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Innovative Alternatives to Formal Court Action for Special Populations



**Clement Cann,
Central West End Neighborhood**



Welcome to the Spring 2004 issue of “*How’s YOUR Mental Health?*”. The City of St. Louis Mental Health Board of Trustees (MHB) developed this quarterly e-zine to help St. Louis residents become better informed about mental health and substance abuse.

Many people know relatively little about these topics, even though an MHB study found that 31 percent of city voters surveyed have an alcoholic in their immediate family, 22 percent have a relative addicted to other drugs and 25 percent have a close relative who is mentally ill. Directly or indirectly, these are problems that touch all of us.

Each edition of “*How’s YOUR Mental Health?*” focuses on a topic that impacts the lives of many St. Louisans. This issue is devoted to innovative ways the St. Louis court system, in cooperation with St. Louis Public Schools and local service agencies, is dealing with juveniles and persons with mental health problems who have been referred to the courts for relatively minor offenses.

This issue begins with a special commentary that provides an overview of the innovations by representatives of the court system and a local service agency.

The articles that follow take a more detailed look at the innovations, which steer defendants toward appropriate services, rather than jail. They include:

- Mental Health Court — offers treatment and other services as an alternative to jail for individuals with mental health problems
- Drug Court/Juvenile Drug Court — offers treatment as an alternative to jail
- Truancy Court — provides support services to students with poor school attendance and their families, as an alternative to penalties through City Court

MHB hopes you will find these articles and the references that are included informative and useful.

Finally, Help is Available for Those Who Need it Most

A Special Commentary by:

By

**Marge Parrish, Associate Program Director
Mental Health Association of Greater St. Louis**

and

**Joli Baker, Supervisor of the Truancy Court Program
St. Louis Family Court**



Marge Parrish,
Associate Program Director
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The mentally ill and juveniles – two populations least able to defend themselves – have always been those most likely to encounter problems in dealing with court systems across the country.

More than two decades ago, policies regarding the institutionalization of the mentally ill led to the release of countless numbers from hospitals and other residential centers. The thought was humane, but for the vast majority of those released and their families, the result was devastating.

Many of those with mental health problems had no knowledge of how to survive in the everyday world or of the service agencies available to help them. And for those who did seek treatment or support services, availability was often limited.

Because responsibility for a mentally-ill person can be frustrating and exhausting, families are often unable to cope, meaning that many of these folks end up homeless, on the street. There they're very apt to run afoul of the law – frequently for charges of being a “public nuisance” –which may, in fact, amount to nothing more than acting in what, for them, is a normal manner. Unable to defend themselves effectively, with no one else to speak up for them, and – perhaps most important – nowhere else to go, these people may be held in jail far longer than would be the case for a mentally healthy person accused of a similar misdemeanor.

Teenagers Faced Problems in Court, Too

Teenagers are also apt to face problems with the legal system that are similar to those experienced by people with mental illness. Or, because court dockets are so overcrowded, police may “overlook” offenses that should carry some penalty. If youngsters feel they've gotten away with something, it may be an incentive to

see how much farther they can go without repercussions. This is no kindness to them and certainly not to the community where they live.

Fortunately, over the past few years, the St. Louis City Court has initiated innovative new courts to serve these special populations, offering them the alternative of services, rather than jail time. Although this does not solve all the problems, nor reach all of those who could benefit from it, we applaud what is being done and the success of the operation of these courts.

In brief, the additions to our judicial system are: Mental Health Court, Drug Court/Juvenile Drug Court and Truancy Court.

Mental Health Court Provides Special Opportunities

There is a general consensus that correctional facilities are ill-equipped to deal with the needs of mentally ill persons. Research indicates that about 16 percent of jail detainees, probationers and state prison inmates are identified as mentally ill. Some research indicates that for every person with severe mental illness in public psychiatric hospitals, there are four more with equally severe mental illnesses incarcerated in federal and state jails and prisons. Often there is no one qualified to evaluate or treat these prisoners, and sometimes even medication that has been prescribed for them is withheld.

St. Louis' Mental Health Court was established in 2001, with judicial personnel who had been trained to understand the special problems of defendants with mental illnesses and to offer them the option of appropriate services, rather than jail time. Judge Margaret Walsh, who presides over the program, describes it as "really wonderful."

We believe the Mental Health Court is serving as a much-needed catalyst in moving toward a comprehensive, community-based mental health system, especially for those who most need its help.

Drug Courts Meet Special Needs

Drug courts for adults sprang up in response to the tremendous increase in cocaine use in the 1980s when drug-related cases clogged the courts and traditional methods of dealing with these defendants failed to be effective. A decade later a similar increase in drug use by teenagers led to the establishment of juvenile drug courts. Both use "therapeutic jurisprudence" – methods to provide services to offenders, rather than automatically sending them to jail. Both programs are voluntary on the part of participants. They are successful because they represent a remarkable cooperative effort between the court system and local providers of treatment services.

In the St. Louis Drug Court, for example, outreach staff from service agencies actually sit in the courtroom during each session and volunteer on the spot to provide appropriate services to defendants, many of whom are homeless and mentally ill.

As with all public programs, St. Louis' Juvenile Drug Court could use more money. Presently, three deputy juvenile officers each carry a caseload of ten participants, each of whom they work with every day. Victoria Martin, who works with the Juvenile Drug Court as court improvement project coordinator for the St. Louis Family Court, wishes there was funding for another juvenile officer for a gender-specific program for girls. "It's a real need," she says. "The courts see so many of them who are sexually active, truant and involved with drugs, but we don't have the staff to meet their needs."

Truancy Court Deals with More Than Attendance



Joli Baker, Supervisor
Truancy Court Program
St. Louis Family Court

The Truancy Court is also a cooperative venture between Family Court personnel, the St. Louis Metropolitan Police Department, St. Louis Public Schools, agencies that provide services adolescents may need to encourage and support regular attendance and, of course, the students themselves and their families.

As Mike Lamping of Community Alternatives notes in the story on Truancy Court, truancy is usually the tip of the iceberg – a symptom of many other problems the student has with family, school, peers and community.

Students and their parents who volunteer to participate in Truancy Court, rather than facing a more formal court judgement, receive intensive services designed to get to the root of their difficulties and help to resolve them. Along with attendance, grades and school behavior are also monitored. In the six city schools where the program has been effect for the past two-and-one-half years, it is having a positive impact.

We see tremendous value in all these efforts and the help they offer to populations who have seldom fared well in the traditional judicial system. We are proud to be part of the system that implements these innovative programs.

Mental Health Agencies Helped Organize Special Court in St. Louis

In St. Louis, mental health agencies played a major role in the formation of the city's first Mental Health Court in 2001, under the jurisdiction of Municipal Judge James Sullivan. Marge Parrish, then a staff member at the National Association for the Mentally Ill (NAMI) in St. Louis, was one of the advocates who assisted Judge Sullivan in organizing the program.

Parrish, now associate program director for the Mental Health Association of Greater St. Louis, is especially proud of the fact that she and other NAMI personnel trained the judges, court clerks, probation and parole officers and marshals to work with the defendants they would see in the Mental Health Court. "This is a true collaborative effort," Parrish says. "Various people in the court system, such as jail personnel, defense attorneys or other divisions of the court, refer to the Mental Health Court misdemeanor defendants they believe are appropriate. The judge sits down every week with representatives of the mental health agencies, who can identify current clients on the docket and provide information helpful to the judge."



When defendants appear before the Mental Health Court judge, they are asked if they are seeing a doctor and if they are taking prescribed medications. Often, Parrish says, the answer is no to both questions. "We recognize," she says, "that using the normal route of punishment for mentally ill defendants won't accomplish anything. Referring them to a service provider who can assess and meet their special needs is much more effective."

"We're not suggesting that mentally-ill defendants who commit serious crimes should not receive appropriate sentences," Parrish says, "but we believe each situation should be looked at carefully. In St. Louis, the Mental Health Court deals only with people who have committed misdemeanors. At least one similar court in outstate Missouri handles some felonies, but there may be differences in its definition of what constitutes a felony."

Participation Is Voluntary

As with other innovative court services, defendants' participation in Mental Health Court is voluntary. Those who decline treatment or other recommended services may take their chances in a regular court setting.

Lou Kimmel is one of the strongest boosters of the Mental Health Court. As an outreach worker for BJC Behavioral Healthcare for 14 years, she spent much of her time going to homeless shelters and searching the streets for people who needed mental health services, but had no contact with the system of providers. "Still," she says, "there were 'invisible' people we missed. We heard about mental health courts springing up in other parts of the country and realized that this could give us access to a whole group of people we hadn't been able to reach earlier. Even before Judge Sullivan started the program, mental health personnel were talking about what it could accomplish, and outreach teams from BJC and St. Patrick's Center were instrumental in working with the judge to get the court started. Today the Mental Health Court is a good 'meeting place' for outreach people and a community with available services to finally reach many people in the population we'd been missing."

Judge Margaret Walsh currently presides over the Mental Health Court. "This is a really wonderful court," she says, "because outreach people from various agencies in the city actually come and sit in the courtroom and offer their services on the spot. We target people with offenses like begging and public drinking. Often they're homeless. Most have mental health problems, especially schizophrenia. When defendants in other divisions of the court system exhibit symptoms of mental illness, they are referred to us. From the bench, I can put them in touch with agencies to arrange for housing, medications and social security payments. I can refer them to a shelter or, if they're estranged from their family, attempt to arrange a reconciliation."

Bob Crecelius, chief probation officer for the Department of Public Safety's Division of Corrections, also praises the accomplishments of the Mental Health Court. "We look at all the basic requirements for a good life, such as housing and employment," he says. "But we realize that the really basic things we must deal with first are drug/alcohol use and mental illness or disability. If a person has one of these issues, our major goal is to place them in treatment within 48 hours. We're proud of the fact that we meet this goal in 85 percent of the cases we work with."

Recognizing the success of Mental Health Courts, the U.S. Bureau of Justice Assistance provided \$2.98 million in grants for FY 2003 to 14 programs selected from among 44 national applications. Among other requirements is that each of the funded courts continue supervision of treatment-plan compliance for a term not to exceed the maximum allowable sentence or probation for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

Drug Court/Juvenile Drug Court

The emergence of crack cocaine in the mid-1980s had an unprecedented impact on the criminal justice system in the United States. In an effort to curtail drug dealing on the streets and the crime and violence associated with illegal drug use, arrests and prosecutions of drug offenders escalated dramatically, and penalties for the possession and sale of illegal drugs were toughened.



The tremendous influx of drug offenders into the system placed a severe strain on the courts, forcing some to the brink of collapse. Furthermore, usual legal strategies did not address the complex issues underlying substance abuse and did little to stem the tide of drug offenders flowing into the system, to habilitate drug offenders already in the system or to reduce recidivism among released offenders. The result was a “revolving door” that continually cycles drug offenders in and out of the justice system. Research has shown that an individual with severe addiction commits nearly 63 crimes per year. In 2001, drug offenders accounted for more than 20 percent of sentenced state inmates and 55 percent of sentenced federal inmates. It costs from \$20,000 to \$50,000 a year to incarcerate one felony offender.

These problems led to a philosophical shift toward “therapeutic jurisprudence” – a premise that the law can be a therapeutic agent and that positive therapeutic outcomes are important judicial goals. At this point, a small number of innovative jurisdictions began to look carefully at possible cooperative relationships between the criminal justice system and services for alcohol and other drugs. They discovered that treatment and justice practitioners share basic goals – stopping the abuse of all addictive substances and curtailing related criminal activity. Out of this, the concept of treatment-oriented drug courts was born.

Drug court is cooperative, rather than adversarial. If defendants have already been sentenced in another jurisdiction, the sentences are deferred when they are transferred to drug court. As with other courts for special populations, participation is voluntary. If the requirements outlined by the drug court judge are completed, the original charges will be dismissed within a specific period after “graduation.” In comparison to the \$20,000 to \$50,000 annual cost of incarcerating a person with felony drug charges, the cost to rehabilitate a defendant through a drug court is about \$2,500.

By 2000, the Centers for Disease Control and Prevention reported that rates of smoking, drinking and other drug use among teenagers was alarmingly high. Half of all students reported alcohol use and nearly one-third were binge drinking.

More than one-fourth of high school students were marijuana users; nearly ten percent had used cocaine by the end of high school; and 14.6 percent had used inhalants. In just four years, from 1991 to 1995, the number of juvenile drug offense cases processed nationally increased 145 percent.

Juvenile court judges experienced many of the same frustrations the adult courts had faced. They found that dealing with substance-abusing juveniles within the traditional system often meant long waiting lists for treatment, disjointed service delivery, lack of family involvement and no input with the kind or length of treatment.

Youth Use Drugs for Reasons Different from Adults

A major difference in the defendants in juvenile drug courts is that, although they may rely upon substances to function, they are seldom addicted to alcohol and other drugs in the traditional sense, and they use them for reasons vastly different from those of adults. Often they begin using drugs as a result of bad decision making, acting-out behavior, the influence of peers or in response to an often-undiagnosed mental health disorder.

It has been documented that there is a direct link between drug use and juvenile crime. Research shows that drug use is related to recurrent and violent delinquency that can extend through adulthood. To break the cycle, the most successful treatment ensures community safety, holds the youth accountable for their actions and provides drug and alcohol treatment. It is impossible to put a price on the life-long, positive impact this has on young people, their families and the community.

Personnel who work with juvenile drug court defendants are specially trained to maximize the effectiveness of their services, and parents/guardians are required to share involvement in the drug court process with their teenager. Appropriate sanctions and rewards are used as incentives for “sticking with the program.”

The National Criminal Justice Center reports that more than 80 percent of juvenile drug court participants have returned to or remained in school full-time as a result of the program.

Victoria Martin works with St. Louis’ Juvenile Drug Court as court improvement project coordinator for the St. Louis Family Court. “This project was started by Judge Brendan Ryan,” she says, “because he was seeing so many criminal cases with youthful offenders who had drug and school problems. Every youth in detention gets a drug test, so we get Juvenile Drug Court candidates from there and also from other units in the court



system. Young persons who volunteer to participate sign a contract to go to a treatment center three or four days a week after an initial stay of 60 days or so in residential treatment.”

Drug Use Is Just the Tip of the Iceberg

Martin estimates that 95 percent of the Juvenile Drug Court participants have low IQs, learning/behavior problems and difficulty understanding and retaining information they read or hear. “Drug use,” she says, “is just the tip of the iceberg for these kids. Because so many of them have mental health needs, we have a psychiatrist sit in on staffings.

“Depending on the offense, the judge may require some sort of restitution, mental health services, grief counseling, curfews or “night watch” – random visits to the youth’s home to make sure the requirements are being met.

A typical case referred to the Juvenile Drug Court involves Darren (not his real name), who was arrested for the possession and sale of potent drugs. He pled guilty and entered the Juvenile Drug Court program in April 2003. Upon his release from detention, his mother informed the court that Darren was suspended from school and that a meeting to develop a new Individualized Education Plan (IEP) would have to be scheduled before he could return.

The school district’s Office of Special Education has provided Darren with services for a behavior disorder since he was in fourth grade. The recommendation from his IEP was that he be placed in a contractual educational setting that specializes in working with students who have received the diagnosis of severe behavior disorder. However, within the first three weeks, this setting proved unsuccessful because of Darren’s aggressive behavior toward both staff and peers.

Because Darren failed to comply with his rules of supervision, it was again necessary to place him in detention. There he was evaluated by the court psychologist, who found that Darren’s IQ is 59 and that he suffers from depression. At that point, he was referred to a psychiatrist for treatment for the depression and also to both BJC and the Regional Center.

A meeting was held, Darren’s mother completed the necessary paperwork and Darren was found to be eligible to receive the services of both the Regional Center and BJC. He is currently receiving wrap-around services from the Office of Special Education, BJC, the Regional Center and the Juvenile Drug Court. However, because of his age, the jurisdiction of the court will be terminated. It is hoped that the services of BJC and the Regional Center will take Darren into adulthood.

“If students hold up their end of the contract, we can get them through the program successfully in nine to ten months,” Martin says. “What we too often

can not do is get them to go to school. Some enter a GED program, but what I'd really like to see is a treatment program with school on site."

The Juvenile Drug Court staff includes three deputy juvenile officers (DJOs), each of whom is responsible for ten teenagers they see every day at home, in school or in a treatment center. The DJOs also spend time in night watch, dropping in unannounced at participants' homes to make sure they are meeting their contract obligations, such as curfew. There are positive incentives for those in compliance and sanctions for those who are not.

"Currently, there's just one girl in the Juvenile Drug Court program," Martin says, "but there's a great need to serve more. If we had funding for another DJO, we could start a gender-specific program for girls who are sexually active, truant and involved with drugs. Both Judge Brendan Ryan, who oversees the Juvenile Drug Court, and I are very interested in this."

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Truancy Court

Joli Baker, who supervises the Truancy Court program for the St. Louis Family Court, says that 90 percent of people who go to prison don't have a high school diploma. Poor school attendance is also a significant predictor of juvenile delinquency and years of economic struggles. This emphasizes the importance of truancy courts, another of the ways that judicial systems around the country are cooperating with families, schools and community agencies to benefit young people.

The City of St. Louis' ordinance on truant behavior says that parents are to be fined \$25 for each day a child under 16 is not in school. "It was never enforced," Baker says. But, since July 2001, the Truancy Court is making an impact on attendance problems in six city schools – Beaumont, Blow, Roosevelt, Vashon, Yeatman and Sumner. A deputy juvenile officer is assigned to each building, and judges from the city court system volunteer to "hold court" every other week at the first four schools. Students and their families from Yeatman and Sumner attend Truancy Court in other locations.

Students with truancy problems are referred by the school district to the Family Court. Technically, they are considered truant after missing ten days of school, but those who reach the court system have generally had many more unexcused absences. To participate in the Truancy Court program, a student must be a city resident and no older than 15-1/2. "This gives us a little time to work with them," Baker says.

Most Programs Work with Younger Students

Most truancy courts in other areas work with elementary and middle school students but, with some exceptions, the St. Louis program focuses on high school students, who often have a long history of attendance problems. While Baker acknowledges that the challenge of dealing with older students is tougher, for many teenagers, it's a final chance to turn their lives around before facing more serious involvement with the law.



Regular school attendance is, of course, a major goal of Truancy Court, but personnel are also concerned with each student's grades and behavior. And, because it is recognized that truancy is rarely an isolated problem, the court cooperates with more than 20 community service agencies to assist families in getting their

teenagers' lives back on track. "It's very important that they see our program as not something punitive, but as a positive resource," Baker says.

Mike Lamping is supervisor of the multisystemic (meaning that an issue is approached on many levels) therapy program at Community Alternatives, one of the city agencies that assists students and their families through the Truancy Court. "We work with those who have mental health needs," Lamping says, "and our goal is to address whatever problems underlie the truancy."

Lamping's staff of therapists have backgrounds in a variety of areas – social work, psychology, counseling and education – but all have experience and skill in both individual and family therapy. Each of them is assigned just a few cases, but they're available to the families 24 hours a day, seven days a week.

"To get at the root of school attendance problems, we intervene at multiple levels," Lamping says. "Often truancy is just the tip of the iceberg. We look at each student in a broad context of family, school, peers and neighborhood/community."

Parental abuse and neglect can contribute to truancy, as can academic failure, drug involvement (by the student and/or parents), domestic violence, homelessness, peers, poverty, language barriers, having to baby-sit siblings and parents who place little value on education.

"We are interested in knowing how closely a family monitors their teenager's activities," Lamping says, "We need to know what kind of discipline they use, how much warmth is in the family relationship and if there are drug/alcohol or mental health problems. We find out if parents are committed to the importance of a good education and if they cooperate with the school, effective outcomes are more likely." Therapists not only work with the student, but also provide the adults in the home with the resources they need to do good parenting and to develop a cooperative relationship with the school.

David Is an Example of Success of Truancy Court

An example of the effectiveness of the Truancy Court involves David (not his real name), a 12-year-old boy referred by the Truancy Court to Community Alternative's multisystemic therapy program (MST) because of truancy and other problems in the community. He was in juvenile detention for possession of marijuana and tested positive for marijuana at the time of the referral.

David was receiving failing grades in school and had been suspended on several occasions for disruptive behavior and fighting. He also ran away from home frequently. The emotional climate in the home was very tense, and the bond between the mother and children was strained. During the initial stages of treatment, the mother often said that she wanted David removed from the home, as she felt unable to control him.

Over the course of many home visits, she talked about the fact that she had not raised the children from birth and had little experience with enforcing rules and consequences, other than threats and physical punishment. She had little contact with anyone at David's school and felt powerless to prevent his running the streets.

Interventions focused on helping the mother develop and consistently use effective alternatives to physical punishment while helping her identify David's strengths and ways to meet his needs in an age-appropriate way. The MST therapist from Community Alternatives helped her address the emotional issues related to her earlier separation from the children and learn how to access resources in her own community that would link David with more positive peers who engage in appropriate activities. She was also coached in how to develop a positive relationship with David's school and how to be an active partner in her son's education through frequent communication with the school to monitor David's attendance, behavior and academic progress.

David is now attending school regularly. He has not been truant or suspended during the school year and has been on the honor roll for the past two quarters. He is very involved in the after-school program, where he is a member of the Chess Club and enjoys working on the computers, and also participated in a community recreation program, where he was a member of the basketball team last season. He is well liked by both students and staff at school and has not used drugs nor been involved with drugs in any way since being referred. David's mother reports that she is much more confident in her ability to manage her children's behavior and care for them appropriately. She also says that she feels closer to her children and is relieved that things seem to be "on track." She is well liked by teachers and communicates with the school regularly. She also demonstrated her ability to generalize her skills by addressing concerns about her daughter that arose during the final phases of the MST involvement.

Services Are Free

The services of Truancy Court are free to the families involved. It is a voluntary program, but parents who refuse to participate and cases where it is suspected that parents are involved with drug/alcohol abuse may be referred from Family Court jurisdiction to City Court, where penalties are more traditional. Baker

estimates that, between the two courts, about 500 truant students are dealt with each year.

The St. Louis Truancy Court monitors the attendance and grades of each student involved, as well as services provided to the family. So far, it does not have data on the program's success rate. A similar program is administered by the Family Court in St. Louis County, in cooperation with nine school districts, the Bar Association of Metropolitan St. Louis, the Cooperating School Districts and the Department of Social Services. An evaluation conducted by the University of Missouri confirmed that about two-thirds of the elementary and middle school students in this program significantly improve their attendance rates.



While the St. Louis Truancy Court is operated through the Family Court system, Kathryn Herman, the chief juvenile officer who administers the program, notes that City Court Judge Betteye Battle-Turner gets involved if the truancy appears to stem from parental neglect. Court intervention is also available in cases of small children, where educational neglect is reported by the deputy juvenile officers. This “diversion” attempts to assist families without a formal court appearance.

Through cooperation between the courts, the schools, families and a variety of service agencies, all of these efforts are improving students' lives today and the future of the St. Louis community.

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Guidelines for Mental Health Courts from the National Mental Health Association
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Drug Court/Youth Drug Court

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<http://www.nadcp.org>

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Truancy Court

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