

The *JDTC* *Guidelines*



Juvenile Drug Treatment
Courts Initiative



NDCI
NATIONAL DRUG
COURT INSTITUTE



Who We Are



Matt
Collinson



Terrence
Walton



Megan
Ward



Jacqueline
van Wormer



Bridgett
Ortega

OJJDP funded project

Justice Programs Office (JPO)
and National Association of
Drug Court Professionals
(NADCP)

Dream team for training and
technical assistance



A person is sitting on a concrete ledge outdoors. They are wearing black jeans with large tears at the knees and black sneakers. They are holding a smartphone in their hands and looking at the screen. The background features a wall with green and red graffiti, and a cobblestone path leads away from the ledge.

JUVENILE DRUG TREATMENT COURT GUIDELINES

MONITORING THE JDTC

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

- Describe the drug court research that has highlighted the importance of data collection in the JDTC program.
- Discuss how and why use and review of data should drive program decision making and policy changes.
- Develop procedures and processes for collection and use of data to monitor equivalent outcomes for all participants

CORRESPONDING GUIDELINES

Guideline 7.1

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

CORRESPONDING GUIDELINES

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.



RESEARCH FINDINGS

- Drug courts are more effective (lower recidivism and greater cost savings) when they use data and program evaluations to monitor for outcomes.
- Recent JDTC research has found that programs that use their data to make program improvements have stronger graduation rates than their counterparts that do not use on-going data

GUIDELINE 7.1: EQUIVALENT OUTCOMES

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



GUIDELINE 7.3:

ROUTINE DATA COLLECTION

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, as well as recidivism by offense type and geographic location.
- Drug use during the program, and use of alcohol or other drugs after the program ends.



GUIDELINE 7.3: ROUTINE DATA COLLECTION

Each JDTC should routinely collect the following detailed data:

- Program completion and termination, educational enrollment, and sustained employment.
- Involvement in prosocial activities and youth-peer associations.

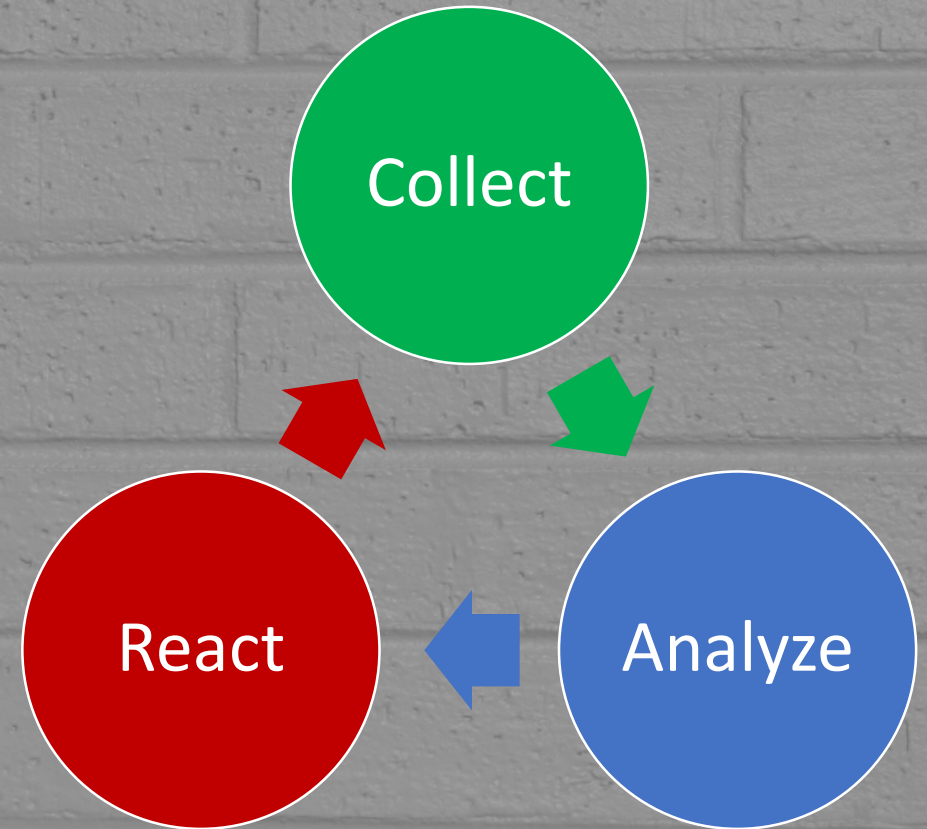


CONTINUOUS QUALITY IMPROVEMENT

Collect: Gather data that is accurate, reliable, and directly related to a defined goal.

Analyze: Review data to determine if benchmarks are met. If expectations are not met, identify possible reasons why.

React: Learn from the data. Make an action plan to address shortcomings. Implement and monitor the plan.



GUIDELINE 7.3: IMPLEMENTATION TIPS

Over the past decade, the juvenile justice system has moved from simple collection of data for purposes of record keeping, to building database systems that can be used for analysis purposes.

Variations still exist, however, across courts.

Data systems are sometimes underutilized



GUIDELINE 7.3: IMPLEMENTATION TIPS

This does not have to be overwhelming or taxing

- Work with local IT departments to determine what can be extracted
- Build Excel or Access database if necessary
- Need data to be timely and reliable (48 hours)
- Build benchmarks once you establish a baseline



GUIDELINE 7.3:

IMPLEMENTATION TIPS

Example of how to use data from a database to check on program performance:

- Collect data on the ratio of incentives to sanctions
- Track the types of substances that are coming up positive on drug tests
- Monitor the time between arrest and program entry and between program entry and first treatment session



GUIDELINE 7.3:

IMPLEMENTATION TIPS

- Measure length of stay (time between program entry and exit)
- Break down program stay by phases: How long do youth spend in each phase?
- Graduation and termination rates, and time to event.
- General recidivism during the program. Team needs to create definition of recidivism (e.g. arrest, adjudication)
- Track in program drug use



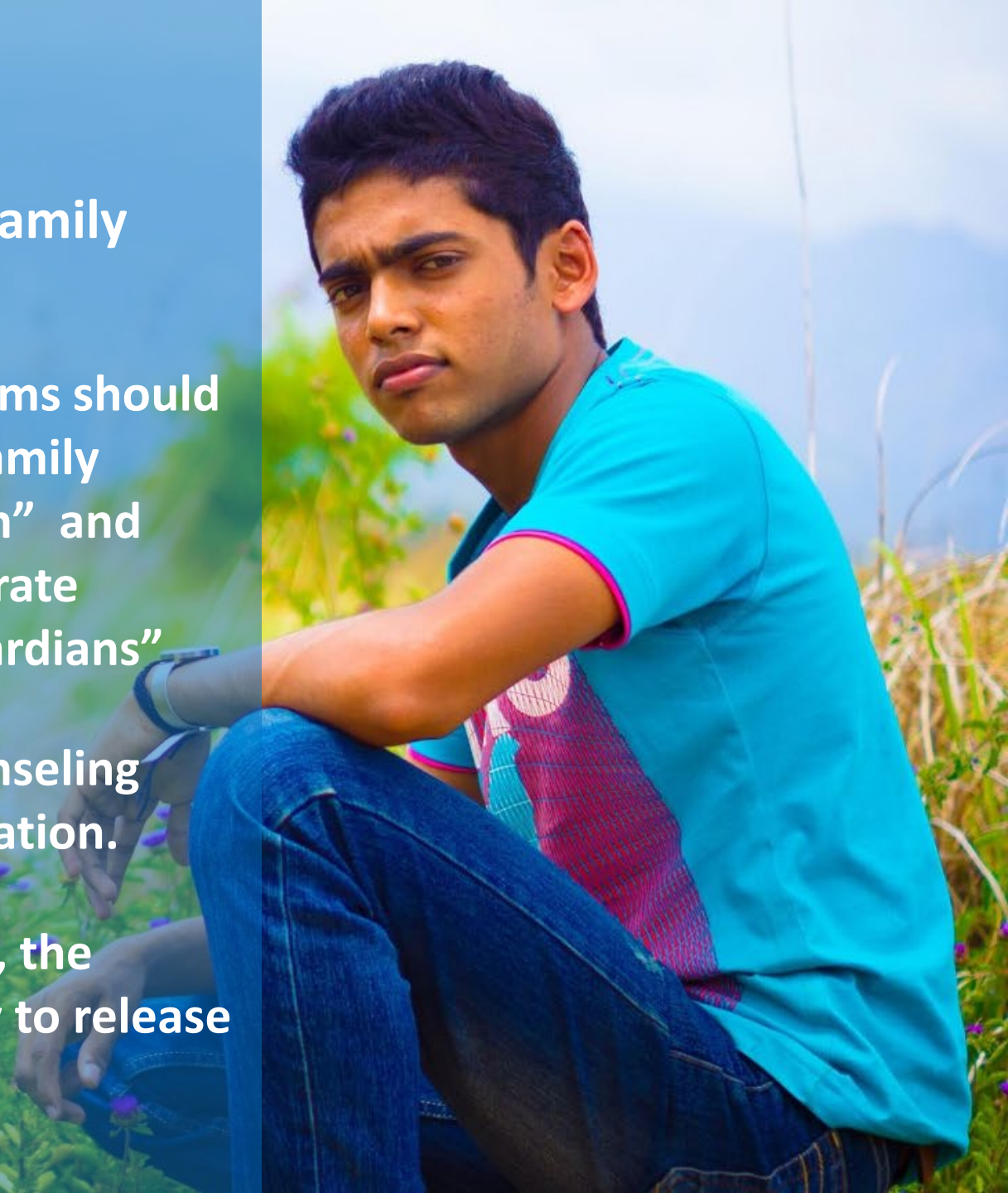
IMPLEMENTATION TIPS

A note about data collection related to family functioning

Guideline 7.3 specifically states that JDTC programs should collect data on “family-related factors, such as family cohesion, home functioning, and communication” and Guideline 4.1 states that “JDTCs need to incorporate treatment and programming for parents and guardians”

Not all JDTC programs have access to family counseling services, supports. Collect data on family orientation.

Even if families are participating in such services, the services providers may be limited in their ability to release that information





YOU HAVE DATA – NOW WHAT?



Phase 1 – 47% more time

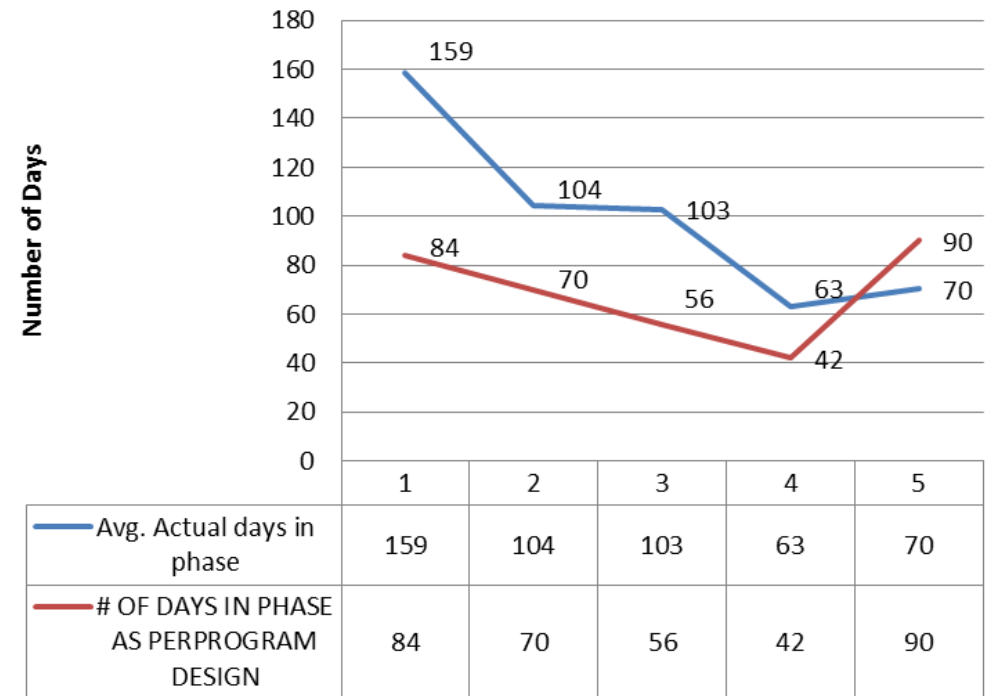
Phase 2 – 33% more time

Phase 3 – 46% more time

Phase 4 – 33% more time

Aftercare – 29% less time

Average Number of Days per phase compared to Number of days per phase as per program design



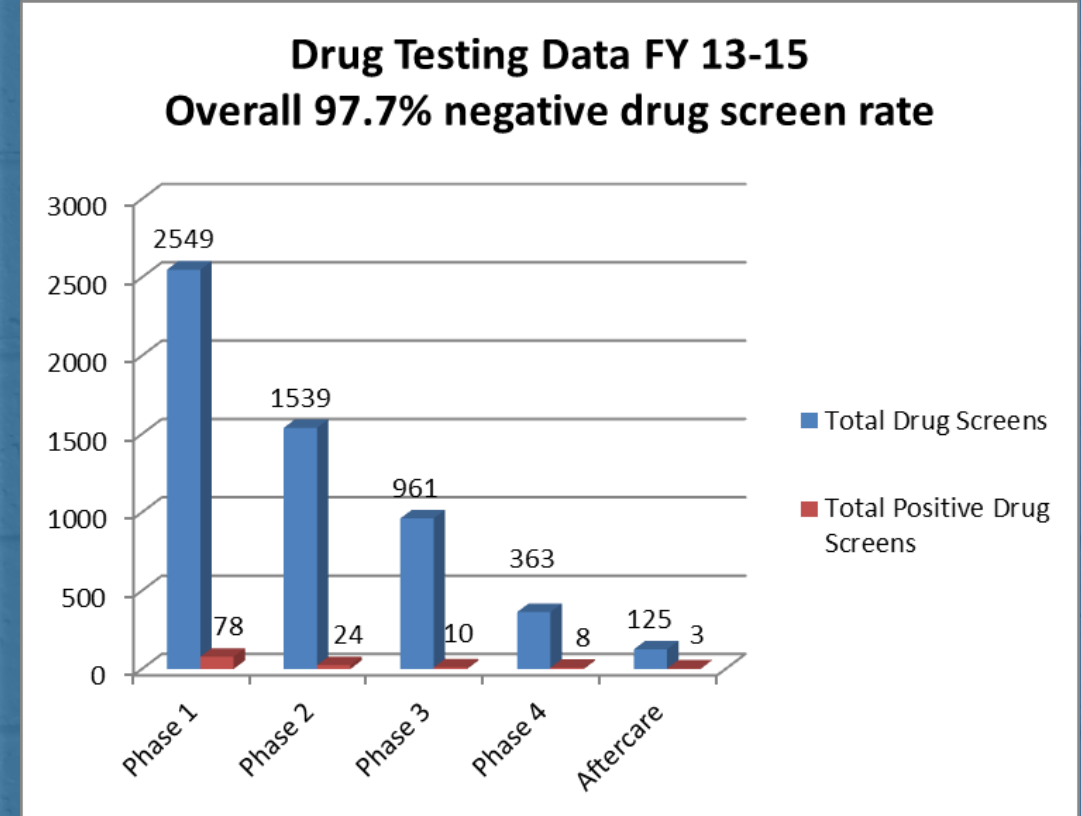
Phase 1: 96.9% negative drug screen rate.

Phase 2: 98.4% negative drug screen rate.

Phase 3: 98.9% negative drug screen rate.

Phase 4: 97.7% negative drug screen rate.

Aftercare: 97.6% negative drug screen rate.



SUMMARY AND QUESTIONS

- Focus on shifting your JDTC program to being a model that is “data-informed and data-driven.”
- Build a data team to determine your top priorities for collection, and how to build the data variables over time.
- Develop a schedule for review of data, and how the data will be used for program and client improvements.

Connect with Us

Twitter: @JuvDTC

Phone: (202) 885-2875

Email: jdtc@american.edu

Website: au-jdtdc.org



A person is sitting on a concrete ledge outdoors. They are wearing black jeans with large holes at the knees and black sneakers. They are holding a smartphone in their hands and looking at the screen. The background shows a wall with graffiti, including a large red circle, and a cobblestone path. A dark semi-transparent banner is overlaid at the bottom of the image.

JUVENILE DRUG TREATMENT COURT GUIDELINES

MONITORING THE JDTC