

The *JDTC* *Guidelines*



Juvenile Drug Treatment
Courts Initiative



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Dream team for training and
technical assistance





LOST
YOUTH
1992

JUVENILE DRUG TREATMENT COURT GUIDELINES

ELIGIBILITY CRITERIA AND INITIAL SCREENING



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.

A black and white photograph of a school bus driving on a road, with a blue diagonal overlay on the right side containing text.

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

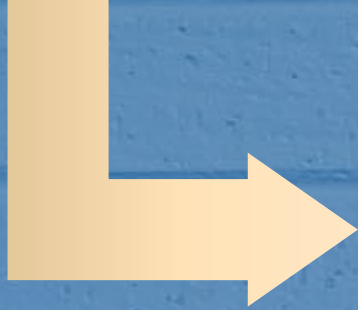
- Youth who are 14 years old or older
- Youth with substance use disorder
- Youth assessed as moderate to high risk for recidivism.
- Note: If federally funded, JDTC cannot accept violent/sexual offenses.



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)



Substance Use Disorder

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



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

**1. Referral Received
(various sources)**

**1. Legal screen by
prosecutors**

**Does not meet
legal criteria**

**Return to standard
juvenile court processing**

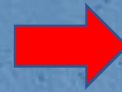
Meets legal criteria

**Risk/Needs assessment
completed by probation
or JDTC administrator**

**Meets all criteria and
accepted into JDTC**

**Rejected, does not
meet all criteria**

**If Mod to High Risk =
drug/alcohol screening
and assessment**



A person is walking away from the camera on a set of train tracks. The person is wearing a light-colored, long-sleeved button-down shirt and dark trousers. The tracks are made of gravel and metal rails, and they curve slightly to the right in the distance. The background is a hazy, brownish landscape. The left side of the image has a blue overlay with white text.

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





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)**
- **GAIN – Short Screener**
- **CRAFTT**





GUIDELINE 2.3:

VALIDATED NEED ASSESSMENT

Clinical Need Full Assessments:

- **Global Appraisal of Individual Need (GAIN)**
- **Diagnostic Interview Schedule for Children-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

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?

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.

Connect with Us

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