

Section XIII

Juvenile Treatment Court Standards

1. Juvenile treatment courts serve justice-involved youth suffering from severe and persistent mental illnesses (SPMIs), or substance use disorders (SUDs), by integrating evidence-based behavioral and mental health and substance use disorder services with justice system case processing.

- 1.1. Pursuant to O.C.G.A. § 15-11-71, each juvenile treatment court (JTC) shall establish a juvenile treatment court team 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.
- 1.2. The JTC team shall include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, community supervision officer, and treatment provider. The program coordinator shall be a position independent of treatment provider. The team should also consider adding a Special Assistant Attorney General (SAAG), school system representative and/or school liaison, peer support specialist, Guardian Ad Litem (GAL), Division of Family and Children Services (DFCS), Child in Need of Services (CHINS) coordinator, youth mentors, parent engagement specialist, other employees of the court, or others deemed appropriate for the class of court or children served.
- 1.3. The JTC team shall collaboratively develop, review, and agree upon all aspects of JTC operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines) prior to certification. On an ongoing basis, updates shall be discussed with the full team prior to implementation of new or revised policies and procedures.
- 1.4. This plan shall be executed in the form of a Memorandum of Understanding (MOU) between all team members and their associated agencies 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 annually and updated as necessary.
- 1.6. The goals of JTC programs in Georgia shall be to reduce the likelihood of family disruption or removal to an alternative placement, reduce the use of detention and commitments to the state, reduce recidivism, and increase likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment by:
 - Reducing alcohol or drug use and addiction in the child;
 - Treating the mental and behavioral health and related needs of the child;
 - Increasing the educational, personal, familial, and societal accountability of the child;
 - Preventing and reducing gang involvement and affiliation; and
 - Promoting effective intervention and use of resources among child welfare personnel, law enforcement agencies, treatment providers, community agencies, the department of juvenile justice, independent probation officers, and the courts.
- 1.7. All members of the JTC team are expected to attend and participate in all scheduled formal staffings with a minimum of two per month. Courts should consider implementing weekly staffing.
- 1.8. Members of the JTC team are expected to attend all JTC court sessions.
- 1.9. Each JTC shall adopt standardized, evidence-based treatments to ensure the quality and effectiveness of services. Refer to the JTC Treatment Standards (see Section XIV) for a list of suggested curricula.

- 1.10. JTCs should provide for a continuum of services through partnership with a primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary. Ideally, courts should limit the number of primary treatment providers to encourage continuity and consistency of services.
- 1.11. Each JTC shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the JTC with progress notes on participant progress; a reporting schedule shall be agreed upon by the JTC team and put in writing as part of the court's operating procedures. Reports should be provided at least weekly and ideally within 72 hours. If there is a significant event, it should be reported to the JTC coordinator immediately, or at most within 24 hours of the event. Significant events include but are not limited to the following: death; unexplained absence of a participant from a residence or treatment program; physical, sexual, or verbal abuse and/or exploitation of a participant; 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 shall have contact with case management personnel (JTC staff or treatment representative) at least once per week throughout treatment to review the status of treatment and progress.

2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

- 2.1. Prosecution and defense counsel shall both be members of the JTC 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 shall: review cases and assess whether a youth is eligible for the JTC program; file all required legal documents such as contracts/written agreements, waivers of rights, documentation related to sanctions and terminations as directed by the court; 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, nor will that admission be admissible against the child in any unrelated proceeding; 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 new charges.
- 2.4. The defense counsel shall, consistent with Georgia Bar rules concerning client directed representation: review the charging document and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the youth and his/her parents or guardian as to the nature and purpose of the JTC, 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 youth will temporarily or permanently relinquish; advise the participants on alternative options, including all legal and treatment alternatives outside of the JTC program; discuss with the youth the long-term benefits of recovery and treatment; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, nor will that admission be admissible against the child in any unrelated proceeding, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant and his/her parents or guardian 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. The Crime Victim's Bill of Rights shall be followed in such cases to which it applies (O.C.G.A. § 17-17-1, *et seq.*).
- 2.6. All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of the handbook shall be acknowledged through a form signed by the participant and his/her guardian and a fully executed copy shall be placed in the court file.
- 2.7. Each JTC shall develop and use a form, or adopt the model created by the Council of Accountability Court Judges (CACJ), to document that each participant has received counsel from an attorney prior to admittance to a JTC, including the receipt of the local participant agreement with an executed copy placed in the official court file.
- 2.8. The decision to participate in a JTC shall be made by the eligible participant and his/her parents or guardian. There shall be no coerced participation in a JTC, such as by giving potential participants the choice between an onerous disposition and participation in the program.
- 2.9. The decision to participate in a JTC shall not be influenced by offering a more punitive dispositional alternative to potential participants than that which is offered in cases where JTC participation is not an option.

- 2.10. 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.¹
- 2.11. Terminations from JTC require notice, a hearing on the record, and due process. However, when a participant seeks or consents to termination, the court in its discretion may conduct a hearing.
- 2.12. The consequences of termination from a JTC should be comparable to those sustained in other similar cases before the presiding judge. The outcome shall be reasonable and not excessively punitive solely based on termination from JTC.
- 2.13. In jurisdictions where the JTC judge will also sit as the judge conducting termination hearings, this situation needs to be communicated to youth in writing at the time program participation is being considered and consented to by the potential participant in writing.

¹ Each right that will be temporarily or permanently relinquished as a condition of participation in JTC shall be distinguished and explained separately to ensure the youth fully understands the rights being waived.

3. Eligible participants are identified early and promptly placed into the JTC program.

- 3.1. Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the JTC team and formally included in writing as part of the program's policies and procedures.
- 3.2. Eligibility shall be defined by written, objective criteria to ensure clinical and legal suitability for the program.
- 3.3. Courts may admit eligible participants pre-adjudication, post-adjudication, or operate under a hybrid model.
- 3.4. Program eligibility determination shall include the review of the potential participant's delinquency history, legal requirements, and clinical appropriateness, including the administration of a risk and needs assessment.
- 3.5. The target population for JTCs is youth assessed as moderate to high-risk of reoffending and with moderate-to-high treatment needs. Criminogenic risk shall be assessed utilizing a standardized, evidence-based tool approved by CACJ.² The assessment shall be conducted prior to program entry to ensure the program is targeting appropriate participants.
- 3.6. Members of the JTC team and other designated court or juvenile justice officials shall screen cases for eligibility and identify potential JTC participants. Programs should work with their prosecutor's office to implement screening on all juvenile cases if possible. Program eligibility requirements should be shared regularly with stakeholders including other judges in the jurisdiction, court personnel, members of the local bar association, the Department of Juvenile Justice and/or community supervision officers, and local law enforcement.
- 3.7. Youth being considered for a JTC shall be promptly advised about the scope and requirements of the program by a program designee. During this conversation, youth may be represented by counsel, but this is not required.
- 3.8. 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.
- 3.9. Clinical assessment for substance use disorder and/or severe and persistent mental illness shall be conducted by appropriately trained and qualified professional staff, using standardized assessment tools. Refer to the JTC Treatment Standards for a list of recommended clinical assessment tools.
- 3.10. Each JTC shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.
- 3.11. Individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, national origin, gender, sexual orientation, gender identity, physical or mental disability, age, national origin, marital or parental status, religion, or socioeconomic status shall receive the same opportunities as other individuals to participate and succeed in the JTC, if they otherwise meet eligibility requirements.

² The current approved tool is the Youth Level of Service/Case Management Inventory (YLS/CMI). Use of another tool must be approved by CACJ prior to implementation.

4. JTCs provide access to a continuum of mental health, alcohol, drug, and other related treatment and rehabilitation services.

- 4.1. Programs should last a minimum of 12 months and should not exceed 24 months. Exceptions to the 24-month maximum may be made if extended by a court order based on participant progress 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.
- 4.2. The length of JTC participation shall not extend beyond the maximum period of detention or probation a youth could have received if adjudicated in a more traditional court process. In addition, program duration should vary depending on a participant's program progress. Program completion should be tied to adherence to the participant's court-ordered conditions.
- 4.3. JTC programs shall be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care." Phases and phase movement shall have defined objective criteria that are maintained in writing and reviewed with participants and their parents or guardian.
- 4.4. JTC programs shall offer a comprehensive range of mental health and substance use treatment services. These services include:
 - Group counseling
 - Individual counseling
 - Family counseling
 - Drug testing for substance use or misuse
- 4.5. JTC programs should ideally offer:
 - Assessment and treatment for trauma
 - Gender specific group counseling
 - Screening for adverse childhood experiences (ACES)
 - Health screening
 - Access to a certified peer support specialist
- 4.6. Each JTC should identify and connect participants and their families to ancillary services including, but not limited to:
 - Employment counseling and assistance
 - Life skills training such as time management, budgeting, financial literacy, etc.
 - Educational support
 - Medical and dental care
 - Parenting skills
 - Family engagement support services
 - Transportation
 - Housing
 - Mentoring and alumni groups
- 4.7. 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 should be modified or adjusted based on results.

- 4.8. Treatment shall include standardized, evidence-based practices (see Section XIV, JTC Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resources Center, Office of Juvenile Justice and Delinquency Prevention (OJJDP), California Clearinghouse, or other organization recognized by CACJ. All treatment providers must be appropriately licensed, certified, or supervised, to administer those curricula (including any curriculum-specific required training) and to provide clinical services to accountability court participants. These licenses and certifications shall be kept current and the court shall keep copies of all current treatment provider licenses and certifications on file.
- 4.9. Treatment providers shall maintain a calendar that lists the dates, times, locations, and platform on which group treatment sessions and individual counseling sessions take place and shall provide this calendar to the court and to CACJ upon request.
- 4.10. Treatment providers shall maintain individualized treatment plans with appropriate dosage hours pursuant to an evidence-based approach. For participants identified as having an SUD, treatment providers shall maintain individualized treatment plans with appropriate dosage hours as determined by the participant's American Society of Addiction Medicine (ASAM) level.
- 4.11. A set of quality controls/review processes shall be in place to ensure accountability of the treatment provider. Court staff may, from time to time, observe evidence-based group treatment sessions. Additionally, group counseling sessions are subject to fidelity monitoring by CACJ with adequate notice to the JTC team.
- 4.12. Programs shall not exclude any participant solely on the basis of his or her use of a prescribed addiction or psychotropic medication. Programs shall consider these services for participants where clinically appropriate and available.

5. Juvenile Treatment Courts shall develop and implement a drug testing policy that is applied consistently and fairly.

- 5.1. Participants assessed as having a SUD shall be randomly and frequently tested a minimum of twice per week until the final phase of the program. A standardized system of drug testing shall continue until completion of the program.
 - The court shall implement a formal system of randomization that strives to eliminate the participants' ability to predict when a drug test may occur.
- 5.2. Participants not diagnosed with a SUD shall be informed that they may be subject to drug testing.
- 5.3. The court's drug testing protocol shall include a provision for drug testing at all times, including at least occasional drug testing on weekends and holidays due to the likelihood of use during these times, and to ensure substances with shorter testing windows are detected.
- 5.4. Participants should be given a minimum window of notice to report for drug testing, ideally, no more than eight hours prior to testing.
- 5.5. Each JTC shall utilize urinalysis as the primary method of drug testing. All urinalysis testing shall be directly observed by an authorized, same sex member of the JTC team, a licensed/certified medical professional, or other approved official of the same sex. All drug testing protocols shall be sensitive to the trauma history of the participant.
- 5.6. Alternative methods may be used to supplement urinalysis, including breath, hair, sweat, saliva testing, electronic monitoring, and other such methods as may be approved by CACJ. All non-urinalysis drug testing shall be observed but the test may be conducted by a screener of the opposite sex. Courts shall consider the participant's trauma history when determining the manner and method of drug testing.
- 5.7. Drug tests should be analyzed as soon as practicable. Results of all drug tests should be available as soon as practicable, ideally within 48 hours of receiving the results.
- 5.8. 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 test.
- 5.9. A minimum of 90 consecutive days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.
- 5.10. Each JTC shall establish a method for participants to dispute the results of positive drug tests through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.
- 5.11. Creatinine violations and drug tests scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug test.
- 5.12. Each JTC shall maintain the drug testing procedures in a policy and procedure manual. The drug testing procedure shall include the steps taken to ensure proper chain of custody of all specimens throughout the testing and confirmation process.
- 5.13. Drug testing procedures shall be included in the participant handbook and reviewed with participants and their guardian upon entering the program. Participants shall be notified of the possible consequences of using substances, including alcohol and other prohibited substances.

6. A coordinated strategy governs JTC responses to participants' compliance.

- 6.1. Each JTC shall have a formal system of swift and certain sanctions, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.
- 6.2. Each JTC shall have a formal system of incentives for positive behavior.
- 6.3. 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.
- 6.4. Incentives should be favored over sanctions.
- 6.5. Each JTC shall 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 the participant's home, school, or workplace, and may include curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.
- 6.6. Regular and frequent communication between all members of the JTC team shall provide for immediate and swift responses to all incidents of non-compliance, including positive drug tests. Sanctions should be imposed as quickly as possible following noncompliance.
- 6.7. There shall be no indefinite time periods for any sanction, regardless of whether the sanction includes detention or not.
- 6.8. Detention should only be considered as the last option in the most serious cases of non-compliance. Detention sanctions should ideally be less than 3-5 days. Where possible, participants should continue receiving treatment while in detention. No detention sanction shall exceed the maximum period authorized by law.
- 6.9. Participants shall be subject to progressive positive drug test sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.
- 6.10. Program infractions, including relapse, should result in a review of the participant's treatment plan and modification as needed.

7. Ongoing judicial interaction with each JTC participant is essential.

- 7.1. A dedicated juvenile court judge or senior judge must preside over an individual JTC program and should be committed to serving in this role for at least two years.
- 7.2. A judge from another class of court may serve as the presiding judge of a JTC program if that judge is specially designated as such by the chief judge of the judicial circuit superior court in which the court operates and is approved for such by CACJ.
- 7.3. The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court. When a backup judge serves regularly, the JTC program should make efforts to ensure the backup judge receives training from CACJ.
- 7.4. The judge shall attend and participate in all pre-court staffings, sessions, and/or meetings. Status hearings shall not be held without the judge or a backup judge present.
- 7.5. A regular schedule of status hearings shall be used to monitor participant progress.
- 7.6. There shall be a minimum of two status hearings per month in the first phase of JTC programs and, dependent on participant needs, this minimum schedule may continue through additional phases.
- 7.7. Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings shall be held no less than once per month during the last phase of the program.
- 7.8. 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 basis.³
- 7.9. The judge, to the extent possible, should strive to spend an average of three minutes or more with each participant during status review.
- 7.10. The judge and team shall minimize discussion of protected health information, and otherwise private information, in an open court setting, even where a participant has executed a HIPAA waiver.

³ Insufficient time based on program census does not constitute an emergency.

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

- 8.1. Participant progress, success, and satisfaction should be monitored on a regular basis through the use of surveys and participant feedback, most importantly at the program entry point and graduation. Feedback should also be gathered regularly from participants' parents or guardians.
- 8.2. Participant data shall be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.
- 8.3. Courts should track significant changes in program policies, to include the change that was made and the date the change went into effect, to monitor the effectiveness of those changes, and to inform future changes in policy and practice.
- 8.4. A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a JTC 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 should be easily obtainable and maintained in useful formats for regular review by program management.
- 8.7. Courts shall use a case management system approved by CACJ, in the interest of formal and systematic data collection. Data shall be provided at least quarterly and in a format prescribed by CACJ.
- 8.8. Courts shall collect, at a minimum, a mandatory set of performance measures determined by CACJ. The minimum performance measures to be collected shall include: recidivism (re-arrests and new adjudications), number of moderate- and high-risk participants, drug testing results, drug testing failures (including substances), number of days of continuous sobriety, units of service (e.g. number of court sessions, number of treatment sessions attended), employment, education status, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (e.g. terminations, administrative discharges). The court should develop a process to collect recidivism data following participant graduation.

9. Continuing interdisciplinary education promotes effective JTC planning, implementation, and operations.

- 9.1. JTC programs shall have a formal policy on staff training requirements and continuing education including formal orientation and training for new team members.
- 9.2. All members of a JTC team shall receive training through the Treatment Court Institute.
- 9.3. Completion of the National JTC Planning Initiative shall be required prior to implementation in order to attain certification.
- 9.4. Existing programs, with all core team members present, shall attend tune-up or refresher training every three to five years.
- 9.5. All core team members shall attend the CACJ annual training conference as outlined in the CACJ rules.
- 9.6. JTC judges and staff should participate in ongoing continuing education as it is available through professional organizations such as the Institute of Continuing Judicial Education (ICJE), All Rise, OJJDP, the Georgia Council of Court Administrators (GCCA), etc.
- 9.7. New accountability court judges and coordinators shall attend formal orientation and training administered by CACJ offered annually.
- 9.8. JTC staff should participate in ongoing cultural competency training on an annual basis.

10. Forging partnerships among JTCs, public agencies, and community-based organizations generates local support and enhances JTC program effectiveness.

- 10.1. A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, local schools, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the JTC program.
- 10.2. JTCs should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.
- 10.3. JTCs 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.

Section XIV

JTC Treatment Standards

1. Target Population

- 1.1. The target population for JTCs shall be adolescents that meet the diagnostic criteria for severe and persistent mental illnesses (SPMIs) and/or substance use disorders (SUDs).
- 1.2. Participants should be 14 years of age at the time of enrollment into the program. Programs may serve younger participants upon clinical evaluation that confirms their ability to comply with program requirements, demonstrates appropriate maturity, and determines that participation presents less risk than foregoing treatment. If necessary, referrals to alternative programs should be made.
- 1.3. Participants must be subject to the jurisdiction of the juvenile court.

2. Risk and Needs Assessment

- 2.1. Appropriate risk and need assessment instruments are actuarial tools validated on the relevant target population and are scientifically proven to determine an individual's risk of recidivism. These tools help identify criminogenic risk factors and needs that, when appropriately addressed, can reduce the likelihood of future justice-involved behavior.
- 2.2. JTC programs shall employ an assessment tool that captures the child's risk of recidivism and case management needs. Programs shall use the CACJ designated screening tool. In addition to the required tool, programs may use any validated tool including:
 - Youth Level of Service/Case Management Inventory™ 2.0
 - Problem Oriented Screening Instrument for Teenagers (POSIT)
 - Youth Assessment & Screening Instrument.
 - Short-Term Assessment of Risk and Treatability: Adolescent Version (START-AV) (primary mental health issues)

3. Clinical Screening

- 3.1. Clinical screening is a brief process that evaluates the potential presence of a mental health or substance use disorder used to determine whether the youth's needs warrant enrollment in the JTC. Clinical screening for substance use disorders: JTCs shall enroll participants who meet diagnostic criteria for a Substance-Related Disorder(s) and/or severe and persistent mental illness whose needs can be met by the program. Recommended tools for screening for substance use disorders:
 - Screening to Brief Intervention (S2B1)
 - Addiction Severity Index-Drug Use Subscale (ASI-Drug Adolescent Substance Abuse Subtle Screening Inventory-A3 (SASSI-A3))
 - Global Appraisal of Individual Needs–Short Screener (GAIN-SS)
 - The Alcohol, Smoking and Substance Involvement – Youth (ASSIST-Y v3.1)
- 3.2. Clinical screening for severe and persistent mental illness and trauma: JTCs shall enroll participants who meet diagnostic criteria for a substance-related disorder and/or severe and persistent mental illness whose needs can be met by the program. The court can verify an SPMI through records requests if the participant is currently seeing or has seen a mental health provider within the past 12 months. Recommended tools for screening for mental illness and/or traumatic experiences:
 - Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2)
 - The Children's Revised Impact of Events Scale (CRIES 13)

- The Pediatric Symptom Checklist (PSC)
- Adverse Childhood Experiences (ACEs)

4. Clinical Assessment

- 4.1. Assessment refers to a thorough and personalized evaluation of the psychosocial challenges and needs identified during the initial screening and provides recommendations for appropriate treatment interventions.
- 4.2. A biopsychosocial assessment shall be conducted by an appropriately certified, trained, and/or licensed treatment provider within 10 days of the participant's admission. Recommended tools include:
 - Global Appraisal of Individual Needs (GAIN-I)
 - Comprehensive Addiction Severity Index for Adolescents (CASI-A)
 - Teen Addiction Severity Index (T-ASI)
 - Diagnostic Interview Schedule for Children (DISC)
 - The Child and Adolescent Needs and Strengths (CANS)
- 4.3. ASAM Criteria® Treatment Planning Template (to be used after completion of the ASAM Level of Care Assessment). A substance use disorder assessment shall be conducted by an appropriately certified, trained, and/or licensed treatment provider for all participants who screen positive for the presence of a substance use disorder during initial screening.
- 4.4. JTCs shall employ an assessment tool that captures offenders' Substance-Related Disorder(s) and /or severe and persistent mental illness and treatment needs.
- 4.5. The assessment tool should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and participant progress.

5. Level of Treatment

- 5.1. JTCs shall offer an appropriate level of treatment for the target population. Recommended tools:
 - ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R)
- 5.2. JTCs shall match participant risk of recidivism and needs with an appropriate level of treatment and supervision.

6. Substance Use Disorder Interventions

- 6.1. JTCs will use a manualized curriculum and structured (e.g. Cognitive Behavior Therapy (CBT)) approach to treating substance use disorder. Curricula shall be delivered with fidelity to the model including use of handbooks and homework, and must be administered by appropriately certified, trained, and/or licensed treatment providers. Recommended tools include:
 - Cognitive-Behavioral Interventions - Substance Use Youth (CBI-SUY)
 - Contingency Management
 - The Seven Challenges Program Matrix Model for Teens and Young Adults
- 6.2. Aftercare services are an important part of return-to-use prevention. Aftercare is lower in intensity and follows higher-intensity programming.

7. Severe and Persistent Mental Illness Interventions

- 7.1. JTCs will offer and/or collaborate with community partners to offer a comprehensive range of mental health and dual diagnosis treatment services. Recommended services include:
- Group Counseling
 - Individual Counseling
 - Psychosocial Rehabilitation
 - Family Supports
 - Screening for Adverse Childhood Experiences (ACES)
 - Medication Management
 - Assessment and counseling for co-occurring substance use issues
- 7.2. JTCs should ideally offer:
- Family Counseling
 - Gender Specific counseling
 - Health Screening

8. Recidivism/Criminality Treatment Interventions

- 8.1. JTCs shall incorporate programming that addresses criminogenic risk factors: those characteristics that are related to risk of recidivism. Curricula shall be delivered with fidelity to the model including use of handbooks and homework, and must be administered by appropriately certified, trained, and/or licensed treatment providers. Suggested interventions include:
- Thinking for a Change Youth (T4C)
 - Cognitive-Behavioral Interventions - Core Youth (CBI-CY) (provides modifications so that youth with mental illness can participate).
 - Moral Reconnection Therapy for Juvenile Offenders (MRT for Juvenile Offenders)
 - Programming supported through the Juvenile Justice Incentive Grant and/or Criminal Justice Coordinating Council.
- 8.2. Risk factors are those characteristics and behaviors that affect a person's risk for future delinquent or criminal behavior and include, but are not limited to, past or current offenses, family circumstances or parenting, education or employment, peer relations, substance use, leisure, recreation, personality traits, behaviors, and attitudes.

9. Treatment/Case Management Planning

- 9.1. JTCs shall use treatment/case management planning that follows an assessment and systematically addresses core risk factors associated with return to use and recidivism.
- 9.2. Treatment and case management planning should be an ongoing process and occur in conjunction with one another.
- 9.3. Effective treatment planning requires a collaborative approach, tailored to a participant's unique needs and goals, with regular reviews to ensure goals remain relevant.

10. Case Management Systems

- 10.1. JTCs shall employ a case 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. Measures of treatment services delivered and attended by participants shall be captured.

11. Oversight and Evaluation

- 11.1. JTCs are responsible for oversight of all program components. JTCs shall regularly monitor and evaluate their data including the number of judicial status hearings, treatment contacts, and case management services.
- 11.2. Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.