

AllRise

**Treatment  
Court Institute**

# **The Methods for Ensuring Equitable Access and Inclusion**

## Juvenile Drug Treatment Court Guidelines

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# Module Objectives



- Describe the appropriate JDTC target population.
- Discuss the research and science behind risk/needs and how to use such assessments to identify appropriate clients.
- Review valid, culturally responsive drug/alcohol screening tools.
- Develop standard eligibility criteria that result in equity of access for all youth.
- Develop procedure to exit youth that don't meet criteria.

# Selecting The Right Youth

## 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.

## GUIDELINE 2.2

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

# Selecting The Right Youth

## GUIDELINE 2.3

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

## 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.

# Review of Research

- Youth with a substance use disorder — mild, moderate, or severe — have higher rates for successfully completing JDTCs than those who use drugs or alcohol but do not have a substance use disorder.
- Youth who do not meet this level of use disorder may be less likely to complete the JDTC program.
- Youth had better outcomes in terms of reduced substance use when objective program eligibility criteria existed and the youth had problematic substance use and delinquency issues.

# Review of Research

- Older youth have higher success rates than younger youth due to increased motivation and maturity.
- The most effective JDTC programs use a validated risk/needs assessment tool.
- Screen youth for more in-depth needs areas such as housing, schooling, family support.



## **Guideline 2.1: Eligibility Criteria**

Youth who are 14 years old or older

Youth with substance use disorder

Youth assessed as moderate to high risk  
for recidivism.

Note: If federally funded, JDTC cannot  
accept violent/sexual offenses.



# Substance Use Disorder



**Mild**

2 to 3 out of  
11 Symptoms



**Moderate**

4 to 5 out of  
11 Symptoms



**Severe**

6 or more out of  
11 Symptoms

# DSM-5 Substance Use Disorder Criteria

*Two or more of the criteria within a 12-month time frame clinically qualify as a substance use disorder. According to the DSM-5, the 11 criteria for substance use disorders include:*

- 1. Cravings** – You have experienced strong urges to use the substance, and sometimes it is all you can think about.
- 2. Tolerance** – You have to use more of the substance to feel the desired effect lower doses gave you when you first started taking it.
- 3. Using larger amounts longer** – You end up taking more significant amounts or using for more extended periods than you intended.
- 4. Giving up activities to use** – You have stopped participating in or skipped recreational activities and hobbies to use more.
- 5. More time spent using** – You spend a large portion of your time getting, using, or recovering from using the substance.
- 6. Neglecting obligations** – You have failed to keep commitments to schools, jobs, or loved ones.
- 7. Social or interpersonal problems related to use** – You continue to use despite recurring conflicts and fights socially and personally.
- 8. Physical or psychological problems related to use** – You have developed physical or mental health problems directly related to the substance use and continue to use it regardless.
- 9. Dangerous use** – You use the substance in dangerous places or risky situations.
- 10. Inability to control or quit use** – You want to cut down or stop using the substance but haven't been able to after repeated attempts.
- 11. Withdrawal** – You experience withdrawal symptoms when you stop using.

# Substance Use Disorder

A chronic, brain-based disorder leading to a maladaptive pattern of clinically significant impairment or distress for at least 12 months.

There are eight types of substance use disorders recognized in the DSM-5, including:

1. Alcohol use disorder
2. Opioid use disorder
3. Stimulant use disorder
4. Cannabis use disorder
5. Hallucinogenic use disorder
6. Inhalant use disorder
7. Tobacco use disorder
8. Sedative, hypnotic, or anxiolytic use disorder

Most people struggling with substance use disorders require professional help to manage and overcome them. Distinguishing individual substance use disorders helps professionals give the correct treatments.

# The Symptoms

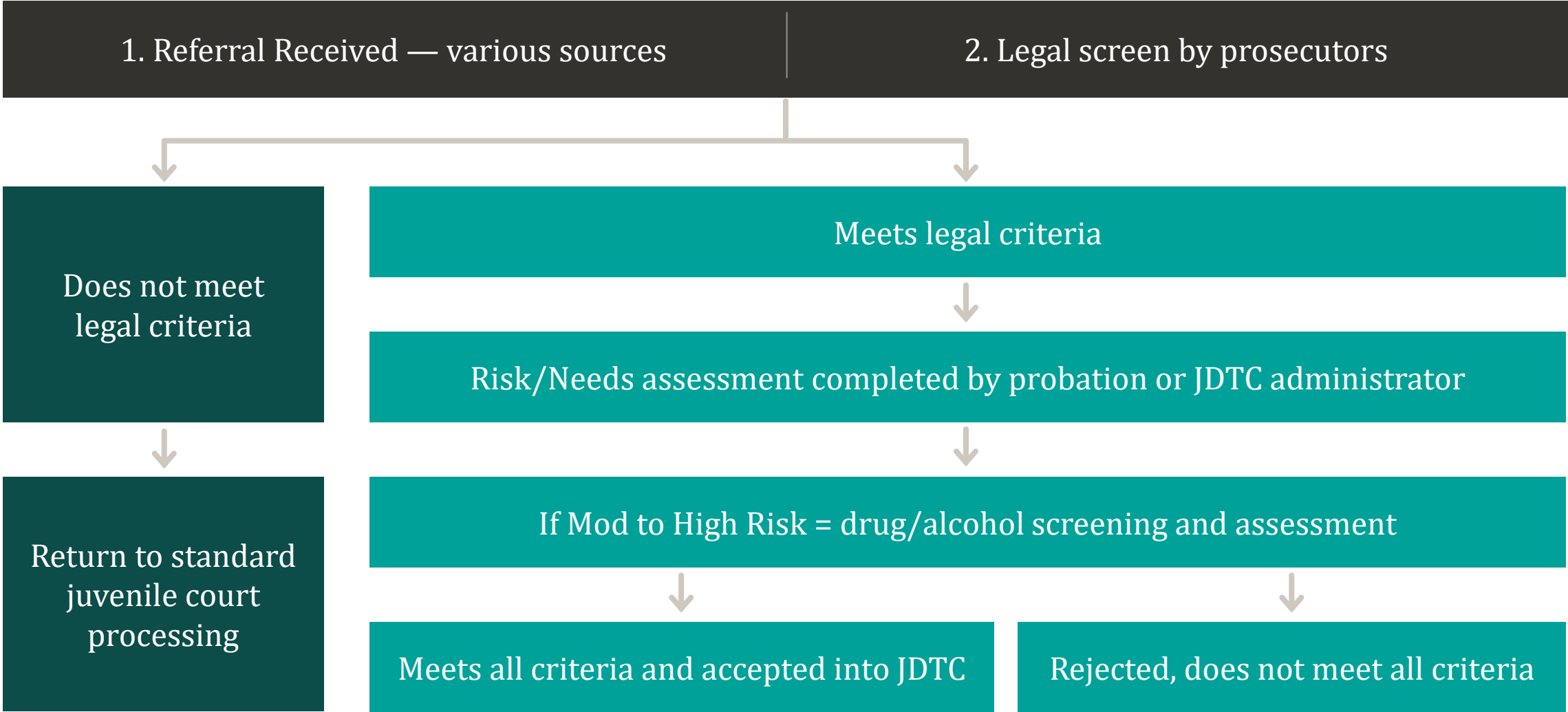


Failed Attempts  
to Control  
or Stop &  
Persistent  
Desire or  
Cravings

Excessive Time  
Spent & Social  
Impairment

Continued Use  
Despite  
Consequences

Increased  
Tolerance,  
Increased Use,  
Withdrawal





## Initial Referral and Legal Screen

Once you have developed — or changed — your current target population to reflect the target of 14 to 17 years of age, the JDTC should establish a procedure for referrals to get to court.

Create a quick “fact sheet” of the JDTC target population and referral process to share with stakeholders

# Guideline 2.2: Validated Risk Assessment



- Per the **GUIDELINES**, “Before providing treatment, the most effective juvenile justice programs use validated risk assessment instruments to assess risk for each participant” — Howell and Lipsey, 2012.
- Risk refers to the likelihood of reoffending
- Use a validated risk assessment instrument

*Research, acceptance and operations of the risk-need-responsivity (RNR) model has grown significantly over the past twenty years in the field of corrections and courts. The RNR model is now considered the dominant work and operations paradigm for the field. This model consists of the use of structured actuarial tools that use a set of static and (often) dynamic factors to assess risk to reoffend, as well as assessing criminogenic needs.*

# Guideline 2.2: Validated Risk Assessment



## RISK SCREENING & ASSESSMENT TOOL EXAMPLES:

- Youth Level of Services/Case Management Inventory — YLS/CMI
- Youth Level of Services/Case Management Inventory — Screening Version - YLS/CMI-SV
- Positive Achievement Change Tool - PACT



# Guideline 2.3: Validated Need Assessment



## CLINICAL NEED BRIEF SCREENERS:

- Adolescent Substance Abuse Subtle Screening Inventory — SASSI-A2

Identifies high or low probability of substance use disorders in clients 12 to 18 years of age. The SASSI-A2 also provides clinical insight into family and social risk factors, level of defensive responding, and consequences of substance misuse teens endorsed.

- GAIN — Short Screener

A brief 5 to 10-minute instrument designed to quickly and accurately screen general populations of both adults and adolescents for possible internalizing or externalizing psychiatric disorders, substance use disorders, or crime and violence problems.

- CRAFTT

A behavioral health screening tool for use with children under the age of 21. It consists of a series of 6 questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously.

# Guideline 2.3: Validated Need Assessment



## CLINICAL NEED FULL ASSESSMENTS:

- Global Appraisal of Individual Need — GAIN
- Diagnostic Interview Schedule for Children —DISC-IV
- Teen Addiction Severity Index — T-ASI
- Comprehensive Addiction severity Index for Adolescents — CASI-A
- Adolescent Alcohol and Drug Involvement Scale



## Guideline 2.4: Diverting Low Risk Youth & Those Without SUD

- Juvenile Drug Treatment Court programming should target moderate to high-risk youth with SUD — high need.
- Divert low risk youth — **DO NOT** treat in the JDTC.
- Can actually increase recidivism and crime severity



## **Guideline 2.5: Equity of Access and Proper Screening**

- Eligibility and court practices should translate to equal access for all groups of youth
- Equivalent retention
- Disaggregate data
- Conduct self-assessment of cultural practices and understanding

# Practice Implications



- Create a workgroup. Who can lead this effort?
- Collect and analyze data on your current target population
  - Average age?
  - Risk level?
  - Substance abuse/use outcomes on screeners?
  - Analyze data to look at entrance rates/risk level/screening for equivalent outcomes of all youth.
- What are the strengths of the team in following the Guidelines related to teams?
- What improvements are needed?
- Timeline for changes?

# Role Play Exercise



## Equity Role Play Script: Eligibility vs Suitability Criteria and Being Strength-Based

- Role play with members of the Juvenile Wellness Court (JWC) Acceptance Committee: Public Defender/PD (volunteer), Treatment Provider (volunteer), Probation Supervisor (volunteer), Prosecutor/DA (volunteer)

### Role Play about JJ

- Instructions:
  1. Turn to 1 or 2 other individuals sitting near you to form a small discussion group.
  2. Introduce yourself.
  3. Take turns sharing your ideas/responses to each of the questions below.
    - a. *In what ways did the committee's discussion of accepting JJ **align with best practices**?*
    - b. *What points were made that showed a concern for **equity** of access?*
  4. Have one person in your group volunteer to report out on your discussion

# Role Play Exercise



## Equity Role Play Script: Eligibility vs Suitability Criteria and Being Strength-Based

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### Role Play about EM

- Instructions:
  1. Find 1 or 2 individuals sitting near you (who are different from the individuals you talked to about JJ) to form a small discussion group.
  2. Introduce yourself.
  3. Take turns sharing your ideas/responses to each of the questions below.
    - a. *What factors did you hear any committee member note **that did not align with** best practices?*
    - b. *Which of these might **be barriers to equity** of access? How were they countered to **reduce or eliminate barriers**?*
  4. Have one person in your group volunteer to report out on your discussion.

# Summary and Questions



- Revise/revisit your eligibility criteria.
- Ensure that you have a risk assessment tool, substance abuse/mental health screener, and that results drive acceptance and case planning.
- Disaggregate and analyze your data to ensure youth and families are matched with appropriate and responsive programming.



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