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Section X

Juvenile Drug Court Standards

Preface

As most juvenile justice practitioners know all too well, the populations and caseloads of juvenile court dockets have changed dramatically over the past decade. The nature of both the delinquent acts and dependency matters being handled has become more complex and includes escalating degrees of substance abuse. Practitioners in the juvenile justice system recognize that the situations bringing many juveniles under the court's jurisdiction are frequently linked with substance abuse and complicated often multigenerational, family, and personal problems. These associated problems must be addressed if the pattern of youth crime and family dysfunction is to be reversed. Many justice system practitioners also recognize that, insofar as substance abuse problems are an issue, the juvenile and criminal dockets are increasingly handling the same types of situations and often the same litigants.

The juvenile court has traditionally been considered an institution specifically established to address the juvenile's needs holistically. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of substance-abusing juvenile offenders. During the past several years, a number of jurisdictions have looked to the Drug Court Model to determine how juvenile courts might incorporate a therapeutic approach to deal with the increasing population of substance-abusing juveniles more effectively.

Development of juvenile drug courts can be a complex task. Juvenile drug courts require the involvement of many agencies and community representatives. For example, most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Most programs also report the age at first use among participants to be between 10 and 14 years of age, although earlier use is being detected. During 1995 and 1996, when juvenile drug courts first began, participants reported alcohol and marijuana as their primary drugs of choice. However, more recently there appears to be increasing use of other substances, particularly methamphetamine, crack/cocaine, heroin, toxic inhalants, and prescription drugs.

Purpose

These standards are recommended to provide a general framework of common principles, policies, and practices for juvenile and family drug courts in Georgia. They present a single orientation from which the judicial branch, including judges and all court personnel, can work with prosecutors, the defense bar, corrections officials, local government, law enforcement, department of social services, and public and private treatment providers to address problems of substance abuse which pervade the court system's criminal and abuse and neglect caseload.

The steps are stated broadly in order to leave room for each juvenile and family drug court to meet local needs. This structure of standards and practices will:

- Minimize duplication of efforts and ensure greater coordination among all court supervised juvenile drug court programs throughout Georgia
- Maximize coordination and sharing of scarce treatment resources
- Strengthen efforts to obtain federal funding
- Facilitate development of coordinated long-range plans for financing drug treatment court operations.¹

¹ Background information obtained from a report prepared by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at the American University, Washington, D.C.

1. Drug courts integrate alcohol and other drug treatment services with juvenile justice case processing.

1.1 Pursuant to O.C.G.A. §15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the juvenile drug court and shall include all policies and practices related to implementing the standards set forth in this document.

1.2 The juvenile drug court team should include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, law enforcement or probation, and treatment provider/substance abuse professional.

1.3 The juvenile drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary no less than every two years.

1.6 The goals of juvenile drug court programs in Georgia shall include compliance with local program requirements, participation in treatment, employment, educational achievement, restitution to the victim or to the community, and declining incidence of alcohol and/or other drug use, with eventual long term recovery.

1.7 All members of the juvenile drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the juvenile drug court team should attend drug court sessions.

1.9 Standardized evidence-based treatments, as recommended in the Juvenile Drug Court Treatment Standards (Section X), shall be adopted by the juvenile drug court to ensure quality and effectiveness of services and to guide practice.

1.10 Juvenile drug courts should provide for a continuum of services through a partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.

1.11 The juvenile drug court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the court's operating procedures. Reports should be provided on a weekly basis and within 24 hours as significant events occur. Significant events include but are not limited to the following: death; unexplained absence of a participant from a residence or treatment program; incidents of drug/alcohol use; physical, sexual, or verbal abuse of a participant by staff or other clients; staff negligence; fire, theft, destruction or other loss of property; complaints from a participant or his/her family; requests for information from the press, attorneys, or government officials outside of those connected to the court; and participant behavior requiring attention of staff not usually involved in his/her care.

1.12 Participants should have contact with case management personnel (juvenile drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress. Additionally, a juvenile drug court should consider including a school liaison on the team to provide information, help youth enroll in school or alternative programs, help youth take proficiency exams if applicable, and help youth set goals to increase engagement in school or graduate.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel, and others promote public safety while protecting the rights of participants.

2.1 Prosecution and defense counsel shall both be members of the juvenile drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution or other designated team member shall review cases and determine whether a juvenile is eligible for the drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make decisions regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

2.4 The defense counsel shall review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the juvenile as to the nature and purpose of the juvenile drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explain all of the rights that the juvenile will temporarily or permanently relinquish; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discuss with the juvenile the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

2.5 Pursuant to O.C.G.A. §15-1-15, juvenile drug courts may accept offenders with non-drug charges.

2.6 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victims Bill of Rights (O.C.G.A. §15-17-1, et seq.).

2.7 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, developed by the Council of Accountability Court Judges, with an executed copy placed in the court file maintained locally.

2.8 Each juvenile drug court shall develop and use a form, or adopt the model created by the Council of Accountability Court Judges, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.

2.9 Some juvenile drug courts may be involuntary in that the juvenile and his family are ordered to be part of the program. If the juvenile drug court is involuntary, there should not be any coerced participation in a juvenile drug court, such as giving eligible offenders the choice between an onerous disposition and participation in the program.

2.10 The decision to participate in a juvenile drug court shall not be influenced by offering a dispositional alternative more grueling or demanding to eligible offenders than that which is offered in cases where drug court participation is not an option.

2.11 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and program expectations.

2.12 Terminations from juvenile drug court require notice, a hearing, and a fair procedure. Not covered by this requirement is when a participant self-terminates, and this situation does not require any type of pre-termination hearing.

2.13 The consequences of termination from a juvenile drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from juvenile drug court.

2.14 Termination hearings conducted for juvenile drug court participants shall include all due process rights afforded to any offender serving a probated sentence.

3. Juvenile drug courts emphasize early identification and placement of eligible participants.

3.1 Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the juvenile drug court team and included in writing as part of the program's policies and procedures.

3.2 Juvenile drug courts may admit eligible participants pre-plea, post-plea, or operate under a hybrid model.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 Risk assessment factors that are crucial in determining a participant's suitability for the juvenile drug court, such as family and community ties, mental health status, employment status, educational level, and prior criminal history, are weighed by the juvenile drug court team on a case-by-case basis.

3.5 Members of the juvenile drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential juvenile drug court participants.

3.6 Participants being considered for a juvenile drug court shall be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

3.9 Juvenile drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or disability.

3.11 Each participant and the participant's parent or guardian shall consult with a defense attorney and review all juvenile drug court requests.

4. Juvenile drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4.1 Juvenile drug court programs should last a minimum of 12 months and should not exceed 24 months; a minimum of 18 months is considered best practice. Exceptions to the 24-month maximum may be made based on participant progress and/or additional violations following a 24-month evaluation and assessment, to be followed up every four months thereafter and not to exceed a total program length of 36 months. A formal report of each assessment following 24 months shall be added to a participant's file to justify extension of the program.

4.2 Juvenile drug court programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

4.3 Juvenile drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Juvenile drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Educational counseling and assistance
- (4) Domestic violence counseling
- (5) Mental health screening
- (6) Assessment and counseling for co-occurring mental health issues
- (7) Risk and needs assessment (e.g. LSI-R, etc.)
- (8) CBT curricula geared towards Relapse Prevention and Criminal Thinking (evidence-based practices).

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 A review process or set of quality controls shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a random selection basis.

5.3 All juvenile drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other approved official of the same sex.

5.5 Results of all drug tests should be available to the court and action should be taken as soon as possible, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each juvenile drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations and scheduled drug screens missed without a valid excuse, as determined by the presiding judge, may be considered as a positive drug screen.

6. A coordinated strategy governs responses from the juvenile drug court to each participant's performance and progress.

6.1 A juvenile drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Juvenile drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or school and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the juvenile drug court team shall provide for immediate and swift responses to all incidents of noncompliance, including positive drug tests.

6.5 Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to juvenile drug treatment court participants during their orientation. Periodic reminders are given throughout the treatment process.

6.6 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of noncompliance.

6.7 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

7. Ongoing judicial interaction with each juvenile drug court participant is essential.

7.1 A single juvenile court judge or associate juvenile court judge must preside over an individual juvenile drug court program and should be committed to serving in this role long-term.

7.2 The judge shall attend and participate in all pre-court staffings.

7.3 A regular schedule of status hearings shall be used to monitor participant progress.

7.4 There shall be a minimum of two status hearings per month in the first phase of juvenile drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.5 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.6 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency.

7.7 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 The goals of the juvenile drug court program are described concretely and in measurable terms. Minimum goals are:

- (1) Reducing drug addiction and drug dependency
- (2) Reducing crime
- (3) Reducing recidivism
- (4) Reducing drug-related court workloads
- (5) Increasing personal, familial, and societal accountability among participants
- (6) Promoting effective planning and use of resources among the criminal justice and social services systems and community agencies
- (7) Encouraging education by reducing truancy, reducing dropout rates, and increasing the number of juveniles receiving diplomas, GEDs, and completing vocational programs.

8.2 Participant progress, success, and satisfaction should be monitored on a regular basis (including at program entry and graduation) through the use of surveys.

8.3 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.4 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a juvenile drug court program and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.5 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.

8.6 Data needed for program monitoring and management are easily obtainable and are maintained in useful formats for regular review by program management.

8.7 Juvenile drug courts should use the preferred case management program, or compatible equivalent, as designated by the Council of Accountability Court Judges, in the interest of the formal and systematic collection of program performance data.

8.8 Juvenile drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Council of Accountability Court Judges which shall be provided in a timely requisite format to the Standards and Certification Committee as required by the Council of Accountability Court Judges, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective juvenile drug court planning, implementation, and operations.

9.1 Juvenile drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a juvenile drug court team shall receive training through the National Drug Court Institute if offered for juvenile drug courts and funding is available.

9.3 Completion of the National Drug Court Planning Initiative, if offered for juvenile drug courts, shall be required prior to implementation in order to attain certification.

9.4 Existing programs should participate in Juvenile Drug Court Operational Tune-Up, as needed.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Council of Accountability Court Judges, the National Association of Drug Court Professionals (NADCP), and the National Council of Juvenile and Family Court Judges (NCJFCJ). Comprehensive training may also include a technical assistance component (facilitated site-visits, implementation and educational goal development for program enhancement, and strategic planning meetings).

9.6 Juvenile drug court judges and staff should participate in ongoing continuing education as available through professional organizations (ICJE, NADCP, GCCA, etc.).

9.7 New team members shall attend formal orientation and training administered by the Council of Accountability Court Judges or the National Association of Drug Court Professionals (NADCP). If possible, a codified transition policy should be in place for new team members.

9.8 Juvenile drug court staff should participate in ongoing cultural competency training on an annual basis.

10. Forging partnerships among juvenile drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

10.1 Pursuant to O.C.G.A. §15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document.

10.2 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet at a minimum three times per year to provide policy guidance, fundraising assistance, and feedback to the drug court program.

10.3 Juvenile drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.4 Juvenile drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing. It is recommended that the team meet every six months to do community mapping to help forge partnerships in the community.

Section XI

Juvenile Drug Court Treatment Standards

1. Screening

1.1 Legal: Juvenile drug court programs should work with an interdisciplinary team to ensure systematic, early identification and early engagement of a target population.

1.2 Clinical: Juvenile drug courts shall enroll participants who meet diagnostic criteria for Substance-Use Disorder (SUD) and those whose needs can be met by the program. Diagnostic criteria shall incorporate both screening tools and a clinical interview. Initial screening will include, but not be limited to, the following: PTSD, depression, anxiety, self-esteem, and family issues.

1.3 Juvenile drug courts shall screen using an evidence-based screening tool.

1.3.1 Recommended tools: Teen Addiction Severity Index (T-ASI), Drug Usage Screening Inventory - Revised (DUSI-R), Substance Abuse Subtle Screening Inventory - Adolescent 2 (SASSI-A2), Brief Mental Health Screen, National GAINS Center.

2. Initial and Continuing Assessment

2.1 The assessment tool should be designed specifically for the developing adolescent, comply with evidence-based practices, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the juvenile's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.

2.2 The assessment tool should be suitable for use as a repeat measure. Juvenile drug courts should re-administer the assessment tool as a measure of program effectiveness. Repeat assessments and/or documented treatment plan reviews are recommended every 90 days, but must be completed no less than every 180 days.

3. Level of Treatment

3.1 Juvenile drug courts shall offer an appropriate level of treatment for the target population by taking into consideration the following:

- (1) Treatment Track: Make every effort to keep the juvenile in the appropriate treatment track, i.e. abuse, dependency, etc. ASAM's Patient Placement Criteria (PPC) provides a guideline for determining treatment setting and service matching.
- (2) Age; developmental stage; mental status; gender; culture; behavioral; emotional issues including traumatic exposure and/or self-identity, and the individual needs of the juvenile and existing clientele to ensure that the juvenile and other clientele would not be adversely impacted by their interaction.

3.2 Juvenile drug courts shall match participant needs with an appropriate level of treatment and supervision. The ideal length of a juvenile drug court program is 12-18 months, which can be inclusive of aftercare treatment plans.

4. Treatment Interventions

1.1 Juvenile drug courts should integrate a youth development philosophy as the foundation of treatment of juveniles which include the following, but are not limited to:

- (1) Assessment and treatment planning processes that are strength-based rather than deficit based
- (2) Uncovering what is unique about the juvenile and building on his/her individual abilities and strengths
- (3) Frequent expressions of support and consistent, clear, and appropriate messages about what is expected of the juvenile
- (4) Encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

1.2 Juvenile drug courts shall use a structured program which addresses the following:

- 1.2.1.1 Identification of emotional issues
- 1.2.1.2 Stabilizing of substance use.

1.3 Recommended approach: Relapse prevention strategies that include a crisis relapse prevention plan and re-evaluation, as needed, of the possible deficit areas in the treatment plan which may relate to a relapse incident; Integrated approach for dual diagnosed Substance Use/PTSD; Multi-Dimensional Family Therapy (MDFT); Cognitive Behavior Therapy (CBT); Matrix, Seven Challenges; and any other evidence-based tools.

1.4 Aftercare services are an important part of relapse prevention. Each juvenile drug court juvenile and their family member shall participate in the development of an individualized aftercare treatment plan.

5. Family Interventions and Educational Support

5.1 Juvenile drug courts shall include the family in the juvenile's individualized treatment plan. A juvenile's immediate family may not be nuclear and may include, but are not limited to: godparents, step-parents, other relatives, live-in friends of parents, neighbors, or other caretakers¹.

5.2 The juvenile drug court shall identify the family dynamics and engage and include the family in the juvenile's treatment as early as possible (as part of the intake and assessment process, if clinically appropriate and specified in the treatment plan). The juvenile drug court shall make efforts to provide individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan.

The juvenile drug court should strongly recommend (or require, if possible) that families actively be engaged in the youth's treatment reviews, family counseling, and family education offered by treatment provider.

5.3 Juvenile drug court shall work to improve interfamilial relations and assist the family in providing a support structure that can function both during and after the period of court intervention. This should include the development of a relapse prevention plan². Juvenile drug courts should assist the juvenile in developing a support system to help reinforce behavioral gains made during treatment and providing ongoing support to prevent relapse³.

¹ Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojjdp/184744.pdf>

² Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojjdp/184744.pdf>

³ California Youth Treatment Guidelines

5.4 Juvenile drug courts shall obtain the juvenile's current educational records. The juvenile drug court should fully integrate the juvenile's educational program into the juvenile's clinical program by:

- (1) Providing the juvenile access to educational instruction while in treatment, in accordance with state law
- (2) Working with the educational system to address the juvenile's school-related problems
- (3) Developing a plan to assist the juvenile's successfully transition back into the community educational system, if appropriate
- (4) Ensuring that the assessment process screens for possible key roadblocks to learning and academic success.

6. Treatment/Case Management Planning

6.1 Juvenile drug courts shall use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse.

6.2 Treatment and case management planning should be ongoing and occur in conjunction with one another.

6.3 Juvenile drug courts should make efforts to assist the family by making referrals for community-based medical and mental health resources and governmental assistance programs, as needed.

7. Information Management Systems

7.1 Juvenile drug courts shall employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measurement should capture, but is not limited to, the type of treatment services both delivered to and attended by participants.

8. Oversight and Evaluation

8.1 Juvenile drug courts are responsible for oversight of all juvenile drug court program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

8.2 Each juvenile drug court should establish a valid and structured means of ensuring oversight for the quality of treatment provided to the clientele that upholds standards of ethics and confidentiality of the client. Input from participants and their families to assess program strength and areas for improvement increases legitimacy of the process and leads to improved outcomes.