



NEW JUVENILE DRUG TREATMENT COURT GUIDELINES- FROM RESEARCH TO PRACTICE

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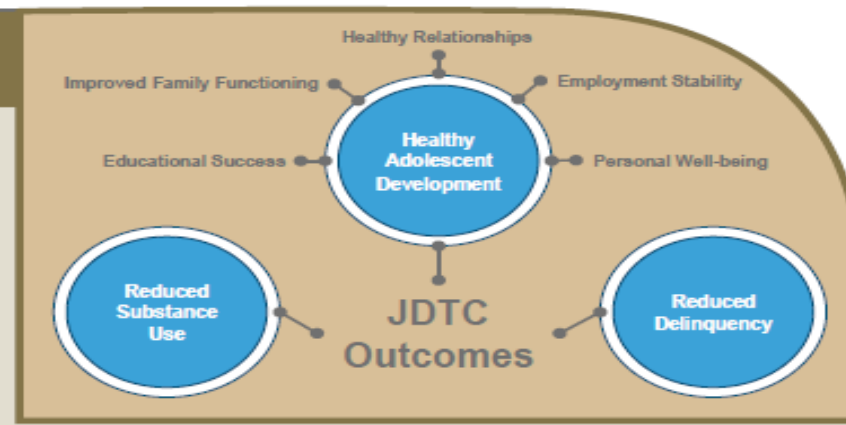
JUVENILE DRUG TREATMENT COURT GUIDELINES RELEASED DECEMBER 2016

- Treatment-Oriented to focus on substance use disorders and mental health
- Evidence-Based to support JDTCs identify the strategies most likely to result in positive outcomes
- Guided by adolescent development and family engagement

1 Focus JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.

- 1.1 Team Committed to JDTC's Philosophy and Practice
- 1.2 Team Member Roles Clearly Articulated
- 1.3 Involve Local Schools
- 1.4 Access To High-quality TTA
- 1.5 Engage Family Throughout JDTC Process
- 1.6 Interpreters for Non-English-Speaking Families

2.4 Divert from JDTC or Process In Traditional Juvenile Court



Ineligible → Eligible

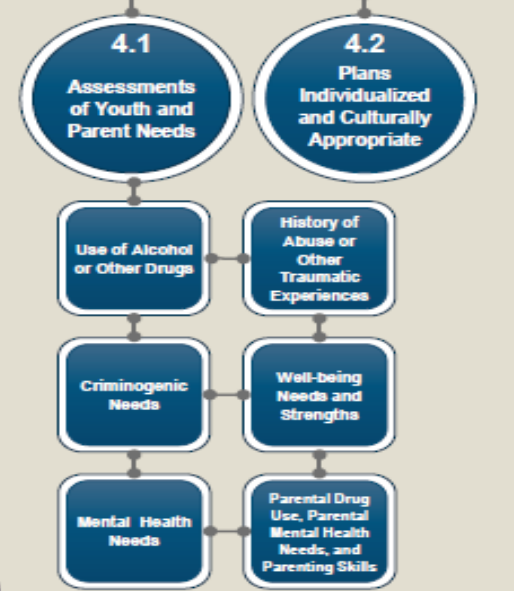
2 Ensure Equitable Treatment for All Youth

- 2.1 Eligibility Criteria
- 2.2 Validated Risk Assessment
- 2.3 Screening for Substance Use Disorder
- 2.5 Equity of Access

3 JDTC Process That Engages Full Team and Follows Procedures Fairly

- 3.1 Collaboration With Parents/Guardians
- 3.2 Judge is Nonjudgmental and Fair
- 3.3 Consistent Application of Requirements
- 3.4 Ongoing Review of Progress

4 Comprehensive Assessments That Inform Individualized Case Management



5 Effective Contingency Management, Case Management, and Community Supervision

- 5.1 Incentives ≥ Sanctions
- 5.2 Fair Assignment of Incentives and Sanctions
- 5.3 Fees and Detention Rarely Used
- 5.4 Addressing Youth's Needs
- 5.5 Address Drug Test Concerns
- 5.6 Respond to Return to Use Based on RNR

6 Evidence-Based Substance Use Treatment and Other Services, Plus Prosocial Connections

- 6.1 Continuum of Treatment Resources
- 6.2 Evidence-based Treatments
- 6.3 Fidelity to the Programmatic Models
- 6.4 Evidence-based Treatments for All Identified Needs
- 6.5 Participants Encouraged to Practice Prosocial Skills

- 7.1 Facilitate Equivalent Outcomes for All Participants
- 7.2 Termination Only as Last Resort
- 7.3 Performance Measures

7 Monitor and Track Program Completion and Termination

THE TYPES OF INFORMATION IN THE JDTC GUIDELINES

- The *Map of Objectives and Guideline Statements* categorizes and organizes the evidence-based Guideline Statements according to a set of objectives. (Web navigation)
- The *Guideline Statements* are brief, action-oriented, and derive directly from research. All Guideline Statements must directly reference a finding from one of the research reviews with an Evidence Quality Credibility Rating of at least “High Quality” or “Moderate Quality.” Practice Gaps identified during this process may be noted as a gap in the research, but not as a Guideline Statement.
- The *Guideline Statement Contextual Information* is definitional or descriptive statements that clarify the Guideline Statement and include summaries of: (1) the research/evidence that underlies each guideline statement; (2) the convergence of practice themes that emerged from the assessment of current policies and practices; and (3) practice and implementation considerations.



WHAT DO THE
GUIDELINES
LOOK LIKE IN PRACTICE?

1 - FOCUS OF JDTC PHILOSOPHY AND PRACTICE ON EFFECTIVELY ADDRESSING SUBSTANCE USE AND CRIMINOGENIC NEEDS TO DECREASE FUTURE OFFENDING AND SUBSTANCE USE AND TO INCREASE POSITIVE OUTCOMES.

Guideline Sub-sections

- 1.1 Team Committed to JDTC's Philosophy and Practice
- 1.2 Team Member Role Clearly Articulated

Guidelines in practice

- 1.1 Case managers are assigned to every case in addition to the probation officers to ensure the proper services are coordinated and aligned with identified risks and needs. Contracted providers are closely monitored on a monthly basis to ensure compliance with service delivery requirements.
- 1.2 Team members roles and responsibilities are clearly outlined in the Parent/Participant Handbook which is thoroughly discussed and distributed at intake. **P&P is currently being updated and MOU's with stakeholders need to be developed.**

1 - FOCUS OF JDTC PHILOSOPHY AND PRACTICE ON EFFECTIVELY ADDRESSING SUBSTANCE USE AND CRIMINOGENIC NEEDS TO DECREASE FUTURE OFFENDING AND SUBSTANCE USE AND TO INCREASE POSITIVE OUTCOMES.

Guideline Sub-sections

1.3 Involve Local Schools

Guidelines in practice

- 1.3 Due to EP having 7 ISD's not to include Charter schools in the county, we have been unsuccessful at having representatives from each district at the table. To ensure there is effective collaboration between the program and our school partners. Team members are required by P&P to make initial contact with schools within the first 30 days of opening the case and at least once a month thereafter.
 - Case managers work closely with the parents to teach advocacy skills and encourage engagement in their child's education.

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Guideline Sub-sections

- 1.4 Access to High-Quality TTA
- 1.5 Engage Family throughout JDTC Process

Guidelines in practice

- 1.4 Program Director secures funding and/or has access to quality training and technical assistance for entire team in subjects relevant to the population being served.
- 1.5 Through the JDTC contract and a Notice of Court Setting parents are required to attend all program related activities to include weekly court hearings, therapy and other services deemed necessary through the case/treatment plan.
 - *EP JTDC needs to create an action plan to be inclusive of natural supports to support a more holistic and inclusive approach*

1 - FOCUS OF JDTC PHILOSOPHY AND PRACTICE ON EFFECTIVELY ADDRESSING SUBSTANCE USE AND CRIMINOGENIC NEEDS TO DECREASE FUTURE OFFENDING AND SUBSTANCE USE AND TO INCREASE POSITIVE OUTCOMES.

Guideline Sub-sections

1.6 Interpreters for Non-English Speaking Families

Guidelines in practice

- 1.6 Certified court interpreters are available during all hearings.
 - *Action plan is needed to have all documents translated into Spanish.*

2 – ENSURE EQUITABLE TREATMENT FOR ALL YOUTH BY ADHERING TO ELIGIBILITY CRITERIA AND CONDUCTING AN INITIAL SCREENING.

Guideline Sub-sections

- 2.1 Eligibility Criteria
- 2.2 Validated Risk Assessment Tools
- 2.3 Screening for Substance Use Disorders
- 2.4 Diverted from or Processed through Traditional Court

Guidelines in practice

- 2.1 Youth with a substance use disorder. Youth who are 14 years old or older. Youth who have a moderate to high risk to reoffend.
- 2.2 PACT assessment and/or GAIN-SS or Q3.
- 2.3 Utilize the GAIN-SS, GAIN-Q3, and/or CMBHS to determine SUD diagnosis and severity.
- 2.4 Youth who are low risk to reoffend and/or do not have a SUD are diverted from JDTC participation.

2 – ENSURE EQUITABLE TREATMENT FOR ALL YOUTH BY ADHERING TO ELIGIBILITY CRITERIA AND CONDUCTING AN INITIAL SCREENING.

Guideline Sub-sections

- 2.5 Equity of Access

Guidelines in practice

- 2.5 The JDTC practices equity in its targeting and eligibility strategies. The JDTC allows access to all genders, racial and ethnic groups; and youth who LGBTQI-GNC and two spirit.

3 - PROVIDE A JDTC PROCESS THAT ENGAGES THE FULL JDTC TEAM AND FOLLOWS PROCEDURES FAIRLY.

Guideline Sub-sections

- 3.1 Collaboration with Parents and Guardians
- 3.2 Judge is Nonjudgmental and Fair

Guidelines in practice

- 3.1 Family/Parent involvement. – Families are engaged at the onset through their participation in the Orientation, Initial Case Planning, Treatment Planning, all case/treatment plan reviews, court review hearings. In addition they participate in various experiential activities throughout their participation.
 - The EP JDTC utilizes a checklist process for each level and the participants and parents each have a checklist which they are responsible for that encourages participation and engagement in SVCS.
- 3.2 Participants & parents are actively involved in the program. should be neutral and the participants should view the judges neutrality throughout the proceedings.
 - *Further action planning is necessary with this guideline in our jurisdiction. Engaging parents in sanction and incentive*

3 - PROVIDE A JDTC PROCESS THAT ENGAGES THE FULL JDTC TEAM AND FOLLOWS PROCEDURES FAIRLY.

Guideline Sub-sections

- 3.3 Consistent Application of Requirements

Guidelines in practice

- 3.3 Individualized responses to both positive and negative behaviors should be reflective of the behavior you are attempting to reinforce (incentivize) or modify (sanction). The EP JDTC implemented a token economy whereby participants are eligible to earn tickets which are redeemed for a spin on the wheel of incentives. Additionally, there is a peer driven incentive which recognizes the group's sobriety.
 - *Additional action planning is needed in the area of sanctions and ensuring the sanction is reflective of the behavior we are seeking to modify and we continue to reduce the use of detention as a sanction.*

3 - PROVIDE A JDTC PROCESS THAT ENGAGES THE FULL JDTC TEAM AND FOLLOWS PROCEDURES FAIRLY.

Guideline Sub-sections

- 3.4 Ongoing Review of Progress

Guidelines in practice

- 3.4 The EP JDTC meets weekly to review individual progress and discuss incentives/sanctions. Discussions should be directly tied to the participants assessment and treatment/case plan goals. Staff meet with the family on a monthly basis to formally review the case plan along with the required home visit contacts to monitor services, implementation of strategies and offer support.
- *Staffing's are not advisory board meetings to discuss operational issues. Teams should utilize a different venue for such discussions.*

4 - CONDUCT COMPREHENSIVE NEEDS ASSESSMENTS THAT INFORM INDIVIDUALIZED CASE MANAGEMENT.

Guideline Sub-sections

- 4.1 Assessment of youth and parents needs
 - Use of Alcohol and other Drugs
 - Criminogenic Needs
 - Mental Health Needs
 - History of Abuse or other Traumatic Experiences
 - Well-being Needs and Strengths
 - Parental Drug Use, Parental Mental Health Needs and Parenting Skills

Guidelines in practice

- 4.1 – The program does assess in multiple domains to inform the development of comprehensive case and treatment plans.
 - Utilize the PACT and the GAIN-Q3 (youth and adults) which targets all the domains listed
 - All JPO's are trained in MI to illicit information and aide in the identification of strengths and needs.
 - Parents are randomly drug tested and referred for further assessment and treatment to community based providers
 - All parents receive parenting skills as part of program design (strengthening families and the CYT parent education curriculum)

4 - CONDUCT COMPREHENSIVE NEEDS ASSESSMENTS THAT INFORM INDIVIDUALIZED CASE MANAGEMENT.

Guideline Sub-sections

- 4.2 Case management and treatment plans should be individualized, culturally appropriate, and based on an assessment of the youth's and family's needs.

Guidelines in practice

- 4.2 – Case plans are created by incorporating the top three criminogenic risk factors to create the Goals and Objectives of the case plan.
- Family and participant are involved in the creation of the case/treatment plan and the plan is shared across they systems to ensure collaboration.
 - *Action planning needed to discuss the future of creating on uniform case/treatment plan that will meeting TJJD and DSHS requirements rather than having two separate plans.*

5 – IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY.

Guideline Sub-sections

- 5.1 Incentives and Sanctions

Guidelines in practice

- 5.1 – Utilizing of contingency management strategies to emphasis positive reinforcements. EP JDTC is utilizing a token economy to reward participants for completing tasks and progressing through levels/phases.
 - Team members have the discretion and are encouraged to offer immediate incentives and sanctions which fit within the scope of their role and is directly correlated to the behavior they are addressing and/or encouraging.
 - Collecting data and striving to attain a 4:1 ratio. *This has been a challenge in EP but we are making improvements.*
 - Some incentives are of non-monetary value and at times are much more meaningful to the participants.

5 – IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY.

Guideline Sub-sections

- 5.2 Fair Alignment of Incentives and Sanctions
- 5.3 Fees and Detention Rarely Used

Guidelines in practice

- 5.2 – Individualize incentives and sanctions which align them to the participant’s short/long term goals.
 - Collaborate with the participant and family to identify the participants “Most Valued Privilege” (MVP) and communicate that information to the team.
 - The MVP can be utilized as an incentive or sanction
 - *Action planning needed in this area to align with guideline*
- 5.3 – Fees are not assessed in the EP JDTC for probation violations.
 - *Detention is the least effective and most expensive way to affect changes in behavior. The EP JDTC has been working on reducing the use of detention over the last several years and will continue to be one of its top goals over the coming years. Finding alternative to detention is essential.*

5 – IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY.

Guideline Sub-sections

- 5.4 Addressing Youth's Needs
- 5.5 Address Drug Test Concerns

Guidelines in practice

- 5.4 – Youth needs are addressed collaboratively between the JPO's, CM's and clinician. The assessments, interviews, and direct field observations are all discussed when formulating their case/treatment plans to address all the needs identified. The focus is not compliancy to court orders only as it is holistic, strength based and collaborative.
- 5.5 – Drug testing practices are random, observed, frequent (2x/wk) and sensitive to past traumatic experiences.
 - *EP JDTC needs action plan to ensure JPO's and other collecting specimens are informed and sensitive to past traumatic experiences.*

5 – IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY.

Guideline Sub-sections

- 5.6 Respond to Return to Use Based on RNR

Guidelines in practice

- 5.6 – Relapse or return to use is part of the recovery process. How programs respond to return to use should be individualized and correlated with RNR based off of assessments and case/treatment plans.
 - Action planning is needed in this area to ensure that reassessments are completed in a timely manner to guide program responses.

6 – REFER PARTICIPANTS TO EVIDENCE-BASED SUBSTANCE USE TREATMENT, TO OTHER SERVICES, AND FOR PROSOCIAL CONNECTIONS.

Guideline Sub-sections

- 6.1 Continuum of Treatment Resources
- 6.2 Evidence-Based Treatments

Guidelines in practice

- 6.1 – Participants have access to a continuum of services to include substance abuse outpatient, individual, group, family, inpatient and residential treatment (Challenge Academy and other contracted residential placement facilities). In addition, youth have access to community based mental health and psychiatric services.
- 6.2 – Program works collaboratively with providers who employ EBP to include CBT, MET, CYT and Matrix Model. Strengthening Families modality for parenting. We are exploring the implementation of Seven Challenges before the end of the year to expand the availability of tools to address the risk and needs of youth.
 - [Refer to NREPP for listing of EBP's](#)

6 – REFER PARTICIPANTS TO EVIDENCE-BASED SUBSTANCE USE TREATMENT, TO OTHER SERVICES, AND FOR PROSOCIAL CONNECTIONS.

Guideline Sub-sections

- 6.3 Fidelity to Programmatic Models
- 6.4 Evidence-based Treatments for all Identified Needs

Guidelines in practice

- 6.3 – EP JDTC works collaboratively with its team members and community stakeholders to educate on EBP. Our program integrates EBP programming and fidelity expectations into contracts and MOU's.
- 6.4 – Through the utilization of the PACT assessment, case plan goals, objectives and interventions are discussed and formalized in the plan with the participant and parent/guardian.
 - *Additional outreach to community stakeholders is needed to expand the milieu of services and opportunities for youth and families participating in the EP JDTC.*

6 – REFER PARTICIPANTS TO EVIDENCE-BASED SUBSTANCE USE TREATMENT, TO OTHER SERVICES, AND FOR PROSOCIAL CONNECTIONS.

Guideline Sub-sections

- 6.5 Participants Encouraged to Practice Prosocial Skills

Guidelines in practice

- 6.5 – Partnership with Workforce Solution to provide all participants 4-6 hours of employability skill building classes.
 - JDC Fit – partnership with local FBI office to provide physical fitness training every two weeks for two hours . This allows participants to foster healthy relationship with law enforcement and establish mentoring opportunities.

7 – MONITOR AND TRACK PROGRAM COMPLETION AND TERMINATION

Guideline Sub-sections

- 7.1 Facilitate Equivalent Outcomes for All Participants
- 7.2 Termination Only as Last Resort

Guidelines in practice

- 7.1 – Monitor outcomes for treatment and program. The EP JDTC utilizes data to inform program operations and aid in program changes.
- 7.2 – EP JDTC works collaboratively with stakeholders to provide treatment, incentives and sanctions, utilization of EPB's and accessing a continuum of resources to address needs prior to termination from the program. We explore and exhaust all possible community based services prior to seeking removal from the community or terminating a child completely from the JJS.

7 – MONITOR AND TRACK PROGRAM COMPLETION AND TERMINATION

Guideline Sub-sections

- 7.3 Performance Measures

Guidelines in practice

- 7.3 – Robust data collection to include the following:
 - Enrollment date
 - Beginning and Ending date for each phase/level & compare to your program design to determine if you are meeting target goals
 - Demographical data (age @ enrollment, gender, race/ethnicity, SES)
 - **Risk/Need Level – overtime to include reassessments to monitor progress/effectiveness of interventions**
 - Felony/Misdemeanor Referrals and Adjudications
 - Drug Screen results (+/-, type of drugs, randomization)
 - Age of first use/Drug of choice
 - Diagnosis

7 – MONITOR AND TRACK PROGRAM COMPLETION AND TERMINATION

Guideline Sub-sections


- 7.3 Performance Measure

Guidelines in practice

- 7.3 – Robust data collection to include the following:
- # of home visits
- # of group/individual session or # of hours/minutes (scheduled-vs-missed)
- Completion rates
- Placement rates
- Detention Days
- Define recidivism and collect data accordingly (new adjudications/convictions, re-arrests, probation violations, etc...)
- # of drug free days
- # of court hearings
- CPS history
- Parent/Guardian substance abuse, criminal history, single parent household
- Referral data (# referred, # declined and reason for denial)
- Incentive and sanction data

NEXT STEPS...

- **How do we begin aligning our programs with the new guidelines?**
 1. Engage the Judge and entire team in an initial conversation/orientation of new guidelines.
 2. Create sub-committees to analyze current processes against the recommendations.
 - Engage in action planning to align practices with guidelines.
 - Implement new process.
 - Monitor implementation through data collection.
 3. Seek Training and Technical Assistance through OJJDP to assist with process of aligning processes to guidelines.



OJJDP FUNDING OPPORTUNITY FOR
EXISTING JDTC'S TO APPLY FOR
FUNDING WHICH WILL AIDE IN
ALIGNING PROCESSES TO THE
GUIDELINES.

Webinar: Tuesday, April 18, 2017 | 12-2pm ET

Applications deadline: Tuesday, May 2, 2017