



JUVENILE DRUG TREATMENT COURT GUIDELINES

THE BIG PICTURE, THE CRITICAL DETAILS

DISCLAIMER

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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

HISTORY OF THE JUVENILE DRUG COURT MOVEMENT

- Juvenile drug treatment courts developed from the successful adult drug court model
- Early courts followed the *10 Key Components for Drug Courts* (1997)
- *Juvenile Drug Courts: Strategies in Practice* (2003). Consensus document, to provide a framework for planning, implementing, and operating a JTDC.





RESEARCH FINDINGS ON JDTC PROGRAMS

- Inconclusive evidence
- Meta-analysis show variation in findings
- There are JDTC programs that display positive outcomes when they utilize juvenile evidence-based practices.



OJJDP INITIATIVE TO DEVELOP & TEST JDTC GUIDELINES

- Launched in 2014 via a competitively-awarded agreement between OJJDP and the American Institutes for Research (AIR) along with other researchers, experts, and federal agencies. This is a five-year project
- **Phase 1:** Develop and release the JDTC *Guidelines*. Built on a careful review of the literature and research, listening sessions and conference conversations.
- **Phase 2:** JDTC testing phase and updating the JDTC *Guidelines* based on results

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 close-up photograph of a person's hand reaching into the pocket of blue jeans. The hand is holding a small, clear plastic bag filled with a white powdery substance. The person is wearing a black zip-up hoodie. The image is partially obscured by a blue diagonal overlay on the right side, which contains 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.



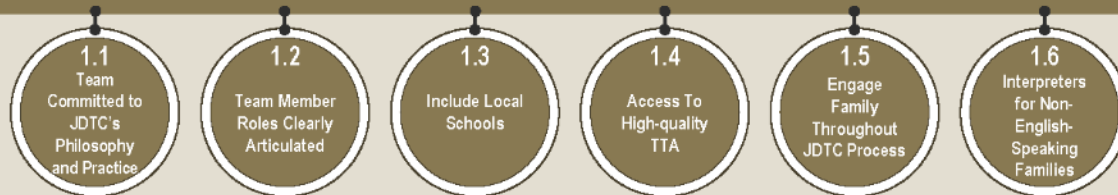
The background of the slide features a photograph of a train track receding into the distance. The tracks are made of gravel and metal rails, and a train car is visible on the left side. A solid blue overlay covers the entire image, providing a uniform background for the text.

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.

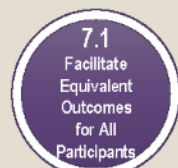
1 Focus JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.



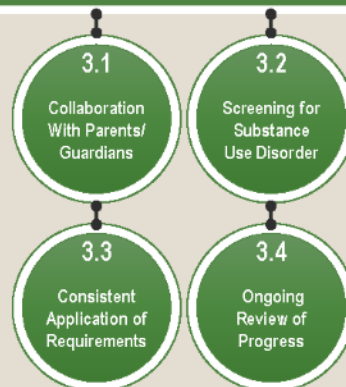
Ineligible

Eligible

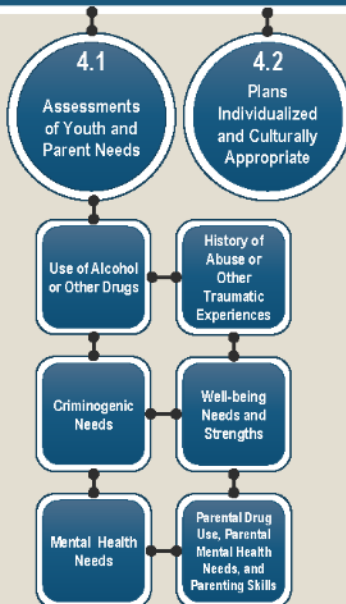
2 Ensure Equitable Treatment for All Youth



3 JDTC Process That Engages Full Team and Follows Procedures Fairly



4 Comprehensive Assessments That Inform Individualized Case Management



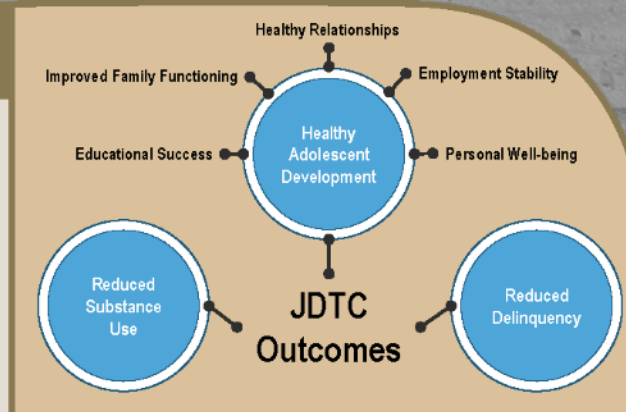
5 Effective Contingency Management, Case Management, and Community Supervision



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 that 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 addressing 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 a 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

Objective 2. Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting initial screening.

2. ENSURE EQUITABLE TREATMENT

Eligibility criteria should include the following:

Guideline

2.1

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

2. 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.

2. ENSURE EQUITABLE TREATMENT

Guideline

2.4

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

2. ENSURE EQUITABLE TREATMENT

Guideline 2.5

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

OBJECTIVE 3:

3

Objective 3. Provide a JDTC process that engages the full team and follows procedures fairly.

3. 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 and discipline of their children in the home and community, and (c) treatment programs.

3. 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).

3. ENGAGE FAMILY & TEAM; JUDICIAL LEADERSHIP, FOLLOW PROCEDURES

Guideline

3.4

The JDTC team should meet weekly to review 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

Objective 4. Conduct comprehensive needs assessments that inform individualized case management.

4. 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.

4. 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

Objective 5. Implement contingency management, case management, and community supervision strategies effectively.

5. 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.

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

Guideline

5.2

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

5. 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 when the youth is a danger to himself/herself or the community, or may abscond.

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 a strong focus on behavioral health treatment and family intervention.

5. 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, graduated 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

Objective 6. Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections.

6. 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 in-patient residential treatment to outpatient services.

6. 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.

6. 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 the risks and needs 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.

Guideline

6.5

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

OBJECTIVE 7:

7

Objective 7. Monitor and track program completion and termination.

7. MONITOR/TRACK COMPLETION AND TERMINATION

Guideline 7.1

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

7. MONITOR/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.

Guideline **7.3**

Each JDTC should routinely collect the following detailed data:

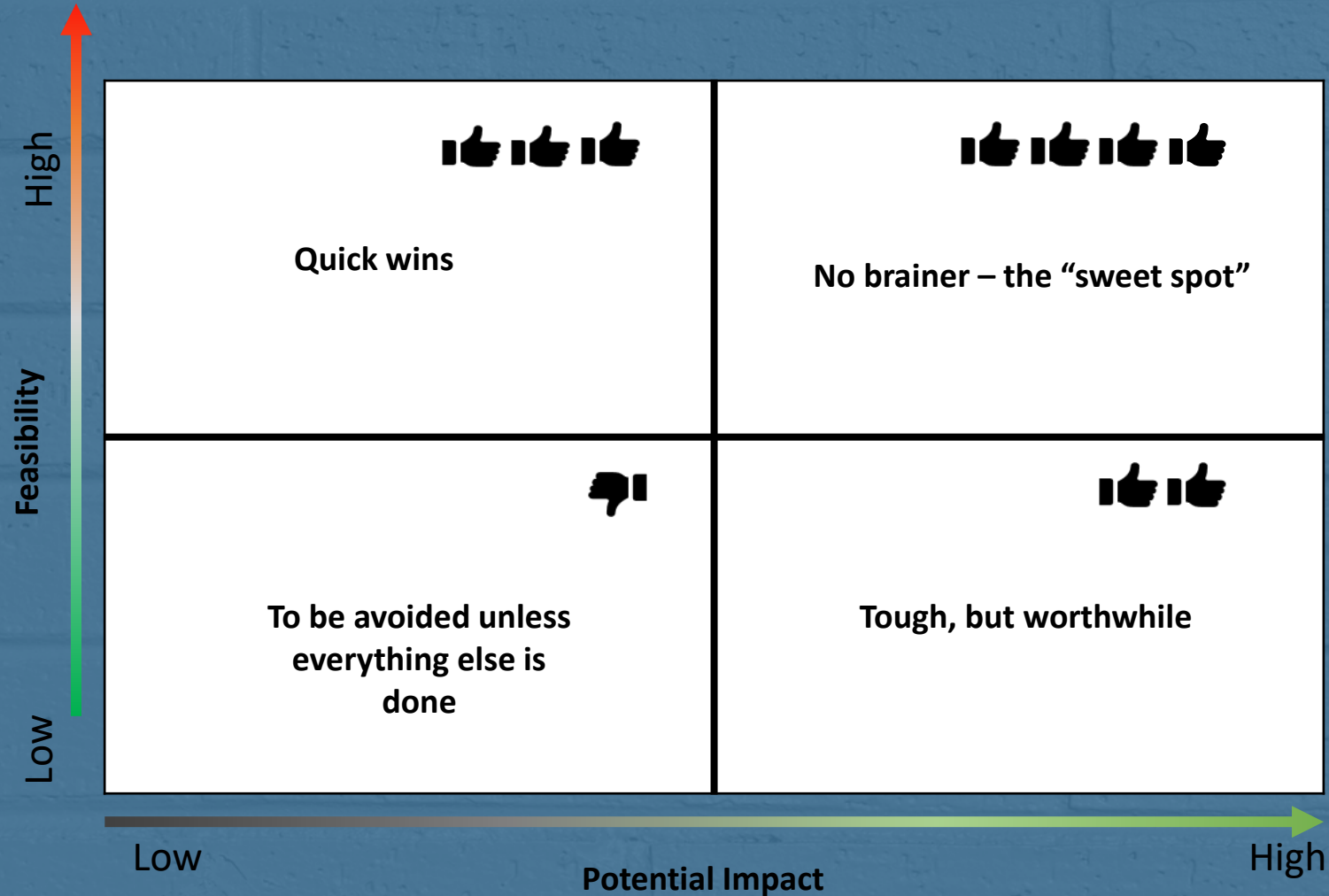
- Family-related factors, such as family cohesion, home functioning, and communication.
- General recidivism during the program and after completion, drug use during the program, and use of alcohol or other drugs after the program ends.
- Program completion and termination, educational enrollment, and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

IMPLEMENTATION TIPS

- Create JDTC Guidelines workgroup
- Review your current policies and procedures
- Collect and analyze data (if available): always disaggregate by race/ethnicity & gender
- Decide on improvement areas via priority matrix exercise. Team to ask themselves:
 - How big would the impact be if we made this change?
 - Is the change feasible?
- Prioritize changes: Start with low-hanging fruit, moving to “tough, but worthwhile” changes.
- Use GANNT chart or Action Plan to set timelines, track progress and close projects.



RECOMMENDATION PRIORITY MATRIX



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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