



# JUVENILE DRUG TREATMENT COURT GUIDELINES

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## THE BIG PICTURE, THE CRITICAL DETAILS



## DISCLAIMER

This training and technical assistance (TTA) initiative is funded through a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (Award Number 2016-DC-BX-K001). Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse the views, opinions, or contents expressed by the training, technical assistance, or TTA documents and materials herein.





# MODULE OBJECTIVES

1. Review the history and stages of development of juvenile drug treatment courts, the *16 Strategies in Practice*, and the Juvenile Drug Treatment Court *Guidelines* published by OJJDP
2. Summarize the Seven JDTC Guideline Objectives and practice implications
3. Emphasize importance of following the *Guidelines* and provide practical advice on implementation



# WHAT LED TO THE DEVELOPMENT OF THE JDTC GUIDELINES?

- Research on Adolescent Substance Use/Adolescent Treatment and Research on Juvenile Courts-Involved Youth with SUDs
- Research on Juvenile Drug Treatment Courts





A photograph of a person's lower torso and legs. They are wearing a black zip-up hoodie and blue denim jeans. Their right hand is partially visible, tucked into the front pocket of the jeans. A semi-transparent blue diagonal overlay covers the right side of the image, serving as a background for the text.

# ADOLESCENT USE AND JUVENILE COURTS

- Over 1 million adolescents identifying a substance use disorder (SUD) in 2014.
- Risk-taking and experimentation may be a part of normative adolescent development
- Substance use and SUDs and can have particularly damaging consequences for the developing adolescent brain





# ADOLESCENT SUBSTANCE USE AND JUVENILE COURTS

In 2015, 12% of delinquency cases in juvenile courts involved a drug charge as the most serious offense.

Substance use disorders are prevalent among youth involved in the juvenile justice system—projected at 34%

Formal juvenile court processing can sometimes exacerbate negative behaviors instead of improving outcomes.



# JUVENILE DRUG TREATMENT COURTS

Adult drug court models were adapted for juveniles by placing emphasis on family-based and developmentally-appropriate services for adolescents.

*Juvenile Drug Courts: Strategies in Practice* (2003). Developed by expert consensus for planning, implementing, and operating a JDC.





A person is walking away from the camera on a set of train tracks. To the left, a large metal train car is visible. The tracks recede into the distance under a hazy sky. The right half of the image is overlaid with a semi-transparent blue filter where the text is located.

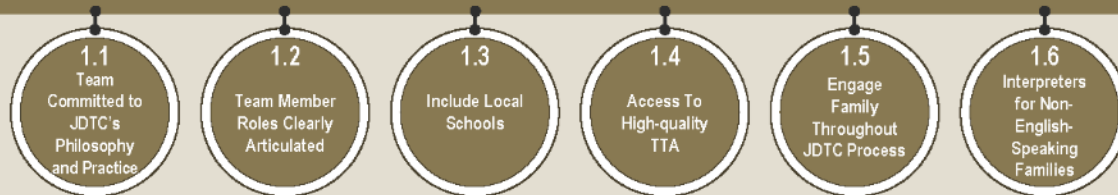
# JUVENILE DRUG TREATMENT COURTS

Have juvenile drug courts worked?

Overall, evaluations regarding the effectiveness of juvenile drug courts have been inconclusive. There is a lack of rigorous research and consistent implementation.



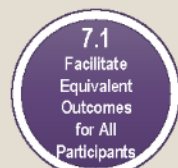
**1** Focus JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.



Ineligible

Eligible

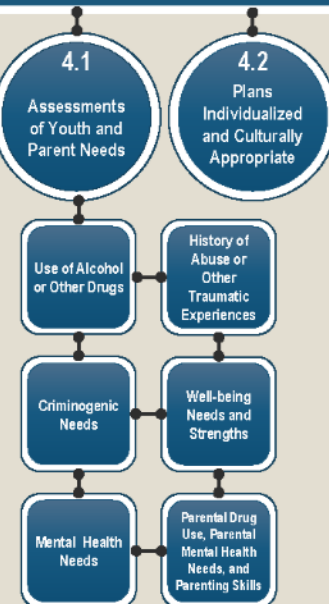
**2** Ensure Equitable Treatment for All Youth



**3** JDTC Process That Engages Full Team and Follows Procedures Fairly



**4** Comprehensive Assessments That Inform Individualized Case Management



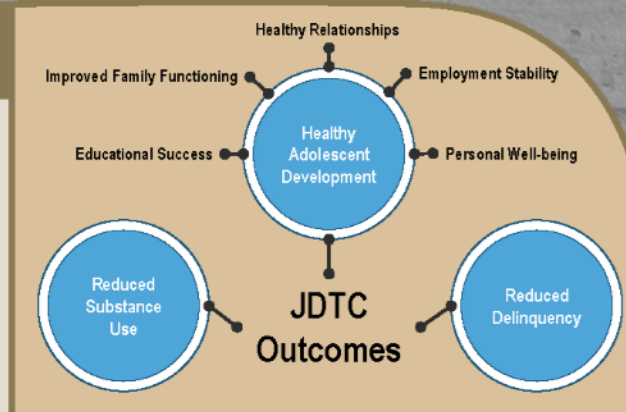
**5** Effective Contingency Management, Case Management, and Community Supervision



**6** Evidence-Based Substance Use Treatment and Other Services, Plus Prosocial Connections



**7** Monitor and Track Program Completion and Termination





# THE JDTC GUIDELINE AND OBJECTIVE STATEMENTS

- Based on research
- 7 objectives with 31 corresponding guideline statements
- May also apply to youth with SUD in traditional juvenile court
- Some questions not addressed if evidence is insufficient



# 7 MAIN JDTC OBJECTIVES

1. Effectively address substance use and criminogenic need
2. Ensure equitable treatment by adhering to eligibility criteria
3. Engage full team and follow procedures fairly
4. Comprehensive needs assessments and individualized case management
5. Effective implementation of contingency management, case management, and community supervision strategies
6. Refer participants to evidence-based treatment and other services
7. Monitor and track program completion and termination



# OBJECTIVE 1:

**Focus the JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.**



# PHILOSOPHY AND PRACTICE: RISK AND NEED

## Guideline 1.1

The JDTC team should be composed of stakeholders committed to the court's philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.



# PHILOSOPHY AND PRACTICE: RISK AND NEED

## **Guideline 1.2**

The roles for each member of the JDTC team should be clearly articulated.

## **Guideline 1.3**

The JDTC team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.



# PHILOSOPHY AND PRACTICE:

## RISK AND NEED

### Guideline 1.4

The JDTC should ensure all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively.

### Guideline 1.5

JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes assessing the specific barriers to their full engagement.



# PHILOSOPHY AND PRACTICE: RISK AND NEED

## Guideline 1.6

JDTCS should provide court-certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with hearing deficiency in addition all documents should be translated into the native language of non-English speaking youth and parents or guardians.



## OBJECTIVE 2

2

**Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting initial screening.**



# ENSURE EQUITABLE TREATMENT

## **Guideline 2.1**

Eligibility criteria should include the following:

- Youth with a substance use disorder
- Youth who are 14 years old or older
- Youth who have a moderate to high risk of reoffending.



# ENSURE EQUITABLE TREATMENT

## **Guideline 2.2**

Assess all program participants for the risk of reoffending using a validated instrument.

## **Guideline 2.3**

Screen all program participants for substance use using validated, culturally responsive assessments.



# ENSURE EQUITABLE TREATMENT

## **Guideline 2.4**

Potential program participants who do not have a substance use disorder and are not assessed as moderate to high risk for reoffending should be diverted from the JDTC process.



# ENSURE EQUITABLE TREATMENT

## **Guideline 2.5**

JDTCs should ensure that eligibility criteria result in equity of access for all.



## OBJECTIVE 3:

3

Provide a JDTC process that engages the full team and follows procedures fairly.



# ENGAGE FAMILY & TEAM; JUDICIAL LEADERSHIP, FOLLOW PROCEDURES

## **Guideline 3.1**

JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision of their children in the home and community and (c) treatment programs.



# ENGAGE FAMILY & TEAM; JUDICIAL LEADERSHIP, FOLLOW PROCEDURES

## **Guideline 3.2**

The judge should interact with the participants in a nonjudgmental and procedurally fair manner.

## **Guideline 3.3**

The judge should be consistent when applying program requirements (including incentives and sanctions).



# ENGAGE FAMILY & TEAM; JUDICIAL LEADERSHIP, FOLLOW PROCEDURES

## **Guideline 3.4**

The JDTC team should meet weekly to review the progress for participants and consider incentives and sanctions, based on reports of each participant's progress across all aspects of the treatment plan.

## OBJECTIVE 4:

4

Conduct comprehensive needs assessments that inform individualized case management.



# ASSESSMENT AND CASE MANAGEMENT

## Guideline 4.1

Needs assessments should include information for each participant on:

- Use of alcohol or other drugs.
- Criminogenic needs.
- Mental health needs.
- History of abuse or other traumatic experiences.
- Well-being needs and strengths.
- Parental drug use, parental mental health needs, and parenting skills.

# ASSESSMENT AND CASE MANAGEMENT

## Guideline 4.2

Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth's and family's needs.



## OBJECTIVE 5:

**5**

**Implement contingency management, case management, and community supervision strategies effectively.**

# CONTINGENCY MANAGEMENT, CASE MANAGEMENT, COMMUNITY SUPERVISION

## **Guideline 5.1**

For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.



# CONTINGENCY MANAGEMENT, CASE MANAGEMENT, COMMUNITY SUPERVISION

## Guideline 5.2

Participants should feel the assignment of incentives and sanctions is fair:

- Application should be consistent: ie., participants receive similar incentives as others who are in the court for the same reasons
- Without violation the principle of consistency described above, it is also valuable to individualize incentives and sanctions.

# CONTINGENCY MANAGEMENT, CASE MANAGEMENT, COMMUNITY SUPERVISION

## **Guideline 5.3**

Financial fees and detention should be considered only after other graduated sanctions have been attempted. Detention should be used as a sanction infrequently and only for short periods of time with the youth is a danger to him/herself or in the community or may abscond.



# CONTINGENCY MANAGEMENT, CASE MANAGEMENT, COMMUNITY SUPERVISION

## **Guideline 5.4**

Ongoing monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing their needs in a holistic manner, including strong focus on behavioral health treatment and family intervention.

# CONTINGENCY MANAGEMENT, CASE MANAGEMENT, COMMUNITY SUPERVISION

## **Guideline 5.5**

A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, granted sanctions.

## **Guideline 5.6**

The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth's risk, needs and responsivity.



## OBJECTIVE 6:

6

**Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections.**

# TREATMENT, SERVICES, AND PROSOCIAL CONNECTIONS

## Guideline 6.1

The JDTC should have access to and use a continuum of evidence-based substance use treatment resources - from inpatient residential treatment to outpatient services.



# TREATMENT, SERVICES, AND PROSOCIAL CONNECTIONS

## **Guideline 6.2**

Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.

## **Guideline 6.3**

Service providers should deliver intervention programs with fidelity to the programmatic models.

# TREATMENT, SERVICES, AND PROSOCIAL CONNECTIONS

## **Guideline 6.4**

The JDTC should have access to and make appropriate use of evidence-based treatment services that address risks and need to be identified as priorities in the youth's case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and criminal thinking.



# TREATMENT, SERVICES, AND PROSOCIAL CONNECTIONS

## Guideline 6.5

Participants should be encouraged to practice and should receive help practicing prosocial skills in domains such as work, education, relationships, community, health and creative activities.

## OBJECTIVE 7:

**7** Monitor and track program completion and termination.



# MONITOR AND TRACK COMPLETION AND TERMINATION

## **Guideline 7.1**

Court and treatment practices should facilitate equivalent outcomes for all (e.g. retention, duration of involvement, treatment progress, positive court outcomes).

# MONITOR AND TRACK COMPLETION AND TERMINATION

## **Guideline 7.2**

A youth should be terminated from the program only after the JDTC team carefully deliberates and only as a last resort after full implementation of the JDTC'S protocol on behavioral contingencies.



# MONITOR AND TRACK COMPLETION AND TERMINATION

## Guideline 7.3

Each JDTC should routinely collect the following detailed data:

- Family-related factors, such as family cohesion, home functioning, and communication
- General recidivism during program and after completion, drug use during the program, and use of alcohol or other drugs after the program ends.
- Program completion and termination, educational enrollment. And sustained employment.
- Involvement in prosocial activities and youth-peer associations.



# PRACTICE IMPLICATIONS

- Assess your current practices via a review of your current policies and procedures
- Collect and analyze data (if available): always disaggregate by race/ethnicity & gender
- What Guidelines does the team follow closely and do well?
- What Guidelines need to be addressed/implemented?
- Who can lead this effort?
- Timeline for changes?





# SUMMARY AND QUESTIONS

- Because the guideline statements are research informed, some areas will not be addressed until future research provides a sufficient basis to create a guideline.
- If you have questions about a particular practice that your court supports, but was not reflected, here, please feel free to speak to a faculty member about your question/concern.
- TTA providers will share research and practice updates as they become available.





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