there were few specific requirements for program operations linked to that funding. At best, the agencies that received funding to start the first
juvenile drug courts were merely encouraged to adopt the “10 Key Components” of effective programs, as promulgated by drug court advocacy groups (National Association of Drug Court Professionals 1997). These components represented general guidance rather than a specific framework for program design or a theory of effectiveness based on research or client outcome data. The lack of specifics led to broad experimentation in drug courts, much of it driven by ad hoc policy-making (Butts and Roman 2004). Thus, there is tremendous variation in program operations, including substantial variation in the target population, the type and severity of participant drug use, and the requirements for program completion (referred to as graduation).

In general, however, juvenile drug courts share the following five elements:

1) Individualized and less adversarial courtroom procedures allow judges and other drug court staff to collaborate openly in motivating young offenders to desist from drug use and sustain desistance.

2) Treatment plans are consistent with the goals established for each youth during court hearings.

3) A visible and consistent system of sanctions and rewards (both in and out of the courtroom) encourages prosocial behavior while deterring deviant behavior among juvenile clients.

4) An effective system of case management services matches offenders and services to ensure consistency in the application of rewards and sanctions.

5) Courts, and especially judges, draw upon their community standing and their leadership skills to ensure the availability of high-quality treatment and supervision services and to hold the services system accountable for youths, their families, and the community.

The working environment in juvenile drug courts is different from that of traditional juvenile courts. Instead of the bureaucratic, sometimes impersonal atmosphere of the contemporary juvenile courtroom, juvenile drug courts employ a more personal, team-oriented courtroom where procedures are highly interactive, even theatrical. Practitioners place great value on the dynamic interaction between offenders and judges in drug court proceedings. Juvenile drug court judges motivate participants by maintaining close and frequent communication with each youth and by keeping track of each offender’s personal situation from one hearing to the next. A judge may confront a young offender with the results of a failed drug test and apply a sanction in one hearing, and then praise the youth for a clean drug test and provide a reward in the next hearing. During court hearings, the judge plays the role of a concerned authority figure, compassionate when possible but always ready to impose sanctions (including detention) so that offenders understand their actions have consequences. Juvenile drug courts share many of the characteristics of adult drug courts. Both are designed to provide intensive supervision of drug-involved offenders and to use an array of treatment and social services to assist (or coerce) offenders to desist from drug use. In juvenile as well as adult drug
courts, shared hearings with fellow participants are a central part of the process. All aspects of the drug court process should convey the message that the only way to avoid sanctions and deeper involvement with the justice system is to follow program rules and to make a sincere effort to change.

The period of participation in juvenile drug courts is somewhat shorter than adult drug courts, usually less than twelve months. There are other important differences between juvenile drug courts and adult drug courts. Juvenile drug courts place a greater emphasis on the role of the family in all facets of court operations, from assessment and treatment, to courtroom procedures, and to the structure of rewards and sanctions. Juvenile drug courts usually include more significant outreach to each offender's home and community. They are more likely to mobilize the efforts of other significant people in each youth's life to create teams of program partners that can teach, supervise, coach, and discipline youthful offenders. Ideally, they also incorporate development-based treatment strategies that take into account the age and cognitive capacity of each client, and they consider each offender's school performance and peer relationships as well as their work and family obligations.

C. Theory

Juvenile drug courts reflect the key features of the juvenile justice process. They are founded on the notion that adolescents are different from adults and that the root causes of adolescent substance use often are found in developmental challenges and family-related risk factors. The juvenile drug court process is similar to that of traditional juvenile courts, but with several important differences: (1) juvenile drug courts involve greater judicial oversight of case progress; (2) there are many more court appearances; and (3) the purposes and goals of substance abuse treatment are closely integrated with the entire court process.

Substantial research literature links substance use and abuse to criminal behaviors, although little of that research specifically looks at the relationship between juvenile substance use and delinquent behavior (Anglin and Perrochet 1998; Ball, Shaffer, and Nurco 1983; Boyum and Kleiman 2002; Brownstein et al. 1992; Condon and Smith 2003; Dawkins 1997; Harrison and Gfroerer 1992; Inciardi et al. 1996; Inciardi 1992; Inciardi and Pottieger 1994; MacCoun and Reuter 2001; Miller and Gold 1994; Mocan and Tekin 2003). The psychopharmacologic effects of substance use may lead drug users to commit crimes when intoxicated, while the economic-compulsive effects of drug use lead users to commit crimes to gain resources to buy drugs (Goldstein 1985). The violence associated with illegal drug trade and the victimization of intoxicated drug users also contribute to drug-related crime (Boyum and Kleiman 2002; Cottler et al. 1992; Goldstein 1985; MacCoun, Kilmer, and Reuter 2003). Drug sellers are often drug users (Reuter, MacCoun, and Murphy 1990), and young drug users and suppliers are more likely than other youths to be violent (Blumstein and Cork 1996; MacCoun, Kilmer, and Reuter 2003). Criminal activity increases as the frequency and intensity of drug use increases (Anglin, Longshore,

Juvenile drug courts build on three theoretical concepts to break the link between drug use and crime: (1) therapeutic jurisprudence, (2) substance abuse treatment, and (3) specific deterrence. Therapeutic jurisprudence is a legal philosophy that defines the courts’ approach to justice (Hora, Schma, and Rosenthal 1999; Senjo and Leip 2001). Therapeutic jurisprudence builds upon procedural justice theory, which states that a fair process will result in more positive participant attitudes, which are associated ultimately with better outcomes. A number of studies have found that participation in adult drug court reduces recidivism rates (Finigan 1998; Goldkamp and Weiland 1993; Gottfredson and Exum 2002; Harrell and Roman 2001; Jameson and Peterson 1995; Peters and Murrin 2000; Wilson, Mitchell, and MacKenzie 2006). A critical factor in the effectiveness of courtroom procedures may be their conformance to the concepts of procedural justice (see Tyler 1990 for a review of procedural justice). According to Harrell and Hirst (2000), courts provide effective procedural justice when they ensure that:

- mutual “trust” exists among all court participants;
- all participants have sufficient opportunities to be heard (“voice”);
- the fact-finding process operates with demonstrable “accuracy”;
- the hearing and sanctioning process is transparent, impartial, and fair (“neutrality”); and
- participants are granted “standing” by being treated with respect.

The theoretical concepts underlying treatment for substance abuse often focus on cognitive behavioral linkages between youth coping strategies and specific developmental goals, including desistance from drug use. There is a substantial literature linking substance abuse treatment to reductions in demand for drugs and associated offending, although again this literature mainly concerns adults. Studies have found that:

- treatment is more cost-effective than incarceration in producing behavior change (Caulkins and Reuter 1997; MacKenzie 2006; Lipsey and Cullen 2007);
- intensive and long-term treatment is more effective than less intensive and shorter treatment (National Institute on Drug Abuse 2009);
- direct interaction with a judge is more effective for serious drug users (Marlowe, Festinger, and Lee 2004); and
- violent offenses cause the greatest economic damage to communities (Cohen and Miller 2003).

Specific deterrence causes improved participant compliance by imposing swift, certain, and increasingly severe punishments in response to client infractions, thus
creating strong incentives for compliance. Deterrence is one of the founding principles of the justice system in that people adjust their behavior according to how effectively the law rewards desirable conduct and punishes unwanted conduct (Nagin 1998). The three classic ingredients of punishment are certainty, severity, and celerity (or swiftness). Of these, the most important may be certainty. When individuals perceive that punishments are very likely to follow illegal or unwanted behavior, they are less likely to engage in such behavior. In fact, once certainty is taken into account, the severity and speed of punishment seems to have less effect on behavior (Grogger 1991). In juvenile drug court, deterrence takes two forms. First, successful drug court participants are often diverted from the traditional delinquency process. Thus, the threat of adjudication itself deters new offending. Second, graduated sanctions are imposed for noncompliance with drug court rules, and these sanctions, including brief stays in detention, often become incrementally more severe for each new infraction. Thus, the immediate threat of sanctioning contributes to desistance.

D. Clients

Juvenile drug courts vary substantially in the types of clients they serve. Programs in rural areas are more likely to serve clients for whom alcohol and/or marijuana are the drugs of choice; access to treatment is often limited. Juvenile drug courts in urban areas may have access to sophisticated treatments, including Multisystemic Therapy, and they may serve youths with more serious drug problems. The mix of clients in any juvenile drug court stems in part from the attributes of the drug- and alcohol-using population in the area, and partly from the risk tolerance of the court, the prosecutor, and the community in general. Drug courts have traditionally excluded individuals with current or prior violence in their criminal histories. In addition, drug courts may reject some potential participants because the community lacks resources to treat those individuals and their behavioral challenges. For instance, many communities lack residential treatment facilities for adolescents; few communities have outpatient programs that are appropriate for adolescents, and resources for treating non-English speakers are often scarce. Other criteria leading to disqualification for drug court include co-occurring disorders of substance abuse and mental illness, youths who have failed prior treatment attempts, or those who simply appear to be bad risks to a court or prosecutor.

Hiller and his colleagues (1998) noted more than ten years ago that the research literature on juvenile drug courts was extremely limited, and unfortunately, it remains limited. With respect to the core activity of treating substance abuse, “little is known about drug treatment as it is provided within JDCs, and it is likely that principles for evidence-based practice are not closely followed in some programs” (Hiller et al. 1998, p. 17). Juvenile drug courts may attempt to link juveniles with drug treatment providers in the community, but many are forced to use inappropriate models (such as Alcoholics Anonymous) to supplement that treatment. Because many communities have limited treatment options for youths, the target population of the juvenile
drug court can vary according to the availability and accessibility of appropriate treatments. Typically, most participants in juvenile drug courts are 15 to 17 years of age and are using marijuana and alcohol almost exclusively (Butts and Roman 2004; Hiller et al. 1998).

E. Effectiveness

Much of what passes for knowledge about juvenile drug court effectiveness comes from studies of adult courts. From these studies, it is fair to conclude that about half of drug court participants will graduate successfully and that drug court participation appears to yield moderate reductions in new offending. Meta-analyses of fifty prior drug court studies found a 10% to 20% reduction in new offending, and recidivism among drug court graduates is well below the average for drug-involved offenders. Drug courts appear to be cost-effective and have the potential to yield even larger benefits if policies for client eligibility were more controlled. Research on adult drug courts suggests that desistance in drug use may not persist beyond the period of drug court participation, and there is little evidence to evaluate whether other important outcomes related to health, education, and labor market participation are improved by drug court. Drug courts almost certainly cost more than business-as-usual court processing, excluding any associated costs of incarceration. Most studies estimate between $4,000 and $5,000 in new costs for each drug court participant. Courts serving clients with more serious substance problems and thus likely to require more expensive services, such as residential treatment, may experience higher costs, but if effective, could generate higher returns as well.

Research on juvenile drug courts is very limited. Quasi-experimental studies of juvenile drug courts have shown mixed results. Matched comparison studies found no significant reductions in drug use or delinquency (Rodriguez and Webb 2004; Gilmore, Rodriguez, and Webb 2005). Not surprisingly, studies that compared dropouts to program completers found improvements in the incidence of delinquency (Applegate and Santana 2000; Miller, Scocos, and O’Connell 1998; O’Connell, Nestlerode, and Miller 1999; Shaw and Robinson 1998). Recently, a series of studies have tested whether incorporating Multisystemic Therapy into juvenile drug courts yields better participant outcomes. A series of random controlled trials have demonstrated substantial improvements in drug use and delinquency outcomes (Henggeler 2007; Henggeler et al. 2006). However, while Multisystemic Therapy has been shown to be a cost-effective strategy (Aos et al. 2001), it is very expensive to operate and has been employed in few juvenile drug courts. It is not clear from these studies whether juvenile drug courts would be capable of generating similar outcomes with other, less expensive therapeutic approaches.

Despite a growing consensus that substance abuse treatment promotes desistance, few juvenile arrestees receive sufficient treatment through the juvenile justice system to reduce their offending. Strict eligibility rules and scarce resources limit access to treatment, even in jurisdictions operating juvenile drug courts. While there are drug courts operating in most mid- and large-sized counties in the United
States, most are very small and serve fewer than thirty clients annually. Thus, only a small number of drug-involved arrestees are likely to receive intensive and long-term treatment in lieu of detention. As a result, existing linkages between the justice system and the substance abuse treatment system are so constrained that at best, only small reductions in crime are being achieved (Bhati, Roman, and Chalfin 2008).

F. Policy and Practice Issues

Does the availability of a juvenile drug court cause some drug-using youth to penetrate the justice system further than what their criminal charges would suggest? Many juvenile drug courts accept youths with limited criminal histories and no reliable indications of severe drug problems (Butts and Roman 2004). A single arrest for marijuana possession could be enough to qualify a youth for drug court in many jurisdictions. If youths with only minor drug problems end up in a juvenile drug court, what does the community gain? For some of these youths, drug court may help them to avoid future drug abuse and costly legal trouble. For others, drug court could turn out to be just as damaging to their futures as drug use. Formalized legal intervention with adolescents is not risk-free. Young people who are arrested and brought to court may be more likely to grow up to become adult criminals than similar youths who are allowed to discover for themselves how to be law-abiding and drug-free (Bernburg and Krohn 2003). If a drug court program were to accept many clients without serious drug problems or criminal involvement, the program would not only fail to have a significant effect on drug-related crime in the community, it also could turn out to be harmful for some youths. Nearly twenty years after the first juvenile drug courts appeared, these important questions remain unanswered.

V. Juvenile Mental Health Courts

Like drug courts, mental health courts respond to a particular type of case that traditional courts find challenging—offenders with mental health problems. Mental health courts first emerged in the criminal justice system in the late 1990s, beginning in the state of Florida. As the model met with early success and growing optimism, it spread quickly throughout the adult justice system. A few years later, the strategy appeared in the juvenile court system as well. Juvenile mental health courts evolved like other problem-solving courts. They are designed to address unmet needs among a targeted group of people—in this case, chronic low-level juvenile offenders with severe mental illness.

In 2001, Santa Clara County, California, opened the first juvenile mental health court. Court officials hoped the Court for the Individualized Treatment of
Adolescents (CITA) would not only address the needs of juvenile offenders with serious mental illness using a multidisciplinary team approach, but also underscore the critical gap in resources for these youths (Behnken, Arredondo, and Packman 2009). The strategy was to embrace an offender-based rather than offense-based approach that considers an array of factors related to the juvenile, including the youth's mental health, developmental stage, emotional needs, and public safety (Arredondo 2003). Practitioners associated with a juvenile mental health court see crimes through a lens in which behaviors are possible symptoms of mental illness, and their goal is to create a safety net of appropriate treatment options for youthful offenders (National Council on Disabilities 2003).

Juvenile mental health courts share many structural and procedural characteristics with other specialized courts. They emphasize individualized case processing, coupled with a multidisciplinary team approach and regular judicial supervision. They offer a balance of swift and consistent sanctions combined with treatment. Santa Clara County implemented CITA based on the “systems of care” approach, focusing on the family context and working across organizational systems. The court is guided by the notion that early and appropriate intervention allows juveniles with mental health issues to receive services and thereby avoid further legal trouble (Behnken, Arredondo, and Packman 2009). Juvenile mental health courts are beginning to catch on in communities across the United States. As of 2007, the National Center for Mental Health and Juvenile Justice identified eighteen operating juvenile mental health courts, and twenty other jurisdictions had signaled their intention to open juvenile mental health courts (Council of State Governments 2008). To understand the context in which these courts are growing in popularity, it is important to review the reasons for their creation.

A. Origins

The dearth of mental health services for youths in the justice system has long been decried by mental health professionals. They support their arguments by pointing to high rates of mental health disorders among young offenders. One study, for example, found that nearly two-thirds of the juveniles held in Chicago’s juvenile detention center had mental health problems, although the figure included many youths with minor disorders and substance use issues (Teplin et al. 2002). The Coalition for Juvenile Justice estimated in its 2000 report to Congress that 50 to 75% of the youthful offenders placed in secure correctional facilities nationwide had diagnosable mental health disorders (Coalition for Juvenile Justice 2000). The data confirmed what advocates had long argued: facilities holding juvenile offenders were becoming a “dumping ground” for youths with various forms of mental illness (Lang 2003; Behnken, Arredondo, and Packman 2009).

The reasons behind these disturbing figures are complex. The proportion of youth with detectable mental health problems appears to increase as juveniles move through the justice process. McReynolds and her colleagues (2008) measured the prevalence of mental health disorders among youths soon after their
arrest by law enforcement, regardless whether their arrest resulted in formal legal charges. Among these youths, just 29% had some form of diagnosable mental disorder, and a third of those disorders involved substance use. Wasserman and her colleagues (2005) measured mental health problems among youths referred to a juvenile probation intake department. In other words, they examined youths deeper into the justice system than the youths studied by McReynolds and her colleagues, but not as deeply in the system as youths held in correctional facilities. In the Wasserman sample, 46% of youths had some form of diagnosable disorder, including substance abuse.

The pattern is clear. As one looks deeper into the juvenile justice process—from initial contact, to probation intake, to incarceration—the prevalence of mental health problems among young offenders increases. Whether the pattern reflects a correlation between mental health problems and juvenile offending or it results from the effects of differential handling by justice authorities who are more likely to intervene in cases involving mental health problems, the policy conclusions are the same. Communities need better intervention strategies for youths with mental health disorders to prevent them from moving into the deep end of the justice system (Behnken, Arredondo, and Packman 2009).

Juvenile mental health courts appear to fill a service gap caused by the failure of two systems—mental health and juvenile justice (Grisso 2004; Steadman et al. 1999). This failure stems from a number of problems in the way mentally disordered juveniles are managed by traditional courts, including inadequate screening and assessment, a shortage of mental health treatment, a lack of collaboration among relevant agencies, and poor coordination between youth, families, and service providers. Given the cross-agency nature of these issues, organizational collaboration must play a central role. Juvenile mental health courts, with their emphasis on a multidisciplinary team approach, may provide such a framework (National Council on Disabilities 2003).

B. Clients

Juvenile mental health courts serve a population of offenders with very specific characteristics. Broadly speaking, most courts accept nonviolent youths who have committed a criminal offense and been diagnosed with a severe mental illness. Some courts prohibit youths from participating if they have been charged with serious offenses—for example, murder, arson, and rape—or if they are suspected of gang involvement. Other courts serve only youths with co-occurring diagnoses, or those with both mental health and substance abuse issues. Most juvenile mental health courts screen youths for eligibility based on the severity of their mental illness, excluding those with minor or transient disorders. Nearly all courts, for example, exclude youths diagnosed with only oppositional defiant disorder or conduct disorder (Cocozza and Shufelt 2006).

The National Center for Mental Health and Juvenile Justice identified several key aspects of juvenile mental health courts (Cocozza and Shufelt 2006).
Courts are most effective when they are just one component of a broader approach to meet the mental health needs of juveniles, including treatment initiatives and alternatives to detention.

Most courts use a post-adjudication model, while there are a few that operate at the pre-adjudication stage.

The majority of courts do not restrict access based on type of offense, admitting juveniles who have committed either misdemeanors or felonies, though several exercise discretion regarding whether to accept offenders who have committed very violent felonies.

There is little consensus among juvenile mental health courts on diagnostic criteria for program admission.

C. Operations

Juvenile mental health courts are similar to adult mental health courts in many ways, and they present many of the same benefits and challenges. Because of their participants' status as minors, however, mental health courts for juveniles involve other issues, including the effect of developmental issues on cognition and behavior, the effectiveness of mental health treatment with adolescents, the critical involvement of parents and guardians, and the role of schools and other service systems (Council of State Governments 2008). Most juvenile mental health courts operate inside the juvenile court system, but some are administered by probation, and others may be operated by a state family services agency (Coccozza and Shufelt 2006). All juvenile mental health courts function as a separate docket, frequently overseen by a single judge, and have as their primary mission connecting participating youths to existing community-based mental health services. Most of these courts identify their clients through mental health screening and assessment, usually after adjudication but prior to disposition. Other courts function at the pre-adjudication stage, while some may serve as an aftercare program for juveniles transitioning out of residential facilities.

Most juvenile mental health courts involve multidisciplinary teams consisting of probation staff, defense attorneys, prosecutors, case managers, and treatment providers. Teams work together to develop individualized treatment plans, to monitor client progress and compliance with treatment, and to make recommendations to the court. The members of such teams often address institutional and structural barriers that can complicate cross-agency collaboration. For example, the team may tackle issues related to jargon, conflicting departmental objectives, and different means of achieving “success” (Behnken, Arredondo, and Packman 2009). Juvenile mental health courts provide a range of treatment to participating youths that includes traditional services, such as individual, group, and family therapy; case management; and medication management services.

The length of a youth's participation in juvenile mental health court varies widely, from a few months to two years or more. An offender's participation may end when the term of probation is over, the youth's mental health issues are
stabilized, or after successful program completion. The terms of program compliance commonly include electronic monitoring (e.g., ankle bracelet), home visits, community supervision, and regular judicial review hearings to ensure adherence to the treatment plan. Participation may end prematurely if the juvenile fails to comply with terms of probation, commits a new crime, or the youth and/or parent chooses to withdraw from the program (Arredondo et al. 2001; National Council on Disabilities 2003).

D. Effectiveness

There is very little empirical research on the effectiveness of mental health courts, especially for programs serving youths. In a review of the literature, Cocozza and Shufelt (2006) found that nearly all research on mental health courts focused on adult courts, and most studies are program descriptions (e.g., Goldkamp and Irons-Guynn 2000), policy papers (e.g., Redlich 2006), or process evaluations (e.g., Steadman et al. 2005). To the extent that researchers have examined mental health courts for juveniles, they appear to have incorporated the basic components seen in other specialty courts, such as collaboration among stakeholders and swift and consistent sanctions (Roman and Harrell 2001). Preliminary investigations into the first two mental health courts for juveniles suggested that they focus on strengthening relationships between the juvenile justice and mental health systems—a critical ingredient to the effectiveness and success of any specialty court (Mears 2001)—but the findings of the studies are subject to interpretation (Behnken, Arredondo, and Packman 2009).

Like other specialized courts, the absence of a standardized program model suitable for replication across jurisdictions has inhibited the clarity of evaluation findings for juvenile mental health courts. The heterogeneity of program models makes it impractical to compare any one court to another. There is no consensus regarding what defines a mental health court. Every jurisdiction reinvents the model, which leads to highly varying eligibility criteria, target populations, program lengths, and intensity (Council of State Governments 2008). In addition, every court has access to different community resources and funding streams (Trupin and Richards 2003; Watson et al. 2001). At best, the research suggests that the model has merit, but the realities of program implementation render client results unpredictable.

E. Policy and Practice Issues

As juvenile mental health courts expand across the county, it is clear that communities see them as an attractive alternative to the traditional court system for juvenile offenders with mental health disorders. More research, however, will be necessary to determine how successful they are in reducing recidivism and to explore the impact of the courts on participating service systems. There are several potential benefits associated with juvenile mental health courts, including the ability of the judiciary to leverage youth access to community-based mental health services and the court’s
ability to mandate youth and family compliance with treatment orders. The monitoring strategies employed by the courts may enhance client adherence to treatment orders, and the presence of the mental health court itself may help to expand dispositional alternatives for youths. Communities may benefit from the introduction of the multidisciplinary team approach favored by mental health courts. Collaboration among systems improves the coordination of services for youths, and each effort to form an interagency partnership raises new awareness of the issues and challenges faced by individual organizations. This increased awareness helps to draw attention to resource limitations and may increase support among community members for adding additional services.

Although there are many benefits associated with the implementation of juvenile mental health courts, there are also risks. The National Mental Health Association (2009) summarized the concerns seen across the professional literature (Tyuse and Linhorst 2005; Powell 2003; Wolff 2002). Many of these issues relate to whether the courts are too coercive and whether they stigmatize and criminalize the mentally ill. The most pressing issue, common to other specialized courts, is whether the existence of the courts contributes to “net-widening” by drawing youths into the juvenile justice system who previously would not have received legal sanctions, merely in order to facilitate service delivery. Some believe that because the courts wield considerable power in breaking down barriers to mental health services, their actions may unintentionally coerce youths into participation. Research indicates that in order for mental health interventions to have lasting effects, client participation must be voluntary (Monahan et al. 2001). Taking into account a youth’s mental health status, together with the power asymmetry implicit in a minor’s status, critics argue that risks remain even for youths agreeing to participate voluntarily. Some research exploring this dynamic, however, reveals that participants do not report feeling coerced; to the contrary, they report feeling more positive toward the court and toward the legal system due to their extensive interactions with the judge (Poythress et al. 2002).

Aside from the potential misuse of judicial resources and the collateral consequences for youths associated with unnecessary contact with the justice system, there are other concerns related to the potential for juvenile mental health courts to disrupt effective community service systems. Because the mental health resources available to courts are the same hard-to-access resources that exist for other agencies in the community, some critics question whether a court’s efforts to secure treatment for its clients may be tantamount to “cutting in line,” as court-ordered youths receive priority while others wait longer for service (Cocozza and Shufelt 2006).

Finally, policy makers must confront fundamental questions about whether juvenile mental health courts are even necessary. Even proponents question whether the key elements of mental health court—the multidisciplinary team approach and its orientation toward treatment—could just as well operate in a traditional juvenile court (Cocozza and Shufelt 2006). However, the fact remains that juvenile mental health courts, despite their limitations, fill an apparent gap in services and connect
youths with treatment resources that would otherwise remain unavailable to them. The research is very clear that ignoring mental illness among youth offenders can have tragic consequences. Mental health courts are advocated as an effective way for the legal system to support “the evolution of policy toward more contemporary standards of decency” (Behnken, Arredondo, and Packman 2009, p. 25). Despite their benefits, however, a number of substantive issues and implementation challenges remain.

VI. Conclusion

Problem-solving courts first appeared in the adult justice system in the late 1980s and early 1990s. Soon after, the juvenile justice system began to develop them as well. Thousands of teen courts, juvenile drug courts, and juvenile mental health courts now exist in communities across the United States. Ironically, the principles underlying these problem-solving courts are largely the same as those advanced by the American juvenile court movement of the late nineteenth and early twentieth century (Tanenhaus 2004). Lawmakers founded the original juvenile courts because they believed that many young people charged with crimes were still redeemable and that the crimes of children deserved a different kind of legal response. The juvenile court process was to focus on the offender, not the offense. Juvenile court intervention was to correct harmful behavior and not simply to punish it. Instead of merely imposing a sentence that was proportionate to their offenses, the juvenile court was to involve each youth in a program of treatment and rehabilitation and then monitor the youth’s participation in treatment.

In other words, juvenile courts were founded on the same ideas that today inspire the “new” movement toward problem-solving courts. Noting this irony, some experts have observed that drug courts—the most popular type of specialized court—are essentially juvenile courts for adults (Butts and Roman 2004). Why then, is it necessary to invent new, problem-solving courts for juveniles within the existing juvenile court system? The growing use of problem-solving courts for juveniles may be tacit acknowledgement that juvenile courts have strayed so far from their historical mission that the legal system needs a new version of the original juvenile court model as an alternative to contemporary juvenile justice.

Of course, one could make a similar argument for the criminal (or adult) justice system. The goals advanced by problem-solving courts—harm reduction, individualized behavior correction, and community well-being—were not new in the 1980s when drug courts first appeared. They were not new even in the late 1800s when the juvenile court movement adopted a similar mission. Ameliorating social problems and reducing harmful behavior has always been a basic purpose of the law. Problem-solving courts may be new in one sense, but their mission is very old. The model of a problem-solving court is simply a reformulation of the foundational goals of justice.
The growing presence of problem-solving courts in the legal system today may be due less to their revolutionary approach than to their effectiveness at correcting a long-standing imperfection in the operations of the justice system. In practice, the justice system may have allowed some elements of its mission—namely, retribution and deterrence—to supplant other, equally important elements—rehabilitation, equity, and social justice. It is easy to see why a new court structure to correct such imbalances would improve the effectiveness of the criminal justice system. That the same strategy may now be necessary in juvenile justice is certainly more intriguing and perhaps more regrettable.

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