The New OJJDP Juvenile Drug Treatment Court (JDTC) Guidelines Overview

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National Association of Drug Court Professionals Conference
July 10, 2017
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
Initiative to Develop and Test Juvenile Drug Treatment Court Guidelines (JDTC Guidelines)

- Launched in 2014 via a competitively-awarded cooperative agreement between OJJDP and the American Institutes for Research (AIR) along with other researchers, experts, and federal agencies.

- 5-year initiative.
  - **Phase 1:** Develop and release the JDTC Guidelines
  - **Phase 2:** Testing phase and updating the JDTC Guidelines.
What led to the Development of the JDTC Guidelines?

Part 1: Research on Adolescent Substance Use and Juvenile Courts

- Substance use disorders (SUD) are prevalent among adolescents with over 1 million adolescents identifying a SUD in 2014.
  - While risk-taking and experimentation may be a part of normative adolescent development, SUDs and can have particularly damaging consequences for the developing adolescent brain.

- Youth with substance abuse issues also often come in contact with juvenile courts:
  - In 2013, 13% of delinquency cases in juvenile courts involved a drug charge as the most serious offense.
  - Substance use disorders are prevalent among youth involved in the juvenile justice system (Projected at 34% based on Diagnostic assessments aggregated from 57 sites/9,818 youth).

- Formal juvenile court processing can sometimes exacerbate negative behaviors instead of improving outcomes.
What led to the Development of the JDTC Guidelines?
Part 2: Research on Juvenile Drug Treatment Courts

♦ Beginning in the early 1990s, to address the problem of justice-involved youth with substance use disorders (SUD) adult drug court models were adapted for juveniles by placing emphasis on family-based and developmentally-appropriate services for adolescents.

♦ *Juvenile Drug Courts (JDC): Strategies in Practice* (2003). Developed by expert consensus to serve as a framework for planning, implementing, and operating a JDC.

♦ Have juvenile drug courts worked?

  – Overall, evaluations regarding the effectiveness of juvenile drug courts has been inconclusive. There is a lack of rigorous research and consistent implementation.
Phase 1 Process
“Research Evidence and Practice Synthesis and Translation Protocol”

Guiding Principles and the Structure
- Objectives

Research Evidence Base
- Systematic Research Reviews
- Synthesizing and Assessing
- Supplemental Research Reviews

Convergence of Practice Themes
- Implementation Factors
- Policy, Practice, and Expert Reviews
- Synthesizing and Assessing
- Practice Gaps

Translating into JDTC Guidelines
- Map of Objectives and Guideline Statements
- Guideline Statements
- Guideline Statement Contextual Information

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Guideline Statements
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.
The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has released the Juvenile Drug Treatment Court Guidelines.

Juvenile drug treatment courts (JDTC) are designed for youth with substance use disorders who come into contact with the juvenile justice system. The new guidelines provide juvenile courts with an evidence-based, treatment-oriented approach that emphasizes family engagement, and addresses the substance use and often co-occurring mental health disorders experienced by the youth.

OJJDP partnered with a research team, experts in the field, and other federal agencies to develop the guidelines to support judges and professional court staff, young people with substance use disorders, and their families.

The guidelines are organized into key objectives with corresponding guideline statements, and include rigorous supporting research and considerations for implementation.

Additional research reports, the research translation process, the list of partners, and frequently asked questions can be accessed in the Supporting Information.

Register for a three-part webinar series to explore the new Guidelines in detail.

Click on the objectives in the graphic below to navigate through the content of the guidelines or review the complete Juvenile Drug Treatment Court Guidelines.

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

2. Objective 2. Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting an initial screening.

3. Objective 3. Provide a JDTC process that engages the full JDTC team and follows procedures fairly.

4. Objective 4. Conduct comprehensive needs assessments that inform individualized case management.

5. Objective 5. Implement contingency management, case management, and community supervision strategies effectively.

6. Objective 6. Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections.

7. Objective 7. Monitor and track program completion and termination.
Objective 1. Focus the JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.

Click on each circle below to navigate through the guidelines.

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

Guideline 1.1

The JDTC team should be composed of stakeholders committed to the court's philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.

Overview

JDTCs are, by design, problem-solving agencies. Within this framework, various stakeholders collaborate to find innovative and effective strategies to address problems pertaining to specific JDTC cases.

Evidence

Organizations that serve youth across several systems that identify common goals, agree to share resources, and coordinate effectively through a strong stakeholder team experience greater success with their interventions.

Practice Considerations

There are a number of components that are important for building a comprehensive approach to service coordination. The role of the court in coordinating services should be clearly spelled out in the JDTC policy manual. The judge’s role in leading the coordination of services is a critical component of a comprehensive approach. A steering (or policy) committee can provide a forum to discuss issues pertaining to the coordination of services. Case-level service coordinators are needed. The court should monitor service agencies’ compliance with court referrals. Creative approaches should be used to provide services, and it is important to provide cross-training so court staff (including the judge) and service providers can understand the context in which each person operates.

Additional Resources

For more information about service coordination and JDTCs, visit:

- Juvenile Drug Court Information Center
- OJJDP's National Training and Technical Assistance Center
- Multi System Collaboration Training and Technical Assistance Program

For more information on this guideline, refer to page 10 in *Juvenile Drug Treatment Court Guidelines*. 

Next Guideline
Next Steps: Phase 2 Testing

- Proposed Objectives of the Studies Planned:
  - Evaluate the comparative effectiveness of the JDTC model (i.e., based on the JDTC Guidelines)
  - Examine whether (and how) the guidelines matter for JDTC practice
  - Examine whether (and how) the guidelines matter for JDTC outcomes
Introducing the New Juvenile Drug Treatment Court Guidelines

Developed by:
National Drug Court Institute

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BACKGROUND

JDTC Guidelines released December 2016

Movement from “best-guess” to evidence- and research-based practices

Promote effective practices and high quality service delivery for youth with substance use disorders

Test against business-as-usual to determine Best Practices
7 Main JDTC Objectives

1. Effectively address substance use and criminogenic needs
2. Ensure equitable treatment by adhering to eligibility criteria and conducting initial screenings
3. Engage full team and follow procedures fairly
4. Comprehensive needs assessments and individualized case management
5. Effective implementation of contingency management, case management, and community supervision strategies
6. Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections
7. Monitor and track program completion and termination
**Objective 1: Focus the 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 1.1**

- Team committed to JDTC philosophy and practice
- Team committed to ongoing program/system improvement
- Team includes collaborative relationships with community partners
OBJECTIVE 1: FOCUS THE 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 1.2
• Each team member’s role is clearly articulated

Guideline 1.3
• Team includes local school system personnel
• Goal of overcoming educational barriers
OBJECTIVE 1: FOCUS THE 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 1.4

• Ongoing team training and technical assistance
  o Nature of substance use disorders and dynamics of recovery
  o Staff skill development and effective case management
  o Screening and assessment for substance use and criminogenic needs
  o Development of treatment plans
  o Adolescent development
  o Cultural competence
OBJECTIVE 1: FOCUS THE 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 1.4 (continued)

• Ongoing team training and technical assistance
  o Family engagement and working with caregivers through trauma-informed lens
  o Effective incentives and sanctions
  o Purpose of each intervention, evidence of its value, and how it aligns with the JDTC mission
  o Effective use of evidence-based practices in substance use treatment
OBJECTIVE 1: FOCUS THE 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 1.5
• Engage parents or guardians throughout court process
• Address specific barriers to full engagement

Guideline 1.6
• Provide interpreters for families with limited English proficiency or hearing deficiencies
• Translate all JDTC documents into native language of participants and their parents/guardians
**Objective 2: Ensure Equitable Treatment for all Youth by Adhering to Eligibility Criteria and Conducting an Initial Screening**

**Guideline 2.1**
- Eligibility criteria should include:
  - 14 years or older
  - Substance use disorder
  - Moderate/high risk of reoffending

**Guideline 2.2**
- Assess all participants for risk of reoffending using validated instruments
OBJECTIVE 2: ENSURE EQUITABLE TREATMENT FOR ALL YOUTH BY ADHERING TO ELIGIBILITY CRITERIA AND CONDUCTING AN INITIAL SCREENING

Guideline 2.3

- Screen all participants for substance use using validated, culturally responsive screening assessments

Guideline 2.4

- Those without a substance use disorder and/or not assessed as moderate to high risk should not enter JDTC
Objective 2: Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting an initial screening

Guideline 2.5
- Ensure that eligibility criteria result in equity of access for all:
  - Genders
  - Racial and ethnic groups
  - Sexual orientations
Objective 3: Provide a JDTC process that engages the full team and follows procedures fairly

Guideline 3.1

- Work collaboratively with parents and guardians to encourage active participation in:
  - Regular court hearings
  - Supervision and discipline of their children at home and in the community
  - Treatment programs
**Objective 3: Provide a JDTC process that engages the full team and follows procedures fairly**

**Guideline 3.2**
- Judge should interact with participants in nonjudgmental and procedurally fair manner

**Guideline 3.3**
- Judge should be consistent when applying program requirements, including incentives and sanctions
**Objective 3: Provide a JDTC process that engages the full team and follows procedures fairly**

Guideline 3.4

- JDTC team should meet weekly to:
  - Review participants’ progress
  - Consider incentives and sanctions based on reports of each participant’s progress across all aspects of the treatment plan
OBJECTIVE 4: CONDUCT COMPREHENSIVE NEEDS ASSESSMENTS THAT INFORM INDIVIDUALIZED CASE MANAGEMENT

Guideline 4.1

- Needs assessments should include information on:
  - Use of alcohol or 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
Guideline 4.2

- Case management and treatment plans should be:
  - Individualized
  - Culturally appropriate
  - Based on assessment of the youth’s and family’s needs
OBJECTIVE 5: IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY

Guideline 5.1
- For each participant, incentives received should equal or exceed sanctions applied

Guideline 5.2
- Participants should feel that assignment of incentives and sanctions is fair
  - Consistent
  - Individualized
OBJECTIVE 5: IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY

Guideline 5.3

• Financial fees and detention considered only after other graduated sanctions have been attempted

• Detention should be used:
  • Sparingly
  • Only for short periods of time
  • Only when youth is a danger to him/herself or the community, or may abscond
OBJECTIVE 5: IMPLEMENT CONTINGENCY MANAGEMENT, CASE MANAGEMENT, AND COMMUNITY SUPERVISION STRATEGIES EFFECTIVELY

Guideline 5.4
- Focus on addressing needs in a holistic manner rather than on detection of violations
- Strong focus on behavioral health treatment and family intervention

Guideline 5.5
- Failure to appear for a drug test or otherwise tampering with results should be addressed with immediate, graduated sanctions

Guideline 5.6
- Consider risk, needs, and responsivity (RNR) when responding to any return to substance use
Objective 6: Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections

Guideline 6.1
• Use a continuum of evidence-based substance use treatment resources – from outpatient to residential

Guideline 6.2
• Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues
Objective 6: Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections

Examples of evidence-based treatment modalities:

- Assertive continuing care
- Behavioral therapy
- Cognitive behavioral therapy
- Family therapy
- Motivational enhancement therapy
- Motivational enhancement therapy/cognitive behavioral therapy
- Multiservice packages
OBJECTIVE 6: REFER PARTICIPANTS TO EVIDENCE-BASED SUBSTANCE USE TREATMENT, TO OTHER SERVICES, AND FOR PROSOCIAL CONNECTIONS

Guideline 6.3
• Service providers should deliver intervention programs with fidelity to the programmatic models

Guideline 6.4
• Make appropriate use of evidence-based treatment services that address risks and needs identified in case plan, such as:
  • Trauma
  • Quality of family life
  • Educational challenges
  • Criminal thinking
Guideline 6.5
• Participants should be encouraged to practice, and should receive help in practicing, prosocial skills in domains such as:
  • Work
  • Education
  • Relationships
  • Community
  • Health
  • Creative activities
OBJECTIVE 7: MONITOR AND TRACK PROGRAM COMPLETION AND TERMINATION

Guideline 7.1
• Court and treatment practices should facilitate equal outcomes for all program participants, regardless of gender, race, ethnicity, or sexual orientation
  o Retention
  o Duration of involvement
  o Treatment progress
  o Positive court outcomes

Guideline 7.2
• Termination from JDTC
  o Only after team has carefully deliberated
  o Only as last resort after full implementation of behavioral contingencies
Guideline 7.3

• Routinely collect data, including:
  • Family-related factors – family cohesion, home functioning, and communication
  • General recidivism during and after JDTC
  • Drug and alcohol use during and after JDTC
  • Program completion and termination
  • Educational enrollment
  • Employment
  • Involvement in prosocial activities and youth-peer associations
Next Steps

• Test Guidelines in several jurisdictions
  - If implemented exactly as written, what are outcomes compared to business-as-usual?
  - Movement toward standard JDTC implementation practices
Guidelines-Specific Resources

Zoë Root, Project Director

Justice Programs Office at American University
JDTC Guidelines TTA Initiative

JPO at AU (technical assistance) & NADCP (training)

• Technical Assistance
  ▫ office-based and site-based
  ▫ Self-Analysis Tool based on the JDTC Guidelines
  ▫ TA tailored to jurisdiction
  ▫ Strategic Planning

• Training
  ▫ local, regional, and web-based
  ▫ focused on implementing the JDTC Guidelines
JDTC Guidelines TTA Initiative

Access our website for resources and to request Guidelines-specific training and technical assistance.

www.au-jdtc.org
Follow us!

Juvenile Drug Treatment Courts Initiative

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Thank you!

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